

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Finance and Facilities Committee

50 King Street, London
Middlesex-London Health Unit – Room 3A
Thursday, November 2, 2017 9:00 a.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES – September 7, 2017

4. NEW BUSINESS

- 4.1 Activity Based Workspace Equipment (035-17FFC)
- 4.2 Enhanced Security Measures Update (036-17FFC)
- 4.3 Proposed Resource Reallocation for the 2018 Budget (037-17FFC)
- 4.4 Q3 Financial Update and Factual Certificate (038-17FFC)

5. OTHER BUSINESS

- Next meeting: Thursday, December 7, 2017 at 9:00 a.m., Room 3A, 50 King Street, London

6. CONFIDENTIAL

The Finance and Facilities Committee will move in-camera to discuss matters regarding identifiable individuals, and a proposed or pending acquisition of land by the Middlesex-London Board of Health.

7. ADJOURNMENT



PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
MIDDLESEX-LONDON BOARD OF HEALTH
50 King Street, London
Middlesex-London Health Unit – Room 3A
2017 September 7, 9:00 a.m.

COMMITTEE

MEMBERS PRESENT: Ms. Trish Fulton
Mr. Jesse Helmer (9:11)
Mr. Marcel Meyer
Mr. Ian Peer
Ms. Joanne Vanderheyden

OTHERS PRESENT: Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health / CEO (Recorder)
Dr. Christopher Mackie, Secretary-Treasurer
Ms. Laura Di Cesare, Director, Corporate Services
Mr. John Millson, Associate Director, Finance
Ms. Tammy Beaudry, Accounting and Budget Analyst
Mr. Jordan Banninga, Manager Strategic Projects
Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control

At 9:01 a.m., Chair Fulton called the meeting to order.

DISCLOSURES OF CONFLICTS OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Mr. Peer, seconded by Ms. Vanderheyden, *that the AGENDA for the September 7, 2017 Finance & Facilities Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Meyer, seconded by Mr. Peer, *that the MINUTES of the June 8, 2017 Finance & Facilities Committee meeting be approved.*

Carried

NEW BUSINESS

4.1 Proposed 2018 PBMA Process, Criteria & Weighting (Report No. 029-17FFC)

As there were no changes to the process, criteria and weighting, Chair Fulton asked if the committee members were ready to approve the report.

It was moved by Mr. Peer, seconded by Mr. Meyer, *that the Finance & Facilities Committee receive and recommend that the Board of Health approve the 2018 PBMA criteria and weighting, which is proposed in Appendix A to Report No. 029-17FFC.*

Carried

4.2 Middlesex-London Health Unit – March 31 Draft Financial Statements (Report No. 030-17FFC)

Ms. Fulton asked Mr. Millson if there were any items that were of concern. Noting none, Mr. Millson asked if there were any questions. There were no questions.

It was moved by Mr. Peer, seconded by Ms. Vanderheyden, *that the Finance and Facilities Committee receive and recommend that the Board of Health approve the audited Consolidated Financial Statements for the Middlesex-London Health Unit, March 31, 2017, as appended to Report No. 030-17FFC.*

Carried

4.3 Canada Health Infoway Inc. Agreement (Report No. 031-17FFC)

Mr. Turner briefly reviewed the connectivity benefits of implementing Public Health Information Exchange (PHIX) and Immunization Connect Ontario (ICON) initiatives. He noted that PHIX will enable medical professionals to send immunization records and information for school-age clients to the Health Unit in a secure manner. He advised that the ICON will allow the public to access their immunization records. Discussion ensued regarding the potential issues that generally occur when implementing new processes.

It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities Committee:*

- 1) *Receive Report No. 031-17FFC for information; and*
- 2) *Request that the Board of Health authorize the Chair to sign the funding agreement (Appendix A) between the Middlesex-London Health Unit and Canada Health Infoway Inc.*

Carried

4.4 Health Unit Contribution to London's Healthy Kids Community Challenge (HKCC) Sugary Drink Campaign (Report No. 032-17FFC)

Ms. Fulton asked if there were any questions. The Committee discussed how best to use the \$30,000 to promote this campaign and reach as many residents as possible. It was noted that it is hard to compete with the large advertising budgets that the big name soft drink companies have but as more and more organizations begin to send out messaging, it will begin to make a positive impact.

It was moved by Mr. Meyer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee receive Report No. 032-17FFC re: Health Unit Contribution to London's Health Kids Community Challenge (HKCC) Sugary Drink Campaign for information.*

Carried

OTHER BUSINESS

Next meeting: Thursday, October 5, 2017 at 9:00 a.m., Room 3A, 50 King Street, London

Ms. Vanderheyden thanked Linda Stobo and her Team for organizing the Smoke Free Movie night in Strathroy.

On behalf of the Board, Chair Fulton thanked Mr. Millson for his years of dedicated service and friendship.

CONFIDENTIAL

At 9:21 a.m., it was moved by Mr. Peer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee move in-camera to discuss matters regarding labour relations and a proposed or pending acquisition of land by the Middlesex-London Board of Health.*

Carried

At 10:36 a.m., it was moved by Mr. Meyer, seconded by Mr. Peer, *that the Finance & Facilities Committee return to public session.*

Carried

At 10:37 a.m. the Finance and Facilities Committee returned to public session.

ADJOURNMENT

It was moved by Ms. Vanderheyden, seconded by Mr. Helmer, *that the Finance & Facilities Committee adjourn the meeting.*

Carried

At 11:00 a.m., Chair Fulton *adjourned the meeting.*

TRISH FULTON
Chair, Finance & Facilities Committee

CHRISTOPHER MACKIE
Secretary-Treasurer

TO: Chair and Members of the Finance & Facilities Committee

FROM: Dr. Christopher Mackie, Medical Officer of Health

DATE: 2017 November 02

ACTIVITY-BASED WORKSPACE EQUIPMENT

Recommendation

It is recommended that the Finance & Facilities Committee:

- a) Receive Report 035-17FFC for information; and*
- b) Approve the allocation of \$150,000 for Activity-Based Workspace Equipment.*

Key Points

- Activity-Based Workspaces have been piloted with participating teams using minimal resources. Limitations have been reached using MLHU's existing furniture.
- To enhance staff productivity and health, workspace enhancements are required.
- Chairs have been replaced each year depending on available variance funding, but an infrastructure/equipment deficit has developed. The requested funding would allow us to minimize this deficit.

Background

The Middlesex-London Health Unit identified Activity-Based Workspaces (ABW) as a strategic initiative that could help to enhance collaboration, improve productivity and optimize office space. An ABW pilot project has been ongoing since August 2017. We have taken an iterative approach to this project, and changes are made to the workspace as needs are identified by the participating staff. None of these adjustments, however, is currently considered a full ergonomic solution. Through ongoing staff consultation and data collection, additional needs have been identified.

Further, MLHU aims to replace aging chairs and workspaces as the annual budget allows. Most of the Health Unit's chairs were purchased in 2008, but some currently in use are nearly twenty years old. Workspaces, while longer-lasting, are considerably older, with some dating from the 1990s. Many chairs and workspaces do not align with current ergonomic standards.

Activity-Based Workspaces Enhancements

For MLHU staff, time spent in the office ranges from less than 25% of the workweek to almost 100%. Traditionally, each staff member has been provided an individually assigned workspace intended for their exclusive use while in the office.

ABW is a workplace strategy that has developed across the office design sector for decades. It involves shifting from individually assigned workspaces to spaces shared amongst several staff members. Literature and anecdotal information show increases in program efficiency, collaboration, employee engagement and work satisfaction. Additionally, the organizations benefit from a smaller footprint for accommodating staff.

ABW proves most successful when the work that gets done in a health unit is considered holistically. Factors like alternative work arrangement policies and maintaining a variety of ergonomically correct shared workspaces are important for a successful transition from assigned to shared workspaces.

To date, the pilot project has made use of limited organizational resources and existing furniture. This piecemeal workspace allocation, however, has not been sufficient to meet the needs of the participating teams. The variance allocation would allow for: a complete transformation of the workspaces, ensuring that they are brought in line with ABW and ergonomic best practices; a reduction in MLHU's overall staff footprint; and proactive procurement of furniture in advance of a future location decision. This will be achieved by replacing existing cubicle spaces with bench-style seating more conducive to the ABW concept.

A more detailed evaluation report will be provided to the Finance & Facilities Committee in early 2018.

Furniture Replacement

Industry best practices recommend replacing an office chair every ten years. On average, the chairs in use at MLHU are almost ten years old; with the current pace of replacement, they will not be fully phased out until 2027. A ten-year replacement cycle aligns more readily with the ten-year warranty available from suppliers who participate in the Ontario Ministry of Government and Consumer Services Vendor of Record program. These chairs have been pilot-tested by staff members and meet all ergonomic requirements.

Thirty-six chairs are required to meet the ABW project participants' immediate ergonomic needs. However, it is recommended that the Health Unit replace as many chairs as possible for non-ABW staff, as well. This would allow MLHU to standardize its office chairs and ease staff chair use; recapitalize a furniture deficit; and reduce potential expenditures that may be required pending a decision on the location project.

Additionally, there are workspaces more than twenty years old throughout the MLHU's premises at 50 King and 201 Queens. Teams able to adopt ABW in the near future and workstations that are the oldest would be prioritized for replacement under the funding allocation in alignment with ABW and ergonomic standards.

Next Steps

MLHU staff will work within existing procurement policies to complete the procurement, installation and implementation of ABW enhancement, as well as chair and workstation replacements.

This report was prepared by the Strategic Projects and Procurement & Operations Teams, Corporate Services Division.



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

TO: Chair and Members of the Finance & Facilities Committee

FROM: Dr. Christopher Mackie, Medical Officer of Health

DATE: 2017 November 2

ENHANCED SECURITY MEASURES UPDATE

Recommendation

It is recommended that the Finance & Facilities Committee:

- a) Receive Report No. 036-17FFC re: Enhanced Security Measures Update for information;*
- b) Approve extension of the uniformed daytime security guard contract to December 31, 2017; and*
- c) Approve the proposed Security Procurement Parameters outlined in [Appendix C](#).*

Key Points

- In 2016, between April 1 and September 30 there were six documented incidents at 50 King involving physical threats to safety or security of Health Unit staff and/or clients and/or property.
- In 2017, following enhancements to security measures, between April 1 and March 30 there were zero documented incidents at 50 King involving physical threats to safety or security of Health Unit staff and/or clients and/or property.
- The daytime security staff documented 189 interactions with members of the public between April 1 and September 30. Only two incidents required management assistance.

Background

The daytime security guard was disinvested in the 2014 PBMA cycle. Since then, an increase in incidents that diverted staff resources from program service delivery and negatively impacted the client experience at 50 King has demonstrated a need for the reinstatement of this resource.

At the December 1, 2016 Finance & Facilities Committee (FFC) meeting, a recommendation to reinstate a uniformed daytime security guard at the 50 King Street office for 7.5 hours per day, 5 days per week, for the period of April to September, and to enhance other physical security measures, was approved. The security guard reinstatement was a one-time approval pending evaluation of its impact.

Further, due to the perceived need, staffing constraints within the Operations Team in 2017 and the desire to synchronize our security contract with the calendar year, the Health Unit has extended the security contract for daytime security to November 30, 2017, and for open-close patrol services to December 31, 2017, while awaiting further consultation with FFC.

Evaluation of Daytime Security Enhancement

Daytime security supports several MLHU functions; these post duties are outlined in [Appendix A](#). To evaluate the effectiveness of the daytime security program at 50 King, staff considered metrics available for the same time periods in 2016 (without security) and 2017 (with security). A high-level overview of the findings is presented in this table:

Reporting Period of April 1–September 30 at 50 King			
2016 Incident Reports ¹	2017 Incident Reports	2017 Documented Security Interactions ²	2017 Interactions Requiring Management Escalation
6	0	189	2

¹ Situations that did not have a formal incident report filed were not tracked prior to 2017.

² These are defined as any direct interactions by security to assist in or de-escalate situations that were documented in security reports. These do not include parking infractions or other routine post order tasks.

Qualitative feedback has been obtained from program teams that serve clients at 50 King, and their comments have been uniformly positive, including:

- There have been no reports or complaints regarding the security guard and client discomfort;
- The number of times when staff are called to intervene with disruptive client behavior has been reduced noticeably; and
- The working relationship between staff and security has been very positive. Staff members are able to assist vulnerable clients with their concerns in the lobby, and they feel more secure when doing so.

The Joint Occupational Health and Safety Committee has also provided feedback regarding the daytime security program (see [Appendix B](#)).

Integrated Life Health Safety Planning

An additional item recommended at the December 1, 2016 FFC meeting was developing a graduated system of escalation to respond to employee calls for assistance. This includes the panic alarms, code system, personal security plans and fire safety plan. To date, the security guard has played a key role in developing our fire safety plan, and, long-term, the daytime security service will play an integral part in the procedures being developed for the additional response systems.

Security Contract Parameters and Cost Efficiencies

MLHU will need to seek competitive proposals for security services to commence January 1, 2018, following the expiry of our current contract. Prior to moving forward with the procurement process, staff are seeking approval of security parameters that will be incorporated into competitive process (see [Appendix C](#)). There has been an initial conversation with Middlesex County about expanding our 50 King guard service to include exterior patrols of 399 Ridout and to provide on-call service to the County building. Pending further discussion, this could help offset potential cost increases for a permanent daytime security guard.

This report was prepared by the Strategic Projects Team, Corporate Services Division.



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

50 King St. Post Orders

Unlock and Open Guard Service (7:30 a.m. to 8:30 a.m.)

Security will be posted in the Main Floor lobby in the reception vestibule.

Duties include:

- The open guard will open the door to Clinic hallway, turn on lights in the main corridor of the 1st floor and lower levels.
- Open the front door at 7:30 a.m., and remain at the reception desk until staff has arrived at 8:30 a.m.

Daytime Security Guard Service (8:30 a.m. – 4:30 p.m.)

Security will be posted in the Main Floor lobby near the elevator and north doors.

Duties include:

- Patrol of parking lot a minimum of 2 times / day – to check for any types of vandalism and/or parking violations (staff in Visitors, longer than 2 hours in visitors, parking in undesignated spaces).
- Regular patrol (at least 4 times / day) of Main and Lower level floors.
- Regular Patrol (at least 4 times / day) of public washrooms on Main floor.
- Regular patrol of exterior to check for unsafe conditions, hazards, unlocked doors and windows, security violations.
- On-call investigation of other suspicious activity or response to staff or public in need of assistance.
- Respond to “incidents” that happen in the Main lobby or as a result of the panic alarm being activated. Security will liaise with Reception and make determinations of additional Health Unit staff requests, and/or Emergency Services requests (Police and Ambulance).
- Prepare daily logs and incident reports (written and/or electronically) and provide verbal notification as warranted.
- Liaise with Operations re: site specific issues (needles, outdoor maintenance issues, etc.).
- Guard to carry Health Unit cell phone at all times.
- Performs other duties/tasks of similar nature and scope as required.

Security shall vary the time in which lunch break (0.5 hours) is taken to prevent people from detecting a time that the site isn't being monitored.

Security shall maintain the MLHU phone during meal breaks and should an incident occur, they are to respond to a call for service immediately and resume the meal break once the incident is resolved.

50 King St. Post Orders

Site Security Guard Service – Evenings (4:30 p.m. – Close)

Security will be posted in the Main Floor lobby in the reception vestibule.

Duties include:

- Secure the property, equipment and buildings to ensure the Health Unit is protected against tampering, vandalism, malicious damage and/or theft.
- Check for unsafe conditions, hazards, unlocked doors and windows, security violations.
- Site inspections are to be conducted at a minimum of three times / night at random intervals.
- Conduct security checks at the end of each shift to ensure that the building has been vacated and/or all perimeter access points have been secured.
- At the completion of clinics in the evening, secure doors from main reception to clinics on the 1st floor.
- Front doors will be secured each evening by 5:00 p.m. unless Clinics are operating and then the doors will be closed at close.
- Prepare daily logs and incident reports (written and/or electronically) and provide verbal notification as warranted.
- Report all incidents, suspicious activities, safety concerns observed while on patrol to the designated Health Unit staff.
- Provides security and reception services for after hour meetings.
- Escort personnel from the building to their vehicles as required.
- Respond to general inquiries.
- Assist visitors and direct them to the various clinics (located on the 1st floors and lower level) and/or the training rooms located in the lower level areas.
- Provide parking tokens for visitors.
- Respond to emergency calls (panic alarm system) from any of the identified locations and assist as required.
- Prevent unauthorized access to restricted/controlled areas of the building.
- Guard to carry Health Unit cell phone at all times.
- Performs other duties/tasks of similar nature and scope as required.

Ensures the following tasks are completed at the end of every shift prior to leaving:

- Front Double Doors Secured – please double check these doors from the outside prior to going offsite at end of shift
- Place Sign in Front of Double Doors directing use of West Exit
- Close & Secure both doors leading to Mail room & Vaccine storage area behind reception desk
- Close Hallway door to 1st Floor clinic area
- Close & Lock Sliding Glass window at Reception Desk

Feedback from the Joint Occupational Health and Safety Committee
MLHU Security Program

On October 16, 2017, the Joint Occupational Health and Safety Committee (JOHSC) met to discuss the current security program including the potential extension for daytime security at 50 King Street. The following points highlight the positive impact that daytime security has had at 50 King Street.

- Having a security guard at 50 King has had a positive impact. It provides a safer environment for both clients and employees. Having a security guard has reduced the amount of Management involvement in situations and also in calls to the police department.
- The security guard is capable of handling most situations that arise without having to ask Health Unit staff to be involved which is very beneficial and allows Health Unit staff to focus on their work rather than being security guards themselves.
- The presence of daytime security at 50 King Street has resulted in a decrease of reported incidents and reduced staff time to manage difficult occurrences with visitors and clients.
- The JOHSC recognizes the commitment of MLHU to improve its security program and recognizes the already noticeable benefits to the work environment at 50 King Street.
- The JOHSC will continue to collaborate with Operations and Emergency Preparedness to provide guidance as the security program evolves.
- Improvements have made a noticeable difference in fostering a safety culture at MLHU. Improvements such as response training would be beneficial to all office locations.
- Staff see a positive difference with the daytime security guard. In talking to our colleagues, they are happy with the response the security guard provides to visitors, clients and staff. He plays a significant role in responding to a number of incidents.
- It is our feeling that staff do not feel the additional burden of responding to numerous events that arise in the day-to-day operation of the Health Unit.
- Since the implementation of daytime security, no reports of employee calls for assistance have come to the JOHSC.
- The daytime security guard is very astute, intuitive and is doing a great job in easing staff concerns while also lessening the burden on not only our staff but the police service.
- The JOHSC would like to see daytime time security extended and ensured that security is available during scheduled work hours, which can be outside of 8:30-4:30.

<i>Current</i>	<i>Proposed</i>	<i>Rationale</i>	<i>Estimated Cost Impacts</i>
Unlock and Open Security Guard Service			
Monday – Friday 7:00 a.m. to 8:30 a.m.	Monday – Friday 7:30 a.m. to 8:30 a.m.	<ul style="list-style-type: none"> Reducing the coverage by 0.5 hours per day would still allow a security guard to check all public spaces of 50 King and open the main entrance before public arrival at 8:30am on Monday to Thursday and 8:00am on Friday. Programs have indicated there would be no negative effect to this change. 	<ul style="list-style-type: none"> 130 hours per year service reduction \$2,612 annual cost savings¹
Daytime Security Guard Service			
Temporary and Seasonal for Evaluation Purposes	Permanent and Year-Round	<ul style="list-style-type: none"> See metrics and feedback from the report 	<ul style="list-style-type: none"> 975 hours per year service enhancement \$20,475 annual cost increase¹
Monday – Friday 8:30 a.m. to 4:30 p.m.	Monday – Friday 8:30 a.m. to 4:30 p.m.		
Evening Security Guard Service			
Monday – Friday 4:30 p.m. to 10:00 p.m.	Monday 4:30 p.m. to 10:00 p.m. Tuesday – Thursday 4:30 p.m. to 8:30 p.m. Friday 4:30 p.m. to 6:00 p.m.	<ul style="list-style-type: none"> This revised schedule accounts for all regular classes and clinics that are held at 50 King Street where there would be public access. There are some ad hoc security requirements that would need to accommodate classes or clinics later into the evening. This would be managed similar to our weekend coverage scheduling. 	<ul style="list-style-type: none"> 442 hours per year service reduction \$9,282 annual cost savings¹
Mobile Patrol (Daily)			
Monday - Sunday – 1 exterior check between 2:00 a.m. to 5:00 a.m.	No Change	<ul style="list-style-type: none"> No change 	<ul style="list-style-type: none"> No change

Total Estimate Budget Impact**\$8,580²**

¹ Assuming \$21.00 hourly based on 1.5% increase to previous contract costs (which includes Living Wage).

² Partnership opportunity with Middlesex County is being explored to further reduce this cost.

TO: Chair and Members of the Finance & Facilities Committee

FROM: Dr. Christopher Mackie, Medical Officer of Health

DATE: 2017 November 2

PROPOSED RESOURCE REALLOCATION FOR THE 2018 BUDGET

Recommendation

It is recommended that the Finance & Facilities Committee receive Report No. 037-17FFC re: Proposed Resource Reallocation for the 2018 Budget for information.

Key Points

- Program Budgeting and Marginal Analysis (PBMA) is an integral part of the Health Unit's budget process, and allows us to identify opportunities for reallocating resources from areas of lower impact to areas of higher impact.
- This report outlines the process used to identify such opportunities and provides a summary of the investments and disinvestments proposed for consideration in the 2018 budget.
- Of thirty-one proposals submitted, the Senior Leadership Team approved sixteen ongoing disinvestments totaling \$732,253, six ongoing investments totaling \$416,231, and three one-time disinvestments/investments totaling \$148,765.
- This is a preliminary report. Final recommendations will be brought to the Finance & Facilities Committee in December.

Background

Program Budgeting and Marginal Analysis (PBMA) is a criteria-based budgeting process that facilitates reallocating resources to maximize impact. This is done through the transparent application of pre-defined criteria and decision-making processes in order to prioritize where investments and disinvestments should be made. The health unit has made PBMA an integral part of its annual budget process; we have been using it since 2013.

Proposal Selection Process

The 2018 PBMA process consisted of:

- a) Validation of assessment criteria and weighting at the September 7, 2017 Finance & Facilities Committee meeting;
- b) Proposal development to identify disinvestments that will have the least negative impact;
- c) Proposal development to identify investments that will have the greatest positive impact;
- d) Review of proposals by internal advisory committees (still in process); and
- e) Open proposal review sessions, an appeals process and recommendations by the Senior Leadership Team (SLT).

Additional information gathering will continue in order to ensure that negative impacts are minimized and positives impacts are maximized during implementation in 2018.

Tentatively Selected Disinvestment and Investment Opportunities

At the open proposal review sessions, SLT considered nineteen disinvestment proposals and twelve investment proposals. Of these thirty-one proposals, SLT approved sixteen ongoing disinvestments totaling \$732,253, six ongoing investments totaling \$416,231, and three one-time disinvestments/investments totaling \$148,765.

[Appendix A](#) provides a list and descriptions of the ongoing disinvestment proposals. [Appendix B](#) provides a list and descriptions of the ongoing investment proposals. [Appendix C](#) provides a list and descriptions of the one-time disinvestment/investment proposals.

Next Steps

The Finance & Facilities Committee now has the opportunity to review the selected proposals for investment and disinvestment, and to identify areas where further information is needed prior to final approval in December.

This report was prepared by the Corporate Services Division.

A handwritten signature in black ink, appearing to read 'C. Mackie'.

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

2018 PBMA Disinvestments (Proposed)

Dept.	No.	Proposal	Value	FTE	Score
Cross-MLHU	#1-0018	Discontinuation of New Nurse Graduate Initiative	-\$ 32,700.00	0.00	0
Cross-MLHU	#1-0022	Staff Parking	-\$ 0.00	0.00	-160
CS	#1-0026	PSL/IHP Support to Finance	-\$ 10,000.00	0.00	0
EHID	#1-0017	Complaints and Service Requests (CSR) Investigation	-\$ 39,239.00	-0.40	-146
EHID	#1-0029	Travel Clinic	-\$ 34,332.00	-0.60	-100
EHID	#1-0034	Eliminate external Fit-Testing	-\$ 12,182.00	-0.20	-39
FS	#1-0012	Discontinuation of Rapid Risk Factor Surveillance System	-\$ 41,788.00	0.00	-133
HL	#1-0016	Dental Consultant	-\$ 52,366.00	-0.25	-25
HL	#1-0019	In-Motion PHN	-\$ 106,686.00	-1.00	-53
HL	#1-0027	CYPT Travel Budget	-\$ 9,000.00	0.00	-5
HL	#1-0028	Child Health Team Nurse-Parenting	-\$ 100,940.00	-1.00	-85
HS	#1-0021	Family Health Clinic Closure	-\$ 95,698.00	-0.90	-23
HS	#1-0023	Dedicated RHT Support for HEIA's and PPE	-\$ 98,410.00	-1.00	-67
HS	#1-0024	Family Home Visiting	-\$ 66,512.00	-1.00	-56
HS	#1-0025	PHN Casual Budget Reduction	-\$ 10,000.00	-0.14	0
OMOH	#1-0031	Reduction in General Advertising – We're Here for You	-\$ 22,400.00	0.00	-118
		Total	-\$ 732,253.00	-6.49	-1,010

Disinvestment Descriptions**#1-0018 – Discontinuation of New Nurse Grad Initiative**

The Nursing Graduate Guarantee was a MOHLTC initiative announced in 2007. Prior to 2015, the funding of the MLHU share was not formalized in the budget and variance funding was used. Since

formalizing this into the annual budget (2015), the MOHLTC has changed the criteria in regards to Health Units guaranteeing full-time placement after the completion of the 26-week period. This condition cannot be met therefore it is proposed to cancel the MLHU participation in this initiative.

#1-0022 – Staff Parking

This proposal investigates the reduction of paid or first come first serve parking at the London offices (50 King Street and 201 Queens Ave). It doesn't include the Strathroy office because the office is located in a mall setting. Internal consultations are ongoing to establish the scale of this disinvestment for 2018.

#1-0026 – PSL/IHP Support to Finance

Over the past number of years, the Finance Department has been providing financial analyst function to the Speech and Language Programs in return the 100% Ministry of Children and Youth Services program allocates \$10,000 to cover the resources. The finance department does not hire any external assistance for this work, so is proposing the money be used elsewhere.

#1-0017 – Complaints and Service Requests (CSR) Investigation

The proposal represents a 0.4 FTE disinvestment in public health inspector time by delivering a more risk-based approach to Complaints and Service Requests. This disinvestment proposal will seek to utilize a more structured and evidenced-informed risk assessment process, which will provide a response that is more reflective of the level of risk with lesser emphasis on historical routines. Many 'lower risk' complaints are followed up more for client service reasons which does not draw to a large extent on risk assessment. This new risk-based approach will seek to reduce the amount of time being spent by PHIs responding to health hazard complaints that are low risk / low priority and which could otherwise be addressed through off-site correspondence (telephone, email etc.).

#1-0029 – Travel Clinic

The Travel Clinic is hosted by MLHU and operated independently by Dr. David Colby. It provides pre-travel consultation and immunization to clients. This disinvestment represents the cessation of Travel Clinic services at MLHU and the corresponding reduction of the 0.6 FTE Program Assistant support provided to the clinic. The proposed timeline is intended to allow sufficient notice to Dr. Colby to provide service through the winter travel season, find an alternate clinic location, should he desire, and notify patients and the public of the change in service.

#1-0034 – Eliminate external Fit-Testing

Emergency Preparedness currently funds one staff person 0.2 FTE (1 day per week) and \$4000 in program supplies to provide a mask fit testing service for external agencies on a cost recovery basis. Over the past three years, the revenue generated by the initiative has not met the cost to run the program, (\$8625 shortfall in 2015 / \$9910 shortfall in 2016 / estimated to be \$12000-14000 over on 2017).

#1-0012 – Discontinuation of Rapid Risk Factor Surveillance System

We propose terminating our participation in the Rapid Risk Factor Surveillance System (RRFSS). The majority of modules support the areas of chronic disease and injury prevention and environmental health. Other areas of the health unit, for instance, those working with children and youth, those in Infectious Disease and Early Years do not regularly benefit from the results of this survey. In 2017 \$41,788 was

spent for 1080 completed surveys of Middlesex-London residents for a 10-minute interview containing approximately 50 questions.

#1-0016 – Dental Consultant

MLHU with 4 other Health Units (Elgin, Lambton, Perth, and Huron) shared the services of a .7 Dental Consultant. MLHU received .25 FTE of time. The dental clinic will be closing at the end of the year. As a result of these significant changes in the Oral Health program support required for the oral health team can be provided by an AMOH and PHO.

#1-0019 – In-Motion PHN

Disinvestment of 1 FTE PHN “in Motion coordinator” position. This PHN position supports the year-round maintenance of in Motion work and implementation of the October in Motion Community Challenge. There is an opportunity for efficiency related to decreasing need for promotion and support of the in Motion campaign over the lifespan of the campaign: awareness of in Motion has increased and campaign processes and logistics are now well established. In Motion related work can be streamlined and absorbed into the existing physical activity promotion program work of the HCIP staff complement going forward. Reduced need for promotion due to maturity of the campaign.

1-0027 – CYPT Travel Budget

The purpose of this proposal is to disinvest \$9000 of annual travel budget money from the Child and Youth Program Teams. Specifically, \$5000 from YAT and \$4000 from CHT. Over the past 2 years, these teams have been significantly underspent on their travel budget. This is due to the way schools are now prioritized and assigned. For example, the school teams now service fewer schools on a regular basis but service higher needs school. Nurses are also now assigned to schools within a similar geographic location. These two factors have contributed to reduced mileage costs.

#1-0028 – Child Health Team Nurse-Parenting

This proposal is to disinvest a 1.0 FTE PHN relating to Parenting on the CHT. Triple P was initially a personnel resource intense program to implement. Many hours were invested coordinating staff training, promoting the program, scheduling classes and creating a database to track the program. The database is complete and in use, many staff are trained and at this time we will not be engaging in any new or additional Triple P training.

#1-0021 - Family Health Clinic Closure

In May 2017, a proposal was presented to the Finance and Facilities Committee (Report No. 022-17FFC) requesting to keep the Nurse Practitioner position full-time until the end of June with the recommendation of closing the Family Health Clinic at that time. This proposal was based on further consideration of the current context of primary care services in Middlesex-London and the need to align public health resources to ensure maximum impact within our mandate. The Finance and Facilities Committee approved this proposal and the Family Health Clinic was closed on June 30th, 2017.

1-0023 – Dedicated RHT Support for HEIA Assessments & Planning/Evaluation

It is proposed that the Reproductive Health Team reduce its PHN complement by 1.0FTE. Currently, a PHN role has been allocated to completing health equity impact assessments (HEIA's) and supporting the team's program planning and evaluation efforts. Organizational changes have resulted in this role being enhanced in a more systematic way across the HU through capacity building thus decreasing the need for this position. In addition, it has been determined that the organization will no longer focus on stand-alone HEIA's.

#1-0024 – Family Home Visitor Program Efficiency

We are proposing reducing the complement of Family Home Visitors (FHV) by 1.0 FTE. There is currently a 1.0 FTE FHV vacancy and it is proposed that this staffing complement change is achieved through attrition. A complement of 8 FHVs would result in FHVs completing an average of 12 home visits per week. Ministry of Child and Youth Services (MCYS) targets for the HBHC program, indicate that FHVs complete 13 home visits per week. Decreasing the number of FHV positions by 1.0 FTE allows us to maintain the capacity to function within this target.

1-0025 – PHN Casual Budget Reduction

The Early Years Team has a casual budget allocated to public health nurses to support program delivery in Infant Growth/Development and Breastfeeding Drop-ins, the Health Connection and early years work. The Reproductive Health Team has a casual budget allocated to prenatal teachers. Both programs have gained efficiencies and require less support from casual staff than previously.

1-0031 – Reduction in General Advertising – We're HERE for You Campaign

Disinvestment of the MLHU's "We're HERE for YOU" awareness campaign. While graphics and taglines would remain in use on the MLHU website and social media channels, there would no longer be paid advertising space for the campaign, including print, transit, billboard, and YouTube.

2018 PBMA Investment (Proposed)

Dept.	No.	Proposal	Value	FTE	Score
Cross-MLHU	#1-0035	Policy Analyst / Policy Consultant	\$ 82,346.00	1.00	250
CS	#1-0044	Project Management	\$ 98,160.00	1.00	200
CS	#1-0048	Corporate Services Restructuring	\$ 9,817.00	1.00	173
EHID	#1-0038	Leveraged Funding for Needle Recovery	\$ 50,000.00	-	222
EHID	#1-0043	Electronic Client Record	\$ 131,245.00	-	161
FS	#1-0001	Enhancing MLHU Program Evaluation Capacity	\$ 44,663.00	0.50	272
		Total	\$ 416,231.00	3.50	1,278

Investment Descriptions**#1-0035 – Policy Analyst / Policy Consultant**

The revised Ontario Standards for Public Health Programs and Services describe policy development as a core component of public health work. Involvement in various aspects of public policy development is also specifically mentioned in the Foundational Standards and the Chronic Diseases and Injury Prevention, Wellness and Substance Misuse Standard. MLHU currently has a gap in terms of experience working inside a policy environment. This work may be best provided by a full time hire, or via a budget line for external consultant(s), whichever would allow greater flexibility to adjust as different needs arise for policy advice. They would closely follow municipal and provincial developments in health and social services (with a minor focus on federal), and be able to offer policy advice on tight timelines across a wide range of healthy public policy issues.

#1-0044 – Project Management

Continued pressure to respond to changes in public health including the Ontario Standards for Public Health Programs and Services, Accountability Framework and the Expert Panel all add to the limitations currently experienced by the Strategic Projects portfolio and contribute to a project load that is already falling behind intended deliverables on the Balanced Scorecard. This organizational project management bottleneck and the ability to respond to the changing public health landscape could be alleviated with this investment.

#1-0048 – Corporate Services Restructuring

The Corporate Services Division was formed in January 2016 with the overall MLHU organizational structure project and combined IT, Finance, Privacy & Occupational Health and Safety, Strategic Projects and Human Resources into one Division. The initial goal of the alignment was for each team to find ways to collaborate with each other, recognizing the linkages the teams have to each other. After one year of working in the new structure, it was determined that some of the work needed to be realigned so that the right work was within the team and role that it fit with best. This restructuring accomplishes that realignment and allows for increased Corporate Services capacity to support our front-line services.

#1-0038 – Leveraged Funding for Needle Recovery

Currently the Ministry does not fund resources for needle recovery on for needle disposal costs. Within the City of London there are numerous models of needle recovery including needle bins located across the city, Needle Exchange Programs (provide some education), a Mobile Van, Parks and Recreation staff who pick-up loose syringes in city parks and parking lots, Downtown London Clean-up Crew and Pharmacies. The Organizations Involved in Needle Recovery Middlesex-London Health Unit, London CARES, Parks and Recreation, Regional HIV/AIDS Connection, My Sister's Place, The City of London and Pharmacies that have agreed to provide needle exchange. This proposal would explore and implement peer (social entrepreneurship) needle recovery models that are in other cities and provinces.

#1-0043 – Electronic Client Record

This proposal is for the phased implementation of Electronic Client Record software for use in clinical and client interaction environments across the Health Unit. MLHU would rely upon the 'piggyback' clause incorporated into Ottawa Public Health's recent tender for an ECR Software as a Service (SaaS) product to identify the appropriate vendor or look to IT project management if another solution would be more advantageous.

#1-0001 – Enhancing MLHU Program Evaluation Capacity

Due to the introduction of the Ontario Standards for Public Health Programs and Services (OSPHPS) and the Accountability Framework (AF) and enhance emphasis on program planning and evaluation, additional Program Evaluation capacity is required. An assessment of the current MLHU Program Evaluator complement suggests that additional Program Evaluator support is required to help MLHU meet its strategic priorities and to better meet the emerging accountabilities in the OPHPS and AF.

2018 PBMA One-Time Disinvestments/Investments (Proposed)

Dept.	No.	Proposal	Value	FTE	Score
CS Disinvestment	#1-0010	Computer Hardware Replacement (desktops) -	-\$ 20,000.00	0.00	-155
Cross-MLHU Investment	#1-0045	Associate Medical Officer of Health	\$ 98,765.00	0.40	257
CS Investment	#1-0041	Managed IT Services	\$ 70,000.00	-2.00	219
		Total	\$ 148,765.00	-1.6	321

One-Time Disinvestments/Investments Descriptions**#1-0010 – Computer Hardware Replacement (desktops)**

Current desktop hardware is sufficient for staff that only require desktops, the need to replace to ensure warranty is not necessary with easily replaceable parts and several spare units onsite while some desktops on the list that are under warranty replacement until 2019.

#1-0045 – Associate Medical Officer of Health (AMOH)

This proposal would provide part-time (0.4 FTE) temporary (one year) support to the Vaccine Preventable Diseases, Tuberculosis, Tobacco and Dental health program. In addition, the AMOH will support the Health Care Provider Outreach team and student/resident placements and be in the pool for AMOH calls. There has been a number of high-priority issues in Middlesex-London that require AMOH support: ongoing overlapping outbreaks of HIV, IGAS, Hepatitis C and endocarditis. Adding additional AMOH capacity will allow for more concerted efforts to address these outbreaks.

#1-0041 – Managed IT Services

The Health Unit has a traditional IT infrastructure that provides services across all of the health unit programs and staff. In addition to day-to-day maintenance and IT support, we are required by a number of regulations to protect the confidential personal information our clients. This proposal aims to augment our current technology offering with a Managed IT Services program that could manage the tasks of site assessment; network consistency; and site databases.



TO: Chair and Members of the Finance & Facilities Committee

FROM: Dr. Christopher Mackie, Medical Officer of Health

DATE: 2017 November 2

Q3 FINANCIAL UPDATE AND FACTUAL CERTIFICATE

Recommendation

It is recommended that the Finance & Facilities Committee review and recommend to the Board of Health to receive Report No. 038-17FFC re: Q3 Financial Update and Factual Certificate for information.

Key Points

- The 2017 approved budget assumes a 1.5% (\$241,968) increase in Mandatory Programs funding from the Ministry of Health and Long-Term Care (MOHLTC).
- The annual grant request was submitted to the MOHLTC on March 1, 2017, and included one-time funding requests totaling \$141,361.
- On June 20, 2017, the Health Unit had been approved for base funding of \$250,000 to support local opioid response initiatives (see Report No. 038-17).
- Ministry grant approvals are expected in the near future (Q4).
- The Health Unit is expecting to end the operating year in a surplus position.
- Included in the financial update is a signed factual certificate, which provides assurance that financial and risk management functions are being performed.

Background

The Board of Health approved MLHU's 2017 operating budget on February 16, 2017 ([Report No. 007-17FFC](#)). The approved budget includes a \$250,000 contribution to the Technology and Infrastructure Reserve Fund and assumes a 1.5% (\$241,968) increase in Mandatory Programs funding from the Ministry of Health and Long-Term Care (MOHLTC). Also, in the same grant submission, one-time funding of \$141,361 was requested for two PHI practicum placements, compliance with the Healthy Menu Choices Act, a new vaccine fridge, expansion of the HPV vaccine program and nicotine replacement therapy initiatives.

2017 Growth Funding for Mandatory Programs

The Province has not yet provided funding approvals for the 2017 program-based budget grants. As a follow-up to the funding announcement received on June 20, 2017, regarding the \$250,000 in base funding to support local opioid response initiatives, Assistant Deputy Minister Roselle Martino stated that all health units should plan for status quo, or no change in program funding from 2016. The impact of 0% for growth funding for Mandatory Programs would be a reduction in expected grants of \$241,968 in 2017.

The 2017 budget included reallocating \$275,000 to respond to HIV prevention and control. For 2017, the \$250,000 additional base funding announced on June 20 could be directed to the same initiative, thereby ameliorating the 0% change in Mandatory Program funding for 2017.

Q3 Financial Highlights

The Budget Variance Summary, which provides budgeted and actual expenditures for the first nine months and projections to the end of the operating year for the programs and services governed by the Board of Health, is attached as [Appendix A](#).

Table 1, below, provides a comparison by division of the updated year-end variance forecasts. In addition to the information provided in the Q2 Financial Update (Report No. 042-17FFC), the estimates have increased due to additional favourable variances across divisions. There will be fifteen staff retiring in 2017, along with an increase in the number (eighteen) of pregnancy/parental leaves, which has contributed to a higher position vacancy rate than in previous years.

Table 1 – Anticipated Quarterly Variances by Division

Division	Quarter 1	Quarter 2	Quarter 3	Change
Environmental Health & Infectious Disease	\$ 155,014	\$ 211,126	\$ 203,899	\$ (7,227)
Healthy Living	16,410	188,549	392,125	203,576
Healthy Start	35,000	89,999	259,436	169,437
Office of the CNO & SDOH	-	-	11,000	11,000
Office of the Medical Officer of Health	-	-	16,595	16,595
Corporate Services	28,777	130,456	183,138	52,682
Foundational Standards	31,300	16,010	17,610	1,600
General Expenses & Revenues	30,000	30,000	197,800	167,800
Total Anticipated Variances Before Agency Gapping Budget	\$ 296,501	\$ 666,140	\$ 1,281,603	\$ 615,463

Reasons for the \$615,463 increase:

\$ 416,660	1) More position vacancies across all programs
65,663	2) Other program costs (travel, program resources, cell phones, training)
(21,860)	3) Lower revenue from contraceptive sales
(10,000)	4) Reduction in MOHLTC revenue for MOH/AMOH compensation
45,000	5) Employer Paid Benefits (ASO) based on claims to date, plus other benefits
125,000	6) Outside consulting and legal services requirements lower than anticipated
(17,000)	7) More Supplemental Unemployment Benefits
8,000	8) Lower BOH travel and education expenses
4,000	9) Preconception health promotion campaign put on hold
\$615,463	Total net increase from Q2 reported variance

Additional initiatives considered in Q4:

- | | |
|-----------|---|
| \$ 10,000 | 1) Purchase of survey software |
| 30,000 | 2) Various training initiatives (Indigenous Cultural Training, Crucial Conversations) |
| 20,000 | 3) Training for managers and union members (Managing in a Unionized Environment) |
| 5,000 | 4) French-language training for staff |
| 10,200 | 5) Maintain security to December 31, 2017 |
| 10,000 | 6) Support Graduate Education program |
| 4,500 | 7) Carpet and window cleaning throughout building |
| 80,000 | 8) Activity Based Workstations acquisitions (workstations and chairs) |
| 21,000 | 9) Retroactive pay for three employees |
| 10,000 | 10) Needle recovery (cost unknown at time of report) |
| | 11) Electronic Client Record (cost unknown at time of report) |

\$200,700	Subtotal of additional initiatives for Q4
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Overall, the net favourable variance has increased to \$1,281,603 from \$666,140, as reported in the Q2 financial update, and will more than satisfy the annual expected gapping budget of \$749,155. Taking the above additional initiatives into account, it is expected that the Health Unit will end the 2017 operating year in a surplus position.

Factual Certificate

A signed factual certificate is attached as [Appendix B](#). This certificate is signed by senior Health Unit administrators responsible for ensuring certain key financial and risk management functions are being performed to the best of their knowledge. The certificate is revised as appropriate on a quarterly basis, and is submitted with each financial update.

This report was prepared by the Finance Team, Corporate Services Division.



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

MIDDLESEX-LONDON HEALTH UNIT NET BUDGET VARIANCE SUMMARY As at September 30, 2017										APPENDIX A (revised)
	2017 YTD ACTUAL (NET)	2017 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2017 ANNUAL NET BUDGET	DECEMBER SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation	
Environmental Health & Infectious Disease Division										
Office of the Director/Travel Clinic	\$ 210,683	\$ 207,568	\$ (3,115)	-1.5%	\$ 289,709	\$ 283,509	\$ (6,200)	-2.2%	(\$6,200) related to additional professional development opportunities.	
Emergency Management	77,105	125,075	47,970	38.4%	137,912	170,758	32,846	19.2%	\$41,096 due to Manager vacancy(incl portion of travel), \$9,250 savings in fit testing supplies and Emergency Planning week supplies, offset by reduced revenues (\$7,500) in fit testing, additional (\$10,000) for needle recovery	
Food Safety & Healthy Environments	1,304,444	1,317,720	13,276	1.0%	1,782,536	1,802,036	19,500	1.1%	\$10,500 relating to PHI retirement. \$2,000 in cell phone charges, \$2,000 in special risk program and \$5,000 in additional food safety training revenue.	
Safe Water & Vector-Borne Disease	968,246	1,063,985	95,739	9.0%	1,341,243	1,364,603	23,360	1.7%	\$23,360 due to PHI secondment (vacancy).	
Infectious Disease	1,213,454	1,167,217	(46,237)	-4.0%	1,609,156	1,594,149	(15,007)	-0.9%	\$29,000 due to PHI and PHN vacancies, offset by (\$18,000) in standby/on-call charges, (\$22,000) in Manager wages assigned to special projects, (\$1,307) additional training, (\$1,700) TB extra costs, (\$1,000) printing	
Vaccine Preventable Disease	1,011,560	994,187	(17,373)	-1.7%	1,387,571	1,362,571	(25,000)	-1.8%	(\$25,000) for additional resource to clear duplicate records in the Panorama database. -may not need if one-time funding is approved	
Sexual Health	1,568,331	1,831,624	263,293	14.4%	2,324,791	2,489,191	164,400	6.6%	\$53,000 due to PHN vacancies in the Sexual Health Clinic, \$62,810 favourable variance due to late start-up of the HIV outreach program, \$35,450 due to fewer purchases of contraceptives, \$100,000 relating to savings in the Regional HIV/ AIDS Connection contract, partially offset by lower revenue from contraceptive sales. (\$81,860), and (\$5,000) for program / database development for HIV outreach program.	
Total Environmental Health & Infectious Disease Division	\$ 6,353,823	\$ 6,707,376	\$ 353,553	5.3%	\$ 8,872,918	\$ 9,066,817	\$ 193,899	2.1%		
Healthy Living Division										
Office of the Director	\$ 166,331	\$ 178,086	\$ 11,755	6.6%	\$ 234,345	\$ 243,153	\$ 8,808	3.6%	\$3,308 in Director's salary to the HSO program, \$4,000 in program supplies, and \$1,500 in program travel.	
Child Health	1,100,260	1,251,679	151,419	12.1%	1,500,221	1,710,155	209,934	12.3%	\$191,947 due to PHN MLOA, ULOA, and retirement, and a Manager vacancy. \$5,000 in program travel, and \$12,987 relating to i-Parent Triple P training.	
Chronic Disease and Tobacco Control	896,585	1,036,804	140,219	13.5%	1,365,889	1,412,286	46,397	3.3%	\$23,891 due to vacant 0.5 FTE Dietitian and PHN positions, and \$18,056 allocated to HSO Program Manager. \$19,020 due to various vacancies in TEO positions, offset by (\$19,020) in program resources. \$4,450 related to a Health Promoter maternity leave.	
Healthy Communities and Injury Prevention	842,679	869,647	26,968	3.1%	1,181,831	1,188,331	6,500	0.5%	\$2,000 related to program travel and \$2,000 for lower than anticipated cell phone costs, and \$2,500 in program supplies .	
Oral Health	684,272	801,954	117,682	14.7%	1,030,360	1,102,023	71,663	6.5%	\$65,663 savings related to vacant Oral Health Manager and Dental Consultant, and dental hygienist. \$6,000 in dental supplies.	
Southwest Tobacco Control Area Network	193,168	382,197	189,029	49.5%	501,900	501,900	-	0.0%	No anticipated variance by year end.	
Young Adult Health	790,043	823,190	33,147	4.0%	1,076,159	1,124,982	48,823	4.3%	\$35,048 due to PHN retirement and a vacancy in 0.5 FTE Dietitian position. \$5,875 in program travel, \$4,500 in program supplies, \$2,000 professional fees, and \$1,400 in savings in cell phone charges.	
Total Healthy Living Division	\$ 4,673,338	\$ 5,343,557	\$ 670,219	12.5%	\$ 6,890,705	\$ 7,282,830	\$ 392,125	5.4%		

	2017 YTD ACTUAL (NET)	2017 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2017 ANNUAL NET BUDGET	DECEMBER SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
Healthy Start Division									
Office of the Director	\$ 177,649	\$ 183,798	\$ 6,149	3.3%	\$ 243,015	\$ 250,908	\$ 7,893	3.1%	\$1,000 savings in travel, \$7,100 savings in program supplies, \$450 savings in F&E, \$1,000 in meeting expenses, offset by (1,657) over in staff development
Nurse Family Partnership	113,981	138,075	24,094	17.4%	183,100	184,100	1,000	0.5%	\$6000 savings in program supplies offset by (\$5,000) in professional services
Best Beginnings	2,179,694	2,268,654	88,960	3.9%	2,953,028	3,102,371	149,343	4.8%	\$127,343 in PHN gapping and FHV(3 mths), which resulted in \$12,000 less in travel, \$10,000 savings in program supplies
Early Years Health	1,070,110	1,151,427	81,317	7.1%	1,523,633	1,573,633	50,000	3.2%	\$50,000 in PHN vacancies.
Reproductive Health	1,078,923	1,182,315	103,392	8.7%	1,560,615	1,611,815	51,200	3.2%	\$46,500 due to PHN vacancies and casual PHN savings. \$700 in travel because of less conferences, \$4,000 preconception health promotion campaign put on hold,
Screening Assessment and Intervention (SAI)	1,950,729	2,109,722	158,993	7.5%	2,812,962	2,812,962	-	0.0%	No anticipated variance by year end.
Total Healthy Start Division	\$ 6,571,086	\$ 7,033,991	\$ 462,905	6.6%	\$ 9,276,353	\$ 9,535,789	\$ 259,436	2.7%	
Office of the Chief Nursing Officer & Social Determinants of Health	\$ 273,861	\$ 302,464	\$ 28,603	9.5%	\$ 402,103	\$ 413,103	\$ 11,000	2.7%	\$3,000 Health Promoter benefits, \$5,400 in savings from travel, \$2,600 in savings from cell phone and meeting expenses
Office of the Medical Officer of Health									
Office of the Medical Officer of Health	\$ 250,143	\$ 305,006	\$ 54,863	18.0%	\$ 407,319	\$ 418,314	\$ 10,995	2.6%	\$33,870 related to MOH parental leave, offset by additional support for P/T AMOH (\$18,875) & compensation for the Acting CEO functions. Savings of \$6,000 for reduction in travel and staff development. (\$10,000) reduction in revenue from MOHLTC
Communications	366,920	390,137	23,217	6.0%	526,901	532,501	5,600	1.1%	\$700 related to a Parental Leave, \$3,000 fewer resources for the Health Care Provider program, \$1,600 in program travel and professional development and \$300 in Office Equipment.
Total Office of the Medical Officer of Health	\$ 617,063	\$ 695,143	\$ 78,080	11.2%	\$ 934,220	\$ 950,815	\$ 16,595	1.7%	
Corporate Services Division									
Office of the Director	\$ 252,545	\$ 269,587	\$ 17,042	6.3%	\$ 365,792	\$ 365,792	\$ -	0.0%	No anticipated variance by year end.
Finance	365,588	381,924	16,336	4.3%	481,673	522,401	40,728	7.8%	\$39,000 due to Manager vacancy till Dec. \$1,728 travel budget not used- no AOPHBA
Human Resources & Labour Relations	364,694	355,101	(9,593)	-2.7%	540,578	485,243	(55,335)	-11.4%	(\$34,335) unfavourable variance due to additional resource required to support collective bargaining and case management, additional (\$21,000) retroactive pay for 3 employees
Information Technology	496,959	733,527	236,568	32.3%	814,080	1,001,200	187,120	18.7%	\$85,600 due to vacant Manager and Software Developer position. \$9,700 less in standby/on call. \$20,000 less IT consulting this year. \$1,820 in travel-no significant travel in Q4, \$70,000 furniture and equipment
Privacy & Occupational Health & Safety	116,544	117,663	1,119	1.0%	160,727	160,727	-	0.0%	No anticipated variance by year end.
Procurement & Operations	145,632	196,615	50,983	25.9%	212,028	268,991	56,963	21.2%	\$56,963 due to Manager vacancy.
Strategic Projects	95,286	98,595	3,309	3.4%	131,903	134,565	2,662	2.0%	\$1,000 fewer retention/access requests. \$1,662 no anticipated need for meeting, teleconferencing expenses
Total Corporate Services Division	\$ 1,837,248	\$ 2,153,012	\$ 315,764	14.7%	\$ 2,706,781	\$ 2,938,919	\$ 232,138	7.9%	

	2017 YTD ACTUAL (NET)	2017 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2017 ANNUAL NET BUDGET	DECEMBER SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
Foundational Standard Division									
Office of the Director	\$ 245,238	\$ 236,058	\$ (9,180)	-3.9%	\$ 329,319	\$ 313,793	\$ (15,526)	-4.9%	(\$12,051) for AMOH - MOHTLC grid, (\$3,475) travel and program expenses
Program Planning & Evaluation	690,854	813,817	122,963	15.1%	1,088,887	1,112,023	23,136	2.1%	\$34,600 mainly to movement of PE to PHAC and lower step gapping , (1,464) due to higher RRFSS expenses, (10,000) for additional survey software
Library & Resource Lending	160,163	178,221	18,058	10.1%	240,532	240,532	-	0.0%	No anticipated variance by year end.
Total Foundational Standard Division	\$ 1,096,255	\$ 1,228,096	\$ 131,841	10.7%	\$ 1,658,738	\$ 1,666,348	\$ 7,610	0.5%	
General Expenses & Revenues	\$ 1,854,970	\$ 1,977,693	\$ 122,723	6.2%	\$ 2,640,283	\$ 2,608,383	\$ (31,900)	-1.2%	\$120,000 expected for employer paid benefits (GWL) + other benefits, \$125,000 in professional services, \$5,000 in general supplies, \$8,000 in BOH travel and education, partially offset by (\$42,000) additional Supp. Unemployment Benefits, (\$38,200) for additional licenses for Indigenous Cultural, Safety, and Crucial Conversations training for the organization, (\$160,000) for purchases of replacement office chairs and furniture & equipment for Activity Based Workstations, (\$10,000) to support Graduate Education Program, (\$20,000) for additional training for new managers and union members - managing in a unionized environment, (\$5,000) for French-language training for staff, (\$10,200) to maintain security to December 31, (4,500) for carpet and window cleaning throughout the building,
Total Board of Health net Expenditures Before Expected Gaping	\$ 23,003,783	\$ 25,138,868	\$ 2,135,085	8.5%	\$ 33,382,101	\$ 34,463,004	\$ 1,080,903	3.1%	
Less: Expected Agency Gapping Budget		-561,866	(561,866)			(749,155)	(749,155)		
TOTAL BOARD OF HEALTH NET EXPENDITURES	\$ 23,003,783	\$ 24,577,002	\$ 1,573,219	6.4%	\$ 33,382,101	\$ 33,713,849	\$ 331,748	1.0%	

Middlesex-London Health Unit
FACTUAL CERTIFICATE

To: Members of the Board of Health, Middlesex-London Health Unit

The undersigned hereby certify that, to the best of their knowledge, information and belief after due inquiry, as at September 30, 2017:

1. The Middlesex-London Health Unit is in compliance, as required by law, with all statutes and regulations relating to the withholding and/or payment of governmental remittances, including, without limiting the generality of the foregoing, the following:
 - All payroll deductions at source, including Employment Insurance, Canada Pension Plan and Income Tax;
 - Ontario Employer Health Tax;
 - Federal Harmonized Sales Tax (HST)

And, they believe that all necessary policies and procedures are in place to ensure that all future payments of such amounts will be made in a timely manner.

2. The Middlesex-London Health Unit has remitted to the Ontario Municipal Employees Retirement System (OMERS) all funds deducted from employees along with all employer contributions for these purposes.
3. The Middlesex-London Health Unit is in compliance with all applicable Health and Safety legislation.
4. The Middlesex-London Health Unit is in compliance with applicable Pay Equity legislation.
5. The Middlesex-London Health Unit has not substantially changed any of its accounting policies or principles since December 8, 2016.
6. The Middlesex-London Health Unit reconciles its bank accounts regularly and no unexpected activity has been found.
7. The Middlesex-London Health Unit has filed all information requests within appropriate deadlines.
8. The Middlesex-London Health Unit is in compliance with the requirements of the Charities Act, and the return for 2016 has been filed. (due by June 30th each year).
9. The Middlesex-London Health Unit has been named in a complaint to the Human Rights Tribunal of Ontario by a former student. The hearing has been completed and a decision to dismiss has been rendered that found no violation of human rights, however the individual has filed an Application to Divisional Court for a Judicial Review.
10. The Middlesex-London Health Unit is currently in the process of ceasing an order under [section 22](#) of the *Health Protection & Promotion Act*. (an order by M.O.H. re: communicable disease) and replacing it with a letter of recommendations.
11. The Western Fair has issued a Third Party claim including the Health Unit involving an alleged infection with Q-fever bacteria while at Western Fair in 2011. The claim is being defended by City

Legal Services as they were the insurer at the time. City Legal Services has indicated that there is no exposure to a financial claim for the Health Unit.

12. The Middlesex-London Health Unit is fulfilling its obligations by providing services in accordance with our funding agreements, the Health Protection & Promotion Act, the Ontario Public Health Standards, the Ontario Public Health Organizational Standards and as reported to the Board of Health through reports including but not limited to:

- Quarterly Financial Updates
- Annual Audited Financial Statements
- Annual Reporting on the Accountability Indicators
- Annual Planning and Budget Templates
- Information and Information Summary Reports

Dated at London, Ontario this 2nd day of November, 2017

Dr. Christopher Mackie
Medical Officer of Health & CEO

Tammy Beaudry
Acting Supervisor, Finance

Laura Di Cesare
Director, Corporate Services