

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 087-12

- TO: Chair and Members of the Board of Health
- FROM: Graham L. Pollett, MD, FRCPC Medical Officer of Health

DATE: 2012 June 21

ORGANIZATIONAL STRUCTURE

Recommendation

It is recommended that Report No. 087-12 re Organizational Structure be received for information.

Background

As previously reported to the Board of Health, as part of the 2012 City Council budget process, questions were raised about this organization's management structure. This report addresses the current structure with emphasis on the senior level of management. Attached as <u>Appendix A</u> is the Health Unit's Organizational Chart. There are approximately 275 full time equivalent positions on the staff complement. Taking into account the number of casual and part-time positions, this equates to over 325 persons on the payroll at any one time.

Management Staff Categories

Table 1 below, summarizes the 3 categories of management staff, i.e., senior management; program managers; and all other non-union staff positions. It also highlights the type of funding for each group. An overview of each category follows.

Category	Number	Type of Funding
MOH & CEO	1	Cost-shared
Senior Management (Directors)	6	Cost-shared
Program Managers	18	12 Cost-shared; 6 100% provincially funded
Other Non-Union Staff	15	13 Cost-shared; 2 100% provincially funded
TOTAL	40	

Table 1 – Summary of Middlesex-London Health Unit Management Staff

a) Senior Management

There are 7 senior management positions. This includes the Medical Officer of Health (MOH) who is also the Chief Executive Officer (CEO) for the Health Unit. Reporting to the MOH & CEO are 6 Director positions: 3 program focused (Director, Environmental Health and Chronic Disease Prevention Services; Director, Family Health Services; and Director, Oral Health, Communicable Disease and Sexual Health Services) and 3 corporate services focused (Director, Finance and Operations; Director Human Resources and Labour Relations; and Director, Information Technology Services). The Associate Medical Officer of Health (AMOH) is also the Director, Oral Health, Communicable Disease and Sexual Health Services.

As previously explained in Board of Health Report No 045-12, the MOH and the AMOH are remunerated as per a Ministry of Health and Long-Term Care established salary grid. The remuneration for each position is the same whether the incumbents carry out other administrative functions i.e., CEO duties as is

the case for this Health Unit's MOH or program responsibilities as is the case of this Health Unit's AMOH.

It is also important to note that each of the 6 Directors and the MOH is a content expert in his/her respective field which are public health nursing, public health inspection, community medicine, finance, human resources and information technology, as well as, having significant senior administrative responsibilities. In addition, the Directors and MOH each have an average of 8 staff members directly reporting to them.

Concerning the 3 corporate services Director positions, these were established in June 2010 when the Board of Health endorsed the recommendations of Report No. 096-10 (Organizational Realignment). This report called for the elimination of 2 existing Director positions (Director, Dental Services and Director, Research, Education, Evaluation and Development (REED) Services). It also recommended the promotion of 3 existing Manager positions to Director. That is, the Manager, Finance and Operations to Director, Finance and Operations; the Manager, Human Resources and Labour Relations to Director, Human Resources and Labour Relations; and the Manager, Information Technology Services to Director, Information Technology Services.

The elevation of the 3 Manager positions to Directors was as a result of a Board of Health approved external review of the organization's information technology services. The consulting firm who undertook this review strongly recommended in the final report, that information technology services be represented on the senior management team owing to the impact of this area on the operation of the entire organization. This rationale applied equally to the Manager, Finance and Operations, and the Manager, Human Resources and Labour Relations, positions.

The total cost related to the promotion of each of these positions (\$61,007) was part of the total realignment costs as described in Report No. 096-10. All of the realignment costs were funded through the net savings which occurred from the loss of Public Health Research, Education, and Development program (PHRED). That is, no additional municipal funding was required. The 3 Manager vacancies created by the promotion of the incumbents to Director positions were not filled.

The wisdom of the consulting firm's recommendation has been borne out, in the MOH & CEO's opinion, by the enhanced functioning and decision making which have occurred since the 2010 addition of the 3 corporate services Director incumbents to the senior management team.

b) Program Managers

There are 18 Program Managers of which 12 are cost-shared. They are allocated as follows:

- Family Health Services 8 FTE (4.5 cost-shared, 3.5 100% funded)
- Oral Health, Communicable Disease and Sexual Health 4 FTE (3 cost-shared, 1 100% funded)
- Environmental Health & Chronic Disease Prevention 6 FTE (4.5 cost-shared, 1.5 100% funded)

The average number of staff reporting to each Program Manager is 12. As with Directors, each Program Manager is an expert in her/his team's area of focus, and this work requires them to be actively involved in program development, implementation, evaluation and community relations. A summary of Program Manager responsibilities is attached as <u>Appendix B</u>.

c) Other Non-Union Staff

There are 15 Other Non-Union Staff positions which historically have been referred to as non-union management. Of this group, 2 of the positions are 100% funded (Manager, Emergency Preparedness, and Epidemiologist – Communicable Diseases). All of the Other Non-Union Staff positions carry out specialized functions such as: Communications; Privacy & Occupational Health and Safety; Procurement

and Operations; Accounting and Payroll; and Human Resources functions. Included in this group is the Executive Assistant to the MOH & CEO and the Executive Assistant to the Board of Health.

Summary

As a medium-sized organization with a combined staff complement at any one time exceeding 300 positions (full-time, part-time and casual) and a diverse, legislated mandate, the Health Unit has a streamlined management structure whereby all senior and program management staff are required to carry out multiple roles. Although the Board of Health has assigned the administration of the Health Unit to the Medical Officer of Health & Chief Executive Officer, the practice has been for the Medical Officer of Health to obtain the Board of Health's approval for changes to the organizational structure, including those made at the senior management level. The most recent organizational realignment was in June of 2010 and that structure has remained in place to this point in time.

Autom & Poller

Graham L. Pollett, MD, FRCPC Medical Officer of Health