

**AGENDA**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**Quality and Governance Committee**

Thursday, May 22, 2025 at 6 p.m.  
MLHU Board Room – CitiPlaza  
110-355 Wellington Street  
London, ON N6A 3N7

**1. DISCLOSURES OF PECUNIARY INTEREST**

**2. APPROVAL OF AGENDA – May 22, 2025**

**3. APPROVAL OF MINUTES – February 20, 2025**

**4. NEW BUSINESS**

- 4.1.** Q1 2025 Performance Reporting (Report No. 06-25QGC)
- 4.2.** 2023-25 Provisional Plan 2025 Q1 Status Update (Report No. 07-25QGC)
- 4.3.** Q1 2025 Risk Registry Update (Report No. 08-25QGC)
- 4.4.** Governance Policy Review for May 2025 (Report No. 09-25QGC)
- 4.5.** Governance Policy Follow-Up – Investing and Donations (Report No. 10-25QGC)
- 4.6.** 2025 Board of Health Self-Assessment (Report No. 11-25QGC)

**5. OTHER BUSINESS**

The next meeting of the Quality and Governance Committee will be on Thursday, September 18, 2025 at 6 p.m.

**6. ADJOURNMENT**



**PUBLIC SESSION – MINUTES**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**QUALITY AND GOVERNANCE COMMITTEE**

Thursday, February 20, 2025 at 6 p.m.  
MLHU Board Room – CitiPlaza  
110-355 Wellington Street  
London, ON N6A 3N7

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**MEMBERS PRESENT:** Aina DeViet (2025 Committee Chair Appoint)  
Michelle Smibert  
Matthew Newton-Reid (attended virtually)  
Michael Steele  
Emily Williams, Chief Executive Officer (ex-officio) (Secretary and Treasurer)  
Dr. Alexander Summers, Medical Officer of Health (ex-officio)

**OTHERS PRESENT:** Stephanie Egelton, Executive Assistant to the Board of Health (recorder)  
Jennifer Proulx, Director, Family and Community Health  
Sarah Maaten, Director, Public Health Foundations  
Omar Ozaldin, Director, Environmental Health, Infectious Diseases and Clinical Services  
Ryan Fawcett, Associate Director, Operations/Privacy Officer  
Cynthia Bos, Associate Director, Human Resources and Labour Relations  
Dr. Janice Mok, Medical Resident

At **6:01 p.m.**, Secretary and Treasurer Emily Williams called the meeting to order.

**MEETING PROCEDURES**

**Election of 2025 Quality and Governance Committee Chair**

Secretary and Treasurer Emily Williams opened the floor to nominations for Chair of the Quality and Governance Committee for 2025.

It was moved by **M. Smibert, seconded by M. Steele**, *that Aina DeViet be nominated for Chair of the Quality and Governance Committee for 2025.*

Carried

Aina DeViet accepted the nomination.

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

It was moved by **M. Smibert, seconded by M. Steele**, *that Aina DeViet be acclaimed as Chair of the Quality and Governance Committee for 2025.*

Carried

**DISCLOSURES OF PECUNIARY INTEREST**

Chair DeViet inquired if there were any disclosures of conflicts of interest.

## **APPROVAL OF AGENDA**

It was moved by **M. Steele, seconded by M. Smibert**, that the **AGENDA** for the February 20, 2025 Quality and Governance Committee meeting be approved.

Carried

## **NEW BUSINESS**

### **2025 Quality and Governance Committee Terms of Reference (Report No. 01-25QGC)**

Emily Williams, Secretary of the Board of Health introduced the draft 2025 Quality and Governance Committee Terms of Reference.

E. Williams explained that the new Quality and Governance Committee will conduct work that includes policy review and reviewing quality-related reporting such as strategic planning, organizational performance, privacy statistics and risk management. Meetings will be quarterly at 6 p.m. before the regularly scheduled Board of Health meeting.

There were no questions or discussion.

It was moved by **M. Smibert, seconded by M. Steele**, that the *Quality and Governance Committee recommend to the Board of Health to:*

- 1) *Receive Report No. 01-25QGC re: "2025 Quality and Governance Committee Terms of Reference" for information; and*
- 2) *Approve the 2025 Quality and Governance Committee Terms of Reference.*

Carried

### **2023-25 Provisional Plan 2024 Q4 Status Update (Report No. 02-25QGC)**

Sarah Maaten, Director, Public Health Foundations presented the 2024 Q4 Status Update of the Middlesex-London Health Unit's Provisional Strategic Plan.

S. Maaten noted that progress has been made on many of the Provisional Plan strategic initiatives within Q4 of 2024 with some initiatives being delayed and paused following a reprioritization process in Q3. The initiative to develop an organizational emergency response plan (ERP) and continuity of business operation plan (COOP) has been completed. This is the first provisional plan initiative to be completed and will be presented to the Board of Health at the regular Board of Health meeting later in the evening (February 20 at 7 p.m.). Three types of risks were identified within the tactics in Q3 2024: (1) Operational / Service Delivery, (2) People / Human Resources, and (3) Financial.

S. Maaten noted that the following initiatives have experienced delays or pauses:

- The Partnership Engagement Framework and Partnership Inventory initiatives were placed on hold at the beginning of Q3 resulting in no activities being completed during Q4. This initiative is planned to resume in Q1 2025 with a trial of the draft inventory.
- The Intervention Description and Indicator Development initiative was paused towards the end of Q3 and during Q4. Timelines have been extended to respond to competing priorities. This initiative is planned to resume in Q1 2025.
- The sociodemographic and race-based data collection project experienced a decline in staff participation due to several operational and service delivery factors. A few strategies are planned for Q1 2025 to further understand the challenges in data collection from early adopter teams and explore technical solutions.
- Some activities associated with the Job Description Review experienced delays in Q4 due to limited staff capacity to review position descriptions.

- Some activities associated with Document and Refine Budgeting Processes were delayed due to turnover in the Finance team.

There were no questions or discussion.

It was moved by **M. Smibert, seconded by M. Steele**, *that the Quality and Governance Committee recommend to the Board of Health to receive Report No. 02-25QGC re: “2023-25 Provisional Plan 2024 Q4 Status Update” for information.*

Carried

#### **Privacy Program Report – IPC Statistical Reports for 2024 (Report No. 03-25QGC)**

Ryan Fawcett, Associate Director, Operations/Privacy Officer presented the 2024 privacy statistics for the Middlesex-London Health Unit.

R. Fawcett noted that reporting to the Information and Privacy Commissioner of Ontario for local boards and municipalities is due March 1 each year. Required reports include confirmed privacy breaches, access and correction requests under the *Personal Health Information Protection Act, O. Reg 329/04* (PHIPA) and access and correction requests under and the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA). Reporting was completed on February 10, 2025.

The Health Unit had one (1) privacy breach incident in 2024 that met the threshold for notification to the Information and Privacy Commissioner. This privacy breach involved a staff member accessing private health information of a client without authorization. The information was not disclosed to anyone else and the Health Unit worked through the disclosure with the client. The steps that the Health Unit conducted to rectify the situation satisfied the Information and Privacy Commissioner.

In 2024, there were five (5) PHIPA access requests, 2 (two) MFIPPA access requests, and one (1) privacy breach. In 2023, there were 21 PHIPA access requests, 7 (seven) MFIPPA access requests and no privacy breaches.

Committee Member Mike Steele inquired on the reason that freedom of information requests would be lower than previous years. R. Fawcett explained that freedom of information requests vary from year to year. Historically, the Health Unit has had higher personal health information (PHIPA) requests than municipal (MFIPPA). Requests for 2024 are on par with pre-COVID trends.

Chair DeViet noted that municipal clerks are reporting higher volumes in freedom of information requests for 2024.

It was moved by **M. Smibert, seconded by M. Newton-Reid**, *that the Quality and Governance Committee recommend to the Board of Health to receive Report No. 03-25QGC re: “Privacy Program – Information and Privacy Commissioner (IPC) Statistical Reports for 2024” for information.*

Carried

#### **Q4 2024 Risk Registry Update (Report No. 04-25QGC)**

R. Fawcett presented the Q4 2024 Risk Registry. There are eight (8) risks identified on the Q4 2024 Risk Register.

Three (3) risks carry significant residual risk within the Financial and People/Human Resources and Legal/Compliance categories. The financial risk is related to sustained financial pressures as the provincial government 1% funding increase is not sufficient to offset actual work and inflation. Due to the election,

the 2024 funding package has not been received by the Health Unit. MLHU awaits a response from the Ministry with respect to one-time COVID and outbreak disease funding request. The people-related risk is related to reduced resiliency post restructuring. Senior Leadership continues to support leaders and staff through change, as well as conducting goal and priority setting exercises to focus teams on core deliverables. The legal risk is related to a planned legal matter in Q1 2025.

Three (3) risks carry moderate residual risk within the Political, Technology and Operational/Service Delivery categories. The political risk is related to health unit mergers. Voluntary mergers were approved, merging nine (9) health units into four (4) newly created health units. No new mergers are anticipated at this time. The technology risk is related to token software management, which has been mitigated by the Information Technology team. The operational risk is related to the Health Unit needing a new website provider, which vendor options are being explored.

Two (2) carry minor residual risk related to the technology and legal risk categories, both of which have been mitigated to an acceptable level of risk.

R. Fawcett noted that priorities for 2025 are continued support for staff and leaders, hardening cyber defenses, reducing the financial gap and business continuity planning. A new risk register will be developed in 2025 enhancing how risks are identified and communicated within the Health Unit and to the Board.

There were no questions or discussion.

It was moved by **M. Smibert, seconded by M. Steele**, that the *Quality and Governance Committee recommend to the Board of Health to:*

- a) *Receive Report No. 04-25QGC re: "Q4 2024 Risk Registry" for information; and*
- b) *Approve the Q4 Risk Register (Appendix A)*

Carried

#### **Q4 2024 Performance Reporting (Report No. 05-25QGC)**

Dr. Alexander Summers, Medical Officer of Health introduced the Q4 2024 Performance Reporting. Dr. Summers reminded the Committee that this process was a part of the Management Operating System (MOS) at the Health Unit, providing the Committee and Board of Health with quarterly performance reporting.

Highlights of Q4 2024 include:

- Significant changes to the comprehensive school health interventions;
- Ongoing community mobilization efforts to address the toxic drug crisis and homelessness crisis within Middlesex-London;
- Completion of the Continuity of Operations Plan on an expedited schedule; and
- Continued development and implementation of the Management Operating System, including the re-initiation of the intervention description and indicator development process.

E. Williams noted that key performance indicator (KPI) work was picking up at the Health Unit and that more indicators from Corporate Services would be seen in Q2's report to the Committee.

There were no questions or discussion.

It was moved by **M. Smibert, seconded by M. Steele**, that the *Quality and Governance Committee recommend to the Board of Health to receive Report No. 05-25QGC re: "Q4 2024 Organizational Performance Reporting" for information.*

Carried

**OTHER BUSINESS**

The next meeting of the Quality and Governance Committee is on Thursday, May 22, 2025 at 6 p.m.

**ADJOURNMENT**

At **6:16 p.m.**, it was moved by **M. Steele**, seconded by **M. Newton-Reid**, *that the meeting be adjourned.*

Carried

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**AINA DEVIET**  
Committee Chair

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**EMILY WILLIAMS**  
Secretary

**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 06-25QGC**

**TO:** Chair and Members of the Quality and Governance Committee

**FROM:** Dr. Alexander Summers, Medical Officer of Health  
Emily Williams, Chief Executive Officer

**DATE:** 2024 May 22

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**Q1 2025 ORGANIZATIONAL PERFORMANCE REPORTING**

**Recommendation**

*It is recommended that the Quality and Governance Committee recommend to the Board of Health to receive Report No. 06-25QGC re: “Q1 2025 Organizational Performance Reporting” for information.*

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**Report Highlights**

- A core process of MLHU’s Management Operating System is the Organizational Performance Management system, which includes quarterly performance reporting to the Board of Health.
- A summary report is affixed as [Appendix A](#).
- Background on the MLHU’s Organizational Performance Management (OPM) system is affixed as [Appendix B](#).

**Background**

Background on the MLHU’s Organizational Performance Management (OPM) system is affixed as [Appendix B](#).

**Q4 2024 Organizational Performance Report to the Board of Health**

A summary report of MLHU’s Q1 2025 organizational performance can be found in [Appendix A](#).

As previously reported in Q4, the work of the Health Unit in Q1 continues to be impacted by increased demand for services across all divisions. Highlights of Q1 include:

- Continued development and implementation of the Management Operating System, including operational planning, indicator development, and program prioritization. Preliminary work for the strategic planning process was initiated;
- On-track progress in inspections related to most programs, with the exception of personal service settings and low-risk food premises;
- Significant resources allocated to responding to the ongoing measles outbreak in southwestern Ontario; and
- Growing capacity in healthy public policy development.

**Next Steps**

Quarterly organizational performance reporting information will continue to be provided to the Board of Health.

This report was written by the Medical Officer of Health and Chief Executive Officer.



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



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

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The organization requirements in the Public Health Accountability Framework outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
  - Our public health programs are effective, grounded in evidence and equity
  - We make effective decisions, and we do what we say we are going to do

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically the broad sets of recommendations related to governance and accountability in both plans.**



# MLHU's Quarterly Performance Report to the Board of Health

Q1 2025

## Public Health Programs

Program highlights are only provided when strategically significant.

Program Cluster	Programs	Q4 Summary	Q1 Summary
<b>Food Safety</b>	<ul style="list-style-type: none"> <li>Food Safety Program</li> </ul>	<ul style="list-style-type: none"> <li>High and moderate risk inspections were completed.</li> <li>Low-risk inspections were not completed due to staffing challenges and the emergence of novel risks. In 2025, operators will be further stratified into a "very-low risk" category, requiring inspections every 2 years, rather than annually. This is aligned with proposed adjustments to the OPHS, and will create capacity to address novel food safety risks.</li> </ul>	<ul style="list-style-type: none"> <li>Progress on high and moderate risk inspections was on-target for Q1.</li> <li>Low-risk inspections were not on target due to ongoing staffing challenges and the repeated emergence of novel risks. As indicated in Q4, work to further stratify operators into a "very-low risk" category is pending. This will result in inspections every 2 years, rather than annually.</li> </ul>
<b>Health Hazards</b>	<ul style="list-style-type: none"> <li>Health Hazards Program</li> </ul>	<ul style="list-style-type: none"> <li>No programmatic updates at this time.</li> </ul>	<ul style="list-style-type: none"> <li>No programmatic updates at this time.</li> </ul>
<b>Healthcare Access and Quality</b>	<ul style="list-style-type: none"> <li>Health System Reorientation</li> </ul>	<ul style="list-style-type: none"> <li>The London Middlesex Primary Care Alliance is transitioning to the Middlesex London Primary Care Network; MLHU leadership continues to engage.</li> <li>Ongoing development of the Middlesex-London OHT is largely contingent on</li> </ul>	<ul style="list-style-type: none"> <li>MLHU executive leadership remain members of the Coordinating Council of the Middlesex-London OHT. There continues to be gaps in provincial clarification and direction, and local sector efforts are being directed to primary care expansion.</li> </ul>

		<p>provincial clarification and direction; MLHU executive leadership remain members of the Coordinating Council.</p> <ul style="list-style-type: none"> <li>• Demand for MLHU's immunization services continue to be high, given gaps in primary care access.</li> </ul>	
<b>Healthy Behaviours</b>	<ul style="list-style-type: none"> <li>• Healthy Sexuality</li> <li>• Physical Activity and Sedentary Behaviours</li> <li>• Tanning Beds</li> <li>• Ultraviolet Radiation and Sun Safety</li> </ul>	<ul style="list-style-type: none"> <li>• Given local priorities, limited resources are available for interventions related to physical activity and sedentary behaviours, although work continues in other programs to synergistically address this program area (e.g. built environment and active transportation).</li> <li>• Appointment fill rates for family planning and STBBI clinics continued to decrease this quarter; leadership will be assessing the service model, including considering opportunities to promote clinical services.</li> </ul>	<ul style="list-style-type: none"> <li>• Given local priorities, limited resources are available for interventions related to physical activity and sedentary behaviours, although work continues in other programs to synergistically address this program area (e.g. built environment and active transportation).</li> <li>• Appointment fill rates for family planning and STBBI clinics continued to decrease; opportunities to promote clinical services will be implemented in 2025.</li> </ul>
<b>Healthy Eating</b>	<ul style="list-style-type: none"> <li>• Menu Labelling</li> <li>• Food Systems and Nutrition</li> </ul>	<ul style="list-style-type: none"> <li>• Modified support for the Middlesex-London Food Policy Council continues.</li> </ul>	<ul style="list-style-type: none"> <li>• Modified support for the Middlesex-London Food Policy Council continues and is meeting the needs of the Council.</li> <li>• Support for the Harvest Bucks program continues with no concerns.</li> <li>• MLHU leadership is strengthening relationship with London Food Bank to support collaboration on food security.</li> </ul>
<b>Healthy Environments</b>	<ul style="list-style-type: none"> <li>• Active Transportation and Built Environment</li> <li>• Healthy Environments and Climate Change Program</li> <li>• Healthy Workplaces</li> </ul>	<ul style="list-style-type: none"> <li>• MLHU completed a framework for the Built, Natural and Social Environments to support ongoing work with municipal partners.</li> <li>• Aside from Infection Prevention and Control Supports provided to healthcare settings, limited resources are available for interventions related to Healthy Workplaces.</li> </ul>	<ul style="list-style-type: none"> <li>• Work underway regarding completion of evidence primer on Active Transportation.</li> <li>• MLHU participation in the Tamarack Climate Transition Initiative; update pending.</li> <li>• Aside from Infection Prevention and Control Supports provided to healthcare settings, limited resources are available for interventions related to Healthy Workplaces.</li> </ul>

<b>Healthy Growth &amp; Development</b>	<ul style="list-style-type: none"> <li>• Early Childhood Development</li> <li>• Healthy Pregnancies</li> <li>• Infant Nutrition</li> <li>• Preconception Health</li> </ul>	<ul style="list-style-type: none"> <li>• With the increase in funding to the Healthy Babies Healthy Children program from the Ministry of Children, Community and Social Services (MCCSS), additional staff are being recruited, and a slight addition in capacity is anticipated. These investments remain insufficient to meet MCCSS targets for the HBHC programs. The MLHU continues to modify the HBHC eligibility criteria to align with to those with the greatest need.</li> </ul>	<ul style="list-style-type: none"> <li>• MLHU continues to modify the HBHC eligibility criteria to align with those with the greatest need.</li> <li>• A community needs assessment regarding support for the Smart Start for Babies program was submitted to PHAC.</li> <li>• Referrals to the NFP program have decreased; root cause analysis is underway.</li> </ul>
<b>Immunization</b>	<ul style="list-style-type: none"> <li>• Community Based Immunization Outreach</li> <li>• COVID-19 Vaccine Program</li> <li>• Immunization Monitoring and Surveillance</li> <li>• Immunizations for Children in Schools and Licensed Child Care Settings</li> <li>• Vaccine Administration</li> <li>• Vaccine Management</li> </ul>	<ul style="list-style-type: none"> <li>• 12, 330 immunizations were provided in schools, in addition to 2800 catch-up doses at MLHU clinics.</li> <li>• Annual cold chain inspections of vaccine fridges were completed.</li> </ul>	<ul style="list-style-type: none"> <li>• Initial rounds of <i>ISPA</i> enforcement proceeded without concerns; number of suspensions remain consistent to previous year.</li> <li>• Demand for MLHU's immunization services continue to be high, given gaps in primary care access and the implementation of <i>ISPA</i>.</li> </ul>
<b>Infectious Disease Control</b>	<ul style="list-style-type: none"> <li>• Rabies and Zoonotic Disease</li> <li>• Sexually Transmitted and Blood-Borne Disease</li> </ul>	<ul style="list-style-type: none"> <li>• Demand for rabies post-exposure prophylaxis continues to be high, although slightly decreased from Q3 (127 doses for 58 clients).</li> <li>• Animal bite investigations continue to be high. An updated workflow for very-low risk exposures has been developed to reduce the workload.</li> </ul>	<ul style="list-style-type: none"> <li>• The measles outbreak in southwestern Ontario is having significant operational impacts. Outbreak remains primarily centred in neighbouring health units amongst unvaccinated individuals, but there have been significant exposures in Middlesex-London. Outbreak cases have been almost exclusively linked to exposures in neighbouring health units. This has</li> </ul>

	<ul style="list-style-type: none"> <li>• Infectious Disease Control</li> <li>• Vector-Borne Diseases Program</li> </ul>	<ul style="list-style-type: none"> <li>• The ongoing high number of Sexually Transmitted Bloodborne Infections (STBBIs) is stretching the capacity of the Sexual Health Team. Alternative approaches to investigating and managing STBBIs will be considered.</li> <li>• Infectious disease reports remain high but have stabilized since Q1 2024. Cases remain complex.</li> <li>• A measles outbreak continues in neighbouring health units amongst unvaccinated individuals, resulting in potential exposures in Middlesex-London. There have been no outbreak-associated cases in Middlesex-London to date.</li> </ul>	<p>resulted in the pause of some low-urgency work, notably inspection of personal service settings.</p>
<b>Injury Prevention</b>	<ul style="list-style-type: none"> <li>• Adult Injury Prevention</li> <li>• Childhood Injury Prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Limited resources are available for interventions specifically related to injury prevention. Work in other programs synergistically address injury prevention (e.g. built environment and active transportation).</li> </ul>	<ul style="list-style-type: none"> <li>• Limited resources are available for interventions specifically related to injury prevention. Work in other programs synergistically address injury prevention (e.g. built environment and active transportation).</li> </ul>
<b>Mental Health &amp; Wellbeing</b>	<ul style="list-style-type: none"> <li>• General Mental Health Promotion</li> <li>• Perinatal Mental Health Promotion</li> </ul>	<ul style="list-style-type: none"> <li>• Limited resources are available for interventions specifically related to mental health and wellbeing. Work in other programs synergistically address mental health and wellbeing (e.g. HBHC, NFP, School Health).</li> </ul>	<ul style="list-style-type: none"> <li>• Limited resources are available for interventions specifically related to mental health and wellbeing. Work in other programs synergistically address mental health and wellbeing (e.g. HBHC, NFP, School Health).</li> </ul>
<b>Oral Health</b>	<ul style="list-style-type: none"> <li>• Non-Mandatory Oral Health Programs</li> <li>• Ontario Seniors Dental Care Program</li> <li>• Oral Health Assessment and Surveillance</li> </ul>	<ul style="list-style-type: none"> <li>• Oral health screening in schools continued through Q4.</li> <li>• OSDCP waiting list has decreased even further to 112, from 223 in Q3. At this point, capacity is sufficient to meet demand.</li> </ul>	<ul style="list-style-type: none"> <li>• Oral health programming proceeding as planned.</li> <li>• Demand for seniors' dental service has somewhat declined following implementation of federal program. Assessment of promotion opportunities underway.</li> </ul>

	<ul style="list-style-type: none"> <li>• Healthy Smiles Ontario Program</li> </ul>		
<b>Safe Water</b>	<ul style="list-style-type: none"> <li>• Drinking Water Program</li> <li>• Recreational Water Program</li> </ul>	<ul style="list-style-type: none"> <li>• The staff support required for the large Legionella outbreak in Q3 impacted the capacity of the team to complete all inspections of recreation water facilities in 2024 (87-92% completion vs. 100% in previous years).</li> </ul>	<ul style="list-style-type: none"> <li>• Inspections proceeding as planned.</li> </ul>
<b>School Health</b>	<ul style="list-style-type: none"> <li>• Comprehensive School Health</li> </ul>	<ul style="list-style-type: none"> <li>• With budget-associated service reductions to comprehensive school health interventions, public health nurses assigned to secondary schools were transitioned from having designated schools. Modified education and skill building interventions will be administered in a targeted way in 2025.</li> <li>• MLHU leadership continues to engage with school board leadership regarding healthy school policies.</li> </ul>	<ul style="list-style-type: none"> <li>• As anticipated and planned, school health interventions have changed significantly.</li> <li>• Current challenges in engaging school board leadership have resulted in delays in delivery of education and skill building interventions in school.</li> <li>• MLHU leadership continues to engage with school board leadership regarding healthy school policies.</li> </ul>
<b>Substance Use</b>	<ul style="list-style-type: none"> <li>• Needle Syringe Program</li> <li>• Alcohol</li> <li>• Cannabis</li> <li>• Opioids (Harm Reduction Program Enhancement)</li> <li>• Other Drugs</li> <li>• Tobacco and Vapour Products (Smoke Free Ontario)</li> </ul>	<ul style="list-style-type: none"> <li>• Visits remain very high to the Citi Plaza Needle Syringe Program with 2750 visits, up slightly from previous quarters. Staff capacity requires reassessment, as the CitiPlaza site is now the primary NSP site in the region and is projected to remain busy.</li> <li>• The 'Rethinkyourdrinking' website continued to be amplified in an effort to expand knowledge around the risks of alcohol.</li> <li>• The Community Drug and Alcohol Committee made significant progress in building relationships across community partners, including the London Police.</li> <li>• Annual tobacco and vapour product inspections were completed.</li> </ul>	<ul style="list-style-type: none"> <li>• Visits remain very high to the Citi Plaza Needle Syringe Program. Additional staff capacity is required.</li> <li>• With regards to alcohol, MLHU is significantly engaged in the Southwest Polysubstance Working Group.</li> <li>• The Community Drug and Alcohol Committee continues to meet regularly.</li> <li>• Tobacco and vapour product inspections are on track.</li> <li>• Due to limited resources, limited work completed on cannabis.</li> </ul>
<b>Social Conditions</b>	<ul style="list-style-type: none"> <li>• Poverty Reduction</li> </ul>	<ul style="list-style-type: none"> <li>• Executive leaders continue to participate in the City of London's Health and Homelessness and Encampment Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Executive leaders continue to participate in the City of London's Health and Homelessness Strategy meetings; MLHU</li> </ul>

	<ul style="list-style-type: none"> <li>Housing and Homelessness</li> <li>Anti-Racism and Anti-Oppression</li> </ul>	<p>meetings; progress has been slow due to complexity of the issues and the stakeholders. MLHU will continue to assess its ongoing participation.</p> <ul style="list-style-type: none"> <li>Limited resources are available for interventions directly related to Poverty reduction.</li> <li>The Health Unit finalized an MOU with Oneida Nation of the Thames Health Centre regarding case and contact management, clarifying roles and responsibilities.</li> </ul>	<p>has encouraged reassessment of the governance and accountability model.</p> <ul style="list-style-type: none"> <li>Limited resources are available for interventions directly related to Poverty reduction.</li> </ul>
<b>Violence Prevention</b>	<ul style="list-style-type: none"> <li>Intimate Partner Violence Prevention</li> <li>Violence Prevention</li> </ul>	<ul style="list-style-type: none"> <li>Funding for the iHEAL program is slated to end in the spring of 2025. MLHU has submitted for a grant to continue funding the program.</li> </ul>	<ul style="list-style-type: none"> <li>Through partnership with Western University, additional grant funding for the iHEAL program has been acquired. slated to end in the spring of 2025. This allows for continuation of the program beyond 2025.</li> </ul>

## Public Health Foundations

Ongoing updating and modernizing of the dashboards and infographics of the Community Health Status Resource continues, ensuring community access to credible, high-quality population health data. Development and implementation of the Management Operating System continued, including operational planning, indicator development, and program prioritization. Preliminary work for the strategic planning process was initiated.

## Finances

The Board of Health will receive the Q1 Financial Update, Borrowing Update and Factual Certificate at its July meeting. These reports will continue to be presented in an aligned cadence, with further integration in the future. The MLHU 1 audit has been rescheduled for early June, due to further changes within the finance team.

## Human Resources

### Fill Rate and Time to Fill

Fill rate varies by team, with some positions held to meet the budgeted gap. This also impacts the time to fill metric, as some delays in hiring were intentional.

## Client and Community Confidence

### Clients

Plans for model of service reviews were initiated for some teams to improve client experience. Additional reviews, as well as the development of processes and tools, will be priority in 2026.

### Partners

The MLHU continues to build and strengthen relationships with numerous community partners through the work of the teams and the divisions. Focused efforts in Q1 2025 included the City of London' Health and Homeless initiative, the Community Drug and Alcohol Committee, and the Middlesex-London Health System Emergency Management Table.

### Community

Relationships with First Nations Health Centres and cross-sector representation of the African, Caribbean, and Black community continue to be strengthened and formalized.

## Employee Engagement and Learning

### Staff Development

Financial pressures prevented staff from routinely engaging in staff development and continuing education opportunities in 2024. The 2025 budget has been adjusted to support these critical initiatives, and teams are initiating training where necessary.

Leaders are actively engaged in the Black Health Education Collaborative training.

## Organizational Restructuring and Impacts to Teams

Teams across the organization continue to stabilize post-restructuring.

## Risks

Please see the Q1 2025 Risk Register Update (08-25QGC). These reports will continue to be presented in an aligned cadence, with further integration in the future.



## **MLHU's Organizational Performance Management (OPM) System**

The Management Operating System (MOS) is the administrative governance system by which MLHU is directed and managed. It is an integrated system that describes the structure and processes for decision making and accountability that guide behaviour. This framework ensures consistent quality in meeting organizational goals. The MLHU launched the MOS and is continuing to on-board additional components and processes (for more information see [Report No. 53-24](#)).

A core process of MLHU's MOS is the Organizational Performance Management (OPM) system. The OPM system is intended to help all levels of leadership, including the Board of Health, monitor interventions and programs, clarify what we do and know we do it well, while identifying risks and creating timely solutions. The OPM system provides a structure to enable accountability and excellence in the agency, and to ensure ongoing learning and improvement.

The OPM system aims to create a culture where staff want to learn and improve overall organizational performance and the quality of services delivered, with a focus on communication and creating space for interaction and effective dialogue. To enable this, the MLHU strives to be a learning organization, and supports a culture of learning and improvement.

The OPM system includes quarterly performance reporting to the Board of Health. The quarterly performance report provides a summary of performance across multiple domains, including public health programs, finance, human resources, risk, client and community confidence, and employee engagement and learning. The report is intended to facilitate strategic discussions and decisions and assist the Board in monitoring the agency's performance within the expectations of the Ontario Public Health Standards.

## MIDDLESEX-LONDON BOARD OF HEALTH

### REPORT NO. 07-25QGC

**TO:** Chair and Members of the Quality and Governance Committee

**FROM:** Dr. Alexander Summers, Medical Officer of Health  
Emily Williams, Chief Executive Officer

**DATE:** 2025 May 22

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### 2023-25 PROVISIONAL PLAN 2025 Q1 STATUS UPDATE

#### Recommendation

*It is recommended that the Quality and Governance Committee recommend to the Board of Health to receive Report No. 07-25QGC re: "2023-25 Provisional Plan 2025 Q1 Status Update" for information.*

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#### Report Highlights

- Continued progress has been made on many of the Provisional Plan strategic initiatives within the first quarter (Q1) of 2025; however, some initiatives have experienced delays.
- Due to SLT prioritization, some initiatives that were previously on pause resumed in Q1 of 2025 including the Partnership Engagement Framework and Partnership Inventory initiatives, and the Intervention Description and Indicator Development Project.
- Two types of risks were identified within the tactics in Q1 2025: (1) Operational / Service Delivery and (2) Financial.

#### Background

The Health Unit continues to ensure that the priority areas, goals, and directions identified on the Provisional Plan are prioritized and balanced with the ongoing demands of the organization.

On May 18, 2023, the Board of Health approved the 2023-24 Provisional Plan available on the health unit [website](#). It has since been extended to the end of 2025 (now called the 2023-25 Provisional Plan) per [Report No. 04-24](#).

#### Provisional Plan Status Update

Over the January to March 2025 timeframe, the Health Unit continued to execute key deliverables associated with several strategic initiatives, as outlined in the Q1 2025 Provisional Plan Status Report ([Appendix A](#)).

Some initiatives that were previously on pause due to SLC prioritization resumed in Q1 including:

- The Partnership Engagement Framework and Partnership Inventory initiatives resumed in February 2025 with further changes to the policy, procedure and inventory following SLC feedback. The inventory was also piloted with select partners in Q1.
- The Intervention Description and Indicator Development Project was re-initiated in Q1 with another round of key performance indicator development for the following four intervention types: (1) Healthy Public Policy Development, (2) Case, Contact and Outbreak Management, (3) Health Resource Inventory Management, and (4) Investigations.

The following initiatives have experienced delays or pauses:

- The Sociodemographic (SDOH) and Race-based Data Collection Project continued to experience a decline in staff participation rate in Q1 2025 due to a number of operational and service delivery factors. Several strategies are planned for Q2 2025 including convening a decision-making meeting with key internal interest holders to assess the feasibility of potential solutions.
- Some activities associated with the Job Description Review experienced delays in Q1 due to limited staff capacity to review position descriptions and staffing changes.
- There are also some activities associated with Document and Refine Budgeting Processes that were delayed due to required Ministry updates for Q4 2024 reporting, but these activities will be finished in April. Finance Team processes are also being further solidified.

Some initiatives continue to present risk to leader and staff capacity, particularly in engagement in planning discussions or implementation of tasks. To mitigate these risks, an agency-wide Gantt chart process tracks the level of engagement required for various organizational initiatives by leaders. This is regularly updated at the Senior Leadership Committee (SLC). This strategy is aligned with the new Framework for a Learning Organization (FLO) as the organization aims to learn and improve internal coordination and communication of strategic initiatives. A more detailed catalogue of agency risks is incorporated in [Report No. 08-25QGC](#).

### Next Steps

Work will continue on the 2023-25 Provisional Plan initiatives, according to the planned/updated project documentation. A Steering Committee has been formed, and Quarry Consulting has been hired to lead the 2026-2030 Strategic Plan development. Details of the development process are summarized in the 2026-2023 Strategic Plan Development Board of Health Report presented in April 2025 (see [Report No. 29-25](#) for details).

This report was written by the Strategy, Planning and Performance team.



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



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

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The good governance and management practices as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#); specifically, the Provisional Plan holds the MLHU accountable to coordinated implementation of both the plans.**

MLHU 2023-25 Provisional Plan Status Report to Board of Health

Q1 2025 (January - March)

Priority Area	Goal "Where we want to be"	Direction "The path we're taking to get there"	Initiative "How we plan to move forward along that path"
Client and Community Confidence	We have strong relationships with our partners and are trusted by our community.	Facilitate meaningful and trusting relationships with prioritized equity-deserving groups, specifically the Black community and Indigenous communities.	Work towards an honest and authentic relationship with First Nations and Indigenous-led organizations through the ongoing implementation of the Taking Action for Reconciliation Plan (TAFR), including commitment to clarifying the role of the MLHU in supporting the health of Indigenous people and communities
			Reinforce commitment to upholding the needs of equity-deserving groups through continuous implementation of equity-based plans, including the Employment Systems Review (ESR) and Anti-Black Racism Plan (ABRP)
			Prioritize equity, diversity, and inclusion training for staff to facilitate cultural humility, competency and safety when engaging with equity-deserving groups
		Develop and adopt a partner engagement framework	Catalog and track MLHU relationships with key local and regional partners, including the assigned MLHU leads / key liaisons for those relationships
			Develop and implement an evidence-based framework to effectively engage with partners
Program Excellence	Our public health programs are effective, grounded in evidence and equity	Define what we do and do it well	Document MLHU programs and interventions, and refine these descriptions
			Identify measurable indicators for programs and interventions to effectively monitor and maximize outcomes
			Enhance the systematic collection of sociodemographic, and race-based data to inform planning, implementation and evaluation of programs and strengthen population health assessment and surveillance which can be used to identify health inequities
			In collaboration with health system partners, including Indigenous leaders and service providers, develop robust organizational emergency management and business continuity plans that facilitate effective and timely response and surge capacity in the event of a public health emergency, while maintaining essential public health services
Employee Engagement and Learning	Our staff and leaders have the skills and capacity to do their jobs well, and their wellbeing is supported	Develop and implement strategies to support staff mental health and wellbeing, including addressing systemic factors contributing to burn out	Continue to implement the Joy in Work framework and prioritize wellness activities and supports
		Develop and implement comprehensive training, learning and development, and professional development opportunities for staff and leaders	Integrate public health foundational principles and practices into staff orientation and ongoing training curriculum
			Implement a leadership development program, including a process for identifying potential leaders
Organizational Excellence	We make effective decisions, and we do what we say we are going to do	Clarify who makes decisions and how those decisions are made	Develop an organizational governance framework to facilitate transparency and efficiency in decision-making
		Develop and initiate an organizational quality management system	Develop and adopt a management operating system manual that describes our equity-informed management and quality operating systems, including an operational planning and performance process to enable the monitoring of program and indicators

Status Legend		Definition
Complete		Have completed the tactics for the direction
As Planned - Not yet started		As planned, no tactics have begun yet for this direction
As Planned - Proceeding		Tactic(s) are underway for this direction and work is happening as planned
Delayed - Proceeding with Caution		Tactic(s) are underway and more than one have hit delays
Major Obstacles, On Hold or Abandoned		Tactic(s) have issues or are unable to continue

**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 08-25QGC**

**TO:** Chair and Members of the Board of Health

**FROM:** Emily Williams, Chief Executive Officer  
Dr. Alex Summers, Medical Officer of Health

**DATE:** 2025 May 22

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**Q1 2025 RISK REGISTRY UPDATE**

**Recommendation**

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

- 1) *Receive Report No. 08-25QGC re: “Q1 2025 Risk Registry” for information; and*
  - 2) *Approve the Q1 Risk Register (Appendix A)*
- 

**Report Highlights**

- Three (3) new risks were identified in Q1 for a total of nine (9) risks in Q1 of 2025. The newly identified risks fall with the following categories: People/Human Resources, and Operational/Service Delivery.
- Residual Risk in Q1 of 2025:
  - Three (3) classified as significant risk
  - Three (3) classified as moderate risk
  - Three (3) classified as minor risk

**Background**

In January 2018, the Ministry of Health and Long-Term Care (now called the Ministry of Health) implemented modernized Ontario Public Health Standards (OPHS) and introduced new accountability and reporting tools required under the Public Health Accountability Framework.

The OPHS requires boards of health to have a formal risk management framework in place that identifies, assesses, and addresses risks. In response to OPHS, MLHU maintains a Risk Register ([Appendix A](#)) which is a repository for all risks identified across the organization and includes additional information about each risk (priority rating, mitigation strategies, and residual risk). It captures MLHU's response and actions taken to address risks, which are monitored on a quarterly basis and reported to the Board.

## Q1 2025 Risk Register

There are nine (9) risks identified on the Q1 2025 Risk Register.

Of the nine (9) risks identified on the Q1 2025 Risk Register:

- Three (3) carry **significant residual risk** within the Financial and People/Human Resources categories:
  - Financial risk related to sustained financial pressures as the provincial government 1% funding increase is not sufficient to offset contractual obligations and general inflation.
  - People/Human Resources risks related to union negotiations. Mitigation efforts included the development of a labour disruption plan.
- Three (3) carry **moderate residual risk** within the Political, Operational/Service Delivery, Legal/Compliance and People/Human Resources categories.
  - Political risk related to the Strengthening Public Health Strategy and the uncertainty of how directive public health programming may change.
  - Operational/Service Delivery risk related to MLHU requiring a new website provider. Quotes and funding secured for website build.
  - Legal/Compliance risk related to costs associated with completed and ongoing union arbitration. Ongoing preparation for second arbitration scheduled for Q3 of 2025.
- Three (3) carry **minor residual risk** related to Technology, Legal/Compliance, and Operational/Service Delivery risk categories, all of which have been mitigated to acceptable level of risk.

Priorities for 2025 are continued support for staff/leaders, hardening cyber defenses, reducing the funding shortfall, business continuity planning, support for labour relations and post negotiation recovery.

This report was written by the Strategic Advisor, Risk and Records Management.



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



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

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The Good Governance and Practices standard as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
  - Organizational Excellence – we make decisions, and we do what we say we are going to do.
  - Direction 4.2 – Develop and initiate an organizational quality management system

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendation Governance.**



IDENTIFY				ASSESS				EVALUATE		MONITOR & REPORT	
ID	Date Identified	Risk Category	Risk Description	Impact (1-5)	Likelihood (1-5)	Risk Rating (H,M,L)	Key Mitigation Strategies ("Controls")	Actions Taken	Current Strength of Controls	Q1 Residual Risk	Most Responsible Leader
1	1-Dec-20	Financial	Funding and Budget Uncertainties: Three risks related to finance and current funding levels which are not keeping pace with inflation. Insufficient revenue continues to be a significant risk for ongoing operations in 2026. Other factors include, potential supply price increases due to US tariffs, union negotiations as it relates to wages and benefits negotiated based on the Board's mandate and potential changes to the funding formula as it relates to the Strengthening Public Health Strategy.	4	5	H	Multi-year budget assumptions have assumed worst-case scenarios; will require service adjustments to balance 2026 budget. Other mitigation strategies include: Increase Municipal contributions by 3% annually. Continue to lobby the Ministry for additional funding beyond 1% annual increases. Continue to monitor and review quarterly financial data. Continued government relations meetings with officials from federal, provincial and municipal representatives. Continued monitoring of potential impacts due to US Tariffs.	Both the MOH and CEO are actively participating in the funding reform discussions with the Ministry. MOH and CEO continue to engage partner agencies and Ministry to better understand associated threats/opportunities funding. Surrounding jurisdictions have shown no interest in merging with MLHU. Continue to monitor the external landscape for new developments. The 2024 year has been closed, with a deficit. The 2025 year should be balanced. 2025 is considered as a transition year as the new funding model (reform) is anticipated for 2026. Voluntary mergers were approved in late 2024. At this time, no additional mergers are anticipated. Updates to the OPHS and funding formula remain pending. <b>Update:</b> Continued meetings with government officials to identify and advocate for additional funding beyond 2026 to address known shortfalls. No impact on MLHU finances related to current tariffs, but low risk of cost increases. Currently undergoing collective bargaining with both ONA and CUPE, awaiting results of bargaining to determine financial impact.	Ineffective	Significant Risk	CEO
2	23-Mar-22	Technology	Cyber Security Threats: Cyber security threats remain a prominent risk to public agencies in the health sector. The absence of an infrastructure failure plan and the absence of downtime procedures at the team level create a risk for the organization should there be an infrastructure failure (internet outage, hardware/software outage.	4	2	M	Purchase of Cyber Insurance which provides response and recovery services in the event of a cyber incident.  Continued threat identification and mitigation through penetration testing and enhanced training for staff.  Development of the Infrastructure Failure Plan, and operational planning in mid to late 2025 into 2026.	MLHU Cyber insurance has been renewed for 2024-25. Continued hardening of the MLHU environment, and ongoing training for staff.  <b>Update:</b> The investment in enhanced cyber training is showing positive results. Staff are identifying potential threats to the system, enabling IT to take corrective measures in a timely fashion.	Effective	Minor Risk	CEO
3	30-Jun-22	Political	Government Policy Impacts to Public Health Programming: The Strengthening Public Health Strategy, including a review and updates to the Ontario Public Health Standards have created uncertainty related to impacts on public health programming.	5	3	H	MLHU will strive to mitigate this risk by preparing Board members to be engaged in conversation with provincial leadership, demonstrating high-quality integration and partnership with local and regional partners such as Ontario Health Team and Ontario Health West leadership, as well as developing a communication plan with staff that ensures that they are not distracted from their core public health work.	Staff continue to engage with aLPHa and COMOH to seek clarity and endorse the role of a strengthened public health sector. The MOH and CEO continue to review local opportunities to show the importance of local public health work. <b>Update:</b> Awaiting updated OPHS to determine impact on service delivery and budget constraints.	Not able to rate	Moderate Risk	CEO MOH
4	30-Sep-22	Legal/Compliance	Potential Litigation: Class Action Suit against long term care homes (LTCH) leads to a claim brought against MLHU in regards to direction provided to the long term care homes during the COVID-19 pandemic response.	4	2	M	Enter into a tolling agreement with the LTCH to minimize the legal costs of being named in the claim before the risk of liability is determined.	Class Action suit was certified in January 2024. <b>Update:</b> MLHU has extended the tolling agreement with Chartwell for two years (expires in 2026).	Effective	Minor Risk	CEO
5	1-Dec-24	Operational/Service Delivery	Website Infrastructure: The MLHU website is built on a proprietary CMS called Quipp, is supported by a digital services agency helmed by a single employee. If Olio Digital goes out of business, or anything happens to its proprietor, MLHU has no way to technical support for the website as there are no other vendors servicing Quipp. The website receives approximately 300,000 visits a year. It is our leading source of public facing information and is designed primarily for a) the general public seeking public health information and b) registered health care professionals and their employers seeking access to supportive public health services (reporting forms, vaccines, alerts, advisories, etc.).	3	3	M	Build a new website. Maintain a robust social media following (Facebook, Instagram, LinkedIn, X) allows the health unit to maintain two-way communication with the public. Nurture UpaKnee as a platform as it provides a direct link for communication with key stakeholders including the media and health care professionals who have subscribed to this service. Explore use of software cost savings to build a new website. Planned continuity of website on current platform during development of new infrastructure.	Website quote obtained. Software savings obtained and savings realized through the RFP process for a strategic planning firm can fund a new website build. UpaKnee Platform continues to be developed with new distribution lists and new templates. <b>Update</b> Funds secured to build a new website by fiscal year end.	Not able to rate	Moderate Risk	CEO
6	20-Dec-24	Legal/Compliance	Union Arbitration: MLHU had one arbitration hearing with CUPE which will resulted in legal costs, financial impact assessed as likely \$10K +.  One arbitration hearing deferred to Q3 of 2025.	3	3	M	Continued preparation with legal counsel and review of data to support employer's position. Review and attempt to address during collective bargaining in May.	<b>Update</b> Settlement reached with CUPE outside of arbitration. Collective bargaining negotiations with CUPE are scheduled for May 2025.	Partly Effective	Moderate Risk	CEO
7	31-Mar-25	People/Human Resources	Union Negotiations - Strike and Labour Disruption: Potential for labour disruption is higher due to labour/economic climate and inflation. Both Collective Agreements expire March 31, 2025; bargaining in April and May with both unions, so potential is higher to have both unions on strike at the same time.	5	3	H	Development and approval of labour disruption plan and Time Critical Interventions. Project plan resources dedicated to labour disruption planning, providing ongoing support to leaders for TCI review and Corporate Services Leaders for Labour Disruption plan review.	High level plans for TCIs and Labour Disruption have been completed. Further details to be decided upon depending on the outcome of bargaining in May 2025.	Not able to rate	Significant Risk	CEO
8	31-Mar-25	People/Human Resources	Union Negotiations - Negative Culture Impacts: In addition to potential labour disruption, certain teams and leaders continue to demonstrate decreased resilience, secondary to restructuring/post-pandemic/etc. Potential impact to relationships between workplace parties.	4	3	H	Preparing leaders for anticipated behaviour changes through negotiation. Strategic planning to engage staff post-negotiations in effort to increase alignment with mission and vision of the agency. Priority setting exercise to mitigate / load level workload pressures.	Pre-bargaining meetings between union and management bargaining committees to discuss ground rules and commitment to interest-focused bargaining.  Discussions and information sharing related to support documentation for Leaders during and following collective bargaining.	Not able to rate	Significant Risk	CEO
9	31-Mar-25	Operational/Service Delivery	Review of Service Delivery: Strathroy Office - Lease Ending. Potential move from Strathroy site may have operational, political and workplace culture impacts.	2	2	L	Service model assessment is under way. Working group with leaders of each affected department was struck, further engagement with affected staff possible depending on direction provided by BOH.	Reviewing options that include no impact to service delivery.	Not able to rate	Minor Risk	CEO



**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 09-25QGC**

**TO:** Chair and Members of the Quality and Governance Committee

**FROM:** Emily Williams, Chief Executive Officer  
Dr. Alexander Summers, Medical Officer of Health

**DATE:** 2025 May 22

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**GOVERNANCE POLICY REVIEW FOR MAY 2025**

**Recommendation**

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

- 1) Receive Report No. 09-25QGC re: “Governance Policy Review for May 2025” for information; and*
  - 2) Approve the governance policies as amended in Appendix B.*
- 

**Report Highlights**

- 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](#)).

**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. For more information, please refer to [Report No. 018-16GC](#).

**Policy Review**

There are four (4) policies included as [Appendix B](#) that have been reviewed by the Quality and Governance Committee and prepared for approval by the Board of Health:

- G-180 Financial Planning and Performance
- G-200 Approval and Signing Authority
- G-205 Borrowing
- G-430 Informing of Financial Obligations

It is noted that there were queries and comments made regarding changes to G-210 Investing and G-320 Donations that required further research. These policies will be brought before the Committee in [Report 10-25QGC](#).

[Appendix A](#) to this report details the recommended changes for the above by-laws/policies and the status of all documents in the Governance Manual.

### Next Steps

It is recommended that the Quality and Governance Committee recommend to the Board of Health to approve the policies as amended as outlined in [Appendix B](#).

This report was written by the Associate Director, Operations/Privacy Officer.



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



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

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The Good Governance and Management Practices standard as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).

## 2025 Governance By-law and Policy Review Schedule and Recommendations Table

May 2025

Group	Document Name	Last Review	Recommended Changes	For Review on (QGC Meeting)
			Note: Committee Members may add comments both within the policy document and emailed to staff	
Financial Activities	G-180 Financial Planning and Performance	11/16/2023	<p><b>Staff Comments:</b> Housekeeping changes to have Board support ahead of Finance and Facilities if priority budget items are needed to go to a full Board of Health meeting</p> <p><b>Staff Comments:</b> Removal of references to PBMA as this process is not used anymore</p> <p><b>Staff Comments:</b> Proposed removal of Appendix A (Annual Cycle) due to changing timelines within the budgeting cycle</p> <p><b>Committee Comments:</b> Housekeeping changes for changes of Ministry titles</p> <p><b>Staff Comments:</b> This has been reflected in the draft policy</p>	5/22/2025
Financial Activities	G-430 Informing of Financial Obligations	4/20/2023	<p><b>Committee Comments:</b> None</p> <p><b>Staff Comments:</b> None</p>	5/22/2025
Financial Activities	G-205 Borrowing	4/20/2023	<p><b>Committee Comments:</b> None</p> <p><b>Staff Comments:</b> None</p>	5/22/2025
Financial Activities	G-200 Approval and Signing Authority	7/20/2023	<p><b>Committee Comments:</b> None</p> <p><b>Staff Comments:</b> Housekeeping changes to remove former staff titles and add new staff titles (Associate Directors)</p>	5/22/2025
Financial Activities	G-210 Investing	7/20/2023	<p><b>Staff Comments:</b> Due to clarification requested by the Committee in October 2024, this policy will be brought to the May 2025 meeting for further clarity.</p>	5/22/2025

Group	Document Name	Last Review	Recommended Changes  Note: Committee Members may add comments both within the policy document and emailed to staff	For Review on (QGC Meeting)
Financial Activities	G-320 Donations	7/20/2023	<b>Staff Comments:</b> Due to clarification requested by the Committee in October 2024, this policy will be brought to the May 2025 meeting for further clarity.	5/22/2025
Board of Health Operations	G-280 Board Size and Composition	4/18/2024		11/20/2025
Board of Health Operations	G-300 Board of Health Self-Assessment	4/18/2024		11/20/2025
Board of Health Operations	G-350 Nominations and Appointments to the Board of Health	4/18/2024		11/20/2025
Board Responsibility and Transparency	G-260 Governance Principles and Board Accountability	4/18/2024		11/20/2025
Board Responsibility and Transparency	G-400 Political Activities	1/18/2024		11/20/2025
By-laws	G-B10 By-law No. 1 Management of Property	4/20/2023		9/18/2025
By-laws	G-B20 By-law No. 2 Banking and Finance	4/18/2024		9/18/2025
By-laws	G-B30 By-law No. 3 Proceedings of the Board of Health	11/16/2023		9/18/2025
By-laws	G-B40 By-law No. 4 Duties of the Auditor	11/16/2023		9/18/2025
Risk and Privacy	G-080 Occupational Health and Safety	7/20/2023		9/18/2025

Group	Document Name	Last Review	Recommended Changes  Note: Committee Members may add comments both within the policy document and emailed to staff	For Review on (QGC Meeting)
Risk and Privacy	G-100 Privacy and Freedom of Information	4/20/2023		9/18/2025
Risk and Privacy	G-120 Risk Management	4/20/2023		9/18/2025
Risk and Privacy	G-500 Respiratory Season Protection	4/20/2023		9/18/2025

# FINANCIAL PLANNING AND PERFORMANCE

## PURPOSE

To ensure that Middlesex-London Health Unit (MLHU) budgeting and financial practices are performed in a fiscally responsible manner and that processes are in place that allow for responsible financial controls and the ability to demonstrate organizational performance.

## POLICY

The Treasurer or his/her designate prepares and controls the Annual Budget under the jurisdiction of the Board of Health and prepares financial and operating statements for the Board of Health in accordance with Ministry of Health policies and Public Sector Accounting Board Guidelines.

### Fiscal Year

The fiscal year is January 1 to December 31 for all mandatory programs and any programs funded in whole or in part, by municipalities. For programs funded by other agencies, the fiscal year shall be determined by the agency providing funding.

### Annual Budget Preparation

The annual budget will be developed based on a variety of factors including strategic directions, provincial and/ or municipal guidance, previous years' base budgets, community need, new funding or legislative requirements. Budget planning and performance reporting is the responsibility of the directors, managers and other staff who manage budgets. (Refer to Appendix A for the budget planning and approval cycle.)

The planning and approval cycle has the following components:

- a) Annual Service Plan – The Annual Service Plan (ASP) is a Ministry-driven requirement that provides a comprehensive summary of each MLHU program including the program's purpose, costs, key performance indicators and other relevant information. The ASP supports the annual budget that is approved by the Board of Health, as well as annual budget reporting by program to the Ministry of Health (MOH).
- b) Zero-based Budgeting – Zero-based Budgeting is a process by which program and operating budgets are built 'from scratch' via the assessment of every aspect of program and service activity to determine its worth, and subsequently attributes that amount to the budget. Funds are allocated based on prioritization and necessity, not historical budget amounts.
- c) ~~Program Budgeting Marginal Analysis (PBMA) – PBMA is a transparent decision-making process based on pre-defined criteria and decision-making processes that prioritize how~~

~~proposed investments or disinvestments in resources need to be made in order to maximize service.~~

- d) Quarterly Financial Reporting – MLHU staff provide financial analysis for each quarter and report the actual and projected budget variance as well as any budget adjustments, or noteworthy items that have arisen since the previous financial update that could impact the MLHU budget.
- e) One-time Funding Requests – One-time funding requests may be used for non-reoccurring expenditures or to temporarily enhance program objectives. (Requests should be made during the budget preparation process, by making application to the provincial government for one-time funding when filing the Annual Service Plan. Approval of the request will follow Policy G-200 Signing Authority based on the total value of the request.)

### **Annual Budget Approval**

The Finance and Facilities Committee (FFC) and/or **Board of Health** reviews and recommends the annual budget for Board of Health approval.

### **Factual Certificate**

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

### **Audited Financial Statements**

The preparation of the financial statements is the responsibility of MLHU's management. Financial statements must be prepared in compliance with legislation and in accordance with Canadian public sector accounting standards. The **BOH** meets with management and the external auditors to review the financial statements and discuss any significant financial reporting or internal control matters prior to their approval of the financial statements.

The Board of Health must provide audited financial reports to funding agencies for programs that are funded from April 1<sup>st</sup> – March 31<sup>st</sup> each year to provide assurance that the funds were expended for the intended purpose. These programs are also reported in the main audited financial statements of MLHU which is approved by the Board of Health. This report includes program revenues and expenditures of these programs during the period of January 1st to December 31<sup>st</sup>. These program audit reports are also included in the main audited statements for MLHU.

## **APPENDICES**

Appendix A – Annual Budget Planning and Reporting Cycle

## **RELATED POLICIES**

G-200 Approval & Signing Authority

## **ANNUAL BUDGET PLANNING AND REPORTING CYCLE**

<b>January</b>	<ul style="list-style-type: none"> <li>• Annual budget submission to FFG</li> </ul>
<b>February</b>	<ul style="list-style-type: none"> <li>• Annual budget approved by Board of Health</li> </ul>
<b>March</b>	<ul style="list-style-type: none"> <li>• Budget submission to the Ministry of Health and Long Term Care</li> <li>• Q4 Variance Reporting and Factual Certificate to FFG</li> </ul>
<b>April</b>	
<b>May</b>	<ul style="list-style-type: none"> <li>• Q1 Variance Reporting and Factual Certificate to FFG</li> </ul>
<b>June</b>	<ul style="list-style-type: none"> <li>• January 1 to December 31 Audited Financial Statements to FFG</li> </ul>
<b>July</b>	<ul style="list-style-type: none"> <li>• PBMA criteria recommended to FFG</li> <li>• High level planning parameters for upcoming year recommended to FFG</li> </ul>
<b>August</b>	
<b>September</b>	<ul style="list-style-type: none"> <li>• Q2 Variance Reporting and Factual Certificate to FFG</li> <li>• April 1 to March 31 Consolidated Financial Statements to FFG</li> </ul>
<b>October</b>	
<b>November</b>	<ul style="list-style-type: none"> <li>• Q3 Variance Reporting and Factual Certificate to FFG</li> <li>• PBMA proposals recommended to FFG</li> </ul>
<b>December</b>	





# APPROVAL AND SIGNING AUTHORITY

## PURPOSE

To outline the signing authority and responsibilities for those who can approve financial and non-financial transactions, and all binding agreements on behalf of the Board of Health.

## POLICY

This Policy applies to:

- All financial commitments;
- All purchase orders/requisitions and contracts; and
- All binding contractual agreements.

This Policy does not apply to employment contracts (Refer to Policy 5-25 Recruitment & Hiring) and disbursement of salaries, benefits, and government withholdings.

## Roles and Responsibilities

The Board of Health (BOH) will:

- Provide approval for the overall budget of MLHU
- Hold the responsibility of granting signing authority to make commitments or expenditures on behalf of the organization, in accordance with the requirements of this Policy
- Control access to their digital signature (Chair, Vice Chair, Committee Chair) for the purpose of granting signing authority within the approval limits stated in Appendix A, with the only exception being a deferral to their Executive Assistant as required.

The Chief Executive Officer (CEO) and Medical Officer of Health (MOH) will:

- Ensure that the expenditures of MLHU are within the budget set out by the Board of Health
- Hold the Senior Leadership and Leaders accountable to abiding by the requirements set out in Policy 4-140 - Approval and Signing Authority
- Hold the responsibility of granting signing authority to make commitments or expenditures on behalf of the organization, in accordance with the requirements of this Policy
- Adjust signing authority of Leaders if actions are not in alignment with the requirements of this Policy, based on recommendations from SLT
- Control access to their digital signature for the purpose of granting signing authority within the approval limits stated in Appendix A, with the only exception being a deferral to their Administrative Partner as required

## Approval and Signing Authority Structure and Limits

Financial signing authority will follow the limits established in Appendix A. Similar and related transactions that would normally be processed concurrently must not be split in order to avoid signing authority levels. Under no circumstances is a Leader or Senior Leader

permitted to approve their own expense. The Board of Health Chair is responsible for approving the expenses of the CEO and MOH.

Signing authority and approval of contracts will occur in accordance with Appendix B.

### **Delegation of Signing Authority**

Delegation of approval is permitted during temporary absences of an approver. The delegate must be of an equivalent or higher managerial rank to the approver they are replacing. The absence of the approver should be noted beside the delegate's signature. The individual that has been delegated signing authority will remain ultimately responsible and cannot further delegate the responsibility.

### **Contract Negotiation and Renewal**

The following outline expectations for contract negotiation and renewal:

- The Senior Leader or Leader will be responsible for negotiating the contract with the provider/recipient. Contract negotiation and renewal cannot be delegated to any employee or staff.
- All contracts must have dual approval and be within the spending limits in Appendix A. Relative to the type of contract being negotiated or reviewed, the second approver for the contract must be the role as identified in Appendix B.
  - Where the contract relates to procurement of any good or service, the Manager, Procurement and Operations must be engaged in contract negotiations and renewals.
  - All drafts of contracts being negotiated or renewed must be reviewed by the Manager, Privacy, Risk and Project Management. Through their review, they will determine if the contract should be submitted for further legal consultation
  - Where the content of the contract is subject to a provincial policy or standard, the Senior Leader or Leader is responsible for ensuring that such policies and standards are followed.
- The MLHU Contract Review Checklist (Appendix C) must be completed for any contracts that need to be executed. The completed checklist and supporting documentation are submitted to the Division Senior Leader and Manager, Procurement and Operations, who will review and forward to the appropriate approver.
- All original contracts will be filed with the Manager, Procurement and Operations. A copy of the final signed contract will be retained in Policy Manager, the Senior Leader or Leader as needed, and by the other party/parties.
- All contracts should be fully executed prior to the commencement date for the provision of services.
- All contracts are to be evaluated before renewal.

### **Signatures**

The Board will maintain a formal list of names, titles, and signatures of those individuals who have signing authority. Formal procedures are in place to ensure that each issued cheque contains two electronic signatures, comprising one Board Member and the Chief Executive Officer. These signatures shall be kept and held in custody with the Secretary and Treasurer.

## **DEFINITIONS**

**“Contract”** means any written or verbal agreement, contract, letter of intent, memorandum of understanding or memorandum of agreement, the provisions of which are binding upon MLHU.

**“Signing Authority”** means the individual(s) can bind the organization for financial and non-financial commitments in accordance with the limits established within this policy.

## **APPENDICES**

Appendix A – Financial Signing Authority Limits

Appendix B – Contractual Signing Authority

Appendix C – MLHU Contract Review Checklist

## **RELATED POLICIES**

G-220 Contractual

Services G-230

Procurement

G-B20 By-law No. 2 Banking and Finance

## FINANCIAL SIGNING AUTHORITY LIMITS

In alignment with the recommended approval authority schedule (AAS) by the Broader Public Service (BPS) Directive, the financial signing authorities are as follows:

Group	Total Amount of Expense Per Transaction (in CAD, inclusive of taxes and gratuities)
Non-Management Employee	-
Leaders (Supervisors, Associate Managers, Managers)	Up to but not including \$10,000
Director / Associate Medical Officer of Health / Manager, Procurement and Operations / Associate Director, Human Resources and Labour Relations	Up to but not including \$50,000
Chief Executive Officer / Medical Officer of Health / <del>Assistant Director, Finance</del> / <b>Associate Director, Operations</b>	Up to but not including \$1,000,000
Board of Health	\$1,000,000 or more

### Notes:

- Any expense that is to be approved that total \$250,000 or more, the expense should be paid through a manual cheque, and should require two signatures of either the MOH, CEO, ~~Assistant Director, Finance~~, or Board of Health.
- Individuals are only authorized to commit MLHU financial resources within the context of the budgets or funding for which they are responsible, unless authority has been delegated in accordance with this Policy.
- Any consulting service with a value of *\$0 up to but not including \$100,000* can be secured through an invitational competitive process; all other consulting services of a higher value must be secured through an open competitive process.

## CONTRACTUAL SIGNING AUTHORITY

	Type of Contract	Signing Authority
<b>1.</b>	<b>General</b>	
	Union Agreements (MOUs, grievance responses etc.)	CEO
	Collective Agreement Minutes of Settlement	CEO
	Banking – Choice of Bank	CEO
	Banking – Day to Day	Associate Director, Operations Assistant Director, Finance or designate
	Insurance – Choice of Carrier/Broker and Coverage (employee group insurance benefits, Employee and Family Assistance Program)	CEO
	Auditor – Appointment	Board of Health
	Auditor – Certificates and Undertakings	Board of Health
<b>2.</b>	<b>Consultants, Independent Contractors, and Professional Services</b>	
	Lawyers/Labour Negotiators (appointment)	CEO
	Dentists and Physicians (appointment of medical advisors)	MOH
	Dentists and Physicians (e.g. Sexual Health Clinic, TB Clinic)	MOH
	Public Health Physicians	MOH
	Nurse Practitioners (RN Extended Class)	MOH
	Agency or Individual Service Provider (not listed above) – Short-Term (i.e., less than 12 months)	MOH and CEO
	Agency or Individual Service Provider (not listed above) – Long-Term (i.e., 13 months or more)	MOH and CEO
<b>Note:</b> Any consulting service that is valued at \$100,000 or greater must be procured through an open competitive process.		
<b>3.</b>	<b>Program-Related Service Agreements</b>	
	Ministry of Health or other ministries	MOH
	Other local agencies (coalition agreements, lead agency agreements).	MOH
	Procurement Agreements including Non-Disclosure Agreements (NDAs) up to \$20,000	CEO
	Program-specific NDAs	CEO
<b>5.</b>	<b>Educational Agreements</b>	
	Affiliation Agreements, Student Placements	CEO or MOH
<b>6.</b>	<b>Research/Grants</b>	
	Research Applications	MOH
	Research Agreements and Awards	CEO
<b>7.</b>	<b>Contracting of Services</b>	
	Lead Agency Agreements	MOH and CEO
	Supplemental Services	CEO

\*Refer to Appendix A for financial signing authority limits where applicable.

\*\*Signing authority is automatically vested in individuals at higher levels of authority in the direct line of reporting.

## MLHU CONTRACT REVIEW CHECKLIST

Name of Contractor / Party / Vendor			
Type of Contract		Contract Value	
Submitter		Approver	
Please refer to Administrative Policy 4-140 Approval and Signing Authority			
Reviewed by CEO/MOH	<input type="checkbox"/>	Reviewed by Board of Health	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Information which <u>must</u> be included in the contract:		☑ / ☐
1a	Legal names of the parties.	<input type="checkbox"/>
2a	Vision, purpose and objectives of the contract. This would include both terms and quantities of the goods or services procured.	<input type="checkbox"/>
3a	Term of the contract, including a specific beginning and end date.	<input type="checkbox"/>
4a	Responsibilities of each party, including any requirements for reporting and/ or performance.	<input type="checkbox"/>
5a	Consequences for failure to fulfil contract conditions.	<input type="checkbox"/>
6a	Confidentiality provisions. (Contractor and its agents are prohibited from using or disclosing financial, personal, and other sensitive information about the Health Unit and its members, or clients except as necessary to perform pursuant to contract terms.)	<input type="checkbox"/>
7a	Privacy breach obligations (Contractor and its agents have duties to report and manage privacy breaches).	<input type="checkbox"/>
8a	Statement that the contracting agency or party is not an employee (and is not subject to the applicable law of Ontario relating to employees), agent or partner of the Health Unit, and is an independent contractor	<input type="checkbox"/>
9a	Except when short-term in nature, provisions for amending the contract or early termination of the processes/results involved.	<input type="checkbox"/>
10a	Compliance clause (parties agree to comply with all applicable federal and provincial laws and regulations). Exceptions may only be made with explicit prior permission of the Board of Health	<input type="checkbox"/>
11a	Licensing and certification requirements for the contracting agency, or recipient party.	<input type="checkbox"/>
12a	Statement that the entire written contract is binding and any verbal agreements are of no force and effect.	<input type="checkbox"/>
13a	Statement that if any provision of contract is determined to be invalid or unenforceable in whole or in part, such invalidity or unenforceability shall attach only to such provision or part thereof and the remaining part of such provision and all other provisions hereof shall continue in full force and effect.	<input type="checkbox"/>
14a	Statement regarding how and when notice in contracts are to be delivered.	<input type="checkbox"/>
15a	Statement prohibiting the assignment of services without the express consent of the Health Unit.	<input type="checkbox"/>
16a	Payment terms, including some manner for determining when payment is to be made (i.e., specific dates when payment is to be made, payment to be made within thirty days of receipt of	<input type="checkbox"/>

	invoice, etc.).	
17a	Provisions requiring the contractor to pay all employees who are perform services at the Health Unit not less than the living wage (see procurement protocols for further details).	<input type="checkbox"/>
18a	Signature lines for execution by appropriate parties.	<input type="checkbox"/>
19a	Reference documents tied to the contract.	<input type="checkbox"/>

Information which <u>should</u> be included, if applicable:		<input checked="" type="checkbox"/> / <input type="checkbox"/>
1b	Any other conditions considered essential in order for the contract to occur.	<input type="checkbox"/>
2b	Additional rights and/or responsibilities of each party.	<input type="checkbox"/>
3b	Requirement of receipts if payment for expenses is being made, statement of any requirements for reimbursement and a limitation on payment.	<input type="checkbox"/>
4b	Clear identification of the party who will be responsible for any costs associated with the contract (losses suffered as a result of actions, negligence, or the conduct of the contractor / provider).	<input type="checkbox"/>
5b	Requirement to audit the contractor / party's internal control records and documents.	<input type="checkbox"/>
6b	Service disruption clauses and business continuity plans.	<input type="checkbox"/>
7b	Warranties (For services, should warrant that services to be performed in a professional and workmanlike manner consistent with industry standards).	<input type="checkbox"/>
8b	Service Level Agreements (Usually an attachment. Includes performance standards; response times and requirements; and penalties for failure to meet performance standards).	<input type="checkbox"/>
9b	Declarations that the contractor / party has no conflict of interest.	<input type="checkbox"/>
10b	Commitment to adhere to Health Unit policies, rule, regulation, procedures, and guidelines.	<input type="checkbox"/>
11b	Evidence of insurance coverage (Vendor should provide reliable evidence of current insurance coverage in an amount sufficient to protect Health Unit's interests).	<input type="checkbox"/>
12b	Outline respective roles and responsibilities with respect to joint appointments under affiliation agreements.	<input type="checkbox"/>



13b	Outline recognition of authorship, ownership and proprietary rights and give direction regarding the retention or destruction of proprietary Health Unit information.	<input type="checkbox"/>
14b	Funding specifications (i.e. any limitations or restrictions on the use or application of funds, whether continuation of the work is dependent on funding or advances of funds that are not spent to provide services will be returned to the Health Unit or funder).	<input type="checkbox"/>
15b	Renewal terms.	<input type="checkbox"/>

[illegible]



# BORROWING

## PURPOSE

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

## POLICY

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

The primary objectives of this policy are as follows:

### 1. Adherence to statutory requirements

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

### 2. Minimize long-term cost of financing

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

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

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

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

While the Board of Health has the authority to borrow, approval either through lease or purchase to acquire and hold real property for the purpose of carrying out the functions of the Health Unit, approval must first be obtained by two obligated municipalities served by the Board.

## **APPLICABLE LEGISLATION AND STANDARDS**

Health Protection and Promotion Act, R.S.O. 1990, c. H.7  
Municipal Act, 2001, S.O. 2001, c. 25

## **RELATED POLICIES**

G-B20 By-law #2 Banking and Finance

# **INFORMING OF FINANCIAL OBLIGATIONS**

## **PURPOSE**

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

## **POLICY**

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

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

## **APPLICABLE LEGISLATION**

Health Protection and Promotion Act, R.S.O. 1990, c. H.7  
Municipal Act, 2001, S.O. 2001, c. 25

## **RELATED POLICIES**

G-B20 By-Law #2 Banking and Finance

**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 10-25QGC**

**TO:** Chair and Members of the Quality and Governance Committee

**FROM:** Emily Williams, Chief Executive Officer  
Dr. Alexander Summers, Medical Officer of Health

**DATE:** 2025 May 22

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**GOVERNANCE POLICY FOLLOW-UP – INVESTING AND DONATIONS**

**Recommendation**

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

- 1) *Receive Report No. 10-25QGC re: “Governance Policy Follow-Up – Investing and Donations” for information;*
  - 2) *Approve Policy G-210 Investing as amended; and*
  - 3) *Approve Policy G-320 Donations.*
- 

**Report Highlights**

- It is the responsibility of the Board of Health to review and approve governance by-laws and policies.
- At the October 17, 2024 Governance Committee (now disbanded) meeting, there were questions regarding two (2) policies - G-210 Investing and G-320 Donations. It was determined that staff required more time to review the questions before the Committee could recommend approval to the Board of Health.
- [Appendix A](#) notes the two (2) policies for the Committee’s consideration.

**Background**

During the Governance Committee’s policy review process before the October 17, 2024 Governance Committee meeting, it was noted that there were queries and comments made regarding changes to G-210 Investing and G-320 Donations that required further research specific to finance.

Specifically, for G-210 Investing, the query related to adding language that speaks to approval pending a certain threshold to invest, and for G-320 Donations, it was asked why donations of securities cannot be accepted (such as real property and stocks).

The Committee moved to defer the review of the two policies until a future meeting when more information was known.

**Policy Review**

An environmental scan of local Boards of Health and municipalities was completed. Upper tier municipalities had policies regarding investment and donations, while many neighbouring Boards of Health did not or did not have detailed policies. There were no mentions of donation of securities, and investment policies were broad in detail regarding thresholds.

It is noted within the current Policy G-210 Investing that:

*“The Treasurer shall have overall responsibility for the prudent investment of the Board’s investment portfolio. The Treasurer shall have the authority to implement the investment program and establish procedures consistent with this policy. Such procedures shall include the explicit delegation of the authority needed to complete investment transactions however the Treasurer shall remain responsible for ensuring that the investments are compliant with legislations and this policy. No person may engage in an investment transaction except as provided under the terms of this policy.*

*The Treasurer shall be authorized to enter into arrangements with banks, investment dealers and brokers, and other financial institutions for the purchase, sale, redemption, issuance, transfer and safe-keeping of securities in a manner that complies to applicable legislation.”*

Background information was provided at the October 17 Governance Committee meeting regarding accepting securities as donations. Donating securities (stocks) would provide better tax treatment for the donor. If an individual sells stocks, they pay capital gains tax but if an individual donates, they receive a charitable tax credit for their donation. The process must be in-kind, and the Health Unit could accept securities, but an investment dealer/account would be required for very infrequent use as the Health Unit is not involved in fundraising.

It was noted further that in five (5) years, there has been one (1) financial donation, which was to the Home Visiting program.

Staff recommend keeping the current language for policy G-320 Donations. For Policy G-210, staff recommend that a line be added to the policy to indicate that the Treasurer (currently the Chief Executive Officer) would inform of any major changes to the Board’s investment portfolio.

**Next Steps**

It is recommended that the Quality and Governance Committee recommend to the Board of Health to approve policy as amended G-210 Investing and approve policy G-320 Donations in [Appendix A](#).

This report was written by the Associate Director, Operations/Privacy Officer.



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



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

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The Good Governance and Management Practices standard as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability.](#)



# INVESTING

## PURPOSE

To set out a framework for investing to maximize investment income at minimal risk to capital while meeting the daily cash requirements of the Board.

## POLICY

The Middlesex-London Health Unit (MLHU), pursuant to Section 56 (1) of the Health Protection and Promotion Act may enact by-laws and policies respecting banking and finance.

The Board of Health shall invest public funds in a manner that maximizes investment income and minimize investment risk while meeting the daily cash requirements of the Board and conforming with all related statutory and contractual requirements. The investment policy shall govern the investment activities of the Board's general operating account, reserves, reserve funds and trust funds.

MLHU shall adhere to the following objectives in the consideration, purchase, disposal and administration of any Board of Health held investments:

- a) Adherence to Statutory Requirements – All investment activities shall be in compliance with the relevant sections of any applicable legislation, related regulations, and applicable funding agreements.
- b) Preservation of Capital – Safety of principal is a primary objective of the investment portfolio. Investments shall be undertaken in a manner that seeks to ensure the preservation of capital in the overall portfolio.
- c) Liquidity – The investment portfolio shall remain sufficiently liquid to meet all operating or cash flow requirements and limit temporary borrowing requirements. Furthermore, since all possible cash demands cannot be anticipated, the portfolio shall consist largely of securities with active secondary or resale markets.
- d) Diversification – The portfolio shall be diversified by asset class, issuer type, credit rating and by term to the extent possible, given legal and regulatory constraints.
- e) Yield – MLHU shall maximize the net rate of return earned on the investment portfolio, without compromising the other objectives listed previously. Investments are limited to relatively low risk securities in anticipation of earning a fair return relative to the assumed risk.

The Treasurer shall have overall responsibility for the prudent investment of the Board's investment portfolio. The Treasurer shall have the authority to implement the investment program and establish procedures consistent with this policy. Such procedures shall include the explicit delegation of the authority needed to complete investment transactions however the Treasurer shall remain responsible for ensuring that the investments are compliant with legislations and this policy. No person may engage in an investment transaction except as provided under the terms of this policy.

The Treasurer shall be authorized to enter into arrangements with banks, investment dealers and brokers, and other financial institutions for the purchase, sale, redemption, issuance, transfer and safe-keeping of securities in a manner that complies to applicable legislation. **The Treasurer will inform the Board of investment transactions in an appropriate manner where applicable.**

## **APPLICABLE LEGISLATION AND STANDARDS**

Health Protection and Promotion Act  
Municipal Act

## **RELATED POLICIES**

G-B20 By-law No. 2 Banking and Finance

# **DONATIONS**

## **PURPOSE**

To provide guidance on the acceptance and solicitation of donations to ensure all donations and interactions with donors/prospective donors are appropriate, ethical and consistent with the organization's values.

## **POLICY**

The Middlesex-London Health Unit (MLHU), while having charitable status, does not actively solicit donations. However, it may from time to time receive donations from the public or other organizations.

### **Responsibility to the Ministry of Health**

Although MOH encourages agencies to raise funds, ministry funds cannot be used to support fundraising activities (e.g. salary for a fund raiser, supplies, advertising). Any fundraised dollars must be accounted for separately on the agency's audited financial statements. A reasonable amount of time spent at planning meetings is acceptable and would not be considered a fundraising activity.

### **Responsibility to Donors**

MLHU must ensure that any donors or prospective donors are treated in an ethical and responsible manner at all times. At no time shall MLHU exert undue pressure or influence on a donor or prospective donor. If there is any perceived conflict of interest with MLHU, when dealing with a donor or prospective donor, that conflict of interest will be declared to the Chief Executive Officer (CEO), and the donor or prospective donor will also be made aware of the conflict of interest.

### **Consultation**

MLHU will encourage donors to consult with professional advisors of their choice prior to making a donation to ensure that the donor will not be disadvantaged by the donation.

### **Restricted Donations**

MLHU shall, at all times, honour the conditions of donations accepted. Should the purpose for which the donation was made change, every attempt will be made to discuss the change with the donor. If the donor cannot be contacted, the CEO will realign the use of the donation, meeting as closely as possible, the donor's original intent. If the donor's wish is to remain anonymous, MLHU will maintain anonymity. Otherwise, MLHU will ensure that the donor is appropriately recognized.

## **Receipts**

A receipt will be issued to the donor for the value of the donation in accordance with Canada Revenue Agency (CRA) guidelines. All donor information will be kept in accordance with Policy G-100 Privacy and Freedom of Information.

## **Accepting Donations**

Gifts of cash (i.e. currency, cheques or electronic fund transfers) can be received directly or through bequests. These donations can be for general purposes or can be in support of a specific item, program or service, either capital or operational in nature.

While MLHU cannot accept donations of securities or real estate, a donor can be informed that if they convert the securities or real estate into cash, MLHU will be able to accept the donation.

Gifts in-kind are evaluated and accepted (or declined) based on need, ongoing maintenance requirements, suitability, storage and liability, amongst other criteria. Depending on the donor's wishes, MLHU may return the gift, or retain and sell it using the proceeds where they are needed most.

In accordance with Canada Revenue Agency (CRA) Guidelines, it is the donor's responsibility to have the value of the property appraised for receipting purposes. MLHU will issue a receipt in accordance with CRA guidelines.

## **Declining Donations**

MLHU shall decline any donation where one or more of the following may be true:

- Restrictions attached to the donation are not consistent with the mission, values or programs of MLHU. In compliance with the World Health Organization (WHO) International Code of Marketing of Breast-Milk Substitutes, corporations in the production or distribution of breast milk substitutes will not be considered for receiving donations. Consideration can be given to subsidiary companies as long as the parent company is not promoted.
- Restrictions attached to the donation would cause undue hardship on MLHU.
- The donor is attempting to unduly influence MLHU.
- The donation is from illegal sources.
- The donation is from a group whose ethics or business practices are inconsistent with the mission, values or programs of MLHU.
- Donations of material property for which no reliable valuation can be made.
- Donations that jeopardize the charitable status of MLHU.
- Donations with undue physical or environmental hazards associated with them.
- Donations that could improperly benefit an individual.
- Donations that could harm the reputation of MLHU.

## DEFINITIONS

**“Bequest”** refers to the act of receiving personal property through a will.

**“Conflict of Interest”** means any event (whether actual or perceived) in which MLHU or anyone representing MLHU may benefit from knowledge of, or participation in, the acceptance of a donation.

**“Donation/Gift (Cash)”** means a voluntary transfer of personal property from a donor to a recipient. The transaction shall not result directly or indirectly in a right, privilege, material benefit or advantage to the donor or to a person designated by the donor.

**“Gift-in-Kind/In-Kind Gift”** means a donation of property, goods or services other than cash. An independent qualified appraiser typically determines the fair market value of the gift.

**“Personal Property”** means anything that is not cash, securities or real estate. Personal property includes, but is not limited to, artworks, automotive vehicles, rare books and equipment.

**“Professional Advisors”** means professionals external to MLHU with the ability to provide expert tax, legal or financial planning advice to donors (or prospective donors) on their charitable giving, including lawyers, financial planners, insurance agents, trust professionals, accountants, or investment advisors.

**“Restriction”** is a condition imposed on the use of a gift/donation.

**“Securities”** are equity or debt instruments listed on a public exchange.

## RELATED POLICIES

G-200 Approval and Signing Authority

G-330 Gifts and Honoraria

G-310 Corporate Sponsorship

**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 11-25QGC**

**TO:** Chair and Members of the Quality and Governance Committee

**FROM:** Emily Williams, Chief Executive Officer  
Dr. Alexander Summers, Medical Officer of Health

**DATE:** 2025 May 22

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**2025 BOARD OF HEALTH MEMBER SELF-ASSESSMENT**

**Recommendation**

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

- 1) Receive Report No. 11-25QGC re: “2025 Board of Health Member Self-Assessment” for information;*
  - 2) Approve the Board of Health Member Self-Assessment Tool as Appendix A; and*
  - 3) Direct the Clerk to initiate the Board of Health Member Self-Assessment for 2025.*
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**Report Highlights**

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

**Background**

The *Ontario Public Health Standards* require that boards of health complete a self-assessment of their governance practices and outcomes at least once every two (2) years. The Board of Health last completed a self-assessment questionnaire in May 2023. The results of the 2023 Board of Health Self-Assessment were reported in September 2023 ([Report No. 08-23GC](#)).

**Self-Assessment Process**

1. The Quality and Governance Committee reviews and recommends for Board approval the Board of Health Self-Assessment Tool (attached as [Appendix A](#)).
2. Following Board approval, the revised Board of Health Self-Assessment Tool is distributed via email to Board members for completion.
3. Surveys may be completed electronically or on paper. Completed hard copies can be submitted in a sealed envelope to the Clerk to the Board of Health.
4. Survey results are reported to the Quality and Governance Committee in an anonymous form, without any identifying information, to inform recommendations for improvements in Board effectiveness and engagement.
5. The assessment findings and the Quality and Governance Committee's recommendations are submitted to the Board of Health for approval.

**Next Steps**

Staff will administer the Board of Health Self-Assessment Tool and review anonymized results to identify recommendations for improvement in Board effectiveness and engagement. The assessment's findings will be submitted to the Quality and Governance Committee in September and recommendations will be brought forward to the Board of Health for approval in October.

This report was written by the Clerk, Board of Health.



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



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

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The Good Governance and Management Practices Domain outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).

## 2025 Board of Health Member Self-Assessment

This survey is expected to take approximately 30 minutes. Please complete by **June 27, 2025**.

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

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

You can complete the survey electronically or on paper. If you complete the paper version, please return it in a sealed envelope to Stephanie Egelton, Clerk to the Board of Health.

If you have any questions please contact Stephanie Egelton, 519-663-5317, ext. 2448, [stephanie.egelton@mlhu.on.ca](mailto:stephanie.egelton@mlhu.on.ca).

**Questions should be answered by all board members. When completed individually the results of Sections A, B and C should be compiled, shared and discussed by the whole board. This questionnaire also includes Section D, which provides feedback to the Chair of the Board.**

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

### **A. How Well Has the Board Done Its Job?**

1. Our organization operates with a strategic plan or a set of measurable goals and priorities.  
1      2      3      4      5
2. The Board's regular meeting agenda items reflect our strategic plan or priorities.  
1      2      3      4      5
3. The Board gives direction to staff on how to achieve the goals by setting, referring to, or revising policies.  
1      2      3      4      5
4. The Board has identified and reviewed the organization's relationship with each of its key stakeholders.  
1      2      3      4      5
5. The Board has ensured that the organization's accomplishments and challenges have been communicated to key stakeholders.  
1      2      3      4      5
6. The Board takes all relevant information into consideration when making decisions.  
1      2      3      4      5
7. The Board has ensured that stakeholders have received reports on how our organization has used its financial and human resources.



1            2            3            4            5

8. In the past two years, the Board has adequately responded to serious complaints of wrongdoing or irregularities.

1            2            3            4            5

9. The current relationship between the Board and senior staff results in effective and efficient management of the Health Unit.

1            2            3            4            5

10. The standing and ad hoc committees of the Board are performing their respective accountabilities effectively and are structured appropriately.

1            2            3            4            5

**Comments:** \_\_\_\_\_

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

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

**B. How Well Has the Board Conducted Itself?**

1. As board members, we are aware of what is expected of us.

1            2            3            4            5

2. The agendas of board meetings are well planned so that we can get through all necessary business.

1            2            3            4            5

3. It seems like most board members come to meetings prepared.

1            2            3            4            5

4. We receive written reports to the board in advance of our meetings, with sufficient time to review them.

1            2            3            4            5

5. All Board members are provided the opportunity to actively participate in important board discussions.

1            2            3            4            5

6. As a Board, we encourage and incorporate different points of view for rich discussion of all board matters.

1            2            3            4            5

7. We all support the decisions we make, even if differing points of view were shared during debate.

1            2            3            4            5

8. Board members have some interaction with external stakeholders at board meetings (e.g. as guests) or between meetings.

1            2            3            4            5

9. The Board feels they have a sound understanding of public health issues within our community?

1            2            3            4            5

10. The Board understands their relationship with the Ministry of Health (e.g. funding, MOH/AMOH appointments)?

1            2            3            4            5

**Comments:** \_\_\_\_\_

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

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

**C. My Performance as an Individual Board Member** *(Will be de-identified for reporting purposes.)*

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

**Comments:** \_\_\_\_\_

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

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

**D. Feedback to the Chair of the Board** *(Optional; will be provided directly to the Chair and de-identified.)*

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

**Comments:**


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

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