

Annual Report of the 2018 Board Chair

Dr. Stewart, Board Members, Health Unit Staff, and Guests:

The past year has been one of significant accomplishments, and I am pleased to report that the Board has continued to deliver its mandate in an efficient and professional manner. Some of those accomplishments are listed below:

- . Strategic Plan for Population Health (2019-2022); A new Strategic Plan was developed in 2018, and approved by the Board of Directors at the November meeting. The Strategic Plan Steering Committee was comprised of four Board members, four Community Partners, and five Senior Managers from the Health Unit. The Plan went through a series of consultations both within the Health Unit and with Community Partners. It is important to note that a companion plan entitled “2019-2022 Strategic Plan for Organizational Excellence” was also approved by the Board of Directors. Both Plans provide valuable insight into the important role of Public Health in our Communities.*
- . Medical Officer of Health Evaluation: Prior to 2018 there had not been a defined procedure for reviewing the performance of the MOH/CEO. As recommended by the Governance and Quality Assurance Committee a decision was made to develop an Evaluation Framework based on the OHA Guide to Good Governance. The Board Chair and the Chair of the Governance and Quality Assurance Committee were assigned as a Working Group to conduct the evaluation. There were two important outcomes of this evaluation. First, and very importantly, Dr. Stewart received an excellent overall performance evaluation from her Direct Reports and from the Key Partners in the Community. Secondly, the Board of Directors now have a documented policy and procedure on the MOH/CEO Performance Evaluation.*
- . Board of Health Self-Evaluation: On June 22, 2018, a link to an electronic survey was sent to each Board member requesting that responses to the survey be completed by July 6, 2018. Eight of the thirteen members completed the survey. Overall, the evaluation indicated that the Board understands its roles and responsibilities; has the information it needs to perform its role; new members are recruited effectively; and fiduciary obligations are fulfilled. Suggestions for improvement included the possibility of on-going professional development; improving the effectiveness of videoconferencing; Directors coming prepared to meetings; and more time for discussion at Board meetings. These results were discussed by the Governance and Quality Assurance Committee, and by the Board of Directors. As a result, approval was given to increase the budget to allow more participation at ALPHA conferences.*
- . Review of Investment Management Services: As recommended by the Finance, Audit, Property and Risk Management Committee, and approved by the Board of Directors, a Request for Quotation was forwarded to a number of local financial institutions, as well as to the (then) provider of Investment Management Services.*

Four submissions were received prior to the stated closing date. The Selection Committee comprised of Dr. Stewart, the Board Chair, and Board member Aubrey Churchill met to interview representatives of the four respondents. All respondents were asked to present their portfolios, and were evaluated on predetermined criteria. As a result of the interviews, and following detailed reference checks, BMO Nesbitt Burns represented by The Graham-Dixon Group, Investment Advisors and Financial Planners were recommended to and approved by both the Finance, Audit, Property and Risk Management Committee, and the Board of Directors, effective 1 December, 2018. Again this is important from two perspectives. First, purchase of service/consulting services, and in this case Investment Management Services, should be reviewed on a regular basis, which had not happened for many years. The second important aspect is that the Board now has a documented and detailed procedure entitled “Request for Quotations: Investment Management Services”.

. Indigenous Population Health Profile: Epidemiologist John Cunningham gave an excellent power point presentation profiling the indigenous population in Leeds, Grenville and Lanark. This was in response to the Health Equity Standard in the Annual Service Plan requiring that the Health Unit work with the indigenous population in our community to identify health needs and assets. Leeds, Grenville and Lanark has approximately 6,000 indigenous population, a higher percentage of indigenous than the percentage in Ontario overall.

. Traditional Land Acknowledgement Statement: As recommended by the Governance and Quality Assurance Committee and approved by the Board of Directors, a Traditional Land Acknowledgement Statement was introduced in May, and which is now read prior to each Board meeting.

While reflecting on the above noted accomplishments of the Board, it is important to acknowledge the support role that both the Governance & Quality Assurance Committee and the Finance, Audit, Property and Risk Management Committee play in reviewing key and emerging issues and in making recommendations to the Board on those issues. When the Board introduced the Committee structure four years ago, Committees were not prevalent in health units across the Province. In retrospect, it is difficult to imagine how the Board managed effectively without their support.

I wish to express my sincere gratitude to Vice Chair Doug Malanka, to the Committee Chairs, Board Members, and Dr. Stewart and staff for the unwavering support you have given me in my role as Board Chair. A very special thank you to Heather Bruce, Executive Assistant to the Board and its Committees for her dedication and professionalism.

In closing, it has been an honour and a pleasure to have served as your Board Chair for the past four years. Together, we have worked well as a team to ensure that the Board continued to fulfill its governance role in meeting the public health mandate of the Leeds, Grenville, and Lanark District Health Unit.

*Anne Warren,
2018 Chair,
Board of Directors*