

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee

Microsoft Teams
Thursday, April 15, 2021, 5:30 p.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA – April 15, 2021

3. APPROVAL OF MINUTES – February 18, 2021

4. NEW BUSINESS

- 4.1. Governance Policy Review (Report No. 07-21GC)
- 4.2. Board of Health Self-Assessment (Report No. 08-21GC)
- 4.3. 2020 Strategic Plan Summary (Report No. 09-21GC)
- 4.4. Provisional Strategic Plan Report (Report No. 10-21GC)

5. OTHER BUSINESS

Next meeting date is June 17, 2021 at 6 p.m.

6. CONFIDENTIAL

The Governance Committee will move in-camera to consider personal matters about an identifiable individual, including municipal or local board employees.

7. ADJOURNMENT



**PUBLIC MINUTES
GOVERNANCE COMMITTEE**

Microsoft Teams
Thursday, February 18, 2021 5:30 p.m.

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

OTHERS PRESENT: Dr. Christopher Mackie, Secretary-Treasurer
Ms. Stephanie Egelton, Executive Assistant to the Board of Health
and Communications Coordinator (Recorder)
Ms. Emily Williams, Director, Healthy Organization
Dr. Michael Clarke, Interim CEO
Ms. Nicole Gauthier, Privacy Officer
Ms. Kendra Ramer, Manager, Strategic Projects
Ms. Kelly Elliott, Board Member
Mr. Alex Tysl, Online Communications Coordinator

At **5:30 p.m.**, Dr. Christopher Mackie called the meeting to order and opened the floor to nominations for Chair of the Governance Committee for 2021.

It was moved by **Ms. Aina DeViet**, seconded by **Mr. Mike Steele**, *that Mr. Robert (Bob) Parker be nominated for Chair of the Governance Committee for 2021.*

Carried

Mr. Parker accepted the nomination.

Dr. Mackie called three times for further nominations. None were forthcoming.

It was moved by **Ms. Maureen Cassidy**, seconded by **Ms. DeViet**, *that Mr. Bob Parker be acclaimed as Chair of the Governance Committee for 2021.*

Carried

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **Mr. Steele**, seconded by **Ms. Cassidy**, *that the **AGENDA** for the February 18, 2021 Governance Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **Ms. Cassidy**, seconded by **Ms. DeViet**, *that the **MINUTES** of the October 15, 2020 Governance Committee meeting be approved.*

Carried

It was moved by **Ms. Cassidy**, seconded by **Ms. DeViet**, *that the **MINUTES** of the December 21, 2020 Governance Committee meeting be approved.*

Carried

It was moved by **Ms. Cassidy, seconded by Ms. DeViet**, that the **MINUTES** of the January 27, 2021 Governance Committee meeting be approved.

Carried

It was moved by **Ms. Cassidy, seconded by Ms. DeViet**, that the **MINUTES** of the January 28, 2021 Governance Committee meeting be approved.

Carried

NEW BUSINESS

2021 Reporting Calendar and Terms of Reference (Report No. 02-21GC)

Ms. Emily Williams, Director, Healthy Organization presented the 2021 Reporting Calendar and Terms of Reference for the Governance Committee.

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

- 1) Receive Report No. 02-21GC re: "Governance Committee Reporting Calendar & Meeting Schedule"; and
- 2) Recommend that the Board of Health approve the 2021 Governance Committee Reporting Calendar (Appendix B).

Carried

Governance Committee Accountability for Policy Review (Report No. 03-21GC)

Ms. Williams presented Governance Committee Accountability for Policy Review report.

It was moved by **Ms. Cassidy, seconded by Ms. Arielle Kayabaga**, that the Governance Committee make a recommendation to the Board of Health to receive Report No. 03-21GC re: "Governance Committee Accountability for Policy Review".

Carried

Annual Privacy Program Report (Report No. 04-21GC)

Ms. Nicole Gauthier, Privacy Officer spoke to the Annual Privacy Program report.

It was moved by **Ms. Kayabaga, seconded by Mr. Steele**, that the Governance Committee receive Report No. 04-21GC re: "Annual Report on Privacy Program" for information.

Carried

2020 Risk Management Report (Report No. 05-21GC)

Ms. Williams presented the 2020 Risk Management report. It was noted that it is legislated to report any high risks annually that the health unit has.

It was moved by **Mr. Steele, seconded by Ms. Kayabaga**, that the Governance Committee:

- 1) Receive Report No. 05-21GC for information; and
- 2) Recommend that the Board of Health approve the 2020 Middlesex-London Health Unit Risk Management Report (Appendix A).

Carried

Strategic Planning Update (Report No. 06-21GC)

Dr. Mackie provided a brief update on the strategic planning process, including the consultant report from the January 27 and January 28 Special Governance Committee meetings.

It was also noted that Kendra Ramer, Manager, Strategic Projects supported the work and bringing the products between the half day sessions.

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

- 1) *Receive Report No. 06-21GC re: "Strategic Planning Update"; and*
- 2) *Approve the Strategic Priorities and Objectives included as Appendix B; and*
- 3) *Direct MLHU staff to work with the Governance Committee as required to set goals that meet these objectives and finalize the MLHU Provisional Strategic Plan.*

Carried

OTHER BUSINESS

The next meeting of the Governance Committee will be held on Thursday, April 15, 2021 at 6 p.m.

CONFIDENTIAL

At **6:13 p.m.**, it was moved by **Ms. Cassidy, seconded by Mr. Steele**, *that the Governance Committee will move in-camera to consider matters regarding identifiable individuals.*

Carried

At **6:33 p.m.**, it was moved by **Ms. DeViet, seconded by Ms. Cassidy**, *that the Governance Committee rise and return to public session from closed session.*

Carried

ADJOURNMENT

At **6:34 p.m.**, it was moved by **Ms. Cassidy, seconded by Ms. Kayabaga**, *that the meeting be adjourned.*

Carried

At **6:34 p.m.**, Chair Parker *adjourned the meeting.*

ROBERT PARKER
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



TO: Chair and Members of the Governance Committee

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

DATE: 2021 April 15

GOVERNANCE BY-LAW AND POLICY REVIEW

Recommendation

It is recommended that the Governance Committee make a recommendation to the Board of Health to:

- 1) Receive Report No. 07-21GC re: “Governance By-law and Policy Review” for information; and*
- 2) Approve the governance by-laws and policies as appended to this report.*

Key Points

- It is the responsibility of the Governance Committee to make recommendations to the Board of Health regarding review and development of governance by-laws and policies.
- The by-laws and policies brought forward to the Governance Committee have been reviewed by Health Unit staff and by the Finance & Facilities Committee (where these relate to financial operations) and updated to enhance clarity and ensure continued compliance with applicable standards, legislation, and agreements.
- [Appendix A](#) details recommended changes to the by-laws and policies that have been reviewed and outlines the status of all documents contained within the Governance Manual.

Background

In 2016, the Board of Health approved a plan for review and development of by-laws and policies based on a model that incorporates best practices from the Ontario Public Health Standards and advice obtained through legal counsel. Refer to [Report No. 018-16GC](#).

Policy Review

The following by-laws/policies ([Appendix B](#)) have been prepared for review by the Governance Committee:

- G-150 Complaints
- G-205 Borrowing
- G-260 Governance Principles and Accountability
- G-270 Roles and Responsibilities of Individual Board Members
- G-430 Informing of Financial Obligations

Appendix A details the recommended changes for each of the above by-laws/policies as well as the status of all documents contained within the Governance Manual.

There is a total of 43 by-laws/policies and 13 of these remain overdue for review as of March 31, 2021. Overdue by-laws/policies are actively being reviewed by the Committee and will be brought forward for review at subsequent meetings in the coming months.

Next Steps

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

This report was prepared by the Healthy Organization Division.



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



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

Governance By-law and Policy Review Status and Recommendations

March 31, 2020

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-000 Bylaws, Policy and Procedures	11/15/2018	Overdue	<i>Under review by Governance Committee Members.</i>	June 17, 2021
G-010 Strategic Planning	11/15/2018	Overdue	<i>Under review by Governance Committee Members.</i>	June 17, 2021
G-020 MOH/CEO Direction	02/27/2020	Current		
G-030 MOH/CEO Position Description	02/27/2020	Current		
G-040 MOH/CEO Selection and Succession Planning	10/19/2017	On Hold Review Pending		
G-050 MOH/CEO Performance Appraisal	11/21/2019	Current		
G-080 Occupational Health and Safety	10/15/2021	Current		
G-100 Information Privacy and Confidentiality	03/21/2021	Current		
G-120 Risk Management	06/20/2019	Current		
G-150 Complaints	06/21/2018	Revised - For Approval	Statement added (highlighted in yellow): “If a complaint pertains to the MOH and/or CEO the procedure outlined in Appendix A of Policy G-340 Whistleblower would be applied.”	April 15, 2021

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-160 Jordan's Principle	11/15/2018	Overdue	<i>Under review by Governance Committee Members.</i>	June 17, 2021
G-180 Financial Planning and Performance	09/19/2019	Current		
G-190 Asset Protection	09/19/2019	Current		
G-200 Approval and Signing Authority	11/21/2019	Current		
G-205 Borrowing	09/20/2018	Revised - For Approval	Reviewed by Finance and Facilities Committee Members and minor wordsmithing changes proposed.	April 15, 2021
G-210 Investing	09/19/2019	Current		
G-220 Contractual Services	11/21/2019	Current		
G-230 Procurement	11/21/2019	Current		
G-240 Tangible Capital Assets	09/19/2019	Current		
G-250 Reserve and Reserve Funds	11/21/2019	Current		
G-260 Governance Principles and Board Accountability	06/21/2018	Reviewed – For Approval	Changed MOHLTC and LHIN to Ministry of Health and Ontario Health.	April 15, 2021
G-270 Roles and Responsibilities of Individual Board Members	06/21/2018	Revised- For Approval	Changed Aboriginal to Indigenous.	April 15, 2021

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
			No additional changes required at this time. Suggestion to consider changes to the term of Chair and Vice-Chair should be put forward when By Law No. 3 Proceedings of the Board of Health comes up for review.	
G-280 Board Size and Composition	03/21/2019	Overdue		September 16, 2021
G-290 Standing and Ad Hoc Committees	02/27/2020	Current		
G-300 Board of Health Self-Assessment	03/21/2019	Overdue		September 16, 2021
G-310 Corporate Sponsorship	09/19/2019	Current		
G-320 Donations	09/19/2019	Current		
G-330 Gifts and Honoraria	09/19/2019	Current		
G-340 Whistleblowing	06/18/2020	Current		
G-350 Nominations and Appointments to the Board of Health	03/21/2019	Overdue		September 16, 2021
G-360 Resignation and Removal of Board Members	06/21/2018	Overdue	<i>Under review by Governance Committee Members.</i>	June 17, 2021
G-370 Board of Health Orientation and Development	03/21/2019	Overdue		September 16, 2021
G-380 Conflicts of Interest and Declaration	02/27/2020	Current		

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-400 Political Activities	06/21/2018	Overdue	<i>Under review by Governance Committee Members.</i>	June 17, 2021
G-410 Board Member Remuneration and Expenses	06/20/2019	Current		
G-430 Informing of Financial Obligations	06/21/2018	Revised - For Approval	Reviewed by Finance and Facilities Committee Members and minor wordsmithing changes proposed.	April 15, 2021
G-470 Annual Report	03/21/2019	Overdue		September 16, 2021
G-480 Media Relations	03/21/2019	Overdue		September 16, 2021
G-490 Board of Health Reports	03/21/2019	Overdue		September 16, 2021
G-B10 By-law No. 1 Management of Property	03/21/2019	Overdue		September 16, 2021
G-B20 By-law No. 2 Banking and Finance	06/20/2019	Current		
G-B30 By-law No. 3 Proceedings of the Board of Health	07/16/2020	Current	Changes to the term of Chair and Vice-Chair should be considered when this by-law is due to be reviewed.	
G-B40 By-law No. 4 Duties of the Auditor	06/20/2019	Current		

COMPLAINTS

POLICY

It is important to the community at large that all public complaints to the Board of Health are dealt with in a timely, impartial and confidential manner. The Board of Health oversees and monitors the Health Unit in its management of complaints to ensure the facilitation, mediation and resolution of complaints concerning the services provided by the Health Unit.

The Board of Health is accountable for ensuring that the Health Unit has a complaints management process in place. Trends are reported to the Board of Health by the Medical Officer of Health and Chief Executive Officer (MOH/CEO) at least twice yearly.

If a written or verbal complaint is received by a member of the Board, the member of the Board shall forward the complaint to the MOH/CEO or designate. **If a complaint pertains to the MOH/CEO, the procedure outlined in [Appendix A of Policy G-340 Whistleblower](#) would be applied.**

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-260 Governance Principles and Board Accountability

G-340 Whistleblowing

BORROWING

PURPOSE

The purpose of this policy is to establish objectives for debt financing activities to meet infrastructure and operating requirements while meeting the objectives of the Board of Health and related statutory and contractual requirements.

POLICY

Pursuant to Section 56 (1) of the Health Promotion and Protection Act the Middlesex-London Health Unit (MLHU), may enact by-laws and policies respecting banking and finance. After consultation with municipal councils, the Board of Health, may borrow funds to meet infrastructure and operating requirements of the Health Unit.

The primary objectives of this policy are as follows:

1. Adherence to statutory requirements

The Board shall secure temporary or long-term borrowing for health unit purposes as described by the Health Protection & Promotion Act, and the Municipal Act, specifically Part XIII Debt and Investment and the applicable regulations thereunder.

2. Minimize long-term cost of financing

The Board shall ensure that the debt program uses a systematic approach that minimizes the impact of debt servicing costs on the operating budget.

- a. The Board shall strive to maintain a strong credit rating to assist in securing a favourable cost of borrowing.
- b. Obligated municipalities shall be consulted and considered for access to their capital markets.
- c. The term of long-term financing shall extend the shorter of the lifetime of the capital work for which the debt was incurred, or 40 years in accordance to Section 408 (3) of the Municipal Act.
- d. The Health Unit shall utilize benchmarks, measures, indicators, ratios and limits as determined relevant and appropriate by the Secretary-Treasurer or designate to monitor debt servicing costs and annual repayment limits.

In order to meet Health Unit expenditures, the Board Chair and Secretary-Treasurer of the Board of Health are, following a majority vote of the Board of Health, authorized to borrow by way of promissory note or other suitable debt instrument, from a registered chartered bank, trust company or credit union.

The Board may delegate the Secretary-Treasurer to exercise this power on the behalf of the Board in such manner as the Board may determine by Board resolution. The Secretary-Treasurer or designate shall have the authority to implement the debt program and establish procedures consistent with this policy.

While the Board of Health has the authority to borrow, the Health Protection and Promotion Act requires the Health Unit to seek approval of the two obligated municipalities served by the Board prior to acquiring and holding real property.

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-B20 By-law #2 Banking and Finance

GOVERNANCE PRINCIPLES AND BOARD ACCOUNTABILITY

PURPOSE

To outline the governance principles and accountabilities of the Board of Health as an entity as defined by the Health Protection and Promotion Act, R.S.O. 1990, c. H.7. This policy seeks to articulate the overarching philosophy and approach to its governance responsibilities, including its governance principles and accountabilities.

The Board governs the Health Unit through the direction and supervision of the business and affairs of the Health Unit in accordance with its By-Laws, vision, mission and core values, governance policies and other applicable laws and regulations.

POLICY

Guiding Principles

The Board of Health acts in the best interests of the Health Unit, having regard for its accountabilities to its clients, the community served, other health care providers, and to the Government of Ontario.

The Health Unit maintains a culture based on the values as approved by the Board of Health and strives for a collaborative approach to decision-making, based on evidence, best practice, open debate and a forthright examination of all issues, while respecting and valuing dissenting views.

The Board of Health maintains a clear distinction between the governance and operation of the Health Unit, while recognizing the interdependencies between them.

The Middlesex-London Health Unit (MLHU) Board of Health is committed to the following principles:

Acting in a fiduciary duty to the MLHU and in the best interest of the Corporation;

- Being accountable to the individuals and communities which it serves, and to the Government of Ontario for the efficient and effective delivery of public health programs and services;
- Providing a focus on strategic leadership and direction;
- Making decisions in a rigorous and transparent manner;
- Creating a clear differentiation between governance and management while recognizing their interdependencies;
- Establishing policies, making decisions and monitoring performance relating to the key dimensions of the business of the MLHU and to the Board of Health's own effectiveness; and
- Holding management accountable for providing policy options, appropriate reports to support decisions, and the monitoring and reporting of management and operations of MLHU to ensure consistency with Board of Health policies.

ACCOUNTABILITY

The Board of Health is accountable to;

1. The Board of Health's clients and communities served for:
 - the quality of the services; clinical, health promotion, education and safety of clients;
 - engaging the communities served when developing plans and setting priorities for the delivery of public health services;
 - considering the diversity of needs and interests served in its policy formulation and decision-making;
 - operating in a fiscally sustainable manner within its resource envelope and utilizing its resources efficiently and effectively across the spectrum of services to fulfill the Board of Health mission and mandate;
 - advocating for and seeking resources to provide appropriate public health services; and
 - the appropriate use of community contributions and resources.

2. The Government of Ontario for:
 - compliance with Health Protection and Promotion Act R.S.O. 1990, c. H.7;
 - the Broader Public Sector Accountability Act, 2010, S.O. 2010, c. 25; and
 - other applicable laws, regulations, policies and directions and implementation of approved capital projects.

3. The Municipalities served for:
 - effective and efficient service to the communities served.

The Board of Health governance principles and accountabilities align with the Ontario Public Health Organizational Standards and are based on best practices in public sector governance. The critical elements of governance and accountability also take into consideration the unique context of public health units.

APPLICABLE LEGISLATION AND STANDARDS

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

Ontario Public Health Organizational Standards

RELATED POLICIES

G-270 – Roles and Responsibilities of Individual Board Members

APPENDIX A
To Policy G-260

By-Laws	<ul style="list-style-type: none"> • By-law #1 - Management of Property • By-law #2 - Banking & Finance • By-law #3 - Proceedings of the Board of Health • By-law #4 - Duties of the Auditor
Strategic Direction	<ul style="list-style-type: none"> • Strategic Planning
Leadership and Board Management	<ul style="list-style-type: none"> • MOH/CEO Direction • MOH/CEO Position Description • MOH/CEO Selection and Succession Planning • MOH/CEO Performance Appraisal • MOH/CEO Compensation • MOH/CEO Reimbursement and Travel
Program Quality and Effectiveness	<ul style="list-style-type: none"> • Occupational Health and Safety – Framework • Quality Improvement - Framework • Privacy & Security of Information • Performance Monitoring • Risk Management • Ethics • Respect for Diversity • Complaints • Jordan's Principle
Financial and Organizational Accountability	<ul style="list-style-type: none"> • Financial Planning and Performance • Asset Protection • Approval and Signing Authority • Investing • Borrowing • Contractual Services • Procurement • Tangible Capital Assets • Reserve and Reserve Funds • Corporate Sponsorship • Donations • Gifts and Honorariums • Board Member Remuneration • Travel Reimbursement
Board Effectiveness	<ul style="list-style-type: none"> • Governance Principles and Board Accountability • Roles and Responsibilities of the Board of Health • Board Size and Composition • Standing and Ad Hoc Committees • Board of Health Self- Assessment • Nominations and Appointments to the Board of Health • Resignation and Removal of Board Members • Board of Health Orientation and Development • Conflicts of Interest & Declaration • Code of Conduct
Communications and External Relations	<ul style="list-style-type: none"> • Advocacy • Community Engagement • Relationship with the Ministry of Health and Ontario Health • Relationships with Other Health Service Providers and Key Stakeholders • Annual Report • Media Relations • Board of Health Reports

ROLES AND RESPONSIBILITIES OF INDIVIDUAL BOARD MEMBERS

PURPOSE

The following is a statement of responsibilities for individual Board of Health Members, which should also be understood as the Code of Conduct for members of the Board of Health. This Policy is subject to all legislation and By-laws governing the Board of Health.

POLICY

Guiding Principles

1. Fiduciary Duty and Duty of Care

As a fiduciary of Middlesex-London Health Unit (MLHU) Board of Health a Board Member acts ethically, honestly, and in good faith with a view to the best interests of the Board of Health and in so doing, supports the Board of Health in fulfilling its mission and discharging its accountabilities. A Board Member exercises the care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances. Board Members are committed to the roles and responsibilities of the Board of Health contained in this policy and in Policy G-260 Governance Principles and Board Accountability.

Board Members with special skill and knowledge are expected to apply that skill and knowledge to matters that come before the Board.

A Board Member does not represent the specific interests of any constituency or group. A Board Member acts and makes decisions that are in the best interest of the Board of Health as a whole. A Board Member commits to the vision, mission and core values of the Board of Health and complies with the Health Protection and Promotion Act, in addition to other applicable laws and regulations, the Board of Health's by-laws, and Governance policies.

2. Exercise of Authority

A Board Member carries out the powers of office only when acting as a member during a duly constituted meeting of the Board of Health or one of its committees. A Board Member respects the responsibilities delegated by the Board of Health to the Medical Officer of Health and Chief Executive Officer (MOH/CEO), avoiding interference with delegated responsibilities but insisting upon accountability to the Board and reporting mechanisms for assessing organizational performance.

3. Conflict of Interest

A Board Member does not place him/herself in a position where his/her personal interests conflict with those of the Board of Health. A Board Member complies with the Conflict of Interest provisions in Section 5.1 of the Municipal Conflict of Interest Act, the Board of Health By-laws and this policy.

4. Team Work

A Board Member maintains effective relationships with other Board Members, management and its communities by working positively, cooperatively and respectfully with others in the performance of his/her duties while exercising independence in decision-making.

5. Participation

A Board Member expects to receive relevant information in advance of the meetings and reviews pre-circulated material and comes prepared to Board and committee meetings and educational events, asks informed questions, and makes a constructive contribution to discussions. A Board Member fully participates in Board performance appraisals, evaluations and self-evaluation in accordance with the requirements of the Board Policy Manual. A Board Member considers the need for independent advice to the Board on major Board of Health actions.

6. Formal Dissent

A Board Member reviews the minutes of the previous meeting on receipt and insists that they record any Board Member's disclosure, abstinence or dissent. A Board Member who is absent from a Board meeting is deemed to have supported the decisions and policies of the Board taken in his/her absence unless he or she formally records a dissenting view with the Board secretary. While an absent Board Member may formally record a dissenting view at the next meeting at which the Board Member is in attendance, this does not change the decision reached by the Board.

7. Board Solidarity

The official spokesperson for the Board is the Chair or the Chair's designate. A Board Member supports the decisions and policies of the Board in discussions with external parties, even if the Board Member holds another view or voiced another view during a Board discussion or was absent from the Board meeting. A Board Member refers media and other requests for statements on Board of Health related topics to the Board Chair or the Board Chair's designate.

8. Interactions with Staff

Any contact with the staff of the Health Unit shall be made through the MOH/CEO. All interactions and communications should be respectful and constructive and not interfere in any way with the operations of the Health Unit.

9. Confidentiality

Every Board Member shall respect the confidentiality of the information of the Board of Health, including matters brought before the Board and all committees, keeping in mind that unauthorized disclosure of information could adversely affect the interests of the Board of Health.

10. Time and Commitment

A Board Member is generally expected to commit the necessary time required to fulfill Board and committee responsibilities including preparation for and attendance at Board meetings, assigned committee meetings and events.

A Board Member is expected to attend a minimum of 80% of the meetings of the Board of Health and 80% of committee meetings of which he/she is a member in person. Board Members who fail to meet the attendance requirements are subject to review by the Chair and may be asked to step down from the Board. All Board Members are expected to serve on at least one Board committee and to represent the Board and the Board of Health in the community when requested by the Chair.

11. Skills, Expertise and Essential Competencies

A Board Member actively contributes specific skills and expertise and possesses the following essential competencies and qualities which are necessary for all Board Members to fulfill their responsibilities:

- personal and professional integrity, wisdom and judgment;
- a commitment to ethical standards and behaviour;
- experience in and understanding of governance including the roles and responsibilities of the Board and individual Board Members and the difference between governance and management;
- ability to participate assertively and communicate effectively as a member of the team with other members of the Board and senior management; and
- ability to think critically and ask relevant questions at a strategic level.

12. Education

A Board Member seeks opportunities to be educated and informed about the Board and the key issues in the Board of Health and broader health care system through the Board Orientation Manual, participation in Board orientation and ongoing Board education as outlined in Policy G-370 Board of Health Orientation and Development.

13. Evaluation and Continuous Improvement

A Board Member is committed to a process of continuous self-improvement as a Board Member. All Board Members participate in evaluation of the Board and act upon results in a positive and constructive manner.

Accountability

While the Board of Health is legally accountable to the Minister of Health and Long-Term Care and the people of Ontario through the Health Protection and Promotion Act, the Board also recognizes an implicit accountability to the communities of London and Middlesex.

Duties of Board of Health Members

Board of Health Member:	The Board of Health for the Middlesex-London Health Unit is comprised of five Provincial Representatives, three Middlesex County Representatives and three City of London Representatives. Provincial Representatives are appointed for a term decided by the Lieutenant Governor in Council and Municipal Representatives are general appointed for the duration of the municipal term. (See Appendix A – Board Member Role Description)
Chair:	As per By-law No. 3 Section 18, the Chair is elected for one year, with a possible renewal of one additional year, and rotates among the three representative bodies. (See Appendix B – Chair and Vice-Chair Position Description).
Vice-Chair:	By-law No. 3 Section 18 stipulates that the Vice-Chair is elected for a one-year term. (See Appendix B – Chair and Vice-Chair Position Description).
Secretary-Treasurer:	Traditionally, the Secretary-Treasurer functions have been performed by the Medical Officer of Health and Chief Executive Officer. (See Appendix C – Secretary-Treasurer position description).

Recognition and Access to Collective Agreements

The Board of Health recognizes a) Canadian Union of Public Employees (CUPE) is the exclusive bargaining agent for all union staff who are not represented by ONA, and b) The Ontario Nurses' Association (ONA) is the exclusive bargaining agent for unionized staff registered nurses and public health nurses.

Appropriate current collective agreements are provided to employees by their union, and to management by the Director, Healthy Organization. Original collective agreements are maintained in the Human Resources Offices. Copies of all current collective agreements are maintained in the Health Unit library and posted on the Health Unit intranet.

Ratification of Collective Agreements

The Board of Health shall ensure that the collective bargaining process with CUPE and ONA are completed in a legal and binding manner by following the subsequent process:

- Collective bargaining is successfully undertaken with both parties agreeing and signing a Memorandum of Settlement.
- The Memorandum of Settlement is presented in the form of a confidential Board report to the Board of Health at the next scheduled meeting or specially called meeting at which time the Board, by vote, will agree or disagree with the Memorandum of Settlement.
- If the Board agrees, the union is then notified of the Board's ratification of the Memorandum of Settlement, both by telephone and in writing, by the Director, Healthy Organization.
- If the Board does not agree, the union is then notified of the Board's non-ratification of the Memorandum of Settlement, both by telephone and in writing, by the Director, Healthy Organization.
- Each union will be responsible for following its ratification procedure and notifying the Director, Healthy Organization of the outcome.

The Board of Health and the union must ratify a negotiated contract in order for it to be legally binding and enforceable.

Provision of Services on Indigenous Reserves

The Board of Health may enter into a one, two or three year written agreement with the council of the band on an Indigenous reserve within the geographic area of the Health Unit where:

- The Board agrees to provide health programs and services to the members of the band; and
- The council of the band agrees to accept the responsibilities of the council of a municipality within the Health Unit.

APPENDICES

Appendix A – Board Member Role Description

Appendix B – Chair and Vice-Chair Role Description

Appendix C – Secretary-Treasurer Role Description

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-260 Governance Principles and Board Accountability

G-360 Removal and Resignation of Board Members

G-370 Board of Health Orientation and Development

G-380 Conflicts of Interest and Declaration

Board Member Role Description

Board Member Responsibilities and Expectations:

Each Board of Health Member has a responsibility to the Middlesex-London Health Unit. Consequently, members must have a strong commitment to the mandate of the Health Unit and be willing to develop an understanding of the services and programs that the Health Unit provides and how the policy decisions of the Board of Health affect these. This requires familiarity with local resources and the changing health needs and trends of the community.

Responsibilities of Members include:

- Acquiring a clear understanding of the fiscal operations and ensuring funds are adequate and responsibly spent;
- Engaging in generative thinking and planning;
- Working effectively within a group, including communicating effectively with other Board Members and staff during Board of Health and Committee meetings;
- Being supportive of the organization's mandate and management's ability to implement strategy;
- Continuing self-education, growth and understanding of public health principles; and
- Representing the Board at Health Unit, public or official functions.

To fulfill the aforementioned responsibilities, it is expected that Board of Health Members:

- Participate in orientation and annual retreats;
- Attend regularly scheduled meetings and special sessions;
- Review agenda packages prior to meetings;
- Follow Board of Health by-laws, policies and procedures;
- Accurately represent decisions of the Board of Health;
- Disclose any potential conflicts of interest and remove themselves from any conversation where one may exist;
- Comply with the Board of Health Code of Conduct; and
- Meet expectations of the Ontario Public Health Organizational Standards, which establish management and governance requirements for all Boards of Health and public health units

Chair and Vice-Chair Role Description

The Chair and Vice-Chair of the Board of Health have specific responsibilities to the Middlesex- London Health Unit. In addition to fulfilling the responsibilities and expectations of MLHU Board members, there are additional obligations that the Board Chair and Vice-Chair must uphold.

Responsibilities of the Chair include:

1. **Leadership** - Guides and directs Board processes, centering the work of the Board on the organization's mission, vision and strategic direction.
2. **Agendas** - Establishes agendas for Board meetings, in collaboration with the MOH/CEO.
3. **Meeting management** - Presides over Board meetings in a manner that encourages participation and information sharing while moving the Board toward timely closure and prudent decision-making.
4. **MOH/CEO relationship** - Serves as the Board's central point of official communication with the MOH/CEO. Develops a positive, collaborative relationship with the MOH/CEO, including acting as a sounding Board for the MOH/CEO on emerging issues and alternative courses of action. Stays up-to-date about the organization and determines when an issue needs to be brought to the attention of the full Board or a committee.
5. **MOH/CEO performance appraisal** - Leads the processes of MOH/CEO goal-setting, performance evaluation, and compensation review, consistent with Board policy.
6. **Committee attendance** - Serves as an ex-officio voting member of all committees.
7. **Board conduct** - Sets a high standard for Board conduct by modeling, articulating and upholding rules of conduct set out in Board by-laws and policies. Intervenes when necessary in instances involving conflict-of-interest, confidentiality, and other Board policies.
8. **Board learning and development** - Leads the development of the Board's knowledge and capabilities by playing a central role in orientation of new Board members, mentoring a chair-elect and providing continuing education for the entire Board.
9. **Succession planning** - Participates in the recruitment of new Board members and in the process of identifying candidates to serve as chairperson-elect.
10. **Self-evaluation** - Provides for an effective, objective Board self-evaluation process and supports implementation of recommendations for improvement. Seeks feedback on his or her performance as chairperson.

The Vice-Chair shall have all the powers and perform all the duties of the Chair in the case of absence or disability of the Chair, together with such powers and duties, if any, as may be from time to time assigned by the Board.

Secretary-Treasurer Role Description

The Secretary-Treasurer of the Board of Health has specific responsibilities to the Middlesex- London Health Unit.

Responsibilities of the Secretary-Treasurer include:

1. **Agendas** – Establishes agendas for Board and Committee meetings in collaboration with the Board of Health Chair and/or Vice Chair.
2. **Meeting preparation** – Ensures that all materials are prepared in a timely manner and of high quality to inform the Board of Health and Board of Health decisions.
3. **Meeting minutes** – Ensures full and accurate minutes of the meetings of all the Board meetings, text of By-laws and Resolutions passed by it.
4. **Budget preparation and reporting** - Prepares and controls the Annual Budget under the jurisdiction of the Board for submission to the Board;
5. **Board of Health Chair relationship** - Serves as management's central point of official communication with the Chair of the Board of Health. Develops a positive, collaborative relationship with the Chair, including acting as a sounding Board for the Chair on emerging issues and alternative courses of action. Stays up-to-date about the organization and determines when an issue needs to be brought to the attention of the full Board or a committee.
6. **Committee attendance** - Serves as an ex-officio non-voting member of all committees.
7. **Oversight of all Board of Health by-laws and policies** – Every by-law and policy that is passed by the Board will be signed by the Board Chair at the meeting which it was passed and deposited with the Secretary-Treasurer for archiving and future reference.
8. **Board learning and development** – Assist with the development of the Board's knowledge and capabilities by playing a central role in orientation of new Board members, chair-elect and providing continuing education for the entire Board.

INFORMING OF FINANCIAL OBLIGATIONS

PURPOSE

The following is a statement of financial obligations of the Board of Health. This Policy is subject to all legislation and By-laws governing the Board of Health.

POLICY

The Board of Health shall annually give written notice to the City of London and the County of Middlesex regarding:

- The estimated total annual expense that each will be required to pay to the Board of Health for delivery of the mandatory program(s) and services under the Ontario Public Health Standards.
- The specific proportion of the estimated amount for which each municipality is responsible, in accordance with the agreement respecting the proportion of the expenses to be paid by each municipality.
- The time at which the Board of Health requires payment to be made by each municipality and the amount of each payment required.

APPLICABLE LEGISLATION

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

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

RELATED POLICIES

G-B20 By-Law #2 Banking and Finance



TO: Chair and Members of the Governance Committee

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

DATE: 2021 April 15

BOARD OF HEALTH SELF-ASSESSMENT

Recommendation

It is recommended that the Governance Committee make a recommendation to the Board of Health to:

- 1) Receive Report No. 08-21GC re: “Board of Health Self-Assessment”;*
- 2) Approve the revised Board of Health Self-Assessment Tool appended to this report; and*
- 3) Approve initiation of the Board of Health self-assessment process for 2021.*

Key Points

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

Background

The Ontario Public Health Standards require that boards of health complete a self-assessment of their governance practices and outcomes at least once every two years. It has been the Governance Committee’s practice to complete the self-assessment annually; however, this process was deferred in 2020 to focus on responding to the COVID-19 pandemic. The Board of Health last completed a self-assessment questionnaire in March 2019. The results of the 2019 Board of Health Self-Assessment were reported in June 2019 ([Report No. 012-19GC](#)).

The current Board of Health Self-Assessment Tool was approved in January 2017 ([Report No. 002-17GC](#)). It is recommended that the Board proceed with a modified version of the tool which allows for an both an assessment of the Board as a whole, and a section for individual Board members to complete an evaluation of themselves. Another section has been added in the tool for feedback to the Chair of the Board. The revised self-assessment tool is intended to increase the level of accountability of the Board and its members and offer additional insights into potential Board development opportunities.

Self-Assessment Process

1. The Governance Committee reviews and recommends for Board approval the Board of Health Self-Assessment Tool (attached as [Appendix A](#)).
2. Following Board approval, the revised Board of Health Self-Assessment Tool is distributed via email to Board members for completion.
3. Surveys may be completed electronically or on paper. Completed hard copies can be submitted in a sealed envelope to the Executive Assistant (EA) to the Board of Health.

4. Survey results are reported to the Governance Committee in an anonymous form, without any identifying information, to inform recommendations for improvements in Board effectiveness and engagement.
5. The assessment findings and the Governance Committee's recommendations are submitted to the Board of Health for approval.

Next Steps

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

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

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



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



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

2021 Board of Health Assessment

This survey is expected to take approximately 15-20 minutes. Please complete by **May 10, 2021**.

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

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

You can complete the survey electronically or on paper. If you complete the paper version please return it in a sealed envelope to Stephanie Egelton, Executive Assistant to the Board of Health or Svetlana Mutlak, Executive Assistant to the Interim Chief Executive Officer.

If you have any questions please contact Stephanie Egelton, 519-663-5317, ext. 2448, stephanie.egelton@mlhu.on.ca.

Questions should be answered by all board members. When completed individually the results of Sections A and B should be compiled, shared and discussed by the whole board. Section C should be answered by board members alone but not shared with the group. This questionnaire also includes Section D, which provides feedback to the Chair of the Board.

*Circle the response that **best** reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).*

A. How Well Has the Board Done Its Job?

- | | | | | | |
|---|---|---|---|---|---|
| 1. Our organization operates with a strategic plan or a set of measurable goals and priorities. | 1 | 2 | 3 | 4 | 5 |
| 2. The board’s regular meeting agenda items reflects our strategic plan or priorities. | 1 | 2 | 3 | 4 | 5 |
| 3. The board has created or reviewed, in this period, some key governance job descriptions (e.g board chair, directors and committees | 1 | 2 | 3 | 4 | 5 |
| 4. The board gives direction to staff on how to achieve the goals by setting, referring to, or revising policies. | 1 | 2 | 3 | 4 | 5 |

5. The board has identified and reviewed the organization's relationship with each of its key stakeholders	1	2	3	4	5
6. The board has ensured that the organization's accomplishments and challenges have been communicated to key stakeholders	1	2	3	4	5
7. The board takes all relevant information into consideration when making decisions	1	2	3	4	5
8. The board has ensured that stakeholders have received reports on how our organization has used its financial and human resources.	1	2	3	4	5
9. In the past year the board has adequately responded to serious complaints of wrongdoing or irregularities	1	2	3	4	5
10. The current relationship between the board and senior staff results in effective and efficient management of the health unit?	1	2	3	4	5

Comments: _____

My overall rating (add together the total of the numbers circled):

Excellent (30-24) Satisfactory (23-19) Poor (18- 6)

B. How Well Has the Board Conducted Itself?

*Circle the response that **best** reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).*

11. As board members we are aware of what is expected of us.	1	2	3	4	5
12. The agenda of board meetings are well planned so that we are able to get through all necessary board business.	1	2	3	4	5
13. It seems like most board members come to meetings prepared.	1	2	3	4	5
14. We receive written reports to the board in advance of our meetings.	1	2	3	4	5
15. All board members participate in important board discussions.	1	2	3	4	5
16. We do a good job encouraging and dealing with different points of view.	1	2	3	4	5

17. We all support the decisions we make.	1	2	3	4	5
18. The board assesses its composition and strengths in advance of recruiting new board members.	1	2	3	4	5
19. The board assumes much of the responsibility for director recruitment and orientation	1	2	3	4	5
20. Board members have some interaction with external stakeholders at board meetings (e.g. as guests) or between meetings	1	2	3	4	5

Comments: _____

My overall rating:(add together the total of the numbers circled)

Excellent (60- 50) Satisfactory (49-35) Poor (34-12)

C. My Performance as an Individual Board Member (Not to be shared)

Circle the response that **best** reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).

1. I am aware of what is expected of me as a board member.	1	2	3	4	5
2. I have a good record of meeting attendance.	1	2	3	4	5
3. I read the minutes, reports and other materials in advance of our board meetings.	1	2	3	4	5
4. I am familiar with what is in the organization's by-laws and governing policies	1	2	3	4	5
5. I frequently encourage other board members to express their opinions at board meetings.	1	2	3	4	5
6. I am encouraged by other board members to express my opinions at board meetings.	1	2	3	4	5
7. I am a good listener at board meetings.	1	2	3	4	5
8. I follow through on things I have said I would do.	1	2	3	4	5
9. I maintain the confidentiality of all board decisions.	1	2	3	4	5
10. When I have a different opinion than the majority, I raise it.	1	2	3	4	5
11. I support board decisions once they are made even if I do not agree with them.	1	2	3	4	5
12. I promote the work of our organization in the					

community whenever I had a chance to do so.	1	2	3	4	5
13. I stay informed about issues relevant to our mission and bring information to the attention of the board.	1	2	3	4	5

Comments: _____

My overall rating: (add together the total of the numbers circled)

Excellent (40+) Satisfactory (28-39) Poor (11-27)

D. Feedback to the Chair of the Board (Optional)

*Circle the response that **best** reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).*

1. The chair is well prepared for board meetings.	1	2	3	4	5
2. The chair helps the board stick to the agenda.	1	2	3	4	5
3. The chair tries hard to ensure that every board member has an opportunity to be heard.	1	2	3	4	5
4. The chair is skilled at managing different points of view	1	2	3	4	5
5. The chair has demonstrated versatility in facilitating board discussions.	1	2	3	4	5
6. The chair knows how to be direct with an individual board member when their behaviour needs to change.	1	2	3	4	5
7. The chair helps the board work well together.	1	2	3	4	5
8. The chair demonstrates good listening skills.	1	2	3	4	5
9. The board supports the chair.	1	2	3	4	5
10. The chair is effective in delegating responsibility amongst board members.	1	2	3	4	5
11. The chair ensures the board is aware of his/her organizational activities outside of our board meetings	1	2	3	4	5

Comments: _____

My overall rating: (add together the total of the numbers circled)

- Excellent (40+)
- Satisfactory (28-39)
- Poor (11-27)



TO: Chair and Members of the Governance Committee

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

DATE: 2021 April 15

2020 STRATEGIC PLAN SUMMARY

Recommendation

It is recommended that the Governance Committee make a recommendation to the Board of Health to receive Report No. 09-21GC re: “2020 Strategic Plan Summary” for information.

Key Points

- The 2018–20 Balanced Scorecard identifies initiatives and tasks that the organization is pursuing to advance the strategic priorities identified in the 2015–20 Strategic Plan (Appendix A).
- The 2020 Balanced Scorecard Report (Appendix B) identifies projects that are completed, ongoing or incomplete, due to major obstacles.
- There were 23 of 33 projects completed, two (2) ongoing and eight (8) projects that encountered major obstacles by the end of 2020.
- The remaining ten (10) projects will either transition to the 2021-22 Provisional Plan, the long-term strategy or will be discontinued due to shift in organizational priorities and strategy.

Background

The Health Unit’s 2015–20 Strategic Plan details the vision, mission, and values of the organization and outlines the strategic priorities. The Board of Health approved the five-year plan at its September 17, 2015 meeting, and staff began working on many of its strategic priorities soon afterward. The 2018–20 Balanced Scorecard identifies the strategic priorities that were to be carried out over the remaining two and a half (2.5) -year horizon.

Balanced Scorecard Reporting

The Project Management Office (PMO) is accountable for monitoring and reporting project status to the Board of Health. Regular reporting helps to identify recent accomplishments, top issues, lessons learned, and variances from expected outcomes. The 2018–20 Balanced Scorecard and the 2020 Balanced Scorecard Report are attached as [Appendix A](#) and [Appendix B](#).

2020 Strategic Plan Summary

By the end of 2020, 23 of 33 strategic projects (70%) identified on the 2020 Balanced Scorecard Report (refer to Appendix B) were completed and fully transitioned to operations.

Of the ten (10) remaining strategic projects, two (2) remained in progress but were slowed down in 2020. Eight (8) strategic projects encountered major obstacles due to resource constraints resulting from the

COVID-19 pandemic response. The table below summarizes the status and future state of the ten (10) remaining strategic projects from the 2020 Balanced Scorecard report (Appendix B).

PROJECT	STATUS	FUTURE STATE
<ul style="list-style-type: none"> Electronic Client Record Diversity and Inclusion Assessment Recommendations 	Ongoing	Moved to and/or merged with goals on the Provisional Plan
<ul style="list-style-type: none"> Community Engagement Strategy – Client Experience Tool Development and Implementation Performance Management Framework 	Major Obstacles	Moved to the Provisional Plan
<ul style="list-style-type: none"> Staff Capacity Building Middlesex County Services Review 	Major Obstacles	Moved to Long-Term Strategy
<ul style="list-style-type: none"> Health Equity Indicator Assessment and Recommendations Policy Development: Advocacy Framework 	Major Obstacles	Merged with goals on the Provisional Plan
<ul style="list-style-type: none"> Implementation of the Modernized Standards Gap Analysis Review and revisions to MLHU graphic standards and branding 	Major Obstacles/ Not Started	Discontinued due to shift in organizational priorities and strategy

Next Steps

The 2020 Balanced Scorecard Report informed the transition of activities to the 2021-22 Provisional Plan and requirements for the long-term Strategic Plan that will be developed. The 2021-21 Provisional Plan has been prepared for approval with a proposed method for regularly reporting on performance to the Board of Health. The Strategic Projects team will continue to be accountable for monitoring and reporting project status to the Board of Health.

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



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



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

2018-2020 MLHU Balanced Scorecard

Program Excellence			
Deliver maximum value and impact with our resources			
Objectives	Initiatives	Activities & Tasks	Measures
(A) Optimize evidence-informed planning and evaluation	1) Formalize a MLHU planning and evaluation framework that integrates: evidence-informed program planning, innovation, research advisory committee (when applicable), and regular evaluation of programs	<ul style="list-style-type: none"> • Ongoing implementation of the Planning and Evaluation Framework (PEF) (Initiated prior to 2018) <ul style="list-style-type: none"> ○ Develop policy to assist with implementation of PEF ○ Conduct PEF training workshops and topic-specific workshops for key staff • Implementation of the Modernized Standards (PRJT#2018-011) <ul style="list-style-type: none"> ○ Development of more detailed assessment of program standard compliance ○ Recommendations based on assessment ○ Implementation of recommendations 	<ul style="list-style-type: none"> ❖ Status of Planning and Evaluation Framework ❖ Status of Implementation of the Modernized Standards ❖ Status on the Establishment of PMO ❖ Status of Organizational Structure and Location Project ❖ Status of Intake Lines/PA Review ❖ Status of ECR project ❖ # of program reviews initiated ❖ Status of health equity indicators at MLHU ❖ MOHLTC performance indicators within 1% of target
	2) Utilize continuous quality improvement processes	<ul style="list-style-type: none"> • Establishment of the Project Management Office (PRJT#2018-016) <ul style="list-style-type: none"> ○ Assessment of current practices ○ Determine appropriate methodology, tools, processes ○ Develop and implement recommendations 	
(B) Foster strategic integration and collaboration	1) Identify ideal organizational structure and complimentary processes to ensure our programs and services are focused on our core mission	<ul style="list-style-type: none"> • Continuation of the Organizational Structure and Location Project (PRJT#2018-001) <ul style="list-style-type: none"> ○ Establishment of OSL 2.0 and associated working groups ○ Space planning and clinic flow ○ Move Planning ○ Commissioning • Electronic Client Record (PRJT#2018-005) <ul style="list-style-type: none"> ○ Conduct needs assessment ○ Select the appropriate solution ○ Provide education and training ○ Implement new system 	
(C) Address the social determinants of health	1) Knowledge exchange and skill building activities for social determinants of health (SDOH)	<ul style="list-style-type: none"> • Staff Capacity Building (Initiated prior to 2018) <ul style="list-style-type: none"> ○ From Bystander to Ally Training 	
	2) Expand health equity impact assessment implementation and monitoring	<ul style="list-style-type: none"> • Health Equity Indicator Assessment and Recommendations (PRJT#2018-010) <ul style="list-style-type: none"> ○ Determination of how prioritized indicators can be adopted by MLHU, systematically collected and integrated into planning and evaluation 	

		<ul style="list-style-type: none"> • Community Health Status Report Updating (PRJT#008-2018) <ul style="list-style-type: none"> ○ Development of a plan to conduct data analysis and prepare reports 	
	3) Establish a policy development and advocacy framework	<ul style="list-style-type: none"> • Policy Development: Advocacy Framework (PRJT#2018-015) <ul style="list-style-type: none"> ○ To ensure all advocacy initiatives and strategies align with the Health Unit’s vision, mission and values, and are approved by Senior Leadership and/or the Board of Health. ○ To ensure all employees who are engaged in systemic advocacy initiatives consistently use effective and efficient planning and implementation processes. 	
(D) Ensure programs achieve organizationally established Performance targets	1) To be determined through Divisional and Team Balanced Scorecard development	<ul style="list-style-type: none"> • Develop Divisional Balanced Scorecards (PRJT#2018-016) <ul style="list-style-type: none"> ○ Cascading from the Organizational Balanced Scorecard and incorporating the approved prioritized projects for the current strategic planning cycle ○ Collect and report on MOHLTC accountability agreement indicators 	

Client and Community Confidence

Foster client satisfaction and community confidence

Objectives	Initiatives	Activities & Tasks	Measures
(A) Seek and respond to community input	1) Use community input and feedback to inform program planning and evaluation	<ul style="list-style-type: none"> • Integrate community and client feedback mechanisms into strategic projects and program planning and evaluation (Initiated prior to 2018) <ul style="list-style-type: none"> ○ Included within the Program Evaluation Framework and being rolled-out to the organization. 	<ul style="list-style-type: none"> ❖ # of client / community feedback interactions ❖ # of visits to healthunit.com website
(B) Ensure clients and the community know and value our work	1) Increase the awareness of public health and the role of the Middlesex-London Health Unit	<ul style="list-style-type: none"> • Complete the review and revisions to MLHU graphic standards and branding (PRJT#2018-013) <ul style="list-style-type: none"> ○ Adopt an ambassador strategy that will enable staff and teams to promote broader MLHU services 	<ul style="list-style-type: none"> ❖ % of people familiar with the health unit ❖ Client / community partner experience
(C) Deliver client-centred service	1) Use client input and feedback to inform service delivery and evaluation	<ul style="list-style-type: none"> • Community Engagement Strategy – Client Experience Tool Development and Implementation (PRJT#2018-007) <ul style="list-style-type: none"> ○ Utilize a tool that measures client experience and is implementation by teams and programs • Intake Lines/Program Assistant Review (PRJT#2018-012) <ul style="list-style-type: none"> ○ Consult with clients and staff re: proposed system ○ Conduct review of PA role ○ Procure systems and identify alternatives ○ Implementation and training 	<ul style="list-style-type: none"> ❖ Status of Middlesex County Services Review
	2) Deliver appropriate outreach services where people live, work, learn and play	<ul style="list-style-type: none"> • Middlesex County Services Review (PRJT#2018-003) <ul style="list-style-type: none"> ○ Assess the health needs of county residents, map current resources that are deployed and determine opportunities for enhancement ○ Identify effective strategies and provide recommendations for implementation 	


Employee Engagement and Learning


Engage and empower all staff

Objectives	Initiatives	Activities & Tasks	Measures
(A) Promote transparent and inclusive decision-making processes	1) Increase opportunities (surveys, town halls, fire side chats) for staff to share input in MLHU decision-making (structure, location, budgets)	<ul style="list-style-type: none"> • Define annual opportunities to enhance engagement (Initiated prior to 2018) <ul style="list-style-type: none"> ○ Ensure a minimum of 3 Town Halls per year ○ Allow for consultation that will cultivate ideas at the front-line of the organization (PBMA, Location project, etc.) 	<ul style="list-style-type: none"> ❖ Employee engagement (overall engagement score) ❖ % of staff completing mandatory training ❖ % of policies reviewed within 2 years ❖ Annual EFAP Usage ❖ % of staff completing BeWell Survey ❖ # of active ABW stations ❖ Status of Performance Management Framework ❖ Status of ERP Project ❖ Status of the Establishment of PMO ❖ Status of Diversity and Inclusion Project
	2) Inclusive planning days and follow-up processes	<ul style="list-style-type: none"> • Increase transparency throughout the organization (Initiated prior to 2018) <ul style="list-style-type: none"> ○ Regular communication to all MLHU staff through various channels regarding status of strategic projects 	
(B) Enhance staff development and continuing education	1) Establish and implement consistent performance management and measurement systems, tools and processes	<ul style="list-style-type: none"> • Determine areas of focus for performance management (PRJT#2018-004) <ul style="list-style-type: none"> ○ Incorporate functions of a human resources information system (HRIS), that includes performance management capabilities into an Enterprise Resource Planning system 	
	2) Learning opportunities for staff are aligned with MLHU's strategic priorities and objectives	<ul style="list-style-type: none"> • Deliver the Learning at MLHU Program (PRJT#2018-004) <ul style="list-style-type: none"> ○ Incorporate functions of a human resources information system (HRIS), that includes learning and development into an Enterprise Resource Planning system 	
(C) Strengthen positive organizational culture	1) Implement a comprehensive workplace wellness strategy	<ul style="list-style-type: none"> • Champion the BeWell Program (Initiated prior to 2018) <ul style="list-style-type: none"> ○ Review ROI and determine future investment opportunities • Develop and implement alternative-based work (ABW) arrangements (PRJT#2018-006) <ul style="list-style-type: none"> ○ Provide management training ○ Policy development ○ Continual change management strategies 	
	2) Establish processes that acknowledge staff contributions to our mission, vision and values	<ul style="list-style-type: none"> • Staff engagement in strategic projects (PRJT#2018-016) <ul style="list-style-type: none"> ○ Provide information to staff at regular intervals (e.g. team presentations, town hall meetings, etc.) and establish a consultation model that is inclusive of all MLHU staff 	
	3) Embed our values into all that we do	<ul style="list-style-type: none"> • Diversity Assessment and Recommendations (PRJT#2018-009) <ul style="list-style-type: none"> ○ Initiate organizational assessment of diversity and inclusiveness, and identify recommendations • Complete review of Administrative Policy Manual (PRJT#2018-015) <ul style="list-style-type: none"> ○ Develop policies that help us to live our values (i.e. work-life balance, diversity) 	

Organizational Excellence <i>Enhance governance, accountability, and financial stewardship</i>			
Objectives	Initiatives	Activities & Tasks	Measures
(A) Engage and inform the Board of Health	1) Provide appropriate recommendations and analysis to the Board of Health regarding developments affecting public health, the health unit and the community	<ul style="list-style-type: none"> • Annual Service Plan Alignment (ASP) and Implementation (PRJT#2018-002) <ul style="list-style-type: none"> ○ Ensure that programs align with the program standards and that tools used in the ASP are aligned to streamline reporting and roll-up of data. ○ Assessment and analysis of indicator needs across the organization in order to inform annual service plans. 	<ul style="list-style-type: none"> ❖ % of Divisions completing Balanced Scorecards ❖ % Budget Variance ❖ % of Budget Reallocated through PBMA ❖ Status of ERP project ❖ Status of Annual Service Plan ❖ % of mandatory training completed ❖ Status of Performance Management Framework ❖ Status of Risk Management Framework
	2) Deliver relevant and timely information and reports to the Board of Health	<ul style="list-style-type: none"> • Conduct training for staff who write board reports or present to the board (Initiated prior to 2018) <ul style="list-style-type: none"> ○ Focus on establishing clear expectations, development approach and timelines, integrating evidence to recommendations and presenting material in an impactful way 	
(B) Demonstrate excellent organizational performance	1) Board of Health performance dashboard	<ul style="list-style-type: none"> • Enterprise Resource Planning System - Upgrade the financial reporting system (PRJT#2018-004) <ul style="list-style-type: none"> ○ Upgrade to include dashboard that provides easily accessible information • Alignment of budget and performance reporting (PRJT#2018-002) <ul style="list-style-type: none"> ○ Modify Program Budget Templates to align with Annual Service Plan requirements 	
	2) Develop and implement an organizational performance management framework	<ul style="list-style-type: none"> • Performance Management Framework – Phase 1 (Planning) (PRJT#2018-014) <ul style="list-style-type: none"> ○ Provide the overall direction for MLHU performance management using the Balanced Scorecard method and articulate the strategy for roll-out. • Continued development of MLHU Risk Management Framework (PRJT#2018-017) <ul style="list-style-type: none"> ○ Develop an organizational risk register and embed risk management within existing MLHU processes (PBMA, Planning and Evaluation, Project Management) 	
(C) Exercise responsible financial governance and controls	1) Financial policy compliance audits	<ul style="list-style-type: none"> • Review of Learning Assessments (Initiated prior to 2018) <ul style="list-style-type: none"> ○ Monitored annually through external audit and periodic financial review of employee activity 	
	2) Ensure third parties are accountable to MLHU financial standards through agreements/reporting	<ul style="list-style-type: none"> • Enhance procurement operations by introducing a technological solution to manage contracts (PRJT#2018-004) Assess, implement, evaluate components of procurement functions within the Enterprise Resource Planning system. 	
	3) Increase staff understanding of budgets, processes, and policies	<ul style="list-style-type: none"> • Support budget process education (PRJT#2018-002) <ul style="list-style-type: none"> ○ Develop and implement budget process training. 	



Complete




On-Target / Ongoing 

Approaching Target / Behind Schedule 

Not Started / Major Obstacles

Program Excellence				
Activities & Tasks	Overall Status	Comments	Move to Provisional Plan/ Long Term	Rationale
<ul style="list-style-type: none"> Ongoing implementation of the Planning and Evaluation Framework (PEF) (Initiated prior to 2018) <ul style="list-style-type: none"> Develop policy to assist with implementation of PEF. Conduct PEF training workshops and topic-specific workshops for key staff. 	<input checked="" type="checkbox"/>	<p>Resources were developed to outline how to access the PEF framework and describe the support available for program planning, implementation and evaluation activities.</p> <p>PEF implementation strategies include: HUB content and quick links, quick reference guides, streamlined support request process, engagement at division leadership and team meetings, staff assessments and development of learning opportunities (workshops, in-services at team meetings, one on one meetings, and project specific training).</p>	No	Completed – transitioned to operational work.
<ul style="list-style-type: none"> Implementation of the Modernized Standards Gap Analysis (PRJT#2018-011) <ul style="list-style-type: none"> Development of more detailed assessment of program standard compliance. Recommendations based on assessment Implementation of recommendations. 	<input checked="" type="checkbox"/>	MLHU assesses program standard compliance through enhanced program and budget reporting based on the requirements of the Annual Service Plan. Implementation of the modernized standards gap analysis has been on hold until further direction provided by the Ministry with respect to public health modernization.	No	It was determined that this initiative will not transition to the Provisional Plan and parked until further direction can be provided by the Ministry with respect to public health modernization.
<ul style="list-style-type: none"> Establishment of the Project Management Office (PMO) (PRJT#2018-016) <ul style="list-style-type: none"> Assessment of current practices. Determine appropriate methodology, tools, processes. Develop and implement recommendations. 	<input checked="" type="checkbox"/>	An assessment of current practices was completed and the PMO created the MLHU project management methodology to promote best practices, maintain project status and provide leadership with respect to managing projects. The PMO solidified a method for monitoring project status and enhancing reporting capabilities. PMO accountabilities will be further embedded into future strategic planning processes. Close-out of the project is now complete and transitioned to operational work for the Strategic Projects team.	No	Completed – transitioned to operational work.


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

Activities & Tasks	Overall Status	Comments	Move to Provisional Plan/ Long Term	Rationale
<ul style="list-style-type: none"> • Continuation of the Organizational Structure and Location Project (PRJT#2018-001) <ul style="list-style-type: none"> ○ Establishment of OSL 2.0 and associated working groups. ○ Space planning and clinic flow. ○ Move Planning. ○ Commissioning. 		<p>The final stage of the move to Citi Plaza was completed on March 23, 2020, amidst the start of the COVID-19 pandemic. The clinic space was open to the public on March 30, 2020. Although certain phases of the project were adjusted, the timeline for the overall move was met. Timelines for the final phase of the move were accelerated at the end of the project due to COVID-10 pandemic restrictions. Clinical construction enhancements were requested post move and represented a significant change in the scope of work. Additional work requests and changes orders have been managed as part of transitional and maintenance activities post move. Overall, the project came in at approximately \$1.625 million under budget which reduced the debt burden. The OSL 2.0 committee played a significant role in preparing staff for the move and came to an official close in December 2020.</p>	No	Completed – transitioned to operational work.
<ul style="list-style-type: none"> • Electronic Client Record (PRJT#2018-015) <ul style="list-style-type: none"> ○ Conduct needs assessment. ○ Select the appropriate solution. ○ Provide education and training. ○ Implement new system, 		<p>There were three additional teams to fully launch Profile by July 6, 2020 which included Nurse Family Partnership, Healthy Babies Healthy Children (HBHC), and Early Years. The launch of Profile for the Reproductive Health team was put on hold. Workflow discovery processes commenced for VPD, Oral Health and the Quit Clinic; however, onboarding was also put on hold for these teams due to the staff redeployments and reprioritization of work in response to COVID-19.</p>	Yes - Provisional Plan	The continued implementation of ECR across the organization aligns with the priorities and objectives identified on the Provisional Plan.
<ul style="list-style-type: none"> • Staff Capacity Building (Initiated prior to 2018) <ul style="list-style-type: none"> ○ From Bystander to Ally Training. ○ Workshops & LMS modules (Public Health Sciences - health equity, advocacy). ○ Additional Indigenous Public Health Practice learning opportunities. ○ Diversity and Inclusion education and skill-building. 		<p>Early in 2020, SLT provided direction to modify the volume of capacity building interventions planned for the year. Since COVID-19, all new staff capacity building activities were put on hold, uploading of the revised LMS module was not completed, and almost all ongoing activities were deprioritized. The only activities completed in 2020 include the following:</p> <p>Public Health Sciences: The HE LMS module remained part of the onboarding requirements.</p> <p>Diversity and Inclusion: Two workshops were provided to the COVID Case and Contact Management Team to build capacity to support work with an ethnic minority population in London and Middlesex County.</p> <p>Indigenous Public Health Practice: In 2020, 30 Bystander to Ally ‘seats’ and 2 Core Health ‘seats’ were allocated to new staff - 97% of those who were given codes to access the online training completed the modules. A significant number of the new temporary staff onboarded in 2020 did not have ICS or BTA education included in their orientation. A significant number of consultations were completed related to COVID-19.</p>	Yes – Long Term Strategy	There will be several activities that are associated with staff capacity building and aligned with the priority areas on the 2021-22 Provisional Plan. Expansion of staff capacity building activities will be considered for the long-term strategic plan.

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

Activities & Tasks	Overall Status	Comments	Move to Provisional Plan/ Long Term	Rationale
<ul style="list-style-type: none"> • Health Equity Indicator Assessment and Recommendations (PRJT#2018-010) <ul style="list-style-type: none"> ○ Determination of how prioritized indicators can be adopted by MLHU, systematically collected and integrated into planning and evaluation. 	<input checked="" type="checkbox"/>	<p>This work was put on hold during COVID-19.</p> <p>Collection of race-based and other socio-demographic indicators initiated in the COVID-19 work in early 2020.</p>	No	It was determined that this initiative will not transition to the Provisional Plan due to the changing landscape of public health and the new priorities that have been identified that overlap with the collection of this data.
<ul style="list-style-type: none"> • Community Health Status Report Updating (PRJT#2018-008) <ul style="list-style-type: none"> ○ Development of a plan to conduct data analysis and prepare reports. 	<input checked="" type="checkbox"/>	The project is designed to embed practices to support ongoing, routine updating of the Community Health Status Resource (CHSR) and ensure the information is up-to-date. The project is intended to align the indicator content with the modernized Standards including the assessment of inequities as feasible. Cycles 1 through 4 are complete, reflecting 80% updating of the CHSR. The full CHSR update was launched on November 21, 2019. The project has now moved into close-out with updating of the CHSR now becoming routine work for the Population Health Assessment and Surveillance (PHAS) team, utilizing the 'cycle' approach developed during the project.	No	Completed – transitioned to operational work.
<ul style="list-style-type: none"> • Policy Development: Advocacy Framework (PRJT#2018-015) <ul style="list-style-type: none"> ○ To ensure all advocacy initiatives and strategies align with the Health Unit's vision, mission and values, and are approved by Senior Leadership and/or the Board of Health. ○ To ensure all employees who are engaged in systemic advocacy initiatives consistently use effective and efficient planning and implementation processes. 	<input checked="" type="checkbox"/>	The public health modernization announcement and the move of the MLHU to a new location both resulted in direction from SLT to significantly reduce the activities related to this initiative. In 2019, the Advocacy LMS module for MLHU employees was updated to keep current.	No	It was determined that this initiative would not transition to the Provisional Plan due to the changing landscape of public health and the need to rescope this work to align with new priority areas.
<ul style="list-style-type: none"> • Develop Divisional Balanced Scorecards (PRJT#2018-016) <ul style="list-style-type: none"> ○ Cascading from the Organizational Balanced Scorecard and incorporating the approved prioritized projects for the current strategic planning cycle. 	<input checked="" type="checkbox"/>	Division level balanced scorecards are developed and monitored according to the 2018-2020 organizational balanced scorecard. Many MOHLTC accountability agreement indicators are being reported upon, however, based on prioritization of strategic projects further work in this area has been placed on hold. The overall status of the project remains on track based on other deliverables achieved through the PMO. Close-out of the project is now complete and transitioned to operational work for the Strategic Projects team. There will be consideration for how this will be leveraged in preparation for the next strategic planning cycle.	No	Completed – transitioned to operational work.

Complete


On-Target / Ongoing 


Approaching Target / Behind Schedule 

Not Started / Major Obstacles

Client and Community Confidence				
Activities & Tasks	Overall Status	Comments	Move to Provisional Plan/ Long Term	Rationale
<ul style="list-style-type: none"> Integrate community and client feedback mechanisms into strategic projects and program planning and evaluation (Initiated prior to 2018) <ul style="list-style-type: none"> Included within the Program Evaluation Framework and being rolled-out to the organization. 	<input checked="" type="checkbox"/>	Close-out of the project is now complete and transitioned to operational work for the Program Planning and Evaluation team and the Strategic Projects team.	No	Completed – transitioned to operational work.
<ul style="list-style-type: none"> Complete the review and revisions to MLHU graphic standards and branding (PRJT#2018-013) <ul style="list-style-type: none"> Adopt an ambassador strategy that will enable staff and teams to promote broader MLHU services. 	<input checked="" type="checkbox"/>	This will be on hold until further direction provided by the Ministry with respect to public health regionalization.	No	It was determined that this initiative will not transition to the Provisional Plan and parked until further direction can be provided by the Ministry with respect to public health modernization.
<ul style="list-style-type: none"> Community Engagement Strategy – Client Experience Tool Development and Implementation (PRJT#2018-007) <ul style="list-style-type: none"> Utilize a tool that measures client experience and is implementation by teams and programs. 	<input checked="" type="checkbox"/>	Abstracts submitted to TOPHC and the Canadian Community Health Nursing Conference were both accepted for presentation in spring 2020, however, both events were cancelled due to COVID-19. Data analysis was completed in early 2020, with the Final Report on CES Phase 1: Service Seeking Clients presented to the BOH in February 2020. A plan to share results with teams and begin action planning, with support from the CHNS, was developed in February 2020. Due to COVID-19, all project activities ceased in Q1: results were not shared, action plans were not developed or implemented, and planning for Phase 2 (assessment of experience of mandated clients) was not completed.	Yes – Provisional Plan	Continued development and implementation of the client experience tool will transition to the Provisional Plan.

Complete


On-Target / Ongoing 


Approaching Target / Behind Schedule 

Not Started / Major Obstacles

Activities & Tasks	Overall Status	Comments	Move to Provisional Plan/ Long Term	Rationale
<ul style="list-style-type: none"> • Intake Lines (PRJT#2018-012) <ul style="list-style-type: none"> ○ Consult with clients and staff re: proposed system. Procure system. ○ Resource development, training and implementation. 	<input checked="" type="checkbox"/>	<p>The new phone system (3CX) launched on December 16, 2019 following a delay that was related to call porting caused by the current phone provider. Although 3CX was launched in the absence of full call porting being completed, the project team from MLHU and Telecom Metric have submitted all required documents for the process to move forward. The Client Service Representative (CSR) role was fully activated with the launch of 3CX, introducing a two-tier client service model. Ongoing technical issues have been reported while making calls in 3CX applications and the IT team and Telecom Metric technicians have been collaborating to prioritize items for resolution. Comprehensive metrics cannot be measured from the 3CX program and this has been an obstacle for tracking the success of the launch. The CSR team is currently using Checkmarket as a supplementary tool as other solutions could not be identified by the Telecom Metric team for call logging and tracking. The solution chosen for the intake lines launch should be evaluated further for its ability to support the intake lines.</p>	<p>No</p>	<p>Completed – transitioned to operational work.</p>
<ul style="list-style-type: none"> • Middlesex County Services Review (PRJT#2018-003) <ul style="list-style-type: none"> ○ Assess the health needs of county residents, map current resources that are deployed and determine opportunities for enhancement. 	<input checked="" type="checkbox"/>	<p>The recommended action items contained within the report were developed for each of the findings and are in various stages of implementation. A written update to the Board of Health of the actions taken to date went to the Board in December 2019. Meetings with Middlesex County and lower tier municipalities were to take place throughout 2020 but were postponed due to COVID.</p>	<p>Yes – Long Term Strategy</p>	<p>There will be several activities that are associated with the Middlesex County Services Review that align with the priority areas on the 2021-22 Provisional Plan. Execution of the recommended action items will continue and be incorporated into the long-term strategic plan.</p>



Complete





On-Target / Ongoing 


Approaching Target / Behind Schedule 

Not Started / Major Obstacles

Employee Engagement and Learning				
<i>Activities & Tasks</i>	<i>Overall Status</i>	<i>Comments</i>	<i>Move to Provisional Plan/ Long Term</i>	<i>Rationale</i>
<ul style="list-style-type: none"> • Define annual opportunities to enhance engagement (Initiated prior to 2018) <ul style="list-style-type: none"> ○ Ensure a minimum of 3 Town Halls per year ○ Allow for consultation that will cultivate ideas at the front-line of the organization 	<input checked="" type="checkbox"/>	Strategies that are ongoing include: 1) regular discussion and opportunities for information sharing available at weekly Town Halls, 2) open sessions for PBMA investment/disinvestment proposals, 3) establishment of various committees and working groups to cultivate ideas at the front-line in relation to prioritized work.	No	Completed – transitioned to operational work.
<ul style="list-style-type: none"> • Increase transparency throughout the organization (Initiated prior to 2018) <ul style="list-style-type: none"> ○ Regular communication to all MLHU staff through various channels regarding the status of changes and strategic projects 	<input checked="" type="checkbox"/>	Multiple channels (town halls, electronic newsletters, division/team meetings, etc), transparent communication from all levels and areas within MLHU, with increased opportunities for staff feedback, have been used to inform and engage staff. Close-out of the project is now complete and transitioned to operational work for the Strategic Projects team.	No	Completed – transitioned to operational work.
<ul style="list-style-type: none"> • Determine areas of focus for performance management (PRJT#2018-004) <ul style="list-style-type: none"> ○ Incorporate functions of a human resources information system (HRIS), that includes performance management capabilities into an Enterprise Resource Planning system 	<input checked="" type="checkbox"/>	The Enterprise Resource Planning (ERP) project included upgrading the financial reporting system in addition to implementing a new human resources information system (HRIS). Dayforce by Ceridian, our new HRIS, was launched on September 9, 2019. The time and attendance module in Dayforce replaced MyTime. The implementation of the talent management modules in Dayforce were delayed due to COVID-19. The Learning, Recruitment and Onboarding modules were partially implemented in 2020, but the unanticipated focus was on the Scheduling module for COVID staff instead. The plan for 2021 is to fully implement the Talent modules and explore the dashboard reporting.	No	This initiative will be expanded as part of the Performance Management Framework that has transitioned to the 2021-22 Provisional Plan.
<ul style="list-style-type: none"> • Deliver the Learning at MLHU Program (PRJT#2018-004) <ul style="list-style-type: none"> ○ Incorporate functions of a human resources information system (HRIS), that includes learning and development 	<input checked="" type="checkbox"/>	The Learning Management System in Dayforce is now live in production and continues to be updated with training modules and the learning catalogue. New online training initiatives are scheduled to be launched in the new system which has greater functionality and an improved End User experience.	No	Completed – transitioned to operational work.
<ul style="list-style-type: none"> • Champion the BeWell Program (Initiated prior to 2018) <ul style="list-style-type: none"> ○ Review ROI and determine future investment opportunities 	<input checked="" type="checkbox"/>	In Q1 2019 a new partnership with Employee Wellness Solutions Network (EWSNetwork) was announced to enhance Be Well programming and provide a variety of wellness initiatives ranging from onsite exercise classes to awareness information based on nutrition, exercise, sleep, stress and more. Be Well programming continued through the pandemic and moved to virtual options for workshops, health fair and other programs, in addition to weekly resources sent to staff and weekly townhall communications.	No	Completed – transitioned to operational work.


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

Activities & Tasks	Overall Status	Comments	Move to Provisional Plan/ Long Term	Rationale
<ul style="list-style-type: none"> • Develop and implement Activity-Based Work (ABW) arrangements (PRJT#2018-006) <ul style="list-style-type: none"> ○ Provide management training ○ Policy development ○ Continual change management strategies 		New ABW spaces were introduced with the move to Citi Plaza in early 2020. An ABW Advisory Committee was established with representation from each ABW team across MLHU. This committee maintained ongoing communication for ABW practices and provided recommendations for continuous improvement. The ABW Policy and Guidelines were rolled out in May 2020. Both the new ABW set-up at Citi Plaza and the new policy/practices that were introduced proved to be beneficial in response to the COVID-19 pandemic.	No	Completed – transitioned to operational work.
<ul style="list-style-type: none"> • Staff engagement in strategic projects (PRJT#2018-016) <ul style="list-style-type: none"> ○ Provide information to staff at regular intervals (e.g. team presentations, town hall meetings, etc.) and establish a consultation model that is inclusive of all MLHU staff 		Using multiple channels (town halls, electronic newsletters, division/team meetings, etc), transparent communication from all levels and areas within MLH, with increased opportunities for staff feedback, have been used to engage staff in strategic projects and activities at MLHU. The establishment of the PMO has also increased staff engagement across the organization in strategic projects by: 1) creating a centralized repository for project documentation located on the shared drive, and 2) maintaining resources on the HUB to allow staff to access information on project status. The strategic project team members are composed of staff across the organization and consultations are held with relevant teams as related to the nature of the project. Close-out of the project is now complete and transitioned to operational work for the Strategic Projects team.	No	Completed – transitioned to operational work.
<ul style="list-style-type: none"> • Diversity Assessment and Recommendations (PRJT#2018-009) <ul style="list-style-type: none"> ○ Initiate organizational assessment of diversity and inclusiveness, and identify recommendations 		The Diversity and Inclusion Assessment was reinitiated in August 2020. An MLHU Workplace Inclusion Survey was circulated to all staff, with over 130 respondents. Six focus groups (total of 20 participants) and 28 interviews were conducted. The policy and document review were completed, with the staffing file review scheduled for 2021. Initial findings have been discussed with the internal Diversity and Inclusion Advisory Committee for the purposes of identifying any outstanding areas for exploration. The project is on target for completion in Q1 2021.	Yes – Provisional Plan	The completion of the Diversity and Inclusion assessment aligns with the priorities and objectives identified on the Provisional Plan.
<ul style="list-style-type: none"> • Complete review of Administrative Policy Manual (PRJT#2018-015) <ul style="list-style-type: none"> ○ Develop policies that help us to live our values (i.e. work-life balance, diversity) 		Launching of the new policy management software solution “Policy Manager” for administrative policies occurred on October 28, 2019. Go-live for governance policies occurred on December 12, 2019. Expansion to program level documents began in Q4 2019 with a number of Environmental Health and Infectious Disease programs and will continue as the project transitions to operational work having reached project close-out.	No	Completed – transitioned to operational work.

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

Organizational Excellence

Activities & Tasks	Overall Status	Comments	Move to Provisional Plan/ Long Term	Rationale
<ul style="list-style-type: none"> • Annual Service Plan Alignment (ASP) and Implementation (PRJT#2018-002) <ul style="list-style-type: none"> ○ Ensure that programs align with the program standards and that tools used in the ASP are aligned to streamline reporting and roll-up of data. ○ Assessment and analysis of indicator needs across the organization in order to inform annual service plans. 	<input checked="" type="checkbox"/>	Completed the process of revising enhanced reporting templates for the Annual Service Plan (ASP) and MLHU budget. The project transitioned to operations and reached the close-out phase when lessons learned from the project life cycle were incorporated into the modified ASP process.	No	Completed – transitioned to operational work.
<ul style="list-style-type: none"> • Conduct training for staff who write board reports or present to the board (Initiated prior to 2018) <ul style="list-style-type: none"> ○ Focus on establishing clear expectations, development approach and timelines, integrating evidence to recommendations and presenting material in an impactful way. 	<input checked="" type="checkbox"/>	Staff receive feedback from management and the senior leadership team in preparation for presentations to the Board. This occurs when staff are invited to attend Director/SLT meetings and present items for discussion before bringing that items forward to the Board. Options for the delivery of online and in person courses related to technical writing skills were presented but there was a decision not to move forward as the training needs started to evolve in response to the COVID-19 pandemic. This initiative is considered complete.	No	Completed – transitioned to operational work.
<ul style="list-style-type: none"> • Enterprise Resource Planning System - Upgrade the financial reporting system (PRJT#2018-004) <ul style="list-style-type: none"> ○ Upgrade to include dashboard that provides easily accessible information 	<input checked="" type="checkbox"/>	Roll out of the procurement and fixed asset administration modules that were to be integrated with the GP Financial Accounting system was put on hold pending further direction from the Ministry regarding regional amalgamation. It is anticipated that the roll-out of these modules will be introduced to a limited extent by the end of Q2 2021.	No	Completed – transitioned to operational work.
<ul style="list-style-type: none"> • Alignment of budget and performance reporting (PRJT#2018-002) <ul style="list-style-type: none"> ○ Modify Program Budget Templates to align with Annual Service Plan requirements 	<input checked="" type="checkbox"/>	The ASP is completed annually based on the requirements set by the Ministry. The project has proceeded to close-out and has now transitioned to operational work.	No	Completed – transitioned to operational work.

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

Activities & Tasks	Overall Status	Comments	Move to Provisional Plan/ Long Term	Rationale
<ul style="list-style-type: none"> • Performance Management Framework – Phase 1 (Planning) (PRJT#2018-014) <ul style="list-style-type: none"> ○ Provide the overall direction for MLHU performance management using the Balanced Scorecard method and articulate the strategy for roll-out. 	<input checked="" type="checkbox"/>	The implementation of the Performance Management module within Ceridian Dayforce was put on hold. The project charter was approved, but the project was put on hold due to the large scope and competing priorities. The support of an external consultant will be required for this project, which will be on hold until at least 2022.	Yes – Provisional Plan	This initiative will be scoped as part of the 2021-22 Provisional Plan.
<ul style="list-style-type: none"> • Continued development of MLHU Risk Management Framework (PRJT#2018-017) <ul style="list-style-type: none"> ○ Develop an organizational risk register and embed risk management within existing MLHU processes (PBMA, Planning and Evaluation, Project Management) 	<input checked="" type="checkbox"/>	MLHU is compliant with risk management reporting to the Board and the Ministry under the Public Health Accountability Framework as part of the Standards Activity Reports. Opportunities to enhance risk management practices within existing MLHU processes have been assessed and implemented, including, the embedding of risk assessment considerations in Project Management Office tools to ensure formal risk identification and mitigation is part of all strategic projects.	No	Completed – transitioned to operational work.
<ul style="list-style-type: none"> • Review of Learning Assessments (Initiated prior to 2018) <ul style="list-style-type: none"> ○ Monitored annually through external audit and periodic financial review of employee activity. 	<input checked="" type="checkbox"/>	Training metrics are reviewed annually and can also be more effectively managed through the utilization of the learning modules within Dayforce.	No	Completed – transitioned to operational work.
<ul style="list-style-type: none"> • Enhance procurement operations by introducing a technological solution to manage contracts (PRJT#2018-004) <ul style="list-style-type: none"> ○ Assess, implement, evaluate components of procurement functions within the Enterprise Resource Planning system. 	<input checked="" type="checkbox"/>	The Enterprise Resource Planning project that addresses the upgrade of the financial reporting system includes the implementation of a procurement module to be integrated with the GP Financial Accounting system. This phase of the project was put on hold pending further direction from the Ministry regarding regional amalgamation. It is anticipated that the roll-out of these modules will be introduced to a limited extent by the end of 2021.	No	Completed – transitioned to operational work.
<ul style="list-style-type: none"> • Support budget process education (PRJT#2018-002) <ul style="list-style-type: none"> ○ Develop and implement budget process training. 	<input checked="" type="checkbox"/>	Staff received training on the completion of the revised enhanced ASP reporting templates. Support was made available through the Finance Team and the Program Planning and Evaluation Team. Further training will be provided through the new ERP – Finance System implementation. Reports will be developed using Management Reporter to monitor spending by program throughout 2019. The project has proceeded to close-out and has now transitioned to operational work.	No	Completed – transitioned to operational work.



TO: Chair and Members of the Governance Committee

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

DATE: 2021 April 15

2021-22 MLHU PROVISIONAL STRATEGIC PLAN

Recommendation

It is recommended that the Governance Committee make a recommendation to the Board of Health to:

- 1) Receive Report No. 10-21GC re: “2021-22 MLHU Provisional Plan” for information; and*
- 2) Approve the 2021-22 Provisional Plan (Appendix A) and reporting template (Appendix B) as appended to this report.*

Key Points

- Senior Leadership Team worked with the Strategic Projects team to set goals to finalize the MLHU Provisional Strategic Plan ([Report No. 06-21GC](#)).
- ‘SMART’ goals were formulated to align with each of the four (4) strategic priority areas and a fit matrix tool was used to assess organizational fit and readiness for each goal.
- An agile road map was created to support the details of the MLHU 2021-22 Provisional Strategic Plan ([Appendix A](#)).
- A balanced scorecard reporting template ([Appendix B](#)) will be utilized to regularly inform the Board of Health on the status of the Provisional Plan.

Background

At its meeting on December 21, 2020 the Governance Committee motioned to direct staff to embark upon a provisional strategic planning process for the Health Unit. The process included two-half day virtual retreats with the Board of Health and the Senior Leadership Team that took place on January 27 & 28, 2021, that resulted in a preliminary report outlining strategic priorities and objectives considered to be important for MLHU in the next 12-18 months. At its meeting on February 18, 2021, the Board of Health approved these strategic priorities and objectives and directed the Senior Leadership Team to work with the Strategic Projects team to define associated goals and finalize the MLHU Provisional Strategic Plan ([Report No. 06-21GC](#)).

Progress to Date

COVID-19 Recovery Recommendations – the Board of Health received a report in June 2020 ([Report No. 008-20GC](#)) which outlined five objectives deemed essential to COVID-19 recovery planning. Working groups had been assembled to further define each objective and an all-staff survey, disseminated in July 2020, provided further input into both short and long-term recommendations. These recommendations

represent input from MLHU staff and were therefore used as a starting point for developing the goals aligned with the strategic priorities and objectives identified on the MLHU Provisional Strategic Plan.

Senior Leadership Team (SLT) Meetings – the Strategic Projects team attended five (5) meetings of the Senior Leadership Team throughout February and March 2021, supporting them through the next steps in formulating the provisional strategic plan. The process included an in-depth review of each recovery recommendation to determine alignment with each of the four (4) strategic priorities and objectives. Strategic initiatives from the previous strategic plan were also reviewed in this context. The initiatives and recommendations were then translated into ‘SMART’ goals (Specific, Measurable, Actionable, Realistic, Timely). Next, organizational fit and readiness was assessed for each goal by using a fit matrix tool. This process ultimately resulted in the development of an agile road map, which outlines the details of the Provisional Strategic Plan.

Management Leadership Team (MLT) Consultation – on March 9, 2021 the agile road map was presented to MLT along with the recovery recommendations that aligned with the strategic priorities and objectives. Feedback was received, collated, and used to further inform discussions and goal setting with SLT.

2021-22 MLHU Provisional Strategic Plan

The 2021-22 MLHU Provisional Plan ([Appendix A](#)) was drafted as a short-term, action-oriented plan that is based on what the Health Unit had previously identified as key priorities, and what can realistically be accomplished in the next 12-18 months. This led to some goals being assigned for consideration in the development of a longer-term organizational strategy. In addition, four (4) strategic initiatives from the previous strategic plan were transitioned to the Provisional Plan.

Balanced Scorecard

The Health Unit will continue to utilize a modified balanced scorecard approach to ensure that priorities and objectives are translated into operational work, and ongoing performance monitoring takes place. The proposed Provisional Plan Status Update Report template ([Appendix B](#)) will be a tool used to regularly inform the Board of Health on the status of the Provisional Plan.

Next Steps

Pending Board of Health approval, staff will implement this strategic plan, and report quarterly on progress through the Governance Committee.

Setting the course for the next strategic planning process has been identified as a goal on the Provisional Strategic Plan. Board members will continue to play a critical role in the process by reviewing, validating, and recommending various elements of the long-term strategic plan.

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



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



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

MLHU 2021-22 Provisional Plan

3-6 MONTHS
DO

6-12 MONTHS
DESIGN

12-18 MONTHS
DEFINE

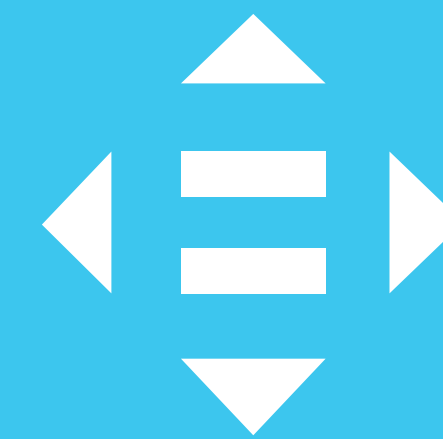
CLIENT &
COMMUNITY
CONFIDENCE



Keep our
communities safe
& foster community
confidence

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

PROGRAM
EXCELLENCE



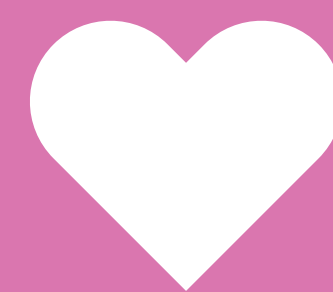
Execute effective
pandemic
response,
prioritized public
health work &
prepare for
recovery

- Quickly & equitably vaccinate as many residents of London and Middlesex as possible.
- Embed information related to priority areas (i.e. mental health, food insecurity, substance use, domestic violence, racism) in COVID-19 messaging, and target priority populations as needed to ensure effective messaging.
- Expand the systematic collection & analysis of sociodemographic & race-based data of MLHU clients, & develop a process for its use in planning & evaluation of MLHU programming & service delivery.

- Implement prioritized recommendations from the Diversity and Inclusion Assessment and Anti-Black Racism Report, including piloting the use of a shared workplan to facilitate collective & collaborative organizational work across teams.

- Integrate screening & risk assessment to identify mental health issues, substance misuse, domestic violence, an food insecurity into all public health programming where possible; ensuring subsequent support and/or referrals are offered as appropriate.
- Inform healthy public policy related to priority areas, basic income, employment, and housing support, during & beyond COVID-19, through participation in stakeholder collaborations & partnership.
- Develop surveillance indicators & gather information from the local community on the impacts of COVID-19 on various health outcomes using multiple engagement tactics.
- Expand the use of sociodemographic & race-based data in population health assessment.

EMPLOYEE
ENGAGEMENT
& LEARNING



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

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

- Execute a plan to value & recognize staff contributions in all MLHU programs, including opportunities to enhance staff connectedness & belonging.

ORGANIZATIONAL
EXCELLENCE



Strengthen
governance
& leadership
structures to
maximize impact
on public health

- Ensure the right leadership & organizational structure is in place to support the evolving needs of the health unit, including leverage skill sets to advance the strategy of the organization.

- Develop an updated report on modernization of public health that encompasses lessons learned from the pandemic.
- Assess & refine decision-making practices across the organization to ensure decisions are made at appropriate levels, efficiency is maximized, & processes are clear.

- Develop & initiate a revised performance management framework.
- Initiate stakeholder engagement as an integral part of the MLHU strategic planning & incorporate the UN Sustainable Goals as a guiding framework for development of the next Strategic Plan.

Status Legend	Complete <input checked="" type="checkbox"/>	Proceeding as planned 	Problems surfaced; considered manageable 	Major obstacles; requires intervention <input checked="" type="checkbox"/>
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PHASE 1 (DO): April 1, 2021 – October 31, 2021			
	GOALS	LEAD	STATUS
	Quickly and equitably vaccinate as many residents of London and Middlesex as possible.	MOH	
	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.	MOH	
	Provide regular communications to staff on health and safety topics of concern (e.g., COVID-19 exposure, psychological safety in the workplace) through email, team meetings, and virtual Town Halls.	SLT	
	Develop strategies to mitigate or address staff stress and/or burnout, including offering a variety of EFAP benefits including those that address mental health and well-being.	CNO & HO	
	Ensure the right leadership and organizational structure is in place to support the evolving needs of the health unit, including leveraging skill sets to advance the strategy of the organization.	BOH	<input checked="" type="checkbox"/>
	Expand the systematic collection and analysis of sociodemographic and race-based data. Develop a process for its use in planning and evaluation of MLHU programming and service delivery.	AMOH	<input checked="" type="checkbox"/>

Recent Accomplishments:		Critical Issues & Major Risks:	
<ul style="list-style-type: none"> 		<ul style="list-style-type: none"> 	
Upcoming Deliverables	Target Completion Date (YY/MM/DD)	Next Steps:	
1.		<ul style="list-style-type: none"> 	
2.			
3.			
4.			
5.			
6.			