AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee

Microsoft Teams
Thursday, April 21, 2022 at 6 p.m.

1. **DISCLOSURE OF CONFLICTS OF INTEREST**

2. **APPROVAL OF AGENDA –** April 21, 2022

3. **APPROVAL OF MINUTES –** February 17, 2022

4. **NEW BUSINESS**

   4.1. 2021 Occupational Health and Safety Report (Report No. 05-22GC)
   4.2. Governance By-law and Policy Review (Report No. 06-22GC)
   4.3. 2021-22 Provisional Plan Update (Report No. 07-22GC)
   4.4. MLHU Q1 2022 Risk Register (Report No. 08-22GC)

5. **OTHER BUSINESS**

   The next meeting of the Governance Committee will be on Thursday, June 16, 2022.

6. **CONFIDENTIAL**

   The Middlesex-London Board of Health will move into a confidential session to discuss matters which pertain to one or more of the following, as per section 239(2) of the *Municipal Act, 2001, S.O. 2001, c. 25*:

   (a) the security of the property of the municipality or local board;

   (b) personal matters about an identifiable individual, including municipal or local board employees;

   (c) a proposed or pending acquisition or disposition of land by the municipality or local board;

   (d) labour relations or employee negotiations;

   (e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;

   (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;

   (g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;

   (h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;

(i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;

(j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or

(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board.

7. ADJOURNMENT

PUBLIC MINUTES
GOVERNANCE COMMITTEE
Microsoft Teams
Thursday, February 17, 2022 6:00 p.m.

MEMBERS PRESENT: Mr. Matt Reid
Ms. Kelly Elliott
Ms. Aina DeViet
Mr. Mike Steele

REGRETS Ms. Tino Kasi

OTHERS PRESENT: Ms. Carolynne Gabriel, Executive Assistant to the Board of Health (Recorder)
Dr. Alexander Summers, Acting Medical Officer of Health
Ms. Emily Williams, Chief Executive Officer
Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Disease
Ms. Kendra Ramer, Manager, Strategy, Risk and Privacy
Ms. Mariam Hamou, Board of Health Member

At **6:00 p.m.,** Ms. Emily Williams, Secretary to the Board of Health / Chief Executive Officer called the meeting to order and opened the floor to nominations for Chair of the Governance Committee for 2022.

It was moved by **Mr. Matt Reid, seconded by Mr. Mike Steele,** ***that Ms. Aina DeViet*** *be nominated for Chair of the Governance Committee for 2022.*

Carried

Ms. DeViet accepted the nomination.

Ms. Williams called three times for further nominations. None were forthcoming.

It was moved by **Mr. Reid, seconded by Ms. Kelly Elliott,** *that* ***Ms. DeViet*** *be acclaimed as Chair of the Governance Committee for 2022.*

Carried

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DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **Mr. Steele, seconded by Mr. Reid,** *that the* ***AGENDA*** *for the February 17, 2022 Governance Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **Ms. Elliott, seconded by Mr. Reid,** *that the* ***MINUTES*** *of the November 18, 2021 Governance Committee meeting be approved.*

Carried

NEW BUSINESS

2022 Governance Committee Reporting Calendar (Report No. 01-22GC)

This report was introduced by Ms. Emily Williams, CEO. Two keys point of this report are the addition of quarterly reports for risk and maintaining five meetings per year as was done last year, as opposed to the three meetings held previously. As there are still some policies requiring review and approval, five meetings is appropriate.

Mr. Matt Reid acknowledged that the Governance Committee did a lot of "heavy lifting" last year with regards to the number of policies they reviewed.

It was moved by **Ms. Elliott, seconded by Mr. Reid,** *that the Governance Committee:*

1) *Receive Report No. 01-22GC re: "Governance Committee Reporting Calendar & Meeting Schedule"; and*
2) *Recommend that the Board of Health approve the 2022 Governance Committee Reporting Calendar.*

Carried

Governance Policy By-law Review (Report No. 02-22GC)

This report was introduced by Ms. Williams. Two policies are appended to the report: G-000 Bylaws, Policy and Procedures and G-100 Privacy and Freedom of Information. In terms of policy G-100, the main changes refer to the separation of the MOH and CEO roles. Also added to policy G-100 is the authority of the Chair of the Board of Health to decide if legal counsel is required to respond to access requests filed under MFIPPA or PHIPA. Policy G-000 solidifies the process for reviewing policies, and has an updated appendix.

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

1) *Receive Report No. 02-22GC re: "Governance By-law and Policy Review" for information; and*
2) *Approve the governance policies as appended to this report.*

Carried

Annual Privacy Program Update (Report No. 03-22GC)

This report was introduced by Ms. Williams who introduced Ms. Kendra Ramer, Manager, Strategy, Risk, and Privacy. Ms. Ramer outlined that the Health Unit is required to submit annual statistical reporting to the Information and Privacy Commissioner of Ontario (IPC) as per PHIPA and MFIPPA as to the number of health information privacy breaches which occurred at the organization as well as the number of access requests made under PHIPA and MFIPPA. In 2021, the Health Unit had six privacy breaches, none of which met the threshold for notification to the IPC. Additionally, there were four access requests made under PHIPA and 11 under MFIPPA, 10 of which are closed and one which is being carried forward to be completed in the current reporting year. The Privacy Program will report the annual statistical reports to the IPC by the legislated deadline of March 31.

Mr. Reid inquired if six privacy breaches is typical or if the Health Unit is starting to see an upward trend. Ms. Ramer responded that the Health Unit's rate of privacy breaches has been steady, with five privacy breaches reported in 2020 and six in 2021. She indicated that this demonstrates that the training which has been implemented is working given the recent increases in the use of digital technology, such as the COVax system.

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Ms. DeViet commented that, given the volume of contacts the Health Unit has through the vaccine systems, it is an achievement to have such a small number of complaints and that training always helps.

It was moved by **Mr. Steele, seconded by Mr. Reid,** *that the Governance Committee recommend that the Board of Health receive Report No. 03-22GC re: "Annual Privacy Program Update" for information.*

Carried

MLHU Risk Management Plan (Report No. 04-22GC)

Ms. Williams invited Ms. Ramer to speak to this report. Ms. Ramer outlined that the MLHU Risk Management plan now incorporates a new Risk Register. Since 2018, the Ministry of Health has required annual reporting which incorporates a risk management report. This report would have been seen at the Board of Health meeting held in December 2021, which reported only high risks and incorporated key mitigation strategies. A gap in reporting lies in not monitoring the effectiveness of the mitigation strategies on a quarterly basis as well as reporting only high risks and not low and medium risks. As a result of the identification of these gaps, MLHU has modified and improved its risk register in order to report to the Board of Health on a quarterly basis. The Risk Register, in its Excel spreadsheet format, now has additional columns to assess for the strength of controls in order to determine how successful the mitigations strategies are and to determine any residual risks. Reporting on a quarterly basis to the Board of Health, rather an on an annual basis, will assist in ensuring the Board is aware of ongoing risks to the organization as well as annual reporting to the Ministry of Health.

The next Governance Committee meeting in April will see the identified risks analyzed and assessed for the effectiveness of the mitigation strategies as well as the identification of any additional risks.

Ms. DeViet commented that she noticed that "cyber security" was not identified as a risk category in addition to the technology risk category. She inquired if MLHU has the ability to add additional categories to those provided by the Ministry, or if cyber security was captured in a different plan. Ms. Ramer responded that the technology risk category was identified in the Ontario Public Risk Management Framework, which MLHU adapted for its Risk Register; however, MLHU can add additional risk categories at any time if they are identified by management or the Board of Health. Ms. Williams added that the Health Unit has recently assessed cyber security as a medium risk and it will be added to the next reporting of the Risk Registry. The Health Unit has identified phishing as a risk and has performed an exercise to determine a baseline level of staff awareness of phishing and cybersecurity.

It was moved by **Mr. Reid, seconded by Ms. Elliott,** *that the Governance Committee recommend that the Board of Health:*

1) *Receive Report No. 04-22GC re: "MLHU Risk Management Plan" for information; and*
2) *Approve the new Middlesex-London Health Unit Risk Management Plan and Risk Register.*

Carried

<u>OTHER BUSINESS</u>

The next meeting of the Governance Committee will be held on Thursday, April 14, 2022 at 6:00 p.m.

<u>ADJOURNMENT</u>

At **6:18 p.m.,** it was moved by **Mr. Reid, seconded by Mr. Steele**, *that the meeting be adjourned.*

Carried

DRAFT

AINA DEVIET
Chair

EMILY WILLIAMS
Secretary

DRAFT

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 05-22GC

TO: Chair and Members of the Governance Committee

FROM: Alexander Summers Acting Medical Officer of Health; Emily Williams CEO

DATE: 2022 April 21

2021 OCCUPATIONAL HEALTH AND SAFETY REPORT

Recommendation

It is recommended that the Governance Committee recommend that the Board of Health receive Report No. 05-22GC, re: "2021 Occupational Health and Safety Report" for information.

Key Points

- The Occupational Health and Safety (OHS) annual report summarizes the health and safety accomplishments, challenges, incidents and activities of the Joint Occupational Health and Safety Committee (JOHSC) from the previous calendar year.
- In 2021, the number of employee-reported incidents was 77; an 126% increase when compared to 2020.
- Key accomplishments include providing support to staff during the operation of several mass vaccination clinics and community clinic sites.
- Continued integration of occupational health and safety measures to prevent COVID-19 transmission in the workplace is ongoing.
- The Joint Occupational Health and Safety Committee expanded to include an increase in membership and participated in two investigations in relation to two employee-reported incidents.

Background

Occupational health and safety is an integral aspect of any successful organization. Ensuring that all workplace parties are aware of their roles and responsibilities under the *Occupational Health and Safety Act* (OHSA) is at the foundation of any health and safety program.

As part of the Occupational Health and Safety Program, the Occupational Health and Safety team submits an annual report (Appendix A) summarizing health and safety initiatives, employee-reported injuries and incidents, and the activities of the Joint Occupational Health and Safety Committee (JOHSC) from the previous calendar year. The annual report is shared with staff at all levels of the organization.

Occupational Health & Safety Incidents

The annual report highlights the functioning of the Internal Responsibility System, where each member of the organization has a role to play in supporting occupational health and safety and ensuring MLHU is committed to fostering a safe work environment.

Over the course of 2021, there were 77 employee-reported incidents, which is a 126% increase from 2020. The most common employee reported incidents include: workplace violence; slips, trips and falls; and struck with/ caught by/contact with. The largest increase was in workplace violence, with an increase from 17 in 2020 to 37 (118% increase) in 2021; of these 37 incidents, no employees were injured. Incident reporting is regularly encouraged to ensure MLHU is aware of what employees are experiencing on the job and has likely impacted the number of reports received over the course in 2021. In addition, the increase in workplace violence reports

aligns with the global trend of a rise in violence against health care workers and the experience of workers in public health throughout the COVID-19 pandemic. Two formal investigations were conducted in relation to a needlestick injury and a critical injury where a staff member suffered a fractured ankle.

Occupational Health and Safety and the COVID-19 Vaccination Program

A large focus of 2021 was the opening and operation of several COVID-19 vaccination clinics. Not only was safety fully integrated into the Incident Management System (IMS) Response model, but the Occupational Health and Safety Program was integrated throughout the clinics from planning to operations and logistics. From health and safety training, to ensuring the proper use of personal protective equipment (PPE), to providing workstation set up support for clinic workstations, Occupational Health and Safety became integral to many processes within the vaccination clinics.

Through the vaccination campaign, four MLHU immunizers experienced a needle stick while vaccinating clients and five seconded staff from partner agencies also sustained needlesticks in 2021.

The collaboration and integration of safety at the clinic level has set the foundation for continued engagement at the program and team level moving forward.

Like many health care workers in 2021, Health Unit staff began to report an increase in vitriol, harassment and aspects of workplace violence in relation to COVID-19 public health measures, including vaccine mandates. This resulted in an increase in workplace violence-related employee incident reports including reports of verbal aggression, harassment, and threats of physical violence. Occupational Health and Safety provided support to staff, including but not limited to formal safety planning and consultation with key external stakeholders, including the London Police Service.

Next Steps

The Occupational Health and Safety program at MLHU and the work of the JOHSC continue to make improvements for the health and safety of all employees through awareness campaigns, ongoing training opportunities, and ensuring legislative compliance. Further focus on infection control, workplace violence and employee wellness are anticipated over the course of 2022. The current investment of an additional one FTE in the Occupational Health and Safety Program has allowed for further integration and enhancement of health, safety, and wellness at MLHU and is playing an important role in the staff immunization program.

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

Alexander Summers MD, MPH, CCFP, FRCPC
Medical Officer of Health

Emily Williams BScN, RN, MBA, CHE
Chief Executive Officer

Annual Report of the Middlesex-London Health Unit’s Occupational Health and Safety Program

2021

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Middlesex-London Health Unit
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London, Ontario
N6A 3N7

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Annual Report of The Middlesex-London Health Unit's Occupational Health and Safety Program 2021
London, Ontario: Lilka Young

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Introduction

The following report is submitted to the Governance Committee of the Board of Health and is available for all staff to review on an annual basis by the end of the first or second quarter of the following year as per policy 8-010 Occupational Health and Safety. The information included in this report includes a summary of the activities and initiatives related to health and safety that were completed over the course of 2021.

Activities and Initiatives

Be Well – Wellness Programming and Initiatives

Over the course of 2021, the Be Well Committee continued to offer virtual wellness programming as employees continued to work seven-day per week operations either remotely or offering services in the community (such as vaccination clinics). Be Well also continued to provide the monthly Be Well highlights newsletter, weekly wellness reminders to support mental health and physical wellness with links to virtual wellness activities such as workouts, stretches and meditation sessions, monthly virtual coffee breaks with themes and games, and wellness content/ activities being shared during weekly virtual townhall meetings. Staff participation varied by event and to support the varied schedules, many virtual activities (webinars and virtual exercise classes) were recorded and posted on bewellatmlhu.com for staff to access when conducive to their schedule. There were also monthly participation surveys with prize incentives.

A new initiative was launched in 2021 in partnership with Employee Wellness Solutions Network, which allowed staff to complete a personal wellness assessment on their membership portal. This tool is promoted semi-annually for staff to complete and compare their progress for their personal wellness goals.

The Be Well Committee ended 2021 with an all-staff event called the "12 Days of Gratitude". This event included a daily activity over the course of 12 working days for staff to share a new sense of gratitude, and for MLHU to show its appreciation of workers for all they have done for the Middlesex-London community.

Occupational Health and Safety will take on more of a leadership role on the Be Well Committee in 2022 with the Health and Safety Advisor in the management co-chair position.

Transitioning the Employee Immunization Program

In late 2020, the Employee Immunization Program transitioned back to Occupational Health and Safety from the Vaccine Preventable Disease team as part of a disinvestment in the Program Budget Marginal Analysis (PBMA) process. This transition is a phased-in approach where program staff are first focused on the tracking of mandated vaccinations and will next focus on ensuring all employees are up to date with all highly recommended vaccinations and tests as per the Employee Immunization Policy.

In August 2021, MLHU revised its Employee Immunization Policy to include a vaccine mandate for the COVID-19 vaccine, including any related boosters. At the end of 2021, 100% of staff were compliant with the policy, in that they had either completed their primary series or had an approved exemption to receiving the vaccine.

In addition to the COVID-19 vaccine mandate, MLHU also mandated reporting for the influenza vaccine. At the end of 2021, 73% of staff were compliant with reporting their influenza vaccine.

The COVID-19 Response and the COVID-19 Vaccination Effort

Entering the second year of the pandemic, Occupational Health and Safety continued to participate in the pandemic response, including MLHU's Incident Management System (IMS) structure. Although remote work remained the default for 2021, MLHU began to see more staff onsite and in the community with the introduction of COVID-19 vaccination clinics. The hiring of an additional temporary Human Resources Coordinator, Health and Safety in late 2020, allowed for an improved and more focused approach to safety as MLHU pivoted its IMS focus to COVID-19 vaccination clinics.

In late 2020, planning began to open COVID-19 vaccination clinics in Middlesex County and the City of London. Supporting safety measures within the vaccination clinics became the primary focus of Occupational Health and

Safety for the balance of 2021, including risk assessments, ergonomic reviews, procedure development, incident report follow up, and monthly worksite inspections.

The implementation and operation of both static vaccination clinics as well as clinics in the community introduced new hazards to be controlled, including, but not limited to carbon dioxide exposure from dry ice sublimation, an increased risk of needle sticks, increased musculoskeletal concerns, increased slip, trip and fall hazards, an increase in interactions with agitated/aggressive individuals and responding to protests and threats. The operation of these clinics resulted in a three-fold increase of staff (moving from approximately 300 staff to 900 staff), as well as the introduction of four additional clinics (Caradoc Community Centre, North London Optimist Community Centre, Earl Nichols Arena and Western Fair Agriplex) in addition to the Citi Plaza and Strathroy offices.

Common safety concerns at these clinics were related to ergonomic set up, slip, trip and fall hazards and workplace violence (verbal aggression and threats of violence).

Annual CPR Training and Standard First Aid Training
The MLHU offers annual CPR certification and re-certification to all permanent employees. With various mandates, public health measures and lack of external capacity, scheduling training was a challenge. In 2021, 24 employees were certified or re-certified in CPR-C or Standard First Aid via a blended training program offered by Middlesex-London EMS. This blended model allows for more flexibility for staff, as there is both online theory and in person practical training. In addition to the annual CPR training offering, 31 staff members received first aid and CPR training as designated first aid responders and/or as per the requirements for their respective programs. In 2021, additional staff were provided standard first aid and CPR training to fulfill the requirements for designated first aid responders at each of the dedicated vaccination clinics.

In 2022, Oral Health staff will begin to receive Basic Life Saving (BLS) CPR, in line with the recommendation from the Royal College of Dental Surgeons of Ontario, whereby "all dentists and clinical staff must have the training and ability to perform basic life support (BLS) techniques".

Creation of the Occupational Health and Safety E-mail
In September 2021, efforts were made to differentiate the Occupational Health and Safety (OHS) Program from the activities of the Joint Occupational Health and Safety Committee (JOHSC). Previously, most Occupational Health and Safety communications were sent from the JOHSC e-mail, creating an understanding that the JOHSC was the lead for all OHS programs. To separate the two, an e-mail was created and utilized for agency-wide OHS communications, such as updates to personal protective equipment guidelines, updates to the active screening tool, injury/incident follow up, welcome e-mails to new hires, etc. This change in practice is the foundation for defining the OHS program as separate and apart from the duties and requirements of the Joint Health and Safety Committee under the *Occupational Health and Safety Act* (OHSA).

Developing a User-Friendly and More Accessible Injury/ Incident Report Form
With an increase in the MLHU workforce, Occupational Health and Safety also saw an increase in both employee and non-employee (client) injury/incident reporting. A scan of all the internal forms being used was completed to consolidate the number of reporting forms utilized at MLHU for similar situations. The new form on CheckMarket was developed and will be released for staff use for both employee and non-employee incidents in 2022.

Employee Reported Injuries and Incidents

The total number of employee-reported workplace incidents (77) in 2021 increased (126%) compared to the same period in 2020. Incident reporting is regularly encouraged with staff to ensure that MLHU is aware of the employee experience to inform and enhance OHS programming as well as to ensure the appropriate hazard controls are in place to prevent incidents from occurring. Regular reminders about incident reporting may have contributed to the increase in reports in 2021. The most reported incidents were workplace violence (48%); struck with/ caught by/ contact with (14%) and slips, trips, and falls (13%). The largest increase was in workplace violence-related reports which increased to 37 (118% increase) during this period, compared to 17 during the same period in 2020. Many of these reported incidents were related to verbal aggression and verbal threats (75%). Other reports were related to harassment, online vitriol, and threats of physical violence. Sixty-five percent of the workplace violence incident reports (24) involved client-to-worker interactions (Type 2 Violence), either by phone, e-mail or in person interactions. No employees who reported workplace violence incidents sustained physical injuries; however one

individual lost time (one shift) following a verbally abusive call from a client. The increase in workplace violence reports aligns with the global trend of a rise in violence against health care workers and the experience of workers in Public Health throughout the COVID-19 pandemic.

All reported workplace injury/incidents are depicted in Figure 1 below.

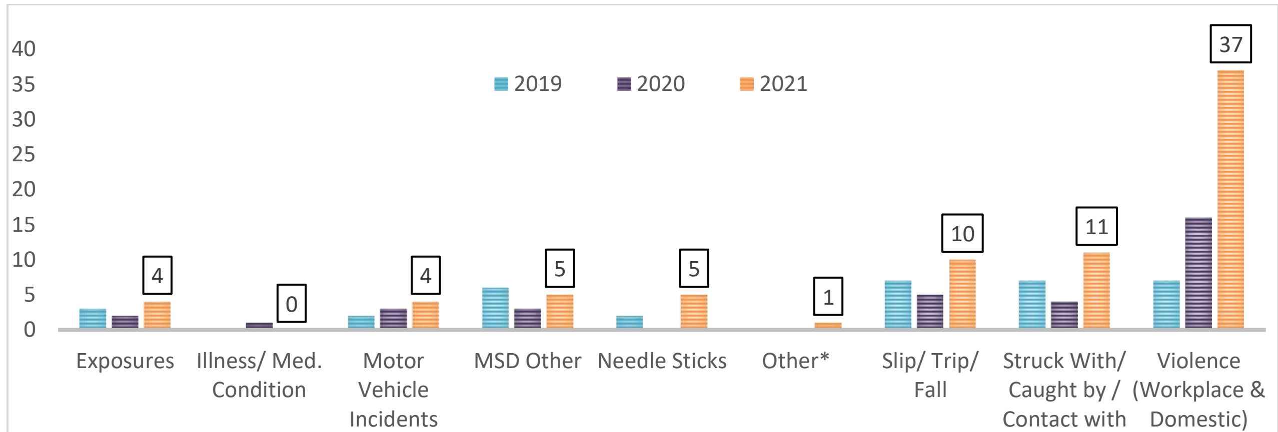

Figure 1: Employee- Reported Incidents 2019-2021

Examples of workplace violence incidents include any situation that involves a worker in the workplace that may result in actual or potential harm/ injury. This may include reports of threats of physical violence, verbal aggression/ abuse and harassment. Interactions may be with other workers, clients, individuals with no connection to MLHU or a personal connection to a worker (i.e., intimate partner violence/domestic violence). No workplace violence incident reports submitted in 2021 involved worker-to-worker or intimate partner/ domestic violence.

Examples of struck with/ caught by/ contact with incidents include when an object strikes, pinches or contacts an employee causing injury.

In addition to employee reporting, MLHU receives incident reports from and/or about visitors, clients, contractors, unpaid students and volunteers. These assist in identifying and determining factors involved in non-employee incidents to ensure the appropriate corrective actions are in place when a hazard is identified. Over the course of 2021, there were 44 non-employee reported incidents related to client incidents or injuries and 17 employee reports that occurred outside of work hours, were not work-related or were near miss (3) reports. Through the vaccination campaign, four MLHU immunizers experienced a needle stick while vaccinating clients, five seconded staff from partner agencies also sustained needlesticks in 2021. All needle sticks were deemed to be low risk and did not result in occupational illness or infection.

Workplace Safety and Insurance Board (WSIB) Reporting and Claims Analysis

The following statistics (Figure 2, Figure 3 and Table 1) are accessible from the Workplace Safety and Insurance Board (WSIB) e-services portal and provide a summary of the organization's claim counts, frequency rates and the average number of days lost (lost time) over the course of the year.

According to the WSIB publicly accessible Compass tool, 53% of the MLHU's lost time injuries between 2012-2020 were sprains and strains (MSD Other) and 53% of WSIB-reported injuries were sustained by nurses.

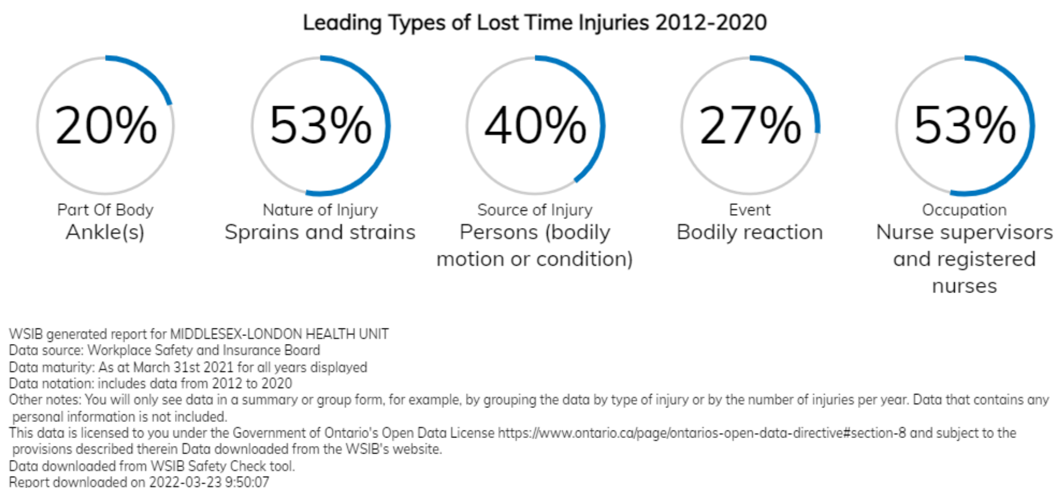

Figure 2: Leading Types of Lost Time Injuries 2012-2020

There have been 56 allowed injury claims over the course of 2012-2020, which includes both lost and no lost time claims. There was an increase in reported lost time injuries in 2021, resulting in 39.41 days lost. Both 2020 and 2021 saw increases in the amount of lost time compared to 2019 (see Figure 3). The one lost time injury (39.41 days lost) in 2021 was in relation to the critical injury described in the JOHSC section of this report where a staff member suffered a critical injury (fractured ankle) as defined by the [Regulation 834: Critical Injury – Defined](). Of all lost time claims, zero percent of claims have continued to receive loss of earnings benefits one year post injury.

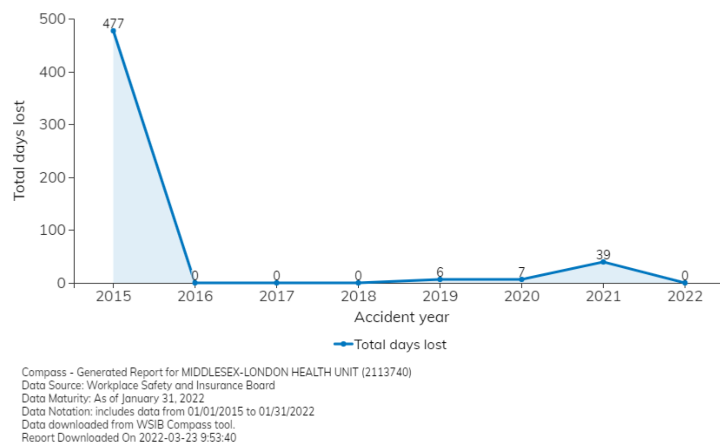

Figure 3: Summary of Lost Time (Days Lost) 2015-2022

Over the course of 2021, ten reports were submitted to WSIB. Of those ten reports, seven claims (up from three) were approved by WSIB in 2021 compared to previous years as indicated in Table 1. All five MLHU needle stick reports were sent to WSIB as per regulatory reporting requirements. Other reports included a mental stress claim,

musculoskeletal disorder claim and the critical injury discussed throughout this report. MLHU had zero COVID-19 claims in 2020 and 2021.

Table 1: WSIB Business Profile Report - WSIB Compass Database

Category	2021	2020	2019
Employee Count[1]	814	392	308
Reported Workplace Incidents	77	34	34
Lost Time Injuries[2]	1	2	1
No Lost Time Injuries	6	1	7
Recordable Injuries Total	**7**	**3**	**8**
Lost Time Injury Frequency	.13	.40	.20
No Lost Time Injury Frequency	.75	.20	1.02
Year-to-date Days Lost	39.41	6.78	6.46
NEER Performance Index[3]	N/A	N/A	.37
Severity rate	6.49	1.74	5.22

[1]The employee count reflects full-time, part-time, temporary and casual employees, including those on leave of absence on December 31, and does not account for employees who left MLHU during the year.
[2]Lost time injuries as per approved WSIB claims.
[3]The NEER program ended in 2019.

An LTI (Lost-Time Injury) is a serious injury that results in time off work beyond the day of the incident, a loss of wages, or a permanent disability.
An NLTI (No Lost Time Injury) is any injury in which no time is lost from work other than on the day of the incident, but medical attention/health care is sought (this does not include first aid that is received).
Injury Frequency and **Severity Rate** are calculated by the WSIB.
Injury Frequency is an approximation of the number of LTI's per 100 workers.
Severity Rate is a year-to-date days lost regardless of the accident dates divided by the full-time equivalent worker multiplied by 100.

MLHU continues to encourage employees to report injuries and/or incidents in a timely fashion. During follow up of incidents, employees are encouraged to seek medical attention and/or report any lost time in relation to the injury, if required. This may result in an increase in reporting to WSIB.

Joint Occupational Health and Safety Committee

Critical Injury Investigation

In June 2021, the Director, Healthy Organization received a report that an employee had fallen during an on-call weekend shift, which resulted in medical attention and lost time due to a fractured ankle. Upon notifying Occupational Health and Safety, verbal notification to the Ministry of Labour, Training and Skills Development (MLTSD) was initiated by the Program Manager. As per Section 51 of the *Occupational Health and Safety Act*, all critical injuries (as defined under Regulation 834) must be reported to the MLTSD within 48 hours of the incident occurring. Upon notification and discussion with a representative from the MLTSD, an internal investigation was completed.

Upon discussions with the affected staff member and reviewing the incident scene, it was determined that the short step down from a designated employee entrance/exit was the hazard that resulted in the critical injury, which resulted in 39 days of lost time. Citi Plaza building management was notified of the incident and participated in the site visit with the MLTSD, which resulted in Citi Plaza ensuring all raised steps around Citi Plaza were re-painted with high visibility yellow paint. The Joint Occupational Health and Safety Committee (JOHSC) was able to conduct a walk around of the property to identify all raised areas that required re-painting. In addition, MLHU, with the guidance from the MLTSD, limited access to the Clarence Street entrance/exits to mitigate any further trip/fall risks from using these access points. No MLTSD orders were issued to the Health Unit. Following the MLTSD visit, the JOHSC conducted a worksite inspection of Citi Plaza with a special focus on slip, trip and fall hazards. Information about falls prevention and the critical injury was shared with all staff at a virtual townhall session following the completion of the investigation.

Incident Investigations

In addition to the critical injury investigation, the JOHSC and Occupational Health and Safety also investigated a needle stick injury associated with the management of sharps disposal for the Needle Syringe Program (NSP). The investigation report and formal recommendations to introduce more effective controls to eliminate the risk of a needle stick when conducting sharps disposal was presented to the Senior Leadership team in 2021.

Formal Recommendations

Under the OHSA, management is required to respond in writing within 21 days to a formal (written) recommendation from the JOHSC. The JOHSC submitted one formal recommendation with several recommended actions to the Senior Leadership Team on February 21, 2021. This recommendation was a result of the JOHSC investigation into a worker needle stick injury outlined above. In reviewing the contributing factors, the JOHSC came to a consensus to submit a formal recommendation to ensure that a formal training program and procedure was developed as well as eliminating the task of sorting approved sharps containers from unapproved sharps containers. This investigation and recommendation resulted in the development of a blood exposure procedure, which was used several times throughout 2021, and enhancement to personal protective equipment for this task.

Workplace Inspections and Management Responses

The JOHSC conducts monthly inspections of all office locations to identify hazards, make recommendations to management for corrective actions, and monitor progress of corrective actions and measures undertaken. The overarching goal of the worksite inspections is to monitor and evaluate the effectiveness of the Internal Responsibility System. Over the course of 2021, 48 inspections were conducted, and 140 items were identified. See Table 2 below for a summary of the results from the 2021 worksite inspections.

Contributing factors associated with incidents/injuries, identified hazards, and near misses are expected to be resolved satisfactorily by the employee's immediate leader, sometimes in consultation with Human Resources, Occupational Health and Safety, or Operations.

Employees are always encouraged to raise concerns with their leader first; however, the JOHSC will follow up and discuss concerns raised by employees during worksite inspections. These types of concerns may require engagement of the JOHSC in discussion, consultation, monitoring or the development of recommendations in order to address them.

Management responses to identified hazards and risks associated with the facilities, equipment and furnishings were routinely and promptly provided in writing by the applicable leader. Most hazards or operational issues were resolved expeditiously, or a plan to address them was put in place and communicated to the employees and the JOHSC within a 21-day timeframe, based on the legislative requirement for formal recommendations. At the end of 2021, nine items were outstanding (one from 2020) with action plans for resolution and follow up with building management ongoing. These items include:

1. **Safety:** Concrete exposed on the floor throughout the hallways of the Strathroy office (2020).
2. **Safety:** Boxes on top shelves and cluttered storage room at the Strathroy office.
3. **Safety/ Musculoskeletal:** Storage on top shelf of overhead bin above desk pose safety hazard and prevent the doors to the overhead bin from being opened safely at the Strathroy office.
4. **Safety:** In main elevator button cap at Citi Plaza is missing on one of the buttons. Currently no wires or electrical hazards identified but should be replaced with proper cover.
5. **Safety**: No sharps containers in bathrooms for staff use at Citi Plaza.
6. **Safety:** Staff unable to hear fire alarm in oral health clinic area at Citi Plaza.
7. **Safety:** Temporary VPD workstation has uneven flooring surrounding it in the Citi Plaza storage room.
8. **Musculoskeletal/Safety:** Boxes stacked too high in the basement Citi Plaza storage room.

Employees are encouraged to review the posted worksite inspection reports on the HUB or on the dedicated JOHSC bulletin board in each MLHU location.

Table 2: Summary of 2021 Worksite Inspections

2021 Workplace Inspections	Citi Plaza	Strathroy	Caradoc Vaccination Clinic	Earl Nichols Vaccination Clinic	North London Optimist Vaccination Clinic	Agriplex Vaccination Clinic	Total
Number of inspections	**12**	**12**	**10**	**5**	**6**	**3**	**48**
Types of items identified.							
Biological	6	3	2	4	2	1	**18**
Chemical	0	1	0	0	1	0	**2**
Compliance	1	1	1	0	1	0	**4**
Musculoskeletal	5	0	2	0	0	1	**8**
Physical	2	0	0	0	0	0	**2**
Psychosocial	0	0	0	0	0	0	**0**
Safety	35	15	14	15	10	17	**106**
Total: (Includes New and Repeated Items)	**49**	**20**	**19**	**19**	**14**	**19**	**140**

Biological – includes hazards that come from living organisms.
Chemical – includes hazards associated with chemicals / chemical use.
Compliance – includes practices or conditions that are not in compliance with relevant legislation/ regulations.
Musculoskeletal (MSD) – includes hazards that may result in Musculoskeletal Disorders.
Physical – includes hazards that come from forms of energy that can result in bodily harm.
Psychosocial – includes hazards that affect the mental and physical wellbeing of people
Safety – includes hazards associated with equipment, as well as slips, trips and falls.

Quarterly Meetings

The JOHSC is required to meet at least once every three months under the OHSA; the MLHU JOHSC conducted four meetings over the course of 2021. The JOHSC regularly discusses employee-reported incidents, non-employee incidents, worksite inspections, and program/ policy updates at each scheduled meeting. Minutes of the JOHSC meetings are made available to all staff on the JOHSC HUB page and are also posted on the JOHSC bulletin boards at each MLHU location, including vaccine clinics.

As indicated by the employee incident reports, the potential for workplace violence was discussed frequently throughout the course of the year. The JOHSC also discussed safety concerns in relation to COVID-19 at each meeting. In addition to regular meeting agenda items, the following topics were discussed by the JOHSC in 2021:

- Employee Immunization Program
- COVID-19 safety concerns
- COVID-19 Vaccine Clinics safety concerns
- Fire extinguishers
- Emergency evacuation
- MSD concerns at Citi Plaza and Vaccine Clinics
- Needle Stick Investigation
- Environmental Design Assessment
- Citi Plaza safety concerns
- JOHSC Terms of Reference
- Employee Immunization Policy
- Fit testing
- CPR and First Aid training
- OHS training and tracking
- Result of Lighting Assessments
- Role of onsite security
- Working remotely safety
- School Health safety

Safety and Health Week

Each May, the JOHSC celebrates Safety and Health Week. In 2021, the pandemic did not deter the committee as Safety and Health Week activities moved online and focused on Occupational Health and Safety Trivia to educate staff on Health and Safety processes and to commemorate Safety and Health Week. The JOHSC hopes to provide both in person and virtual education for Safety and Health Week in 2022.

JOHSC Membership Updates

With the implementation and operation of COVID-19 clinics, the JOHSC expanded from nine members to twelve. This allowed for more committee capacity for monthly worksite inspections. With the expansion, the JOHSC welcomed one new member from the Ontario Nurses Association (ONA), the Canadian Union of Public Employees (CUPE) and from management.

The JOHSC welcomed five new members, Sheila Densham (CUPE), Paul Edozie (CUPE), Mustafa Sharif (Management), Julio Moreno (Management) and Mabel Kane (ONA), to the committee. In 2021, the following three members left the committee Sheila Densham (CUPE), Julio Moreno (Management), and Judy Green (Management).

Every Joint Health and Safety Committee (JHSC) must have at least two certified members: one representing workers, and one from management. One worker and one management member must complete Part One and Part Two of the JHSC certification training to maintain active certification status. A certified member is a JOHSC member who has completed both Part One (Basic Certification) and Part Two (Workplace-specific Hazard Training) of the Joint Health and Safety Committee Certification program. As a result of receiving special training in workplace health and safety, certified members are given additional powers under the Act. For example, certified employer and worker representatives can, under specified circumstances, collectively order the employer or constructor to stop work that is dangerous to a worker [subsection 45(4)]. MLHU's commitment to training allows for the JOHSC to act effectively when it comes to identifying workplace hazards.

In 2021, two members received certification training and one member of the committee received refresher certification training. Of the twelve members, six hold JHSC Certification. Those who completed the training after March 1, 2016, require refresher training every three years. Two members will receive refresher training in 2022.

Final Words

The COVID-19 pandemic and COVID-19 vaccine response have served as an opportunity for safety to be highlighted and further integrated into policy and processes at MLHU. Over the course of 2021, safety continued to be a focus across the Health Unit, whether it was personal protective equipment requirements, vaccination clinic safety measures, procedures for protests/threats, or ensuring staff were set up safely to work from home. This momentum and focus have allowed for MLHU to further integrate, collaborate and discuss safety on a regular basis. At the end of 2021, the Health Unit supported further enhancement to the OHS program by adding a permanent Health and Safety Advisor position to support the continued health, safety, wellness and recovery efforts required due to a number of health and safety enhancements planned for the program.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 06-22GC

TO: Chair and Members of the Governance Committee

FROM: Emily Williams, CEO

DATE: 2022 April 21

GOVERNANCE BY-LAW AND POLICY REVIEW

Recommendation

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

1) ***Receive Report No. 06-22GC, re: "Governance By-law and Policy Review" for information;***
2) ***Direct staff to evenly distribute the governance by-laws and policies to be reviewed over a two-year period; and***
3) ***Approve the governance policies appended to this report (Appendix B).***

Key Points

- It is the responsibility of the Board of Health to review and approve governance by-laws and policies.
- Appendix A details recommended changes to the by-laws and policies that have been reviewed by the subcommittees of the Board and outlines the status of all documents contained within the Governance Manual.
- There are five (5) policies that have been prepared for review by the Governance Committee (Appendix B) and one (1) policy that is coming up for review in Q2 2022.
- There was a significant backlog of policies that were reviewed in 2021, which will result in a heavy workload for the Governance Committee in 2023. Staff are recommending the development of a schedule to evenly distribute the policies to be reviewed over a two-year period.

Background

In 2016, the Board of Health (BOH) approved a plan for review and development of by-laws and policies based on a model that incorporates best practices from the Ontario Public Health Standards and advice obtained through legal counsel. Refer to Report No. 018-16GC. In 2021 the Governance Committee completed a review of the Governance Policy Manual ensuring all policies are current and established a process to reduce the risk of policies being overdue for review.

Policy Review

There are five (5) by-laws/policies included as Appendix B that have been prepared for approval by the Board of Health:

- G-020 MOH and CEO Direction
- G-040 MOH and CEO Selection and Succession Planning
- G-290 Standing and Ad Hoc Committees
- G-380 Conflicts of Interest and Declaration
- G-410 Board Member Remuneration and Expenses

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 is one (1) policy that is coming up for review in Q2 2022.

Since all Governance policies were reviewed in 2021 this will result in a backlog due to be reviewed in 2023. MLHU staff recommend that the Committee move towards a schedule that spaces out the timing of the policy review process to minimize the workload placed on Committee members in 2023.

Next Steps

It is recommended that the Board of Health approve the policies as outlined in Appendix B and to direct staff to evenly distribute the policies to be reviewed over a two-year period.

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

Emily Williams, BScN, RN, MBA, CHE
CEO

Governance By-law and Policy Review Status and Recommendations

April 8, 2022

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-000 Bylaws, Policy and Procedures	17/02/2022	Current		
G-010 Strategic Planning	17/06/2021	Current		
G-020 MOH/CEO Direction	02/27/2020	Reviewed	Recommendation: Remove section of the policy that specifically lists duties of the roles and instead maintain reference to Policy G-030 MOH and CEO Position Descriptions that were recently reviewed, revised and approved.	April 21, 2022
G-030 MOH and CEO Position Descriptions	10/16/2021	Current		
G-040 MOH and CEO Selection and Succession Planning	10/19/2017	Reviewed	For Discussion: Need to clarify if /when/to what degree the CEO or the MOH can/should cover for the other/with what additional support etc. Recommendations: 1. Assistant Director, Finance shall temporarily be in charge of the daily operations and perform the CEO's duties. 2. Transition and Selection Committee shall: • Consider appointing a senior leader in an acting role to fulfill the permanent position.	April 21, 2022

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-050 MOH and CEO Performance Appraisal	10/16/2021	Current		
G-080 Occupational Health and Safety	09/16/2021	Current		
G-100 Information Privacy and Confidentiality	02/17/2022	Current		
G-120 Risk Management	10/16/2021	Current		
G-150 Complaints	04/15/2021	Current		
G-160 Jordan's Principle	17/06/2021	Current		
G-180 Financial Planning and Performance	11/18/2021	Current		
G-190 Asset Protection	11/18/2021	Current		
G-200 Approval and Signing Authority	11/18/2021	Current		
G-205 Borrowing	04/15/2021	Current		
G-210 Investing	11/18/2021	Current		
G-220 Contractual Services	12/09/2021	Current		
G-230 Procurement	12/09/2021	Current	Recommendation from the Board of Health meeting on December 9, 2022: Staff review this policy in parallel with the administrative Policy 4-140 Approval and Signing Authority by March 31, 2022.	

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
			Appendix A – all references to Director, Healthy Organization has been replaced with CEO and separation of roles highlighted.	
G-240 Tangible Capital Assets	11/18/2021	Current		
G-250 Reserve and Reserve Funds	12/09/2021	Current		
G-260 Governance Principles and Board Accountability	04/15/2021	Current		
G-270 Roles and Responsibilities of Individual Board Members	01/20/2022	Current		
G-280 Board Size and Composition	10/16/2021	Current		
G-290 Standing and Ad Hoc Committees	02/27/2020	Reviewed	For Discussion: Suggested change to make the MOH and CEO Performance Appraisal a Standing Committee as opposed to an Ad Hoc Committee. Recommendation: Maintain MOH and CEO Performance Appraisal Committee as an Ad Hoc Committee as it is responsible for the completion of only one (1) task.	April 21, 2022

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
			Note: Appendices A and B approved at February 17, 2022 GC meeting, Appendices C and D approved at February 3, 2022 FFC meeting. Propose that policy and appendices are reviewed simultaneously moving forward.	
G-300 Board of Health Self-Assessment	10/16/2021	Current		
G-310 Corporate Sponsorship	11/18/2021	Current		
G-320 Donations	11/18/2021	Current		
G-330 Gifts and Honoraria	11/18/2021	Current		
G-340 Whistleblowing	06/18/2020	Current	To be circulated to the Governance Committee on May 1, 2022.	June 16, 2022
G-350 Nominations and Appointments to the Board of Health	10/16/2021	Current		
G-360 Resignation and Removal of Board Members	09/16/2021	Current		
G-370 Board of Health Orientation and Development	10/16/2021	Current		
G-380 Conflicts of Interest and Declaration	02/27/2020	Reviewed	No changes to highlight.	April 21, 2022
G-400 Political Activities	06/17/2021	Current		
G-410 Board Member Remuneration and Expenses	10/16/2021	Reviewed	Minor change to 1.3 suggested by MLHU staff to allow for board members to submit fees for each function attended as opposed to only one fee per day.	April 21, 2022

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-430 Informing of Financial Obligations	04/15/2021	Current		
G-470 Annual Report	10/16/2021	Current		
G-480 Media Relations	10/16/2021	Current		
G-490 Board of Health Reports	10/16/2021	Current		
G-B10 By-law No. 1 Management of Property	10/16/2021	Current		
G-B20 By-law No. 2 Banking and Finance	10/16/2021	Current		
G-B30 By-law No. 3 Proceedings of the Board of Health	01/20/2022	Current		
G-B40 By-law No. 4 Duties of the Auditor	10/16/2021	Current		

Policy G-020

MOH and ~~/~~CEO DIRECTION

PURPOSE

Governance and management are more effective and efficient when they are separated – the Board being responsible for governance, and the Medical Officer of Health and the ~~/~~ Chief Executive Officer (MOH & ~~/~~CEO) for management of their respective areas of responsibility. The Board provides direction to the MOH and ~~/~~CEO, who are~~is~~ responsible for the execution of those directions. This policy outlines the parameters of that authority.

Commented [MAD1]: Wording of "management" for respective roles to reflect areas of responsibility …administration/operations/ etc

POLICY

As part of its responsibility for providing excellent management, the Board of Health selects and appoints the MOH and the ~~/~~CEO and delegates responsibility and authority to these roles ~~MOH/CEO~~ for the management and operation of The Middlesex-London Health Unit (MLHU). The MOH and ~~/~~CEO are ~~is~~ accountable to the Board of Health and ~~is~~ are the Board's ~~sole~~ official connection to MLHU management and operations.

The Board provides direction to both the MOH and ~~/~~CEO in accordance with policies established by the Board. The MOH and ~~/~~CEO have~~s~~ the authority to manage and direct the business affairs of MLHU except where matters and duties must be performed or transacted by the Board according to law, MLHU by-laws, or other statutes.

PROCEDURE

The MOH and ~~/~~CEO are ~~is~~ required to follow the directions of the Board as received through the Chair. Only decisions that have been made by the Board~~,~~ when acting as a body, are binding on the MOH and ~~/~~CEO. Situations may arise whereby the Board of Health and the MOH~~/CEO~~ are issued directives from the Chief Medical Officer of Health. The Board of Health or MOH~~/CEO~~ that is served with a directive under the Health Protection and Promotion Act shall comply with all orders.

The ~~MOH and /~~CEO will report, and be responsible~~,~~ to the Board for implementing the strategic plan, management of property, banking and finance, and day-to-day operations of MLHU.

Specifically~~, the **MOH**/CEO will ensure:~~… ~~likely best to split into two sections which specifically identify items that areas of responsibility / duties are properly identified for each role and where overlaps exist.~~

~~MLHU operations are conducted and that client care is provided in accordance with MLHU by-laws and policies established by the Board and all applicable legislation;~~

~~Ensure that MLHU practices are undertaken prudently, lawfully and in an equitable manner congruent with commonly accepted business practices and professional ethics;~~

~~Ensure that MLHU assets are protected, adequately maintained and not placed at unnecessary risk;~~

~~Ensure that Board-approved strategic priorities are reflected in the allocation of resources;~~

~~Ensure that budgeting is based on generally accepted financial planning practices that balance expenditures in any fiscal year against expected revenues;~~

~~Promote a healthy workplace culture for staff, students and volunteers consistent with the values of MLHU;~~

~~Represent MLHU in the community, government and media in ways that enhance the public image and credibility of MLHU; and~~

MOH and CEO are accountable to ~~P~~perform such duties as outlined in the MOH and ~~/~~CEO P~~p~~osition D~~d~~escription (Policy G-030 Appendix A).

Commented [KR2]: From AD: "likely best to split into two sections which specifically identify items that areas of responsibility / duties are properly identified for each role and where overlaps exist.

Commented [KR3R2]: Recommend removal of this section and instead reference the accountable to perform duties as outlined in the referenced policy (G-030)

The MOH and ~~/~~CEO shall also provide support to the Board in the discharge of its responsibilities by ensuring the Board if well-informed and supported in its work.

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-010 Strategic Planning
G-030 MOH and CEO Position Descriptions

Policy G-040

MOH and ~~/~~CEO SELECTION AND SUCCESSION PLANNING

Commented [MAD4]: Do we need two documents for Selection & Succession Planning? Or, would two sections that address the "Leadership" roles separately … with additional verbiage re overlap / coverage etc work?

PURPOSE

The purpose of this policy is to ensure that the Middlesex-London Health Unit has a comprehensive succession plan and recruitment process for each of the roles of Medical Officer of Health (MOH) and Chief Executive Officer (CEO).

~~The purpose of this policy is to ensure that the Middlesex-London Health Unit has a comprehensive succession plan and recruitment process Medical Officer of Health / Chief Executive Officer (MOH / CEO).~~

POLICY

The Middlesex-London ~~Board of Health~~BOH (BOH) recognizes that transition in leadership may occur due to a variety of reasons – planned, or unplanned – and that there are risks associated with any leadership transition.

This policy ~~helps to~~ ensures that the operations of the Middlesex-London Health Unit (MLHU) are not interrupted in the event of a leadership transition; ensures that the ~~Board of Health~~BOH is able to properly assess the leadership needs of the organization; and helps to develop a diverse pool of candidates for consideration.

PROCEDURE

Interim Leadership

To ensure that the ~~Middlesex-London Health Unit's~~MLHU's operations are not interrupted while the ~~Board of Health~~BOH assesses the leadership needs and recruits a permanent ~~MOH / CEO~~candidate, the board will appoint interim executive leadership.

For a temporary change in ~~MOH / CEO~~either senior leadership position (i.e., illness, vacation or leave of absence for 30 days or less), the Assistant Director, Finance ~~Director, Corporate Services~~ shall temporarily be in the charge of the daily operations and perform the CEO's duties and the Associate Medical Officer of Health will perform the essential duties of the ~~-~~MOH.

In the event that either the MOH or ~~/~~ CEO is no longer able to serve in their~~s~~ position (i.e. extended leave of absence, leaves the position permanently), the ~~Board of Health~~BOH shall appoint an Acting ~~Medical Officer of Health~~MOH or ~~and~~ an Acting ~~Chief Executive Officer~~CEO.

The Acting ~~Medical Officer of Health~~MOH shall fulfil the duties of the ~~Medical Officer of Health~~MOH articulated in Appendix A of Policy G-030 and ensure that all legislated accountabilities and programs and service standards are maintained at a high level.

The Acting ~~Chief Executive Officer~~CEO shall fulfil the duties of the ~~Chief Executive Officer~~CEO articulated in Appendix A of Policy G-030 and ensure that the organization continues to operate without disruption, ~~and~~ that all organizational commitments previously made are adequately executed, and that important deadlines are met.

The roles of Medical Officer of Health and Chief Executive Officer may be held jointly by a single candidate or separately by two candidates depending on the pool of available candidates and organizational priorities.

Commented [MAD5]: The wording here needs to be "updated". We likely need to clarify if / when / to what degree the CEO or the MOH can/should cover for the other / with what additional support etc.

Assessment & Transition

In the event of a permanent leadership change, the ~~Board of Health~~BOH shall strike a ~~MOH / CEO~~ Transition and Selection committee within fifteen (15) business days of notification of either a MOH or ~~/~~ CEO vacancy. This committee shall be comprised of the Board Chair, ~~and~~ one member of the Governance Committee, one member of the Finance and Facilities Committee and two other at-large members.

It shall be the responsibility of this committee to:

- Establish a terms of reference to be approved by the ~~Board of Health~~BOH and formalizes a reporting relationship to the ~~Board of Health~~BOH;
- Communicate with key stakeholders regarding actions taken by the Board in naming interim leadership;
- Consider the need for consulting assistance (transition management, project management, leadership capacity) depending on the nature and circumstances of the transition;

- Seek guidance from the ~~Board of Health~~BOH to identify the attributes and characteristics that are important to consider in the selection of either a new MOH ~~/ CEO~~ or ~~MOH and~~ CEO. The Committee shall do so by consulting the:
  - ~~MOH / CEO~~relevant position description (Policy G-030)
  - organization's strategic plan
  - program budget templates
  - priority issues that need to be addressed during the transition process; and
- Determine the timeframe with which to proceed with the recruitment and selection of a permanent replacement~~(s)~~.

Recruitment & Selection

It shall be the responsibility of the Transition and Selection Committee upon moving into the recruitment and selection phase to seek guidance from the ~~Board of Health~~BOH regarding the permanent leadership needs of the organization to help ensure the selection of a qualified and capable leader who is a good fit for the organization's mission, vision, values, goals, and objectives; who has the necessary skills for the organization's leadership; and who has the qualifications needed to lead the Middlesex-London Health Unit.

~~The roles of Medical Officer of Health and Chief Executive Officer may be held jointly by a single candidate or separately by two candidates depending on the pool of available candidates and organizational priorities.~~

The Transition and Selection Committee shall:

- Establish and articulate a clearly defined recruitment and selection process which includes identification of roles and responsibilities of the Board, Board Chair, external advisors and a Transition and Selection Committee;
- Ensure that recruitment is sufficiently broad to secure the best candidate available for the position which may include an internal and external search, and advertisement in national newspapers and journals;
- Consider appointing a senior leader in an acting role to fulfill the permanent position.
- Consider the use of an external search firm to assist in the recruitment and selection process. Selection of an executive search firm will be in accordance with the Middlesex-London Health Unit's Procurement Policy (G-230);
- Provide prospective and interested candidates with the terms and conditions ~~of hiring a p~~ for the role ~~ermanent MOH / CEO~~ including the following information:
  - Position description
  - Remuneration package including any relocation allowances and travel/expense policies;
- Conduct an interview process with a short list of candidates and recommend to the Board their candidate of choice;
- Negotiate~~ion of~~ the terms and conditions of employment in a form determined by the Board and executed by the Board Chair and the candidate(s) accepting the position;

- Ensure that the candidate(s) declare that there are no conflicts of interest consistent with corporate policy;,
- Ensure receipt of satisfactory results of a criminal reference check as determined in the sole discretion of the Board;
- Complete an agreement to support the terms and conditions of employment in a form determined by the Board and executed by the Board Chair and the candidate accepting the position; and
- Send the recommendation for appointment of the MOH to the provincial Minister of Health and Long-Term Care for approval.

APPLICABLE LEGISLATION AND STANDARDS

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

Ontario Public Health Organizational Standards

RELATED POLICIES

G-030 – MOH and / CEO Position Descriptions

G-230 – Procurement

Policy G-290

STANDING AND AD HOC COMMITTEES

PURPOSE

To outline the requirements for the establishment of and appointment to committees, committee roles and responsibilities, and the rules for committee proceedings.

POLICY

Standing and ad hoc committees are organized to assist the Board of Health (BOH) in doing its work effectively and efficiently. These committees operate as a component of the collective body and are authorized by and report to the larger ~~(full?)~~ ~~Board of Health~~BOH in accordance with this policy.

Establishment and Appointment to Committees

The Board may establish committees to consider particular matters as specified by the Board (e.g. human resources, planning, etc.). At the first meeting of each calendar year, the Board shall appoint Board members to the standing and ad hoc committees of the ~~Board of Health~~BOH along with chairs for each committee.

All members of the ~~Board of Health~~BOH are expected to serve on at least one Board committee with each standing committee including at least 5 members. In addition, the Board Chair will be ex-officio voting member of every Board committee.

The role of each Board committee is to oversee specific activities of the organization as well as activities of the Board. Each Board committee has a set of responsibilities that ensures that the Board can stay focused on matters of strategic importance.

Standing Committees

Standing committees are constituted every year or when the need arises to work on a continuous basis. Standing Committees of the ~~Board of Health~~BOH include:

- Governance Committee (Refer to Appendix A for terms of reference and Appendix B for reporting calendar); and
- Finance and Facilities Committee (Refer to Appendix C for terms of reference and Appendix D for reporting calendar).
- MOH and CEO Performance Review Committee

Commented [KR6]: Recommendation of the GC members. Note that it would require a terms of reference and reporting calendar with a Chair assigned. Perhaps considered a better fit as Ad Hoc Committee as it is created to perform a specific task. There is also a policy to support the committee - G-050 MOH and CEO Performance Appraisal.

Ad Hoc Committees

Ad hoc committees are created at the approval of the Board. Membership must include municipal, county and provincial representation and be determined based on the specific purpose of the committee, notwithstanding any other standing committee that Board members may be a part of.

Ad hoc committees are temporary and created for a specific task. Once that task is completed, the ad hoc committees cease to exist. Examples of an ad hoc committee include the Medical Officer of Health Committee or ~~/~~Chief Executive Officer Performance Appraisal Committee.

Conduct of Business in Committees

The rules governing the proceedings of the Board shall be observed in the Committees insofar as applicable.

It shall be the duty of the Committee:

a) To report to the Board on all matters referred to them and to recommend such action as they deem necessary;
b) To forward to the Board the minutes of meetings; and
c) To forward to the incoming Committee for the following year any matter indisposed of.

APPENDICES

Appendix A – Governance Committee Terms of Reference
Appendix B – Governance Committee Reporting Calendar
Appendix C – Finance and Facilities Committee Terms of Reference
Appendix D – Finance and Facilities Committee Reporting Calendar

Commented [KR7]: Approved at the Feb 17th 2022 GC Meeting

Commented [KR8]: Approved at Feb 3rd, 2022 FFC Meeting

APPLICABLE LEGISLATION AND STANDARDS

Health Protection and Promotion Act

Municipal Act

RELATED POLICIES

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

G-270 Roles and Responsibilities of Individual Board Members

G-050 MOH and CEO Performance Appraisal

APPENDIX A
To Policy G-290

GOVERNANCE COMMITTEE
TERMS OF REFERENCE

PURPOSE

The Governance Committee serves to provide an advisory and monitoring role. The committee's role is to assist and advise the Board of Health, the Medical Officer of Health (MOH) and Chief Executive Officer (CEO) in the administration and risk management of matters related to Board membership and recruitment, Board self-evaluation, and governance policy.

REPORTING RELATIONSHIP

The Governance Committee reports to the Board of Health of the Middlesex-London Health Unit. The Chair of the Governance Committee, with the assistance of MOH and CEO, will make reports to the Board of Health following each of the meetings of the Governance Committee.

MEMBERSHIP

The membership of the Governance Committee will consist of a total of five (5) voting members. The members will include the Chair and Vice-Chair of the Board of Health and in total, the membership will contain at least one Middlesex County Board member, one City of London Board member and two provincial Board members.

The Secretary and Treasurer will be ex-officio non-voting members.

Staff support includes:
- CEO;
- Manager, Strategy, Risk and Privacy; and
- Executive Assistant (EA) to the Board of Health and/or EA to the MOH.

Other Board of Health members may attend the Governance Committee but are not able to vote.

CHAIR

The Governance Committee will elect a Chair at the first meeting of the year to serve for a one or two-year term. The Chair may be appointed for additional terms following the completion of an appointment to enhance continuity of the Committee.

TERM OF OFFICE

At the first Board of Health meeting of the year the Board will review the Governance Committee membership. At that time, if any new appointments are required, the position(s) will be filled by majority vote. The appointment will be for at least one year, and where possible, staggered terms will be maintained to ensure a balance of new and continuing members. A member may serve on the Committee as long as they remain a Board of Health member.

DUTIES

The Governance Committee will seek the assistance of and consult with the MOH and CEO for the purposes of making recommendations to the Board of Health on the following matters:
1. Board member succession planning and recruitment;
2. Orientation and continuing education of Board members;

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APPENDIX A
To Policy G-290

3. Assessment and enhancement of Board and Board committee performance;
4. Performance indicators that are reported to the Board;
5. Compliance with the Board of Health Code of Conduct;
6. Performance evaluation of the MOH and CEO;
7. Governance policy and by-law development and review;
8. Compliance with the Ontario Public Health Standards;
9. Strategic planning;
10. Privacy program;
11. Risk management;
12. Human resources strategy and workforce planning; and
13. Occupational health and safety.

FREQUENCY OF MEETINGS

The Governance Committee will meet five (5) times per year or at the call of the Chair of the Committee.

AGENDA & MINUTES

1. The Chair of the committee, with input from the MOH and CEO, will prepare agendas for regular meetings of the committee.
2. Additional items may be added at the meeting if necessary.
3. The recorder is the EA to the Board of Health or the EA to the MOH.
4. Agenda and minutes will be made available at least five (5) days prior to meetings.
5. Agenda and meeting minutes are provided to all Board of Health members.

BYLAWS:

As per Section 19.1 of Board of Health By-Law No. 3, the rules governing the proceedings of the Board shall be observed in the Committees insofar as applicable. This will include rules related to conducting of meetings; decision making; quorum and self-evaluation.

REVIEW

The terms of reference will be reviewed every two (2) years.

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2022 Governance Committee Reporting Calendar

Q1 (Jan 1 to Mar 31)

Meeting: February

- Approve Reporting Calendar
- Initiate Terms of Reference Review (every two years)
- Annual Declarations – Confidentiality and Conflict of Interest
- Initiate Board of Health Orientation
- Report on Privacy Program
- Report on Provisional/Strategic Plan and Performance
- Report on Board of Health Risk Management
- Review Governance By-laws and Policies

Q2 (Apr 1 to Jun 30)

Meetings: April & June

- Initiate Medical Officer of Health and Chief Executive Officer Performance Appraisal
- Initiate Board of Health Self-Assessment (every 2 years)
- Report on Board of Health Self-Assessment (every 2 years)
- Complete Board of Health Orientation
- Report on Occupational Health and Safety Program
- Report on Provisional/Strategic Plan and Performance
- Report on Board of Health Risk Management
- Review Governance By-laws and Policies

Q3 (Jul 1 to Sep 30)

Meeting: September

- Initiate Board of Health Development
- Report on Public Health Funding and Accountability Agreement Indicators
- Report on Provisional/Strategic Plan and Performance
- Report on Board of Health Risk Management
- Review Governance By-laws and Policies

Q4 (Oct 1 to Dec 31)

Meeting: November

- Complete Board of Health Development
- Report on Provisional/Strategic Plan and Performance
- Report on Board of Health Risk Management
- Review Governance By-laws and Policies

Annual Declarations

In accordance with Ontario privacy laws and the Ontario Public Health Standards, Board of Health members are accountable for maintaining the confidentiality and security of personal information, personal health information, and other confidential information that they gain access to for the purpose of discharging their duties and responsibilities as a member of the

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Board. As such, Board members will sign an annual confidentiality attestation. (Refer to Policy G-100 Privacy and Freedom of Information and Policy.)

Board of Health members also have a duty to avoid conflicts of interest – situations where financial, professional or other personal considerations may compromise, or have the appearance of compromising, a Board member's judgment in carrying out his/her fiduciary duties as a Board of Health member. As such, Board members will sign an annual conflicts of interest declaration. (Refer to Policy G-380 Conflicts of Interest and Declaration.)

Board of Health Orientation and Development

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

Board of Health Self-Assessment

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

Governance By-laws and Policies

By-laws and policies establish the governing principles, practices and accountability frameworks for the Board of Health. The Ontario Public Health Standards set out by-laws and policies that must be in place for Board operation and require that these are reviewed at least every two years. (Refer to Policy G-000 By-laws, Policy and Procedures.)

Medical Officer of Health and Chief Executive Officer Performance Appraisals

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

Occupational Health and Safety Program

The Board of Health has statutory duties in accordance with the *Occupational Health and Safety Act* to maintain a safe and healthy workplace. The Board shall be informed of all significant health and safety activities including employee incidents and investigations through an annual report summarizing the health and safety program. (Refer to Policy G-080 Occupational Health and Safety.)

Privacy Program

The Board of Health must ensure there is a privacy program in place to monitor compliance with governance accountabilities and legislative requirements with respect to privacy and the

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confidentiality and security of personal information and personal health information. (Refer to Policy G-100 Information Privacy and Confidentiality.)

Public Health Funding and Accountability Agreement Indicators

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

Reporting Calendar

The reporting calendar ensures the Committee's requirements to assist and advise the Board of Health on matters outlined in the Committee Terms of Reference. (Refer to Appendix A.)

Risk Management

The Ontario Public Health Standards require the Board of Health to have a formal risk management framework in place that identifies, assesses, and addresses risks. (Refer to Policy G-120 Risk Management.) In accordance with the Ontario Public Health Standards and the Public Health Funding and Accountability Agreement, the Board of Health will report to the ministry the high risks that are being managed by the Board.

Strategic Planning

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

Terms of Reference

The Governance Committee Terms of Reference set out the parameters for how authority is delegated to the Committee and how the Committee is accountable to the Board of Health. It is incumbent upon the Governance Committee to review the Terms of Reference every two years to ensure that components (purpose, reporting relationship, membership, chair, term of office, duties, frequency of meetings, agenda and minutes, by-laws and review) are still relevant to the needs of the committee. (Refer to Policy G-290 Standing and Ad Hoc Committees).

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FINANCE & FACILITIES COMMITTEE – TERMS OF REFERENCE

PURPOSE

The Finance & Facilities Committee serves to provide an advisory and monitoring role. The Committee's role is to assist and advise the Board of Health, the Chief Executive Officer (CEO), and the Assistant Director of Finance in the administration and risk management of matters related to the finances and facilities of the organization.

REPORTING RELATIONSHIP

The Finance & Facilities Committee is a committee reporting to the Board of Health of the Middlesex-London Health Unit (MLHU). The Chair of the Finance & Facilities Committee, with the assistance of the CEO and the Assistant Director of Finance, will make reports to the Board of Health as a whole following each of the meetings of the Finance & Facilities Committee.

MEMBERSHIP

The membership of the Finance & Facilities Committee will consist of a total of five (5) voting members. The members will include the Chair and Vice-Chair of the Board of Health and in total, the membership will contain at least one Middlesex County Board member, one City of London Board member and two provincial Board members.

The Secretary and Treasurer will be an ex-officio non-voting member.

Staff support includes:

- CEO;
- Assistant Director of Finance; and
- Executive Assistant (EA) to the Board of Health and/or the EA to the CEO.

Other Board of Health members can attend the Finance & Facilities Committee but are unable to vote.

CHAIR

The Finance & Facilities Committee will elect a Chair at the first meeting of the year to serve for a one or two-year term. The Chair of the Committee may be appointed for additional terms following the completion of an appointment to enhance continuity of the Committee.

TERM OF OFFICE

At the first Board of Health meeting of the year, the Board will review the committee membership. At this time, if any new appointments are required, the position(s) will be filled by majority vote. The appointment will be for at least one year, and where possible, staggered

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terms will be maintained to ensure a balance of new and continuing members. A member may serve on the committee as long as they are a Board of Health member.

DUTIES

The Finance & Facilities Committee will seek the assistance of and consult with the CEO and the Assistant Director of Finance for the purposes of making recommendations to the Board of Health on the following matters:

1. Financial statements and analyses,
2. Annual cost-shared and 100% funded program budgets,
3. Annual financial statements and auditor's report,
4. Insurance carried by MLHU,
5. Physical assets and facilities,
6. Service level agreements,
7. Funding agreements,
8. Finance-related governance policies, and
9. Financial risks faced by the organization and the appropriateness of related controls to minimize their potential impact.

FREQUENCY OF MEETINGS

The Finance & Facilities Committee will meet monthly in advance of the Board of Health meetings. A meeting can be cancelled at the call of the Chair of the Committee if the meeting is deemed to be not required.

AGENDA & MINUTES

1. The Chair of the Committee, with input from the CEO and the Assistant Director of Finance, will prepare agendas for regular meetings of the Committee.
2. Additional items may be added at the meeting if necessary.
3. The recorder is the EA to the Board of Health or the EA to the CEO.
4. Agenda and minutes will be made available at least five (5) days prior to meetings.
5. Agenda and meeting minutes are provided to all Board of Health members.

BYLAWS:

As per Section 19.1 of Board of Health By-Law No. 3, the rules governing the proceedings of the Board shall be observed in the Committees insofar as applicable. This will include rules related to conducting of meetings; decision making; quorum and self-evaluation.

REVIEW

The Terms of Reference will be reviewed every two (2) years.

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Finance & Facilities Committee 2022 Reporting Calendar

Q1 (Jan 1 to Mar 31)

- Review Insurance Coverage
- Review Benefits Provider
- Review Terms of Reference
- Approve Reporting Calendar
- Review and Recommend 2022 Board of Health Budget
- Financial Borrowing Update
- Visa and Accounts Payable Update
- Public Sector Salary Disclosure
- Review and Recommend Board of Health Remuneration
- 2021 Q4 Financial Update and Factual Certificate Update

Q2 (Apr 1 to Jun 30)

- Q1 Financial Update and Factual Certificate Update
- Review and Recommend - Audited Financial Statements for MLHU
- Recommend 2023 Budget Parameters and Planning Assumptions
- Recommend Guidelines for Municipal Budget Targets
- Review Funding and Service Level Agreements
- Financial Borrowing Update
- Review and Recommend Budget Process, including Zero-based Budgeting Process and Program Budgeting and Marginal Analysis (PBMA) Criteria and Weighting

Q3 (Jul 1 to Sep 30)

- Q2 Financial Update and Factual Certificate Update
- Review and Recommend Audited Financial Statements for April 1 to March 31 Programs
- Financial Borrowing Update
- Review and Recommend Zero-based Budget Allocation and PBMA Proposed Resource Reallocation

Q4 – (Oct 1 to Dec 31)

- Q3 Financial Update and Factual Certificate Update
- Review and Recommend 2023 Board of Health Budget
- Financial Borrowing Update

Proposed 2022 FFC Meeting Dates

Thursday	February 3	9:00 am – 12:00 pm
Thursday	February 10 (if required)	9:00 am – 12:00 pm
Thursday	March 3	9:00 am – 12:00 pm
Thursday	April 7	9:00 am – 12:00 pm
Thursday	May 5	9:00 am – 12:00 pm
Thursday	June 2	9:00 am – 12:00 pm
Thursday	July 7	9:00 am – 12:00 pm
Thursday	August 4 (if required)	9:00 am – 12:00 pm
Thursday	September 1	9:00 am – 12:00 pm
Thursday	October 6	9:00 am – 12:00 pm

Thursday	November 3	9:00 am – 12:00 pm
Thursday	December 1	9:00 am – 12:00 pm

Audited Financial Statements

The preparation of the financial statements is the responsibility of the Middlesex-London Health Unit's (MLHU) staff and is prepared in compliance with legislation and in accordance with Canadian Public Sector Accounting Standards (PSAS). The Finance & Facilities Committee meets with staff and the external auditors to review the financial statements and discuss any significant financial reporting or internal control matters prior to their approval of the financial statements.

It is a requirement of the Board of Health to provide audited financial statements to various funding agencies for programs that are funded from April 1st to March 31st each year. The purpose of this audited report is to provide the agencies with assurance that the funds were expended for the intended purpose. The agencies use this information for confirmation and as a part of their settlement process.

These programs are also reported in the main audited financial statements of MLHU which are approved by the Board of Health in June; however this report includes program revenues and expenditures of these programs during the period of January 1st to December 31st, which does not coincide with the reporting requirements of the funding agencies. Therefore, a separate audited statement is required.

Benefits Provider

Group insurance for MLHU is reviewed at the completion of a service agreement. Staff are responsible for preparing a review of the needs of MLHU following appropriate market analysis and providing recommendations to the Finance & Facilities Committee.

Board of Health Budget

The Board of Health Budget is presented to the Finance & Facilities Committee through the use of the Annual Service Plan which integrates a summary of planned expenditure by team and allocation of team-based expenditures to specific programs.

Board of Health Remuneration

Section 49 of the *Health Protection and Promotion Act* (HPPA) sets out the composition, term, and remuneration of Board of Health members. Subsections (4), (5), (6), and (11) relate specifically to remuneration and expenses. This is to be reviewed by the Finance & Facilities Committee who makes recommendations to the Board of Health each year (Refer to Policy G-410 Board of Health Remuneration and Expenses).

Budget Parameters and Planning Assumptions

Developing high level planning parameters is an integral part of any budget process. They help guide and inform planning and resource allocation decisions. Ideally the parameters should be linked to the organization's strategic direction, key budget planning assumptions and take into consideration municipal and provincial outlooks.

Strategic and financial targets can also be considered during the Budget Parameters and Planning Assumptions deliberations at the Finance & Facilities Committee.

Factual Certificate

MLHU staff completes a factual certificate to increase oversight in key areas of financial and risk management. The certificate process ensures that the Committee has done its due diligence. The certificate is reviewed on a quarterly basis alongside financial updates.

Financial Borrowing

The Finance & Facilities Committee is responsible for quarterly review of the financial obligations of MLHU.

Financial By-Laws and Policies

By-laws and policies represent the general principles that set the direction, limitations and accountability frameworks for MLHU. The Finance & Facilities Committee is responsible for reviewing the governance policies relating to the financial management of the organization, including but not limited to, procurement, investments, and signing authority. (Refer to Policy G-000 By-laws, Policy and Procedures.)

Financial Update

MLHU staff provide financial analysis for each quarter and report the actual and projected budget variance as well as any budget adjustments, or noteworthy items that have arisen since the previous financial update that could impact the MLHU budget.

Funding and Service Level Agreements

MLHU receives grant funding, both one-time and ongoing from a variety of different sources. It is incumbent upon the Finance & Facilities Committee to annually, or as deemed necessary, review all service level and funding agreements.

Guidelines for Municipal Budgets

While the municipal funders can set targets for the Board, the final decision regarding budget requirements rests with the Board of Health. It is therefore essential that the Board of Health

determine its approach to the development of the budget and provide the municipalities of intended changes to the budget.

Insurance Coverage

The Finance & Facilities Committee is responsible for an annual review of the types and amounts of insurance carried by MLHU. Staff are responsible for preparing a review of the insurance needs of MLHU and providing recommendations to the Finance & Facilities Committee regarding the level and types of insurance MLHU should purchase.

Zero-based Budgeting
Zero-based Budgeting is a process by which program and operating budgets are built 'from scratch' via the assessment of every aspect of program and service activity to determine its worth, and subsequently attributes that amount to the budget. Funds are allocated based on prioritization and necessity, not historical budget amounts.

Program Budgeting Marginal Analysis

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

Public Sector Salary Disclosure

The *Public Sector Salary Disclosure Act*, 1996 makes Ontario's public sector more open and accountable to taxpayers. The Act requires organizations that receive public funding from the Province of Ontario to disclose annually the names, positions, salaries and total taxable benefits of employees paid $100,000 or more in a calendar year.

The main requirement for organizations covered by the Act is to make their disclosure or, if applicable, to make their statement of "no employee salaries to disclose" available to the public by March 31st each year. Organizations covered by the Act are also required to send their disclosure or statement to their funding ministry or ministries by the fifth business day of March.

Reporting Calendar

The reporting calendar ensures the Committee's requirements to assist and advise the Board of Health on matters outlined in the Committee's Terms of Reference.

Terms of Reference

The Finance & Facilities Committee Terms of Reference sets out the parameters of how

authority is delegated to the Committee and how the Committee is accountable to the Board of Health.

It is incumbent upon the Finance & Facilities Committee to review the Terms of Reference at least every two years to ensure that components (purpose, reporting relationship, membership, chair, term of office, duties, frequency of meetings, agenda and minutes, by-laws and review) are still relevant to the needs of the Committee.

Visa and Accounts Payable

In accordance with Section 5.17 of the Procurement Protocols (Refer to Policy G-230), the Assistant Director of Finance is to report annually the suppliers who have invoiced a cumulative total value of $100,000 or more in a calendar year.

The Finance & Facilities Committee is also requested to report annually a summary of purchases made with corporate credit cards.

Policy G-380

CONFLICTS OF INTEREST AND DECLARATION

PURPOSE

To ensure the highest business and ethical standards and the protection of the integrity of the Board of Health (BOH), subject to the requirements of the Health Protection and Promotion Act and the Municipal Conflict of Interest Act.

To guide ~~Board of Health~~BOH members with a real, potential or perceived conflict of interest on how to declare their conflict and the process for dealing with conflict situations.

POLICY

Board members owe a fiduciary duty to the ~~Board of Health~~BOH. Included in that duty is the requirement to avoid conflicts of interest. Where a conflict of interest exists, the Municipal Conflict of Interest Act S. 5(1) and S. 5(2) imposes disclosure requirements on all ~~Board of Health~~BOH members. (Refer to Appendix A for conflicts of interest procedure.)

The term "conflict of interest" refers to situations where financial, professional or other personal considerations may compromise, or have the appearance of compromising, a Board member's judgment in carrying out their fiduciary duties as a ~~Board of Health~~BOH member.

Board members have the responsibility to determine whether a conflict of interest exists. Board members should refer to Ontario's Municipal Conflict of Interest Act – A Handbook 2017 and consult independent legal counsel if necessary.

Situations where a conflict of interest might arise cannot be set out exhaustively, but generally arise in the following circumstances:

(a) When a Board member is directly or indirectly interested in a contract or proposed contract with the ~~Board of Health~~BOH. For example: Board members are bidding on or doing contract work for the ~~Board of Health~~BOH.

(b) When a Board member acts in self-interest or for a collateral purpose. When a Board member diverts to their own personal benefit an opportunity in which the ~~Board of Health~~BOH has an interest.

(c) When a Board member has a conflict of "duty and duty". This might arise when:
   i. The Board member serves as a board member or officer of another corporation that is related to; has a contractual relationship with; has the ability to influence the ~~Board of Health~~BOH policy; or has any dealings whatsoever with the ~~Board of Health~~BOH; or

ii. The Board member is also a Board member or officer of another corporation related or otherwise, and possesses confidential information received in one boardroom that is of importance to a decision being made in the other boardroom. The Board member cannot discharge the duty to maintain such information in confidence as a Board member of one corporation while at the same time discharging the duty to make disclosure as a Board member of the other.

(d) When a Board member uses for personal gain information received in confidence only for the ~~Board of Health~~BOH's purposes, for example information related to human resources, financial aspects of the ~~Board of Health~~BOH, or related to services provided.

(e) When a Board member or a member of the Board member's immediate family accepts gifts, payments, services or anything else of more than token or nominal value from a party that hopes to transact business with the ~~Board of Health~~BOH (including a supplier of goods and services) for the purposes or perceived purpose of influencing an act or decision of the Board. Board members shall not accept any financial or other endorsements for fulfilling their duties and obligations as members of the ~~Board of Health~~BOH other than provided for by legislation and ~~Board of Health~~BOH policy.

(f) When a Board member and their family will gain or be affected by the decision of the Board. For example, a Board member or member of the Board member's family may benefit from a specific health care service or program that the ~~Board of Health~~BOH is considering.

All Board members must understand their duties when a conflict of interest arises.

In addition to complying with the ongoing responsibilities set out in this policy, Board members are required to complete an Annual Conflicts of Interest Declaration form (Appendix B).

The principles set out in this policy are to be regarded as illustrative. Board members are required to meet both the letter and spirit of this policy.

Special Considerations for the Board of Health

The ~~Board of Health~~BOH's unique governance structure creates automatic potential conflicts. These structural conflicts need not be a bar to participation in most aspects of the Board's deliberations. In these circumstances, the Board members are aware of the potential for conflicts of interest and as a practical matter it should not be necessary to make note of the potential conflict in regular Board proceedings. Where the potential for conflicts might not be obvious, the potential conflict of interest should be declared and recorded in the minutes so that all Board members are aware of the situation. This places an extra burden on Board members to be acutely aware of when their actions and/or other responsibilities might create a conflict and follow the procedures in this policy to protect themselves and the best interests of the ~~Board of Health~~BOH.

APPENDICES

Appendix A – Conflicts of Interest Procedure

Appendix B – Annual Conflicts of Interest Declaration Form

APPLICABLE LEGISLATION AND STANDARDS

Municipal Conflict of Interest Act
Health Protection and Promotion Act

RELATED POLICIES

G-270 Roles and Responsibilities of Individual Board Members
G-410 Board Member Remuneration and Expenses
G-310 Corporate Sponsorship
G-330 Gifts and Honoraria

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No changes suggested.

APPENDIX A
To Policy G-380

Conflicts of Interest Procedure

1. Declaration of Conflict of Interest

1.1. At the beginning of each Board of Health or Committee meeting, the Chairperson asks Board members if they have any conflicts of interest to declare.

1.2. Board members must declare any conflicts of interest as soon as they have been identified. The declaration should be made to the Board Chair. The declaration shall disclose the nature and extent of the Board member's interest. Disclosure shall be made at the earliest possible time and prior to any discussion, vote or decision-making on the matter (unless such discussion, vote or decision making has occurred before the conflict was discovered). The Board member shall not attempt in any way to influence and such vote or decision.

2. Public Meeting

2.1. Once a conflict of interest has been identified, the Board member(s) with the conflict of interest cannot participate in the discussion or vote. The Board member(s) is not to attempt, in any way, to influence the voting on the issue under consideration.

3. In Camera Meeting

3.1. Where the meeting is not open to the public, the Board member shall forthwith leave the meeting or the part of the meeting during which the matter is under consideration.

4. Disclosure to Be Recorded in Minutes

4.1. Where the meeting is open to the public, the declaration of interest and the general nature is to be recorded in the minutes of the meeting.

4.2. Where the meeting is not open to the public, every declaration, but not the general nature of that interest, is to be recorded in the minutes of the next meeting that is open to the public.

5. When Absent from Meeting at Which Matter Considered

5.1. Where the interest of a Board member has not been disclosed by reason of the Board member's absence from the meeting, the member shall disclose the interest at the first meeting of the Board/Committee, as the case may be, attended by the Board member after the meeting where the matter was considered.

No changes suggested.

APPENDIX B
To Policy G-380

ANNUAL CONFLICTS OF INTEREST DECLARATION
BOARD OF HEALTH MEMBERS

Introduction:

Members of the Board of Health are required to complete, sign and deliver this annual declaration form to the Chair of the Board. Any questions concerning this form or the Conflicts of Interest Policy (G-380) should be directed to the Board Chair or the Medical Officer of Health/Chief Executive Officer.

Declaration:

I declare that:

a) I have read Policy G-380 Conflicts of Interest.

b) I acknowledge that I am bound by Policy G-380 Conflicts of Interest, including the disclosure requirements that apply to me.

c) I understand and acknowledge that my failure to comply with Policy G-380 Conflicts of Interest will be considered a breach of my obligations to the Health Unit and may result in my removal from the Board.

______________________	______________________	____________
Name	Signature	Date (YYYY/MM/DD)

Policy G-410

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.~~

Commented [KR9]: Health Unit staff propose to delete 1.3 and permit board members to submit fees for each function attended.

~~1.4.~~1.3. 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.~~1.4. 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.~~1.5. 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

APPENDIX A
Policy G-410

Middlesex-London Board of Health

Reimbursement for Monthly Activities

Name of Board Member: ___________________________________

Please use a separate form for each month and include all activities for that month.
Only expenses claimed below are eligible for reimbursement.

1. REGULARLY SCHEDULED BOH MEETING

Date	Mileage (in kilometers)
	kms

Rate

0 - 5000 kms	@ 51 cents
5000 kms and over	@ 45 cents

2. BOARD CHAIR PREPARATION MEETING WITH MOH (*25% of regular meeting rate)

Date	Mileage (in kilometers)
	kms

3. OTHER ACTIVITIES (i.e. special meetings, summer meetings, teleconferences etc.)

Date	Name/Purpose of Meeting	Mileage (kms)	Parking	Phone	Accom'n	Other

4. FOR alPHa CONFERENCE ONLY *

	Attended		
	AM	**PM**	**Evening**
DAY 1			
DAY 2			
DAY 3			

Check if Applicable		
Additional day required for travel		
Hotel/transportation receipts attached		$
Mileage		kms

* Board members are remunerated for 3 rate payments per day of attendance: morning/afternoon/evening session

Financial Services Use Only

Vendor # ___ ___ ___ -- ___ ___ ___

Voucher #	Account	Amount
	70098-800-000	$.
	70098-800-000	$.
	70098-800-000	$.
	75098-800-000	$.
	78098-800-000	$.
	13600-800-000	$.
	78098-800-000	$.
	13600-800-000	$.
	Total:	$.

____
Board Member's Signature

____
Secretary-Treasurer's Signature

____
Financial Services Signature

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APPENDIX B
To Policy G-410

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Mileage and Out-of-Town Expenses

Note: Where applicable, consideration will be given to Board members who require an accommodation.

A. Mode of Transportation

The mode of transportation chosen – air, train, or car – should be that which enables the board member to attend to MLHU business with the least cost to MLHU, consistent with a minimal amount of interruption to regular business and personal schedules. Consideration should be made as to unproductive time away from the workplace.

For travel by air or train, basic economy/coach fares will be paid by MLHU. Any upgrades are the responsibility of the board member, except where upgraded travel is authorized in accordance with this policy.

Travel by Air

Board members may travel by air for trips that are beyond reasonable driving distance.

Every effort should be made to book travel well in advance to take advantage of discounted fares and to obtain the lowest fares compatible with necessary travel requirements. The cost of an additional night of accommodation may be incurred, and will be reimbursed, if it is required, in order to take advantage of a discount fare, provided that the cost of the extra accommodation is not greater than the savings realized from benefitting from the discounted fare.

Original boarding passes and ticket/e-ticket must be attached to the Reimbursement for Monthly Activities form (Appendix A) for each segment of travel. (For reconciliation of tickets purchased using a corporate credit card, only the ticket/e-ticket must be provided.)

Travel by Rail

~~When booking train travel, the VIA Rail promotion code (700603) shall be used in order to receive the corporate discount.~~

Commented [DT10]: This promotion code no longer exists. MLHU did not qualify for a corporate discount.

Board members will choose the most economical and direct form of transportation by train. Wherever possible, travel arrangements should be made in advance to ensure availability of economy class seats and at the best price. Business class may be authorized in exceptional circumstances if less expensive seats are not available. Board members may also pay the cost differential to upgrade to business class. (Meal reimbursement may be used to offset this cost differential where applicable.)

Original boarding passes and ticket/e-ticket must be attached to the Expense Reimbursement Form (Appendix B) for each segment of travel. (For reconciliation of tickets purchased using a corporate credit card, only the ticket/e-ticket must be provided.)

Travel by Car

When a car is the most practical and economical way to travel, a personal vehicle can be used but mileage reimbursement will be the actual distance travelled or 250 km (round-trip),

whichever is less, at the allowable rates. For travel distances greater than 250 km, a rental vehicle should be used. Consideration will be given to board members who require an accommodation.

Rental Vehicle

- The car rental company approved by MLHU is Enterprise and it should be used wherever possible to ensure the most favourable rates.
- Rental of compact or mid-sized vehicles is normally to be used. Consideration may be given for a car rental upgrade based on the number of passengers, weather conditions and other safety reasons. All luxury and sports car rentals are expressly prohibited.
- Rental cars must be refueled before returning to avoid extra charges, and the receipt for the gasoline purchase must be attached to the Reimbursement for Monthly Activities form (Appendix A), together with a copy of the rental agreement.

Personal Vehicle

- The owner of the vehicle must ensure that the vehicle is in safe working condition and is adequately insured.
- MLHU assumes no financial responsibility for personal vehicles being used for MLHU business other than paying the mileage rate. The mileage rate covers the cost of fuel, depreciation, maintenance, and insurance. When calculating the total kilometres of a trip that originates from the Board member's home, the normal distance driven to MLHU should be excluded. A maximum of 250 km per out-of-town trip is allowed for reimbursement unless an accommodation prevents use of a rental vehicle.

B. Parking and Other Fees

Cost of parking a vehicle at a transportation terminal while on out-of-town business will be reimbursed, provided that the cost of the parking does not exceed the cost of ground transportation from departure point (home or place of business) to the transportation terminal.

Cost of parking in another city while on out-of-town business will also be reimbursed.

Highway and bridge tolls and ferry charges will be reimbursed with receipts attached.

Traffic and parking violations incurred while driving on MLHU business will not be reimbursed.

C. Overnight Accommodations

Government rates should be requested at the time of making the reservation. Individuals may be reimbursed for the total cost (including taxes) of either a single or double room depending on individual circumstances. Board members are encouraged to share accommodations when possible. An overnight stay in association with a one-day meeting or business event out-of-town is justified only when the Board member is required to leave home early in order to be on time for the event starting before 9:00 a.m.

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

APPENDIX B
To Policy G-410

While travelling on business related to MLHU, in situations where Board members choose to stay overnight with friends or relatives instead of paid accommodation, accommodation expenses will not be reimbursed, but appropriate meal allowances will still apply.

Charges incurred because of failure to cancel a reservation on a timely basis will not be reimbursed unless this is for a clearly defined business reason.

D. Meals

A meal expense will be reimbursed when board members are re out-of-town over a normal meal period or have prior approval for the meal expense.

The maximum allowable amount that will be reimbursed for meals and refreshments (inclusive of taxes and gratuities) is $10 for non-alcoholic beverages/snacks, $10 for breakfast, $20 for lunch and $30 for dinner. Original receipts must be provided for all meal expenses. Expenses must be incurred during normal working hours, or on route to home. The approver is responsible for ensuring that submissions for meal allowances fall within the maximum allowable amounts.

It is understood that gratuities may be provided during meals to acknowledge good service received. The maximum allowable gratuity that MLHU will reimburse is 15% of the total after tax amount of the meal.

E. Alcohol

The cost of alcoholic beverages will not be reimbursed. In the event that alcohol is consumed during a meal or otherwise, board members are to ask the restaurant for a separate invoice/receipt for the alcohol so that there is clarity for the reimbursable food portion.

F. Combining Personal Travel

Board members are responsible for all additional and incremental expenses incurred as a result of a spouse, partner, companion, or any other person, travelling with them. Expenses should be tracked very carefully to be able to clearly distinguish between the board member portion, and that which applies to the other person.

When personal travel is combined with business travel, only the business portion of the trip will be reimbursed. Expenses should be tracked very carefully to be able to clearly distinguish between the personal portion and the business portion.

G. Other Travel-Related Expenses

Business expenses, such as computer access charges, photocopying, word processing services, facsimile transmissions, internet connections, rental and transportation of necessary office equipment will be reimbursed provided the charges incurred are reasonable and related to MLHU business.

Additionally, board members will be reimbursed for taxicab fares, airport limousines and buses (or equivalents, e.g. subway) for transportation between the individual’s home/workplace and the designated transportation terminal. While out-of-town, transportation to/from the

transportation terminal and the hotel, and transportation within the destination city, will also be reimbursed. Staff should use public transit when available.

Recreational items (e.g. video rentals, mini-bars, special facilities charges, entertainment not directly related to MLHU business, etc.) will not be reimbursed.

H. Non-Reimbursable Expenses

In addition to other items mentioned above, which are not reimbursable, expenses of a personal nature will not be reimbursed. Such expenses include, but are not limited to:

- Expenses resulting from unlawful conduct,
- Damage to personal vehicle as a result of a collision,
- Personal items not required to conduct MLHU business,
- Memberships to reward programs or clubs (e.g., airline clubs),
- Personal credit card fees and/or late payment charges.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 07-22GC

TO: Chair and Members of the Governance Committee

FROM: Emily Williams, CEO

DATE: 2022 April 21

2021-22 PROVISIONAL PLAN UPDATE

Recommendation

It is recommended that the Governance Committee recommend that the Board of Health receive Report No. 07-22GC, re: "2021-22 Provisional Plan Update" for information.

Key Points

- In Q4 2021 the Board of Health approved extending the timelines for phase two and three of the Provisional Plan by a minimum of three months.
- A shift in resource allocation during Q1 2022 has increased organizational capacity to re-engage project teams to work on several of the Provisional Plan goals.
- Discussion is underway to determine timelines for a robust strategic planning exercise in 2023.

Background

The Health Unit continues to ensure that the priorities and objectives identified on 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. On October 21, 2021 the Board of Health approved extending the timelines for phase two and three of the Provisional Plan by a minimum of three (3) months. This elongation of the phases carries the Provisional Plan into Q2 2023.

Provisional Plan Update

The Health Unit is committed to reinitiating the work that was paused due to the ongoing demands in response to the previous wave of the pandemic. The decommissioning and reduction of hours at the mass vaccination clinics, in addition to the reprioritization of work, allowed for the majority of staff to be repatriated back to their original teams. This shift in resource allocation during Q1 2022 has increased organizational capacity to re-engage project teams to work on the Provisional Plan goals.

Projects that have been initiated or have resumed during Q1 2022 include:

#	Project Name	Provisional Plan Goal
1	Employment Systems Review	• 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.
2	Implementation of the Anti-Black Racism Plan	
3	Onboarding and Enhancement of the Electronic Client Record (ECR)	• Expand the range of technology solutions to meet client, community partner and staff needs for delivering virtual programming and services and enhancing staff safety.
4	Transition to SharePoint	
5	Implementation of the Joy in Work Framework	• Assess and refine decision-making practices across the organization to ensure decisions are made at appropriate levels, efficiency is maximized, and processes are clear. • Execute a plan to value and recognize staff contributions in all MLHU programs, including opportunities to enhance staff connectedness and belonging.
6	Return to Office	
7	Sociodemographic and Race-based Data Collection in Electronic Systems	• 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.

Additionally, there is a variety of ongoing activities and tasks associated with achieving the goals identified on the Provisional Plan that have been operationalized by programs and teams across the Health Unit during the pandemic.

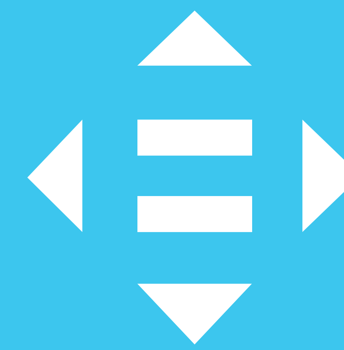
Next Steps

The Health Unit will prepare a detailed progress report on each of the projects for the Governance Committee in Q2. Planning is underway to determine timelines for developing a robust Strategic Plan in 2023.

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

Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

MLHU 2021-22 Provisional Plan

Area		Goal	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.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 08-22GC

TO: Chair and Members of the Governance Committee

FROM: Emily William, CEO

DATE: 2022 April 21

MLHU Q1 2022 RISK REGISTER

Recommendation

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

1) ***Receive Report No. 08-22GC, re: "MLHU Q1 2022 Risk Register" for information; and***
2) ***Approve the Q1 2022 Risk Register (Appendix A).***

Key Points

- MLHU has shifted to quarterly reporting using the new Risk Register approved by the Board of Health on February 17, 2022.
- Seven (7) of the 12 high risks identified in Q4 2021were mitigated to achieve a moderate residual risk rating in Q1 2022.
- Two (2) high risks reported in Q4 2021 sustain a significant residual risk and two (2) additional high risks have been identified in Q1 2022.

Background

At its meeting on February 17, 2022, the Board of Health approved the new MLHU Risk Management Plan and Risk Register to address the gaps in the risk reporting process (Report No. 04-22GC). The Risk Register (Appendix A) is a repository for all risks identified across the organization and includes additional information about each risk (priority rating, mitigation strategies, and residual risk). It captures MLHU's response to actions taken to address risks which are monitored on a quarterly basis and reported to the Board.

Q1 2022 Risk Register

A total of 12 high risks were identified in Q4 2021 that were included on the Risk Register. Through the implementation of effective/partly effective mitigation strategies, seven (7) of these high risks are now ranked as moderate residual risk and three (3) are ranked as minor residual risk. There are two (2) high risks reported in Q4 2021 that remain at significant residual risk based on the inability to rate the mitigation strategies in Q1.

There is one (1) medium risk and one (1) low risk identified on the Risk Register with effective mitigation strategies ranking both as minor residual risk.

There are two (2) new high risks identified in Q1 related to Political and People/Human Resources risk categories. Through partly effective mitigation strategies which were implemented, these risks are ranked as moderate residual risk for Q1.

There is one (1) new medium risk identified in Q1 related to the potential for cyber security attacks. Through rollout of staff training and upgrading to new cyber security detection software this risk is being mitigated and ranked as moderate residual risk.

Next Steps

The Governance Committee has the opportunity to review the Q1 2022 Risk Register (Appendix A) included with this report. Once the Governance Committee is satisfied with its review, the Risk Register will be forwarded to the Board of Health for approval.

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

Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

RISK MANAGEMENT PLAN

Area:	
Date:	
Version:	

Purpose:	*This tool is designed to identify, assess and evaluate the risks facing MLHU and provide a comprehensive report on a quarterly basis.*
Background:	*This tool is designed to create a risk register that is consistent with the annual Standard Activity Report that is submitted annually to the Ministry.*

Workbook Index

Worksheet Name	Description
Overview	This worksheet provides the overview of the project and a table of contents to navigate the workbook.
Instructions	This worksheet provides users with the instructions for using this workbook. This tab should be reviewed prior to executing the risk assessment workbook. A process flowchart and detailed user guide are included.
Risk Categories	This worksheet provides the definitions of the risk categories used to identify risks.

Objectives	This worksheet highlights the risk management process.
Risk Register	This worksheet is used to identify potential risk categories, assess risks and mitigation strategies, evaluate strenth of controls, monitor and report residual risks on a quarterly basis.
Risk Matrix	This worksheet displays the results of the risk assessment into graphics for reporting and decision making purposes.
Risk Charts	This worksheet displays the results of the risk assessment into summary tables and charts.
Risk Scales	This worksheet provides the ranking models used to conduct the risk assessment.
Reference	This worksheet displays the drop down lists utilized in the risk register.

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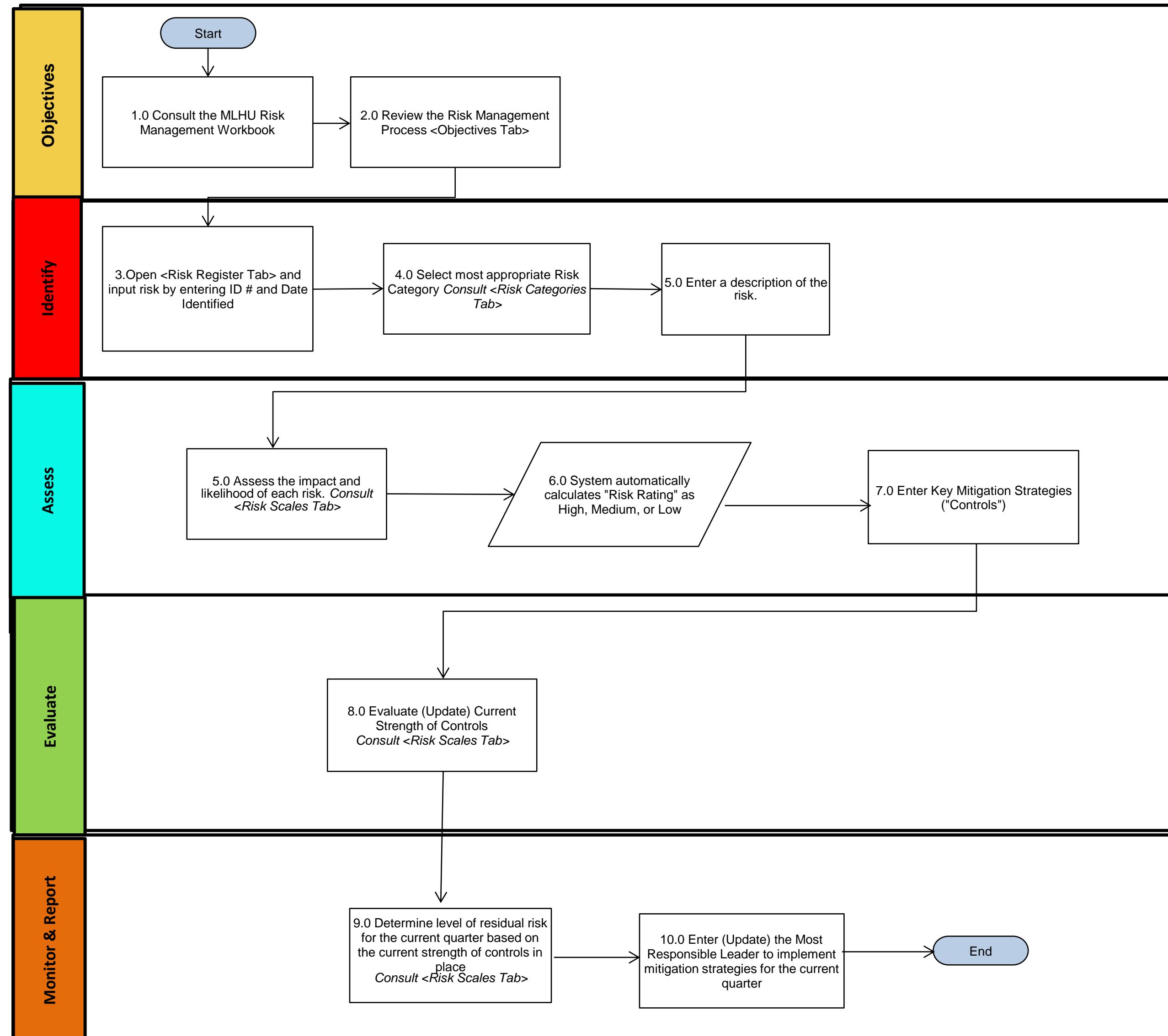
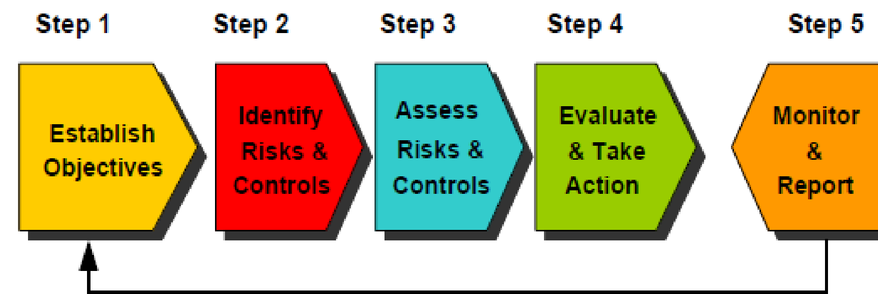
The MLHU Risk Management Process



RISK CATEGORIES

Financial	Operational or Service Delivery	Strategic/Policy
Uncertainty around obtaining, committing, using, losing economic resources or not meeting overall financial budgets/commitments.	Uncertainty regarding activities performed in carrying out the entity's strategies or how the entity delivers services.	Uncertainty around strategies and policies achieving required results; or that old and/or new policies, directives, guidelines, legislation, processes, systems, and procedures fail to recognize and adapt to changes.
Stakeholder/Public Perception	**People/Human Resources**	**Legal Compliance**
Uncertainty around managing the expectations of the public, other governments, Ministries, or other stakeholders and the media to prevent disruption or criticism of the service and a negative public image.	Uncertainty as to the capacity of the entity to attract, develop and retain the talent needed to meet the objectives.	Uncertainty regarding compliance with laws, regulations, standards, policies, directives, contracts, MOU's and the risk of litigation.
Security	**Information/Knowledge**	**Governance/Organizational**
Uncertainty relating to breaches in physical or logical access to data and locations (offices, warehouses, labs, etc.)	Uncertainty regarding access to, or use of, inaccurate, incomplete, obsolete, irrelevant or untimely information, unreliable information systems; inaccurate or misleading reporting.	Uncertainty about maintenance or development of appropriate accountability and control mechanisms such as organizational structures and systems processes; systemic issues, culture and values, organizational capacity, commitment and learning and management systems, etc.
Political	**Technology**	**Privacy**
Uncertainty that events may arise from or impact the Minister's Office/Ministry, e.g. a change in government, political priorities, or policy direction.	Uncertainty regarding alignment of IT infrastructure with technology and business requirements; availability of technological resources.	Uncertainty with regards to exposure of personal information or data; fraud o identity theft; unauthorized data.
Environmental	**Equity**	
Uncertainty usually due to the external risks facing an organization including air, water, earth, forests. An example of an environment, ecological risk would be the possible occurrence of a natural disaster and its impact on an organization's operations.	Uncertainty that policies, programs or services will have a disproportionate impact on the population.	

The risk management process



Step 1: Establish objectives

- Risks must be assessed and prioritized in relation to an objective
- Objectives can be at any level; operational, program, initiative, unit, branch, health system
- Each objective can be general or can include specific goals, key milestones, deliverables and commitments

Step 2: Identify risks & controls

Identify risks - What could go wrong?

- Consider each category of risk
- Obtain available evidence
- Brainstorm with colleagues and/or stakeholders
- Examine trends and consider past risk events
- Obtain information from similar organizations or projects
- Increase awareness of new initiatives/ agendas and regulations

Identify existing controls – What do you already have in place?

- Preventive controls
- Detective controls
- Recovery / Corrective controls

Step 3: Assess Risks & Controls

Assess inherent risks

- *Inherent likelihood* – Without any mitigation, how likely is this risk?
- *Inherent impact* – Without any mitigation, how big will be the impact of the risk on your objective?

Assess controls

- Evaluate possible preventive, detective, or corrective mitigation strategies.

Reassess residual risks

- Re-assess the impact, likelihood and proximity of the risk with mitigation strategies in place.
- *Residual likelihood* – With mitigation strategies in place, how likely is this risk?
- *Residual impact* – With mitigation strategies in place, how big an impact will this risk have on your objective?

Step 4: Evaluate & Take Action

- Identify risk owners.
- Identify control owners.
- Have mitigation strategies reduced the risk rating (Impact x Likelihood) enough that the risk is below approved risk tolerance levels?
- Do you need to implement further mitigation strategies?
- Develop SMART (Specific, Measurable, Achievable, Realistic, Time-specific) actions that will either reduce the likelihood of the risks or minimise the impact.
- Develop detailed action plans with timelines, responsibilities and outline deliveries.

Step 5: Monitor & Report

- Have processes in place to review risk levels and risk mitigation strategies as appropriate.
- Monitor and update by asking:
  - Have risks changed? How?
  - Are there new risks? Assess them
  - Do you need to report or escalate risks? To whom? When? How?
- Develop and monitor risk indicators

Risk Tolerance

- The amount of risk that the area being assessed can manage

Risk Appetite

- The amount of risk that the area being assessed is willing to manage

The tolerance and risk appetite values may differ e.g. Staff can afford to lose email capabilities for five hours (risk tolerance) but only be willing to lose email capabilities for one hour (risk appetite).

VALUE	LIKELIHOOD	IMPACT	PROXIMITY	*SCALE*
1	Unlikely to occur	Negligible Impact	More than 36 months	*Very Low*
2	May occur occasionally	Minor impact on time, cost or quality	12 to 24 months	*Low*
3	Is as likely as not to occur	Notable impact on time, cost or quality	6 to 12 months	*Medium*
4	Is likely to occur	Substantial impact on time, cost or quality	Less than 6 months	*High*
5	Is almost certain to occur	Threatens the success of the project	Now	*Very High*

Update Risk Matrix

MLHU RISK REGISTER

IDENTIFY				ASSESS				EVALUATE		MONITOR & REPORT					Comments
ID	Date Identified	Risk Category	Risk Description	Impact (1-5)	Likelihood (1-5)	Risk Rating (H,M,L)	Key Mitigation Strategies ("Controls")	Actions Taken	Current Strength of Controls	Q1 Residual Risk	Q2 Residual Risk	Q3 Residual Risk	Q4 Residual Risk	Most Responsible Leader	Comments
1	Dec-21	Operational/Service Delivery	Core public Health services below essential levels due to pandemic response	4	4	H	Strategic planning in the midst of the pandemic will help to focus on what priorities the organization should start, stop or continuing doing in order to meet the evolving needs of the community. Adapting the strategic priorities and roadmap to be more agile, flexible, and directional will be crucial for service delivery planning. The likelihood of core public health services falling below essential levels is expected to decrease after Q1 2022 with continued implementation of the risk mitigation strategies mentioned.	Significant repatriation of staff, expanded hiring, stablilation of leadership and reengagement with community partners in non COVID areas. Putting efforts into planning to be able to resume our core public health services.	Partly Effective	Moderate Risk				CEO MOH	A number of programs and services remain on hold as redeployment continues during the pandemic response.
2	Dec-21	Equity	Lack of resources to respond to emerging and exacerbated public health issues as a result of the pandemic, including food insecurity, domestic violence, racism, substance misuse and mental health	4	5	H	Efforts to address emerging and exacerbated public health issues have been underway in MLHU programs since the outset of the pandemic (e.g., COVID Care packages provided to clients in quarantine/self-isolation, enhanced mental health screening in home visiting programs, Harvest Bucks and food cards provided to HBHC clients, mobile vaccine clinics offered in collaboration with Black-led organizations, etc.). Our website has up-to-date information about community resources related to these issues, and staff will continue to make referrals. As the COVID response evolves MLHU will strive to ensure these efforts are comprehensive and universal at a system level. MLHLU has prioritized anti-Black racism work; an organizational plan has been created and implementation will begin in January 2022.	Established an advisory committee to move the Anti-Black Racism Plan forward. Engaging in planning work in the Healthy Living division including on these public health issues; repatriation of staff back to their programs provides the resources to address the planning needs. Received funding approval from PHAC to hire an additional FTE for the iHEAL program for 3 years.	Partly Effective	Moderate Risk					
3	Dec-21	People/Human Resources	Staff burnout due to high workload and demands related to pandemic response, (e.g operation of the mass vaccination clinics and continued redeployment to COVID work) including role and scheduling changes (type of work, length of shifts, seven day/week extended hours).	4	5	H	MLHU has implemented partnerships with different organizations such as City of London, Thames Valley Family Health team, London Health Sciences Centre, etc. to help address large short term staffing needs for vaccination clinics. Ongoing recruitment efforts to hire temporary staff for COVID to replace redeployed staff. HR and Operations are reviewing hours of work, schedule rotations and staffing levels to determine where adjustments can be made to align with staff preference.	Decommissioning and reduction of hours at the mass vaccination clinics has taken place, decreasing the demands placed on staff. Restructuring of COVID-19 teams, reprioritititization of work and recruitment of additional temporary staff has allowed staff redeployed for 2 years to be repatriated back to their original teams. There have been changes made to the COVID team scheduling allowing for shift rotations to be based on employee preference, in addition to operational needs. MLHU continues to provide resources on mental health supports that are available to all staff and leaders, including group debrief/support sessions. Continue to investigate programs that will support staff.	Partly Effective	Moderate Risk					
4	Dec-21	People/Human Resources	High demand for limited pool of public health professionals	4	4	H	Implementation of advanced hiring by posting full-time roles for some of the temporary funding based on projected attrition in order to attract external candidates. Hiring of student PHNs and PHIs following their practicums under a temporary licence. Posting for general public health professional roles to build a pool of qualified candidates for when positions are available.	Collaborated with Nursing program contacts at Western to promote temporary Case Investigator roles to graduating nursing students to begin the recruitment process before they complete practicums at other organizations to have them work under a 6 month temporary licence until they complete their NCLEX. Continue to hire PHI students following their practicums, but are limited by the number of students we are able to support (usually 2-3). AMOH recruitment has been initiated and engaging with an external consultant to assist with this work.	Partly Effective	Moderate Risk					
5	Dec-21	People/Human Resources	Collective agreement negotiations in 2022 could have potential impacts on business continuity in the event of a labour disruption	5	3	H	Business continuity/labour disruption planning is underway in preparation for CUPE negotiations. SLT has already prioritized the key public health work that needs to be covered. Regular prioritization of labour relations issues through weekly collaboration with the union partners.	Labour disruption planning is on hold pending recruitment of an Emergency Planning Specialist. Negotiations dates confirmed in May and CUPE has decided not to request a conciliator unless bargaining is not successful, so confirmation on the need for labour disruption planning will be confirmed in May. Regular communication continues with CUPE, however recent structural changes which created job loss, in addition to a commitment to holding staff accountable, has put strain on the labour relationship.	Partly Effective	Moderate Risk					
6	Dec-21	Financial	Uncertainty as to whether the Ministry will provide recovery funding for 2022 will impact staffing requirements during the budget creation and program delivery.	4	4	H	Programs that were previously budgeted will remain in the 2022 budget with the same staffing and funding as previous years. These programs will undergo robust review processes during 2022 to ensure each is aligned with mandated services as described in the Health Protection and Promotion Act and with Board of Health priorities.	The 2022 budget was developed as per strategy with the exception that funding was adjusted for cost of living inflation and step increases. Program review will begin in 2022 for the 2023 budget.	Not able to rate	Significant Risk					
7	Dec-21	Financial	Ministry is funding at 2019 levels and caps on City/County contributions will increase financial strain and the health unit's ability to generate a balanced budget while absorbing record inflationary adjustments.	4	5	H	The Health Unit will unite with the City and County to lobby the Ministry to recognize, and fund, inflation. Budgeted contingency will be pooled and shown at the corporate level to offset unknown events. Programs will undergo robust review processes and zero-based budgeting to ensure alignment and potentially identify efficiencies.	Inflation has been a discussion point with the County, City and Ministry. The Ministry did increase funding by 1% for the 2022 budget to recognize some, but not all, inflationary pressures. Zero-based budgeting will be the basis of the 2023 budget.	Not able to rate	Significant Risk					
8	Dec-21	Financial	Financial reporting is not frequent enough to provide managers and directors with the necessary information to make informed decisions in a timely manner.	3	5	H	The Finance department is reviewing structure and staffing requirements to meet the demands associated with monthly reporting. The budget will be developed and shared to increase transparency and awareness. Forecasting will be introduced to improve financial management and overs	The department review is on-going and is currently employing contract staff to assist with the workload. Monthly reporting will require further review as to how effective it will be due to related challenges of monthly closings. Budget has been modified to improve transparency, but more is planned for 2023 (to cover key balance sheet items and cashflow). The level of forecasting will be assessed based on available finance resources.	Partly Effective	Moderate Risk					

Update Risk Matrix

MLHU RISK REGISTER

IDENTIFY				ASSESS				EVALUATE		MONITOR & REPORT					Comments
ID	Date Identified	Risk Category	Risk Description	Impact (1-5)	Likelihood (1-5)	Risk Rating (H,M,L)	Key Mitigation Strategies ("Controls")	Actions Taken	Current Strength of Controls	Q1 Residual Risk	Q2 Residual Risk	Q3 Residual Risk	Q4 Residual Risk	Most Responsible Leader	Comments
9	Dec-21	People/Human Resources	Targeting of program staff and leadership responsible for implementing public health measures (e.g. section 22 orders, masking, operating mass vaccination clinics, etc.) including threats made in-person, over the phone and social media.	**4**	**4**	H	Safety plans have been put in place for staff, leaders and specific clinic sites. Police have been involved in some cases when staff have been threatened. Security is present at Citi Plaza and at the vaccination clinics. Regular communication at Town Hall meetings to provide support to staff and direction on how to call for help.	Clinic operating hours and locations are reported to London police daily, given the shift in focus to mobile clinics. Security is in place at all clinic locations. De-escalation training has been provided to vaccine clinic leadership and select front-line staff. The province's removal of most public healh measures and mandates has decreased the level of anger in the community.	**Effective**	Minor Risk					
10	Dec-21	People/Human Resources	Retention and recruitment of leadership roles in public health.	**4**	**5**	H	Focus groups held with leadership staff internally as well as led by an external facilitator to understand what keeps managers at MLHU and reasons they may be leaving. Targeted exit interviews conducted by HR for leaders leaving the organization. Working with an external compensation consultant to conduct a market compensation review with comparator health units and similar sectors.	SLT is committed to working through the "Joy in Work" framework to address the feedback received from staff and leaders through various mechanisms and will be working with Leaders in April to prioritize action items. The introduction of Associate Manager and Supervisor positions as First Line Leaders has attracted internal candidates to Leadership roles. The market compensation review has been completed by external consultant but changes to rates may not be implemented until 2023. SLT has an ongoing committment and engagement on this topic.	**Partly Effective**	Moderate Risk					
11	Dec-21	Technology	MLHU physical servers/SAN are past end of life (8+ Years) and in need of replacement.	**4**	**5**	H	Completion of migration expected by end of Q1 2022.	Transition of servers continues and the risk is actively being addressed.	**Effective**	Minor Risk					
12	Dec-21	Stakeholder/Public Perception	Ensuring the right leadership and organizational structure is in place to support the evolving needs of the health unit.	**4**	**4**	H	The 2021 Provisional Plan goal specifically addresses this risk and the Board has examined the need to leverage skill sets to advance the strategy of the organization. There is commitment to achieving the goals as articulated on the Provisional plan that includes assessing and refining decision-making practices across the organization.	The Board has appointed a permanent CEO and a new MOH who are jointly providing effective leadership and continue to partner on organizational culture transformation through the roll out of the Joy in Work Framework. Continuing to clarify roles and responsibilities of CEO and MOH positions is an ongoing process. Rengagement of external partners by both MOH and CEO is underway while resuming connections with key stakeholders. Communication plan has been in place to help navigate attention from the media related to leadership changes.	**Effective**	Minor Risk					
13	Dec-20	Financial	Uncertainty around timing and allocation of additional funding to cover COVID-related expenditures (staffing and technology costs) creates a risk of cash shortfall that may exceed our line of credit limit	**3**	**3**	**M**	Temporary use of the line of credit will help offset the timing of transfers from the province. Non-COVID program spending is reduced due to limited services provided in the community.	Control implemented in 2021 to reduce the risk.	**Effective**	Minor Risk					
14	Dec-20	Privacy	Rapid implementation of new technology and applications to facilitate pandemic response introduces new privacy and information security risks	**3**	**2**	L	Implementation of biennial privacy education program for staff. Agency privacy and information security policies reviewed and updated, including implementation of new virtual care policy. Encrypted tools to support remote work and data transfer. Cyber risk insurance in place. Assessment and mitigation of identified risks ongoing.	Control implemented in 2021 to reduce the risk.	**Effective**	Minor Risk					
15	Jan-22	Political	The potential for rapid turnover on the Board of Health, including Chair/Vice-Chair roles as a result of the 2022 provincial and municipal elections. Turnover at the municipal level may drive a change in the key relationships we establish in the community. Changes at the provincial level can lead to potential changes in policy direction.	**4**	**4**	H	Advocating to the Ministry for longer appointment of provincial representatives and focusing on updated Board Orientation plans.	Board orientation is underway.	**Partly Effective**	Moderate Risk					
16	23-Mar-22	Technology	The potential for cyber attack to occur, including phishing scams	**4**	**2**	**M**	Training has been rolled out for all staff related to cyber security.	Training of all 4 training modules in mandatory for all staff. Upgrade to new cyber security software.	**Partly Effective**	Moderate Risk					

Update Risk Matrix

MLHU RISK REGISTER

IDENTIFY				ASSESS				EVALUATE		MONITOR & REPORT					Comments
ID	Date Identified	Risk Category	Risk Description	Impact (1-5)	Likelihood (1-5)	Risk Rating (H,M,L)	Key Mitigation Strategies ("Controls")	Actions Taken	Current Strength of Controls	Q1 Residual Risk	Q2 Residual Risk	Q3 Residual Risk	Q4 Residual Risk	Most Responsible Leader	Comments
17	23-Mar-22	People/Human Resources	Increased challenges with work related to staff transition and reorientation as staff move from COVID back into other public health work. These changes also include restructuring of teams which may continue to add to the emotional strain on staff. Potential challenge of having to redeploy staff should there be a need to increase support for case and contact management.	3	5	H	Investigating providing debrief sessions for staff with EFAP provider to acknowledge their experiences through COVID over the past 2 years. Managers are working with teams who are re-joining or newly formed to have these debrief conversations. Leaders were provided a workshop on Change Management with Homewood Health to support them in leading these transitions.	More sessions will be offered throughout the year to support leaders. Implementation of the Joy in Work Framework and cascading to the front line staff. Engaging with staff in decision-making whenever possible and ensuring clear and transparent communication to staff on a regular basis. Working to provide robust reorientation for repatriated staff.	Partly Effective	Moderate Risk					

RISK MATRIX

Risk Priority Risk Map

Risk Matrix Interpretation

Risk maps provide an effective, means of identifying and prioritizing risks. Risks with a high Probability, and a medium to high Impact are the highest priority, however risk strategies should be developed to deal with all identified risks.

Impact	5 Threatens the success of the project					
	4 Substantial Impact on time, cost or quality					
	3 Notable impact on time, cost or quality					
	2 Minor impact on time, cost or quality					
	1 Negligible impact					
	Ranking	1 Unlikely to occur	2 May occur occassionally	3 Is as likely as not to occur	4 Is likely to occur	5 Is almost certain to occur
		Likelihood				

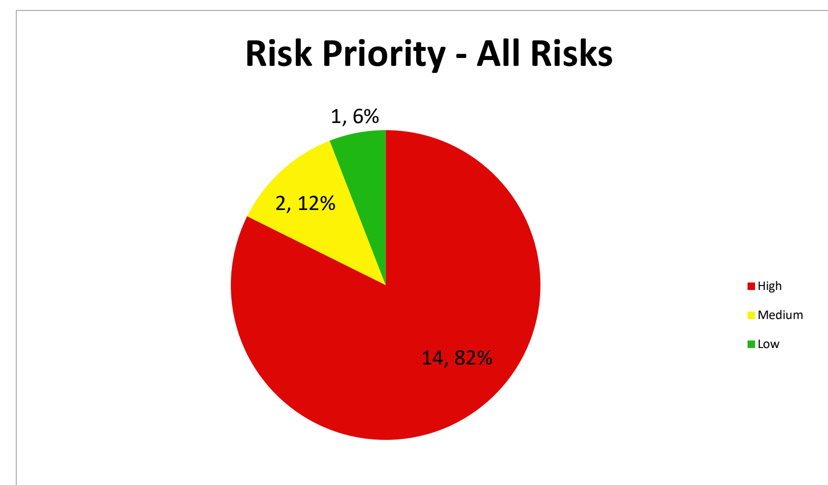
Legend	
	High Risk Priority
	Medium Risk Priority
	Low Risk Priority

RISK CHARTS

Summary Tables and Charts:

Risk Response Tactic	Total										
Risk Priority	**Count**	**Percent**									
High	14	82%									
Medium	2	12%									
Low	1	6%									
Total	17	100%									

Note that the charts are based on the subtotals and exclude risks that were "Not Assessed (NA)", except Risk Priority



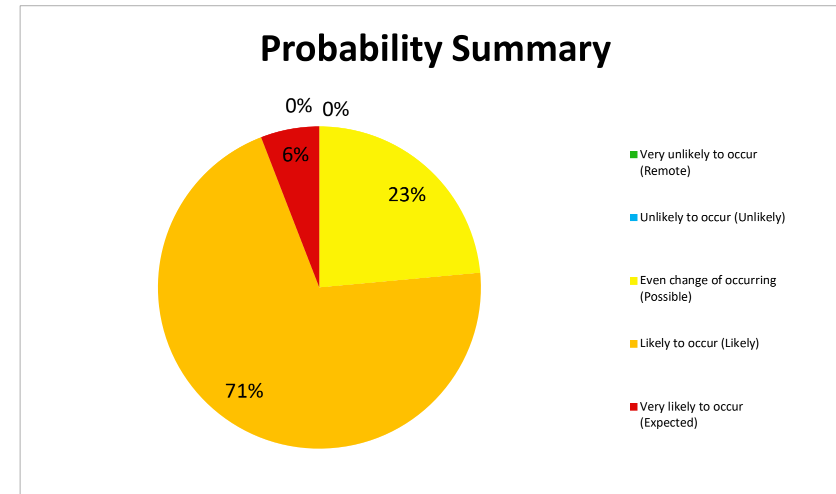
Other Summary Information:

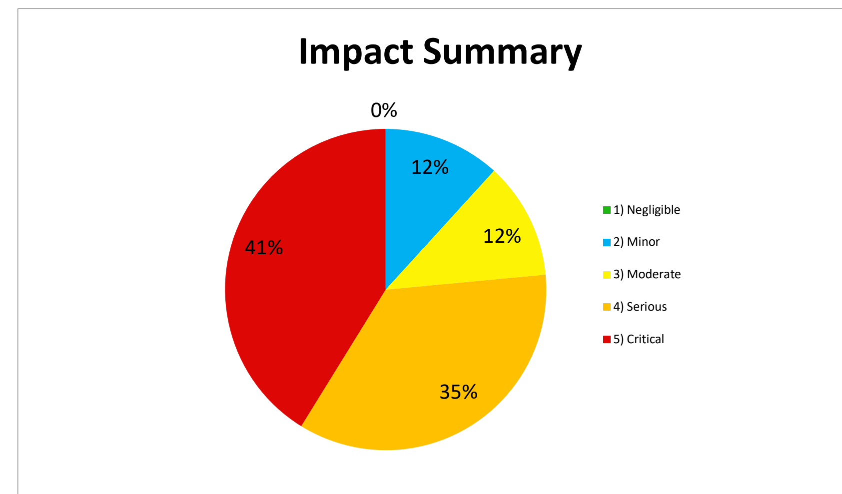
Probability Summary	Total

Impact Summary	Total

Score	Rank	Count	Percent
1	Very unlikely to occur (Remote)	0	0%
2	Unlikely to occur (Unlikely)	0	0%
3	Even change of occurring (Possible)	4	24%
4	Likely to occur (Likely)	12	71%
5	Very likely to occur (Expected)	1	6%
Total		17	100%

Score	Rank	Count	Percent
1	1) Negligible	0	0%
2	2) Minor	2	12%
3	3) Moderate	2	12%
4	4) Serious	6	35%
5	5) Critical	7	41%
Total		17	100%





Status Updates

Residual Risk Trending		Total	
Score	Rank	Count	Percent
Dec	Decrease	#REF!	#REF!
NC	No Change	#REF!	#REF!
Inc	Increase	#REF!	#REF!
Subtotal		#REF!	#REF!
Not Assessed (NA)		#REF!	#REF!
Total		#REF!	

Note that the chart is based on the subtotal and exclude risks that were "Not Assessed (NA)"

RISK SCALES

Risk Rating Scale:

VALUE	LIKELIHOOD	IMPACT	SCALE
1	Unlikely to occur	Negligible Impact	Very Low
2	May occur occasionally	Minor impact on time, cost or quality	Low
3	Is as likely as not to occur	Notable impact on time, cost or quality	Medium
4	Is likely to occur	Substantial impact on time, cost or quality	High
5	Is almost certain to occur	Threatens the success of the project	Very High

Current Strength of Controls Scale:

SCORE	RANK	PRESENSE OF CONTROL	EFFECTIVENESS	RESIDUAL RISK
0	Not able to rate	There are no controls in place to assign a rating		Significant
1	Very ineffective (Virtually no controls)	Very few, if any, controls are in place	Controls are ineffective at mitigating the risk	Significant
2	Ineffective (Low control effectiveness)	Limited controls are in place	Only a limited number of the controls are effective	Moderate
3	Partly effective (Moderate control effectiveness)	A moderate number of controls are in place	The controls are adequate at mitigating part of the risk	Moderate
4	Effective (High control effectiveness)	The majority of controls are in place	The controls mitigate the majority of the risk	Minor
5	Very effective (Very high control effectiveness)	Nearly all of the required controls are in place	The controls are effective at mitigating the risk	Minor

Residual Risk:

RESIDUAL RISK	DESCRIPTION
Significant	Represents the highest residual risk exposure as the assessed level of risk control effectiveness is insufficient for the level of risk. Management should consider improving risk control plans for these risks.

Moderate	Represents additional residual risk exposure that could be investigated further as the assessed risk control effectiveness is not propitiate with the level of risk. Control plans should be documented and reviewed or appropriateness.
Minor	Areas where the risk control effectiveness is proportionate with the level of risk.

Strength of Controls	Residual Risk	Risk Categories
Not able to rate	Significant Risk	Environment
Very Ineffective	Moderate Risk	Equity
Ineffective	Minor Risk	Financial
Partly Effective		Governance/Organizational
Effective		Information/Knowledge
Very Effective		Legal/Compliance
		Operational/Service Delivery
		People/Human Resources
		Political
		Privacy
		Security
		Stakeholder/Public Perception
		Strategic/Policy
		Technology