<u>**AGENDA**</u>
<u>**MIDDLESEX-LONDON BOARD OF HEALTH**</u>
<u>**Governance Committee**</u>

Microsoft Teams
Thursday, September 15, 2022 at 6 p.m.

1. **DISCLOSURE OF CONFLICTS OF INTEREST**

2. **APPROVAL OF AGENDA –** September 15, 2022

3. **APPROVAL OF MINUTES –** June 16, 2022

4. **NEW BUSINESS**

   4.1.   2021-22 Provisional Plan Progress Update (Report No. 12-22GC)

5. **OTHER BUSINESS**

   The next meeting of the Governance Committee will be on Thursday, November 10, 2022.

6. **ADJOURNMENT**

PUBLIC MINUTES
GOVERNANCE COMMITTEE
Microsoft Teams
Thursday, June 16, 2022   6:00 p.m.

MEMBERS PRESENT:	Ms. Aina DeViet (Chair) Mr. Matt Reid Ms. Kelly Elliott
REGRETS:	Ms. Tino Kasi Mr. Michael Steele
OTHERS PRESENT:	Ms. Carolynne Gabriel, Executive Assistant to the Board of Health (Recorder) Dr. Alexander Summers, Medical Officer of Health Ms. Emily Williams, Chief Executive Officer Ms. Mariam Hamou, Member, Board of Health Ms. Kendra Ramer, Manager, Privacy, Risk and Governance Ms. Cynthia Bos, Manager, Human Resources Ms. Lilka Young, Health and Safety Advisor

At **6:01 p.m.,** Chair Aina DeViet called the meeting to order.

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **Mr. Matt Reid, seconded by Ms. Kelly Elliott,** *that the AGENDA for the June 16, 2022 Governance Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **Ms. Elliott, seconded by Mr. Reid,** *that the MINUTES of the April 21, 2022 Governance Committee meeting be approved.*

Carried

NEW BUSINESS

Governance By-law and Policy Review (Report No. 10-22GC)

This report was introduced by Ms. Emily Williams, CEO who introduced Ms. Kendra Ramer, Manager, Strategy, Risk and Privacy.

Highlights of this report included:
- Four (4) policies were included for review: G-080 Occupational Health and Safety, G-290 Standing and Ad Hoc Committees, G-340 Whistleblower, and G-500 COVID-19 Immunization.
- There were no changes of note to policy G-340 Whistleblower.

- Policies G-080 Occupational Health and Safety and G-500 COVID-19 Immunization were updated to align with staff policies.
- Minimal changes were made to policy G-290 Standing and Ad Hoc Committees to include Terms of Reference and a reporting calendar for the Performance Appraisal Committee. A recommendation was also made to recommend to the Board of Health to strike the Performance Appraisal Committee and appoint members for this committee at the June 16, 2022 or July 14, 2022 Board of Health meeting.
- Currently there are no by-laws or policies coming up for review in Q3 or Q4 of 2022. It is recommended that the Governance Committee continue its review cycle to more evenly distribute the workload for committee members.

Chair DeViet noted in Appendix E of Policy G-290, Performance Appraisal Committee Terms of Reference, under the header "Frequency of Meetings", it says "The Governance Committee will meet three (3) times per year or at the call of the Chair of the Committee." She inquired if it should say "Performance Appraisal Committee" instead of "Governance Committee."

Mr. Reid agreed it should be changed to "Performance Appraisal Committee" and recommended changing the sentence to read "at least three (3) per year or at the call of the Chair of the Committee."

It was moved by **Mr. Reid**, **seconded by Ms. Elliott,** *that the Governance Committee recommend to the Board of Health to:*
1) *Receive Report No. 10-22GC, re: "Governance By-law and Policy Review" for information; and*
2) *Approve the governance policies appended to this report (Appendix B) as amended.*

Carried

It was moved by **Ms. Elliott, seconded by Mr. Reid,** *that the Governance Committee recommend to the Board of Health to strike the Performance Appraisal Committee for 2022.*

Carried

2021-22 Provisional Plan Progress Update (Report No. 11-22GC)

This report was introduced by Ms. Williams who introduced Ms. Ramer.

Highlights of this report included:
- Seven (7) projects were initiated or resumed during Q2 2022.
- Two goals associated with projects had problems surface which are causing delays, highlighted at a high level in Appendix B:
    1) Funding was not approved to move forward with the expansion of electronic client records. This problem is not unique to MLHU as this funding was not provided to all health units requesting it. Despite this challenge, there is still a plan to move forward as highlighted in Appendix C.
    2) The Anti-Black Racism Plan will fall behind schedule due to resource capacity and allocation within the Health Equity team. Due to the breadth of recommendations in the Anti-Black Racism Plan and the limited capacity currently within the Health Equity team, focus is being placed on recommendations which have a dependency on other strategic projects, for example the Employment Systems Review led by the Human Resources team.
- A report card on the goals of the Provisional Strategic Plan will be presented to the Governance Committee in Q3.
- One of the projects identified in the Provisional Strategic Plan, Joy In Work, is being brought forward to the Board of Health in a separate report and therefore is not detailed in this report.

Chair Reid confirmed with Ms. Ramer that the Provisional Strategic Plan will carry into 2023 due to its timelines being elongated with Board approval in February 2022.

Ms. Ramer informed the Board that the consultation phase with internal and external stakeholders will begin in Q3 of 2022 as part of the next strategic planning cycle.

Chair DeViet inquired about the information contained in the report about the transition to the SharePoint file system. Under the heading "Top Risks" it states "resistance to change". Chair DeViet inquired if any change management protocols or steps have been put in place to mitigate this risk. Ms. Williams informed the Board that the transition to SharePoint has begun with groups which have expressed interest and these groups are piloting the transition and sharing their lessons learned. Those who are less eager to transition will be offered training and an opportunity to meet with the teams who have already gone through the process.

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

Carried

Board of Health By-Law #3 Review (Verbal)

Ms. Williams introduced this verbal report.

Highlights of the report included:
- Board of Health By-law #3 currently has limitations on attending Board of Health and committee meetings electronically outside of a declaration of emergency. As of last week, all local emergency orders have been rescinded. The limitations included that members attending electronically did not count towards quorum and could not attend in-camera meetings.
- Following research into the matter, it was determined that in 2020, the *Municipal Act* was updated to allow for boards to include in their by-laws that members could meet virtually outside of an emergency declaration and, while doing so, count towards quorum and attend in-camera meetings.
- Presuming the Board members would like the option to continue to meet virtually, changes to By-law #3 were proposed. If the changes are approved, the Board will have the flexibility, at the call of the Chair and under the advisement of the Medical Officer of Health, to meet virtually.
- The proposed changes to the wording of the by-law included:
  - 6.2 In accordance with Section 238(3.1) of the *Municipal Act*, R.S.O., the Board shall ensure that members can participate electronically in a meeting which is open to the public. Any such member shall be counted in determining whether or not a quorum of members is present at any point in time. Board members shall also be permitted to participate electronically in a meeting which is closed to the public.
  - 6.3 A member who is participating electronically in a meeting shall be able to vote on any matter that is before the Board, subject to restrictions contained elsewhere in this policy, and otherwise at law.
  - Section 6.4, which refers to declarations of emergency, is removed.

Mr. Reid noted that other Boards, including the London Police Board, are continuing to implement a hybrid model. He indicated that having the flexibility of attending in person or virtually would be an asset to accommodate for the preferences of the individual Board members, for example those having to travel far distances to attend in person.

Ms. Elliott requested if the language could be updated to clearly indicate a hybrid model such that both virtual and in-person attendance can occur during the same meeting.

Ms. Williams suggested beginning section 6.2 with "In order to support a hybrid model…".

Ms. Elliott suggested adding to section 6.2 "…the Board, meeting in a hybrid model, shall ensure…".
Dr. Alexander Summers, Medical Officer of Health, suggested changing the wording to "…the Board
shall ensure that members may participate electronically…". He also stated that the intention for MLHU
staff is to attend in person if the meeting is in person, except for exceptional circumstances.

Chair DeViet indicated that the ability to attend any meeting virtually, even an in-person meeting, would
be an asset to ensure quorum. For example, members would still be able to count towards quorum if they
felt ill and could not come in-person, but felt well enough to attend virtually.

It was agreed to change the language as suggested by Dr. Summers.

It was moved by **Mr. Reid, seconded by Ms. Elliott,** *that the Governance Committee receive the Verbal
"Board of Health By-Law #3 Review" for information.*

<div align="right">Carried</div>

It was moved by **Mr. Reid, seconded by Ms. Elliott,** *that the Governance Committee recommend to the
Board of Health to amend Board of Health By-Law #3.*

<div align="right">Carried</div>

OTHER BUSINESS

The next meeting of the Governance Committee will be held on Thursday, September 15, 2022 at 6:00
p.m.

ADJOURNMENT

At **6:24 p.m.,** it was moved by **Ms. Elliott, seconded by Mr. Reid**, *that the meeting be adjourned.*

<div align="right">Carried</div>

_____   _____
AINA DEVIET   **EMILY WILLIAMS**
Chair   **Secretary**

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 12-22GC

TO: Chair and Members of the Governance Committee

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

DATE: 2022 September 15

2021-22 PROVISIONAL PLAN PROGRESS UPDATE

Recommendation

It is recommended that the Governance Committee recommend that the Board of Health receive Report No. 12-22GC, re: "2021-22 Provisional Plan Progress Update" for information.

Key Points

- In Q4 2021 the Board of Health approved extending the timelines for phase two and three of the Provisional Plan by a minimum of three months.
- There has been an increase in organizational capacity during Q2 2022 to re-engage project teams to work on the Provisional Plan goals.
- Seven (7) projects were initiated and/or resumed during Q2 2022.
- There is one (1) goal associated with projects where problems have surfaced due to resource allocation and funding.

Background

The Health Unit continues to ensure that the priorities and objectives identified on the Provisional Plan are prioritized and balanced with the ongoing demands of the COVID-19 response. The 2021-22 Provisional Plan is attached as Appendix A. On October 21, 2021 the Board of Health approved extending the timelines for phase two and three of the Provisional Plan by a minimum of three (3) months. This elongation of the phases carries the Provisional Plan into Q2 2023.

Provisional Plan Update

The Health Unit has continued to work on the goals identified on the Provisional Plan during Q3 2022 and has executed on key deliverables associated with the seven (7) strategic projects being implemented including:

#	Project Name	Provisional Plan Goal
1	Employment Systems Review	• 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 and collaborative organizational work across teams.
2	Implementation of the Anti-Black Racism Plan	
3	Onboarding and Enhancement of the Electronic Client Record (ECR)	

4	Transition to SharePoint	• Expand the range of technology solutions to meet client, community partner and staff needs for delivering virtual programming and services and enhancing staff safety.
5	Implementation of the Joy in Work Framework	• Assess and refine decision-making practices across the organization to ensure decisions are made at appropriate levels, efficiency is maximized, and processes are clear.
6	Return to Office	
		• Execute a plan to value and recognize staff contributions in all MLHU programs, including opportunities to enhance staff connectedness and belonging.
7	Sociodemographic and Race-based Data Collection in Electronic Systems	• Expand the systematic collection and analysis of sociodemographic and race-based data of MLHU clients, and develop a process for its use in planning and evaluation of MLHU programming and service delivery

A Q3 Provisional Plan summary report has been included as Appendix B.

There is only one (1) goal identified below that is associated with projects where problems have surfaced due to prioritized resources for other projects impacting timely implementation of recommendations outside of those that are data-related:

- 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 and collaborative organizational work across teams.

It has been determined that risks associated with this project are considered manageable through appropriate mitigation strategies.

Next Steps

In order to capture the variety of ongoing activities and tasks associated with achieving the goals identified on the Provisional Plan a Provisional Plan Report Card will be created and presented to the Governance Committee in Q4 2022. In addition, the process for the development of the Health Unit's strategic plan will be presented to the Governance Committee in Q4 2022.

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

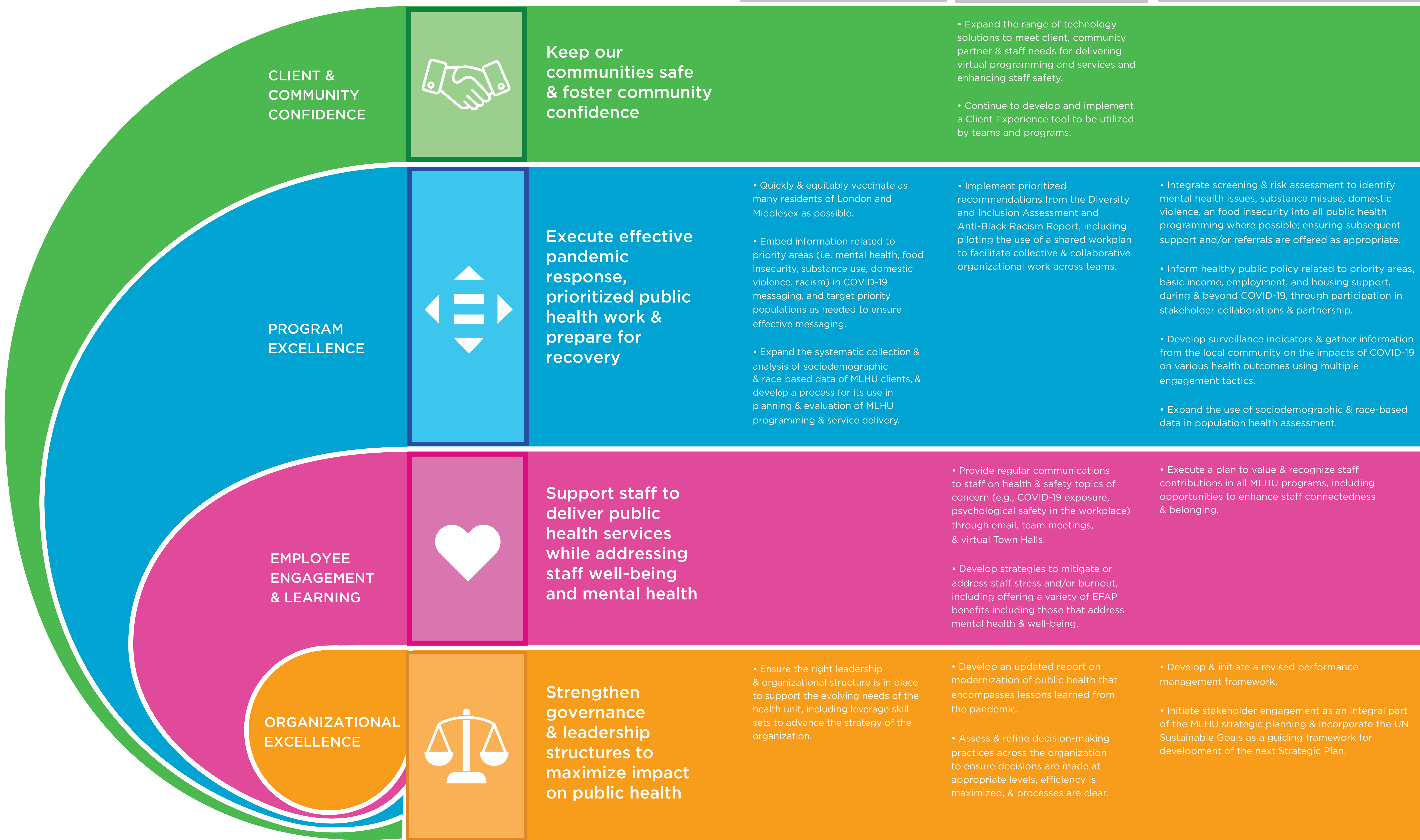Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

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

MLHU 2021-22 Provisional Plan

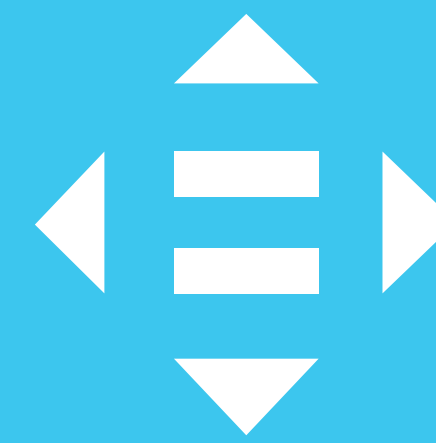|	3-6 MONTHS DO	6-12 MONTHS DESIGN	12-18 MONTHS DEFINE
CLIENT & COMMUNITY CONFIDENCE — Keep our communities safe & foster community confidence		• Expand the range of technology solutions to meet client, community partner & staff needs for delivering virtual programming and services and enhancing staff 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 ☒

MLHU 2021-22 Provisional Plan	GOALS	STATUS
	Expand the systematic collection and analysis of sociodemographic and race-based data of MLHU clients and develop a process for its use in planning and evaluation of MLHU programming and service delivery.	👍
	Expand the range of technology solutions to meet client, community partner and staff needs for delivering virtual programming and services enhancing staff safety.	👍
	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 and collaborative organizational work across teams.	🚩
	Provide regular communications to staff on health and safety topics of concern through email, team meetings, and virtual Town Halls.	👍
	Assess and refine decision-making practices across the organization to ensure decisions are made at appropriate levels, efficiency is maximized, and processes are clear.	👍

Recent Accomplishments:
- Employment Systems Review (ESR)
  - All AODA and Accommodation recommendations were implemented, including policy development and revision, and implementation of training
  - Initiated review of Recruitment policy and procedures
  - Conducted recruitment for Equity, Diversity and Inclusion (EDI) Advisory Committee
  - Received SLT approval for the Employment Equity Policy
- Anti-Black Racism Plan
  - Prepared implementation plans for recommendations related to the collection of SDOH and race-based data
  - Formed the Anti-Black Racism Plan (ABRP) Advisory Committee and held consultation session on SDOH data
- Onboarding/Enhancement of ECR
  - Finalized Profile onboarding of Young Adult Team (YAT)
- Transition to SharePoint
  - Multiple teams have been transitioned or continue to transition to SharePoint
  - Four SharePoint training sessions have been held for staff
- Return to Office
  - Created an SLT-approved criteria for assignment of workstations and lockers, while finalizing floor plans
  - Established hybrid model office processes and resources
- Implementation of Joy in Work Framework
  - Held staff consultations on improving MLHU office spaces to promote physical and psychological safety
  - Held Wellness Webinar on managing transition back to the office to facilitate stress management and resilience
  - Preference accounted for in SLT-approved criteria for workstations and lockers to promote choice/autonomy
- SDOH and Race-based Data Collection
  - Finalized the comprehensive dataset for data collection and developed implementation principles (completion of Phase 1)

Next Steps:
- Employment Systems Review (ESR)
  - Consult EDI Advisory Committee on key deliverables
  - Continue with refining recruitment processes and procedures
- Anti-Black Racism Plan
  - Continue to consult with the ABRP Advisory Committee throughout implementation of recommendations
  - Continue scoping recommendations, mapping progress, and conducting prioritization
- Onboarding/Enhancement of ECR
  - Evaluating software options for teams with which the ECR is not compatible
- Transition to SharePoint
  - Continue to transition teams and offer trainings
- Return to Office
  - Finalize the transition of activities to responsible teams (i.e., HR, Operations, etc.)
- Implementation of Joy in Work Framework
  - Continue educating on and utilizing the framework for organizational initiatives
  - Planning for next staff social event underway
- SDOH and Race-based Data Collection
  - Initiate project planning for Phase 2 of the SDOH Project (preparing for implementation)
  - Complete prioritization exercises to determine the minimum dataset for collection across all MLHU teams and programs
  - Conduct external stakeholder consultations with community partners and priority groups

2021-22 Provisional Plan Status Update to BOH

Status Legend	Complete ☑	Proceeding as planned 👍	Problems surfaced; considered manageable 🚩	Major obstacles; requires intervention ☒

Associated Projects / Activities	Status	Critical Issues & Major Risks:

1. Employment Systems Review (ESR)	👍	• Employment Systems Review (ESR)
		  o Accessibility audit may produce additional recommendations, impacting project timelines and budget
		  o Budget for capacity building remains unclear
		• Anti-Black Racism Plan
		  o Prioritized resources for other projects impact timely implementation of recommendations outside of those that are data-related
		• Onboarding/Enhancement of ECR
		  o Lack of funding may continue to impact progress in future
		• SDOH and Race-based Data Collection
		  o Implementing collection of an SDOH dataset might not be consistent with existing workflows of software system requirements across MLHU programs
		  o Challenges may exist in implementing data collection and ensuring accountability of staff collecting this information

2. Implementation of the Anti-Black Racism Plan	🚩	
3. Onboarding/Enhancement of the Electronic Client Record (ECR)	👍	
4. Transition to SharePoint	👍	
5. Implementation of the Joy in Work Framework	👍	
6. Return to Office	👍	
7. Sociodemographic and Race-based Data Collection in Electronic Systems	👍	