

**AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, January 20, 2022, 7:00 p.m.
Microsoft Teams

MISSION - MIDDLESEX-LONDON HEALTH UNIT

The mission of the Middlesex-London Health Unit is to promote and protect the health of our community.

MEMBERS OF THE BOARD OF HEALTH

Ms. Maureen Cassidy
Ms. Aina DeViet
Mr. John Brennan
Ms. Kelly Elliott
Ms. Mariam Hamou
Mr. Matt Reid
Mr. Mike Steele
Ms. Tino Kasi
Mr. Selomon Menghsha

SECRETARY

TBD

TREASURER

TBD

ACKNOWLEDGEMENT/TEACHING OF INDIGENOUS PERSONS AND LANDS

MEETING PROCEDURES

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: December 9, 2021– Board of Health meeting

Receive: December 7, 2021 – Finance and Facilities Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Meeting Procedures						
1		x		Board of Health By-law No. 3 (Procedural By-law) and Policy G-270 Amendment (Report No. 01-22)	Appendix A Appendix B Appendix C	To amend the Board of Health By-Law No. 3: Proceedings of the Board of Health and Policy G-270: Roles and Responsibilities of Individual Board Members. Lead: Ms. Emily Williams, Chief Executive Officer
2		x		Election of 2022 Board of Health Executive and Other Procedures (Report No. 02-22)	Appendix A Appendix B Appendix C Appendix D	To fulfill the requirements of the first Board of Health meeting of each year, e.g., election of Chair/Vice Chair and standing committees for 2022 and appointment of secretary and treasurer. Lead: Ms. Emily Williams, Chief Executive Officer
Reports and Agenda Items						
3			x	Update on COVID-19 Recovery Recommendations and Planning for 2022: Organizational and Individual Wellness, and Sustaining Positive Change (Report No. 03-22)	Appendix A Appendix B	To provide an update on COVID-19 recovery recommendations and planning objectives. Leads: Ms. Emily Williams, Chief Executive Officer and Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer
4	x		x	Verbal COVID-19 Disease Spread and Vaccine Campaign Update		To provide an update on COVID-19 matters. Lead: Dr. Alexander Summers, Acting Medical Officer of Health

5			x	Acting Medical Officer of Health Activity Report for December (Report No. 04-22)		To provide an update on external and internal meetings attended by the Acting Medical Officer of Health since the last Board of Health meeting. Lead: Dr. Alexander Summers, Acting Medical Officer of Health
6			x	Chief Executive Officer Activity Report for December (Report No. 05-22)		To provide an update on external and internal meetings attended by the Chief Executive Officer since the last Board of Health meeting. Lead: Ms. Emily Williams, Chief Executive Officer
Correspondence						
7			x	January 2022 Correspondence		To receive correspondence items a) and b).

OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, February 17, 2022 at 7:00 p.m.

CONFIDENTIAL

The Board of Health will move in-camera to consider matters regarding an identifiable individual, including Board employees and to approve previous confidential Board of Health minutes.

ADJOURNMENT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, December 9, 2021, 7 p.m.
Microsoft Teams

MEMBERS PRESENT: Ms. Maureen Cassidy (Chair)
Ms. Aina DeViet (Vice-Chair)
Mr. Matt Reid (arrived at 7:32 p.m.)
Mr. John Brennan
Mr. Bob Parker
Mr. Mike Steele
Mr. Aaron O'Donnell
Ms. Tino Kasi
Mr. Selomon Menghsha
Ms. Mariam Hamou (arrived at 7:25 p.m.)

REGRETS: Ms. Kelly Elliott

OTHERS PRESENT: Dr. Alexander Summers, Acting Medical Officer of Health
Ms. Stephanie Egelton, Senior Executive Assistant to the Medical Officer of Health/Associate Medical Officer of Health (Recorder)
Ms. Emily Williams, Director, Healthy Organization/Interim CEO
Mr. Dan Flaherty, Manager, Communications
Ms. Carolynne Gabriel, Communications Coordinator/Executive Assistant to the Board of Health
Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer
Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Disease
Mr. David Jansseune, Assistant Director, Finance
Ms. Kendra Ramer, Manager, Strategy, Risk and Privacy

Chair Maureen Cassidy called the meeting to order at **7:04 p.m.**

DISCLOSURE OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was discussed by the Board of Health members that the order of the agenda be adjusted for Mr. Reid to present the December 7, 2021 Finance and Facilities Committee meeting report when he was able to arrive to the meeting.

It was moved by **Mr. Bob Parker, seconded by Ms. DeViet**, that the Board of Health amend the December 9, 2021 Board of Health meeting agenda for the purpose of re-ordering Report No. 55-21 re: December 7, 2021 Finance and Facilities Committee Meeting Summary.

Carried

It was moved by **Mr. Mike Steele, seconded by Mr. Aaron O'Donnell**, that the AGENDA for the December 9, 2021 Board of Health meeting be approved as amended.

Carried

APPROVAL OF MINUTES

It was moved by **Mr. O'Donnell, seconded by Ms. Tino Kasi**, that the *MINUTES* of the November 12, 2021 Special Board of Health meeting be approved.

Carried

It was moved by **Mr. John Brennan, seconded by Mr. Parker**, that the *MINUTES* of the November 18, 2021 Board of Health meeting be approved.

Carried

It was moved by **Ms. DeViet, seconded by Mr. Parker**, that the *MINUTES* of the October 19, 2021 CEO and MOH Performance Review Committee meeting be received.

Carried

It was moved by **Ms. DeViet, seconded by Mr. Parker**, that the *MINUTES* of the November 11, 2021 Finance and Facilities Committee meeting be received.

Carried

It was moved by **Ms. DeViet, seconded by Mr. Parker**, that the *MINUTES* of the November 18, 2021 Governance Committee meeting be received.

Carried

It was moved by **Ms. DeViet, seconded by Mr. Parker**, that the *MINUTES* of the December 1, 2021 CEO and MOH Performance Review Committee meeting be received.

Carried

REPORTS AND AGENDA ITEMS

2021 Middlesex-London Health Unit Risk Management Report (Report No. 51-21)

Ms. Emily Williams, Director of Healthy Organization/Chief Executive Officer (Interim) introduced the 2021 Middlesex-London Health Unit Risk Management Report and turned over the presentation to Ms. Kendra Ramer, Manager, Strategy, Risk and Privacy. Risks are being reported to the Board by level of risk, and current priorities. It is noted that the Health Unit is legally required to update the Board annually on the highest risks facing the organization and would be reporting risks quarterly to the Board in 2022.

It was moved by **Mr. John Brennan, seconded by Ms. Aina DeViet**, that the Board of Health:

- 1) Receive Report No. 51-21 for information; and
- 2) Approve the 2021 Middlesex-London Health Unit Risk Management Report (Appendix A).

Carried

Governance By-Law and Policy Review (Report No. 54-21)

Ms. Emily Williams introduced the Governance By-Law and Policy Review Report.

The policies presented are the final three policies needing to be reviewed for this period. The policies for discussion are Contractual Services (G-220), Procurement (G-230) and Reserve and Reserve Funds (G-250). Changes being identified by the Governance Committee members were minor in nature and separated the roles of Medical Officer of Health and Chief Executive Officer.

There was a brief discussion on the connection between the policy and process of the Procurement Policy (G-230), specifically the Board's involvement in the administrative process of this policy. It was

suggested that the Procurement Policy (G-230) be brought back to staff to modify the review date to March 31, 2022.

It was moved by **Mr. Parker, seconded by Mr. Steele**, *that the Board of Health:*

- 1) *Receive Report No. 54-21 re: "Governance By-law and Policy Review" for information;*
- 2) *Approve the governance policies appended to this report (Appendix B) as amended; and*
- 3) *Amend the review date of Report G-230 to March 31, 2022, 2022 and refer to staff.*

Carried

Verbal COVID-19 Disease Spread and Vaccine Update

Dr. Alexander Summers, Acting Medical Officer of Health presented the verbal COVID-19 update.

Discussion about this verbal report included:

- Rapid rise in cases since the end of November and the start of December.
- Cases are being driven by indoor gatherings and Omicron variant.
- Additional public health measures are being implemented locally.
- 90.5% vaccination rate (at least 1 dose) for those over 12 years of age.
- Holiday gatherings are a risk currently.
- Rapid testing kits being given to school aged children before the winter break.
- The goal of having 50% of 5-11 year olds vaccinated by end of the year.
- Mobile clinics in low vaccination rate areas and in underserved areas of the region will be planned in the New Year.

It was moved by **Mr. Reid, seconded by Ms. DeViet**, *that the Board of Health receive the verbal report on COVID-19 Disease Spread and Vaccine Update for information.*

Carried

COVID Finance and Facilities Committee Meeting Summary from December 7, 2021 (Report No. 55-21)

Mr. Matt Reid, Chair of the Finance and Facilities Committee presented the Finance and Facilities Committee Summary from December 7, 2021.

It was moved by **Mr. Reid, seconded by Ms. DeViet**, *that the Board of Health receive Report No. 25-21FFC re: "Q3 Financial Update and Factual Certificate" for information.*

Carried

It was moved by **Mr. Reid, seconded by Mr. Parker**, *that the Board of Health receive Report No. 26-21FFC re: "Financial Borrowing Update" for information.*

Carried

Before the next report was presented to the Board, Chair Cassidy welcomed Councillor Mariam Hamou, who was newly appointed to the Middlesex-London Board of Health on December 7, 2021 from City of London Council.

Acting Medical Officer of Health Activity Report for November 2021 (Report No. 52-21)

Dr. Summers provided an update on activities for the month of November to the Board.

It was moved by **Mr. Steele, seconded by Ms. DeViet**, *that the Board of Health receive Report No. 52-21 re: "Acting Medical Officer of Health Activity Report for November" for information.*

Carried

Chief Executive Officer (Interim) Activity Report for November 2021 (Report No. 53-21)

Ms. Williams provided an update on activities for the month of November to the Board. It was noted that this report is the first activity report from the Chief Executive Officer (Interim) and activities are described within the pillars of the CEO Performance Appraisal framework

It was moved by **Mr. Reid, seconded by Mr. Steele**, *that the Board of Health receive Report No. 53-21 re: "Chief Executive Officer (Interim) Activity Report for November" for information.*

Carried

CORRESPONDENCE

It was moved by **Mr. Reid, seconded by Mr. Steele**, *that the Board of Health endorse item a) re: Request for Annualized IPAC Hub Funding and Increase in Provincial Base Funding for information.*

Carried

It was moved by **Mr. Reid, seconded by Mr. Steele**, *that the Board of Health direct the Chair to write a letter of support to the Minister of Health for Annualized Infection Prevention and Control (IPAC) Hub Funding.*

Carried

2022 BOARD OF HEALTH AND COMMITTEE MEETINGS

It was moved by **Mr. Parker, seconded by Mr. Steele**, *that the Board of Health approve the 2022 Board of Health and Committee meeting schedule.*

Carried

OTHER BUSINESS

Chair Cassidy noted that this was the last meeting of two provincial appointees – Mr. Bob Parker and Mr. Aaron O'Donnell. Chair Cassidy and the Board of Health provided thanks and best wishes to Mr. Parker and Mr. O'Donnell for their service to the Board of Health.

The 2022 Inaugural Middlesex-London Board of Health meeting will be held on Thursday, January 20 at 7 p.m.

CONFIDENTIAL

At **8:10 p.m.**, it was moved by **Mr. Reid, seconded by Mr. O'Donnell**, *that the Board of Health will move in-camera to consider personal matters regarding identifiable individuals, including municipal or local board employees, labour relations and employee negotiations and to approve confidential minutes from previous Board of Health and Committee meetings.*

Carried

At **8:47 p.m.**, it was moved by **Mr. O'Donnell, seconded by Ms. DeViet**, *that the Board of Health rise and return to public session.*

Carried

ADJOURNMENT

At **8:48 p.m.**, it was moved by **Mr. Reid, seconded by Mr. Parker**, *that the meeting of Board of Health be adjourned.*

Carried

MAUREEN CASSIDY
Chair

ALEXANDER SUMMERS
for Christopher Mackie,
Secretary-Treasurer

DRAFT



**PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE**

Microsoft Teams
Tuesday, December 7, 2021 at 9:00 a.m.

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

REGRETS: Mr. Aaron O'Donnell

OTHERS PRESENT: Ms. Carolynne Gabriel, Executive Assistant to the Board of Health (Recorder)
Ms. Stephanie Egelton, Senior Executive Assistant to the Medical Officer of Health/Associate Medical Officer of Health
Dr. Alexander Summers, Acting Medical Officer of Health
Ms. Emily Williams, Director, Healthy Organization/CEO (Interim)
Mr. David Jansseune, Assistant Director, Finance
Mr. Brian Glasspoole, Manager, Finance
Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Diseases

Chair Matt Reid called the meeting to order at **9:02 a.m.**

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **Ms. Maureen Cassidy, seconded by Ms. Tino Kasi**, that the **AGENDA** for the December 7, 2021 Finance & Facilities Committee meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **Ms. Aina DeViet, seconded by Ms. Cassidy**, that the **MINUTES** of the November 11, 2021 Finance & Facilities Committee meeting be approved.

Carried

NEW BUSINESS

Q3 Financial Update and Factual Certificate (Report No. 25-21FFC)

This report was introduced by Ms. Emily Williams, Direction, Healthy Organization / CEO (Interim). Ms. Williams highlighted two key points: MLHU is projecting a surplus for year-end Q4 and the Ministry has directed MLHU to use any surplus funding from mandatory programs to pay for COVID-19 expenditures. Ms. Williams then introduced Mr. David Jansseune, Assistant Director, Finance who shared a slideshow presentation.

Mr. Jansseune shared the following highlights for Q3, which ended September, 2021:

- The Ministry has provided direction to apply surplus from mandatory programs to COVID-19 expenditures. The estimated amounts is \$1,527k by the end of the year.
- Projected funding surplus by the end of the year is \$24k.
- The forecast includes strategic investments in Q4 totaling \$735k.
- Funding requirements were reduced for both the City of London and Middlesex County totaling about \$762k.

The Q3 actuals included:

- Total actual expenditures ending September 30, 2021 were \$44,907k, including COVID-19 expenses of about \$23,199k, of which, seconded staff amounted to \$3,390k, giving a net incremental COVID-19 costs of \$19,808k.
- Ministry funded \$13,782k in July for COVID-19 expenditures.
- Seeing favourability in staffing gaps, reduced travel and staff development, lower professional services, and reduce program supply costs.
- The continued focus on COVID-19 has delayed the restart of many programs and these delays are expected to continue over the next three to six months. Surplus as a result will be applied to COVID-19-related expenses.

Forecasting until the end of the year included:

- Total forecasted expenditures amount to \$59,154k.
- Forecasted surplus is \$24k and includes:
 - \$145k for IT expenditures, including updating two new servers and new laptops.
 - \$340k for corporate initiatives.
 - \$250k for unknown Q4 expenses and/or reserve planning.
 - \$640k funding reduction from the City of London, from \$6,735k to \$6,095k.
 - \$122k funding reduction from Middlesex County, from \$1,283k to \$1,161k.
 - \$1,527k program surplus shifted to fund COVID-19 expenditures.
- COVID-19 expenditure forecast includes \$26.4 million, excluding seconded staff which would be funded by \$24.9 million funding from the Ministry and \$1.5 million funding from program surplus.

Mr. Jansseune also articulated that the Factual Certificate is a certificate to acknowledge that key financial and risk management functions are performed in an accurate and timely manner.

Discussion on this report included the following:

- The difference between the amount of COVID-19 expenditures and the amount of funding received by the Ministry is because the total COVID-19 expenditures include forecasted numbers until the end of the year and the funding from the Ministry is the amount actually received up to November 2021.
- Any program surplus not directed toward COVID-19 expenditures may be used to pay down the variable portion of the Health Unit's debt.
- It has been the historical practice of the MLHU to return money to the City of London and Middlesex County and over the past 12 years the Health Unit has returned \$4.5 million through efficient operations at the Health Unit.

It was moved by **Ms. Cassidy, seconded by Ms. Kasi**, that the Finance & Facilities Committee make a recommendation to the Board of Health to receive Report No. 25-21FFC re: "Q3 Financial Update and Factual Certificate" for information.

Carried

Financial Borrowing Update (Report No. 26-21FFC)

This report was introduced by Ms. Williams who highlighted that the Health Unit is in a positive cash position in Q3 as opposed to Q2 due to funding received from the Ministry. Ms. Williams turned the presentation to Mr. Jansseune who shared a slideshow presentation.

Highlights of the report included:

- MLHU had a positive cash balance as of July, 2021.
- The Health Unit paid for COVID-19 expenses which depleted cash resulting in the line of credit to be used from February to July, 2021. Ministry funding received in July returned MLHU to a positive cash position.
- The \$8 million line of credit the Health Unit has is not currently being utilized and to date have seen \$137k favourable interest expenses compared to what was budgeted.
- No changes to the bank loan and there is approximately \$4,047k owing, \$1,102,083 owing on the variable component as of November and \$2,944,850 owing on the fixed component as of November.
- The loan renews on December 2025 and its amortization period is 20 years.

Discussion on the report included:

- The borrowing costs incurred while using the line of credit for COVID-19 expenses can be claimed as a COVID-19-related expense for reimbursement from the Ministry.
- MLHU is in conversation with the Ministry to ensure compliance with the direction to use surplus funds from mandatory programs to pay for COVID-19 expenses. The Health Unit would like to put any remaining surplus funds towards the variable portion of the loan.

It was moved by **Ms. DeViet, seconded by Ms. Cassidy**, *that the Finance & Facilities Committee make a recommendation to the Board of Health to receive Report No. 26-21FFC re: "Financial Borrowing Update" for information.*

Carried

OTHER BUSINESS

The next meeting of the Board of Health Finance and Facilities Committee is to be determined in 2022.

ADJOURNMENT

At **9:23 a.m.**, it was moved by **Ms. Cassidy, seconded by Ms. Kasi**, *that the meeting be adjourned.*

Carried

MATTHEW REID
Chair

ALEXANDER SUMMERS
For **CHRISTOPHER MACKIE**
Secretary-Treasurer



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 01-22

TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer

DATE: 2022 January 20

**BOARD OF HEALTH BY-LAW NO.3 (PROCEDURAL BY-LAW) AND
POLICY G-270 AMENDMENT**

Recommendations

It is recommended that the Board of Health:

- 1) Amend Board of Health By-Law #3, through a first, second, third and adoptive reading; and*
- 2) Amend Governance Policy G-270, including its Appendix C to note the division of the Secretary and Treasurer roles.*

Background

As of December 31, 2021, the Secretary and Treasurer roles will be separated and may be performed by any member (appointed and/or ex-officio) of the Board of Health with the requisite skill set. This will be determined on an annual basis in accordance with the appropriate by-law procedure.

Next Steps

For the Board of Health to proceed with election of officers at the inaugural meeting, an amendment to By-law No. 3, also known as the “Procedural By-law” ([Appendix A](#)) will need to be approved by the Board. This draft amendment includes changes to note the division of the Secretary and Treasurer roles and the signing authority on future by-laws for these positions. To approve this amendment, the Board must read the by-law with a confirming mover and seconder three times, with the final reading to adopt the amended by-law.

Additionally, it is also recommended for the Board to amend Governance Policy G-270 ([Appendix B](#)), specifically Appendix C to note the split of the Secretary and Treasurer roles ([Appendix C](#)).

This report was prepared by the Chief Executive Officer.

A handwritten signature in cursive script that reads 'E Williams'.

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



Board of Health: **By-law No. 3**

Pursuant to Section 56(1)(c) of the *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7, the Board of Health for the Middlesex-London Health Unit enacts By-law No.3 to regulate **the proceedings of the Board of Health.**

1. In this by-law:

- (a) "Act" means the *Health Protection and Promotion Act*;
- (b) "Board" means the Board of Health for the Middlesex-London Health Unit;
- (c) "Chair" means the person presiding at the meeting of the Board;
- (d) "Chair of the Board" means the Chairperson elected under Section 57(2) of the Act;
- (e) "City" means the Corporation of the City of London;
- (f) "County" means the Corporation of the County of Middlesex;
- (g) "Committee" means a committee of the Board, but does not include the Committee of the Whole;
- (h) "Committee of the Whole" means all the members present at a meeting of the Board sitting in Committee;
- (i) "Council" means the Council of the City of London and/or the Council of the County of Middlesex;
- (j) "Majority" means a simple majority of members present;
- (k) "Meeting" means a meeting of the Board;
- (l) "Member" means a member of the Board;
- (m) "Quorum" means a majority of the members of the Board;
- (n) "Secretary" and "Treasurer" means the Secretary and/or Treasurer as defined in Policy G-270 as may be amended, from time to time.
- (o) "In-camera" means deliberations of the Board are closed to the public and the media.

1.0 General

- 1.1 In all the proceedings at or taken by this Board the following rules and regulations shall be observed and shall be the rules and regulations for the order and dispatch of business at the Board, and in the Committees thereof.
- 1.2 Except as herein provided, Robert's Rules of Order shall be followed for governing the proceedings of the Board and the conduct of its members.
- 1.3 A person who is not a member of the Board shall not be allowed to address the Board except upon invitation of the Chair or the members.

2.0 Convening Meeting

- 2.1 The regular meetings shall be held at a date and time as determined by the Board at its first regular meeting of the year.
- 2.2 The Board may, by resolution, alter the time, day or place of any meeting.

3.0 Special Meetings

- 3.1 A special meeting may be called by the Chair of the Board of Health.
- 3.2 Any three Board members by written communication to the **Secretary-Treasurer** may initiate a special meeting.
- 3.3 A special meeting shall not be summoned for a time which conflicts with a regular meeting or a meeting previously called of the Council(s) of the City of London and/or the County of Middlesex.
- 3.4 Reasonable notice shall be delivered to each member noting that the five-day prior notice as required for scheduled Board Meetings may be waived for special meetings.

4.0 Notifying Board Members of Meetings

- 4.1 The **Secretary-Treasurer** shall give notice of each regular and special meeting of the Board and of each Committee to the members thereof.
- 4.2 The notice shall be accompanied by the "Agenda" and any other matter, so far as known, to be brought before such meeting.
- 4.3 The notice shall be delivered by electronic mail to each member so as to be received no later than five days prior to the scheduled Board meeting.
- 4.4 Lack of receipt of the notice shall not affect the validity of holding the meeting or any action taken thereat.
- 4.5 The notice calling a special meeting of the Board shall state the business to be considered at the special meeting and no business other than that stated in the

notice shall be considered at such meeting except with the unanimous consent of the members present and voting.

5.0 Notifying the Public of Board Meetings

- 5.1 The Board shall give reasonable notice to the public of every of its meetings by posting in a publicly accessible location and by publishing on its website or any other print or electronic medium of mass communication:
- (a) the date, time and location of the meeting;
 - (b) a clear, comprehensive agenda of the items to be discussed at the meeting.

6.0 Meetings Open to the Public

- 6.1 The Board shall ensure that its meetings are open to the public except where a closed meeting is permitted by law. See Item 7.0 re Convening In-Camera (Closed) Meeting(s).
- 6.2 In accordance with Section 238(3.1) of the *Municipal Act*, R.S.O., the Board shall ensure that members can participate electronically in a meeting which is open to the public. Any such member shall not be counted in determining whether or not a quorum of members is present at any point in time. Board members shall not be permitted to participate electronically in a meeting which is closed to the public. See Item 7.0 re Convening In-Camera (Closed) Meeting(s).
- 6.3 A member who is participating electronically in a meeting shall be able to vote on any matter that is before the Board, subject to restrictions contained elsewhere in this policy, and otherwise at law.
- 6.4 Despite Section 6.2, during any period where an emergency has been declared to exist in all or part of the municipality under section 4 or 7.0.1 of the *Emergency Management and Civil Protection Act*, RSO 1990 c.E9,
- (a) a member participating electronically in a meeting may be counted in determining whether or not a quorum of members is present at any point in time;
 - (b) a member may participate electronically in a meeting that is closed to the public; and
 - (c) the Board may hold a special meeting to amend the by-law and despite Section 6.2, a member participating electronically in such a special meeting may be counted in determining whether or not a quorum of members is present at any time during the meeting.

7.0 Convening In-Camera (Closed) Meeting(s)

- 7.1 Pre-requirements for in-camera sessions

Before holding a meeting or part of a meeting that is closed to the public, the Board shall state by resolution,

- (a) the fact of the holding of the closed meeting and the general nature of the matter to be considered at the closed meeting; or
- (b) in the case of a meeting for education or training, the fact of the holding of the closed meeting, the general nature of its subject-matter and that it is to be closed under that subsection.

7.2 Criteria for in-camera meetings

In accordance with Section 239(2) of the *Municipal Act*, R.S.O, as amended, a meeting or part of a meeting may be closed to the public if the subject matter being considered is:

- (a) the security of the property held by the Middlesex-London Board of Health;
- (b) personal matters about an identifiable individual, including Board employees;
- (c) a proposed or pending acquisition of land by the Middlesex-London Board of Health;
- (d) labour relations or employee negotiations;
- (e) litigation or potential litigation, including matters before administrative tribunals, affecting the Middlesex-London Health Unit;
- (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- (g) a matter in respect of which a council, Board, committee or other body may hold a closed meeting under another Act;
- (h) information explicitly supplied in confidence to the Middlesex-London Health Unit by Canada, a province or territory or a Crown agency of any of them;
- (i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the Middlesex-London Health Unit, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
- (j) a trade secret or scientific, technical, commercial, or financial information that belongs to the Middlesex-London Health Unit and has monetary value or potential monetary value; or

- (k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on or by or on behalf of the Middlesex-London Health Unit.

7.3 Criteria for in-camera voting

A meeting shall not be closed to the public during the taking of a vote, except:

- (a) When item 7.2 permits or requires the meeting to be closed to the public; and/or
- (b) The vote is for a procedural matter or for giving directions or instructions to officers, employees or agents or persons retained under contract of/with the Board.

7.4 In-camera record keeping requirements

The Board shall record without note or comment all resolutions, decisions and other proceedings at a meeting, whether it is closed to the public or not.

8.0 Preparation of the "Agenda"

8.1 The ~~Secretary-Treasurer~~ shall prepare for the use of members at the regular meetings the "Agenda" as follows:

- (a) Call to Order and Declarations of Interest;
- (b) Minutes of Previous Meeting;
- (c) List of Items to be dealt with in open session including delegations;
- (d) List of Items to be dealt with in-camera;
- (e) Other Business from the Floor;
- (f) Date of Next Meeting;
- (g) Adjournment

8.2 For special meetings, the "Agenda" shall be prepared when and as the Chair may direct or, in default of such direction, as provided in the last preceding section so far as applicable.

8.3 The business of each meeting shall be taken up in the order in which it stands on the "Agenda", unless otherwise described by the Board.

9.0 Commencement of Meetings

- 9.1 As soon as there is a quorum after the hour fixed for the meeting, the Chair or Vice-Chair, or person appointed to act in their place and stead, shall take the chair and call the members to order. A majority of the Board is required for quorum (i.e. more than half of the voting members).
- 9.2 If the person who ought to preside at any meeting does not attend by the time a quorum is present, the ~~Secretary-Treasurer~~ shall call the members to order and a presiding officer shall be appointed by the members present, to preside during the meeting or until the arrival of the person who ought to preside.
- 9.3 If there is no quorum within thirty minutes after the time appointed for the meeting, the meeting shall then adjourn until the next day of meeting unless the Board otherwise decides.
- 9.4 Upon any member directing the attention of the Chair to the fact that a quorum is not present, the ~~Secretary-Treasurer~~, at the request of the Chair, shall record the names of those members present and advise the Chair if a quorum is, or is not, present.

10.0 Rules of Debate and Conduct of Members of the Board

- 10.1 The Chair shall preside over the conduct of the meeting, including the preservation of good order and decorum, ruling on points of order and deciding all questions relating to the orderly procedure of the meetings, subject to an appeal by any member to the Board from any ruling of the Chair.
- 10.2 Each delegation will be allowed a maximum of 10 minutes, but a member of the Board may introduce a delegation in addition to the speaker or speakers. Normally, a delegation will not be heard on an item unless there is a report from staff on the item.
- 10.3 When a member finds it impossible to attend any meeting, the onus is upon the member to advise the ~~Secretary-Treasurer~~ prior to the holding of such meeting, and to advise of their wishes with respect to having an agenda item tabled.
- 10.4 If the Chair desires to leave the chair for the purpose of taking part in the debate or otherwise, the Chair shall call on the Vice-Chair or another member in their absence, or refusal to fill their place until they resume the chair.
- 10.5 Every member, previous to speaking to any question or motion, shall respectfully address the Chair.
- 10.6 When two or more members ask to speak, the Chair shall name the member who, in their opinion, first asked to speak.
- 10.7 A member may speak more than once on a question, but after speaking shall be placed at the foot of the list of members wishing to speak.

- 10.8 No member shall speak to the same question at any one time for longer than five minutes except upon motion that the Board therefore may grant an extensions of time for speaking of up to five minutes for each time extended.
- 10.9 Any member may request the question or motion under discussion to be read at any time during the debate, but not so as to interrupt a member while speaking.
- 10.10 When a member desires to address the Board upon a matter that concerns the rights or privileges of the Board collectively or of themselves as a member thereof, they shall be permitted to raise such matter of privilege, and a matter of privilege shall take precedence over other matters.
- 10.11 When a member desires to call attention to a violation of the rules of procedure, they shall ask leave of the Chair to raise a point of order and after leave is granted, they shall state the point of order with a concise explanation and then not speak until the Chair has decided the point of order.
- 10.12 Unless a member immediately appeals to the Board the decision of the Chair shall be final.
- 10.13 If the decision is appealed, the Board shall decide the question without debate and its decision shall be final.
- 10.14 When the Chair calls a member to order, they shall immediately cease speaking until the point of order is dealt with and they shall not speak again without the permission of the Chair unless to appeal the ruling of the Chair.

11.0 Motions and Order of Putting Questions

- 11.1 Every motion shall be deemed to be in possession of the Board for debate after it is presented by the Chair, and seconded, but may, with permission of the Board, be withdrawn at any time before amendment or decision.
- 11.2 When a matter is under debate, no motion shall be received other than a motion:
 - (a) to accept;
 - (b) to recommend for approval;
 - (c) to approve in principle;
 - (d) to approve;
 - (e) to ratify;
 - (f) to adopt;
 - (g) to amend;
 - (h) * to table;
 - (i) to refer;

- (j) to receive;
- (k) * to adjourn the meeting; or
- (l) * that the vote be now taken.

* these items are to be voted on without debate.

- 11.3 A motion to refer or table shall take precedence over any other amendment.
- 11.4 When a motion that the vote be now taken is presented, it shall be put to a vote without debate, and, if carried by a majority vote of the members present, the motion and any amendments thereto under discussion shall be submitted to a vote forthwith without further debate.
- 11.5 A motion relating to a matter not within the jurisdiction of the Board shall not be in order.

12.0 Voting

- 12.1 Only one amendment at a time can be presented to the main motion and only one amendment can be presented to an amendment, but when the amendment to the amendment has been disposed of, another may be introduced, and when an amendment has been decided, another may be introduced.
- 12.2 The amendment to the amendment, if any, shall be voted on first, then if no other amendment to the amendment is presented, the amendment shall be voted on next, then if no other amendment is introduced, the main motion, or if any amendment has carried, the main motion as amended, shall be put to a vote.
- 12.3 Nothing in this section shall prevent other proposed amendments being read for the information of the members.
- 12.4 When the question under consideration contains distinct propositions, upon the request of any member, the vote upon each proposition shall be taken separately.
- 12.5 After the Chair commences to take a vote, no member shall speak to or present another motion until the vote has been taken on such motion, amendment or subamendment.
- 12.6 Every member present at a meeting of the Board when a vote is taken on a matter shall vote thereon unless prohibited by statute; and, if any member present persists in refusing to vote, they shall be deemed as voting in the negative.
- 12.7 If a member disagrees with the announcement by the Chair of the result of any vote, they may object immediately to the Chair's declaration and require that the vote be retaken.

- 12.8 After any matter has been decided, any member may move for a reconsideration at the same meeting or may give notice of a motion for reconsideration of the matter for a subsequent meeting in the same year, but no discussion of the question that has been decided shall be allowed until the motion for reconsideration has carried, and no matter shall be reconsidered more than once in the same calendar year.

13.0 Minutes

- 13.1 Minutes shall be taken at all regular and special meetings by the **Secretary-Treasurer** or Designate.
- 13.2 The names of all Board members and Health Unit employees who attend the meeting shall be recorded.
- 13.3 All Board motions shall become effective immediately upon approval, unless otherwise stated. All approved and defeated motions shall be recorded.
- 13.4 There shall be a motion to approve the minutes or amended minutes of each Board meeting.
- 13.5 All Board of Health minutes shall be ratified by signature of the Board Chair and **Secretary-Treasurer**.

14.0 Adjournment

- 14.1 A motion to adjourn the Board Meeting or adjourn the debate shall be in order, except:
- (a) when a member is in possession of the floor;
 - (b) when it has been decided that the vote be now taken;
 - (c) during the taking of the vote; no second motion to the same effect shall be made until after some intermediate proceedings shall have taken place.

15.0 Communications

- 15.1 Every communication intended to be presented to the Board must be written, dated and signed.
- 15.2 Every such communication shall be delivered to the **Secretary-Treasurer** before the commencement of the meeting of the Board.

16.0 Proceedings on By-laws

- 16.1 Every by-law shall be introduced by a member upon motion for leave specifying the title of the by-law, and a by-law shall not be in form blank or incomplete.

- 16.2 Every by-law shall receive three readings at the Board of Health before being passed. The Board may by a majority vote provide for two or more readings at one meeting.
- 16.3 The procedure for approving a by-law or amendments to the by-laws is as follows:
- (a) The motion "this by-law be now read for a first time" shall be decided without amendment or debate;
 - (b) The motion "this by-law be now read for a second time" with debate and decision that the adoption of the by-law follow thereafter;
 - (d) The motion "the by-law be now read for a third time" with resolution that the adoption of the by-law follow thereafter.
- 16.4 All amendments made at the Board of Health shall be reported by the Chair thereof to the Board which shall receive the same forthwith without debate.
- 16.5 The ~~Secretary-Treasurer~~ shall endorse on all by-laws read at the Board the dates of the several readings and of the passing thereof and shall be responsible for the correctness of such bills should they be amended.
- 16.6 Every by-law which has been passed by the Board shall be sealed with the seal of the Board, signed by the Chair of the Board or by the Chair of the meeting at which the by-law was passed and by the ~~Secretary-Treasurer~~ and deposited with the ~~Secretary-Treasurer~~ for custody.
- 16.7 All by-laws adopted by the Board shall be kept in a separate volume.

17.0 ~~Secretary-Treasurer~~

- 17.1 It shall be the duty of the ~~Secretary-Treasurer~~:
- (a) to attend or cause an assistant to attend all meetings of the Board;
 - (b) to keep or cause to be kept full and accurate minutes of the meetings of all the Board meetings, text of By-laws and Resolutions passed by it;
 - (c) to forward a copy of all resolutions, enactments and orders of the Board to those concerned in order to give effect to the same; and
 - (d) to forward all reports of the Board requiring City/County Council approval to the appropriate official so that the same may be considered by the Council at the next regular meeting.

18.0 Elections and Appointment of Committees

- 18.1 At the first meeting of each calendar year the Board shall elect by a majority vote a Chair, Vice-Chair, ~~Secretary, and Treasurer~~ for that year.

- 18.2 The Chair of the Board shall be selected by the voting members to serve for a term of one year. The Chair may be nominated to serve for a consecutive term. ~~The Chair shall rotate among the City, County and Provincial appointees.~~
- 18.3 The Vice-Chair, Secretary, and Treasurer shall be elected for a one-year term.
- 18.4 ~~The Secretary-Treasurer function is customarily performed by the Medical Officer of Health / Chief Executive Officer.~~
The Secretary and Treasurer are separate roles that may be performed by any member (appointed and/or ex-officio) of the Board of Health with the requisite skill set. This will be determined on an annual basis in accordance with the appropriate by-law procedure.
- 18.5 At the first meeting of each calendar year, the Board shall appoint the representative or representatives required to be appointed annually at the first meeting by the Board to other Boards, bodies, or commissions where appropriate.
- 18.6 The Board may appoint committees from time to time to consider such matters as specified by the Board (e.g., Finance and Facilities, Governance, Medical Officer of Health and Chief Executive Officer Performance Review etc.).

19.0 Conduct of Business in Committees

- 19.1 The rules governing the proceedings of the Board shall be observed in the Committees insofar as applicable.
- 19.2 It shall be the duty of the Committee:
- (a) to report to the Board on all matters referred to them and to recommend such action as they deem necessary;
 - (b) to forward to the Board the minutes of meetings;
 - (c) to forward to the incoming Committee for the following year any matter indisposed of.

20.0 Corporate Seal

- 20.1 The corporate seal of the Board shall be in the form impressed hereon and shall be kept by ~~Medical Officer of Health / Chief Executive Officer~~ the Secretary and Treasurer of the Board.

21.0 Execution of Documents **Signing Authority**

- 21.1 ~~The Board may at any time and from time to time direct the manner in which and the person or persons who~~
The Chair of the Board of Health, Vice-Chair, Secretary, and Treasurer may sign on behalf of the Board and affix the corporate seal to any particular contract, arrangements, conveyance, mortgage, obligation, or other document or any class

of contracts, arrangements, by-law, conveyances, mortgages, obligations or documents.

22.0 Duties of Officers

22.1 The Chair of the Board shall:

- (a) preside at all meetings of the Board;
- (b) represent the Board at public or official functions or designate another Board member to do so;
- (c) be ex-officio a member of all Committees to which they have not been named a member;
- (d) perform such other duties as may from time to time be determined by the Board.

22.2 The Vice-Chair shall have all the powers and perform all the duties of the Chair in the 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.

23.0 Remuneration

23.1 Board of Health members shall receive equal, daily remuneration, as well as payment for any reasonable and actual expense incurred as a Member of the Board. However, the rate of the remuneration paid shall not exceed the highest rate of remuneration of a member of a standing committee of a municipality within the health unit. Where no remuneration is paid to members of such standing committees, the rate shall not exceed the rate fixed by the Minister and the Minister has power to fix the rate.

23.2 However, Board of Health members, other than the Chair, who are a member of the council of a municipality and are paid annual remuneration or expenses, by the municipality will not receive any remuneration of expenses.

24.0 Board of Health Performance Assessment

24.1 Board of Health members shall conduct self-evaluations of the Board's governance practices and outcomes at least biannually.

24.2 The results of the self-evaluations shall be summarized by Health Unit staff and will translate into recommendations for improvements in the Board's effectiveness and engagement. This may be supplemented by evaluation(s) from key partners and/or stakeholders.

24.3 The self-evaluation process shall include a record of Board member attendance and consideration of whether:

- (a) Decision-making is based on access to appropriate information with sufficient time for deliberations;

- (b) Compliance with all federal and provincial regulatory requirements is achieved;
- (c) Any material notice of wrongdoing or irregularities is responded to in a timely manner;
- (d) Reporting systems provide the Board with information that is timely and complete;
- (e) Members remain abreast of major developments in governance and public health best practices, including emerging practices among peers; and
- (f) The Board as a governing body is achieving its strategic outcomes.

25.0 Amendments

25.1 Any provision contained therein may be repealed, amended or varied, and additions may be made to this by-law by a majority vote.

First Reading – February 27, 2020
 Second Reading – February 27, 2020
 Third Reading – February 27, 2020

This By-law is to be in force and effect and to remain in force and effect until otherwise amended by enactment by the Board.

Executed in London, in the Province of Ontario, on this December 8, 2016.

Reviewed by:	Governance Committee
Approved by:	Board of Health
Date:	July 16, 2020
Signature:	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"> <div style="width: 45%;"> <p>Ms. Maureen Cassidy Chair, Board of Health</p> </div> <div style="width: 45%;"> <p>Dr. Christopher Mackie Secretary-Treasurer</p> </div> </div>



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 (MOH) and Chief Executive Officer (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 themselves in a position where their 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 their 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 their absence unless they 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 and 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 they are 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.

14. 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. The

	Chair may be nominated to serve for a consecutive term. , 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). By-law No. 3 Section 18 stipulates that the Secretary is elected for a one-year term. (See Appendix C – Secretary and Treasurer Position Descriptions).
Treasurer	By-law No. 3 Section 18 stipulates that the Treasurer is elected for a one-year term. (See Appendix C – Secretary and Treasurer Position Descriptions).

15. 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.

16. 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.

17. 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 and Treasurer Role Descriptions**

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

SECRETARY and TREASURER ROLE DESCRIPTIONS

The **Secretary and Treasurer** of the Board of Health **have** 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, CEO and MOH.
2. **Meeting preparation** – Works with the CEO and MOH to ensure that all materials are prepared in a timely manner and are 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. **Oversight of all Board of Health by-laws and policies** – Ensures that 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.
5. **Board learning and development** – Works with the Board Chair, the CEO and the MOH to assist with the development of the Board's knowledge and capabilities by playing a central role in orientation of new Board members and chair-elect. Helps to identify opportunities for the CEO to provide training and continuing education for the entire Board.
6. **Committee attendance** - Serves as an ex-officio non-voting member of all committees.

Responsibilities of the **Secretary-Treasurer** include:

1. **Budget preparation and reporting** – The Treasurer works with the CEO in consultation with the MOH to ensure the Annual Budget and Annual Financial Audits are prepared and completed under the jurisdiction of the Board for submission to the Board.
2. **Committee attendance** – Serves as either a voting or an ex-officio non-voting member of all committees.



TO: Chair and Members of the Board of Health
FROM: Emily Williams, Chief Executive Officer
DATE: 2022 January 20

ELECTION OF 2022 BOARD OF HEALTH EXECUTIVE AND OTHER PROCEDURES

Recommendations

It is recommended that the Board of Health:

- 1. Approve the Terms of Reference for the Finance & Facilities Committee;*
- 2. Approve the Terms of Reference for the Governance Committee;*
- 3. Elect a Chair for the 2022 term;*
- 4. Elect a Vice-Chair for the 2022 term;*
- 5. Appoint a Secretary for the Board of Health for 2022 term;*
- 6. Appoint a Treasurer for the Board of Health for the 2022 term;*
- 7. Appoint members to the Finance & Facilities Committee; and*
- 8. Appoint members to the Governance Committee.*

Board Membership Update

The Board of Health consists of the following Members:

1. **Five provincial appointees:** Ms. Tino Kasi, Mr. Michael Steele, and Mr. Selomon Menghsha (currently there are two vacancies)
2. **Three City of London appointees:** Ms. Maureen Cassidy, Mr. Matt Reid, and Ms. Mariam Hamou
3. **Three Middlesex County appointees:** Ms. Aina DeViet, Ms. Kelly Elliott, and Mr. John Brennan.

The appointment list of the current Board of Health membership can be found in [Appendix A](#).

Procedures for the First Meeting of the Year

Board of Health By-law No. 3 regulates the proceedings of the Board. Section 18.0 of this By-law addresses Elections and the Appointment of Committees. It is noted that this by-law is draft until an amendment is approved by the Board of Health at the January 20, 2022 meeting:

- 18.1 At the first meeting of each calendar year the Board shall elect by a majority vote a Chair, Vice-Chair, Secretary, and Treasurer for that year.*
- 18.2 The Chair of the Board shall be selected by the voting members to serve for a term of one year. The Chair may be nominated to serve for a consecutive term.*
- 18.3 The Vice-Chair, Secretary, and Treasurer shall be elected for a one-year term.*
- 18.4 The Secretary and Treasurer are separate roles that may be performed by any member (appointed and/or ex-officio) of the Board of Health with the requisite skill set. This will be determined on an annual basis in accordance with the appropriate by-law procedure.*

18.5 *At the first meeting of each calendar year, the Board shall appoint the representative or representatives required to be appointed annually at the first meeting by the Board to other Boards, bodies, or commissions where appropriate.*

18.6 *The Board may appoint committees from time to time to consider such matters as specified by the Board (e.g., Finance and Facilities, Governance, Medical Officer of Health and Chief Executive Officer Performance Review etc.).*

Election of Executive Officers

Chair: As per the current By-law No. 3, Section 18.2, as stated above, the Chair selected by the voting members to serve for a term of one year. The Chair may be nominated to serve for a consecutive term. The Chair for 2021 was Ms. Maureen Cassidy, a City of London appointee.

Vice-Chair: By-law No. 3, Section 18.3 stipulates that the Vice-Chair is elected for a one-year term. The Vice-Chair for 2021 was Ms. Aina DeViet, a County of Middlesex appointee.

Secretary: By-law No. 3, Section 18.3 stipulates that the Secretary is elected for a one-year term. By-law No. 3, Section 18.4 states that the Secretary role may be performed by any member (appointed and/or ex-officio) of the Board with the requisite skill set. The Secretary for 2021 was Dr. Christopher Mackie, Medical Officer of Health.

Treasurer: By-law No. 3, Section 18.3 stipulates that the Treasurer is elected for a one-year term. By-law No. 3, Section 18.4 states that the Treasurer role may be performed by any member (appointed and/or ex-officio) of the Board with the requisite skill set. The Treasurer for 2021 was Dr. Christopher Mackie, Medical Officer of Health.

Establishment of Standing Committees

Under Section 2.1(b) of Board of Health Policy G-280 (Board Size and Composition), the Board determines whether it wishes to establish one or more standing committees at its first meeting of the year. In 2013, the Board of Health created the Finance & Facilities Committee, a standing committee that meets the first Thursday of each month and/or at the call of the Committee Chair. At its December 2013 meeting, the Board created the Governance Committee, a standing committee that met quarterly, or at the call of the Committee Chair, immediately preceding the Board of Health meeting. In 2021, the Governance Committee met eight times.

1. Finance & Facilities Committee

The Finance & Facilities Committee serves the Board of Health in an advisory and monitoring role in relation to the administration and risk management of the organization's finances and facilities.

A draft Terms of Reference, attached as [Appendix B](#), is submitted for the Board of Health's review and approval. Changes have been made to reflect the separation of the Medical Officer of Health (MOH) and Chief Executive Officer (CEO) roles and the division of their roles and responsibilities as set out in Policy G-030 MOH and CEO Position Descriptions.

It is recommended that the Finance & Facilities Committee review its Terms of Reference to ensure that all components (purpose, reporting relationship, membership, appointment of chair, term of office, duties, frequency of meetings, agendas and minutes, by-laws and review) remain relevant to the needs of the organization.

2. Governance Committee

The Governance Committee serves the Board of Health in an advisory and monitoring role in relation to the administration and risk management of matters related to Board membership and recruitment, Board self-evaluation, governance policy and strategy development.

A draft Terms of Reference, attached as [Appendix C](#), is submitted for the Board of Health's review and approval. Changes have been made to reflect the separation of the Medical Officer of Health (MOH) and Chief Executive Officer (CEO) roles and the division of their roles and responsibilities as set out in Policy G-030 MOH and CEO Position Descriptions. It is also recommended that the Committee continue to meet five (5) times per year as opposed to three (3) times per year as outlined in the previous terms of reference.

It is recommended that the Governance Committee review its Terms of Reference to ensure that all components (purpose, reporting relationship, membership, appointment of chair, term of office, duties, frequency of meetings, agendas and minutes, by-laws and review) remain relevant to the needs of the organization.

All Board of Health members may attend meetings of the Finance & Facilities Committee, Governance Committee and struck ad-hoc committees but only Committee members may vote.

2022 Meeting Dates

The 2022 meeting dates were approved by the Board of Health at the Thursday, December 9, 2021 meeting. The approved meeting dates are affixed to this report as [Appendix D](#).

This report was prepared by the Chief Executive Officer.

A handwritten signature in black ink that reads "EWilliams". The signature is written in a cursive, flowing style.

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

Title	First Name	Last Name	Appointed By	First Appointed	Term Expires on
Mr.	Matt	Reid	City of London (Citizen Appointee)	December 1, 2018	November 15, 2022
Ms.	Maureen	Cassidy	City of London	September 27, 2016	November 15, 2022
Ms.	Mariam	Hamou	City of London	December 7, 2021	November 14, 2022
Mr.	John	Brennan	County of Middlesex	December 18, 2018	November 30, 2022
Ms.	Kelly	Elliott	County of Middlesex	December 18, 2018	November 30, 2022
Ms.	Aina	DeViet	County of Middlesex	December 18, 2018	November 30, 2022
Ms.	Tino	Kasi	Province of Ontario	November 2, 2016	December 31, 2023
Mr.	Michael	Steele	Province of Ontario	December 10, 2020	December 9, 2023
Mr.	Selomon	Menghsha	Province of Ontario	September 16, 2021	September 15, 2023

FINANCE & FACILITIES COMMITTEE – TERMS OF REFERENCE

PURPOSE

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

REPORTING RELATIONSHIP

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

MEMBERSHIP

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

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

Staff support includes:

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

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

CHAIR

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

TERM OF OFFICE

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

DUTIES

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

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

FREQUENCY OF MEETINGS

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

AGENDA & MINUTES

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

BYLAWS:

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

REVIEW

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

GOVERNANCE COMMITTEE TERMS OF REFERENCE

PURPOSE

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

REPORTING RELATIONSHIP

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

MEMBERSHIP

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

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

Staff support includes:

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

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

CHAIR

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

TERM OF OFFICE

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

DUTIES

The Governance Committee will seek the assistance of and consult with the MOH and CEO for the purposes of making recommendations to the Board of Health on the following matters:

1. Board member succession planning and recruitment;
2. Orientation and continuing education of Board members;

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

FREQUENCY OF MEETINGS

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

AGENDA & MINUTES

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

BYLAWS:

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

REVIEW

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

2022 Board of Health and Committee Meeting Dates	
Thursday, January 20	Inaugural meeting
Thursday, February 3	Finance and Facilities Committee
Thursday, February 10	Finance and Facilities Committee
Thursday, February 17	Governance Committee
Thursday, February 17	Board of Health Meeting
Thursday, March 3	Finance and Facilities Committee
Thursday, March 17	Board of Health Meeting
Thursday, April 7	Finance and Facilities Committee
Thursday, April 14	Governance Committee
Thursday, April 14	Board of Health Meeting
Thursday, May 5	Finance and Facilities Committee
Thursday, May 19	Board of Health Meeting
Thursday, June 2	Finance and Facilities Committee
Thursday, June 16	Governance Committee
Thursday, June 16	Board of Health Meeting
Thursday, July 7	Finance and Facilities Committee
Thursday, July 14	Board of Health Meeting
Thursday, August 4	Finance and Facilities Committee - August meeting usually cancelled
Thursday, August 18	Board of Health Meeting - August meeting usually cancelled
Thursday, September 1	Finance and Facilities Committee
Thursday, September 15	Governance Committee
Thursday, September 15	Board of Health Meeting
Thursday, October 6	Finance and Facilities Committee
Thursday, October 20	Board of Health Meeting
Thursday, November 3	Finance and Facilities Committee
Thursday, November 17	Governance Committee
Thursday, November 17	Board of Health Meeting
Thursday, December 1	Finance and Facilities Committee
Thursday, December 8	Board of Health Meeting

TO: Chair and Members of the Board of Health

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

DATE: 2022 January 20

**UPDATE ON COVID-19 RECOVERY RECOMMENDATIONS AND PLANNING FOR 2022:
INDIVIDUAL AND ORGANIZATIONAL WELLNESS, AND SUSTAINING POSITIVE CHANGES**

Recommendation

It is recommended that the Board of Health receive Report No. 03-22 re “Update on COVID-19 Recovery Recommendations and Planning for 2022: Individual and Organizational Wellness, and Sustaining Positive Changes” for information.

Key Points

- As part of recovery planning, 54 recommendations looking at individual and organizational wellness and opportunities to enhance and sustain positive organizational changes, were approved; this report provides an update on implementation of these recommendations.
- Employee wellness has continued to be a concern and a priority through the extended response to the pandemic.
- The Institute for Healthcare Improvement’s *Framework for Improving Joy In Work* will be used to strengthen efforts to enhance individual and organizational wellness moving forward.

Background

The MLHU Board of Health (BOH) received a report in June 2020 ([Report No. 008-20GC](#)) which outlined the five objectives of COVID-19 recovery planning initiated in May 2020, and information about the Return to Operations dashboard that was developed. In November 2020, the BOH received recovery recommendations related to Emerging and Priority Public Health Issues and approved five priority areas of focus for ongoing recovery ([Report No. 049-20](#)). In May 2021, the BOH received 54 recovery recommendations related to organizational and individual wellness and sustaining positive organizational changes ([Report No. 25-21](#)).

Recovery Planning Objective #3 was “To support employees to achieve optimal physical, mental, emotional, and social health and to facilitate organizational wellness during and after MLHU’s pandemic response.” This also included culture shifts employees recommended the organization introduce or maintain. Twenty recommendations were identified, categorized under: health and safety, recognition, mental health and wellness, connectedness and cohesion, and other. Recovery Planning Objective #4 was “To identify changes to organizational and program structures and processes implemented during the pandemic response that could be advantageous from an organizational and/or client perspective and develop recommendations for sustained or enhanced implementation post-pandemic.” Thirty-four recommendations were identified, categorized as: tools and resources, work processes, communications, human resources, and other organizational changes.

Employee wellness has continued to be a concern and a priority through the extended response to the pandemic.

Update on Implementation of Recommendations

Progress on implementation of the 54 recommendations has been steady and positive. The majority of the recommendations have been implemented partially or fully, although some are yet to be initiated. These recommendations were used to form the basis of the provisional strategic plan, as outlined in [Report No. 10-21GC](#).

Key successes in implementation of recommendations include the following:

- Significant steps to address and strengthen employee health and safety;
- Ongoing, multiple strategies to promote and support mental wellness and to recognize employees;
- Regular, transparent, and timely communication to all employees; and
- Progress on recovery recommendations related to human resources.

An overview of implementation progress for all these recovery recommendations is available in [Appendix A](#) (Individual and Organizational Wellness) and [Appendix B](#) (Sustaining Positive Changes).

In spite of all the efforts to support employee wellness, it is hypothesized that a significant number of employees at all levels are currently experiencing burnout as a direct result of the pandemic and its impact on the public health workforce.

A Framework for Individual and Organizational Wellness

Burnout can directly and/or indirectly result in negative impacts to staff engagement, client experience, empathy, productivity, and workplace safety. With this in mind, it is critical that the organization continues to prioritize and address employee wellbeing. The Institute for Healthcare Improvement's [Framework for Improving Joy in Work](#) will be used at MLHU to support efforts to improve individual and organizational wellbeing. Given the well-documented relationship between leader resilience and engagement and employee engagement and satisfaction, implementation of the framework will begin with the leadership team and subsequently be expanded to all staff. During sessions held in July and September of 2021, members of the MLHU leadership team (MLT) were asked about what matters to them and what impediments to joy in work exist in their local context. These were framed in the nine critical components for improving joy in work, with equity as their foundation: physical and psychological safety; meaning and purpose; choice and autonomy; camaraderie and teamwork; recognition and rewards; participative management; daily improvement; wellness and resilience; and real-time measurement. Feedback was collated and presented back to MLT for validation in December of 2021.

Using this framework will enable MLHU to continue to implement the recovery recommendations already identified, identify additional actions for implementation, and increase intentionality and accountability to individual and organizational wellness across the organization. Improvement science will be used to test approaches to improving joy at work in the organization.

Next Steps

This work will be led by the Senior Leadership Team (SLT) to demonstrate unilateral commitment to staff and leader well-being across the organization. In the first quarter of 2022, plans for application of the *Joy in Work Framework* will be established with the MLHU leadership team (MLT) and implementation will begin during the second quarter of the year. Efforts will focus on taking meaningful action. Existing measurement and assessment tools for improving joy in work will be adopted or adapted to support regular and transparent monitoring and reporting of progress. Long-term commitment to supporting individual and organizational wellness will be required by all levels across the organization as all employees at all levels of the organization will be invited to share responsibility for a systems approach to improving joy in work.

This report was submitted by the Chief Executive Officer and the Chief Nursing Officer.



Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health (Acting)



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

Recovery Objective 3: Promoting Individual & Organizational Wellness

Objectives: To support employees to achieve optimal physical, mental, emotional, and social health post-pandemic and to facilitate organizational wellness during and after MLHU’s pandemic response.
To identify recent culture shifts that employees recommend maintaining and/or desired culture shifts.

Key Recommendations	UPDATE on IMPLEMENTATION - As of December 2021
Health and Safety	
<p>1. Provide regular communications to staff on health and safety topics of concern (e.g., COVID-19 exposure, psychological safety in the workplace. PTSD) through email, team meetings, and/or virtual Town Halls.</p>	<ul style="list-style-type: none"> • This recommendation was included on MLHU’s provisional strategic plan • Information, updates, and links to resources related to health, safety, and wellness have been included weekly in MLHU’s virtual Town Hall meetings since early 2020 • 13 emails were circulated to all staff in 2021
<p>2. Provide appropriate levels of de-escalation training for all staff.</p>	<ul style="list-style-type: none"> • The Vaccine Clinic Leadership Team and some Client Service Representatives received online crisis intervention training; additional in-person sessions are scheduled for early 2022 • Further investigation into training providers and training opportunities are being reviewed • Security personnel have been employed to promote staff safety at the Citi Plaza location, as well as at vaccine clinic locations • Regular communications have been sent to all employees, as well as regular town hall updates providing information about how to handle escalated clients and advising that abusive language and treatment of MLHU employees will not be tolerated
<p>3. Establish measures of compliance with safety policies and support compliance, where needed.</p>	<ul style="list-style-type: none"> • Employee-reported incidents are reviewed and tracked to determine incidence rates and reported to the JOHSC every three months • Active screening compliance is reviewed daily and staff not in compliance are followed up with • Staff immunization rates for COVID-19 and influenza vaccination are tracked for compliance, robust follow up with staff not currently in compliance; data is available upon request • Mandatory Health and Safety Training is tracked in Dayforce and reported to the JOHSC every three months
<p>4. Regularly reinforce ergonomic safety education and introduce additional tools and resources for ergonomic safety for staff working remotely and in office.</p>	<ul style="list-style-type: none"> • Support provided to vaccination clinic staff including onsite reviews and consultations • Content on office ergonomics at home has been shared at various townhall meetings, through all staff e-mails, and is available on the Be Well website and the HUB • Staff have been reminded that they can consult with Occupational Health and Safety when concerns or discomforts arise
Recognition	
<p>5. Ensure opportunities for individualized recognition and celebration of key work-related (e.g. retirement) and personal milestones are available and meaningful to employees.</p>	<ul style="list-style-type: none"> • Leaders and teammates have created opportunities to recognize and celebrate employees as possible in consideration of pandemic restrictions and workload

Key Recommendations	UPDATE on IMPLEMENTATION - As of December 2021
	<ul style="list-style-type: none"> • Virtual and in-person gatherings (within guidelines), KudoBoards, and other acknowledgements and celebrations have been offered as possible over the year for important life events (e.g., retirement, birthday, maternity leave, engagement/wedding) • This recommendation will be more feasible to implement once staff are repatriated to their 'home' teams and pandemic restrictions are lifted • As per usual practice, Staff Day included recognition and gifts for key years of service
6. Seek out opportunities to value and recognize staff contributions in all MLHU programs.	<ul style="list-style-type: none"> • This recommendation was included on MLHU's provisional strategic plan • Since mid-2021, staff recognition has been included in MLHU's weekly Town Hall meetings; recorded Town Hall meetings are available online for those who can't attend them live • Staff have been made aware of the process for recognizing each other, through email and Town Hall communications • Recognition training for all leaders is being explored
7. Promote a sense of pride in individual and organizational work.	<ul style="list-style-type: none"> • Periodic communications from the senior leadership and BOH members to all staff have been provided with the intention of promoting pride in individual and organizational work; these communications have occurred through one-on-one and team meetings, Town Hall meetings, all-staff emails, Staff Day celebration, and MLHU's internal response to negative media attention
Mental Health and Wellness	
8. Provide regular communications and evidence-based mental health resources to managers to support them in promoting mental wellness in themselves and their staff.	<ul style="list-style-type: none"> • MLHU's Employee Family Assistance Program provider, Homewood Health provides monthly newsletters focusing on a variety of mental health topics; these are provided to staff on a monthly basis through the Be Well Highlights and the Be Well website • Homewood Health also offers quarterly vitality newsletters, specifically geared to leaders • Homewood Health also offers webinars that are available to all staff to attend on various mental health topics, which are promoted to employees by Be Well
9. Provide regular communications and evidence-based resources to front-line staff to support their mental wellness.	<ul style="list-style-type: none"> • MLHU's Employee Family Assistance Program provider, Homewood Health provides monthly newsletters focusing on a variety of mental health topics. These are provided to staff on a monthly basis through the Be Well Highlights and the Be Well website • Homewood Health and Be Well's wellness partner Employee Wellness Solutions Network offer webinars on a regular basis that are shared with staff through the Be Well Highlights and the Be Well website • In addition to the above, mental health topics and support for fostering good mental health are shared at Town Hall and in content shared through the weekly wellness Wednesday communications
10. Offer additional optional EFAP-provided group session(s) for all staff to debrief the pandemic experience, with open sessions and options for separate sessions for various groups/roles.	<ul style="list-style-type: none"> • Group EFAP sessions were provided to the Case and Contact Management Teams, including specific sessions for leadership of these teams • Crisis Debriefs were also utilized when staff and/or leadership expressed a need for additional support for their teams

Key Recommendations	UPDATE on IMPLEMENTATION - As of December 2021
	<ul style="list-style-type: none"> • An external consultant conducted small group sessions with managers in Fall 2021 to debrief challenges experienced as a leader, using the “Joy In Work” framework • In 2022, additional small group sessions will be offered to all staff to support further transitions and reflection on the pandemic experience
<p>11. Consider strategies to mitigate or address stress, burnout, and/or post-traumatic stress syndrome (PTSD) during times of organizational transition and redeployment.</p>	<ul style="list-style-type: none"> • This recommendation was included on MLHU’s provisional strategic plan • SLT made decisions and took steps to reduce the number of transitions experienced by staff with redeployment and repatriation (e.g., maintaining redeployment status in anticipation of future redeployment needs; increasing the workforce through significant external hiring to address workload challenges and support repatriation) • As part of negotiations with ONA in May 2021, MLHU offered additional benefits coverage for mental health providers and services. These additional benefits supports have been extended to all employees. According to data from our benefits provider, the per capita dollar usage of these mental health supports has quadrupled from 2020 rates since implementing this benefit increase • Efforts have been made to provide as much notice as possible regarding redeployment and repatriation • Healthy Start Leadership Team met with an external consultant prior to communicating with staff in November 2021 regarding strategies to support staff transition in anticipation of divisional restructuring in 2022
<p>12. Ensure managers schedule intentional, regular, meaningful, and appropriate self-care/wellness check-ins with each employee (e.g., breaks & lunches, planned vacation, workload), assess needs, and implement strategies to support improved wellness where needed (e.g., during staff transitions).</p>	<ul style="list-style-type: none"> • Most managers and directors met regularly with their supervisees, with reminders and intentional efforts to have meaningful regular check-ins about wellness • Family Home Visitors were provided with extra support from the EFAP provider during their transition in Nov/Dec 2021 • To support wellness, the submission, review and approval of employee vacation plans was mandated
<p>Connectedness and Cohesion</p>	
<p>13. Dedicate time and intentional effort to ongoing and new opportunities to enhance employee sense of connectedness and belonging within their own teams and beyond (including when returning to ‘home’ teams after COVID), for example:</p> <ul style="list-style-type: none"> • Create optional ‘Get to Know You’ area (HUB/Dayforce) with personal and work-related information • Use team building strategies, including team planning and goal setting • Promote social connections and interactions among staff through virtual / in-person gatherings 	<ul style="list-style-type: none"> • Some teams have been able to implement some team building strategies; however, this recommendation will be prioritized as teams are re-established as the pandemic subsides • Most teams incorporated opportunities for connectedness at the beginning of their meetings • The EHID division held a virtual division meeting which included an exercise to promote connectedness; Healthy Start held an in-person division meeting in the fall • The IDC/COVID-19 team has prioritized wellness for 2022 and assigned a COVID team Be Well representative to ensure the program offerings of Be Well are being taken advantage of by the team
<p>14. Continue offering optional Be Well activities.</p>	<ul style="list-style-type: none"> • Approximately 20 activities were offered by the Be Well Committee in 2021 (e.g., 4-week virtual exercise sessions, yoga, virtual coffee breaks, podcast club, virtual Be Well Health Fair, virtual workshops, virtual fitness challenge)

Key Recommendations	UPDATE on IMPLEMENTATION - As of December 2021
	<ul style="list-style-type: none"> • Participation in Be Well activities has varied depending on the activity; interactive activities, such as online games have seen higher uptake, and a number of activities (e.g., online exercise and webinars) are recorded for staff to view at any time and uptake on these recording cannot be tracked
15. Explore the need and options for a mentorship program within and across teams.	<ul style="list-style-type: none"> • No formal progress has been made on this recommendation at this time
16. Be collectively intentional in language, decisions, communications, processes, and actions to support a culture of unity and cohesion in the organization.	<ul style="list-style-type: none"> • The Senior Leadership Team has worked intentionally to implement this recommendation consistently (e.g., all-staff communications, Town Halls, updates on changes and phases in pandemic response, etc.) • No formal plan or evaluation has been developed for this recommendation • Implementation of recommendations from the Diversity and Inclusion Assessment will assist with this goal; some recommendations have already been implemented and in Q4 2021 a new HR Equity Specialist was hired to focus on moving this work forward
Other	
17. Continue to strengthen and demonstrate a culture of mutual trust across the organization (e.g., in words, actions, decisions, communications, processes, priorities).	<ul style="list-style-type: none"> • All questions at Town Hall – regardless of how challenging they are – are read aloud and responded to at each Town Hall meeting • Considerable effort was invested in building a trusting, collaborative relationship with union partners through weekly touch-base meetings with HR and being responsive to all union concerns, with appropriate escalation; when the union trusts leadership, that trust is relayed to employees • When negative media stories about MLHU culture circulated, MLHU responded with transparency and support, providing as much information as possible; while the majority of people experience the workplace positively, SLT acknowledged this is not the experience of every employee, reiterated MLHU’s commitment to addressing concerns that are brought forward, reminded all employees of the process for communicating concerns, and shared resources with all leaders to ensure awareness of how to address and escalate concerns that they become aware of • Implementation of recommendations from the Diversity and Inclusion Assessment will assist with this goal; some recommendations have already been implemented and in Q4 2021 a new HR Equity Specialist was hired to focus on moving this work forward
18. Continue to prioritize the mental and physical health of staff.	<ul style="list-style-type: none"> • As noted above, as part of negotiations with ONA, MLHU offered additional benefits coverage for mental health providers and services • Mental and physical health are key themes of wellness initiatives • Significant numbers of external staff have been onboarded to try to keep on top of workload issues • Each weekly Town Hall meeting has a moment for wellness, including information and resources for promoting mental and physical health • Offered ‘All Feelings are Welcome’ sessions with staff at the end of 2021 with a leader who is trained in mental health service delivery

Key Recommendations	UPDATE on IMPLEMENTATION - As of December 2021
<p>19. Continue to strengthen and demonstrate a culture of mutual compassion and kindness across the organization (e.g., in words, actions, decisions, communications, processes, priorities).</p>	<ul style="list-style-type: none"> • Introduced the 12 Days of Gratitude, encouraging staff to connect, reflect and discuss kindness and gratitude of themselves and others from December 6-21 • An expectation of zero-tolerance for bullying or harassment was reinforced after the negative media attention regarding workplace environment, with supporting policies redistributed to staff and leadership, and resources shared to ensure clarity regarding processes for reporting and managing workplace harassment • Implementation of recommendations from the Diversity and Inclusion Assessment will assist with this goal; some recommendations have already been implemented and in Q4 2021 a new HR Equity Specialist was hired to focus on moving this work forward
<p>20. Ensure program/operational expectations and staffing resources are aligned (by increasing resources and/or adjusting expectations).</p>	<ul style="list-style-type: none"> • 500 temporary staff were added to the organization in 2021 • A new level of front-line leadership was introduced into the organization during COVID, and this level of management has been approved for permanent implementation where appropriate across the organization • Advance hiring was implemented to allow permanent hiring for temporarily funded roles for several teams where turnover/recruitment needs are high • Additional recruitment into both permanent and temporary roles will continue in 2022

Recovery Objective 4: Enhancing & Sustaining Positive Changes

Objective: To identify changes to organizational and program structures and processes implemented during the pandemic response that could be advantageous from an organizational and/or client perspective and develop recommendations for sustained or enhanced implementation post-pandemic.

Key Recommendations	UPDATE on IMPLEMENTATION - As of December 2021															
Tools & Resources																
<p>1. Continue and/or expand the use of the following software applications, and provide guidance, clarification of expectations, and education on their use and function:</p> <table border="0"> <tr> <td>MS Teams</td> <td>OneNote</td> <td>OTN</td> </tr> <tr> <td>Power Query</td> <td>One Drive</td> <td>SharePoint Excel</td> </tr> <tr> <td>Adobe Pro</td> <td>Dayforce</td> <td>CheckMarket</td> </tr> <tr> <td>Whisper</td> <td>E-Fax</td> <td>3CX</td> </tr> <tr> <td>Microsoft Lens</td> <td>WhatsApp</td> <td>Case and Contact Management Database</td> </tr> </table>	MS Teams	OneNote	OTN	Power Query	One Drive	SharePoint Excel	Adobe Pro	Dayforce	CheckMarket	Whisper	E-Fax	3CX	Microsoft Lens	WhatsApp	Case and Contact Management Database	<ul style="list-style-type: none"> • The use of all these applications has continued • Power Query has been instrumental in MLHU’s COVID-19 and vaccine reporting • Privacy concerns with the use of OneNote have been identified and are being addressed by a shift to increased use of SharePoint • For some of these software applications, expansion of use has occurred, while additional expansion of use with some of are still outstanding • Orientation and guidance documents have been developed for some of these tools with additional resources to be made available to more fully implement this recommendation
MS Teams	OneNote	OTN														
Power Query	One Drive	SharePoint Excel														
Adobe Pro	Dayforce	CheckMarket														
Whisper	E-Fax	3CX														
Microsoft Lens	WhatsApp	Case and Contact Management Database														
<p>2. Expand the range of options to meet client and community partner needs for connecting virtually (e.g. MS Team (for clients), Zoom, WebEx, etc.), provide needed decision-making guidance regarding the use of virtual interactions, and update related policy.</p>	<ul style="list-style-type: none"> • This recommendation was included on MLHU’s provisional strategic plan • The use of Zoom has been introduced for use in specific situations with approval, and has been launched in one program providing service to a prioritized population • Updated policy guiding decision-making and the use of OTN, Teams, WhatsApp, and Zoom completed 															
<p>3. Solve the outstanding issues experienced with 3CX or switch to a different application if unresolvable.</p>	<ul style="list-style-type: none"> • Work to address concerns with 3CX has continued, with some progress made through a large software update in November/December to deal with high call volumes 															
<p>4. Formalize the requirements, expectations and processes for remote-working staff to use MLHU equipment (e.g., monitors and office chairs) in home/remote locations, in alignment with the ABW (or commensurate) policy.</p>	<ul style="list-style-type: none"> • A new policy “5-210 Remote Work” was approved and posted in Sept 2021 to support remote work, including eligibility, approval, terms and conditions, and responsibilities • IT equipment necessary to accommodate remote working has been provided through the pandemic 															
<p>5. Enhance the use of technology to maintain/augment staff and community health and safety, and to support social connection within the organization.</p>	<ul style="list-style-type: none"> • This recommendation was included on MLHU’s provisional strategic plan, although it has been temporarily put on hold due to competing workload demands • Be Well virtual activities have been offered regularly to foster social connections in the organization • Weekly safety and wellness updates have been presented during weekly Town Hall sessions • Occupational Health and Safety will attend virtual team meetings, upon request, to address health and safety concerns • Introduced semi-virtual worksite inspections and virtual meetings for the Joint Occupational Health and Safety Committee (JOHSC) members 															

Key Recommendations	UPDATE on IMPLEMENTATION - As of December 2021
Work Processes	
<p>6. Transition paper-based processes <i>wherever possible</i> to electronic processes. Update policies (e.g., use of e-signatures, mobile scanning and sending, financial transactions, etc.), and provide staff education, as needed.</p>	<ul style="list-style-type: none"> • Policy updates are outstanding and are planned for completion in 2022 • Most processes across the organization are electronically based • Paper processes have been used in situations of unscheduled or unexpected downtimes • Outstanding paper-based processes still need to be identified and addressed • Integration and implementation of Ministry databases has occurred for several COVID-19 programs (e.g., SalesForce, CCM tool, COVAX)
<p>7. Maximize interoperability of electronic processes and solutions (internally and externally) where possible.</p>	<ul style="list-style-type: none"> • This work has been put on hold at this time due to competing priorities • Advocacy with MCCSS for interoperability and efficiencies with ISCIS continues periodically
<p>8. Ensure staff are involved in the design and improvement of new and existing tools and processes.</p>	<ul style="list-style-type: none"> • Staff have been involved in some design and improvement of new and existing tools and processes; however, implementation of this recommendation has been limited due to redeployments and workload • In some cases, staff involvement has been more limited than it was prior to the pandemic • Throughout the year ahead, opportunities for staff involvement will be identified and implemented as much as possible; this recommendation may not be fully implemented until the pandemic is over
<p>9. Facilitate more collective and collaborative organizational work across teams, including the use of a shared workplan, to maximize knowledge and skills, consistency, efficiency, connections, and outcomes/impact.</p>	<ul style="list-style-type: none"> • This recommendation was incorporated into the goals outlined on MLHU’s provisional strategic plan • This recommendation continues to be challenging as many areas for potential collaboration are connected to public health work that is currently on hold • The Health Equity Team will pilot the development of a shared workplan over the year as teams are repatriated and return to normal operations • The COVID/IDC/Vaccine/VIP teams have collaborated extensively • The development of SharePoint sites has contributed to greater collaboration between teams
<p>10. Increase opportunities for senior leaders to work / interact directly with staff.</p>	<ul style="list-style-type: none"> • A senior leader covered for the Health Equity Team manager for several months, working directly with staff • The weekly Town Hall has provided regular opportunities for staff to make direct inquiries to senior leaders with immediate responses provided • Senior leaders have been present at vaccine clinics and worked with staff to plan mobile clinics • Periodic attendance at CCM Team huddles to check in with staff • Implementation of the MLHU provisional strategic plan goals have allowed for additional opportunities for senior leaders to collaborate with staff • Additional opportunities for senior leaders to work with staff will continue to be identified and implemented more intentionally

Key Recommendations	UPDATE on IMPLEMENTATION - As of December 2021
11. Continue client and staff screening for illness prior to all in-person interactions.	<ul style="list-style-type: none"> This practice has continued from early in the pandemic to the present; however, this recommendation was referring to continuing this practice beyond the pandemic
12. Assess and refine decision-making practices across the organization to ensure decisions are made at appropriate levels, efficiency is maximized, and processes are clear.	<ul style="list-style-type: none"> This recommendation was included on MLHU's provisional strategic plan with leads identified; however, it has been temporarily deprioritized due to competing demands
13. Ensure back-up staff training and scheduling in place wherever needed.	<ul style="list-style-type: none"> With the introduction of a new leadership role, Associate Managers and Supervisors may provide some back-up for Managers, where appropriate Human Resources hired additional staff to support scheduling for Case and Contact Management and Mass Vaccination Clinic, with a focus on getting the right staff doing the right job Back-up training has occurred amongst program assistants in the Healthy Start division, and the division also has back-up scheduling for some program work
Communications	
14. Continue weekly live virtual Town Hall meetings through Microsoft Teams.	<ul style="list-style-type: none"> Weekly live virtual Town Hall meeting through MS Teams have continued throughout the duration of the pandemic, and the plan is to continue this indefinitely at this time
15. Ensure clear, consistent, and adequate communication from SLT to staff, including communication regarding organizational and SLT staffing changes.	<ul style="list-style-type: none"> The Board of Health and the Senior Leadership Team provided timely communication (through email and at the Town Hall) regarding the MOH's leave of absence, and the plan for acting MOH coverage Communication was provided regarding the onboarding of the current CEO The departure of a Director and the replacement of said Director was communicated through email and at a Town Hall Restructuring plans in Healthy Start were shared across the whole organization through email and at a Town Hall, including sharing a new org chart for the division Multiple updates regarding the PBMA process were communicated at Town Hall, including clarification of the various types of divisional reviews that would be undertaken Transition of programs from one SLT leader to another SLT leader communicated via email and at Town Hall
16. Regularly determine the appropriate frequency of team level communications and meetings/huddles in order to facilitate timely communication, staff cohesion and connectedness.	<ul style="list-style-type: none"> Leaders have been encouraged to consider and implement this recommendation, although no formal processes for promoting or reporting this have been put in place at this time; due to the frequency of change over the year, managers have communicated regularly with their teams Each SLT leader has regular management meetings where SLT updates are provided, and agendas with key points and decisions from SLT meetings are shared regularly with leaders post-SLT meetings
17. Maximize the use of the MLHU website for clients, community partners and staff, ensure it meets accessibility requirements, and keep it up to date.	<ul style="list-style-type: none"> COVID-19 and vaccine information has been updated very regularly (e.g., daily) throughout the pandemic, with a plethora of information, resources, links, guidance documents, and community resources included on the site

Key Recommendations	UPDATE on IMPLEMENTATION - As of December 2021
	<ul style="list-style-type: none"> • Key areas of the Healthy Start website have been regularly updated and used as a primary place to refer clients for healthy growth and development information • Improvements were made to the web-based vaccine ordering process including all vaccines for Health Care Providers and other facilities such as Long-Term Care and Retirement Homes • Web-based submission process for out of province/country COVID-19 vaccines were developed • Programs that have been on hold have not updated or utilized the website
18. Continue to ensure communication to all staff prior to media releases to the broader community (i.e., organizational changes, important public health developments).	<ul style="list-style-type: none"> • All media releases have been communicated to all staff through email concurrently with the release to the broader community • Regular COVID-19 and vaccine updates have been provided by the MOH/AMOH/Acting MOH to MLT and/or all staff through email or Town Hall meetings
19. Identify opportunities to enhance the use of social media in its various forms to appropriately support MLHU's work.	<ul style="list-style-type: none"> • Social media used for CCM and vaccine messages to our community e.g. isolation requirements, vaccine clinic hours, etc. • Social media messaging provided regulation messaging e.g. reopening Ontario regulation relevant to Environmental Health • Social media was used to support recruitment to vaccine clinics, various other positions, and MLHU's inaugural Anti-Black Racism Advisory Group
Human Resources	
20. Normalize the option to work remotely (with appropriate supporting policy and communication) in situations where operational, service delivery, and accountability requirements allow.	<ul style="list-style-type: none"> • Remote work has continued throughout the pandemic wherever feasible • A remote work policy was developed to normalize remote work over the long-term
21. Normalize flexible options for hours of work, in situations where operational, service delivery and accountability requirements allow.	<ul style="list-style-type: none"> • A new Hours of Work policy allowing for employees to request ongoing schedule changes for personal reasons was released in 2021 to replace the Alternative Work Arrangements policy • Where operationally possible, flexible hours of work have been maintained throughout the pandemic • COVID-related work has not allowed for as much flexibility with work hours as is possible in some other programs • Human Resources has made every effort to accommodate staff preferences and/or availability and changes in scheduling requests, and to communicate schedules in a timely manner • Information was shared at Town Hall and via email regarding the ability to request flexible work arrangements during school closures and remote learning
22. Explore opportunities for cross-training on other programs / teams / divisions to support surge capacity needs (e.g. CCM, immunization, tobacco cessation, clinical services, etc.).	<ul style="list-style-type: none"> • Significant cross-training has occurred with redeployments to COVID and vaccine work throughout the pandemic • Healthy Start restructuring is expected to better support surge capacity needs within high-risk home visiting programs

Key Recommendations	UPDATE on IMPLEMENTATION - As of December 2021
	<ul style="list-style-type: none"> • Capacity increased through expansion of vaccine distribution work to program assistants and logistics • Capacity expanded through cross-training of core clinical services work among clinical staff • Cross-training has occurred amongst several program assistants in Healthy Living to cover portfolios of staff members redeployed to COVID-19 efforts • Cross-training of several TEACH trained PHNs occurred to support the tobacco cessation program
23. Consider ongoing implementation of supervisors at MLHU, where appropriate, with clarity in role expectations and distinction from the manager role.	<ul style="list-style-type: none"> • Front-line leadership (supervisors, associate managers) have been incorporated permanently into org structures in the Healthy Start, Healthy Organization, and Environmental Health and Infectious Disease divisions through planning processes and PBMA, and will be considered during 2022 planning processes elsewhere in the organization (e.g., Healthy Living) • Steps to increase consistency in front-line leadership roles and expectations have been taken • Roles between leadership levels has been clarified, with the expectation that role clarity will evolve more fully over time • A feasible evaluation of the introduction of a front-line level of leadership will be undertaken in 2022
24. Ensure managers define and clarify work roles, provide coaching, and establish consistency of practices and workload, particularly during transitions	<ul style="list-style-type: none"> • Onboarding and orientation processes have been enhanced and refined, although continue to require additional development (particularly new leader onboarding) • This is a recommendation that still requires further planning and implementation work
25. Adopt, provide education and skill-building opportunities related to, and effectively implement, a performance management framework and approach.	<ul style="list-style-type: none"> • This recommendation was included in MLHU's provisional strategic plan; however, competing workload demands will delay initiation of work on this recommendation
26. Continue use of an HR Staff Hotline for reporting illness; permit staff to work from home if <i>mildly</i> symptomatic, ensuring that 'permit' is not interpreted as 'expect'.	<ul style="list-style-type: none"> • Use of the HR Staff Hotline to report illness has continued and incorporated as an expectation in the MLHU sick policy, with reminders on the process shared via email and at Town Hall • Clarification on working from home if mildly symptomatic was incorporated into MLHU's sick policy • Discussions occur between staff and their leader prior to decision to permit work either remotely or on site
Other Organizational Changes	
27. Structurally re-align the Population Health Assessment and Surveillance Team with the Program Planning and Evaluation Team, as part of a wholistic review of organizational restructuring.	<ul style="list-style-type: none"> • This recommendation has been implemented, with both the PHAST and PPE teams reporting to the same senior leader
28. Strengthen investment in comprehensive population health promotion (PHP) work (e.g., policy, community mobilization) and enhance organizationally coordinated and strategic approaches (e.g., mental health promotion, healthy eating, violence prevention).	<ul style="list-style-type: none"> • This recommendation has not yet been implemented due to continued focus on the pandemic • Anticipate the examination of this work, and the required resources to support it, will begin in late Q1/early Q2 2022

Key Recommendations	UPDATE on IMPLEMENTATION - As of December 2021
29. Strengthen organizational capacity related to public health informatics (clinical and non-clinical) with focused, dedicated expertise.	<ul style="list-style-type: none"> • Additional informatics support was secured temporarily for 2022 through the PBMA process • Additional permanent informatics support has not yet been secured
30. Intentionally optimize roles, disciplines, knowledge/skills across the organization in alignment with public health mandate and core competencies.	<ul style="list-style-type: none"> • Healthy Start restructuring incorporated changes intended to optimize roles and disciplines • The introduction of permanent front-line leadership will optimize roles
31. Prioritize intentional, meaningful, and outcome-focused community partnerships, and ensure public health's role is clearly defined within each partnership.	<ul style="list-style-type: none"> • Although partnerships have been prioritized as a result of the pandemic, an intentional and comprehensive review and decision-making process regarding community partnerships across the organization has not yet been initiated
32. Prioritize MLHU strategic planning to support implementation of the vision and mission and assist with prioritization of public health work.	<ul style="list-style-type: none"> • A provisional strategic plan was developed in 2021 • The provisional strategic plan includes direction to engage stakeholders and develop a longer-term MLHU strategic plan • Healthy Start leadership team conducted planning and prioritization during 2020 and 2021 • Healthy Living has initiated planning and prioritization work in anticipation of repatriation of staff
33. Strengthen efforts to monitor and evaluate program impact and public health outcomes.	<ul style="list-style-type: none"> • An evaluation of vaccine clinic work is underway • Daily monitoring of COVID-19 cases and vaccine rates has been maintained throughout the pandemic and reported on the website dashboard • In 2022, work to determine the optimal structures, processes and roles for monitoring and evaluating public health practice will be undertaken, however, this work has not yet been initiated • An evaluation plan will be developed and implemented across the agency regarding the new front-line leadership role that has been introduced • The assessment of client experience was prioritized on the provisional strategic plan, however, has been temporarily deprioritized due to competing demands • Vaccine mobile clinic efforts have been driven by monitoring, surveillance, and evaluation data to maximize public health outcomes
34. Review service delivery times and adjust as necessary to ensure MLHU is meeting client needs.	<ul style="list-style-type: none"> • Service delivery times have been determined by client needs, staff availability, and COVID-19 demands • Intentional, widespread review of service delivery times will be possible once teams have returned to normal operations



TO: Chair and Members of the Board of Health

FROM: Alexander Summers, Acting Medical Officer of Health

DATE: 2022 January 20

ACTING MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR DECEMBER

Recommendation

It is recommended that the Board of Health receive Report No. 04-22 re: “Acting Medical Officer of Health Activity Report for December” for information.

The following report presents activities of the Acting Medical Officer of Health (A-MOH) for the period of November 26, 2021 to January 7, 2022.

The A-MOH participates in external and internal pandemic-related meetings with municipal and provincial stakeholders, along with liaising with community partners during the pandemic. The A-MOH and Mayor Ed Holder hold bi-weekly COVID-19 virtual media briefings (Monday and Thursday), with the Warden of Middlesex County and a representative from London Health Sciences Centre attending once each week.

The Acting Medical Officer of Health along with other team members, continue to host a weekly Middlesex-London Health Unit (MLHU) Staff Town Hall (Friday) and present on many topics, including COVID-19. The A-MOH also hosts weekly (Tuesday) healthcare provider outreach and community stakeholder webinars with information regarding COVID-19.

The Acting Medical Officer of Health also attended the following meetings:

Client and Community Impact – *These meeting(s) reflect the A-MOH’s representation of the Health Unit in the community and media:*

- November 26** Interviews with Andrew Graham (980 CFPL), Marek Sutherland (CTV London), Jane Sims (London Free Press) and Allison Devereaux (CBC London) on pediatric vaccination
Attended West Region Schools call with the Ministry of Health
- November 27** Attended Middlesex County Warden’s Banquet to celebrate outgoing Warden, Ms. Cathy Burghardt-Jesson
- November 29** Meeting with Ministry of Health, primary care and hospital leaders regarding vaccination in Ontario
Meeting with Ministry of Health and MLHU Leadership regarding bringing GoVaxx Bus to the Middlesex-London region
- November 30** Participated in London-Middlesex Primary Care Association (LMPCA)’s Town Hall
Participated in Ministry of Health COVID-19 Public Health Coordination call
- December 1** Interview with Jane Sims (London Free Press) on vaccination mandates

- December 2** Interview with Randy Richmond (London Free Press) on servicing the underhoused and collection of data to support
Participated in Ministry of Health COVID-19 Operations and Planning call
- December 3** Hosted in partnership with Dr. Rod Lim London Health Sciences Centre (LHSC) and MLHU Communications an Instagram Live session on pediatric vaccination
- December 6** Participated in Ministry of Health COVID-19 Operations and Planning call
Participated in Middlesex County Incident Management System (IMS) meeting
- December 7** Biweekly meeting with Local Health Integration Network (LHIN), Long Term Care and hospice leadership
- December 8** Attended weekly LMPCA meeting
Met with Western University leadership on public health measures for exams
- December 9** Participated in Ministry of Health COVID-19 Operations and Planning call
- December 10** Attended West Region Schools call with the Ministry of Health
Interviews with Serena Marotta (London Free Press) and Brad Kraemer (XFM Fanshawe) on the Omicron variant of concern
- December 13** Chaired the monthly Southwest Medical Officer of Health (SWMOH) meeting
Meeting with Ministry of Health, primary care and hospital leaders regarding vaccination in Ontario
Participated in Ministry of Health COVID-19 Operations and Planning call
Meeting with Thames Valley District School Board leadership
Worked evening Sexually Transmitted Infection (STI) Clinic
- December 14** Attended City of London IMS/Policy Group meeting
Biweekly meeting with Local Health Integration Network (LHIN), Long Term Care and hospice leadership
Participated in Ministry of Health COVID-19 Public Health Coordination call
- December 15** Interviews with Jen Bieman (London Free Press), Jane Sims (London Free Press), Darryl Newcombe (CTV London) and Mike Stubbs (980 CFPL) on booster vaccinations and outbreaks
Attended Council of Medical Officers of Health (COMOH) Weekly Forum
- December 16** Interview with Rebecca Zandbergen (CBC London) on COVID-19 matters locally
Participated in Ministry of Health COVID-19 Operations and Planning call
- December 17** Hosted meeting with local hockey leaders on COVID-19 restrictions and suggested guidance
- December 20** Participated in Ministry of Health COVID-19 Public Health Coordination call
Participated in Middlesex County IMS meeting
- December 21** Attended City of London IMS/Policy Group meeting
Biweekly meeting with Local Health Integration Network (LHIN), Long Term Care and hospice leadership
Participated in Ministry of Health COVID-19 Public Health Coordination call
Interview with Jane Sims (London Free Press) on boosters

- December 22** Interview with Mike Stubbs (980 CFPL) to discuss 2021
Attended COMOH Weekly Forum
Interviews with Jen Bieman (London Free Press), Reta Ismail (CTV London) and Andrew Graham (980 CFPL) on a record number of reported cases
Meeting with members of the Ontario Minor Hockey Association
- December 23** Interview with Gary Ennett (CBC London) in regard to the record number of reported cases as well as what the community can do to lower transmission
Meeting with Ministry of Health, primary care and hospital leaders regarding vaccination in Ontario
Call with representative of the Ontario Hotel and Motel Association
Call with Dr. Kieran Moore and other MOHs in regard to upcoming changes to the CCM testing and guidance
- December 27** Interview with Brent Lale (CTV London) on how quickly the Omicron variant is spreading, as well as the challenges with 10-day isolation periods for close contacts.
- December 28** Attended City of London IMS/Policy Group meeting
Attended the West Region COVID Response / IMS meeting
- December 29** Interview with Loreena Dickson on the NewsTalk1290 CJBK – *Ask Me Anything* Program
Attended a meeting hosted by the Ministry of health in regard to verifying vaccine receipts and fraud investigations
- December 30** Attended City of London IMS/Policy Group meeting
Attended the West Region COVID Response / IMS meeting
Meeting with Ministry of Health, primary care and hospital leaders regarding vaccination in Ontario
Attend a working group meeting with Ministry of Health representatives – Health Human Resources (HHR) for Vaccination Efforts
Attended a call with the Ministry of Health and Public Health Units regarding COVID Vaccine Operational & Planning
Interview with Jennifer Bieman (London Free Press)
Participated in Ministry of Health COVID-19 Public Health Coordination call
- December 31** Attended a touch base meeting with the Southwest Triad Lead group
Attended a meeting of the West Region COVID Response IMS
Interview with Bryan Bicknell (CTV London) to discuss media release and how the Province’s updated guidance affects how the Health Unit’s work and the impact of these changes on testing and who is eligible to be tested, as well as how MLHU case management process is changing
- 2022**
- January 4** Interview with AM980 (LIVE) on the following topics: What do Londoners need to know as they head into the New Year; state of COVID-19 - where we’re at in the pandemic, where do we go from here.
Attended City of London IMS/Policy Group meeting
Attended a call with the Ministry of Health and Public Health Units regarding COVID Vaccine Operational & Planning
Participated in Ministry of Health COVID-19 Public Health Coordination call

- January 5 Attended an orientation meeting for Coordinating Council Members of the Western OHT who have joined the Resources and Planning sub committee
 Weekly LMPCA & MLHU - COVID-19 Vaccination Discussions
 Participated on the COMOH COVID weekly forum call
 Interview with Jane Sims (London Free Press) to discuss concerns regarding the unvaccinated
 Attended a meeting of the West Region COVID Response IMS
 Attended City of London IMS/Policy Group meeting
- January 6 Meeting with Western Fair representatives regarding the Agriplex Mass Vaccination Site
 Meeting with the Ministry of Health and Public Health Units regarding COVID Vaccine Operational & Planning

Employee Engagement and Learning – *These meeting(s) reflect on how the A-MOH influences the Health Unit’s organizational capacity, climate and culture and the contributions made to enable engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning:*

**November 26
to December 17**

Supervised four (4) Schulich School of Medicine (Western University) medical residents completing their 2-week public health rotation

December 1

Led biweekly Office of the Medical Officer of Health (OMOH) management meeting
 Engaged in conversation with representatives of the Canadian Union of Public Employees (CUPE) in partnership with the Interim CEO and Human Resources Manager

December 3

Participated in Schulich School of Medicine’s “Pandemic Leadership” panel

December 9

Engaged in conversation with representatives of the Ontario Nurses Association (ONA) in partnership with the Interim CEO and Human Resources Manager

December 14

Led biweekly Office of the Medical Officer of Health (OMOH) management meeting
 Attended MLHU Management Leadership Team (MLT) meeting

December 22

Attended Caradoc Vaccination Clinic to support staff working

2022

January 7

Led biweekly Office of the Medical Officer of Health (OMOH) management meeting

Governance – *This meeting(s) reflect on how the A-MOH influences the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the HU’s mission and vision. This also reflects on the A-MOH’s responsibility for actions, decision and policies that impact the HUs ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Organizational Standards (OPHOS), other funder requirements and direction provided by the Board of Health:*

- December 2** Participated in the City of London’s Strategic Priorities and Policy Committee in partnership with the Interim CEO

December 7 Attended the Finance and Facilities Committee meeting

December 9 Attended the Board of Health meeting

This report was prepared by the Acting Medical Officer of Health.

A handwritten signature in black ink that reads "Alexander T. Summers". The signature is written in a cursive style with a long horizontal flourish at the end.

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



TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer

DATE: 2022 January 20

CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR DECEMBER

Recommendation

It is recommended that the Board of Health receive Report No. 05-22 re: “Chief Executive Officer Activity Report for December” for information.

The following report highlights activities of the Chief Executive Officer for the period of November 25, 2021 to January 6, 2022.

Standing meetings include weekly Healthy Organization leadership team meetings, City of London Operations, SLT, IMS (Incident Management System)-COVID Vaccination, VIP-OPAL (Vaccine Informatics Planning-Operations and Logistics), Logistics and Operations, and R3 (Repatriation, Redeployment and Recruitment), Virtual Staff Town Hall meetings, VOC (Vaccine Operations Committee), and C3 (COVID Collaborative Committee) meetings (as of January 5, 2022, the IMS-COVID Vaccination and VIP-OPAL meetings are being replaced by the C3 and VOC meeting).

The Chief Executive Officer also attended the following meetings:

Client and Community Impact – *These meeting(s) reflect the CEO’s representation of the Health Unit in the community:*

November 29 The CEO (Interim) and other MLHU leaders met with the Ministry to discuss Provincial Mobile Clinic Support for Pediatric Vaccinations in the Middlesex London area.

November 30 The CEO (Interim) met with Cindy Howard from the Middlesex County to discuss the MLHU Budget.

December 1 The CEO (Interim) met with Anna Lisa Barbon and Kyle James Murray from the City of London to discuss the MLHU Budget.

December 2 The CEO (Interim) attended the City of London’s Strategic Priorities and Policy Committee – Budget meeting regarding agenda items 4.1 (b) – Case #P-2 MLHU – Inflationary Pressures – Operating Expenditure \$1,280,000; Tax Levy \$1,280,000 and 4.2 2021 Middlesex London Health Unit Funding Request.

December 9 The CEO (Interim) met with Terry Power from St. John Ambulance to discuss therapy dog visits for clients at the Mass Vaccination Clinics.

December 20 The CEO met with Adam Dukelow from London Health Sciences to discuss Agriplex operations.

2022

January 6 The CEO met with Reg Ash from the Western Fair District to discuss the Agriplex Mass Vaccination Clinic site.

Employee Engagement and Learning – *These meeting(s) reflect on how the CEO influences the Health Unit's organizational capacity, climate and culture and the contributions made to enable engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning:*

November 29 The CEO (Interim) met with the MLT (MLHU Leadership Team) Planning Committee members to discuss and plan the December MLT meeting agenda.

December 1 The CEO (Interim) met with the Employee Wellness Solutions Network, the health unit's Employee and Family Assistance Program vendor to discuss programming for 2022.

December 1 The CEO (Interim) met with the CUPE union.

December 9 The CEO (Interim) met with the ONA union.

December 10 The CEO attended the MLHU Virtual Staff Day and presented the long-service awards.

December 14 The CEO attended the MLT meeting, presenting feedback and follow up items related to the implementation of the 'Joy in Work' framework being implemented.

December 15 The CEO met with other MLHU leaders to discuss and review MLHU's Ontario Seniors Dental Care Program Business Case.

December 22 The CEO delivered a staff appreciation gift to staff at the Agriplex Mass Vaccination Clinic.

Personal Development – *These meeting(s) reflect on how the CEO develops their leadership, skills and growth to define their vision and goals for the Health Unit.*

December 9 As part of the Interim CEO's McCormick Care Board membership, the Interim CEO attended the McCormick Executive Committee meeting.

Governance – *This meeting(s) reflect on how the CEO influences the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the HU's mission and vision. This also reflects on the CEO's responsibility for actions, decision and policies that impact the HUs ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Organizational Standards (OPHOS), other funder requirements and direction provided by the Board of Health:*

December 1 The CEO (Interim) attended the December Board of Health Agenda review meeting discuss the agenda.

December 9 The CEO attended the Board of Health Meeting.

2022

January 6 The CEO participated in the monthly Ministry of Health Public Health Funding teleconference.

This report was prepared by the Chief Executive Officer.

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

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

CORRESPONDENCE – January 2022

- a) Date: December 8, 2021
Topic: Appointment of Councillor M. Hamou to the Middlesex-London Board of Health
From: City of London
To: Middlesex-London Health Unit

Background:

On December 7, 2021 the City of London Municipal Council resolved: That Councillor M. Hamou be appointed to the Middlesex-London Health Unit Board of Directors for the term ending November 14, 2022 (4.5/18/SPPC).

Recommendation: Receive.

- b) Date: December 22, 2021
Topic: 2022 Annual Budget Update
From: City of London
To: Middlesex-London Health Unit

Background:

On December 21, 2021 the City of London Municipal Council resolved that Case #P-2-Middlesex London Health Unit – Inflationary Pressures – Operating Expenditure \$1,280,000; Tax Levy \$1,280,000 be approved.

Recommendation: Receive.



P.O. Box 5035
300 Dufferin Avenue
London, ON
N6A 4L9

London
CANADA

December 8, 2021

S. Egelton
Senior Executive Assistant
stephanie.egelton@mlhu.on.ca

I hereby certify that the Municipal Council, at its meeting held on December 7, 2021 resolved:

That Councillor M. Hamou BE APPOINTED to the Middlesex-London Health Unit Board of Directors for the term ending November 14, 2022. (4.5/18/SPPC)

A handwritten signature in black ink, appearing to read "C. Saunders".

C. Saunders
City Clerk
/hw

cc: Councillor M. Hamou



P.O. Box 5035
300 Dufferin Avenue
London, ON
N6A 4L9

London
CANADA

December 22, 2021

A. L. Barbon
Deputy City Manager, Finance Supports

I hereby certify that the Municipal Council, at its meeting held on December 21, 2021 resolved:

That the following actions be taken with respect to the 2022 Annual Budget Update:

- a) Case #P-1 - Various Services - Budget Right Sizing - Operating Expenditure (\$4,982,000); Tax Levy (\$6,994,000) BE APPROVED;
- b) Case #P-2 - Middlesex London Health Unit - Inflationary Pressures - Operating Expenditure \$1,280,000; Tax Levy \$1,280,000 BE APPROVED;
- c) Case #P-3 - RBC Place London - Funding Support - Operating Expenditure \$850,000; Tax Levy \$0 BE APPROVED;
- d) Case #P-4 - Private Parking Enforcement - Increased Fines -Operating Expenditure \$0; Tax Levy (\$200,000) BE APPROVED;
- e) Case #P-5 - Child Care and Ontario Works - Reduction in Required Investment - Operating Expenditure (\$2,773,000); Tax Levy (\$2,773,000) BE APPROVED; and,
- f) Case #P-6 - Infrastructure Gap and Community Building Projects - Reductions - Operating Expenditure (\$1,300,000); Tax Levy (\$1,300,000) BE APPROVED.
(4.1/1/SPPC)

A handwritten signature in black ink, appearing to read 'C. Saunders'.

C. Saunders
City Clerk
/hw

cc: Dr. A. Summers, Associate Medical Officer of Health

L. DaSilva, General Manager
C. Smith, Deputy City Manager, Neighbourhood and Community-Wide Services
G. Kotsifas, Deputy City Manager, Planning and Economic Development
K. Murray, Director, Financial Planning & Business Support
M. Galczynski, Manager, Financial Planning & Policy
A. Dunbar, Manager, Financial Planning and Policy
J. Davies, Manager, Financial Planning and Policy
J. Millson, Senior Financial Business Administrator
M. Liu, Senior Financial Business Administrator