

**AGENDA**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**Finance & Facilities Committee**

Microsoft Teams  
Thursday, July 15, 2021 at 6:00 p.m.

**1. DISCLOSURE OF CONFLICTS OF INTEREST**

**2. APPROVAL OF AGENDA – July 15, 2021**

**3. APPROVAL OF MINUTES – June 3, 2021**

**4. NEW BUSINESS**

- 4.1. Janitorial Services – Contract Extension Award (Report No. 17-21FFC)
- 4.2. COVID-19 Case & Contact Management / Vaccine Budget Update (Report No. 18-21FFC)
- 4.3. Request for Over-hire to Ensure Retention of Critical Health Human Resources (Report No. 19-21FFC)

**5. OTHER BUSINESS**

- 5.1. It is recommended that the August 5, 2021 Finance and Facilities Committee meeting be cancelled, such that the next meeting of the Finance and Facilities Committee be September 2, 2021

**6. ADJOURNMENT**



**PUBLIC MINUTES  
FINANCE & FACILITIES COMMITTEE**  
Microsoft Teams  
Thursday, June 3, 2021 at 9:00 a.m.

---

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

**REGRETS:** Ms. Tino Kasi

**OTHERS PRESENT:** Dr. Christopher Mackie, Secretary-Treasurer/Medical Officer of Health  
Ms. Carolynne Gabriel, Communications Coordinator and 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  
Ms. Emily Williams, Director, Healthy Organization/Interim CEO  
Mr. Joe Belancic, Manager, Procurement and Operations  
Mr. Mirek Pawelec, Manager, Finance  
Ms. Katie denBok, Partner, KPMG LLP  
Ms. Emily Van Daele, Manager, KPMG LLP

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. Aina DeViet**, that the **AGENDA** for the June 3, 2021 Finance & Facilities Committee meeting be approved.

Carried

**APPROVAL OF MINUTES**

It was moved by **Ms. Cassidy**, seconded by **Mr. Aaron O'Donnell**, that the **MINUTES** of the April 1, 2021 Finance & Facilities Committee meeting be approved.

Carried

**NEW BUSINESS**

**Vaccination Site Emergency Purchase Award (Report No. 14-21FFC)**

Ms. Emily Williams, Director, Healthy Organization/Interim CEO introduced the report and Mr. Joe Belancic, Manager, Procurement and Operations. Discussion regarding this report included the following:

- Learnings from the first three mass vaccination clinics indicated that additional registration booths would be required at the Earl Nichols arena.

- Due to the layout of the Earl Nichols site, a second ice pad would need to be occupied to accommodate additional registration booths, which would result in significant costs.
- After a site visit at Southwestern Public Health's St. Thomas mass vaccination clinic, which uses a centralized client hub model using only one ice pad, it was decided to adapt this model to the Earl Nichols site.
- The typical procurement process of a public bid process was not followed due to the extremely tight timelines.
- Five different suppliers were invited to bid during a one-week quote process which resulted in six bids from five different suppliers.
- The winning bid was the lowest acceptable bid and was awarded to POI Interiors in the amount of \$57,813.
- The purchase order was approved by the Board Chair and the CEO (Interim).
- This model will not be applied at this time to the previous three mass vaccination sites in order to avoid downtime and because they were able to accommodate the additional registration stations.
- Converting the previous three mass vaccination sites may be considered should the region receive a significant increase in vaccine supply.

It was moved by **Ms. Cassidy, seconded by Ms. DeViet**, that the Finance & Facilities Committee make a recommendation to the Board of Health to receive Report No. 14-21FFC re: "Vaccination Site Emergency Purchase Award" for information.

Carried

### **2020 Draft Financial Statements (Report No. 15-21FFC)**

Ms. Williams introduced Mr. Mirek Pawelec, Manager, Finance. Mr. Pawelec introduced Ms. Katie denBok, Partner, KPMG LLP and Ms. Emily Van Daele, Manager, KPMG LLP.

Discussion regarding the Draft Financial Statements (Appendix A: Report No. 15-21FFC) included:

- Among the financial liabilities due to the Province of Ontario is that some funding, which was received for the senior's dental clinic, was not used due to a delay in opening the clinic, and needs to be repaid.
- Other income is significantly lower than in 2019 and what was budgeted in 2020 due in part to the loss of user fees for clinics which did not operate in 2020.
- The largest expenditure is staffing cost, in part due to additional staff required for the COVID-19 program, as well as some salaries which received inflationary adjustments.
- The cost of benefits is lower than in 2019 and what was budgeted for in 2020, in part because many of the new staff are on contract and not receiving benefits as well as an accumulated surplus with Canada Life which was refunded.
- Grant revenue from the Ministry of Health and extraordinary COVID-19 funding is expected but has not yet been received.
- A senior's dental bus had been budgeted for in 2020 but is not being pursued at this time. The Health Unit has received permission from the Province to use the funds to open another senior's dental clinic at the Health Unit's Strathroy office.
- Any interest costs incurred due to the timing of funds being received from the Province are eligible for extraordinary funding.

Ms. denBok and Ms. Van Daele presented the *Audit Findings Report for the year ended December 31, 2020* (Appendix B: Report No. 15-21FFC) and noted:

- The COVID-19 pandemic impacted how the audit was conducted, including being mostly conducted remotely, performing a more thorough risk assessment, and considering the impacts of the pandemic on financial reporting.
- One auditing standard was new this year. There is now a different threshold for documentation and rigor for estimations, which most significantly impacted the audit of employee future benefits.

- No significant issues were detected through the audit and one re-classification was identified.

At **9:38 a.m.**, it was moved by **Ms. Cassidy, seconded by Ms. DeViet**, *that the Finance & Facilities Committee go in camera to consider matters regarding a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value.*

Carried

At **9:49 a.m.**, it was moved by **Ms. Cassidy, seconded by Ms. DeViet**, *that the Finance & Facilities Committee rise and return to public session.*

Carried

It was moved by **Ms. Cassidy, seconded by Mr. O'Donnell**, *that the Finance & Facilities Committee make a recommendation to the Board of Health to review and approve the audited Financial Statements of the Middlesex-London Health Unit, Year Ended December 31, 2020, as appended to Report No. 15-21FFC re: "2020 Draft Financial Statements".*

Carried

### **OTHER BUSINESS**

The next meeting was determined to be Thursday, July 15, 2021 from 6:00 p.m. to 7:00 p.m..

### **CONFIDENTIAL**

At **9:53 a.m.**, it was moved by **Ms. DeViet, seconded by Mr. O'Donnell**, *that the Finance and Facilities Committee will move in camera to consider matters regarding labour relations or employee negotiations, personal matters about an identifiable individual, including municipal or local board employees, and a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board.*

Carried

At **10:02 a.m.**, it was moved by **Ms. Cassidy, seconded by Ms. DeViet**, *that the Finance and Facilities Committee rise and return to public session.*

Carried

### **ADJOURNMENT**

At **10:03 a.m.**, it was moved by **Ms. Cassidy, seconded by Ms. DeViet**, *that the meeting be adjourned.*

Carried



TO: Chair and Members of the Finance & Facilities Committee

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

DATE: 2021 July 15

**JANITORIAL SERVICES – CONTRACT EXTENSION AWARD**

**Recommendation**

*It is recommended that the Finance & Facilities Committee make a recommendation to the Board of Health to extend a one-year contract for janitorial services to Grete Services for \$163,161 for leased premises located at 355 Wellington Street, Suite 110, London Ontario.*

**Key Points**

- The base contract for cleaning services has increased by 60% from \$103,367 to \$165,779 as a result of COVID-19-related increased cleaning protocols and 7 day-per-week scheduling;
- Opportunities to tender this work were limited due to COVID restrictions;
- The contract extension will decrease total cleaning costs for the coming year by 1.2% to \$163,161.

**Background**

On March 5, 2020 the Finance and Facilities Committee received a report regarding janitorial services which awarded a one-year contract to Bee Clean Services who provided the lowest acceptable bid at \$108,203 annually. Bee Clean Building Services is the current contractor to Citi Plaza. The relocation in January 2020 to the Citi Plaza location provided the Health Unit with an opportunity to reduce its overall square footage from 85,000 to 68,000 and consolidate two locations in the downtown core of London. The janitorial services cost represented a 29% decrease in expenditure over the previous contract at 50 King Street.

Through additional efficiency gains, this \$108,203 cost was further reduced to \$103,367. However, the onset of the COVID-19 pandemic significantly increased these costs due to the requirement for increased cleaning protocols as well as the move to a 7-day work week at the Health Unit. Revised costs are listed below.

| Subtotal | Preliminary Contract - Total | COVID Increased Services | TOTAL        |
|----------|------------------------------|--------------------------|--------------|
| Monthly  | \$7,622.95                   | \$4,602.65               | \$12,225.60  |
| Tax      | \$990.98                     | \$598.34                 | \$1,589.33   |
| Total    | \$8,613.93                   | \$5,200.99               | \$13,814.93  |
|          |                              |                          |              |
| Annual   | \$103,367.20                 | \$62,411.93              | \$165,779.14 |

As a result of these increased cleaning requirements, costs increased by 60% to \$165,779 annually.

## Quote

The length of the contract with Bee Clean Building Services (now known as Grete Services) was one year. However, COVID-19 restrictions in the first quarter of 2021 have limited the ability to re-issue a revised tender for cleaning services as MLHU staff were limiting non-essential staff and visitors on site.

As a result, a revised quote was requested from Grete Services for the upcoming year and the costs are listed below.

| Subtotal | Preliminary Contract - Total | COVID Increased Services | TOTAL        |
|----------|------------------------------|--------------------------|--------------|
| Monthly  | \$7,823.77                   | \$4,208.76               | \$12,032.53  |
| Tax      | \$1,017.09                   | \$547.14                 | \$1,564.23   |
| Total    | \$8,840.86                   | \$4,755.90               | \$13,596.76  |
| Annual   | \$106,090.32                 | \$57,070.79              | \$163,161.11 |

The preliminary contract costs have increased by 2.6% to \$106,090 while the total costs decreased by 1.2% to a total of \$163,161. The increase to the base contract was attributed to a union wage increase, as well as an increased need for first floor clinic cleaning by 30 minutes.

## Conclusion

It is recommended that a single source contract be extended for janitorial services for one (1) year in duration. The contract will be reassessed in March 2022 and a public tendering process will be undertaken when the Health Unit staff can provide a comprehensive assessment of the janitorial services in a safe and effective manner.

This report was prepared by Procurement & Operations, Healthy Organization Division.



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



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



TO: Chair and Members of the Finance & Facilities Committee

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

DATE: 2021 July 15

---

## **COVID-19 CASE & CONTACT MANAGEMENT / VACCINE CLINIC BUDGET UPDATE**

### ***Recommendation***

*It is recommended that the Finance & Facilities Committee recommend that the Board of Health receive an update on COVID-19 Case and Contact Management and Vaccine Clinic budget as described in Report No. 18-21FFC re: “COVID-19 Case & Contact Management / Vaccine Clinic Budget Update”.*

### **Key Points**

- The Ministry of Health (MoH) directed public health units to “take all necessary measures” to respond to COVID-19, including the roll-out of the Vaccine Program.
- Up until April 30, 2021, MLHU has spent a total of \$6.1 million on COVID-19 response, including \$3.6 million on case & contact management and \$2.5 million on vaccine clinics.

### **Background**

The MoH directed “...public health units are expected to take all necessary measures to continue to respond to COVID-19 in their catchment areas, support the Ministry of Health in the provincial rollout of the COVID-19 Vaccine Program, and continue to maintain critical public health programs and services.” The Ministry has provided assurances that processes will be in place to facilitate the reimbursement of extraordinary costs incurred in 2021.

### **COVID-19 Case and Contact Management (CCM)**

In addition to redeploying staff members to COVID-19 work, the Middlesex-London Health Unit (MLHU) has hired numerous temporary staff members to provide CCM support in containing the spread of the virus. The Board of Health has approved ([Report No. 04-21FFC](#)) a budget for expenses above and beyond what can be covered through MLHU’s operating budget in the amount of \$7,274,786 specifically for COVID-19 CCM. Up until April 30, 2021 \$3,636,546 has been spent on CCM as presented below:

|                           | COVID-19 CCM     |                  |                  |
|---------------------------|------------------|------------------|------------------|
|                           | 30-Apr           | 2021 Budget      | Variance         |
| Expenditures              |                  |                  |                  |
| Salary & Wages            | 3,011,627        | 5,836,950        | 2,825,323        |
| Benefits                  | 359,539          | 960,110          | 600,571          |
| Travel                    | 2,600            | 10,000           | 7,400            |
| Program Supplies          | 24,243           | 264,795          | 240,552          |
| Occupancy Costs           | 83,727           | 63,919           | (19,808)         |
| Professional Services     | 24,214           | 115,253          | 91,039           |
| Furniture & Equipment     | 101,705          | 13,461           | (88,244)         |
| Other Program Costs       | 28,890           | 10,295           | (18,595)         |
| <b>Total Expenditures</b> | <b>3,636,546</b> | <b>7,274,783</b> | <b>3,638,237</b> |

### COVID-19 Vaccine Program

MLHU has implemented a mass vaccine clinic rollout to administer COVID-19 vaccines to the communities we serve. A comprehensive program for mass immunization clinics was presented April 1, 2021 ([Report No. 13-21FFC](#)) with an approved budget of \$21,423,152. The first clinic in Mt. Brydges became operational February 18, 2021, while the second at North London Optimist Community Centre (NLOCC) was operational March 17, 2021. Some of the costs related to the vaccine clinics are yet to be received from our partners as there typically is a delay in setting up initial billing processes with some partner organizations.

Costs incurred for the vaccine clinics until April 30, 2021 amount to \$2,465,447 and are presented below:

|                           | COVID-19 VACCINE |                   |                   |
|---------------------------|------------------|-------------------|-------------------|
|                           | 30-Apr           | 2021 Budget       | Variance          |
| Expenditures              |                  |                   |                   |
| Salary & Wages            | 1,380,634        | 15,627,869        | 14,247,235        |
| Benefits                  | 198,804          | 2,570,784         | 2,371,980         |
| Travel                    | 39,936           |                   | (39,936)          |
| Program Supplies          | 214,699          | 1,519,966         | 1,305,267         |
| Staff Development         | 570              |                   | (570)             |
| Occupancy Costs           | 37,878           | 106,305           | 68,427            |
| Professional Services     | 337,004          | 862,573           | 525,569           |
| Furniture & Equipment     | 255,922          | 735,656           | 479,734           |
| <b>Total Expenditures</b> | <b>2,465,447</b> | <b>21,423,153</b> | <b>18,957,706</b> |

### Conclusion

The Health Unit will continue to monitor costs associated with COVID-19 case and contact management and the vaccine clinics and provide updates as necessary.

This report was prepared by the Healthy Organization Division.



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

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

A handwritten signature in black ink, appearing to read 'E Williams'.

Emily Williams, BScN, RN, MBA  
CEO (Interim)



TO: Chair and Members of the Finance and Facilities Committee

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

DATE: 2021 July 15

---

## REQUEST FOR OVER-HIRE TO ENSURE RETENTION OF CRITICAL HEALTH HUMAN RESOURCES

### **Recommendation**

*It is recommended that the Finance and Facilities Committee recommend that the Board of Health:*

- 1) *Receive for information Report No. 19-21FFC re: “Request for Over-hire to Ensure Retention of Critical Health Human Resources”;*
- 2) *Approve the over-hiring of 22 additional permanent positions (16 Public Health Nurses, three Public Health Inspectors, one Human Resources Specialist, one Health Equity Worker, and one Manager); and*
- 3) *Defer permanent budget decisions to the 2022 budget process.*

### **Key Points**

- The work of the COVID-19 pandemic has required substantial growth in MLHU’s health human resources, particularly to support case and outbreak management and vaccine delivery; the temporary nature of the positions has resulted in increasing difficulties with turnover and gapping.
- To stabilize the workforce, the Senior Leadership Team is seeking approval to over-hire up to 22 staff (16 public health nurses, three public health inspectors, one human resources specialist, one health equity worker, and one manager) in addition to the previously approved over-hire limit (see [Report No. 31-18FFC](#) and [Report No. 44-18](#)).
- Work associated with COVID-19 will need to be incorporated into the baseline operations of the organization. Efforts are underway to articulate and forecast the resources required for MLHU to sustainably respond to the ongoing work of COVID-19, re-establish critical non-COVID-19 services, and support public health’s health equity and recovery efforts. This will be incorporated into the MLHU 2022 budget planning process.

### **Background**

The first laboratory-confirmed COVID-19 case in the Middlesex-London region was reported to the Middlesex-London Health Unit (MLHU) on January 24, 2020. During the first wave of the pandemic (January-May 2020), community control of COVID-19 in the Middlesex-London region was achieved through unprecedented and intensive physical distancing; aggressive case, contact, and outbreak management; and the support of enhanced infection prevention and control practices in all settings. Operationally, this response required the significant redeployment of MLHU staff, severely limiting and constraining all other MLHU operations (see [Report No. 16-20](#) and [Report No. 24-20](#)).

Following the first wave of the COVID-19 pandemic, the MLHU Board of Health (BOH) approved a significant investment of health human resources to support MLHU’s ongoing response, in recognition that

additional resources were needed for MLHU to both do the new work associated with the COVID-19 pandemic and maintain prioritized core public health work (see [Report No. 32-20](#)). Funding was subsequently provided by the Province. The additional resources, approved until December 2021, resulted in the continuation of prioritized pre-pandemic operations. Subsequent waves of COVID-19 yet again required redeployments for case, contact, and outbreak management. Arrival of the COVID-19 vaccine in late 2020 required further expansion of the health human resources at MLHU. Substantial hiring of temporary staff has unfolded, grounded in assurances from the Province of commensurate funding in 2021.

For context, in January 2020, prior to the onset of the pandemic, MLHU's staffing complement consisted of 308 staff, with 249 Full Time, 22 Part Time, 20 Casual and 17 Temporary positions. As of June 2021, the staffing complement has grown significantly to 801 staff, including 234 Full Time, 23 Part Time, 17 Casual, two Students/Seasonal staff, as well as 525 Temporary positions.

In addition to the need for permanent additional health human resources to stabilize the COVID-19 workforce, MLHU has progressed to a place in its work in the areas of health equity, Indigenous reconciliation, diversity and inclusion, and anti-Black racism where additional health human resources are required to effectively and sustainably implement its many BOH-approved recommendations in a timely manner. A substantive number of the recommendations from the Employment Systems Review portion of the Diversity and Inclusion Report ([Report No. 24-21](#)) are related to Human Resource-related policies and processes and will require additional support to implement. Implementation of recovery recommendations and the significant recovery efforts required to promote community and population health will also need to be adequately resourced.

### **Challenges of Recruitment and Retention**

Consistent with the uncertainty of the pandemic, the added positions have been temporary. The provincial funding framework for public health in 2022 remains unknown. Unfortunately, as the end of 2021 approaches, it is increasingly difficult to recruit and retain these critical health human resources because of the short-term, temporary nature of the contracts. The current competition for health human resources is intense, and temporary positions are understandably not as attractive as the certainty of permanent positions. Collectively, this results in substantial turnover and gapping, in addition to challenges with recruitment. These challenges threaten MLHU's ability to fulfill its public health obligations and mandate.

### **Over-hire Proposal**

As a first step to stabilize the workforce and address health human resource needs, the Senior Leadership Team is seeking approval to proceed with over-hiring up to 22 permanent positions – 16 public health nurses, three (3) public health inspectors, one (1) human resources specialist, one (1) health equity worker, and one (1) manager. This is in addition to the previously-approved over-hire limit (see [Report No. 31-18FFC](#) and [Report No. 44-18](#)). [Appendix A](#) outlines where it is expected these positions will be situated within MLHU's work and mandate, along with salary/benefits for these roles.

Over-hiring carries with it the organizational risk of exceeding its annual budget due to the increase in staff complement. In this instance, the following assumptions are expected to mitigate this risk:

- Historically, the number of people in permanent positions leaving the organization over the course of a year is consistent with the number of proposed over-hire positions. The turnover rate in 2019 = 9.23%, and the rate in 2020 = 8.88%.
- The organization may experience a higher-than-normal number of resignations and retirements post-pandemic.
- It is reasonable to expect additional provincial investments in infectious disease control and vaccine-preventable disease in 2022.

- Additional staff will be required to implement Board-approved recommendations for Diversity and Inclusion and Anti-Racism ([Report No. 24-21](#) and [Report No. 19-21](#)).

In the event that funding is not available, layoffs may need to be considered in 2022.

It is recognized that this request falls outside the normal budget processes; however, there is an urgent need to address retention concerns.

### Next Steps

Even as the third wave of the pandemic gradually abates, it is increasingly clear that the work associated with COVID-19, although unpredictable, will continue beyond the pandemic and will need to be incorporated into the baseline operations of the organization. Furthermore, it is also clear that the risks and impacts of constraining critical non-COVID-19 public health work grow. Efforts are underway to further articulate and forecast the resources required for MLHU to sustainably respond to the ongoing work of COVID-19, re-establish critical non-COVID-19 services, and support public health recovery efforts. As it is expected these over-hire positions will not result in a sustained increase to MLHU's current permanent full-time equivalent complement due to attrition through resignation and retirement, more fulsome proposals for any required and prioritized additional and sustained permanent baseline complement positions will be presented to the BOH during the upcoming budgetary process. As the resource requirements are being identified, it is expected that the Province will provide more information about what funding public health units can anticipate in 2022. This will inform the development of the annual service plan and budget for 2022.

This report was prepared by the Associate Medical Officer of Health and Chief Nursing Officer, Office of the Medical Officer of Health.



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



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

**Proposed Allocation of Over-hire Positions**

| <b>Ref</b>                                | <b>Division</b> | <b>Proposal</b>   | <b>Anticipated 2022 Requirements</b>   | <b>Current Request</b>                 | <b>Value of Current Request</b> |
|---|-----------------|---|--|--|---------------------------------|
| 1   | OMOH            | Case Investigators (PHNs and PHIs) for COVID-19 Case and Contact Management team;<br>Manager/Supervisor   | Up to 15 FTE PHN<br>Up to 5 FTE PHI<br>Up to 2 FTE Management  | 8 FTE PHN<br>3 FTE PHI                 | \$1,046,989                     |
| 2   | EHID/OMOH       | PHNs for and Program Assistants for Vaccine Preventable Diseases team<br>Nurse Manager for COVID-19 Vaccine Program                                 | Up to 38 FTE PHN<br>Up to 3 FTE PA<br>Up to 3 FTE Management   | 3 FTE PHN<br>1 FTE Manager             | \$418,456                       |
| 3   | HL              | PHNs for School Health Team   | Up to 8 FTE PHN  | 5 FTE PHN                              | \$481,000                       |
| 4   | OCNO/HO         | PHNs for Health Equity Team<br>Health Equity Worker for Health Equity Team<br>Health Promoter for Health Equity Team<br>Human Resources Specialists | Up to 2 FTE PHN<br>Up to 1 FTE Health Equity Worker<br>Up to 1 FTE Health Promoter<br>Up to 2 FTE HR | 1 FTE Health Equity Worker<br>1 FTE HR | \$193,253                       |
| <b>Total Value of Over-hire Positions</b> |                 |   |  | 22 FTE                                 | \$2,139,698                     |

## **Descriptions of Recommended Over-hire Positions**

### **1. Case Investigators (PHNs and PHIs) for COVID-19 Case and Contact Management Team**

The COVID-19 Case and Contact Management team is entirely staffed with temporary positions, and as a result is experiencing significant difficulty in retention and recruitment of health human resources. The initial program proposal consisted of 22 temporary case investigators. While the months ahead remain uncertain, it is expected that case and contact management, as well as outbreak and facilities, work will continue to require significant staffing. The over-hire of eight permanent PHNs and three PHIs will ensure staffing stability up to and beyond December 2021.

### **2. PHNs for Vaccine Preventable Diseases Team and Nurse Manager for COVID-19 Vaccine Program**

The Vaccine Preventable Diseases (VPD) team plays a critical role in providing leadership to COVID-19 vaccination teams (acting as ‘team leads’) in both mass vaccination clinics and mobile pop-up vaccination clinics. Additionally, they significantly support COVID-19 vaccination training efforts during onboarding. Vaccine distribution is another key role played by the VPD team. The team has had to put significant portions of their school-based vaccination work and cold chain inspection on hold and will need to play ‘catch up’ in Fall 2021 and Winter 2022. The team has five temporary positions; recruitment has been challenging and it has taken significant periods of time to secure staff in the positions. The over-hire of three permanent PHN’s will ensure staffing stability up to and beyond December 2021.

Recruiting managers for the COVID-19 vaccine program has proven to be an ongoing challenge and the organization continues to struggle with insufficient management support. Wage compression issues and workload demands within this role have further hampered internal recruitment efforts. A significant level of expertise is required for managers and it is difficult to recruit strong candidates into temporary positions. Management support will continue to be required for many months. The over-hire of one permanent manager will support management stability up to and beyond December 2021.

### **3. PHNs for School Health Team**

In the last quarter of 2020, the province provided earmarked funding which enabled MLHU to hire an additional 22 PHN’s to support COVID-19 prevention and response in schools. These positions have been extended until July 2022. These Public Health Nurses have been essential in MLHU’s COVID-19 work, however, all 22 positions are temporary. While the organization successfully recruited for these positions within a relatively short period of time, there have been challenges with retention, and it is expected retention issues will continue to increase, putting MLHU’s school COVID-19 support at risk. These challenges are specifically related to the temporary nature of these positions. The over-hire of five permanent PHN’s will ensure staffing stability up to and beyond December 2021.

### **4. Health Equity Worker and HR Specialist**

MLHU has prioritized and invested in efforts to build individual and organizational capacity for health equity action for more than five years. COVID-19 has exacerbated and highlighted health inequities, and reinforced MLHU’s resolve to prioritize this work. In addition to the need to sustain efforts related to MLHU’s 2018 [Organizational Plan for Reconciliation](#), MLHU’s recently approved [Provisional Strategic Plan](#) prioritizes the implementation of recommendations from its 2021 [Anti-Black Racism Plan](#) and [Diversity and Inclusion Assessment](#). While ongoing and sustained increases to full-time equivalent health equity staffing complement will be considered through the 2022 PBMA process, there is a need for support to move this work forward in 2021 during implementation of the provisional strategic plan. Many of the recommendations from the Employment Systems Review portion of the Diversity and Inclusion Assessment have direct impact on Human Resource-related policies and processes. An HR Specialist is required to advance this important work. The over-hire of one permanent Health Equity Worker will support effective recruitment into and retention within this position focused on health equity action.