<u>AGENDA</u>
<u>MIDDLESEX-LONDON BOARD OF HEALTH</u>
<u>Governance Committee</u>

MLHU Board Room – CitiPlaza
355 Wellington Street, London ON
Thursday, June 16, 2022 at 6 p.m.

1. **DISCLOSURE OF CONFLICTS OF INTEREST**

2. **APPROVAL OF AGENDA –** June 16, 2022

3. **APPROVAL OF MINUTES –** April 21, 2022

4. **NEW BUSINESS**

   4.1.   Governance By-law and Policy Review (Report No. 10-22GC)
   4.2.   2021-22 Provisional Plan Progress Update (Report No. 11-22GC)
   4.3.   Board of Health By-Law #3 Review (Verbal)

5. **OTHER BUSINESS**

   The next meeting of the Governance Committee will be on Thursday, September 15, 2022.

6. **ADJOURNMENT**

MEMBERS PRESENT: Ms. Aina DeViet (Chair)
Mr. Matt Reid
Ms. Kelly Elliott
Mr. Mike Steele
Ms. Tino Kasi   (joined 6:03 p.m.)

OTHERS PRESENT: Ms. Carolynne Gabriel, Executive Assistant to the Board of Health
(Recorder)
Dr. Alexander Summers, Acting Medical Officer of Health
Ms. Emily Williams, Chief Executive Officer
Ms. Kendra Ramer, Manager, Privacy, Risk and Governance
Ms. Cynthia Bos, Manager, Human Resources
Ms. Lilka Young, Health and Safety Advisor
Ms. Mariam Hamou, Member, Board of Health

At **6:00 p.m.,** Chair Aina DeViet called the meeting to order.

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **Mr. Michael Steele, seconded by Mr. Matt Reid,** *that the AGENDA for the April 21, 2022 Governance Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **Ms. Kelly Elliott, seconded by Mr. Steele,** *that the MINUTES of the February 17, 2022 Governance Committee meeting be approved.*

Carried

NEW BUSINESS

2021 Occupational Health and Safety Report (Report No. 05-22GC)

This report was introduced by Ms. Cynthia Bos, Manager, Human Resources who introduced Ms. Lilka Young, Health and Safety Advisor.

Discussion on this report included:
- Over the course of 2021, there were 77 employee-reported incidents, a 126% increase from 2020. Possible contributing factors to this increase are the increase in workforce and the promotion of the incident reporting platform conducted during the weekly staff virtual townhalls which increased awareness of the platform and encouraged staff to report incidents.

- The top three types of incidences reported were violence, struck with/caught by/contact with, and slips/trips/falls.
- All incidents of violence were workplace violence; no cases of domestic violence were disclosed. Of the workplace violence, the incidents were client-to-worker and cases of aggression and verbal or written threats; no MLHU staff members were injured or physically assaulted. A trend of workplace violence against health care workers has been seen globally over the course of the pandemic.
- Examples of struck with/caught by/contact with incidents are contact with sharp edges or pinch points.
- Incidents in slips/trips/falls potentially could be attributed to more work sites with the vaccination clinics, which resulted in more scenarios, for example slipping out of chairs at a clinic. Slipping on ice was also a factor.
- There were five (5) employee needle stick incidents reported and an additional five (5) by non-employees seconded from partner agencies to support the vaccine effort. As the COVID-19 vaccination clinics provided over one million doses, the number of needle stick injuries is not surprising.
- There were two (2) incident investigations into root causes, one for a critical injury and another for a needle stick injury.
- A large focus of 2021 for Occupational Health and Safety was supporting the COVID-19 vaccination effort, including the opening and operation of several COVID-19 vaccination clinics. The Occupational Health and Safety Program was integrated into the planning, operations, and logistics of the clinics and supported training, ensuring proper personal protective equipment, safe workstation set-up, and safety measures for receiving the vaccine.
- The Joint Occupational Health and Safety Committee (JOHSC) increased from nine to 12 members to assist with additional COVID-19 vaccine clinic worksite inspections.
- The Employee Immunization Program was transitioned from Vaccine Preventable Diseases to Occupational Health and Safety, which had an additional workload due to an increase in MLHU staff and additional recording requirements for COVID-19 vaccines.
- Occupational Health and Safety has taken a leadership role in the Be Well program, which is the Health Unit's employee wellness program. Among the accomplishments of Be Well was the launching of a staff membership portal with Employee Wellness Solutions Network.
- The rate of violence incidents in 2022 is trending similar to 2021 with verbal threats and aggression. Safety plans are put in place as appropriate.
- It was noted by Ms. DeViet that two incident types continue to increase year-over-year, motor vehicle incidents and violence, while all others declined in 2020.

It was moved by **Ms. Elliott, seconded by Mr. Reid,** *that the Governance Committee make a recommendation to the Board of Health to receive Report No. 05-22GC, re: "2021 Occupational Health and Safety Report" for information*.

<div align="right">Carried</div>

Governance By-Law and Policy Review (Report No. 06-22GC)

This report was introduced by Ms. Emily Williams, CEO who outlined the changes to the five (5) policies which were appended to the report.

The policies under review were:
- G-020 MOH and CEO Direction
- G-040 MOH and CEO Selection and Succession Planning
- G-290 Standing and Ad Hoc Committees
- G-380 Conflicts of Interest and Declaration

- G-410 Board Member Remuneration and Expenses

The proposed changes to the policies were outlined in Appendix A.

Discussion on this report included:
- G-020 MOH and CEO Direction: the proposed change was to remove the section of the policy which specifically lists the duties of the roles and instead maintain reference to policy G-030 MOH and CEO Position Descriptions.
- G-040 MOH and CEO Selection and Succession Planning: the proposed change was that, in the event the CEO is temporarily unable to fulfill their position (vacation, short leave of absence) the Assistant Director, Finance shall temporarily be in charge of the daily operations and perform the CEO's duties. It was also suggested that the Transition and Selection Committee shall consider appointing a senior leader in an acting role to fulfill the permanent position.
- G-290 Standing and Ad Hoc Committees: it was suggested by a member of the Governance Committee to make the MOH and CEO Performance Appraisal Committee a standing committee instead of an ad hoc committee; however, recommendation from staff was to keep it as an ad hoc committee as it is responsible for the completion of only one (1) task.
  - Mr. Reid suggested that the committee be a standing committee with members and a calendar decided at the inaugural January Board of Health meeting so the committee and its duties are not forgotten later in the year. As well, as the committee is assembled every year, having it as a standing committee would provide some consistency.
  - If the committee is a standing committee it would require a Terms of Reference and reporting calendar to be completed and approved for the inaugural Board of Health meeting in January.

It was moved by **Mr. Reid, seconded by Ms. Elliott**, *that the MOH and CEO Performance Review Committee become a standing committee of the Board of Health and Terms of Reference be developed in consultation with staff.*

<div align="right">Carried</div>

Further discussion on the report included:
- G-380 Conflicts of Interest and Declaration: no changes were recommended.
- G-410 Board Member Remuneration and Expenses: it was recommended by staff to remove section 1.3 which stipulates that Board members can only be paid one fee per day, regardless of how many Board-related events they attended that day. Removing this section will bring the policy in line with current and historical practice. It was acknowledged that not updating this policy to make this change would mean members of the Governance Committee would not receive remuneration for attending their meetings as they are scheduled to occur on the same day as Board of Health meetings.

It was moved by **Ms. Elliott, seconded by Mr. Steele,** *that the Governance Committee make a recommendation to the Board of Health to:*
1) *Receive Report No. 06-22GC re: "Governance By-Law and Policy Review" for information;*
2) *Direct staff to evenly distribute the governance by-laws and policies to be reviewed over a two-year period; and*
3) *Approve the governance policies appended to this report (Appendix B).*
4) *Direct staff to develop the Terms of Reference and reporting calendar for the standing MOH and CEO Performance Review Committee.*

<div align="right">Carried</div>

2021-22 Provisional Plan Update (Report No. 07-22GC)

This report was introduced by Ms. Williams who introduced Ms. Kendra Ramer, Manager, Privacy, Risk, and Governance.

Discussion on this report included:
- In the fourth quarter of 2021, the Board of Health approved extending the timelines for the provisional plan due to the Health Unit focusing on pandemic work.
- Over the course of the first quarter of 2022, MLHU has begun repatriating staff to their home teams which has allowed the re-initiation of projects under the Provisional Plan.
- Report No. 07-22GC outlines the projects which have been re-initiated.
- A variety of ongoing activities and tasks associated with achieving the goals identified in the Provisional Plan have been operationalized by programs and teams across the Health Unit during the pandemic.
- A detailed progress report will be prepared and presented at the next Governance Committee meeting.
- Planning is underway to determine timelines for the strategic plan development cycle for 2023.

It was moved by **Ms. Tino Kasi, seconded by Mr. Steele Mike,** *that the Governance Committee make a recommendation to the Board of Health to receive Report No. 07-22GC, re: "2021-22 Provisional Plan Update" for information.*

<div align="right">Carried</div>

MLHU Q1 2022 Risk Register (Report No. 08-22GC)

This report was introduced by Ms. Williams, who noted this report is the first of the new quarterly reporting, which is different than in the past where an annual report was produced. Ms. Williams then introduced Ms. Ramer.

Discussion on this report included:
- The strategy of looking at risks on a quarterly basis and assessing mitigation strategies was the reason for shifting to quarterly reporting.
- In Q4 of 2021 there were 12 risks identified as high risk. Of those 12, seven (7) are now ranked as moderate, which means that mitigation strategies were either effective or highly effective. Three (3) of the 12 are now ranked as minor residual risks and two (2) remain at significant residual risk, particularly due to the inability to assess the mitigation strategies at this time.
- Through this new process, new risks can also be identified throughout the year. Since Q4 of 2021, one (1) medium risk and two (2) new high risks were identified in relation to political and human resource categories, which have partially effective mitigation strategies in place at this time.
- These newly identified risks will be revisited in Q2 to determine if the mitigation strategies continue to be effective or if new strategies are required.
- The medium risk of cyber security is now ranked as moderate due to training which is in place.

It was moved by **Mr. Reid, seconded by Ms. Kasi,** *that the Governance Committee make a recommendation to the Board of Health to:*
1) *Receive Report No. 08-22GC re: "MLHU Q1 2022 Risk Register" for information; and*
2) *Approve the Q1 2022 Risk Register (Appendix A).*

<div align="right">Carried</div>

OTHER BUSINESS

The next meeting of the Governance Committee will be held on Thursday, June 16, 2022, at 6:00 p.m.

CONFIDENTIAL

At **6:31 p.m.,** it was moved by **Ms. Elliott, seconded by Mr. Reid,** *that the Governance Committee will move in-camera to consider matters regarding labour relations or employee negotiations and personal matters about identifiable individuals, including municipal or local board employees.*

<div align="right">Carried</div>

At **6:42 p.m.,** it was moved by **Mr. Reid, seconded by Ms. Kasi,** *that the Governance Committee rise and return to public session*

<div align="right">Carried</div>

ADJOURNMENT

At **6:42 p.m.** it was moved by **Mr. Reid, seconded by Ms. Kasi**, *that the meeting be adjourned.*

<div align="right">Carried</div>

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AINA DEVIET   **EMILY WILLIAMS**
Chair   **Secretary**

TO: Chair and Members of the Governance Committee

FROM: Emily Williams, CEO

DATE: 2022 June 16

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GOVERNANCE BY-LAW AND POLICY REVIEW

Recommendation

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

1) Receive Report No. 10-22GC, re: "Governance By-law and Policy Review" for information; and
2) Approve the governance policies appended to this report (Appendix B).

Key Points
- It is the responsibility of the Board of Health to review and approve governance by-laws and policies.
- Appendix A details recommended changes to the by-laws and policies that have been reviewed by the subcommittees of the Board and outlines the status of all documents contained within the Governance Manual.
- There are four (4) policies that have been prepared for review by the Governance Committee (Appendix B).
- There are no by-laws/policies that are coming up for review in Q3 or Q4 2022.

Background

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

Policy Review

There are four (4) by-laws/policies included as Appendix B that have been prepared for approval by the Board of Health:
- G-080 Occupational Health and Safety
- G-290 Standing and Ad Hoc Committees
- G-340 Whistleblower
- G-500 COVID-19 Immunization

Appendix A to this report details the recommended changes for the above by-laws/policies as well as the status of all documents contained within the Governance Manual. Currently, there are no by-laws/policies that are coming up for review in Q3 or Q4 2022.

Next Steps

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

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

Emily Williams, BScN, RN, MBA, CHE
CEO

Governance By-law and Policy Review Status and Recommendations

June 16, 2022

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-000 Bylaws, Policy and Procedures	17/02/2022	Current		
G-010 Strategic Planning	17/06/2021	Current		
G-020 MOH/CEO Direction	04/21/2022	Current		
G-030 MOH and CEO Position Descriptions	10/16/2021	Current		
G-040 MOH and CEO Selection and Succession Planning	04/21/2022	Current		
G-050 MOH and CEO Performance Appraisal	10/16/2021	Current		
G-080 Occupational Health and Safety	09/16/2021	Reviewed	Minor changes proposed by MLHU staff and highlighted in the policy.	June 16, 2022
G-100 Information Privacy and Confidentiality	02/17/2022	Current		
G-120 Risk Management	10/16/2021	Current		
G-150 Complaints	04/15/2021	Current		
G-160 Jordan's Principle	17/06/2021	Current		
G-180 Financial Planning and Performance	11/18/2021	Current		

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-190 Asset Protection	11/18/2021	Current		
G-200 Approval and Signing Authority	11/18/2021	Current		
G-205 Borrowing	04/15/2021	Current		
G-210 Investing	11/18/2021	Current		
G-220 Contractual Services	12/09/2021	Current		
G-230 Procurement	12/09/2021	Current		
G-240 Tangible Capital Assets	11/18/2021	Current		
G-250 Reserve and Reserve Funds	12/09/2021	Current		
G-260 Governance Principles and Board Accountability	04/15/2021	Current		
G-270 Roles and Responsibilities of Individual Board Members	01/20/2022	Current		
G-280 Board Size and Composition	10/16/2021	Current		
G-290 Standing and Ad Hoc Committees	04/21/2022	Reviewed	Performance Appraisal Committee Terms of Reference (Appendix E) and Performance Appraisal Reporting Calendar (Appendix F) added for consideration and approval.	June 16, 2022

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-300 Board of Health Self-Assessment	10/16/2021	Current		
G-310 Corporate Sponsorship	11/18/2021	Current		
G-320 Donations	11/18/2021	Current		
G-330 Gifts and Honoraria	11/18/2021	Current		
G-340 Whistleblowing	06/18/2020	Reviewed	No changes proposed.	June 16, 2022
G-350 Nominations and Appointments to the Board of Health	10/16/2021	Current		
G-360 Resignation and Removal of Board Members	09/16/2021	Current		
G-370 Board of Health Orientation and Development	10/16/2021	Current		
G-380 Conflicts of Interest and Declaration	04/21/2022	Current		
G-400 Political Activities	06/17/2021	Current		
G-410 Board Member Remuneration and Expenses	04/21/2022	Current		
G-430 Informing of Financial Obligations	04/15/2021	Current		
G-470 Annual Report	10/16/2021	Current		

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-480 Media Relations	10/16/2021	Current		
G-490 Board of Health Reports	10/16/2021	Current		
G-500 COVID-19 Immunization	10/21/2021	Reviewed	Changes proposed by MLHU staff to align with the administrative policy for immunization.	June 16, 2022
G-B10 By-law No. 1 Management of Property	10/16/2021	Current		
G-B20 By-law No. 2 Banking and Finance	10/16/2021	Current		
G-B30 By-law No. 3 Proceedings of the Board of Health	01/20/2022	Current		
G-B40 By-law No. 4 Duties of the Auditor	10/16/2021	Current		

POLICY G-080

OCCUPATIONAL HEALTH AND SAFETY

PURPOSE

To demonstrate the Board of Health's commitment to provide a healthy and safe work environment and prevent work-related injuries for all employees, students and volunteers.

To facilitate the Board of Health's compliance with applicable governance and accountability requirements outlined within the *Occupational Health and Safety Act* (OHSA) and the applicable regulations with respect to the duties of the employer.

POLICY

The Board of Health recognizes its ethical and legal obligations to ensure a safe and healthy work environment for Middlesex-London Health Unit (MLHU) employees and students.

All workplace parties are accountable for the prevention of work-related incidents, injuries and illness by maintaining and continually improving an Internal Responsibility System (IRS) and by taking every precaution reasonable to protect the health and safety workers.

Board members are accountable for and committed to taking all reasonable care to ensure that MLHU is in compliance with the *Occupational Health and Safety Act* and its applicable regulations.

The Board of Health designates from among its members the Board Chair to serve as the employer of the institution for the purposes of the OHSA; and further delegates the duties and responsibilities of the employer outlined in the OHSA to the Medical Officer of Health (MOH) and Chief Executive Officer (CEO) (MOH/CEO). The day-to-day administration and management of MLHU's occupational health and safety program is facilitated by the Manager, Human Resources, who reports to the CEO. the Director, Healthy Organization.the Chief Executive Officer.

The Board shall be informed of all significant health and safety risks, including employee incidents and investigations through an annual report summarizing the health and safety program, or more often, as needed.

APPLICABLE LEGISLATION AND STANDARDS

Occupational Health and Safety Act

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

PERFORMANCE APPRAISAL COMMITTEE
TERMS OF REFERENCE

PURPOSE

The Performance Appraisal Committee serves to evaluate the health unit's performance of the Medical Officer of Health (MOH) and Chief Executive Officer (CEO). The committee's role is to assist and advise the Board of Health on how the MOH and CEO's performance reflects the health unit's values, vision, mission, mandate and policies and contribute to the achievement of the strategic goals.

REPORTING RELATIONSHIP

The Performance Appraisal Committee reports to the Board of Health of the Middlesex-London Health Unit. The Chair of the Performance Appraisal Committee will make reports to the Board of Health following each of the meetings of the Performance Appraisal Committee.

MEMBERSHIP

The membership of the Performance Appraisal Committee will consist of the members of the Governance Committee and other Board of Health members ~~are~~ as may be deemed appropriate.

> **Commented [KR1]:** This is contained within Policy G-050 App A.

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

Other Board of Health members may attend the Performance Appraisal 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.

> **Commented [DT2]:** Change suggested by Aina DeViet, Matt Reid, Mike Steele and Kelly Elliott.

TERM OF OFFICE

At the first Board of Health meeting of the year the Board will review the Performance Appraisal 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 Performance Appraisal Committee will conduct an assessment and report to the Board of Health on the following areas of focus:

1. Program Excellence – This area focuses on how the MOH and the CEO ha~~ves~~ influenced the impact the health unit has on: population health measures; the use of health status data; evidence-informed program decision making; delivery of mandated and locally needed public health services as measured by the accountability indicators.

2. Client and Community Impact – This area reflects on the MOH's and CEO's representation of the health unit in the community.

3. Employee Engagement and Learning – This area reflects on how the MOH and the CEO haves influenced the health unit's organizational capacity, climate and culture and the contribution made to enabling engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning.

4. Governance – This area reflects on how the MOH and CEO haves influenced the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the health unit's mission and vision. This area also reflects on the MOH's and CEO's responsibility for actions, decisions and policies that impact the health unit's ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Standards (OPHS), other funder requirements and direction provided by the Board of Health.

FREQUENCY OF MEETINGS
The Governance Committee will meet three (3) times per year or at the call of the Chair of the Committee.

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

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

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

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www.healthunit.com

2022 Performance Appraisal Reporting Calendar

Q1 (Jan 1 to Mar 31) **Meeting: February** • Approve Reporting Calendar • Initiate Terms of Reference Review (every two years) • Confirm Performance Appraisal process, supporting documents required and timelines for the year	**Q2 (Apr 1 to Jun 30)** **Meetings: April & June** • Initiate the Performance Appraisal Process • Select Consultant to facilitate Performance Appraisal process • Complete Performance Appraisal for MOH and CEO.
Q3 (Jul 1 to Sep 30) **Meeting: September** • Debrief with Consultant • Review Performance Appraisal Reports • Report Performance Appraisal Reports to the Board of Health • Report Performance Appraisal Reports to MOH and CEO	**Q4 (Oct 1 to Dec 31)** **Meeting: November**

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

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

Terms of Reference
The Performance Appraisal Committee Terms of Reference set out the parameters for how authority is delegated to the Committee and how the Committee is accountable to the Board of Health. It is incumbent upon the Performance Appraisal Committee to review the Terms of Reference every two years to ensure that components (purpose,

reporting relationship, membership, chair, term of office, duties, frequency of meetings, agenda and minutes, by-laws and review) are still relevant to the needs of the committee. (Refer to Policy G-290 Standing and Ad Hoc Committees).

POLICY G-340

WHISTLEBLOWER

PURPOSE

To encourage and support the reporting of concerns about unethical or illegal conduct within the Middlesex-London Health Unit (MLHU), and to ensure that those who report concerns in good faith will be protected from reprisal.

POLICY

MLHU is committed to maintaining a high standard of ethical conduct and upholds practices that support integrity, honesty, and comply with governing laws and regulations.

MLHU encourages the reporting of concerns related to unethical or illegal behaviours, activities and practices of individuals affiliated with MLHU within the scope of its operations (Refer to Appendix A for reporting procedure).

Incidents of unethical or illegal conduct include, but are not limited to:
- Breach of federal or provincial laws or other legal obligations that could result in fines or civil damages payable by MLHU or otherwise cause significant harm to the reputation or public image of MLHU;
- Unethical business conduct in violation of behavior or conduct policies, conflicts of interest, or other serious violations of human resources policies or legislation;
- Accounting, auditing or other financial reporting fraud or misrepresentation;
- Danger to the health, safety or well-being of employees, Board members, students, volunteers, contractors, clients or the general public.

All complaints will be dealt with promptly and investigated as appropriate, in a fair and equitable manner.

Whistleblower reports will be kept confidential to the extent possible, consistent with the need to conduct a full and fair investigation. Anonymity will be maintained where requested, save and except in those circumstances where the nature of the disclosure and/or the resultant investigation make it necessary to disclose identity.

MLHU will not tolerate reprisal of persons who make a report in good faith in accordance with this policy, even if the allegations are not found to be substantiated. Individuals who experience retaliation such as harassment or adverse employment consequences (for example, demotion, denial of promotion or compensation) should immediately report such behaviour (Refer to Appendix A for procedure). An individual who retaliates against another individual for reporting in good faith will be subject to discipline, which may include termination or loss of affiliation.

In making a report, an individual must be acting in good faith with reasonable grounds for believing that a person or persons have engaged in, or intend to engage in, unethical or illegal

conduct. An individual who makes an unsubstantiated report that is knowingly false or made with malicious intent will be subject to discipline up to and including termination or loss of affiliation.

APPENDICES

Appendix A – Whistleblower Procedure

APPLICABLE LEGISLATION AND STANDARDS

Health Protection and Promotion Act
Municipal Act
Criminal Code

RELATED POLICIES

G-260 – Governance Principles and Board Accountability

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

WHISTLEBLOWER PROCEDURE

1. **Reporting Alleged or Potential Incidents of Unethical or Illegal Conduct**

   1.1. Alleged and potential incidents of unethical or illegal conduct shall be reported, verbally or in writing, to the Chair of the Board of Health, or if otherwise received, shall be forwarded immediately and confidentially to the Board Chair. The Board Chair has specific and exclusive responsibility to ensure all reported allegations are investigated.
      a. If an individual has a complaint pertaining to the Board Chair, it will be sent to the Vice-Chair of the Board of Health.

   1.2. Complainants must provide as much detail as possible regarding the allegations including when and where the alleged incident(s) occurred, who was involved, and any other relevant details.

   1.3. The Board Chair shall advise the Medical Officer of Health/Chief Executive Officer (MOH/CEO) and members of the Board of Health of a complaint and consult with the MOH/CEO and Board members on investigation and appropriate action. If an individual has a complaint pertaining to the MOH/CEO or a Board member, the Board Chair shall consult with the other Board members on investigation and appropriate action.

   1.4. The Board of Health may delegate responsibility to external counsel to investigate specific matters related employees. External investigations are required for complaints involving the MOH/CEO, the Board Chair or Board members to avoid potential conflicts. Complaints may also be referred to the appropriate law enforcement or regulatory authorities as appropriate.

   1.5. The Board Chair or designate (i.e. Vice-Chair or appointed legal counsel) is responsible to acknowledge receipt of a complaint in writing within five (5) business days. All complaints will be promptly investigated, and appropriate corrective action will be taken if warranted by an investigation.

   1.6. Investigations are based on the following principles:
      a. The investigation will be carried out fairly and without bias.
      b. Those involved in the investigation will be independent of both the person who made the complaint and any persons under investigation. This means they should not either be reporting to, or supervising, any such persons.
      c. Disclosure of information will be limited to those who need to be involved in order to carry out the investigation.
      d. The person who is the subject of the report is entitled to know the substance of the allegation(s) and have an opportunity to respond.
      e. Investigations will be conducted in a timely manner.
      f. The Board of Health expects individuals to cooperate during any investigation.

   1.7. Respondents will be advised of a complaint against them and be given an opportunity to respond.

   1.8. The actions that may be taken to address a substantiated complaint will depend on the particular circumstances, and consequences may include, but are not limited to, discipline up to and including termination or loss of affiliation.

1.9. Complaint and investigation files must be kept separate from employee files and stored in a secure location with access limited to those responsible for conducting the investigation. No record of a complaint will be kept in any employee file unless improper conduct is found that results in disciplinary action. In that case, the outcome of the investigation will be reflected in the file of the disciplined employee. Once an investigation has been completed, all related records will be considered "restricted" and held by the Executive Assistant to the Board of Health.

2. **Reporting Alleged Whistleblower Reprisal**

2.1. Any individual who, in good faith, made a complaint of alleged unethical or illegal conduct in accordance with this policy and who later believes they are experiencing reprisal for the complaint shall report the alleged reprisal to the Board Chair or designate (i.e. Vice-Chair or appointed legal counsel).

2.2. The complaint will be reviewed within three (3) business days and an investigation into the complaint may be undertaken should there appear to be any substance to the complaint of retaliation.

2.3. Individuals who are discovered to be retaliating against any whistleblower may be subject to discipline up to and including termination or loss of affiliation and where relevant legal actions.

POLICY G-500

COVID-19 IMMUNIZATION

PURPOSE

To ensure that Middlesex-London Health Unit (MLHU) Board of Health members are up to date with the COVID-19 vaccine to demonstrate leadership regarding vaccination, ~~and~~ to minimize their risk of infection or~~,~~ risk of serious illness and to reduce the risk of transmission to others.

POLICY

The Board of Health recognizes its ethical and legal obligations to ensure a safe and healthy environment for Middlesex-London Health Unit (MLHU) employees, students and Board of Health members.

Aligning with MLHU's commitment to protecting employees and others from hazards in the workplace including infectious and vaccine preventable diseases, all Board of Health members are required to report their COVID-19 vaccine status, including ~~if they have received and~~ any related boosters~~., unless exempt on human rights protected grounds.~~

Board members must submit a Self-Attestation of COVID-19 Vaccination Status (Appendix A-1) to MLHU's Occupational Health and Safety Department stating that they are either up to date ~~(i.e. received a one or two dose series vaccine approved by Health Canada and any related boosters), providing a date on which they will be fully vaccinated or stating that they are requesting an exemption from the vaccination requirement based on a disability, creed or other relevant Human Rights Code protected ground~~ or ~~may requesting an exemption and~~ are electing to decline a highly recommended vaccine (Appendix A-1). The Self-Attestation must be submitted ~~as soon as possible and no later than November 12, 2021~~ on an annual basis as directed by Occupational Health and Safety ~~from~~ by existing Board members and prior to their first B~~b~~oard meeting ~~for~~ by new B~~b~~oard members.
~~Any Bboard member who is unable to receive the vaccine for reasons related to a disability, creed (religious beliefs) or other relevant Human Rights Code protected ground will be accommodated,~~ will be accommodated ~~to the point of undue hardship (e.g. remote only participation) as per Appendix A COVID-19 Immunization Procedure.~~

~~Personal and/or philosophical objections to the COVID-19 vaccine will not be accepted for granting an exemption from receiving the COVID-19 vaccine and any related boosters.~~

~~Subject to accommodation needs referred to above a~~Any B~~b~~oard member~~s~~ refusing to comply with the reporting requirements under this policy may be removed from their Board appointment as per policy G-360 Resignation and Removal of Board Members.

During times of the year that are of higher risk for respiratory illnesses (deemed by the Medical Officer of Health to be November 1 – March 31), Board members who are not up to date with

the COVID-19 vaccines, must don a medical mask, unless 2 metres from others, and complete symptom screening symptom screen when onsite at MLHU offices.

In the event of a COVID-19 outbreak in the community that relates to a Board member's role or in the workplace as declared by the Medical Officer of Health, Board members who are not up to date with the COVID-19 vaccine willbe participate in Board activities remotely, as determined by MLHU.

Board members' vaccination status will be maintained as confidential information to the extent feasible and will be kept in a secure and confidential location. Vaccination status information will be collected solely for the purpose of administering this Policy, including addressing any breach of this Policy, for the purpose of addressing health and safety concerns within MLHU's workplace, and to manage any COVID-19 cases or outbreaks.

All Board members participating in Board activities in person must continue to comply with applicable policies and protocols with respect to physical distancing, masking, screening and any other measures intended to reduce the risk of transmission of COVID-19.

DEFINITIONS

"Outbreak" means that the disease activity in the region is higher than baseline levels or above what would be expected as determined by the Medical Officer of Health (MOH).

"Up to date" means that an employee has received all COVID-19 doses recommended in Ontario's Routine Immunization Schedule or by the Government of Ontario, including any booster doses of the COVID-19 when eligible.

APPENDICES

Appendix A – COVID-19 Immunization Procedure
Appendix A-1 – Self Attestation of COVID-19 Vaccination Status

RELATED POLICIES

G-360 Resignation and Removal of Board Members

APPLICABLE LEGISLATION AND STANDARDS

Occupational Health and Safety Act
Health Protection and Promotion Act

KEY GUIDANCE DOCUMENTS AND RESOURCES

OHRC policy statement on COVID-19 vaccine mandates and proof of vaccine certificates

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

COVID-19 IMMUNIZATION PROCEDURE

1. At the beginning of their term and annually thereafter, Board of Health members must submit a signed and, dated ~~and witnessed~~ Self-Attestation of COVID-19 Vaccination Status (Appendix A-1) stating that they are up to date (i.e. have received a one or two dose series of a Health Canada approved vaccine against COVID-19 vaccine and any related boosters) or stating that they are ~~requesting an exemption from vaccination based on a disability, creed or other relevant Human Rights Code protected ground or~~ electing to decline the COVID-19 vaccine/ relevant boosters (Appendix A-1). ~~that they are fully vaccinated (i.e. 14 days have passed since their final vaccine dose) (or providing a date by which they will be fully vaccinated) and that they will commit to receiving any related boosters that are recommended by Health Canada in the future.~~

2. The completed Self-Attestation of COVID-19 Vaccination Status must be submitted to MLHU's Occupational Health and Safety (OHS) Department as directed above. ~~as soon as possible and no later than November 12, 2021.~~

3. MLHU's Occupational Health and Safety Department may request supporting information or documentation relating to vaccination status ~~or any request for exemption~~. Board members must provide the supporting documentation requested by MLHU's Occupational Health and Safety Department.

~~4. MLHU's Occupational Health and Safety Department will confirm in writing whether a Board member's request for exemption is granted.~~

4. During times of the year that are of higher risk for respiratory illnesses (deemed by the Medical Officer of Health to be November 1 – March 31), Board members who are not up to date with the COVID-19 vaccines, must don a medical mask, unless 2 metres from others, and complete symptom screening when onsite at MLHU offices.

5. In the event of a COVID-19 outbreak in the community ~~that relates to a Board member's role or in the workplace~~ as declared by the Medical Officer of Health, Board members who are not up to date with the COVID-19 vaccine will p~~be~~ participate in Board activities remotely, as determined by MLHU.

~~5. Board of Health members who are granted a Human Rights Code exemption from the COVID-19 vaccination requirement will:~~

   ~~a. Participate in all Board of Health activities remotely; and~~
   ~~b. Follow any other safety measures as indicated by the most recent Public Health guidelines.~~

6. The Chair of the Board of Health will be notified by OHS of the ~~compliance~~ vaccination status (up to date or not up to date) of each Board Member to ensure all safety measures listed above are followed during times of the year that are of higher risk for respiratory illness and/or in the event of a community COVID-19 outbreak.

7. Board of Health members who do not complete a Self-Attestation of COVID-19 Vaccination Status will be in non-compliance with the COVID-19 Immunization policy. Any non-compliance with this Policy may result in initiating the procedure for removal of

> **Commented [CG4]:** Be required to? Remove "be" to say "will participate" to match the policy

the Board of Health member as per policy G-360 Resignation and Removal of Board Members.

BUREAU DE SANTÉ DE
MIDDLESEX-LONDON
HEALTH UNIT
www.healthunit.com
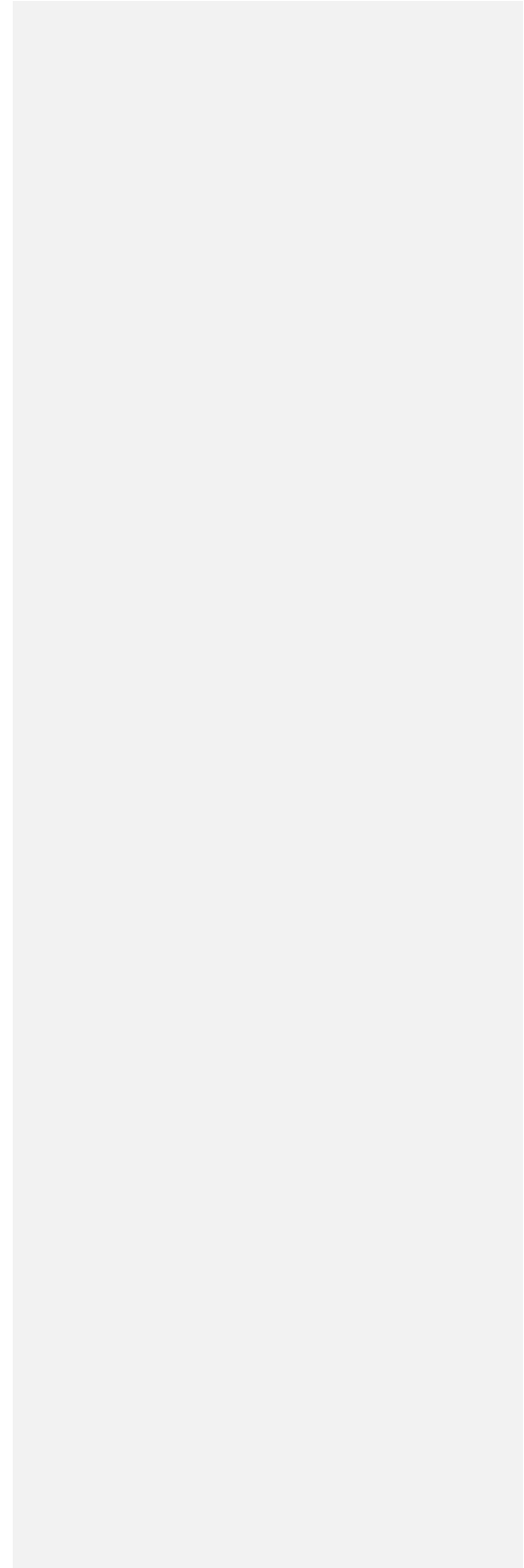
SELF-ATTESTATION OF COVID-19 VACCINATION STATUS

I, Click or tap here to enter text., a member of the Board of Health,
    Printed Name of Board Member

☐ am up to date with the COVID-19 vaccine, including all relevant boosters, meaning that I
___received a one or two dose series of a Health Canada approved vaccine against COVID-19
___and all boosters I am currently eligible for.

☐ decline receiving the COVID-19 vaccine based on my religious/creed beliefs or disability as a
relevant human rights protected ground. I am requesting an exemption from the vaccination
requirement and acknowledge that I will be asked to provide additional information. . I realize
that if my exemption request is granted, I will be required to participate in Board activities
remotely and not in person.

☐ decline receiving the COVID-19 vaccine or any additional booster doses.

I realize that by requesting an exemption or declining the COVID-19 vaccine, the following will
apply:
   a) during times of the year that are of higher risk for respiratory illnesses, as deemed by the
       Medical Officer of Health (MOH) (typically November 1-March 31), I will be asked to
       wear a mask for all in person Board of Health activities where 6 feet2 metres of physical
       distance cannot be maintained.
   b) during a COVID-19 community outbreak, I will be required to participate in Board
       activities remotely and not in person.

I acknowledge that the reporting of my COVID-19 vaccine status is required in my current
position as a member of the Middlesex-London Health Unit Board of Health.

I make this attestation for the purposes of complying with the requirements of Policy G-0XX 500
COVID-19 Immunization and for no other or improper purpose.

I acknowledge that Board of Health members, including me, may be required to provide
additional information/supporting documentation to the Occupational Health and Safety
Department if required by MLHU.

Signature: _____ Date: Click or tap to enter a date.

Name of Witness (print): _____

Signature: _____ Date:

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 11-22GC

TO: Chair and Members of the Governance Committee

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

DATE: 2022 June 16

_____

2021-22 PROVISIONAL PLAN PROGRESS UPDATE

Recommendation

***It is recommended that the Governance Committee recommend to the Board of Health to receive Report
No. 11-22GC, re: "2021-22 Provisional Plan Progress Update" for information.***

Key Points

- In Q4 2022, the Board of Health approved extending the timelines for phase two and three of the
  Provisional Plan by a minimum of three months.
- There has been an increase in organizational capacity during Q2 2022 to re-engage project teams to
  work on the Provisional Plan goals.
- Seven (7) projects were initiated and/or resumed during Q2 2022.
- There are two (2) goals associated with projects where problems have surfaced due to resource
  allocation and funding.

Background

The Health Unit continues to ensure that the priorities and objectives identified on the Provisional Plan are
prioritized and balanced with the ongoing demands of the COVID-19 response. The 2021-22 Provisional
Plan is attached as Appendix A. On October 21, 2021 the Board of Health approved extending the timelines
for phase two and three of the Provisional Plan by a minimum of three (3) months. This elongation of the
phases carries the Provisional Plan into Q2 2023.

Provisional Plan Update

The Health Unit experienced an increase in organizational capacity during Q2 2022 resulting in an
opportunity to re-engage project teams to work on the Provisional Plan goals. Seven (7) projects were
initiated and/or resumed during Q2 2022 including:

#	Project Name	Provisional Plan Goal
1	Employment Systems Review	• Implement prioritized recommendations from the
2	Implementation of the Anti-Black Racism Plan	Diversity and Inclusion Assessment and Anti-Black Racism Report, including piloting the use

		of a shared workplan to facilitate collective & collaborative organizational work across teams.
3	Onboarding and Enhancement of the Electronic Client Record (ECR)	• Expand the range of technology solutions to meet client, community partner & staff needs for delivering virtual programming and services and enhancing staff safety.
4	Transition to SharePoint	
5	Implementation of the Joy in Work Framework	• Assess & refine decision-making practices across the organization to ensure decisions are made at appropriate levels, efficiency is maximized, & processes are clear.

• Execute a plan to value & recognize staff contributions in all MLHU programs, including opportunities to enhance staff connectedness & belonging. |
| 6 | Return to Office | |
| 7 | Sociodemographic and Race-based Data Collection in Electronic Systems | • Expand the systematic collection & analysis of sociodemographic & race-based data of MLHU clients, & develop a process for its use in planning & evaluation of MLHU programming & service delivery |

A Q2 Provisional Plan summary report has been included as Appendix B and six (6) detailed progress reports on each of the projects is included as Appendix C to this report. Refer to June 16, 2022 BOH Agenda for update on the Implementation of the Joy in Work Framework.

There are two (2) goals associated with projects where problems have surfaced due to resource allocation and funding:
- Expand the range of technology solutions to meet client, community partner and staff needs for delivering virtual programming and services enhancing staff safety.
- Implement prioritized recommendations from the Diversity and Inclusion Assessment and Anti-Black Racism Report, including piloting the use of a shared workplan to facilitate collective and collaborative organizational work across teams.

It has been determined that both are considered manageable through appropriate mitigation strategies.

Next Steps

In order to capture the variety of ongoing activities and tasks associated with achieving the goals identified in the Provisional Plan a Provisional Plan Report Card will be created and presented to the Governance Committee in Q3 2022.

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

EWilliams

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

Alexander T. Summers

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

MLHU 2021-22 Provisional Plan

		3-6 MONTHS DO	6-12 MONTHS DESIGN	12-18 MONTHS DEFINE

CLIENT & COMMUNITY CONFIDENCE

Keep our communities safe & foster community confidence

6-12 MONTHS DESIGN:
- Expand the range of technology solutions to meet client, community partner & staff needs for delivering virtual programming and services and enhancing staff safety.
- Continue to develop and implement a Client Experience tool to be utilized by teams and programs.

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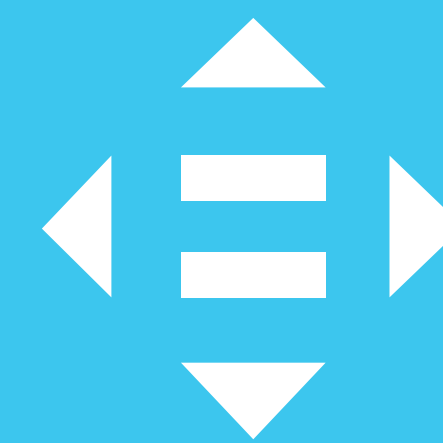
Execute effective pandemic response, prioritized public health work & prepare for recovery

3-6 MONTHS DO:
- Quickly & equitably vaccinate as many residents of London and Middlesex as possible.
- Embed information related to priority areas (i.e. mental health, food insecurity, substance use, domestic violence, racism) in COVID-19 messaging, and target priority populations as needed to ensure effective messaging.
- Expand the systematic collection & analysis of sociodemographic & race-based data of MLHU clients, & develop a process for its use in planning & evaluation of MLHU programming & service delivery.

6-12 MONTHS DESIGN:
- Implement prioritized recommendations from the Diversity and Inclusion Assessment and Anti-Black Racism Report, including piloting the use of a shared workplan to facilitate collective & collaborative organizational work across teams.

12-18 MONTHS DEFINE:
- Integrate screening & risk assessment to identify mental health issues, substance misuse, domestic violence, an food insecurity into all public health programming where possible; ensuring subsequent support and/or referrals are offered as appropriate.
- Inform healthy public policy related to priority areas, basic income, employment, and housing support, during & beyond COVID-19, through participation in stakeholder collaborations & partnership.
- Develop surveillance indicators & gather information from the local community on the impacts of COVID-19 on various health outcomes using multiple engagement tactics.
- Expand the use of sociodemographic & race-based data in population health assessment.

EMPLOYEE ENGAGEMENT & LEARNING

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

6-12 MONTHS DESIGN:
- Provide regular communications to staff on health & safety topics of concern (e.g., COVID-19 exposure, psychological safety in the workplace) through email, team meetings, & virtual Town Halls.
- Develop strategies to mitigate or address staff stress and/or burnout, including offering a variety of EFAP benefits including those that address mental health & well-being.

12-18 MONTHS DEFINE:
- Execute a plan to value & recognize staff contributions in all MLHU programs, including opportunities to enhance staff connectedness & belonging.

ORGANIZATIONAL EXCELLENCE

Strengthen governance & leadership structures to maximize impact on public health

3-6 MONTHS DO:
- Ensure the right leadership & organizational structure is in place to support the evolving needs of the health unit, including leverage skill sets to advance the strategy of the organization.

6-12 MONTHS DESIGN:
- Develop an updated report on modernization of public health that encompasses lessons learned from the pandemic.
- Assess & refine decision-making practices across the organization to ensure decisions are made at appropriate levels, efficiency is maximized, & processes are clear.

12-18 MONTHS DEFINE:
- Develop & initiate a revised performance management framework.
- Initiate stakeholder engagement as an integral part of the MLHU strategic planning & incorporate the UN Sustainable Goals as a guiding framework for development of the next Strategic Plan.

Status Legend	Complete ☑	Proceeding as planned 👍	Problems surfaced; considered manageable 🚩	Major obstacles; requires intervention ☒

MLHU 2021-22 Provisional Plan

	GOALS	STATUS
	Expand the systematic collection & analysis of sociodemographic & race-based data of MLHU clients and develop a process for its use in planning and evaluation of MLHU programming and service delivery.	👍
	Expand the range of technology solutions to meet client, community partner and staff needs for delivering virtual programming and services enhancing staff safety.	🚩
	Implement prioritized recommendations from the Diversity and Inclusion Assessment and Anti-Black Racism Report, including piloting the use of a shared workplan to facilitate collective and collaborative organizational work across teams.	🚩
	Provide regular communications to staff on health and safety topics of concern through email, team meetings, and virtual Town Halls.	👍
	Assess & refine decision-making practices across the organization to ensure decisions are made at appropriate levels, efficiency is maximized, and processes are clear.	👍

Recent Accomplishments:
- Initiated several projects aligned with the Phase 2 strategic objectives and engaged project teams on a regular basis throughout Q2 2002 to continue to advance the work forward.

Next Steps:
- Transition from planning into execution phase for many of the projects underway Q2 2022.
- Address the critical issues and major risks identified below through risk mitigation strategies

Associated Projects / Activities	Status
1. Employment Systems Review (ESR)	👍
2. Implementation of the Anti-Black Racism Plan	🚩
3. Onboarding/Enhancement of the Electronic Client Record (ECR)	🚩
4. Transition to SharePoint	👍
5. Implementation of the Joy in Work Framework	👍
6. Return to Office	👍
7. Sociodemographic and Race-based Data Collection in Electronic Systems	👍

Critical Issues & Major Risks:
- Anti-Black Racism Plan
  - This will fall behind based on resource allocation within teams
- Onboarding/Enhancement
  - Funding request to the province was denied for expansion of ECR; will need to explore the use of surplus funding

Status Legend	Proceeding as planned 👍	Problems have surfaced, considered manageable 🏳	Major obstacles; requires intervention ☒

Project Name:	Employment Systems Review (ESR)		**Provisional Plan Goal:**	Implement prioritized recommendations from the Diversity and Inclusion Assessment and Anti-Black Racism Report, including piloting the use of a shared workplan to facilitate the collective & collaborative organizational work across teams.
Project Sponsor:	Emily Williams, CEO; Heather Lokko, CNO		**Project Manager:**	Marc Resendes, Project Coordinator
Project Phase:	Plan/Execute		**Date:**	May 31, 2022

Status Last Period: ☒	Current Status: 👍	Scope: 👍	Schedule: 🏳	Cost: 🏳

Recent Accomplishments:
- Completed and approved Project Charter by Senior Leadership.
- Identified similarities in recommendations between the ESR and dependent projects (Workforce Census and Anti-Black Racism Plan) and incorporated into the project plan to create organizational efficiency.
- Created a draft of the Employment Equity Policy for review by key stakeholders (Human Resources, Senior Leadership, external partners).
- Scheduled frequent project lead and steering committee touch bases throughout the year to monitor progress throughout execution phase of the project.

Top Issues:
Unclear Project Budget
- Further discussion required among SLT about a centralized training budget, which is necessary for implementation of all training-related recommendations.

Top Risks:
Accessibility Audit
- If not pursued: Audit has not been completed for the 1st floor of Citi Plaza, as well as our Strathroy location.
- If pursued: Potential to produce additional recommendations, impacting project timelines and budget.
- If internal consultation is conducted: May mitigate some risks associated with not pursuing an additional audit.

Timeline due to Dependencies:
- The recruitment deliverables identified in this project are dependent on the creation of the Employment Equity Policy, which will be considered foundational for recruitment-related policies (i.e., Recruitment and Hiring Policy).
- Any delays in review or approval of the Employment Equity Policy may impact timelines for completion of recruitment deliverables.

Upcoming Key Milestones	Targeted Completion Date	On Track (√)	Delayed (X)
1. New Accommodation Policy	June 2022	√	
2. AODA Policy update	June 2022	√	
3. LOA policy update	June 2022		x

Project Changes:
- N/A

Key Activities for Next Period:
- Complete updated AODA policy; Accommodation Policy approval and publication
- Accommodation Training for employees piloted and loaded into LMS
- Sick Leave, LTD, and Return to Work policy updated and approved, publication
- LOA policy update approval and publication
- Continue with Employment Equity Policy review and approval in process
- Initiate work on Recruitment deliverables

Status Legend	Proceeding as planned 👍	Problems have surfaced, considered manageable ⚑	Major obstacles; requires intervention ☒

Project Name:	Implementation of the Anti-Black Racism Plan (ABRP)	**Provisional Plan Goal:**	Implement prioritized recommendations from the Diversity and Inclusion Assessment and Anti-Black Racism Report, including piloting the use of a shared workplan to facilitate the collective & collaborative organizational work across teams.
Project Sponsor:	Heather Lokko, CNO	**Project Manager:**	Marc Resendes, Project Coordinator
Project Phase:	Plan/Execute	**Date:**	May 31, 2022

Status Last Period: ☒		Current Status: 👍	Scope: ⚑	Schedule: 👍	Cost: 👍

Recent Accomplishments:
- Mapped out all ABRP recommendations and began the scoping process for determining project work vs. programmatic work.

- Identified efficiencies by incorporating relevant ABRP recommendations into the project planning and execution for ongoing, dependent projects:
    - Employment Systems Review,
    - Workforce Census, and
    - Sociodemographic and Race-based Data Collection in Electronic Systems

Top Issues:
Resourcing of HEART:
- Particularly for the month of June, human resources will be scarce within the Health Equity team due to current staff members pursuing other positions at MLHU.
- The Manager of Indigenous Reconciliation has yet to be filled, with some challenges being faced in the recruitment process.

Prioritized Implementation
- Due to the breadth of recommendations in the ABRP and the capacity of the Health Equity team to implement them, focus has been placed on implementing the recommendations that have a dependency on other strategic projects.
- This will delay the full scoping and project planning required for implementation of the full ABRP. However, by implementing recommendations with dependency on other strategic projects, important components of the ABRP are being advanced.

Top Risks:
Timeliness of Plan:
- If implementation of broader recommendations from the ABRP are delayed due to limited resources or prioritization elsewhere, there is risk in the components of ABRP becoming outdated or momentum being lost.
- The Anti-Black Advisory Committee will expect updates on plans related to implementing this plan. If planning is not completed and communicated, there may be an impact on the relationship and engagement of this key stakeholder group.

Upcoming Key Milestones	Targeted Completion Date	On Track (√)	Delayed (X)
4. Employment Equity Policy	June 2022	√	
5. Stakeholder Consultation on SDOH Data Requirements	August 2022	√	

Project Changes:
- N/A

Key Activities for Next Period:
- Finalize the minimum data for the collection of race-based and sociodemographic data in collaboration with Population Health and Program Planning and Evaluation teams
- Engaging stakeholders for feedback on the draft Employment Equity Policy (including but not limited to members of the ABRP Advisory Committee, and Diversity & Inclusion MLHU staff committee)
- Continue to scope other recommendations of the ABRP that are not dependent on existing project work (i.e., Identify portfolio of projects) with a target completion date of September 2022

Status Legend	Proceeding as planned 👍	Problems have surfaced, considered manageable 🏳	Major obstacles; requires intervention ☒

Project Name:	Onboarding/Enhancement of Electronic Client Record (ECR)	**Provisional Plan Goal:**	Expand the range of technology solutions to meet client, community partner & staff needs for delivering virtual programming and services and enhancing staff safety.
Project Sponsor:	Emily Williams, CEO	**Project Manager:**	TBD
Project Phase:	Planning	**Date:**	May 31, 2022

Status Last Period: ☒	Current Status: 🏳	Scope: 🏳	Schedule: 🏳	Cost: 🏳

Recent Accomplishments / Upcoming Key Milestones				Top Issues / Risks / Key Activities
Recent Accomplishments: • Secured Informatics Specialist positions until December 2022, who will be instrumental in completing the deliverables required for this Project. • Conducted survey across all MLHU programs to assess the use of software systems and databases, their status, and potential replacements for end-of-life systems. • Mapped out the primary systems that will be expanded as a part of the MLHU IT Strategy; to be discussed with Senior Leadership. • Initiated work related to identifying the minimum dataset for SDOH and race-based data which will be necessary for enhancement of ECR.				**Top Issues:** **Lack of Provincial Funding** • MLHU, like many other PHUs, was not approved for provincial funding to move forward with the expansion of ECR. • Senior Leadership is currently exploring whether surplus funding can be utilized to move this work forward. • There are multiple phases to be considered in the overall ECR project – onboarding, enhancement, reporting and integration with other electronic systems. **Top Risks:** **Continued Use of Outdated Software** • Without onboarding and enhancement of appropriate ECR the use of independent databases will continue and impact the advancement to fully electronic documentation systems that can be integrated with one another.

Upcoming Key Milestones	**Targeted Completion Date**	**On Track (√)**	**Delayed (X)**	**Key Activities for Next Period:** • Secure funding and resources to be allocated to the ECR project. • Build a project team that will be dedicated to support the longevity of the project and the multiple phases that have been identified as being part of the work. • Initiate project planning (identify Project team, Project Charter, Workbook) to begin the onboarding and enhancements required for ECR. • Prioritize programs for onboarding onto ECR.
6. Project Planning	August 2022	√		
Project Changes: • N/A				

Status Legend	Proceeding as planned 👍	Problems have surfaced, considered manageable 🏳	Major obstacles; requires intervention ☒

Project Name:	Transition to SharePoint file system		**Provisional Plan Goal:**	Expand the range of technology solutions to meet client, community partner & staff needs for delivering virtual programming and services and enhancing staff safety.
Project Sponsor:	Emily Williams, CEO		**Project Manager:**	Pat Harford, IT Manager
Project Phase:	Execute		**Date:**	May 31, 2022

Status Last Period: ☒	Current Status: 👍	Scope: 👍	Schedule: 👍	Cost: 👍

Recent Accomplishments:
- Successfully transitioned the following to SharePoint: IT, Manager On-Call, COVID-Internal, COVID-External, MLHU-External, and BOH
- Planning and structure has been completed with the following departments and divisions, with data in the process of being migrated: Human Resources, Strategy, Risk and Privacy, Healthy Start, and Healthy Living
- Initial planning and discussions are underway with the following teams/divisions: Communications, Office of the Medical Office of Health, Environmental Health and Infectious Disease.

Top Issues:
Training
- Training has been provided to Teams as they transition, but it is apparent that additional all staff training is required.
- The Training is being arranged through external sources and scheduled for all MLHU.

Limited Time from Departments
- Some departments, particularly those involved in COVID-19 response, have not had the time and resources to properly invest in transitioning to SharePoint.

Top Risks:
Resistance to Change
- If there is resistance from outstanding departments to transition to SharePoint, it may cause a delay in the onboarding process (i.e., lack of buy-in).

Potential for Reprioritization
- For any departments that are slated to transition later in the Fall, if there are other priorities (i.e., another COVI-19D wave), project timelines will be delayed.

Upcoming Key Milestones	Targeted Completion Date	On Track (√)	Delayed (X)
7. Training Initiation	June 2022	√	
8. Timeline for Outstanding Departments	June 2022	√	

Key Activities for Next Period:
- Continue working with departments to migrate remaining data.
- Continue with planning and structure creation for outstanding departments.
- Begin providing training and resources on day-to-day functioning and organization of the SharePoint file system.
- Put together timeline on the remaining departments to set-up.

Project Changes:
- N/A

Status Legend	Proceeding as planned 👆	Problems have surfaced, considered manageable 🏳	Major obstacles; requires intervention ☒

Project Name:	Return To Office	**Provisional Plan Goal:**	Execute a plan to value & recognize staff contributions in all MLHU programs, including opportunities to enhance staff connectedness & belonging.
Project Sponsor:	Emily Williams, CEO	**Project Manager:**	Marc Resendes, Project Coordinator
Project Phase:	Plan/Execute	**Date:**	May 31, 2022

Status Last Period: ☒	Current Status: 👆	Scope: 👆	Schedule: 👆	Cost: 👆

Recent Accomplishments:
- Established the Return To Office (RTO) Committee, with membership from key stakeholders groups such as Operations, IT, Communications, and Occupational Health and Safety.
- Successfully completed an Infrastructure Recall (staff return of all equipment and furniture taken home during the pandemic) to properly equip MLHU office spaces.
- Gathered information about team workplans and desk, locker, and office allocation requirements from all Divisions to inform office reconfiguration and planning.
- Conducting frequent and transparent communications through emails and Town Halls (i.e., reminders, FAQs) to assist with change management; have a shared inbox for staff to ask questions and express concerns.
- Began collaboration with BeWell committee to plan initiatives to address anxiety about returning to the office and reorient staff.

Top Issues:
Strathroy Office Size / Reconfiguration
- Due to the limited space available at our Strathroy office space, there is consideration around how to communicate about the ability for hybrid MLHU staff to work in Strathroy and any limitations that there may be around this.
- There may be a need to invest resources into reconfiguring the office space and updating it with more up to date equipment (depending on leasing decisions).

Top Risks:
Locker Investment
- Preliminary data shows that MLHU may be required to purchase additional lockers to assign to staff, which will be a significant investment.
- There is risk in having Citi Plaza spaces filled with lockers that are vacant for the large majority of the time due to minimal usage.

Upcoming Key Milestones	Targeted Completion Date	On Track (√)	Delayed (X)
9. Office Mapping	June 2022	√	
10. Welcome Back Tours	June 2022	√	
11. Office Reconfiguration	August 2022	√	

Project Changes:
- N/A

Key Activities for Next Period:
- Continued communications to staff and Leaders about what to expect when returning to the office
- Review of business / office processes to support post-pandemic office operations and to facilitate staff awareness of these processes.
  - This includes consideration of centralized storage, mail processes, etc.
- Staff survey to explore potential enhancements to the office, help make it feel welcoming and inclusive.

Status Legend	Proceeding as planned 👍	Problems have surfaced, considered manageable 🏳	Major obstacles; requires intervention ☒

Project Name:	Sociodemographic (SDOH) and Race-based Data Collection in Electronic Systems	Provisional Plan Goal:	Expand the systematic collection & analysis of sociodemographic & race-based data of MLHU clients, & develop a process for its use in planning & evaluation of MLHU programming & service delivery
Project Sponsor:	Heather Lokko, CNO	Project Manager:	Marc Resendes, Project Coordinator
Project Phase:	Planning	Date:	May 31, 2022

Status Last Period: ☒	Current Status: 👍	Scope: 🏳	Schedule: 👍	Cost: 🏳

Recent Accomplishments:
- Drafted initial Project Charter for review with Project Sponsor
  - Project was broken down into 3 distinct phases to begin collecting this data across MLHU programs.
- Project workbook was initiated and project team was brought together to begin the work on Phase 1: Identifying Minimum Dataset.
  - Project team members were assigned their deliverables with specific deadlines to meet an August 2022 deadline.

Top Issues:
External Consultation
- Limited ability for robust and fulsome consultation with external stakeholders due to timelines for establishing minimum dataset.
- Identified that consultations with external stakeholder groups will be incorporated throughout implementation of the phases of this project (i.e., consulting with clients when implementing data collection tools in specific programs).

Top Risks:
Integration into various Program Workflows and Databases
- Establishment of a minimum dataset might not be consistent with the workflows or software system requirements within the various MLHU programs, especially those not within MLHU control (i.e., Salesforce).
Practicality of the Tool
- Challenges may exist in implementing data collection tools and ensuring accountability of staff collecting this information.

Upcoming Key Milestones	Targeted Completion Date	On Track (√)	Delayed (X)
12. Initial Drafted Dataset	June 2022	√	
13. Internal Consultations	July 2022	√	
14. Finalize Minimum Dataset	August 2022	√	

Project Changes:
- N/A

Key Activities for Next Period:
- Identifying the minimum dataset for collection of SDOH and race-based data.
  - Includes conducting background research to draft an initial dataset based on legislative requirements, best practices, etc.,
  - Consultations with key internal stakeholder groups to facilitate buy-in and assess for organizational readiness, and
  - Incorporating feedback to finalize what the standard for minimum datasets would be, ensuring the ability for continuous quality improvement.