

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee

Thursday, November 16, 2023 at 6 p.m.
MLHU Board Room – CitiPlaza
355 Wellington Street, London ON

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA – November 16, 2023

3. APPROVAL OF MINUTES – September 21, 2023

4. NEW BUSINESS

- 4.1. 2023 Board of Health Member Self-Assessment Summary (Report No. 12-23GC)
- 4.2. Governance Policy Review – Final Review of 2023 (Report No. 13-23GC)
- 4.3. Quarterly Risk Register Update – Q3 2023 (Report No. 14-23GC)
- 4.4. 2023-24 Provisional Plan Q3 Status Update (Report No. 15-23GC)

5. ADJOURNMENT



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

Thursday, September 21, 2023 at 6 p.m.
MLHU Board Room – CitiPlaza
355 Wellington Street
London, ON

MEMBERS PRESENT: Michelle Smibert (Chair)
Matthew Newton-Reid
Michael Steele
Aina DeViet
Emily Williams, Chief Executive Officer (ex-officio)
Dr. Alexander Summers, Medical Officer of Health (ex-officio)

REGRETS: Tino Kasi

OTHERS PRESENT: Carolynne Gabriel, Executive Assistant to the Medical Officer of Health (recorder)
Sarah Maaten, Director, Office of the Medical Officer of Health
Marc Resendes, Acting Manager, Strategy, Planning and Performance
Cynthia Bos, Manager, Human Resources
Lilka Young, Human Resource Advisor, Health and Safety

At **6:03 p.m.**, Committee Chair Michelle Smibert called the meeting to order.

Sarah Maaten introduced Marc Resendes, Acting Manager, Strategy, Planning and Performance.

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **Michael Steele**, seconded by **Matthew Newton-Reid**, that the **AGENDA** for the September 21, 2023 Governance Committee meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **M. Newton-Reid**, seconded by **M. Steele**, that the **MINUTES** of the July 20, 2023 Governance Committee meeting be approved.

Carried

NEW BUSINESS

Board of Health Member Self-Assessment - 2023 (Report No. 08-23GC)

This report was presented by Emily Williams, CEO who advised that the Board of Health Member Self-Assessment is required under the Ontario Public Health Standards and is a helpful tool for determining development needs, assessing the effectiveness of the Board, and identifying areas for improvement. As the

last self-assessment was conducted in 2021, and is required every two years, a self-assessment is to be completed in 2023. With approval of the proposed tool, the link will be distributed to the Board of Health members next week by Stephanie Egelton, Executive Assistant to the Board of Health.

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

- 1) *Receive Report No. 08-23GC re: "Board of Health Member Self-Assessment - 2023";*
- 2) *Approve the Board of Health Member Self-Assessment Tool as Appendix A; and*
- 3) *Direct staff to initiate the Board of Health Member Self-Assessment for 2023.*

Carried

Governance Policy Review (Report No. 09-23GC)

This report was presented by E. Williams. There were four (4) governance policies reviewed and presented to the Governance Committee:

- G-080 – Occupational Health and Safety
- G-100 – Privacy and Freedom of Information
- G-120 – Risk Management
- G-500 – COVID-19 Immunization (to be renamed ‘Respiratory Season Protection’)

Lilka Young, Human Resources Advisor, Health and Safety provided an update regarding policy G-500 and advised that the Ministry has provided direction to no longer refer to doses of the COVID-19 vaccine as "primary" or "booster" doses. Approval was requested from the Governance Committee to further revise the policy and its appendices, including the self-attestation form, to remove these references in alignment with the Ministry.

It was moved by **A. DeViet, seconded by M. Newton-Reid**, *that the Governance Committee recommend to the Board of Health to:*

- 1) *Receive Report No. 09-23GC re: "Governance Policy Review" for information; and*
- 2) *Approve the governance policies as amended in Appendix B.*

Carried

Quarterly Risk Register Update – Q2 2023 (Report No. 10-23GC)

This report was presented by E. Williams.

Highlights of the report include:

- One new risk was added to the risk register in Q2 related to Human Resources, specifically the recruitment and retention of knowledge workers. The primary risk is their lower compensation relative to other health units and the labour market. Increasing compensation is limited by their position within the CUPE bargaining unit and the requirement to work through the job evaluation process. A number of staff have submitted for re-evaluation and of those, some have been placed in a higher salary band. Additionally, during negotiations, analysis of the job and compensation market will be reviewed, as is standard.
- The eight (8) risks identified in the Q1 risk register remain with the same residual risk.
- Political uncertainty remains the largest risk.

M. Newton-Reid inquired how many job evaluations have been submitted to the committee. It was advised that the committee has completed one per month, with a break during the summer, for a total of 10 in 2023. An additional request is slated to be reviewed in November with no others in queue. In addition to job re-evaluations, the committee also has some preliminary evaluations to complete for positions which have not yet been evaluated. These will be the focus for 2024.

Dr. Alex Summers, Medical Officer of Health advised that work is being completed to update job descriptions to clarify the work performed by different roles which is assisting with the evaluations. Retention is improving among positions which have traditionally had high turnover.

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

- 1) *Receive Report No. 10-23GC re: "MLHU Q2 2023 Risk Register" for information; and*
- 2) *Approve the Q2 2023 Risk Register (Appendix A).*

Carried

2021-2022 Provisional Plan Final Update (Report No. 11-23GC)

The report was introduced by E. Williams who introduced S. Maaten who invited M. Resendes to speak to the report.

The report is the final update on the 2021-2022 Provisional Plan. Of the projects listed in the Provisional Plan, six (6) are ongoing and one (1) is complete. The uncompleted projects will either be moved to operational teams or included in the 2023-2024 Provisional Plan. In 2024, a new method for reporting progress on the Provisional Plan will be implemented for providing updates to the Board of Health.

It was moved by **M. Newton-Reid, seconded by A. DeViet**, *that the Governance Committee recommend to the Board of Health to receive Report No. 11-23GC, re: "2021-2022 Provisional Plan Final Update" for information.*

Carried

OTHER BUSINESS

The next meeting of the Governance Committee will be held on Thursday, November 16, 2023 at 6 p.m.

ADJOURNMENT

At **6:13 p.m.**, it was moved by **A. DeViet, seconded by M. Steele**, *that the meeting be adjourned.*

Carried

MICHELLE SMIBERT
Committee Chair

EMILY WILLIAMS
Secretary



TO: Chair and Members of the Governance Committee

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

DATE: 2023 November 16

2023 BOARD OF HEALTH SELF-ASSESSMENT SUMMARY

Recommendation

It is recommended that the Governance Committee recommend to the Board of Health to receive Report No. 12-23GC re: “2023 Board of Health Self-Assessment Results” for information.

Key Points

- There was an overall 73% response rate to the Self-Assessment with results included as [Appendix A](#).
- Summarized results of the Self-Assessment are included in this report.
- Part D of the Self-Assessment pertaining to the performance of the Board Chair are provided to the Board Chair independent of this report.

Background

The Board of Health (BOH) Self-Assessment provides an opportunity for members of the Board of Health to assess their effectiveness in meeting the requirements set out in the [Ontario Public Health Standards](#). On September 21, 2023, the BOH approved the Self-Assessment Tool and initiation of the process for 2023 in [Report No. 08-23GC](#).

The Self-Assessment was distributed to Board Members on October 3, 2023, for completion by October 20, 2023. Participation in the survey is voluntary and all specific individual responses are kept confidential.

Self-Assessment Themes

Eight (8) out of eleven (11) Board Members and Ex-Officios (73%) completed the Self-Assessment. The full results are included as [Appendix A](#). The summarized results are each section are below:

Part A. How Well Has the Board Done Its Job?

There were ten (10) questions in this section. 7 out of the 10 questions had positive responses (agree and strongly agree). There is a desire to learn more about the partnerships that the Health Unit’s senior administration have with stakeholders at the Board level.

Part B. How Well Has the Board Conducted Itself?

There were ten (10) questions in this section. 6 out of the 10 questions had positive responses (agree and strongly agree). There is a desire to learn more about the relationship between the Board and the Ministry of Health. There were commented concerns of attendance/preparedness of Board Members at meetings. Overall, Board Members feel that they conduct themselves in a highly esteemed and professional manner as a governance board.

Part C. My Performance as an Individual Board Member

There were thirteen (13) questions in this section. It is apparent that Board Members are very much aware of their strengths and weaknesses as individual Board Members, such as confirming that they are actively

providing a safe space for their colleagues to share their opinion, and the recognition of needing to review governance policies and by-laws for their own knowledge.

Part D. Feedback to the Chair of the Board

Feedback to the Chair of the Board of Health has been provided separately and in confidence.

Positive themes from responses within the Self-Assessment include:

- The Board sees a strong alignment with the strategic direction/priorities of the Health Unit.
- There are good governance activities occurring through updated policies and procedures.
- The Board and Senior Leadership have a strong relationship.
- Board and Committee meetings are well structured, collaborative and receive appropriate information to make governance level decisions.
- Board members are empowered and have a safe environment to share their thoughts openly with their colleagues.

Opportunities

In reviewing the results of the Self-Assessment, the following opportunities could be considered by the Committee and Board:

1. Enhanced Board Orientation/Education

- To provide a more detailed explanation of the relationship between a Board of Health and the provincial Ministry of Health.
- To review standing committee roles/responsibilities and if they are structured and performing effectively.

2. Stakeholder Engagement

- There is an opportunity to educate the Board on key stakeholders and how the Health Unit interacts with them.
- There is an opportunity for a high-level overview of key partnerships on a regular basis to the Board.
- Guest stakeholders/partners could also attend as a delegation to the Board to provide an update on the relationship and program(s) offered.

3. Board Member Engagement

- Board Member attendance and preparedness can be addressed by the Chair of the Board when warranted.

Next Steps

The BOH may propose the above recommendations to support its effectiveness in the months ahead as it monitors the execution of the Provisional Plan. Recommendations for further development opportunities should be discussed and brought forward to the Board for approval.

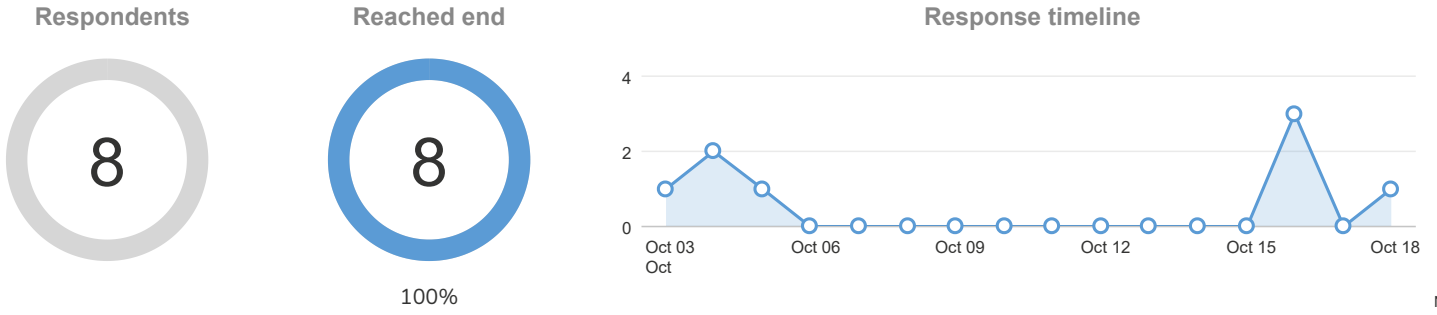
This report was prepared by the Manager, Privacy, Risk and Client Relations.



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



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



N 8

Section A

Our organization operates with a strategic plan or a set of measurable goals and priorities

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	7	<div style="width: 88%;"></div>	88%
5 - Strongly Agree	1	<div style="width: 13%;"></div>	13%



N 8

The Board's regular meeting agenda items reflects our strategic plan or priorities.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	5	<div style="width: 63%;"></div>	63%
5 - Strongly Agree	3	<div style="width: 38%;"></div>	38%



N 8

The Board gives direction to staff on how to achieve the goals by setting, referring to, or revising policies.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	7		88%
5 - Strongly Agree	1		13%




N 8

The Board has identified and reviewed the organization’s relationship with each of its key stakeholders.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	2		25%
4 - Agree	6		75%
5 - Strongly Agree	0		



N 8

The Board has ensured that the organization’s accomplishments and challenges have been communicated to key stakeholders.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	1		13%
4 - Agree	6		75%
5 - Strongly Agree	1		13%



N 8

The Board takes all relevant information into consideration when making decisions.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	6		75%
5 - Strongly Agree	2		25%



N 8

The Board has ensured that stakeholders have received reports on how our organization has used its financial and human resources.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	6		75%
5 - Strongly Agree	2		25%



N 8

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

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	4		50%
5 - Strongly Agree	4		50%





N 8

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

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	4		50%
5 - Strongly Agree	4		50%

N 8

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

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	1		13%
3 - Maybe or Not Sure	1		13%
4 - Agree	5		63%
5 - Strongly Agree	1		13%



N 8



No data found



Section B

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

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	6		75%
5 - Strongly Agree	2		25%





N 8

The agenda of board meetings are well planned so that we are able to get through all necessary business.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	6		75%
5 - Strongly Agree	2		25%



N 8

It seems like most board members come to meetings prepared.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	1		13%
3 - Maybe or Not Sure	1		13%
4 - Agree	5		63%
5 - Strongly Agree	1		13%



N 8

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

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	4		50%
5 - Strongly Agree	4		50%



N 8

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

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	3		38%
5 - Strongly Agree	5		63%




N 8

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

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	5		63%
5 - Strongly Agree	3		38%



N 8

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

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	1		13%
4 - Agree	4		50%
5 - Strongly Agree	3		38%



N 8

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

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	1		13%
4 - Agree	7		88%
5 - Strongly Agree	0		




N 8

Does the Board feel they have a sound understanding of public health issues within our community?

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	6		75%
5 - Strongly Agree	2		25%

N 8

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



	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	2		25%
4 - Agree	5		63%
5 - Strongly Agree	1		13%

N 8

Section B




Section C

I am aware of what is expected of me as a Board member.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	3		38%
5 - Strongly Agree	5		63%



N 8

I have a good record of meeting attendance.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	1		13%
4 - Agree	2		25%
5 - Strongly Agree	5		63%




N 8

I read the minutes, reports and other materials in advance of our board meetings.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	3		38%
5 - Strongly Agree	5		63%




N 8

I am familiar with what is in the organization’s by-laws and governing policies.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	1		13%
4 - Agree	3		38%
5 - Strongly Agree	4		50%



N 8

I frequently encourage other Board members to express their opinions at board meetings.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	2		25%
4 - Agree	5		63%
5 - Strongly Agree	1		13%



N 8

I am encouraged by other Board members to express my opinions at board meetings.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	6		75%
5 - Strongly Agree	2		25%

N 8

I am a good listener at board meetings.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	5		63%
5 - Strongly Agree	3		38%

N 8

I follow through on things I have said I would do.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	4		50%
5 - Strongly Agree	4		50%

N 8

I maintain the confidentiality of all board decisions.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	3		38%
5 - Strongly Agree	5		63%

N 8

When I have a different opinion than the majority, I raise it.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	5		63%
5 - Strongly Agree	3		38%



N 8

I support Board decisions once they are made even if I do not agree with them.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	3		38%
5 - Strongly Agree	5		63%




N 8

I promote the work of our organization in the community whenever I have a chance to do so.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	0		
4 - Agree	2		25%
5 - Strongly Agree	6		75%

N 8

I stay informed about issues relevant to our mission and bring information to the attention of the Board.

	Count	% of responses	%
1 - Strongly Disagree	0		
2 - Disagree	0		
3 - Maybe or Not Sure	1		13%
4 - Agree	2		25%
5 - Strongly Agree	5		63%

N 8





MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 13-23GC

TO: Chair and Members of the Governance Committee

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

DATE: 2023 November 16

GOVERNANCE POLICY REVIEW

Recommendation

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

- 1) Receive Report No. 13-23GC re: “Governance Policy Review” for information; and*
- 2) Approve the governance policies as amended in [Appendix B](#).*

Key Points

- It is the responsibility of the Board of Health to review and approve governance by-laws and policies.
- [Appendix A](#) details recommended changes to the policies that have been reviewed by the Governance Committee and outlines the status of all documents contained within the Governance Manual.
- There are three (3) policies that have been prepared for review by the Governance Committee in ([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

For 2023 and 2024, policies and by-laws will be grouped together (when possible) by subject matter area for ease in reviewing.

There are three (3) policies included as [Appendix B](#) that have been reviewed by the Governance Committee and prepared for approval by the Board of Health:

- G-280 Board Size and Composition
- G-300 Board of Health Self-Assessment
- G-350 Nominations and Appointments to the Board of Health

[Appendix A](#) to this report details the recommended changes for the above policies as well as the final 2023 policy review status.

Next Steps

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

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

Handwritten signature of Emily Williams in cursive script.

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

Handwritten signature of Alexander T. Summers in cursive script.

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

2023 Governance By-law and Policy Review Schedule and Recommendations Table

November 2023

Group	Document Name	Last Review	Status	Recommended Changes	For Review on
Board of Health Operations	G-280 Board Size and Composition	10/21/2021	Reviewed	Suggested changes from the Committee: <ul style="list-style-type: none"> - If Chair and Vice-Chair can be a 4-year term? - Staff response: Having a 1-2-year term allows for more flexibility and opportunity for members to participate as Chair and Vice-Chair. There are also Board members who do not have 4-year terms on the Board of Health. 	11/16/2023
Board of Health Operations	G-300 Board of Health Self-Assessment	10/21/2021	Reviewed		11/16/2023
Board of Health Operations	G-350 Nominations and Appointments to the Board of Health	10/21/2021	Reviewed		11/16/2023
Board Responsibility and Transparency	G-260 Governance Principles and Board Accountability	4/20/2023	Current		4/20/2025
Board Responsibility and Transparency	G-370 Board of Health Orientation and Development	4/20/2023	Current		4/20/2025
Board Responsibility and Transparency	G-400 Political Activities	4/20/2023	Current		4/20/2025
By-laws	G-B10 By-law No. 1 Management of Property	07/20/2023	Current		6/15/2025
By-laws	G-B20 By-law No. 2 Banking and Finance	07/20/2023	Current		6/15/2025
By-laws	G-B30 By-law No. 3 Proceedings of the Board of Health	07/20/2023	Current		6/15/2025

Group	Document Name	Last Review	Status	Recommended Changes	For Review on
By-laws	G-B40 By-law No. 4 Duties of the Auditor	07/20/2023	Current		6/15/2025
Financial Activities	G-180 Financial Planning and Performance	4/20/2023	Current		4/20/2025
Financial Activities	G-430 Informing of Financial Obligations	4/20/2023	Current		4/20/2025
Financial Activities	G-205 Borrowing	4/20/2023	Current		4/20/2025
Financial Activities	G-200 Approval and Signing Authority	4/20/2023	Current		4/20/2025
Risk and Privacy	G-080 Occupational Health and Safety	06/17/2021	Current		9/21/2025
Risk and Privacy	G-100 Privacy and Freedom of Information	02/17/2022	Current		9/21/2025
Risk and Privacy	G-120 Risk Management	10/21/2021	Current		9/21/2025
Risk and Privacy	G-500 COVID-19 Immunization	6/26/2022	Current		9/21/2025



BOARD SIZE AND COMPOSITION

PURPOSE

To ensure the Board of Health (Board) structure and composition comply with requirements set out in the Health Protection and Promotion Act (HPPA) and regulations.

POLICY

The Board is an autonomous body responsible for the governance of the Middlesex-London Health Unit in accordance with sections 49 (1), (2) and (3) of HPPA, and Reg. 559, which outline the composition of boards of health. Board composition and structure will be established in accordance with the procedure outlined in this policy.

PROCEDURE

1. Board Composition

- 1.1. The Board consists of municipal and provincial appointees. Each member's term of office is determined by the appointing body.
- 1.2. The number of Board members and their representation is as follows:
 - a. City of London – 3 appointees
 - b. County of Middlesex – 3 appointees
 - c. Province of Ontario – 5 appointees
- 1.3. An Aboriginal council of the band that has entered into an agreement with the Board has the right to appoint a member of the band to be one of the members of the Board. Councils of the bands of two or more bands that have entered into agreements have the right to jointly appoint a person to be one of the members of the Board instead of each appointing a member.
- 1.4. No person whose services are employed by the Board is qualified to be a member of the Board.

2. Board Structure

- 2.1. Each year at its inaugural meeting, the Board will:
 - a. Elect a Chair, Vice-Chair, Secretary and Treasurer.
 - b. Decide whether to establish and/or continue standing committees or, to have the Board deal with all matters directly.
- 2.2. The Chair of the Board shall be selected by the voting members to serve for a term of one year. The Chair may be nominated to serve for a consecutive term.

2.3. The Vice-Chair, Secretary and Treasurer shall be elected for a one-year term.

2.4. The Secretary and Treasurer roles may be filled by any member of the Board of Health including, but not limited to, the MOH, CEO, or Chair of a Standing Committee.

APPLICABLE LEGISLATION AND STANDARDS

Health Protection and Promotion Act, R.S.O. 1990, c. H.7
Regulation 559 Designation of Municipal Members of Boards of Health
Municipal Act, 2001, S.O. 2001, c. 25

RELATED POLICIES

By-law #3 Proceedings of the Board of Health
Policy G-270 Roles and Responsibilities of the Board of Health
Policy G-290 Standing and Ad Hoc Committees



BOARD OF HEALTH SELF-ASSESSMENT

PURPOSE

To ensure the Board of Health's (Board) compliance with the requirements outlined in the Ontario Public Health Standards for self-assessment and to support ongoing Board development and effectiveness.

POLICY

The Board recognizes that regular self-assessment is essential in supporting the Middlesex-London Health Unit's vision, mission and values.

The Ontario Public Health Standards require that boards of health complete a self-assessment of their governance practices and outcomes at least every other year. The Middlesex-London Board of Health is committed to completing the self-assessment annually and implementing recommendations for improvement based on assessment results.

PROCEDURE

1. The Governance Committee of the Board is responsible for the initiation of the annual Board self-assessment process and to assist and advise employees in its administration. The process for self-assessment is as follows:
 - 1.1. The Governance Committee reviews, amends as necessary and recommends to the Board, approval of the Board of Health Self-Assessment Tool (Appendix A).
 - 1.2. Following Board approval, the Board of Health Self-Assessment Tool (Appendix A) is distributed via email to Board members for completion.
 - 1.3. Surveys may be completed electronically or on paper. Completed hard copies can be submitted in a sealed envelope, to the Executive Assistant (EA) to the Board of Health and/or the EA to the MOH and CEO.
 - 1.4. High level results of the survey will be reported to the Governance Committee in an anonymous form without any identifying information to inform recommendations for improvements in Board effectiveness and engagement.

APPLICABLE LEGISLATION AND STANDARDS

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, 2018

RELATED POLICIES

G-370 Board of Health Orientation and Development

20XX Board of Health Member Self-Assessment

This survey is expected to take approximately 30 minutes. Please complete by _____.

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

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

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

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

Questions should be answered by all board members. When completed individually the results of Sections A, 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 reflects 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 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
1. As board members, we are aware of what is expected of us.
- | | | | | | |
|--|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
2. The agenda of board meetings are well planned so that we are able to 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. Does the Board feel they have a sound understanding of public health issues within our community?
1 2 3 4 5
10. Does the Board understand 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: _____

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

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

NOMINATIONS AND APPOINTMENTS TO THE BOARD OF HEALTH

PURPOSE

To support a high-performing Board of Health (Board) through well-defined nomination and appointment criteria and processes.

POLICY

The Board recognizes that Board performance is enabled through balanced membership with respect to members' skills, expertise, qualities and competencies. Board nominations, appointments and reappointments will occur in accordance with the procedure outlined in this policy.

This policy is applicable to provincial appointees, and where relevant, to municipal appointees.

PROCEDURE

1. Notification

- 1.1. Incumbent appointees who are eligible for reappointment will notify the Chair of their intentions with respect to requesting reappointment not less than six months prior to the expiration of their term. To facilitate this, the Secretary of the Board will provide a listing of all Board members with term expiration dates annually, customarily at the first meeting of the year.

2. Term of Appointment

- 2.1. The term of appointment for provincial appointees is set by the Public Appointments Secretariat and may be for one, two or three years. The term of appointment for a municipal appointee is the term of office of the council unless otherwise specified by the council.

3. Criteria to be Considered

- 3.1. In considering the appointment and reappointment endorsement/recommendation, the Board will consider:
 - a. Commitment to the mission, vision and goals of the Middlesex-London Health Unit (MLHU);
 - b. Commitment to and an understanding of MLHU policies and programs;
 - c. Ability to work collegially with other Board members, the Medical Officer of Health (MOH) and the Chief Executive Officer (CEO);
 - d. Diversity and skill composition of current Board members;
 - e. Representation of MLHU in the community;

- f. Regularity of attendance at Board meetings;
- g. Participation in and contribution at Board meetings; and
- h. Ability to make a continued commitment to monthly involvement in Board meetings and related activities.

4. Term Limits

- 4.1. The Ministry of Health and Long-Term Care adheres to the Provincial Appointments Secretariat's ten-year limit for appointees, which aligns with best practices in governance. There is no limit to length of service for municipal representatives.

5. Consideration of Provincial Appointments and Reappointment Process

- 5.1. The Board shall consider offering informational interviews to interested applicants in order to advise them on the Board mandate, Board member expectations, and provide guidance with the provincial appointment process.
- 5.2. The Board may also forward relevant information pertaining to the Board skills and diversity inventory to the Public Appointments Secretariat.
- 5.3. The Board will consider endorsements/recommendations relating to Board reappointment in a closed session, under Board By-law No. 3 section 7.2, Criteria for in-camera meetings, subsection (b) personal matters about an identifiable individual, including Board employees.
- 5.4. A Board member being considered for reappointment will absent themselves from the portion of the session during which their reappointment request is considered. The remaining members may, at their discretion, request the member to return to provide information or answer questions. A motion regarding endorsement/recommendation, if any, will be made in camera.
- 5.5. For provincial reappointments, on the approval of the Board, the Chair will submit a letter of endorsement by regular mail addressed to the Ministry of Health and Long-Term Care listing the names of all interested appointees that are being supported for reappointment along with the completed Reappointment Information Form(s) to:

The Ministry of Health and Long Term Care
10th Floor Hepburn Block, 80 Grosvenor Street
Toronto, ON M7A 2C4

Or by email or fax to
Minister's Special Assistant for Public Appointments
Fax: 416-326-1571

- 5.6. A copy of all above-mentioned documentation must also be sent to the Manager, Public Appointments Unit, Ministry of Health and Long Term Care, by fax to 416-327-8496 or by email.

6. Consideration of Municipal Appointments and Reappointment Process

- 6.1. For municipal appointments or reappointments, the Secretary may submit a letter of endorsement by regular mail addressed to the Mayor of the City of London and the Warden for Middlesex County listing the current diversity and skill requirements for their consideration in the appointment or reappointment process.

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-B30 By-law No. 3 Proceedings of the Board of Health



TO: Chair and Members of the Governance Committee

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

DATE: 2023 November 16

QUARTERLY RISK REGISTER UPDATE – Q3 2023

Recommendation

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

- 1) *Receive Report No. 14-23GC re: “MLHU Q3 2023 Risk Register” for information; and*
- 2) *Approve the Q3 2023 Risk Register ([Appendix A](#)).*

Key Points

- There were nine (9) risks identified in Q2 of 2023.
- In Q3 2023 one (1) NEW risk has been added to the risk register under the Technology category – moderate residual risk.
- Residual risk in Q3:
 - Five (5) classified as minor risk.
 - Four (4) classified as moderate risk.
 - One (1) classified as significant risk – Political risk re: uncertainty of Public Health modernization/merger.

Background

The Ontario Public Health Standards (OPHS) require Boards of Health to have a formal risk management framework in place that identifies, assesses, and addresses risks. In response to the OPHS, the Middlesex-London Health Unit (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.

Q3 2023 Risk Register

There are ten (10) risks identified on the Q3 Risk Register. The register reflects one (1) new risk in the Technology category pertaining to the Human Resources Information System ‘Dayforce’ and the lack of Multi-Factor Authentication (MFA) requirements for digital sign-on.

Of the ten (10) risks identified on the Q3 2023 Risk Register:

- Six (6) are high risk.
 - One (1) carries significant residual risk related to the uncertainty of Public Health modernization/mergers. The Ministry of Health is incentivizing local public health agencies to merge. The Medical Officer of Health (MOH) and Chief Executive Officer (CEO) continue to work with partner agencies and the Ministry of Health to understand implications/opportunities for MLHU.
 - Two (2) have been classified with moderate residual risk due to:

- Uncertainty in public health funding mechanisms related to inflation and ongoing COVID-19 associated work. The City, County and the MLHU continue to advocate to the Ministry for adequate funding.
- Security concerns related to the Human Resources Information System (HRIS) 'Dayforce'. MLHU is exploring multi-factor authentication (MFA) functionality with the vendor to enhance security.
- Three (3) have been reduced to minor residual risk through implementation of effective mitigation strategies.
- Four (4) are medium risk.
 - Two (2) carry a moderate residual risk rating.
 - One (1) related to the Technology risk category. Further work is underway to mitigate risk through enhanced internal asset management practices.
 - One (1) related People/Human Resources category where Public Health sector provides lower compensation than comparable roles in the market. Work to update position descriptions began in 2022 and is ongoing.
 - Two (2) have been reduced to minor residual risk through implementation of effective mitigation strategies.

Uncertainty regarding Public Health modernization/merger discussions, and the current Public Health funding model remain the largest threats to the agency.

Risk management education at the MLHU is ongoing, as work to embed enhanced risk management principles and practices across the continuum of activities continues. This work is tied to the new Management Operating System (MOS) initiative.

Next Steps

It is recommended that the Governance Committee recommend that the Board of Health review and approve the Q3 2023 Risk Register ([Appendix A](#)) included with this report.

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



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



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



TO: Chair and Members of the Governance Committee

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

DATE: 2023 November 16

2023-24 PROVISIONAL PLAN Q3 STATUS UPDATE

Recommendation

It is recommended that the Governance Committee recommend that the Board of Health receive Report No. 15-23GC, re: “2023-24 Provisional Plan Q3 Status Update” for information.

Key Points

- In Q2 2023 the Board of Health approved the 2023-24 Provisional Plan.
- In June through September, communication regarding the 2023-24 Provisional Plan was completed through the MLHU weekly Town Halls, as well as individual team meetings.
- Progress has been made on many initiatives on the 2023-24 Provisional Plan within the three-month duration of the new Provisional Plan, with 10 initiatives underway, and four not started yet.

Background

The Health Unit continues to ensure that the priority areas, goals and directions identified on the 2023-24 Provisional Plan are prioritized and balanced with the ongoing demands of the organization. On May 18, 2023, the Board of Health approved the current 2023-24 Provisional Plan (see attached [Appendix A](#)). In June through September, a health unit wide communication strategy was implemented to familiarize staff and leaders with the Provisional Plan and offer opportunities to discuss how the initiatives and tactics relate to their team-level activities. The communication was completed through MLHU weekly Town Halls and through team meetings, with discussions supported by divisional Directors and members of the Strategy, Planning and Performance (SPP) team. The 2023-24 Provisional Plan is also available on the health unit [website](#) in English and French.

Provisional Plan Status Update

This Q3 status update reflects the first time for the Strategy, Planning and Performance (SPP) Team to report on the 2023-24 Provisional Plan with a revised reporting process. Over the July to September timeframe, the Health Unit has executed key deliverables associated with several strategic initiatives. A Q3 Provisional Plan Status Report has been included as [Appendix B](#).

All 14 strategic initiatives are proceeding as planned. Ten of the initiatives have been initiated and tactics associated with these initiatives are underway. There is only one tactic regarding the implementation of the Joy in Work framework where issues have been identified. Given the pending structure and labour relations outcomes, moving forward the Joy in Work framework has been de-prioritized by the Human Resource Team due to capacity and organizational climate.

Four of the fourteen initiatives have not started yet but will be initiated within the 2023/24 timeframe of the provisional plan. These include:

- 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,
- Develop an organizational governance framework to facilitate transparency and efficiency in decision-making, and
- Integrate public health foundational principles and practices into staff orientation and ongoing training curriculum.

Next Steps

Work will continue to be initiated on the 2023/2024 Provisional Plan initiatives. Planning discussions are starting this fall to develop the approach for the 2025-2029 Strategic Plan that will commence in 2024.

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



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



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

EXECUTIVE SUMMARY

Our Interim Strategic Direction

The Middlesex-London Health Unit (MLHU) is proud to present the 2023-2024 Provisional Plan, which provides our interim strategic direction for the next two years. The MLHU developed our 2021-2022 Provisional Plan to provide strategic direction during the ongoing COVID-19 response, while supporting recovery from the pandemic.

Due to the evolving context of public health post-COVID-19, the 2023-2024 Provisional Plan once again builds on our ongoing priority areas, while setting new goals to outline where we want to be in two years and articulating the direction that we will take to get there. The Plan also outlines the initiatives for how we plan to specifically move forward, until a full Strategic Plan is developed for 2025-2029.

Our Vision, Mission and Values

As part of the 2015-2020 Strategic Plan, vision, mission and values statements were developed that are still relevant to our organization and to our work. Our vision articulates what we would like our community to achieve over the long-term; our mission is the declaration of our organization's core purpose; and our values are the beliefs and principles that will guide us.

VISION:

People Reaching Their Potential

MISSION:

To promote and protect the health of our community

VALUES:

Collaboration

Integrity

Empowerment

Striving for excellence

Health

Equity

Speaking the Same Language: 2023-24 Provisional Plan Terminology

As a part of articulating the MLHU's strategic direction over the next 2 years, it is important to ensure that we are speaking the same language as we plan to advance the work of public health in our community. Through the 2015-2020 Strategic Plan development process, four priority areas were identified using the balanced scorecard strategic planning model. Under each priority area, we have identified Strategic Goals, Directions, Initiatives and Tactics. The definition for these terms as follows:

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"

Tactic: "The specific activities and projects to make progress"

The following pages of this document identify these various strategic goals and plans.

MLHU 2023-24 Provisional Plan



CLIENT & COMMUNITY CONFIDENCE

GOAL

We have strong relationships with our partners and are trusted by our community

DIRECTION

1.1

Facilitate meaningful and trusting relationships with prioritized equity-deserving groups, specifically Black and Indigenous communities

1.2

Develop and adopt a partner engagement framework



PROGRAM EXCELLENCE

GOAL

Our public health programs are effective, grounded in evidence and equity

DIRECTION

2.1

Define what we do and do it well



EMPLOYEE ENGAGEMENT & LEARNING

GOAL

Our staff and leaders have the skills and capacity to do their jobs well, and their wellbeing is supported

DIRECTION

3.1

Develop and implement strategies to support staff mental health and wellbeing, including addressing systemic factors contributing to burn out

3.2

Develop and implement comprehensive training, learning and development, and professional development opportunities for staff and leaders



ORGANIZATIONAL EXCELLENCE

GOAL

We make effective decisions, and we do what we say we are going to do

DIRECTION

4.1

Clarify who makes decisions and how those decisions are made

4.2

Develop and initiate an organizational quality management system

MLHU 2023-24 Provisional Plan



**CLIENT & COMMUNITY
CONFIDENCE**



**PROGRAM
EXCELLENCE**



**EMPLOYEE ENGAGEMENT
& LEARNING**



**ORGANIZATIONAL
EXCELLENCE**

GOAL

We have strong relationships with our partners and are trusted by our community

1.1 DIRECTION

- Facilitate meaningful and trusting relationships with prioritized equity-deserving groups, specifically Black and Indigenous communities

INITIATIVES

- 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, inclusion, and anti-racism/anti-oppressive training for staff to facilitate cultural humility and safety when engaging with equity-deserving groups

TACTICS

- Continue implementation of the ESR, including formal documentation of equity, diversity and inclusion (EDI) training
- Continue implementation of the ABRP
- Continue implementation of TAFR, including potential documentation of formal relationships with Indigenous partners

1.2 DIRECTION

- Develop and adopt a partner engagement framework

INITIATIVES

- 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

TACTICS

- Complete a partnership Inventory
- Identify and adopt a customer relationship management (CRM) framework

MLHU 2023-24 Provisional Plan



CLIENT & COMMUNITY
CONFIDENCE



PROGRAM
EXCELLENCE



EMPLOYEE ENGAGEMENT
& LEARNING



ORGANIZATIONAL
EXCELLENCE

GOAL

Our public health programs are effective, grounded in evidence and equity

2.1

DIRECTION

- Define what we do and do it well

INITIATIVES

- 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

TACTICS

- Refine intervention and program descriptions
- Initiate the development of measurable indicators
- Continue with implementation of the SDOH Project (Phase 2)
- Develop refined Emergency Response and Business Continuity Plans, including planning for cross training on public health core competencies

MLHU 2023-24 Provisional Plan



**CLIENT & COMMUNITY
CONFIDENCE**



**PROGRAM
EXCELLENCE**



**EMPLOYEE ENGAGEMENT
& LEARNING**



**ORGANIZATIONAL
EXCELLENCE**

GOAL

Our staff and leaders have the skills and capacity to do their jobs well, and their wellbeing is supported

3.1 DIRECTION

- Develop and implement strategies to support staff mental health and wellbeing, including addressing systemic factors contributing to burn out

INITIATIVES

- Continue to implement the Joy in Work framework and prioritize wellness activities and supports

TACTICS

- Continue with prioritization and implementation of Joy in Work
- Continue to prioritize the activities of the Be Well committee and wellness provider offerings

3.2 DIRECTION

- Develop and implement comprehensive training, learning and development, and professional development opportunities for staff and leaders

INITIATIVES

- 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

TACTICS

- Create a foundational principles module to complete by all staff during onboarding
- Implement a capacity building framework to coordinate all organization-wide training
- Implement the leadership development program

MLHU 2023-24 Provisional Plan



**CLIENT & COMMUNITY
CONFIDENCE**



**PROGRAM
EXCELLENCE**



**EMPLOYEE ENGAGEMENT
& LEARNING**



**ORGANIZATIONAL
EXCELLENCE**

GOAL

We make effective decisions, and we do what we say we are going to do

4.1

DIRECTION

- Clarify who makes decisions and how those decisions are made

INITIATIVES

- Develop an organizational governance framework to facilitate transparency and efficiency in decision-making

TACTICS

- Develop a governance policy, including the adoption of a decision authority matrix

4.2

DIRECTION

- Develop and initiate an organizational quality management system

INITIATIVES

- Develop and adopt a management operating system manual that describes our equity-informed management and quality operating systems, including an operational planning and performance reporting process to enable the monitoring of program and indicators

TACTICS

- Develop and implement a Management Operating System including a Performance Management Framework
- Develop a template for programmatic operational plans
- Complete the Job Description Review, ensuring alignment with the Employment Equity Policy, to assess the skills required to do the work of the organization
- Develop efficient procurement processes, including the implementation of centralized ordering
- Document and refine budgeting processes
- Continue documenting organizational policies and procedures

2023-24 Provisional Plan Status Report to Board of Health

Q3 2023 (July-September)

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