

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee

Microsoft Teams
Wednesday, September 15, 2021, 9:00 a.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA – September 15, 2021

3. APPROVAL OF MINUTES – June 17, 2021

4. RECEIPT OF SUB-COMMITTEE MINUTES

- July 13, 2021 (Governance Responsibilities Committee)
- July 20, 2021 (Governance Responsibilities Committee)
- August 5, 2021 (Governance Responsibilities Committee)

5. NEW BUSINESS

- 5.1. 2021-22 Provisional Strategic Plan Status Update (Report No. 16-21GC)
- 5.2. Governance By-Law and Policy Review (Report No. 17-21GC)
- 5.3. Board Development Proposal (Report No. 18-21GC)

6. OTHER BUSINESS

Next meeting date is October 21, 2021 at 6 p.m.

7. CONFIDENTIAL

The Governance Committee will move into a confidential session to consider matters regarding personal matters about an identifiable individual, including municipal or local board employees.

8. ADJOURNMENT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee

Microsoft Teams
Thursday, June 17, 2021 5:30 p.m.

MEMBERS PRESENT: Mr. Bob Parker (Chair)
Ms. Aina DeViet
Ms. Maureen Cassidy
Mr. Mike Steele

REGRETS: Ms. Arielle Kayabaga

OTHERS PRESENT: Dr. Christopher Mackie, Secretary-Treasurer
Ms. Carolynne Gabriel, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)
Ms. Stephanie Egelton, Senior Executive Assistant to the Medical Officer of Health / Associate Medical Officer of Health
Ms. Emily Williams, Director, Healthy Organization/Interim CEO
Ms. Kendra Ramer, Manager, Strategic Projects
Ms. Cynthia Bos, Manager, Human Resources
Ms. Lilka Young, Human Resources Coordinator, Health and Safety
Ms. Kelly Elliott, Board of Health Member

Chair Bob Parker called the meeting to order at **5:34 p.m.**

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **Ms. Aina DeViet, seconded by Mr. Mike Steele**, that the **AGENDA** for the June 17, 2021 Governance Committee meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **Ms. Maureen Cassidy, seconded by Mr. Steele**, that the **MINUTES** of the April 15, 2021 Governance Committee meeting be approved as amended.

Carried

NEW BUSINESS

2021-22 Provisional Strategic Plan Status Update (Report No. 11-21GC)

Dr. Christopher Mackie, Medical Officer of Health introduced the report with further comments by Ms. Kendra Ramer, Manager, Strategic Projects. Discussion of this report included the following:

- Since the Provisional Strategic Plan was originally presented to the Board of Health the availability of vaccine supply is anticipated to increase, changing the focus of the Health Unit's work for the next couple of weeks which could cause delays in the achievement of the Plan's objectives due to its shorter time period than the usual five-year plan.
- At the time this report was written all objectives were proceeding as planned and the intention is to resume work for the goals in Phase 1 and Phase 2 of the Plan after the next several weeks.
- Accountability was allocated among the Senior Leadership Team for each goal in the Plan.
- Overcoming vaccine hesitancy is part of the Provisional Strategic Plan. Vaccine hesitancy is being reported at 10-20% so the Health Unit is confident it will exceed the 80% target for vaccine coverage. The lowest vaccine rate is among the younger population and multiple interventions are being employed to reach this target audience, including a promotional video by an Olympic gold medalist and pop-up clinics in schools.
- The goals of the Provisional Strategic Plan are very appropriate to the current needs in the community and elsewhere.

It was moved by **Mr. Steele, seconded by Ms. Cassidy**, *that the Governance Committee recommend to the Board of Health to receive Report No. 11-21GC re: "2021-22 Provisional Plan Status Update" for information.*

Carried

It was moved by **Ms. Cassidy, seconded by Mr. Steele**, *that the Governance Committee recommend to the Board of Health to amend the 2021-22 Provisional Strategic Plan to include language stating that the Board of Health recognizes the need to amend the Plan to recognize the shift of the Middlesex-London Health Unit's focus to the vaccination efforts against COVID-19.*

Carried.

Governance By-Law and Policy Review (Report No. 12-21GC)

Ms. Emily Williams, Director, Healthy Organization/CEO (Interim) introduced the report, highlighting:

- Five policies were included for review by the Board of Health
- Eight policies are overdue for review but will be addressed next month and progress will be back on track for the end of 2021
- One policy has significant changes due to the implementation of Policy Manager software

It was moved by **Mr. Steele, seconded by Ms. DeViet**, *that the Governance Committee recommend to the Board of Health to approve policy G-000 Bylaws, Policy and Procedures.*

Carried

It was moved by **Mr. Steele, seconded by Ms. Cassidy**, *that the Governance Committee recommend to the Board of Health to approve policy G-010 Strategic Planning.*

Carried

It was moved by **Ms. Cassidy, seconded by Mr. Steele**, *that the Governance Committee recommend to the Board of Health to approve policy G-160 Jordan's Principle.*

Carried

There was discussion regarding policy *G-360 Resignation and Removal of Board Members*, including:

- The process is unclear for determining if an investigation is required when a motion is brought forward to remove a board member.
- It was proposed to have two motions for removing a board member: one which states there is to be no investigation, and one which states there will be an investigation.
- It is unclear what is required to meet the definition of "just cause" as laid out in the policy.

- Changing the language stating that a person who is being investigated cannot vote or attend meetings to “banned from meetings” to simplify the language; however, a person who is being investigated can attend the meeting, if invited, in order to present a rebuttal.
- Sixty days to submit a rebuttal is too long and a time limitation should be imposed on any investigations so as to not exclude a member from attending meetings for an unreasonable amount of time.
- Change wording from “Chair shall bring a motion” to “Chair should ask for a motion.”

It was moved by **Mr. Steele, seconded by Ms. DeViet**, *that the Governance Committee recommend to the Board of Health to refer policy G-360 back to staff of the Middlesex-London Health Unit.*

Carried

It was moved by **Mr. Steele, seconded by Ms. DeViet**, *that the Governance Committee recommend to the Board of Health to approve policy G-400 Political Activities with amendments.*

Carried

2021 Board of Health Self-Assessment Results (Report No. 13-21GC)

Ms. Williams introduced the report and thanked the Board of Health members for a 90% response rate to the survey. Ms. Ramer outlined details from the report. Discussion on the report included the following:

- There is an interest in seeing confidential reports prior to meetings while maintaining privacy. A follow-up discussion can be scheduled to consider potential options.
- Some of the questions on topics like “communicating to stakeholders about financial management or HR” or “engaging with stakeholders” could be areas for growth opportunities as some Board Members might be unaware of how stakeholders are being engaged.
- Some of the questions are on topics over which the Board Members have little control, for example recruiting new Board Members. It was proposed to either remove that question for next year or to amend to outline the limits and what steps Board Members can take.

It was moved by **Ms. DeViet, seconded by Ms. Cassidy**, *that the Governance Committee recommend to the Board of Health to receive Report No. 13-21GC re: “2021 Board of Health Self-Assessment Results” for information.*

Carried

2020 Occupational Health and Safety Report (Report No. 14-21GC)

Ms. Williams introduced Ms. Lilka Young, Human Resources Coordinator, Health and Safety who introduced the report. Discussion about the report included:

- The number of reported incidents and injuries remains the same as 2019 and the number of claims to WSIB decreased from eight, to three, possibly due to the shift to working from home.
- There was a large increase in the number of workplace violence incidents; however, no physical injuries were sustained and there was no worker-to-worker violence. Potential contributing factors to the number of incidents include being in the downtown core, which is more heavily populated, and the pandemic, which has resulted in increased stress levels and hostility to public health employees due to COVID-19 public health measures.
- There was one critical injury investigation which resulted in no orders being issued by the Ministry.
- The COVID-19 pandemic and response has been an opportunity to integrate health and safety into more processes within the Health Unit.

It was moved by **Ms. Cassidy, seconded by Mr. Steele**, *that the Governance Committee recommend to the Board of Health to receive Report No. 14-21 re: "2020 Occupational Health and Safety Report" for information.*

Carried

OTHER BUSINESS

The next meeting of the Governance Committee is Thursday, September 16, 2021 at 6 p.m.

CONFIDENTIAL

At **6:46 p.m.**, it was moved by **Ms. Cassidy, seconded by Ms. DeViet**, *that the Governance Committee will move in-camera to consider matters regarding labour relations or employee negotiations and personal matters about identifiable individuals, including municipal or local board employees.*

Carried

At **7:01 p.m.**, it was moved by **Ms. Cassidy, seconded by Ms. DeViet**, *that the Governance Committee rise and return to public session from closed session.*

Carried

ADJOURNMENT

At **7:01 p.m.**, it was moved by **Ms. Cassidy, seconded by Mr. Steele**, *that the meeting be adjourned.*

Carried

ROBERT PARKER
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Responsibilities Committee

Tuesday, July 13, 2021, 9:30 a.m.
ZOOM

MEMBERS PRESENT: Mr. Bob Parker (Chair)
Ms. Maureen Cassidy
Ms. Aina DeViet

OTHERS PRESENT: Ms. Carolynne Gabriel, Executive Assistant to the Board of Health
(Recorder, exited at 9:44 a.m.)
Mr. Mike Steele, Board of Health Member

Chair Bob Parker called the meeting to order at **9:43 a.m.**

DISCLOSURE OF CONFLICT OF INTEREST

Chair Parker inquired if there were any disclosures of conflicts of interest. None were declared.

APPROVAL OF AGENDA

It was moved by **Ms. Maureen Cassidy, seconded by Ms. Aina DeViet**, that the **AGENDA** for the July 13, 2021 Governance Responsibilities Committee meeting be approved.

Carried

CONFIDENTIAL

At **9:44 a.m.**, it was moved by **Ms. Cassidy, seconded by Ms. DeViet** that the Governance Responsibilities Committee will move in-camera to consider personal matters about an identifiable individual, including municipal or local board employees.

Carried

Ms. Carolynne Gabriel and Mr. Mike Steele left the meeting at **9:44 a.m.**, and Chair Parker recorded the remaining information for the purposes of these minutes.

At **11:04 a.m.**, it was moved by **Ms. DeViet, seconded by Ms. Cassidy**, that the Governance Responsibilities Committee rise and return to public session.

Carried

OTHER BUSINESS

It was moved by **Ms. DeViet, seconded by Ms. Cassidy**, that the next meeting of the Governance Responsibilities Committee occur on Tuesday, July 20th, 2021.

Carried

ADJOURNMENT

At **11:05 a.m.**, it was moved by **Ms. Cassidy**, seconded by **Ms. DeViet**, that the July 15 Governance Responsibilities Committee meeting be adjourned.

Carried

ROBERT PARKER
Committee Chair

MAUREEN CASSIDY
Board of Health Chair

DRAFT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Responsibilities Committee

Tuesday, July 20, 2021, 10:30 a.m.
MLHU Board Room – CitiPlaza
355 Wellington Street, London ON

MEMBERS PRESENT: Mr. Bob Parker (Chair)
Ms. Maureen Cassidy
Ms. Aina DeViet

OTHERS PRESENT: Ms. Carolynne Gabriel, Executive Assistant to the Board of Health
(Recorder, exited at 10:41 a.m.)

Chair Bob Parker called the meeting to order at **10:41 a.m.**

DISCLOSURE OF CONFLICT OF INTEREST

Chair Parker inquired if there were any disclosures of conflicts of interest. None were declared.

APPROVAL OF AGENDA

It was moved by **Ms. Maureen Cassidy, seconded by Ms. Aina DeViet**, that the **AGENDA** for the July 20, 2021 Governance Responsibilities Committee meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **Ms. Cassidy, seconded by Ms. DeViet**, that the **MINUTES** for the July 13, 2021 Governance Responsibilities Committee meeting be approved.

Carried

CONFIDENTIAL

At **10:41 a.m.**, it was moved by **Ms. DeViet, seconded by Ms. Cassidy** that the Governance Responsibilities Committee will move in-camera to consider personal matters about an identifiable individual, including municipal or local board employees.

Carried

Ms. Carolynne Gabriel left the meeting at **10:41 a.m.**, and Chair Parker recorded the remaining information for the purposes of these minutes.

At **12:20 p.m.**, it was moved by **Ms. Cassidy, seconded by DeViet**, that the Governance Responsibilities Committee rise and return to public session.

Carried

ADJOURNMENT

At **12:21 p.m.**, it was moved by **Ms. DeViet, seconded by Ms. Cassidy**, *that the July 20 Governance Responsibilities Committee meeting be adjourned.*

Carried

ROBERT PARKER
Committee Chair

MAUREEN CASSIDY
Board of Health Chair

DRAFT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Responsibilities Committee

Thursday, August 5, 2021, 2:00 p.m.
Zoom

MEMBERS PRESENT: Mr. Bob Parker (Chair)
Ms. Maureen Cassidy
Ms. Aina DeViet

OTHERS PRESENT: Ms. Carolynne Gabriel, Executive Assistant to the Board of Health
(Recorder, exited at 2:05 p.m.)

Chair Bob Parker called the meeting to order at **2:04 p.m.**

DISCLOSURE OF CONFLICT OF INTEREST

Chair Parker inquired if there were any disclosures of conflicts of interest. None were declared.

APPROVAL OF AGENDA

It was moved by **Ms. Maureen Cassidy, seconded by Ms. Aina DeViet**, that the **AGENDA** for the August 5, 2021 Governance Responsibilities Committee meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **Ms. DeViet, seconded by Ms. Cassidy**, that the **MINUTES** for the July 20, 2021 Governance Responsibilities Committee meeting be approved.

Carried

CONFIDENTIAL

At **2:05 p.m.**, it was moved by **Ms. Cassidy seconded by Ms. DeViet** that the Governance Responsibilities Committee will move in-camera to consider personal matters about an identifiable individual, including municipal or local board employees.

Carried

Ms. Carolynne Gabriel left the meeting at **2:05 p.m.**, and Chair Parker recorded the remaining information for the purposes of these minutes.

At **3:59 p.m.**, it was moved by **Ms. Cassidy, seconded by Ms. DeViet**, that the Governance Responsibilities Committee rise and return to public session.

Carried

ADJOURNMENT

At **3:59 p.m.**, it was moved by **Ms. Cassidy**, seconded by **Ms. DeViet**, that the August 5 Governance Responsibilities Committee meeting be adjourned.

Carried

ROBERT PARKER
Committee Chair

MAUREEN CASSIDY
Board of Health Chair

DRAFT



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 16-21GC

TO: Chair and Members of the Governance Committee

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

DATE: 2021 September 15

2021-22 PROVISIONAL STRATEGIC PLAN STATUS UPDATE

Recommendation

It is recommended that the Governance Committee receive Report No. 16-21GC re: “2021-22 Provisional Plan Status Update” for information.

Key Points

- The 2021-22 Provisional Strategic Plan (Provisional Plan) and Status Update Report are included as [Appendix A](#) and [Appendix B](#).
- The Health Unit continues to balance the ongoing demands of the COVID-19 response.
- One (1) goal identified in Phase 1 of the 2021-22 Provisional Plan has been delayed in order to focus efforts on the vaccination campaign.

Background

The Health Unit continues to ensure that the priorities and objectives identified in the Provisional Plan are prioritized and balanced with the ongoing demands of the COVID-19 response. Regular reporting on the Provisional Plan helps to identify recent accomplishments, critical issues or major risks, upcoming deliverables, and next steps. The 2021-22 Provisional Plan and Current Status Update are attached as [Appendix A](#) and [Appendix B](#).

Provisional Plan Update

To meet the challenge of delivering the COVID-19 vaccine as quickly as possible, the Health Unit suspended all non-COVID-19 programming and services temporarily on June 17, 2021. This allowed all staff and leadership to focus efforts on the delivery of vaccine doses to as many people as quickly as possible. As a result, tremendous progress was made in relation to the vaccination campaign. Work also continued to proceed as planned related to embedding information about priority areas into COVID-19 messaging.

There is one (1) goal on the Provisional Plan that has been delayed due to the need to appropriately allocate all available resources during Q2 and Q3 2021. Although planning work has proceeded in relation to the systematic collection and analysis of sociodemographic and race-based data, implementation of the data collection tool into the electronic client record is not expected to occur until Q4 2021.

Next Steps

The Strategic Projects team will continue to be accountable for monitoring and reporting the Provisional Plan status to the Board of Health.

This report was prepared by the Strategic Projects Team, Healthy Organization Division.



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



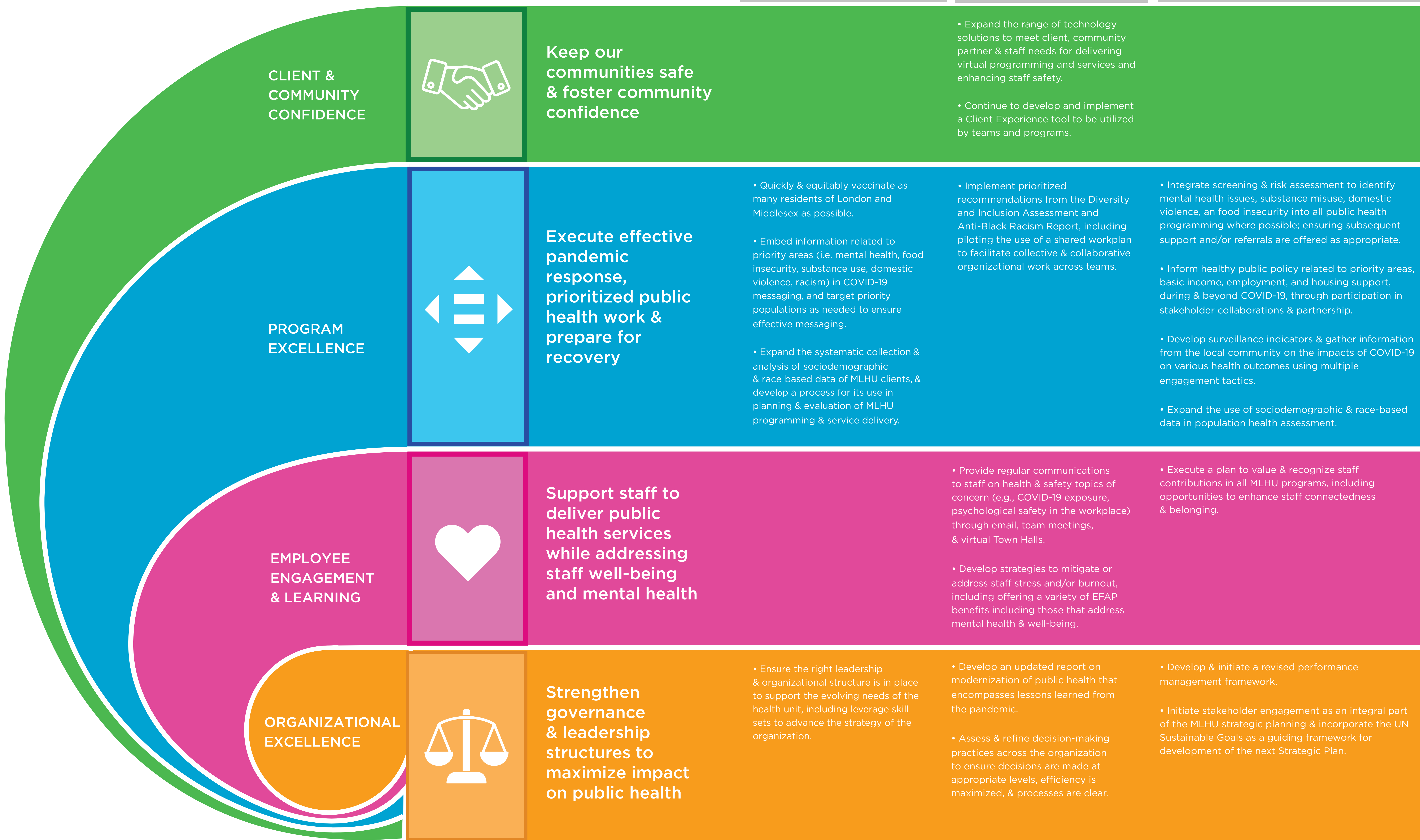
Emily Williams, BScN, RN, MBA
CEO (Interim)

MLHU 2021-22 Provisional Plan

3-6 MONTHS
DO

6-12 MONTHS
DESIGN

12-18 MONTHS
DEFINE



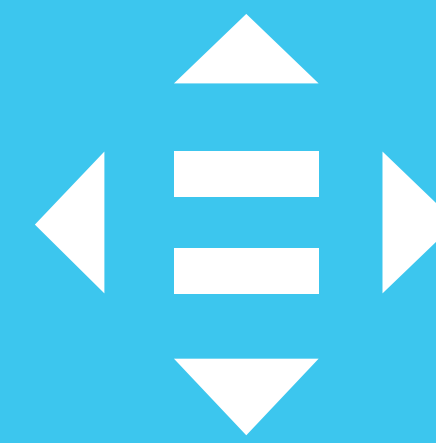
CLIENT &
COMMUNITY
CONFIDENCE



Keep our
communities safe
& foster community
confidence

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

PROGRAM
EXCELLENCE



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

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

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

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

EMPLOYEE
ENGAGEMENT
& LEARNING



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

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

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

ORGANIZATIONAL
EXCELLENCE



Strengthen
governance
& leadership
structures to
maximize impact
on public health

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

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

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

2021-22 Provisional Plan Status Update to BOH

Status Legend	Complete 	Proceeding as planned 	Problems surfaced; considered manageable 	Major obstacles; requires intervention
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PHASE 1 (DO): April 1, 2021 – October 31, 2021			
MLHU 2021-22 Provisional Plan	GOALS	LEAD	STATUS
	<p>Keep our communities safe & foster community confidence</p> <p>Quickly and equitably vaccinate as many residents of London and Middlesex as possible.</p>	MOH/HL	
<p>Execute effective pandemic response, prioritized public health work & prepare for recovery</p> <p>Embed information related to priority areas (i.e. mental health, food insecurity, substance use, domestic violence, racism) in COVID-19 messaging, and target priority populations as needed to ensure effective messaging.</p>	MOH/OCNO/HL		
<p>Support staff to deliver public health services while addressing staff well-being and mental health</p> <p>Expand the systematic collection and analysis of sociodemographic and race-based data. Develop a process for its use in planning and evaluation of MLHU programming and service delivery.</p>	OCNO/HO		
<p>Strengthen governance & leadership structures to maximize impact on public health</p> <p>Ensure the right leadership and organizational structure is in place to support the evolving needs of the health unit, including leveraging skill sets to advance the strategy of the organization.</p>	BOH		

<p>Recent Accomplishments:</p> <ul style="list-style-type: none"> • Continuous improvement of clinical flow and safety. • Vaccinated >82% of eligible people with a first dose in the region and >74% of eligible people with a second dose. • Interchangeability of vaccines was successfully introduced. • Facilitated rebooking second doses at shortened intervals when clinics will be closed using phones and online options (called 500-600 clients/day). • Rebooked mobile clinics to reduce the vaccine intervals and started doing pop up clinics in various communities. • Redeployed 78 staff for the “Vaccine Olympics” which allowed the mass vaccination clinics to run at max capacity for several weeks vaccinating 6000-7000 people/day in partnership with mobile clinics. • Planned scale down of mass vaccination clinics while partnering with and engaging many community groups to provide tailored mobile clinic service delivery to areas of high need (e.g. the Black community, PRIDE London, ‘doses till dark’). • Engaged/informed the community through townhalls, website/social media content, Instagram live and media advisories. • Implemented a walk-in strategy at all fixed and mobile clinics. • Created an online solution for people to document their out of province vaccinations. • Created a French language option for the online booking website. • Implemented a COVID-19 mandatory vaccination policy for all staff at the health unit. 	<p>Critical Issues & Major Risks:</p> <ul style="list-style-type: none"> • Policy changes may occur with short notice. • Overcoming vaccine hesitancy in the population. • Navigating issues of public trust and confidence with administration of vaccination program. • Estimating inventory and staffing needs is becoming increasingly difficult. • Paused on the development of formal procedures for embedding information about priority areas in COVID messaging in order to focus on the vaccination campaign from June until September. • Initiated a project charter, a draft data collection tool document and Privacy Impact Assessment (PIA) for the systematic collection and analysis of sociodemographic and race-based data project. Further work on the project was delayed in order to appropriately allocate all available resources to the COVID-19 response (case and contact management and the vaccination campaign). 														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Upcoming Deliverables</th> <th style="width: 30%;">Target Completion Date (YY/MM/DD)</th> </tr> </thead> <tbody> <tr> <td>1. Vaccinated >75% of the eligible individuals</td> <td style="text-align: center;">21/10/31</td> </tr> <tr> <td>2. Increase vaccine accessibility for harder to reach populations (e.g. mobile clinics, forward deployment)</td> <td style="text-align: center;">21/10/31</td> </tr> <tr> <td>3. Client feedback survey summary report</td> <td style="text-align: center;">21/10/31</td> </tr> <tr> <td>4. Vaccine plan wrap up report</td> <td style="text-align: center;">21/12/23</td> </tr> <tr> <td>5. Procedures for Developing Messages related to Priority Areas</td> <td style="text-align: center;">21/11/30</td> </tr> <tr> <td>6. Implement Sociodemographic and Race-based Data Collection Tool in ECR</td> <td style="text-align: center;">21/11/30</td> </tr> </tbody> </table>	Upcoming Deliverables	Target Completion Date (YY/MM/DD)	1. Vaccinated >75% of the eligible individuals	21/10/31	2. Increase vaccine accessibility for harder to reach populations (e.g. mobile clinics, forward deployment)	21/10/31	3. Client feedback survey summary report	21/10/31	4. Vaccine plan wrap up report	21/12/23	5. Procedures for Developing Messages related to Priority Areas	21/11/30	6. Implement Sociodemographic and Race-based Data Collection Tool in ECR	21/11/30	<p>Next Steps:</p> <ul style="list-style-type: none"> • Continue vaccinating all eligible people in the region, including third doses as applicable. • Planning for school-based vaccination clinics. • Continue to engage partners such as primary care, LTCH/RH, and hospitals for delivery/distribution of third doses to their patients and residents respectively. • Continue outreach efforts targeting harder to reach groups. • Enhance data quality improvement efforts. • Execute vaccine program evaluation plan. • Consolidate the documentation of all the work that has been done to date. • Develop formal procedures for programs to engage with communications on delivering messages about priority areas as the needs of the community evolve during the COVID-19 response. • Finalize the sociodemographic and race-based data collection tool and embed the process into existing workflows for teams that have been onboarded to Profile.
Upcoming Deliverables	Target Completion Date (YY/MM/DD)														
1. Vaccinated >75% of the eligible individuals	21/10/31														
2. Increase vaccine accessibility for harder to reach populations (e.g. mobile clinics, forward deployment)	21/10/31														
3. Client feedback survey summary report	21/10/31														
4. Vaccine plan wrap up report	21/12/23														
5. Procedures for Developing Messages related to Priority Areas	21/11/30														
6. Implement Sociodemographic and Race-based Data Collection Tool in ECR	21/11/30														



TO: Chair and Members of the Governance Committee

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

DATE: 2021 September 15

GOVERNANCE BY-LAW AND POLICY REVIEW

Recommendation

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

- 1) Receive Report No. 17-21GC re: “Governance By-law and Policy Review” for information; and
- 2) Approve the governance policies appended to this report ([Appendix B](#)).

Key Points

- It is the responsibility of the Governance Committee to make recommendations to the Board of Health regarding the review and development of governance by-laws and policies.
- [Appendix A](#) details recommended changes to the by-laws and policies that have been reviewed and outlines the status of all documents contained within the Governance Manual.
- There are two (2) policies that have been prepared for review by the Governance Committee ([Appendix B](#)).
- There are 12 by-laws/policies that remain overdue and scheduled to be reviewed by the Governance Committee during the month of September.
- An additional eight (8) by-laws/policies are coming due for review and are scheduled to be reviewed before the end of the calendar year.

Background

In 2016, the Board of Health (BOH) approved a plan for review and development of by-laws and policies based on a model that incorporates best practices from the Ontario Public Health Standards and advice obtained through legal counsel. Refer to [Report No. 018-16GC](#). The Governance Committee had been actively reviewing the overdue policies during the first half of 2021; however, this activity was paused during Q2 to focus on the COVID-19 vaccination campaign.

Policy Review

There are two (2) by-laws/policies included as [Appendix B](#) that have been prepared for review by the Governance Committee:

- G-080 Occupational Health and Safety – reviewed in accordance with annual requirements set out in the *Occupational Health and Safety Act*;
- G-360 Resignation and Removal of Board Members – updated to include the process for removal of a Board member, as directed by the Governance Committee at its meeting on June 17, 2021.

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

There is a total of 43 by-laws/policies and 12 of these are overdue for review as of August 31, 2021. The 12 overdue policies are scheduled to be reviewed by the Governance Committee during the month of September to be brought forward for approval at its meeting on October 21, 2021. There are eight (8) additional by-laws/policies that are coming due that are scheduled to be reviewed by the Governance Committee in October to be brought forward for approval at its meeting on November 18, 2021. Following these timelines will bring the Governance Policy Manual up to date before the end of the current year.

Next Steps

The Governance Committee needs to review and approve the appended by-laws/policies. Once the Governance Committee is satisfied with its review, the policies will be forwarded to the Board of Health for approval. In addition, the Governance Committee needs to review the established timeline for ensuring that all overdue by-laws/policies, as well as those that are coming due, can be reviewed before the end of the current year.

This report was prepared by the Healthy Organization Division.



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



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

Governance By-law and Policy Review Status and Recommendations

August 31, 2021

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-000 Bylaws, Policy and Procedures	17/06/2021	Current		
G-010 Strategic Planning	17/06/2021	Current		
G-020 MOH/CEO Direction	02/27/2020	Current		
G-030 MOH/CEO Position Description	02/27/2020	Current		
G-040 MOH/CEO Selection and Succession Planning	10/19/2017	On Hold Review Pending		
G-050 MOH/CEO Performance Appraisal	11/21/2019	Current		
G-080 Occupational Health and Safety	10/15/2021	Reviewed	Annual review completed as per requirements of the Occupational Health and Safety Act.	September 16, 2021
G-100 Information Privacy and Confidentiality	03/21/2021	Current		
G-120 Risk Management	06/20/2019	Overdue	<i>To be circulated to Governance Committee Members for review on September 1, 2021.</i>	October 21, 2021
G-150 Complaints	04/15/2021	Current		
G-160 Jordan's Principle	17/06/2021	Current		

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-180 Financial Planning and Performance	09/19/2019	Current	<i>To be circulated to Governance Committee Members for review on October 1, 2021.</i>	November 18, 2021
G-190 Asset Protection	09/19/2019	Current	<i>To be circulated to Governance Committee Members for review on October 1, 2021.</i>	November 18, 2021
G-200 Approval and Signing Authority	11/21/2019	Current	<i>To be circulated to Governance Committee Members for review on October 1, 2021.</i>	November 18, 2021
G-205 Borrowing	04/15/2021	Current		
G-210 Investing	09/19/2019	Current	<i>To be circulated to Governance Committee Members for review on October 1, 2021.</i>	November 18, 2021
G-220 Contractual Services	11/21/2019	Current		
G-230 Procurement	11/21/2019	Current		
G-240 Tangible Capital Assets	09/19/2019	Current	<i>To be circulated to Governance Committee Members for review on October 1, 2021.</i>	November 18, 2021
G-250 Reserve and Reserve Funds	11/21/2019	Current		
G-260 Governance Principles and Board Accountability	04/15/2021	Current		
G-270 Roles and Responsibilities of Individual Board Members	04/15/2021	Current		
G-280 Board Size and Composition	03/21/2019	Overdue	<i>To be circulated to Governance Committee Members for review on September 1, 2021.</i>	October 21, 2021

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-290 Standing and Ad Hoc Committees	02/27/2020	Current		
G-300 Board of Health Self-Assessment	03/21/2019	Overdue	<i>To be circulated to Governance Committee Members for review on September 1, 2021.</i>	October 21, 2021
G-310 Corporate Sponsorship	09/19/2019	Current	<i>To be circulated to Governance Committee Members for review on October 1, 2021.</i>	November 18, 2021
G-320 Donations	09/19/2019	Current	<i>To be circulated to Governance Committee Members for review on October 1, 2021.</i>	November 18, 2021
G-330 Gifts and Honoraria	09/19/2019	Current	<i>To be circulated to Governance Committee Members for review on October 1, 2021.</i>	November 18, 2021
G-340 Whistleblowing	06/18/2020	Current		
G-350 Nominations and Appointments to the Board of Health	03/21/2019	Overdue	<i>To be circulated to Governance Committee Members for review on September 1, 2021.</i>	October 21, 2021
G-360 Resignation and Removal of Board Members	06/17/2021	Reviewed	Reviewed by Governance Committee at June 17, 2021 meeting. Added new process (Removal of a Board Member) and proposed wording changes highlighted in yellow .	September 16, 2021
G-370 Board of Health Orientation and Development	03/21/2019	Overdue	<i>To be circulated to Governance Committee Members for review on September 1, 2021.</i>	October 21, 2021
G-380 Conflicts of Interest and Declaration	02/27/2020	Current		
G-400 Political Activities	06/17/2021	Current		

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-410 Board Member Remuneration and Expenses	06/20/2019	Overdue	<i>To be circulated to Governance Committee Members for review on September 1, 2021.</i>	October 21, 2021
G-430 Informing of Financial Obligations	04/15/2021	Current		
G-470 Annual Report	03/21/2019	Overdue	<i>To be circulated to Governance Committee Members for review on September 1, 2021.</i>	October 21, 2021
G-480 Media Relations	03/21/2019	Overdue	<i>To be circulated to Governance Committee Members for review on September 1, 2021.</i>	October 21, 2021
G-490 Board of Health Reports	03/21/2019	Overdue	<i>To be circulated to Governance Committee Members for review on September 1, 2021.</i>	October 21, 2021
G-B10 By-law No. 1 Management of Property	03/21/2019	Overdue	<i>To be circulated to Governance Committee Members for review on September 1, 2021.</i>	October 21, 2021
G-B20 By-law No. 2 Banking and Finance	06/20/2019	Overdue	<i>To be circulated to Governance Committee Members for review on September 1, 2021.</i>	October 21, 2021
G-B30 By-law No. 3 Proceedings of the Board of Health	07/16/2020	Current		
G-B40 By-law No. 4 Duties of the Auditor	06/20/2019	Overdue	<i>To be circulated to Governance Committee Members for review on September 1, 2021.</i>	October 21, 2021



OCCUPATIONAL HEALTH AND SAFETY

PURPOSE

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

POLICY

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

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

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

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

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

APPLICABLE LEGISLATION AND STANDARDS

Occupational Health and Safety Act

RESIGNATION AND REMOVAL OF BOARD MEMBERS

PURPOSE

The purpose of this policy is to outline the process for Board Member resignation, death or for the removal of Members from the Board of Health due to improper conduct, failure to attend Board of Health meetings or other reasons as prescribed by Board of Health policies.

POLICY

The Middlesex-London Health Unit (MLHU) Board of Health may, in circumstances where a Board of Health Member is failing to uphold their duties as outlined in the Governance Manual, or where harm has been caused to the MLHU, act to remove a Board of Health Member.

Where a Board of Health Member has been removed, or where a Board Member wishes to resign from their duties as a Board Member, the Board may act, with appropriate consultation with the City of London, Middlesex County and the Ministry of Health and Long-Term Care, to have a new Member appointed.

PROCEDURE

Board Member Resignation

Board of Health Member may resign his/her office by delivering a written resignation to the Chair of the Board of the Board of Health and the Medical Officer of Health/Chief Executive Officer (MOH/CEO). The resignation shall take effect at the time it is received or the time specified in the letter whichever is later. The Chair of the Board of Health and MOH/CEO shall acknowledge and confirm the resignation, by mail, within five (5) business days of receipt.

Board Member Death

On official confirmation of the death of the Member, the office shall be deemed vacated.

Board of Health Member Removal

Any Member of the Board of Health may initiate the procedure for the removal of another Board of Health Member upon a motion made in-camera at a regular meeting of the Board of Health and passed by a two-third majority vote of the Board of Health. **The process for removal of a Board member is outlined in Appendix A.**

Following such as motion, the Board of Health shall determine whether an investigation is required to assure that there is just cause. Just cause is defined as follows:

- A Board of Health Member breaches any material duty or obligation under the MLHU Governance Bylaws, policies, or other applicable legislation;
- A Board of Health Member willfully or recklessly engages in conduct that causes or will cause material harm to the MLHU, including to the reputation or mission of the Health Unit;
- A Board of Health Member is convicted or pleads guilty to any offence that would have a real effect on the Member's ability to perform their role; and
- Failure to comply with attendance requirements.

If an investigation is not required by the Board of Health, the Chair of the Board of Health shall notify the Board member of the removal. The Board member may request that an investigation be carried out. A Board of Health Member shall cease to hold office if a motion calling for the removal of the Board Member is passed by a two-thirds majority of the Members of the Board of Health.

If an investigation is required at the request of the Board of Health/Board member, the Board of Health shall strike an Investigation Committee comprised of at least the Board Chair and two Members of the Governance Committee, two Members of the Finance and Facilities Committee and one other at-large Member. In the event that allegations of wrong-doing are brought by another Member of the Board, the Member bringing forward the allegation may not sit on the Investigation Committee. It shall be the responsibility of this committee to:

- Review the provisions of the Health Protection and Promotion Act and the MLHU Governance By-laws and policies;
- Consult with legal counsel, the City of London, Middlesex County and the Ministry of Health and Long-Term Care;
- Conduct an investigation concerning the allegations made by the Member who moved the motion; and
- Report back to the Board of Health with the findings of the investigation within ninety (90) days.

A Board Member who is being investigated shall not be entitled to vote on matters submitted for a vote to the Board or to any committee thereof or to attend meetings of the Board of Health or any committee thereof during the investigation. A Board member being investigated is therefore suspended pending the result of the investigation.

If a motion is passed to remove the Board member following an investigation, the Investigated Member shall have the opportunity to submit a rebuttal within sixty (60) days of the findings of the investigation being reported to the Board of Health. This rebuttal may be submitted to the Board of Health in the form of written documentation and/or oral presentation.

Following an investigation or an opportunity for rebuttal, the Chair of the Board of Health shall bring a motion for the removal of the Board of Health Member. A Board of Health Member shall cease to hold office if a motion calling for the removal of the Board Member is passed by a two-thirds majority of the Members of the Board of Health.

Board Member Appointment

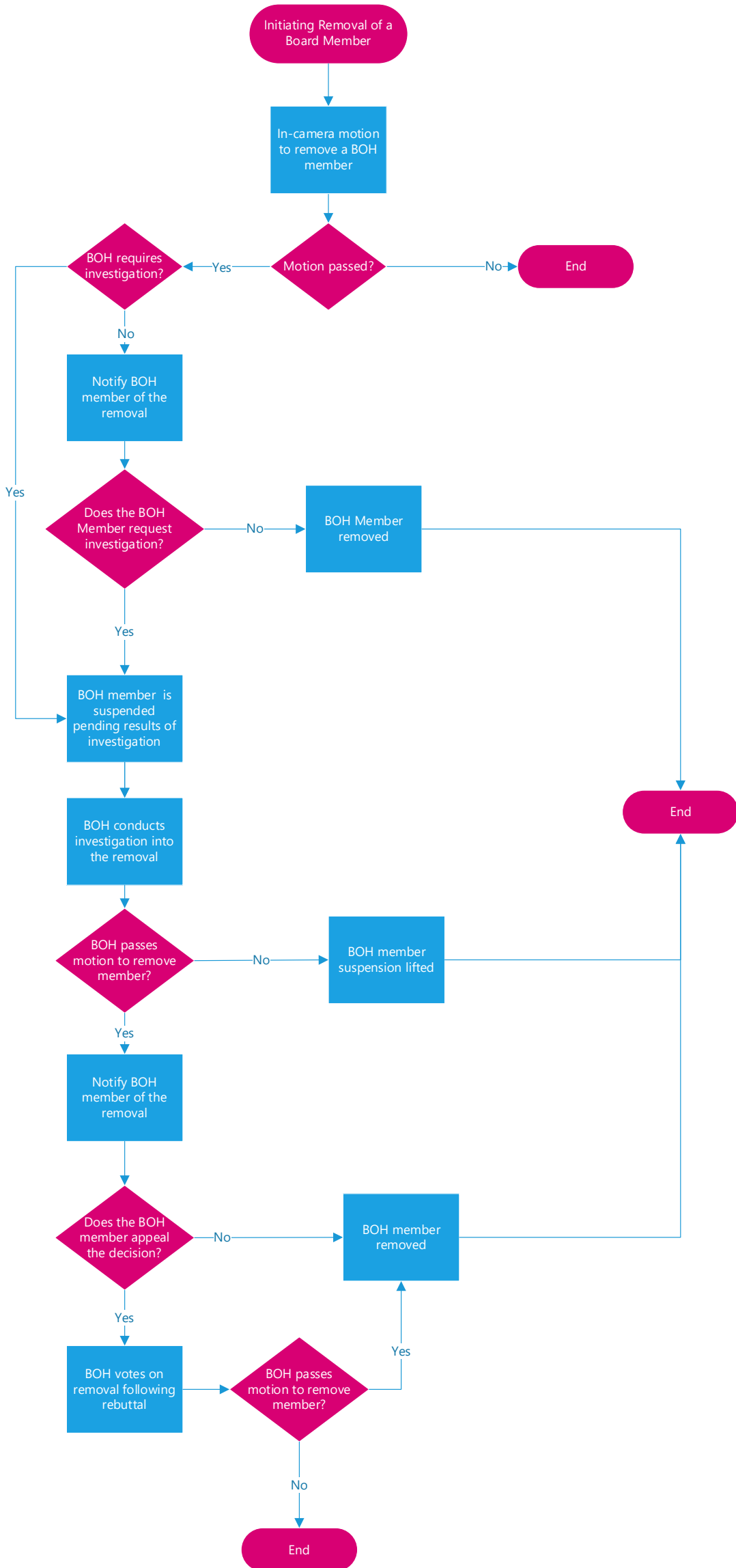
Where a Board Member has been removed and a vacancy exists on the Board, the Board of Health, in accordance with Policy G-280 Board Size and Composition and Policy G-350 Nominations and Appointments to the Board of Health shall act immediately to have a new Member appointed to the Board of Health.

APPLICABLE LEGISLATION AND STANDARDS

Health Promotion and Protection Act, R.S.O. 1990, c. H.7
Ontario Public Health Organizational Standards

RELATED POLICIES

G-350 – Nominations and Appointments to the Board of Health
G-280 – Board Size and Composition





MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 18-21GC

TO: Chair and Members of the Governance Committee

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

DATE: 2021 September 15

BOARD DEVELOPMENT PROPOSAL

Recommendation

It is recommended that the Governance Committee:

- 1) Receive Report No. 18-21GC re: “Board Development Proposal” for information; and*
- 2) Recommend that the Board of Health approve the professional development sessions offered by Mr. James LeNoury, LLB, as a Board development opportunity.*

Key Points

- Mr. James LeNoury, LLB, from [LeNoury Law](#) has offered to deliver two (2) virtual interactive training sessions for the MLHU Board of Health on topics related to content discussed at the Association of Local Public Health Agencies (ALPHA) 2021 Conference and Annual General Meeting, accessible [here](#).
- The proposed Board Development activity delivered by Mr. LeNoury aligns with the needs identified in the MLHU 2021 Board of Health Self-Assessment survey findings.
- The cost of the proposal is estimated to be \$1,695.

Background

In accordance with Policy G-370 Board of Health Orientation and Development, Board of Health members are expected to participate in development opportunities based on priorities identified in the Board of Health Self-Assessment. Members of the Governance Committee had the opportunity to review the 2021 Board Self-Assessment survey findings ([Report No.13 -21GC](#)) at their meeting on June 17, 2021. Staff have reviewed the discussion and are proposing a learning opportunity that may be of interest to both new and current Board of Health members.

Professional Development Proposal

At the Association of Local Public Health Agencies (alPHA) 2021 Conference and Annual General Meeting held last June, alPHA's legal counsel, Mr. James LeNoury, delivered a presentation titled "Legal Matters: Update for the Boards of Health Section Meeting." This presentation covered key governance-related topics including:

- Overview of the *Health Protection and Promotion Act* (HPPA)
- Review of the responsibilities of Boards of Health and their members
- Elements of a Governance Policy Framework
- Measuring the effectiveness of a Governance Strategy

Mr. LeNoury's presentation delivered at alPHA can be accessed [here](#). The content of his presentation is aligned with the needs identified in the 2021 MLHU Board of Health Self-Assessment survey. Mr. LeNoury has offered to deliver two (2) content-specific training sessions for the MLHU Board of Health. These sessions would be interactive sessions offered virtually that would allow members to ask questions and form discussions based on the content of his presentation.

It is proposed that the first session be offered at the October 21, 2021 Board of Health meeting and focus primarily on the content delivered during the alPHA presentation. The second session will be a deeper dive into the accountabilities and liabilities for the Board of Health in relation to the HPPA and will be offered during Q1 2022. The cost for both sessions is estimated to be \$1,695.

Mr. LeNoury has demonstrated a clear understanding of public health as alPHA's legal counsel and has a vast amount of experience conducting governance training, including, most recently for the Board of Health at Northwestern Health Unit. Additional information can be found on the [LeNoury Law](#) website.

Next Steps

The Governance Committee has the opportunity to review the proposed professional development activity. It is recommended that Board of Health members participate in the sessions delivered by Mr. James LeNoury to order to fulfill the professional development requirements set out in Policy G-370 Board of Health Orientation and Development.

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



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



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