

Board Members:

Phil Squire- Chair

Shellie Chowns

Gary Bezaire

John Corboy

Shawn Lewis

Hadleigh McAlister

Mayor Grantham

Cara Awcock

Kathleen Savoy

LMCH Leadership

Paul Chisholm,
CEO

Andrea Mackenzie,
Director of Tenant
Services

Enaam Omar,
Director of Finance
& Corporate
Services

Trevor
Whittingham,
Senior Manager,
Asset Management

Christine Poirier,
Senior Manager,
Property Services

Dirk Volschenk,
Manager of Human
Resources

PUBLIC AGENDA

**LONDON & MIDDLESEX COMMUNITY HOUSING
(LMCH)**

Board of Directors Meeting

**Corporate Boardroom
1299 Oxford Street East, Unit 5C5
London, Ontario, N5Y 4W5**

Thursday, December 14, 2023

5:30 PM – 7:30 PM

Item	Lead	Time
1. Call to Order	P. Squire	5:30
2. Recognition of Indigenous Peoples and Lands Statement	P. Squire	
3. Completion and Acceptance of Agenda	P. Squire	
4. Disclosure of Interest	P. Squire	5:35
5. Approval of Minutes of Previous Meetings a. November 16, 2023, Public Minutes	P. Squire	
6. Communications		
7. Delegations None		
8. Presentations None		
9. Consent Agenda Items: a) Staff Report 2023- 63 CEO Report b) Staff Report 2023- 64 Vacancy Management Update Report	P. Chisholm A. MacKenzie/ C. Poirier	5:50
10. Reports and Business c) Staff Report 2023- 65 KMPG Auditors Presentation 2023 Audit Plan d) Staff Report 2023- 66 CMCH Kitchen retrofits at Seniors Sites <i>HRGC Report for Information</i> • HRGC-23-10 Human Resources Manager Update • HRCG-23-11 Annual Pay Adjustments • HRGC-23-16 HRG Committee Workplan 2024 <i>HRGC Reports for Approval</i> e) Staff Report 2023- 67 Staff Expense Policy f) Staff Report 2023- 68 Policy Reviews for LMCH g) Staff Report 2023- 69 Board Evaluation Policy Update h) Staff Report 2023- 70 Annual update of Occupational Health and Safety Reports i) Staff Report 2023- 71 2024 Workplan and Board schedule	P. Chisholm/ E. Omar T. Whittingham D. Volschenk D. Volschenk P. Chisholm P. Chisholm P. Chisholm P. Chisholm D. Volschenk P. Chisholm	

Recognition of Indigenous Peoples and Lands Statement

We would like to begin by acknowledging the treaty territory of the Anishnaabeg, which is defined within the pre-confederation treaty known as the London Township Treaty of 1796. Throughout time, this region has also become the current home to the Haudenosaunee and Lenni-Lenape Nations.

BOARD OF DIRECTORS MEETING MINUTES

November 16, 2023 at 5:30 p.m.
 London & Middlesex Community Housing
 Boardroom, 1299 Oxford Street East, Unit 5C5, London, Ontario, Canada

Board Members in Attendance:

Shawn Lewis
 Gary Bezaire
 Hadleigh McAlister
 Shellie Chowns
 John Corboy
 Cara Awcock
 Kathleen Savoy

Senior Leadership in Attendance:

Paul Chisholm, CEO
 Christine Poirier, Senior Manager
 Property Services
 Ryan Winter, Business Planner
 Trevor Whittingham, Senior Manager
 Asset Management
 Dirk Volschenk, Manager, Human Resources

Regrets

Mayor Grantham
 Phil Squire, Board Chair

** Virtual Attendance via Zoom*

1. Call to Order	S. Chowns called the meeting to order at 5:30 p.m.
2. Recognition of Indigenous Peoples and Lands	S. Chowns provided the recognition address at 5:30 p.m. <i>We would like to begin by acknowledging the treaty territory of the Anishnaabeg, which is defined within the pre-confederation treaty know as the London Township Treaty of 1796. Throughout time, this region has also become the current home to the Haudenosaunee and Lenni-Lenape Nations.</i>



<p>10. Reports and Business</p>	<p>Finance Committee Reports for Information, Report overview provided by Finance Committee Chair S. Chowns</p>
<p>Staff Report 2023- 61 CMCH Paving Engineering</p>	<p>MOTION to RECEIVE the Reports for information H. McAlister, seconded by G. Bezaire, ALL in FAVOUR PASSED at, 5:45 pm</p> <p>MOTION to RECEIVE the report, MOVED by S. Lewis, seconded by G. Bezaire, MOTION to APPROVE the Recommendations, UNANIMOUSLY PASSED at 5:49 PM</p> <ul style="list-style-type: none"> - Note the contract admin fees may put the budget above the 75k threshold. - CMHC annual approval for the budget reviewed and will come forward for 2024.
<p>Staff Report 2023- 62 DRAFT Strategic Plan</p>	<p>MOTION to RECIEVE the DRAFT Strategic Plan, MOVED by H. McAlister, seconded by G. Bezaire, MOTION to APPROVE the DRAFT Strategic plan and allow staff to move forward. UNANIMOUSLY PASSED at 6:06 pm</p> <ul style="list-style-type: none"> - Review of the Strategic Plan, 5 Priorities, staff and organizational growth - This will drive the 2024 Work plan to the Board Committees and reporting content moving forward. Work plans will come through the committees by Q2, the annual update will be in November or December of each year. - Staff ideas around KPIs and the Strategic plan discussed, service standards are being monitored and will be identified to help determine what will be reported to the Board. - With KPIs being constantly updated, you can lose historical data, need to be conscious of this as reporting evolves. - Next Steps: LMCH needs to develop a Communications plan for the stakeholders and determine when that will be sent out. Internal engagement to begin, to review

	<p>what makes up each priority area. Need to determine if the plan will be shared End of Year, Jan or tie it to the Multi-Year Budget. Will engage stakeholders in the new year. And review what a structured rollout will look like.</p> <ul style="list-style-type: none"> - Ownership of rolling out the start plan lies with SLT. Not a committee
<p>11. New Business</p> <p>a) Land Acknowledgment Update</p> <p>b) Resignation</p>	<p>S. Lewis brought forward that an update is needed to the Land Acknowledgement, a MOTION to replace the current Land Acknowledgement with an updated version, seconded by S. Chowns.</p> <ul style="list-style-type: none"> - Need to focus on the pronunciation so that the Land Acknowledgement is more respectful. - Review of the proposed Land Acknowledgement <p>-Discussion to add recognition of our neighbouring First Nations communities to the Land Acknowledgement.</p> <p>MOTION to Amend the proposed Land Acknowledgement, to include the neighbouring First Nations Communities, and bring forward an revised version for Board Approval to the December Board Meeting , All in FAVOUR to REFERE DRAFT to the next meeting, PASSED at 6:12pm</p> <p>S. Chowns is resigning as she is moving out of Middlesex County, so is no longer eligible to be a Board member.</p> <p>S. Lewis MOVED the RECIEPT of S. Chowns resignation and instructed LMCH to notify the City of London to take next steps and direct the City Clerk to fill the role. seconded by H. McAlister, ALL in FAVOUR, PASSED 6:16pm.</p>
12. In Camera	None
13. MEETING ADJOURNMENT	ADJOURNED, MOVED by H. McAlister, seconded by S. Lewis. ALL in Favour, PASSED at 6:17 pm.

Phil Squire, Chair

Paul Chisholm, CEO

STAFF REPORT 2023- 63

TO: LMCH Board of Directors

FROM: Paul Chisholm, Chief Executive Officer

SUBJECT: CEO Update

DATE: December 7, 2023

PURPOSE:

The purpose of the report is to provide updates to the Board on the status of key initiatives previously approved, introduce items that may come before the Board in future meetings, and provide updates on meetings, events, or operational activities that may be of interest to the Board.

RECOMMENDATION:

That the CEO Update report **BE RECEIVED** for information.

UPDATES:

Sector Engagement

Housing Provider Risk Management Meeting

LMCH attended a mandatory meeting for large providers to discuss trends in insurance claims and understand the impact of recent increases in claims on insurability in the sector. Additional information sessions on Tenant Insurance and Emergency Response Planning were provided. LMCH has had significant fire claims over the past three or more years. Fires are typically caused by careless cooking, careless smoking, arson, or unknown origins. LMCH staff will develop a plan in early 2024 that will consider transitioning to being a non-smoking housing provider, developing policies requiring mandatory tenant insurance, and developing strategies to better engage with tenants on fire safety.

Local Housing Corporation Quarterly Meeting

At the quarterly meeting of Local Housing Corporations (LHC) in Ontario we met with Angela Cooke, Assistant Deputy Minister with MMAH, discussed Key Performance Indicators, and received an update on the Communities of Practice Groups established.

Ms. Cooke provided updates on different initiatives being considered that will impact the work we do, including, exploring integrated supportive housing planning tables, work to address challenges with RGI administration, understanding the housing need in Ontario, and capital repair backlog in the sector. Further updates are expected to be provided in early 2024.

Updated on the 2023 work plan included current work to improve managing Key Performance Indicators for the group and discussion on additional indicators that should be prioritized for addition to the report. Updates were provided on the progress made in establishing Community of Practice tables in the following areas: Finance, Human Resources, Support Services, Maintenance, Asset Management, and Property Services.

Community Safety

With colder weather setting in LMCH is observing a seasonal increase in non-tenants and unhoused individuals accessing LMCH sites for shelter. While this activity can occur 24/7, it is most challenging when LMCH staff are not on-site in the buildings on evenings and weekends. LMCH has used contracted security services at high-needs sights for many years. Security Guards act as a deterrent for non-tenants attempting to access the buildings and engage with non-tenants in stairwells and common areas to direct them out of the building.

The current deployment of these security services includes overnight security guards at LMCH sites on Dundas, Simcoe, and Wharncliffe. In addition to these locations, LMCH has security guard services doing patrols at Kent and Albert Street.

LMCH is currently reviewing staff and security reports to determine what changes may be needed in these services to address additional concerns. This may include the expansion of hours at current sites and/or the additional patrols at other LMCH properties.



City of London Green Bin Program

With the Green Bin Program rolling out to households with curbside pick-up in January 2024, the City of London is now working with landlords like LMCH to plan the roll out for multi-residential properties. LMCH and the City of London will be working on a plan to roll out the program to LMCH Townhome Communities in 2024.

LMCH has seven townhome communities Allan Rush, Pond Mills, Southdale, Marconi, Huron, Boullee and Limberlost. Two townhome communities have a high number of units with street frontage while the other five communities will require more work to develop an implementation plan.

It is expected that the first 2 sites will be confirmed and implementation plans in place in Q1 2024. LMCH will work with the City to develop a fulsome implementation plan for all of our communities in the coming months.

PREPARED BY:
PAUL CHISHOLM, CHIEF EXECUTIVE OFFICER

STAFF REPORT 2023- 64

TO: LMCH Board of Directors

FROM: Christine Poirier, Senior Manager - Property Services
Andrea Mackenzie, Director of Tenant Services

SUBJECT: Vacancy Management Report

DATE: December 7, 2023

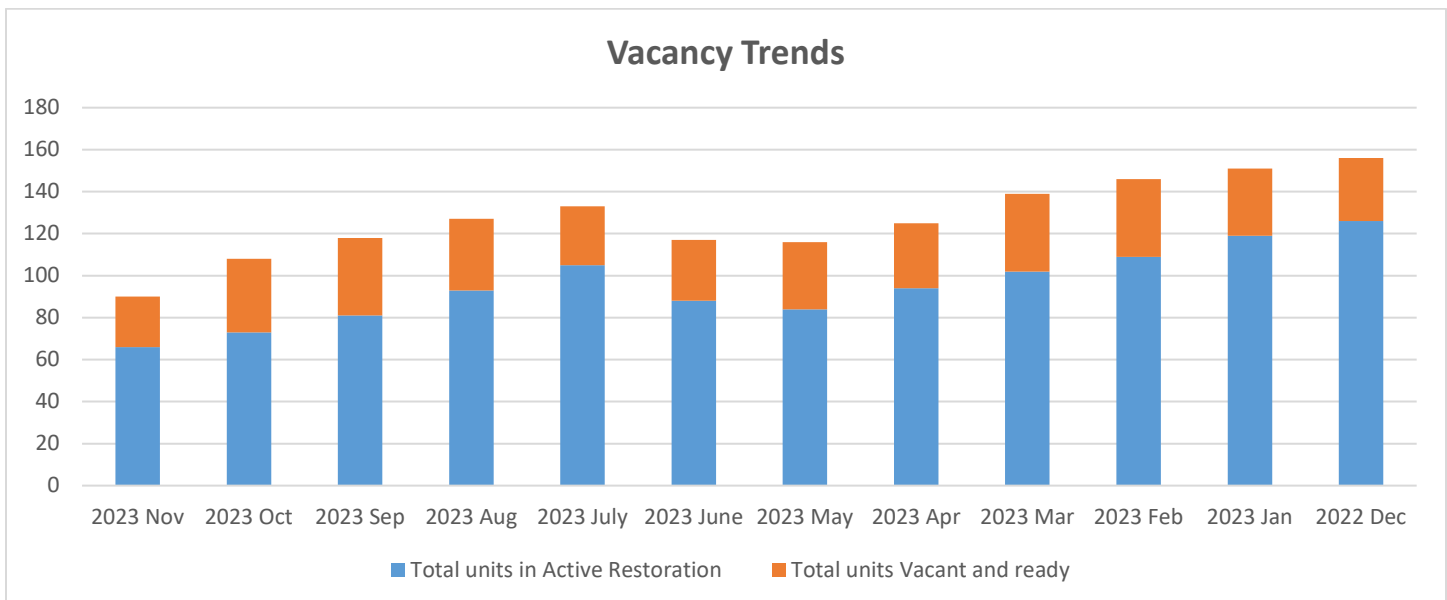
Purpose:

To update the Board of Directors regarding the status of LMCH’s Vacancy Management progress with the objective of achieving a three percent (3%) total vacancy.

RECOMMENDATION:

That the Vacancy Management Update report **BE RECEIVED** for information.

OVERVIEW:



Monthly Vacancy Progress (Reported as of November 30th, 2023)

- Total Vacancy:** This includes all units within LMCH portfolio that are not occupied. It is inclusive of units that are Non-Rentable or in Active Restoration and Rent Ready Stock. (Target: 3%)

Count (Units)	2023 Nov	2023 Oct	2023 Sep	2023 Aug	2023 July	2023 June	2023 May	2023 Apr	2023 Mar	2023 Feb	2023 Jan	2022 Dec
Total units in Active Restoration	66	73	81	93	105	88	84	94	102	109	119	126
Total units Vacant and ready	24	35	37	34	28	29	32	31	37	37	32	30
Total Vacancy (Units Available)	90	108	118	127	133	117	116	125	139	146	151	156

Vacancy Rate	2023 Nov	2023 Oct	2023 Sep	2023 Aug	2023 July	2023 June	2023 May	2023 Apr	2023 Mar	2023 Feb	2023 Jan	2022 Dec
Total units in Active Restoration	2.0%	2.2%	2.5%	2.8%	3.2%	2.7%	2.6%	2.9%	3.1%	3.3%	3.6%	3.8%
Total units Vacant and ready	0.7%	1.1%	1.1%	1.0%	0.9%	0.9%	1.0%	0.9%	1.1%	1.1%	1.0%	0.9%
Total Vacancy (Units Available)	2.7%	3.3%	3.6%	3.9%	4.1%	3.6%	3.5%	3.8%	4.2%	4.4%	4.6%	4.8%

2. Non-Rentable Units:

The non-rentable category includes units that do not have a predictable rent ready projection date due to an insurance claim or a major construction project (e.g., units that are being used for broader portfolio improvements).

- 27 units are on hold as part of CMHC Accessible Unit Project.
 - Four units were returned to Property Services for rental in November.
- 10 units are vacant and undergoing restoration for fire or as part of insurance claims.
- 18 units at our Southdale Project are vacant awaiting demolition as part of the Reimagine Southdale project (the units will be demolished in December 2023 and will be removed from this list in future reports).

3. Active Restoration:

The active restoration category includes all remaining units that are slated for restoration and rental. The target for units in active restoration is 2% of the portfolio or 66 units. At the end of November, there were 66 units in active restoration which was 2 % of the portfolio.

There were 28 units restored in November that took an average of 98 days to return to rent-ready.

Age of Units Restored in Period (Count)	2023 Nov	2023 Oct	2023 Sep	2023 Aug	2023 July	2023 June	2023 May	2023 Apr	2023 Mar	2023 Feb	2023 Jan	2022 Dec
0-15 days	0	0	1	3	0	1	0	0	1	1	0	0
16-30 days	2	2	3	0	1	4	4	1	2	2	2	1
31-60 days	6	9	7	17	8	9	13	3	6	1	4	4
61-90 days	1	10	12	5	6	5	5	7	10	2	8	4
91+ days	19	15	15	16	8	10	16	18	20	29	24	23
Total units restored	28	36	38	41	23	29	38	29	39	35	38	32
Average # of days in restoration	98	111	120	96	109	80	95	137	103	156	122	116

At the end of November 2023 there were 66 units in active restoration down from 73 at the end of October 2023. Units in active restoration at the end of November had been vacant for an average of 85 days as of 30th November 2023.

Age of Units in active Restoration (Count)	2023 Nov	2023 Oct	2023 Sep	2023 Aug	2023 July	2023 June	2023 May	2023 Apr	2023 Mar	2023 Feb	2023 Jan	2022 Dec
0-15 days	10	13	12	16	28	18	17	16	16	15	9	10
16-30 days	11	12	9	11	15	14	16	9	11	11	18	18
31-60 days	17	11	21	26	25	23	10	19	20	22	22	24
61-90 days	9	13	14	17	15	4	11	13	12	24	20	26
91+ days	19	24	25	23	23	29	30	37	43	37	50	48
Total units in Active Restoration	66	73	81	93	105	88	84	94	102	109	119	126
Average # of days in restoration at month end	85	81	85	87	80	100	100	101	100	92	101	97

4. Active Rental Stock: These are the units that are rent ready and available to offer. Units leave this category when they are future leased or leased (when the actual lease is signed, and keys are handed to the new tenant). The target for Active Rental Stock is 1% of the portfolio or 33 units.

In the month of November, 41 units were leased that had been rent ready for an average of almost 26 days. In addition to units leased an additional 24 units were accepted by tenants to be leased in December and future periods.

Age of Units Leased in the Period (Count)	2023 Nov	2023 Oct	2023 Sep	2023 Aug	2023 July	2023 June	2023 May	2023 Apr	2023 Mar	2023 Feb	2023 Jan	2022 Dec
0-15 days	23	12	15	17	11	23	16	20	20	22	11	8
16-30 days	10	6	11	11	7	10	10	8	8	5	5	6
31-60 days	6	7	3	3	4	3	4	9	6	3	2	4
61-90 days	0	0	0	2	2	1	3	1	0	1	0	1
91+ days	2	1	0	1	0	1	0	0	1	0	0	3
Total units Leased	41	26	29	34	24	38	33	38	35	31	18	22
Average # of days to commit the unit	26	26	16	22	21	20	21	19	21	17	14	54

At the end of November, the active rental stock was 24 units or 0.7 % of the portfolio. The average days units were in Active Rental at the end of November was 15 days.

Age of Units Vacant and Available (Count)	2023 Nov	2023 Oct	2023 Sep	2023 Aug	2023 July	2023 June	2023 May	2023 Apr	2023 Mar	2023 Feb	2023 Jan	2022 Dec
0-15 days	16	27	22	31	16	16	26	20	24	31	29	23
16-30 days	4	1	5	0	2	8	1	5	4	3	2	3
31-60 days	2	5	7	0	6	4	2	2	9	3	0	2
61-90 days	1	2	0	1	3	0	1	4	0	0	0	1
91+ days	1	0	3	2	1	1	2	0	0	0	1	1
Total units Vacant and ready	24	35	37	34	28	29	32	31	37	37	32	30
Average # of days vacant and ready	15	10	24	13	22	17	13	16	14	13	13	13

Period Summaries:

LMCH had a total of 20 new units confirmed vacant in the month of November which have been added to the active restoration stock.

LMCH restored a total of 28 units during this same period.

LMCH leased 41 units and future leased an additional 24 during this reporting period.

Conclusion

The corporate target for vacant units is 100 units. The sub-targets set are 66 units in Active Restoration and 33 units are in Active Rental stock. We have achieved this target this month and the vacant units are 90.

While units restored in November were lower than the target this is the first time that LMCH has hit the vacancy target in more than three years. Work will continue to keep a number of units in active restoration to below 66 in the future. Transition of units to the CMHC Unit Accessibility Program will reduce the number of vacant units moving to active restoration resulting in a decreased number of units and the length of time a unit is in the active restoration phase.

PREPARED and RECOMMENDED BY:	PREPARED and RECOMMENDED BY:
Christine Poirier, Senior Manager, Property Services	ANDREA MACKENZIE, Director, Tenant Services

STAFF REPORT 2023-65

TO: LMCH Board of Directors

FROM: Enaam Omar, Director of Finance and Corporate Services

SUBJECT: Audit Plan for the year ending December 31, 2023

DATE: December 7, 2023

PURPOSE:

To provide the LMCH Board of Directors with the KPMG's Audit Planning Report for the year ending December 31, 2023.

RECOMMENDATION:

That the LMCH Board of Directors **RECIEVE** this report and attached Audit Planning Report from KPMG for information.

BACKGROUND:

LMCH has a single Shareholder, the City of London. As per the Shareholder Direction between LMCH and the City of London, the Shareholder appoints the auditor for LMCH. This is set out in section 6.3 of the Declaration of the Sole Shareholder outlines:

" The Shareholder shall appoint an auditor (the "Auditor") which auditor shall be licensed under the Public Accountancy Act and who shall be engaged to prepare and provide the Auditor's Report, the External Auditor's Findings Report, and the Annual Information Return. The Auditor shall also be engaged to prepare a management letter for the purpose of indicating to LMCH specific ways to improve reporting and financial operations to help foster efficient management of LMCH resources. The management letter will also describe whether or not LMCH has corrected any identified deficiencies in legislative compliance and in internal controls. "

KPMG LLP is the external auditor for the City of London, its Boards and Commissions, this includes London and Middlesex Community Housing. The audit that will be undertaken in 2024 is based on the attached Audit Planning Report and will provide independent information for the Board of Directors. The audit is a key tool for both the Board of Directors and the City of London to ensure that the LMCH is accountable for providing stewardship over public funds and strengthening management controls.

FINANCIAL IMPACT:

The estimated audit estimate for this work is \$19,200.

SIGNATURE:

PREPARED and SUBMITTED BY:
ENAAM OMAR, DIRECTOR FINANCE & CORPORATE SERVICES

Attachments:

Appendix A: KPMG Audit Planning Report for the year ended December 31, 2023.



London & Middlesex Community Housing Inc.

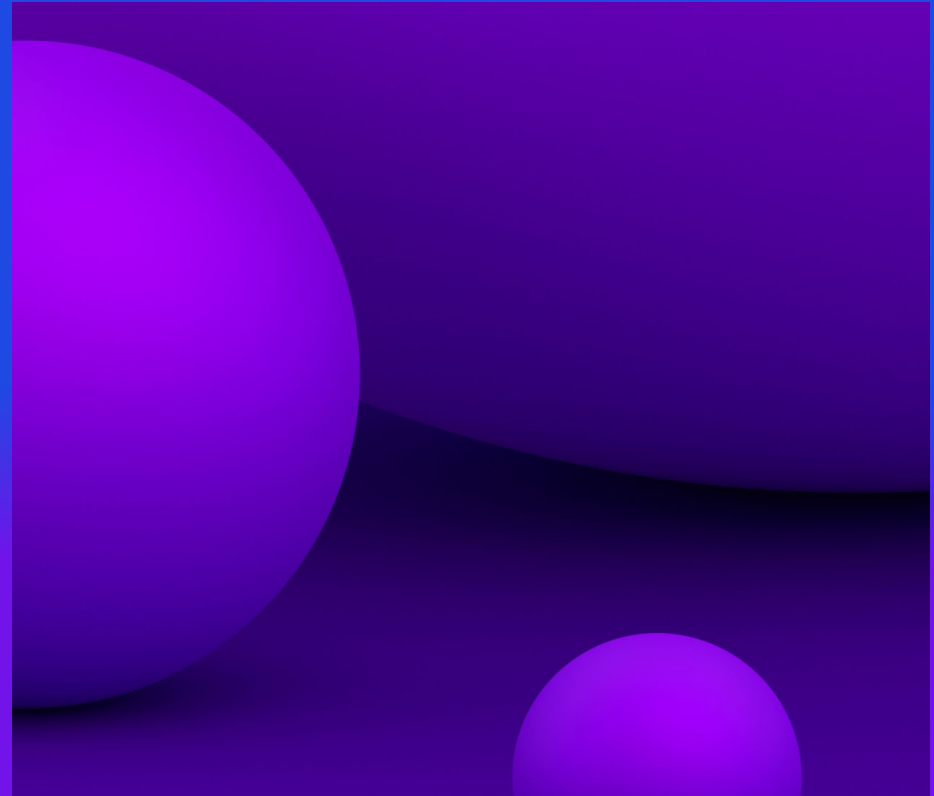
**Audit Planning Report
for the year ending
December 31, 2023**



Licensed Public Accountants

Prepared as of November 29, 2023 for presentation to the Finance
Committee on December 6, 2023

kpmg.ca/audit



KPMG contacts

Key contacts in connection with this engagement

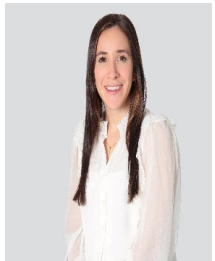


Katie denBok

Lead Audit Engagement Partner

519-660-2115

kdenbok@kpmg.ca



Elaine Tzagadouris

Audit Manager

519-660-2620

etzagadouris@kpmg.ca



Table of contents

Digital use information

This Audit Planning Report is also available as a “hyper-linked” PDF document.

If you are reading in electronic form (e.g. In “Adobe Reader” or “Board Books”), clicking on the home symbol on the top right corner will bring you back to this slide.



Click on any item in the table of contents to navigate to that section.

4	Highlights	5	Audit strategy	8	Risk assessment
13	Key milestones and deliverables	14	Independence	15	Appendices

The purpose of this report is to assist you, as a member of the Finance Committee, in your review of the plan for our audit of the financial statements. This report is intended solely for the information and use of Management, the Finance Committee, and the Board of Directors and should not be used for any other purpose or any other party. KPMG shall have no responsibility or liability for loss or damages or claims, if any, to or by any third party as this report to the Finance Committee has not been prepared for, and is not intended for, and should not be used by, any third party or for any other purpose.



Audit highlights



No matters to report



Matters to report – see link for details

Scope

Our audit of the financial statements (“financial statements”) of London & Middlesex Community Housing Inc. (“the Entity”) as of and for the year ending December 31, 2023 will be performed in accordance with Canadian generally accepted auditing standards (CASs).

Audit strategy

Materiality \$800,000



Updates to our prior year audit plan



New significant risks

Risk assessment



Risk of management override of controls



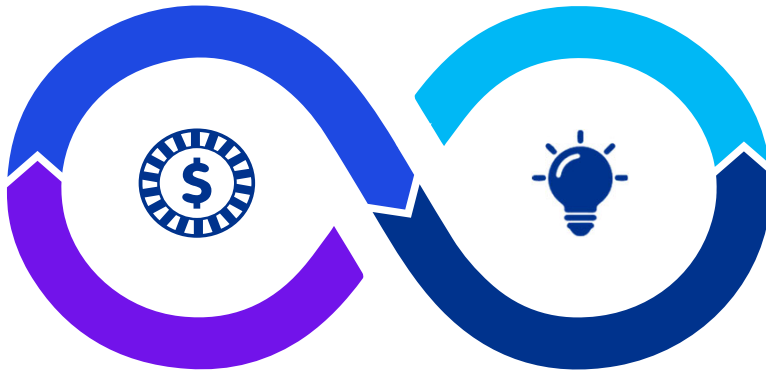
Other significant risks



Presumed risk of fraudulent revenue recognition



Materiality



We **initially determine materiality** at a level at which we consider that misstatements could reasonably be expected to influence the economic decisions of users. Determining materiality is a matter of **professional judgement**, considering both quantitative and qualitative factors, and is affected by our perception of the common financial information needs of users of the financial statements as a group. We do not consider the possible effect of misstatements on specific individual users, whose needs may vary widely.

We **reassess materiality** throughout the audit and revise materiality if we become aware of information that would have caused us to determine a different materiality level initially.

Plan and perform the audit

We **initially determine materiality** to provide a basis for:

- Determining the nature, timing and extent of risk assessment procedures;
- Identifying and assessing the risks of material misstatement; and
- Determining the nature, timing, and extent of further audit procedures.

We design our procedures to detect misstatements at a level less than materiality in individual accounts and disclosures, to reduce to an appropriately low level the probability that the aggregate of uncorrected and undetected misstatements exceeds materiality for the financial statements as a whole.

Evaluate the effect of misstatements

We also **use materiality** to evaluate the effect of:

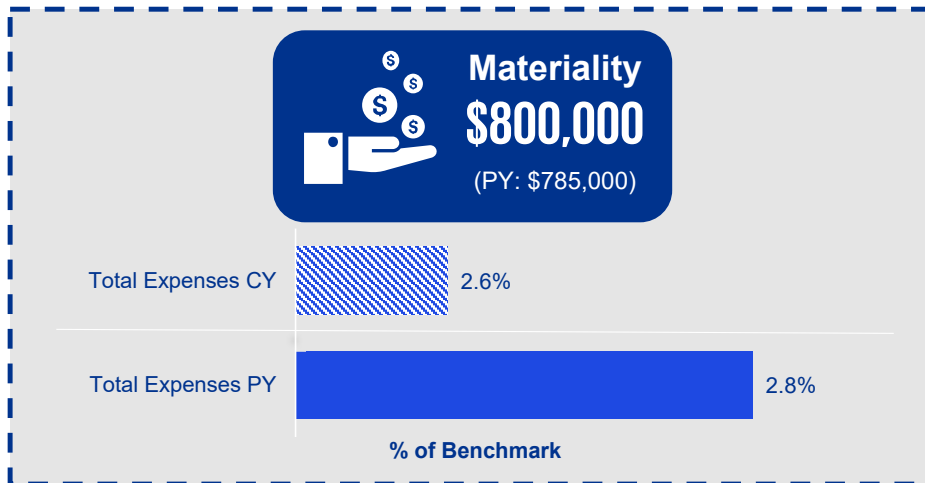
- Identified misstatements on our audit; and
- Uncorrected misstatements, if any, on the financial statements and in forming our opinion.



Initial materiality

Benchmark

Materiality has been established by considering various metrics that are relevant to the users of the financial statements, including net assets, total revenue and total expenses. The benchmark selected is based on prior year expenses and is consistent with 2022. Materiality is re-assessed upon obtaining actual figures for 2023.





Updates to our prior year audit plan

New significant risks



Asset Retirement Obligations



- PS 3280 *Asset Retirement Obligations* - addresses the recognition, measurement, presentation and disclosure of legal obligations associated with retirement of tangible capital assets in productive use.

Other significant changes



Newly effective accounting standards



PS 3280, *Asset Retirement Obligations (ARO)*, becomes effective for this year end (fiscal years beginning on or after April 1, 2022).

This new standard will require the Entity to record a liability related to future costs of any legal obligations to be incurred upon retirement of any controlled tangible capital assets. The amount of the initial liability will be added to the historical cost of the asset and amortized over its useful life if the asset is in productive use.

Newly effective accounting standards

PS 3450, *Financial instruments*, PS 2601, *Foreign currency translation*, PS 1201, *Financial statement presentation* and PS 3041 *Portfolio investments* become effective for this year end (fiscal years beginning on or after April 1, 2022).

Equity instruments quoted in an active market and free-standing derivatives are to be carried at fair value. All other financial instruments can be carried at cost or fair value depending on the entity's choice. This choice must be made on initial recognition of the financial instrument and is irrevocable. A new statement, the Statement of Remeasurement Gains and Losses, will be included in the financial statements, if applicable. Unrealized gains and losses incurred on fair value accounted financial instruments will be presented in this statement.

The Entity is in the process of considering the impact of these new accounting standards; however, do not expect a significant effect on the financial statements. A final evaluation will be completed at year end and appropriate disclosure added to the financial statements.

Other accounting standards that are effective for future fiscal years have been outlined in the Appendices.



Risk assessment summary

Our planning begins with an assessment of risks of material misstatement in your financial statements.

We draw upon our understanding of the entity and its environment (e.g. the industry, the wider economic environment in which the business operates, etc.), our understanding of the entity's components of its system of internal control, including our business process understanding.

	Risk of fraud	Risk of error	PY risk rating
● Management Override of Controls	✓		Significant
● Asset retirement obligations		✓	-
● Cash, debt and interest expense		✓	Base
● Accounts payable, accrued liabilities and expenses		✓	Base
● Tangible capital assets		✓	Base
● CMHC funding		✓	Base

● SIGNIFICANT RISK ● PRESUMED RISK OF MATERIAL MISSTATEMENT ● OTHER RISK OF MATERIAL MISSTATEMENT





Significant risks



Management Override of Controls (non-rebuttable significant risk of material misstatement)

RISK OF



FRAUD

Why is it significant?

Presumption
of the risk of fraud
resulting from
management
override of
controls

Management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Although the level of risk of management override of controls will vary from entity to entity, the risk nevertheless is present in all entities.

Our planned response

As this presumed risk of material misstatement due to fraud is not rebuttable, our audit methodology incorporates the required procedures in professional standards to address this risk. These procedures include:

- testing of journal entries and other adjustments,
- performing a retrospective review of estimates
- evaluating the business rationale of significant unusual transactions.



Significant risks



Asset retirement obligation

RISK OF



ERROR

Asset retirement obligation

Why is it significant?

This is deemed significant due to the effect of adopting a new accounting standard in addition to the risk of completeness when determining the measurement of the estimated liability.

Our planned response

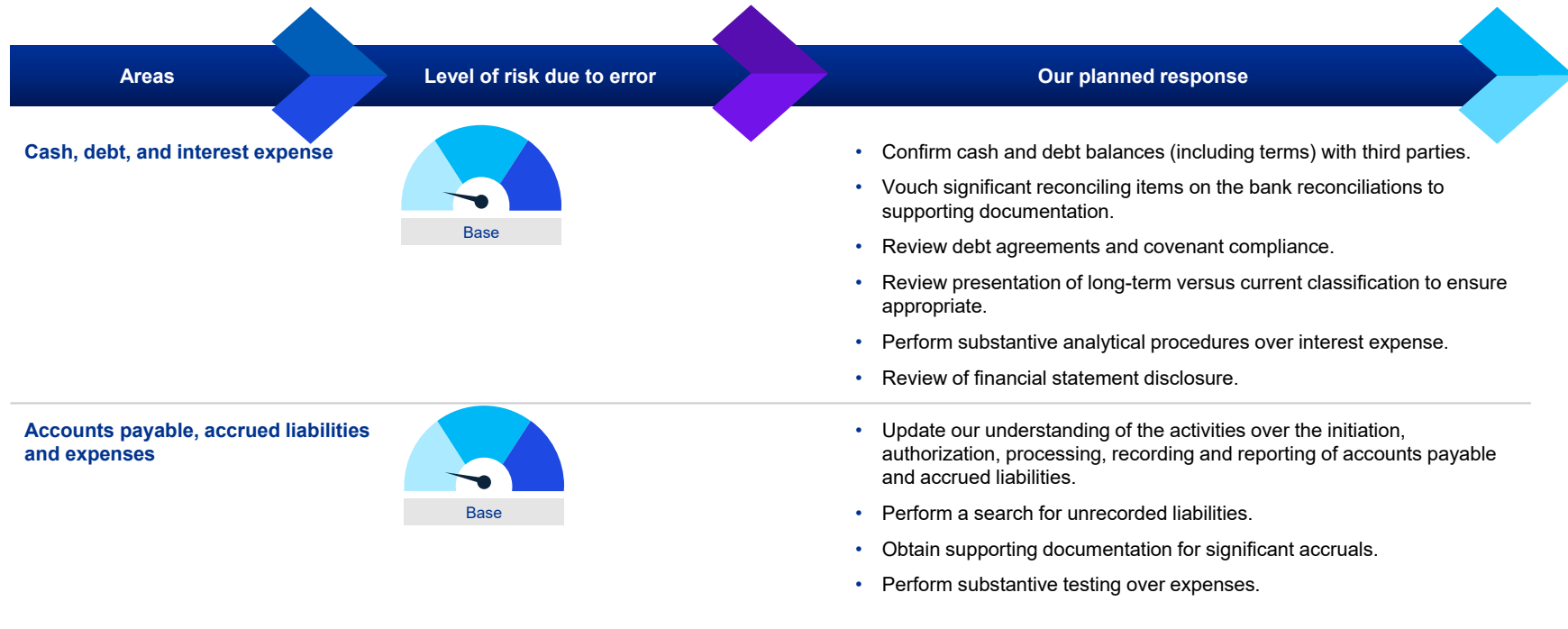
We will gain an understanding of the entity's process for identifying Asset Retirement Obligations ("ARO"). This includes required estimates, any changes to estimates, how management made the ARO estimate, and the underlying data (methodology; controls; use of experts; assumptions).

KPMG will focus on key audit risks:

- Are the ARO's reported complete on the financial statements, particularly in terms of assets identified as in-scope?
- Has management determined measurement of ARO's based on reliable data and costing models?
- Has management correctly applied the appropriate transition method?
- Does management have adequate documentation of the process and audit working papers enabling auditability?
- Identify which approach the entity will use.

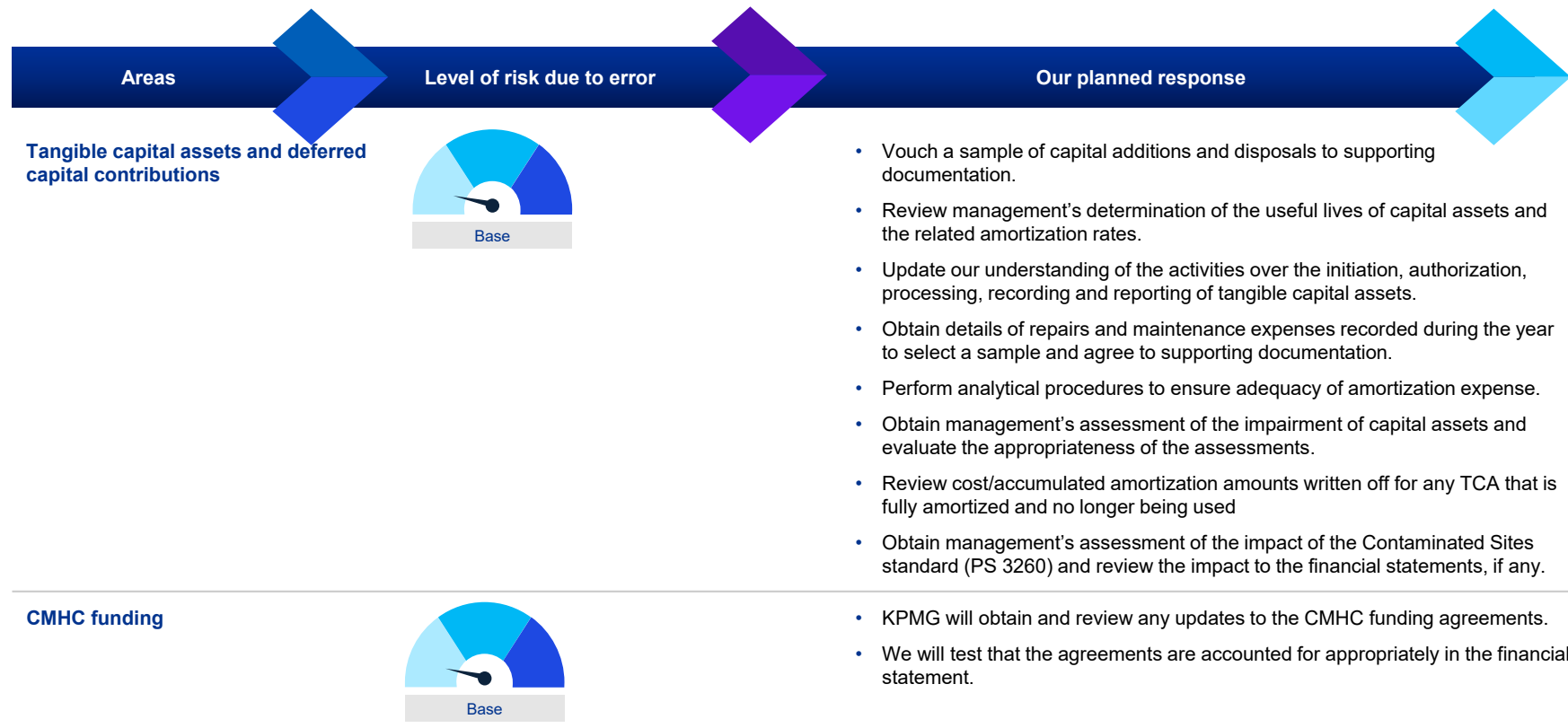


Other risks of material misstatement





Other risks of material misstatement





Key milestones and deliverables

Nov 2023

Planning & Risk Assessment

- Debrief prior year with management
- Kick-off with management
- Planning and initial risk assessment procedures, including:
 - Involvement of others
 - Identification and assessment of risks of misstatements and planned audit response for certain processes
- Obtain and update an understanding of the entity and its environment
- Inquire of the Finance Committee, management about risks of material misstatement

Nov - Dec 2023

Risk assessment & Interim work

- Evaluate the entity's components of internal control, other than the control activities component
- Perform process walkthroughs for certain business processes
- Complete initial risk assessment
- Communicate audit plan
- Identify IT applications and environments
- Provide update on audit progress
- Perform interim substantive audit procedures

Apr - May 2024

Final Fieldwork & Reporting

- Complete year-end data extraction and processing activities
- Perform remaining substantive audit procedures
- Evaluate results of audit procedures, including control deficiencies and audit misstatements identified
- Review financial statement disclosures
- Present audit results to the Finance Committee and perform required communications
- Issue audit report on financial statements
- Closing meeting with management



Independence



We are presenting the following services for pre-approval by the Audit Committee. We will inform the Audit Committee on a timely basis of any services performed pursuant to pre-approval previously granted under the policies and procedures approach.

Audit services	Fee	Fee structure
Audit of the fiscal 2023 consolidated financial statements	\$19,200 (\$18,500 – 2022)	Fixed
Incremental time for the audit of the new accounting standards	To be determined based on actual hours incurred, if any	Fixed



Appendices

1

Required communications

2

Use of technology

3

Audit quality

4

New accounting standards

5

New auditing standards

6

Insights

7

Continuous evolution

8

Fraud prevention





Appendix 1: Other required communications



CPAB communication protocol

The reports available through the following links were published by the Canadian Public Accountability Board to inform Audit Committees and other stakeholders about the results of quality inspections conducted over the past year:

- [CPAB Audit Quality Insights Report: 2021 Annual Inspections Results](#)
- [CPAB Audit Quality Insights Report: 2022 Interim Inspections Results](#)
- [CPAB Audit Quality Insights Report: 2022 Annual Inspections Results](#)



Appendix 2: KPMG Clara



Streamlined client experience

And deeper insights into your business, translating to a better audit experience.



Secure

A secure client portal provides centralized, efficient coordination with your audit team.



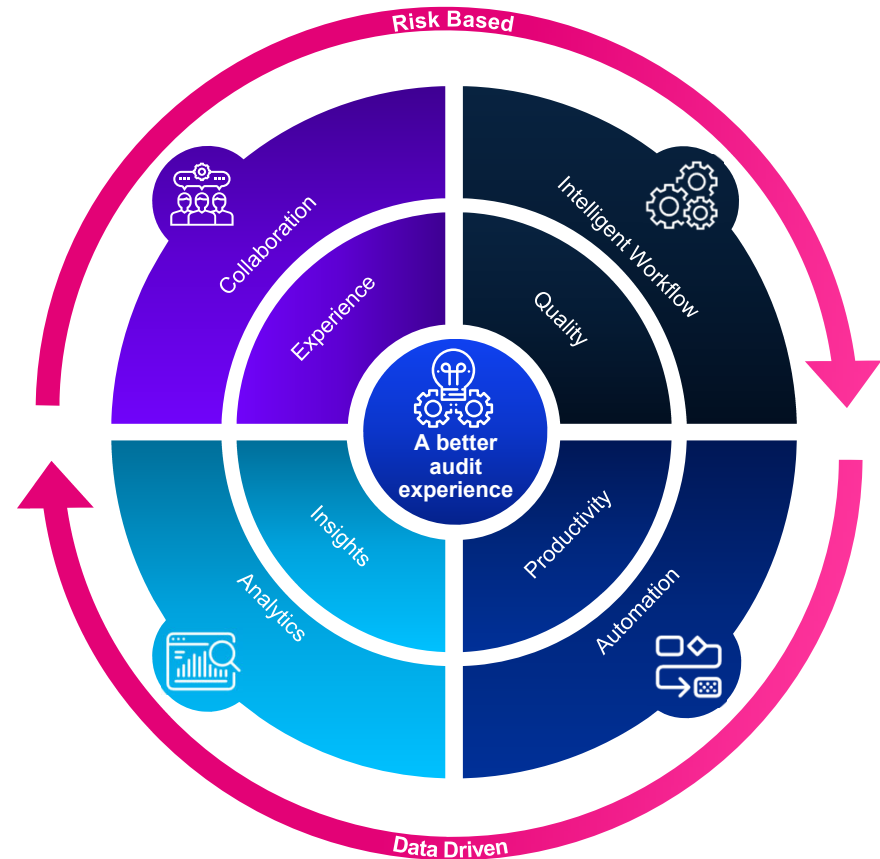
Intelligent workflow

An intelligent workflow guides audit teams through the audit.



Increased precision

Advanced data analytics and automation facilitate a risk-based audit approach, increasing precision and reducing your burden.





Appendix 3: Audit quality: How do we deliver audit quality?

Quality essentially means doing the right thing and remains our highest priority. Our **Global Quality Framework** outlines how we deliver quality and how every partner and staff member contributes to its delivery.

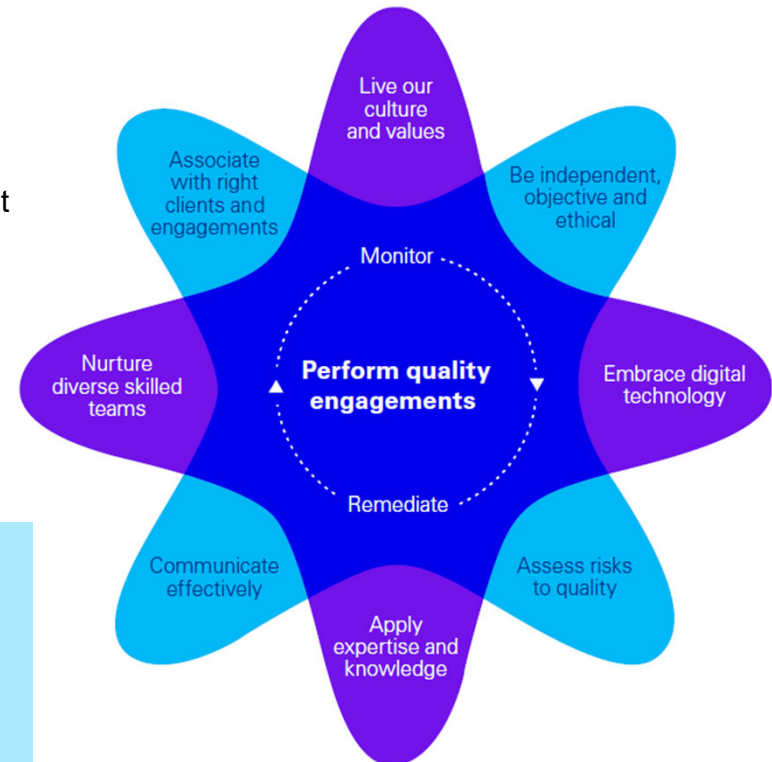
Perform quality engagement sits at the core along with our commitment to continually monitor and remediate to fulfil on our quality drivers.

Our **quality value drivers** are the cornerstones to our approach underpinned by the **supporting drivers** and give clear direction to encourage the right behaviours in delivering audit quality.

 [KPMG 2022 Audit Quality and Transparency Report](#)

We define 'audit quality' as being the outcome when:

- audits are **executed consistently**, in line with the requirements and intent of **applicable professional standards** within a strong **system of quality management**; and
- all of our related activities are undertaken in an environment of the utmost level of **objectivity, independence, ethics and integrity**.

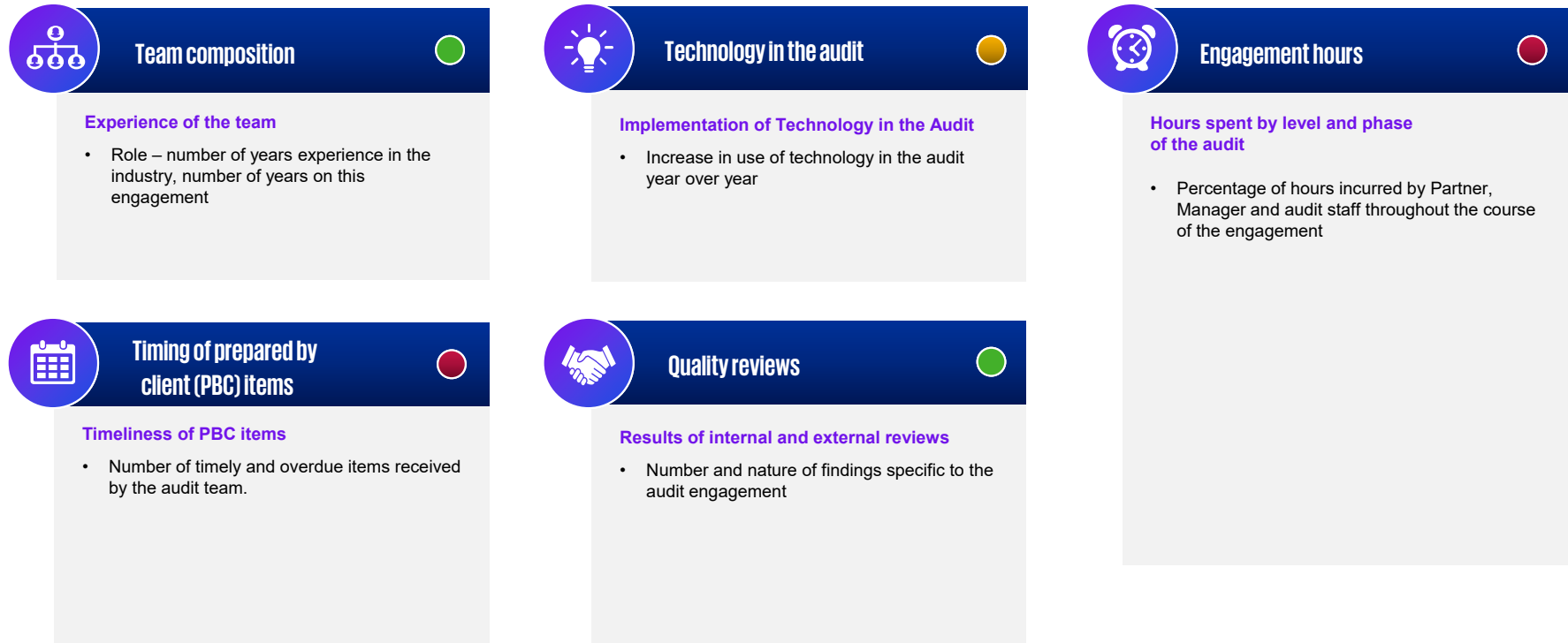




Appendix: Audit quality - Indicators (AQIs)

The objective of these measures is to provide more in-depth information about factors that influence audit quality within an audit process. Below are the AQIs that we have agreed with management are relevant for the audit. We would like to obtain agreement of the Audit Committee that these are the relevant AQIs.

We will communicate the status of the below AQIs on an annual basis.



● Nothing to report ● Some matters to report ● Specific matters to report



Appendix 4: Newly effective and upcoming changes to accounting standards (continued)

Standard	Summary and implications
Purchased Intangibles	<ul style="list-style-type: none"> The new Public Sector Guideline 8 <i>Purchased intangibles</i> is effective for fiscal years beginning on or after April 1, 2023 with earlier adoption permitted. The guideline allows public sector entities to recognize intangibles purchased through an exchange transaction. The definition of an asset, the general recognition criteria and GAAP hierarchy are used to account for purchased intangibles. Narrow scope amendments were made to PS 1000 <i>Financial statement concepts</i> to remove the prohibition to recognize purchased intangibles and to PS 1201 <i>Financial statement presentation</i> to remove the requirement to disclose purchased intangibles not recognized. The guideline can be applied retroactively or prospectively.
Public Private Partnerships	<ul style="list-style-type: none"> The new standard PS 3160 <i>Public private partnerships</i> is effective for fiscal years beginning on or after April 1, 2023. The standard includes new requirements for the recognition, measurement and classification of infrastructure procured through a public private partnership. The standard notes that recognition of infrastructure by the public sector entity would occur when it controls the purpose and use of the infrastructure, when it controls access and the price, if any, charged for use, and it controls any significant interest accumulated in the infrastructure when the public private partnership ends. The public sector entity recognizes a liability when it needs to pay cash or non-cash consideration to the private sector partner for the infrastructure. The infrastructure would be valued at cost, which represents fair value at the date of recognition with a liability of the same amount if one exists. Cost would be measured in reference to the public private partnership process and agreement, or by discounting the expected cash flows by a discount rate that reflects the time value of money and risks specific to the project. The standard can be applied retroactively or prospectively.



Appendix 4: Newly effective and upcoming changes to accounting standards (continued)

Standard	Summary and implications
Concepts Underlying Financial Performance	<ul style="list-style-type: none"> The revised conceptual framework is effective for fiscal years beginning on or after April 1, 2026 with earlier adoption permitted. The framework provides the core concepts and objectives underlying Canadian public sector accounting standards. The ten chapter conceptual framework defines and elaborates on the characteristics of public sector entities and their financial reporting objectives. Additional information is provided about financial statement objectives, qualitative characteristics and elements. General recognition and measurement criteria, and presentation concepts are introduced.
Financial Statement Presentation	<ul style="list-style-type: none"> The proposed section PS 1202 <i>Financial statement presentation</i> will replace the current section PS 1201 <i>Financial statement presentation</i>. PS 1202 <i>Financial statement presentation</i> will apply to fiscal years beginning on or after April 1, 2026 to coincide with the adoption of the revised conceptual framework. Early adoption will be permitted. The proposed section includes the following: <ul style="list-style-type: none"> Relocation of the net debt indicator to its own statement called the statement of net financial assets/liabilities, with the calculation of net debt refined to ensure its original meaning is retained. Separating liabilities into financial liabilities and non-financial liabilities. Restructuring the statement of financial position to present total assets followed by total liabilities. Changes to common terminology used in the financial statements, including re-naming accumulated surplus (deficit) to net assets (liabilities). Removal of the statement of remeasurement gains (losses) with the information instead included on a new statement called the statement of changes in net assets (liabilities). This new statement would present the changes in each component of net assets (liabilities), including a new component called “accumulated other”. A new provision whereby an entity can use an amended budget in certain circumstances. Inclusion of disclosures related to risks and uncertainties that could affect the entity’s financial position. The Public Sector Accounting Board is currently deliberating on feedback received on exposure drafts related to the reporting model.



Appendix 4: Newly effective and upcoming changes to accounting standards (continued)

Standard	Summary and implications
Employee Benefits	<ul style="list-style-type: none"> • The Public Sector Accounting Board has initiated a review of sections PS 3250 <i>Retirement benefits</i> and PS 3255 <i>Post-employment benefits, compensated absences and termination benefits</i>. • The intention is to use principles from International Public Sector Accounting Standard 39 <i>Employee benefits</i> as a starting point to develop the Canadian standard. • Given the complexity of issues involved and potential implications of any changes that may arise from the review of the existing guidance, the new standards will be implemented in a multi-release strategy. The first standard will provide foundational guidance. Subsequent standards will provide additional guidance on current and emerging issues. • The proposed section PS 3251 <i>Employee benefits</i> will replace the current sections PS 3250 <i>Retirement benefits</i> and PS 3255 <i>Post-employment benefits, compensated absences and termination benefits</i>. It will apply to fiscal years beginning on or after April 1, 2026. Early adoption will be permitted and guidance applied retroactively. • This proposed section would result in public sector entities recognizing the impact of revaluations of the net defined benefit liability (asset) immediately on the statement of financial position. Organizations would also assess the funding status of their post-employment benefit plans to determine the appropriate rate for discounting post-employment benefit obligations. • The Public Sector Accounting Board is in the process of evaluating comments received from stakeholders on the exposure draft.




Appendix 4: Newly effective and upcoming changes to accounting standards (continued)

Standard	Summary and implications
Government Not-for-Profit Strategy	<ul style="list-style-type: none"> • PSAB is in the process of reviewing its strategy for government not-for-profit (“GNFP”) organizations. PSAB intends to understand GNFPs’ fiscal and regulatory environment, and stakeholders’ financial reporting needs. • PSAB released a second consultation paper in January 2021 which summarizes the feedback received to the first consultation paper. It also describes options for the GNFP strategy and the decision-making criteria used to evaluate the options. PSAB recommends incorporating the PS4200 series with potential customizations into PSAS. This means reviewing the existing PS4200 series to determine if they should be retained and added to PSAS. Incorporating the updated or amended PS4200 series standards in PSAS would make the guidance available to any public sector entity. Accounting and/or reporting customizations may be permitted if PSAB determines there are substantive and distinct accountabilities that warrant modification from PSAS. • PSAB is in the process of considering stakeholder comments.
Revenue	<ul style="list-style-type: none"> • The new standard PS 3400 <i>Revenue</i> is effective for fiscal years beginning on or after April 1, 2023. • The new standard establishes a single framework to categorize revenue to enhance the consistency of revenue recognition and its measurement. • The standard notes that in the case of revenue arising from an exchange transaction, a public sector entity must ensure the recognition of revenue aligns with the satisfaction of related performance obligations. • The standard notes that unilateral revenue arises when no performance obligations are present, and recognition occurs when there is authority to record the revenue and an event has happened that gives the public sector entity the right to the revenue.



Appendix 5: Newly effective and upcoming changes to auditing standards

For more information on newly effective and upcoming changes to auditing standards - see Current Developments 

Effective for periods beginning on or after December 15, 2022

ISA/CAS 220

.....
(Revised) Quality management for an audit of financial statements

ISQM1/CSQM1

.....
Quality management for firms that perform audits or reviews of financial statements or other assurance or related services engagements

ISQM2/CSQM2

.....
Engagement quality reviews

Effective for periods beginning on or after December 15, 2023

ISA 600/CAS 600

.....
Revised special considerations – Audits of group financial statements



Appendix 6: Thought leadership insights

Thought leadership – Environmental, social and governance (“ESG”)

Unleashing the Positive in Net Zero

CoP26 in Glasgow made some progress to tackling climate change but there is much more to do. At KPMG, we're committed to accelerating the changes required to fight climate change. Our Global portal provides links to further thought leadership to help drive real change.

[Click here](#) to access KPMG's portal.

You Can't Go Green Without Blue – The Blue Economy is Critical to all Companies' ESG Ambitions

In this report, KPMG considers how leading corporates and investors can take action to capture the value that can be found in a healthy, sustainable ocean economy.

[Click here](#) to access KPMG's portal.

ESG, Strategy and the Long View

This paper presents a five-part framework to help organizations understand and shape the total impact of their strategy and operations on their performance externally – on the environment, consumers, employees, the communities in which it operates, and other stakeholders – and internally.

[Click here](#) to access KPMG's portal.

KPMG's Climate Change Financial Reporting Resource Centre

KPMG's climate change resource centre provides FAQs to help you identify the potential financial statement impacts for your business.

[Click here](#) to access KPMG's portal.



Appendix 6: Thought leadership insights (continued)

Thought leadership – Environmental, social and governance (“ESG”) (continued)

The Numbers that are Changing the World: Revealing the Growing Appetite for Responsible Investing

We are seeing a global trend towards responsible investing. Increasingly, institutional investors are recognizing the potential for ESG factors to affect the valuation and financial performance of the companies they invest in. At the same time, consumer demand for responsible investments is surging, especially from the younger generation.

This booklet presents the proof to address the issues around responsible investment implementation: statistics from across investment markets that show how significant this shift is.

[Click here](#) to access the report.



Gender Lens Investing

Gender Lens Investing is an impact investment strategy which deliberately integrates gender analysis into investment analysis and decision-making. It has garnered increased global attention in recent years, as investors seek to bring new dimensions to the nature of their investments.

[Click here](#) to access KPMG's portal.

Climate Change, Human Rights and Institutional Investors

Disruptive and destructive weather events over the past few years have demonstrated the severity of climate change impacts. As climate impacts and public pressure to take action increase, institutional investors have begun integrating climate risks into their asset allocation models and investment decisions. Climate change impacts are also profoundly human in nature. Beyond the personal challenges and tragedies people face due to climate change, the impacts on people will result in socio-economic disruptions due to the risk and fall of climate impacted sectors and projects.

[Click here](#) to access KPMG's portal.

Inclusion and Diversity Practices

In 2021 societal changes brought more attention to inclusion and diversity. In this age of transparency, businesses must act proactively to implement strategic inclusion and diversity (“I&D”) practices. It has become increasingly important for organizations to adopt I&D initiatives in order to foster an enjoyable work environment for their employees. Learn how to consider your own organizations' unique context, meet with the stakeholders you want to include, understand where they are at, and guide them along their own individual transformation journey.

[Click here](#) to access KPMG's portal.



Appendix 6: Thought leadership insights (continued)

Thought leadership – Audit quality

Audit Quality and Transparency Report

Learn about KPMG's ongoing commitment to continuous audit quality improvement. We are investing in new innovative technologies and building strategic alliances with leading technology companies that will have a transformative impact on the auditing process and profession. How do we seek to make an impact on society through the work that we do?

[Click here](#) to access KPMG's portal.

Audit and Assurance Insights

KPMG provides curated research and insights on audit and assurance matters for audit committees and boards.

[Click here](#) to access KPMG's portal.

Thought leadership – Digital and technology

Going Digital, Faster in Canada

Pre-COVID-19, private and public organizations were moving towards a digital business model, travelling at varying speeds. But the pandemic forced a dramatic acceleration, both in the speed of change and the required investment to digitally transform. According to Canadian insights from KPMG's recent global survey, organizations are investing heavily in technology to address immediate concerns, ranging from falling revenue and interrupted supply chains to building longer-term competitiveness and operational resilience.

[Click here](#) to access KPMG's portal.

Five Questions Boards Should Ask About Digital Transformation Projects

Boards and management committees alike have increasingly expressed interest in technology investments that improve operations, enable customer relationships, and support virtual workforces. Based on our experience working with organizations across many industries, five questions have been identified to help a Board understand and 'sponsor' a project successfully.

[Click here](#) to access KPMG's portal.



Appendix 6: Thought leadership insights (continued)

Thought leadership – Boards, Audit Committees and C-Suite

2022 CEO Outlook – Canadian Insights

With a potential recession on the horizon, Canadian CEOs are preparing for some rocky roads ahead. However, they remain optimistic about the growth of their businesses and believe any turbulence will be mild and short lived.

These are among the core themes in the latest KPMG CEO Outlook survey and small and medium-sized business poll.

[Click here](#) to access KPMG's portal.

Audit Committee Guide – Canadian Edition

The Audit Committee Guide – Canadian Edition from our Board Leadership Centre provides timely, relevant and trusted guidance to help both new and seasoned audit committee members stay informed.

[Click here](#) to access KPMG's portal.

Board Leadership Centre

KPMG in Canada Board Leadership Centre engages with directors, board members and business leaders to discuss timely and relevant boardroom challenges and deliver practical thought leadership on risk and strategy, talent and technology, globalization and regulatory issues, financial reporting and more.

[Click here](#) to access KPMG's portal.

Momentum

Offering curated insights for management, boards and audit committees, our quarterly newsletter provides the latest thought leadership from KPMG's subject matter leaders across Canada and valuable audit resources for clients.

[Click here](#) to access KPMG's portal.



Appendix 7: Continuous evolution

Our investment: \$5B

We are in the midst of a five-year investment to develop our people, digital capabilities, and advanced technology.

Responsive delivery model

Tailored to you to drive impactful outcomes around the quality and effectiveness of our audits.

Result: A better experience

Enhanced quality, reduced disruption, increased focus on areas of higher risk, and deeper insights into your business.





Appendix 8: Fraud prevention

75%

of Canadian small and medium-sized businesses were impacted by internal or external fraud (such as credit card fraud, fraudulent cheques, false invoices, or identity fraud by hijacking bank accounts) in the past year.*

**based on a February 2023 KPMG in Canada survey of more than 500 small and medium-sized enterprises across Canada*



The unfortunate reality is that fraud is no longer a question of “if?” but “when?”.

Organizations that effectively monitor and swiftly detect and respond to potentially damaging situations such as these are better placed to deal with them quickly and successfully, while reducing adverse financial, reputational or operational impact.

Based out of our London office, **Tyler Reavell** is a Senior Manager of KPMG in Canada's Forensic Services practice in Southwestern Ontario. With over 10 years of professional experience, Tyler assists clients in achieving and maintaining business integrity through the prevention, detection, and investigation of fraud and misconduct.

Tyler has worked with Canadian organizations of all sizes and various industry sectors. Tyler's professional experience includes fraud risk management, investigations of employee and corporate fraud for the purposes of criminal complaints, civil litigation, insurance claims and employment matters, tracing of misappropriated funds, review, design and implementation of internal controls in relation to fraud risks, business valuations for the purpose of disputes, and preparation of insurance and court-ready expert reports, for civil and criminal proceedings in Ontario.



Tyler Reavell, CPA, CA

Senior Manager, Forensic services

T: 519-660-2138

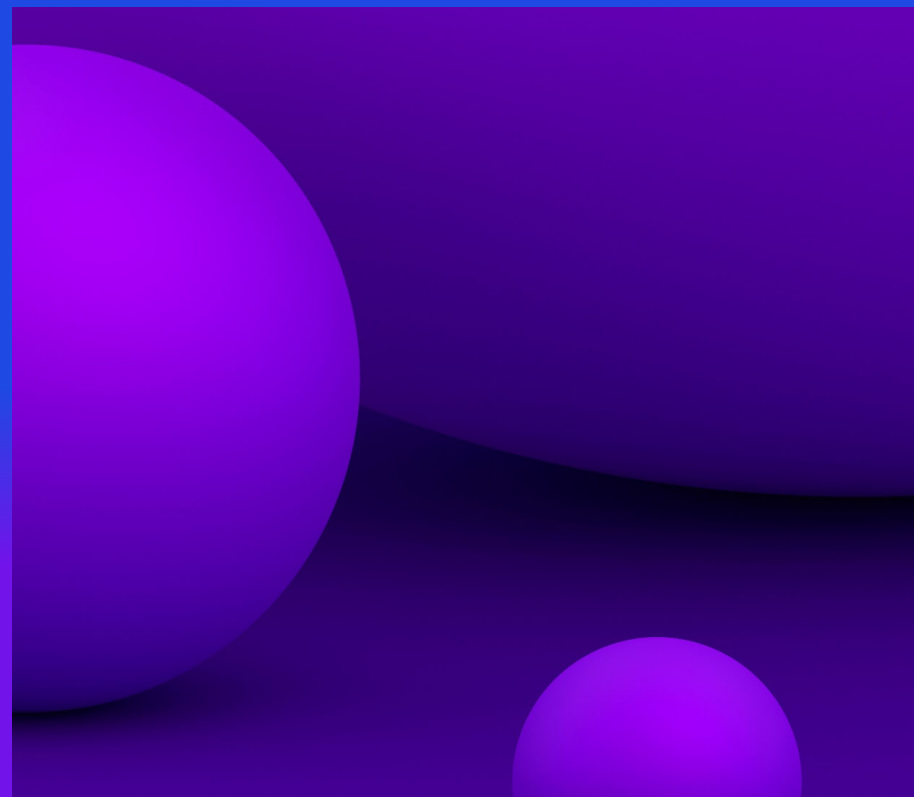
E: treavell@kpmg.ca

Tyler is the designated Forensic Risk Consulting advisor working as part of your KPMG engagement team. He will be happy to support your organization's needs for Forensic Services. You can contact Tyler directly or through your KPMG audit team.



kpmg.ca

© 2023 KPMG LLP, an Ontario limited liability partnership and a member firm of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee. All rights reserved. The KPMG name and logo are trademarks used under license by the independent member firms of the KPMG global organization.



STAFF REPORT 2023- 66

TO: LMCH Board of Directors

FROM: Trevor Whittingham, Senior Manager of Asset Management

SUBJECT: Kitchen Accessibility Retrofits

DATE: December 7, 2023

PURPOSE:

The purpose of this report is to seek the LMCH Board of Director's approval to award a contract for the design and construction services of 4 (four) kitchens at CMHC-designated senior properties based on the CMHC Co-Investment Funding Program.

Board approval is required for this contract award as it exceeds the \$75,000 financial approval limit of LMHC's CEO as set out in "Purchasing Policies and Guidelines".

RECOMMENDATION:

That the LMCH Board of Directors **APPROVE** the following recommendations:

1. **APPROVE** the award of the work to Grand River Modular Limited for the amount of \$108,000 (excluding taxes) for the design and build of four kitchens as set out in the report.
2. **RECOMMEND** that this contract award be approved by the Board of Directors of LMCH.
3. **Authorize** LMHC staff to take the necessary steps to give effect to the above recommendation(s).

BACKGROUND:

The Co-Investment program was approved on November 25, 2021; LMHC in conjunction with the City of London (COL) as guarantor, executed the loan agreement with CMHC of \$40,139,939. The funding allocation consists of \$ 15,533,989 as a forgivable loan and \$24,602,101 repayable loan with the City of London guaranteeing \$37,000,000.

LMHC identified several projects to fulfill the program's requirement as identified in the Co-Investment Fund Portfolio Plan that when fully implemented would meet the energy savings, accessibility requirements, and property enhancements required by CMHC to secure the funding. As part of the CMHC funding to increase accessibility in common areas, LMCH selected kitchen retrofits. The intent is to not only improve accessibility but

also include the required equipment and layout for a commissary kitchen which could generate new partnerships and programs in the future for the residents.

Selection Process:

The initial tender was for design services for 4 (four) kitchens. Two proponents bid, one proponent bid on design only, and the second proponent bid on design-build. The design-only bid was valued at \$60,000. In comparison, the design-build option was valued at \$108,000 for the four kitchens. With initial construction budgets estimated at \$25,000 per kitchen, the design-bid quotation provides the best value having both the construction and design as part of the bid.

Grand River Modular Limited scope of work includes for:

- Provide design services and engineered drawings.
- Recycling of existing millwork cabinetry.
- Installation of new accessible millwork kitchen and associated plumbing inclusive of the second sink.
- Finishes work inclusive of paint and drywall.
- Electrical work and installation.

Not Included:

- It is anticipated that a sliding partition will be required at Kent St. This will be an add to the project cost.
- Where required the purchase of new equipment, i.e., Stoves, microwaves, etc. will be salvaged and re-used at properties when practical.

Recommendation:

Grand River Modular Limited is an Indigenous-owned home construction company who are passionate about transforming homes, providing sustainable solutions, and working to solve the housing and labour shortages with various apprenticeship programs. Developing a partnership with Grand River Modular Limited would be an excellent step in developing a social procurement policy at LMCH as two companies that strive to achieve housing for all.

TENANT IMPACT:

During the construction period, access to the kitchens would be prohibited to tenants, staff, and partners; the estimated construction timeline would be one month.

As many of our partners require the use of the kitchen, we will review alternate solutions during the construction period at each property.

- McNay: Review the potential to move some equipment to the office adjacent to the lounge to allow for the continued food programs at the property.

- Kent St.: Due to the open concept lounge/kitchen, we will create a hoarding wall between the spaces to allow tenants to continue using the lounge during the construction project.
- Walnut: Kitchen is well enclosed and an adjacent office could be set up for any partnership programs during the construction works.
- Baseline: Storage room adjacent could be utilized during the construction for any partnership programs.

FINANCIAL IMPACT:

The Project is fully funded through the CMHC Co-Investment Program Funding. The table below outlines per property allocated funds for common area accessibility improvements. The tender value fell within 10% of the original budget estimates for the kitchens.

The table below outlines previously anticipated budget and spending at the 4 (four) properties as part of the common area accessibility projects:

Property	Projects for Common Areas	Committed	Common Area Budgets/Placeholders	Budget excluding Contingency
Base Line Rd. W.				\$ 274,000.00
	New doors with vision light (AODA compliance_entrance	\$ 11,400.00		
	New doors with vision light (AODA compliance_	\$ 7,492.00		
	New accessible buttons, fobs	\$ 6,000.00		
	Door Hardware		\$ 5,000.00	
	Kitchen Retrofit		\$ 26,750.00	
	Laundry room		\$ 12,000.00	
	Lounge		\$ 10,000.00	
	Paving	\$ 101,000.00		
	Signage		\$ 8,000.00	
	Furnishings	\$ 2,300.00	\$ 1,500.00	
Projects Under Review Not Included in Budget Remaining				
	Stairwell accessibility noising		\$ 12,000.00	
Baseline Anticipated Spend		\$ 128,192.00	\$ 63,250.00	\$ 191,442.00
Budget Remaining				\$ 82,558.00

Kent St.	Projects for Common Areas	Committed	Common Area Budgets/Placeholders	Budget excluding Contingency
				\$280,000.00
	New entry door	\$ 11,500.00		
	New doors with vision lights at laundry and lounge (AODA compliance_	\$ 9,400.00		
	New accessible buttons, fobs	\$ 8,000.00		
	Kitchen Retrofit		\$ 26,750.00	
	Laundry room	\$ 256.00	\$ 12,000.00	
	Lounge		\$ 6,000.00	
	Paving	\$ 183,026.00		
	Signage		\$ 12,000.00	
	Furnishings	\$ 3,500.00	\$ 3,000.00	
Spent and Anticipated		\$ 215,682.00	\$ 59,750.00	\$ 275,432.00
Budget Remaining				\$4,568.00

McNay St.	Projects for Common Areas	Committed	Common Area Budgets/Placeholders	Budget excluding Contingency
				\$275,000.00
	Levers and doors		\$ 6,500.00	
	New accessible buttons, fobs	\$ 9,000.00		
	Kitchen Retrofit		\$ 26,750.00	
	Laundry room		\$ 12,500.00	
	Lounge Refresh	\$ 4,600.00		
	Paving	\$ 90,000.00		
	Signage		\$ 12,000.00	
	Furnishings	\$ 5,000.00		
	Patio	\$ 20,000.00		
Spent and Anticipated		\$ 128,600.00	\$ 57,750.00	\$ 186,350.00
Budget Remaining				\$88,650.00

Walnut St.	Projects for Common Areas	Committed	Common Area Budgets/Placeholders	Budget excluding Contingency \$300,000.00
	New doors with windows (AODA compliance entrance			
	New doors with windows (AODA compliance			
	New accessible buttons, fobs			
	Kitchen Retrofit		\$ 26,750.00	
	Laundry room		\$ 12,000.00	
	Lounge		\$ 6,500.00	
	Paving	\$ 91,513.00		
	Signage		\$ 10,000.00	
	Furnishings		\$ 12,000.00	
Spent and Anticipated		\$ 91,513.00	\$ 67,250.00	\$ 158,763.00
Budget Remaining				\$141,237.00

LEGAL IMPACT / RISK MANAGEMENT:

To review with local authorities regarding local codes to determine if a commissary kitchen is viable at these locations. The accessibility requirements at the kitchens fulfills the criteria of CMHC funding and will be addressed.

PREPARED and SUBMITTED BY:	STAFF CONTACT:
TREVOR WHITTINGHAM, SR. MANAGER OF ASSET MANAGEMENT	WENDY GROVES, CONSTRUCTION AND PROJECT MANAGER

HRGC 2023-10

TO: Human Resources and Governance Committee

FROM: Dirk Volschenk, Manager of Human Resources

SUBJECT: Human Resources Manager Update

DATE: November 15, 2023

PURPOSE:

To provide the Human Resources and Governance Committee an overview of the key activities in Human Resources and to provide information for the matters identified as priorities for Human Resources for Q2 and Q3 of 2023.

RECOMMENDATION:

That the Human Resources and Governance Committee receives this report for information.

BACKGROUND:

LMCH is committed to providing quality, accessible, affordable, and sustainable housing to those in need in our community. The work of our Human Resources Team is critical to supporting the organization in meeting this objective as well as individual staff reach their full potential at LMCH.

UPDATES:

Staffing Complement

	Q1 2023	Q2 2023	Q3 2023
Employees at the beginning of the Quarter	91	88	89
Employee Departures in the period	8	7	4
Employees starting in the period	5	8	7
Employees at the end of the Quarter	88	89	92

LMCH staffing trends are improving through Q2 and Q3 of 2023. The Employee departures in Q2 trended slightly down from Q1 numbers with an average of 2.33 Employee Departures per month and trended down further in Q3 with 1.33 departures per month.

During Q2 of 2023, four of the seven departures were resignations. Three of the four resignations related to career advancement and during exit interviews, the feedback was that opportunities at other organizations provided significant increases in compensation and opportunities for career progression. The fourth resignation was related to exploring a new career in another sector.

Two of the departures were employees with short service (1.5 years' service, 5 months) and two were with longer service (5.5 years' service and 16 years' service).

During Q2 of 2023, LMCH terminated three employees.

During Q3 of 2023, one individual left the organization due to personal circumstances and another for career development. During the exit interview, the individual expressed that they enjoyed working for LMCH, however made the decision to focus on career development. Another staff member retired, and another unfortunately passed away.

Recruitment

	Q1 2023	Q2 2023	Q3 2023
Recruitments open at the beginning of the period	11	12	7
New Recruitments Initiated	7	3	6
Successful recruitments	11	11	6
Number of recruitments canceled, amended or reposted	0	0	0
Average number of days between posting and offering	79 days	101.3 days	97.33 days
Recruitments carried into the next period	7	6	9

During Q2 of 2023, LMCH again completed 11 recruitments. We were also able to fill a very challenging position as Construction Site Supervisor which took 380 days to find a successful applicant.

We are also maintaining our turnaround times with recruitment during Q2. If we exclude the very lengthy recruitment for the Construction Supervisor our average turnaround time was 65.67 days from the date the vacancy was posted to the candidate starting in the role.

Maintenance Repair remains a challenging position but through discussion with the Property Services management group, an escalated recruitment process has been put in place and our hope is that our final MR vacancy will be filled through the competition in Q3.

During Q3 of 2023, LMCH completed 6 recruitments. Our average turnaround times have increased from 65.67 days to 97.33 days. Additionally, we are recruiting for leadership or skilled positions which has posed more challenges to fill and takes longer to recruit.

We were able to fill a Maintenance Repair position in Q3 and the escalated recruitment process helped in order to quickly secure a good candidate.

Labour Relations

	Q1 2023	Q2 2023	Q3 2023
Grievances filed during the Quarter	3	2	4
Grievances resolved during the Quarter	3	1	2
Arbitrations ongoing	1	1	1
Disciplinary Investigations ongoing	0	0	1

Occupational Health and Safety

During Q2 Human Resources and the Property Services department, with the support of the Joint Health and Safety Committee, completed a compliance project to ensure that the Joint Health and Safety Boards at all LMCH properties are up to date and in compliance with OHS requirements.

This was a positive step forward in bringing the LMCH Health and Safety Program forward in that it was an efficient project resulting in compliance and was a collaboration between management and staff, along with the support of the JHSC Committee.

Effective June 1, 2023, the Occupational Health and Safety Act ("OHS") was updated to provide Employer additional responsibilities around maintaining naloxone kits. LMCH currently has a Naloxone procedure, individuals trained in its administration, and naloxone kits with the prescribed contents.

LMCH has also attended, on the invite of the WSIB, a presentation regarding the Health and Safety Excellence program and made the decision to participate in the program. The WSIB Excellence program provides incentives for small businesses to participate in aligning with industry best practices through branding and rebates. LMCH made the decision to pursue five topics in cooperation with a WSIB-approved consultant, 4S Consulting. Separate reports will be provided regarding Policy updates stemming from this project.

LMCH has also engaged the services of Steve Hall Safety Consulting (SHSC), an organization specializing in organizational safety and well-being with a background in Social Housing, having performed projects for Toronto Community Housing. JHSC has been engaged to support LMCH in a comprehensive safety audit of four of our most acute properties. This project was identified because of the increased reporting from staff Members around incidences of workplace violence and harassment within our properties.

The goal of the project is to leverage SHSC experiences and services to identify opportunities and threats to staff Occupational Safety in our buildings and to use the information gathered to ensure LMCH is ensuring a safe working environment for our employees, with a specific focus on the unique nature of our organization. These projects are targeted for completion by the end of 2023.

Attendance Management

During Q2 a large project that is ongoing is the launch of the Attendance Management program, which was approved by the Board in August of 2022. The Attendance Management Policy was discussed at Union Management in May.

After completing consultation with the Union, reporting was developed in the ADP HRIS system to obtain both organizational attendance balances and individual employee attendance numbers. With the availability of data, LMCH has identified opportunities for reviewing our existing policies and practices to help better manage staff attendance at work.

The program was presented along with the reporting tools to all managers and currently, managers who have staff members who will be entering into the Attendance Management program are receiving training.

During Q3 the first reporting indicated that 8 employee's absences had crossed the thresholds into attendance management and meetings were scheduled between staff and the employees. The first meetings were focused on making employees aware of their level of attendance and offering support to help employees with their attendance. Some staff reached out for assistance gaining access to the EAP system and were encouraged to review the benefits available to them. Further meetings are to be held in Q4.

Legislative Updates and Policy Reviews

Minimum Wage: Effective October 1, 2023, the Ontario Government will be increasing the minimum wage to \$16.55 per hour.

LMCH has identified that its Resident Contacts, Building Contacts, and Family Site Contacts are currently earning below this threshold and their compensation was reviewed and increased to the new minimum wage effective October 1, 2023.

This increase has been communicated to applicable employees and their wages have been adjusted.

Salary information in job postings: Although not tabled legislation yet, the Government of Ontario is seeking to require employers to include salary ranges in their job postings. LMCH's practice is already to include salary information into job postings.

AI use in hiring: Although not tabled legislation yet, the Government of Ontario is seeking to require Employers to inform job seekers when AI is used to inform decisions in the hiring process. At this stage, no AI is in use in LMCH recruitment practices.

PREPARED and RECOMMENDED BY:
Dirk Volschenk MANAGER OF HUMAN RESOURCES

HRCG 2023-11

TO: Human Resources and Governance Committee

FROM: Paul Chisholm, Chief Executive Officer

SUBJECT: Annual Pay Adjustments

DATE: November 15, 2023

PURPOSE

To inform the LMCH Board of Directors of the plan for 2024 annual salary adjustments for all LMCH employees (bargaining unit, exempt, and management staff).

RECOMMENDATION:

That the HRGC RECIEVE this report for information.

BACKGROUND:

LMCH negotiated a collective agreement with CUPE Local 101.3 that is effective January 1, 2020 through December 31, 2023. As part of this negotiation, annual wage increases were negotiated for bargaining unit members as set out in the table below.

Year	% Increase
2020	1.75%
2021	1.75%
2022	1.85%
2023	2.00%

The practice of LMCH is to apply the same annual increase to salary bands for Management and Exempt staff that is awarded to members covered under the collective agreement.

LMCH and CUPE 101.3 are currently in collective bargaining that is not anticipated to conclude before December 31, 2023.

As there is no negotiated wage increase for 2024, LMCH is not in a position to increase wage and salary grids until collective bargaining has concluded. What does this mean for LMCH Employees:

- Employees not at the top of the salary band (Management, exempt, and bargaining) will see their pay increase based on the 2023 wage and salary grids on their anniversary date of employment.
- Employees who are already at the top of the salary band will not get an increase until the collective bargaining process has concluded.
- Once wage and salary increases have been approved by the Board of Directors all employees will see pay adjustments retroactive to January 1, 2024.

The terms of this collective agreement continue beyond the expiry date. This approach respects our relationships with current employees (bargaining unit, exempt, and management staff).

PREPARED and RECOMMENDED BY:
PAUL CHISHOLM CHIEF EXECUTIVE OFFICER

HRGC -2023- 16

TO: Human Resources and Governance Committee

FROM: Paul Chisholm, CEO

SUBJECT: Human Resources and Governance Committee Work Plan 2024 and 2024 Board meeting Schedule

DATE: November 15, 2023

PURPOSE:

To receive the Draft Human Resources and Governance (HRG) Committee Work Plan and the DRAFT 2024 Board meeting dates for review and revision.

RECOMMENDATION:

That HRG Committee APPROVE the attached 2024 HRG Committee Work Plan and the 2024 Board Meeting schedule.

BACKGROUND:

LMCH staff brings forth a draft HRG Committee Work Plan every year. The Committee is requested to review the work plan and determine if there are additional items that should be scheduled to come before the committee.

The Terms of Reference for the HRG Committee notes that there is a minimum of four (4) meetings per year. The current schedule of meetings has the Board of Directors meeting 4-5 times a year. Should the Committee determine that more frequent meetings are required staff will work with the Committee to add these meetings to support the work of the Committee.

Once approved by the Committee the workplan and planned meeting schedule will be shared with the Board of Directors for their information.

Appendix A: 2024 Human Resources and Governance Committee Draft Work Plan

Appendix B: 2024 Board Meeting Dates DRAFT

RECOMMENDED BY:
PAUL CHISHOLM CHIEF EXECUTIVE OFFICER

2024 Human Resources & Governance Committee Work Plan

Committee Meeting Date	Board Meeting Date	Anticipated Agenda Items
Tuesday, January 30 th	February 15, 2023	<ul style="list-style-type: none"> • 2023 Human Resources Annual Report <u>Policies requiring Approval</u> <ul style="list-style-type: none"> • Workplace Violence, harassment and sexual harassment policy In-Camera <ul style="list-style-type: none"> • 2023 Labour Relations report • Discussion Item: Collective Bargaining • 2023 Risk Report (in Camera)
Tuesday, March 12 th	April 18 th	<ul style="list-style-type: none"> • Human Resources Manager Update • Q1 Human Resources Update Report • Policies requiring Approval
Tuesday August 20 th	October 19	<ul style="list-style-type: none"> • Human Resources Manager Update • Q2 Human Resources Update Report • CEO Performance Evaluation • Organizational Structure and role overview
Tuesday October 22 nd	Nov 21 st	<ul style="list-style-type: none"> • Human Resources Manager Update • Q3 Human Resources Update Report • 2025 Salary report • None Management Policies

*Dates to be finalized with Committee Members

STAFF REPORT 2023-67

TO: LMCH Board of Directors

FROM: Paul Chisholm, CEO

SUBJECT: Staff Expense Policy for LMCH

DATE: December 7, 2023

PURPOSE:

To update the Board regarding the status of LMCH's Staff Expense Policy that was created on November 13, 2023.

RECOMMENDATION:

1. That the Staff Expense Policy for LMCH **BE APPROVED**.
2. Authorize staff to take the necessary steps to give effect to the above recommendations.

OVERVIEW:

LMCH operations are governed by both Provincial Legislation and municipal bylaws. The legislation and bylaws provide guidance for setting requirements for LMCH and/or limiting decision-making. LMCH will create and review current policies to provide clarity on the position of LMCH on certain issues and how they are being managed by the corporation. Policies require Board Approval prior to implementation.

Staff Expense Policy:

The Staff Expense Policy outlines legitimate expenses LMCH will cover for staff members incurred in the course of their duties. LMCH staff undertook a review process that included other non-profit organizations as well as LMCH's Board Expense Policy.

LMCH will reimburse staff for reasonable and necessary expenses incurred while conducting approved business activities. All expenses must support LMCH's mission and comply with budgetary constraints and funding source restrictions. Expense claims by staff should be sent to the Finance Department. Staff must submit expense reports within sixty (60) days of incurring the expense. Reports should be

itemized and accompanied by supporting documentation, such as receipts or invoices. Failure to comply with submission timelines may result in delayed reimbursement or non-reimbursement.

The Staff Expense Policy covers the following items:

1. Eligible and Non-Eligible Items
2. Travel Expenses
 - a. Airplane
 - b. Train
 - c. Vehicles
 - d. Parking
 - e. Accommodation
 - f. Business Meals
 - g. International Travel
3. Request for Reimbursement and Claim Procedure
4. Approvals
5. Reporting
6. Application of Policy

Conclusion:

LMCH staff recommends that the Staff Expense Policy be approved by the board as it ensures a clear and consistent approach to the management of staff expenses, provides guidelines for what constitutes a legitimate expense, and outlines the process for submitting and reimbursing expenses.

Attachments:

- Staff Expense Policy
- General Expense and Travel Claim Form
- LMCH Mileage Chart

STAFF CONTACT:	RECOMMENDED BY:
RYAN WINTER BUSINESS PLANNER	PAUL CHISHOLM CEO

LMCH STAFF EXPENSE POLICY

Introduction:

London & Middlesex Community Housing (LMCH) is committed to maintaining fiscal responsibility while ensuring that staff members are reimbursed for legitimate expenses incurred in the course of their duties. This Staff Expense Policy outlines the principles and procedures staff must follow when incurring and reporting expenses.

Purpose:

The purpose of this policy is to:

- Ensure a clear and consistent approach to the management of staff expenses.
- Provide guidelines for what constitutes an eligible expense.
- Outline the process for submitting and reimbursing expenses.

Policy Statement:

LMCH will reimburse staff for reasonable and necessary expenses incurred while conducting approved business activities. All expenses must support LMCH's mission and comply with budgetary constraints and funding source restrictions.

Submission Process:

Expense claims by staff should be sent to the Finance Department. Staff must submit expense reports within sixty (60) days of incurring the expense. Reports should be itemized and accompanied by supporting documentation, such as receipts or invoices. Failure to comply with submission timelines may result in delayed reimbursement or non-reimbursement.

Eligible and Non-Eligible Items:

Eligible Items:

- Costs associated with attending approved conferences and training sessions.
- Office supplies purchased for business use.
- Meals and beverage paid out-of-pocket while performing approved business.
- Parking costs while using privately owned vehicles, while performing approved business.
- Mileage incurred from travel while performing approved business.

Non-Eligible Items:

- Any alcohol purchased.
- Use of car rental or limousine services, unless preapproved by your manager.
- Laundry/dry-cleaning service costs while traveling for business, unless the travel exceeds four (4) days.
- Costs of travel, meal and beverage, or educational training courses for family or significant others.
- Items claimed, but not accompanied with a receipt (some modes of transportation are exempt from this line, such as taxi and public transit).
- Medical expenses incurred before, during or after travel for business.
- Personal items or services.
- Fines or penalties incurred while conducting LMCH business.
- Any expenses deemed unnecessary and/or unreasonable that do not support Board objectives.

Travel Expenses:

Airplane:

- Economy class tickets are normally to be used; however business class may be authorized by the Board Chair if:
 - Less expensive seats are not available.
 - The individual is travelling on a continuous flight in excess of five hours.

Train:

- Economy class tickets are eligible for reimbursement.
- Business class tickets may be reimbursed with prior approval if standard class is not available.
- Business class tickets may also be purchased if the trip extends over a normal meal period (breakfast, lunch, or dinner).

Vehicles:

- Use of personal vehicles will be reimbursed at the standard mileage rate in effect at the time of the travel.
- LMCH shall establish a mileage reimbursement guideline that will set out the reimbursement rate for management and exempt staff.
- Unionized staff will be eligible for the mileage reimbursement rate set out within the collective agreement.
- 407 ETR charges are a reimbursable expense (receipt/proof of payment is required).



LONDON & MIDDLESEX
COMMUNITY HOUSING

- No other vehicle expenses, including insurance, gas, repair, maintenance, cleaning or similar will be authorized unless negotiated as part of the collective agreement.
- Rental vehicles must be of a standard or mid-size class.

Taxis / Limos:

- Staff may be reimbursed for the actual costs of taxicabs, airport limousines, buses, or equivalents for transportation between the individual's home or workplace and the destination point.

Parking:

- Parking fees will be reimbursed when receipts are provided.
- Valet services will not be reimbursed unless no other parking options are available.

Accommodation:

- Hotel rooms should be standard business class.
- Luxury accommodations will not be reimbursed.

Business Meals:

- Reasonable expenses for meals will be reimbursed.
- Meals should not exceed the per diem rate established by LMCH.
 - Breakfast: \$15.00 (Based on London Council)
 - Lunch: \$25.00 (Based on London Council)
 - Dinner: \$35.00 (Based on London Council)

Gratuities shall not exceed twenty percent (20%) of the total of each meal.

International Travel:

- In some cases, the requirement to travel internationally may be considered integral to business. Written approval by the is required prior to any arrangements being made for international travel.

Requests for international travel must include:

- Written rationale demonstrating critical value to the Corporation of travel and details how the travel will produce benefit to the Corporation.
- Documentation showing detailed itemization of anticipated expenses (note that the most economical and practical method of travel must be used).



LONDON & MIDDLESEX
COMMUNITY HOUSING

- A prior assessment of physical and cyber security is required for all travel outside Canada. The assessment provides recommendations on safeguards against cyber and physical security threats for individuals travelling internationally.
- [The Treasury Board of Canada Travel Directive](#) shall be used for reimbursement rates for meal expenses outside of Canada and the United States.

Application of Policy

This policy applies to all LMCH staff. Adherence to this policy is mandatory. Exceptions to this policy must be approved in writing by the CEO.

This policy is intended to be comprehensive and provide clear guidance to LMCH staff. However, should any discrepancies arise, or should specific situations not be covered by this policy, they should be addressed to the Finance Department for clarification or to the CEO for a ruling.

Related Documents:

- Board Expense Policy_2023
- General Expense & Travel Claim Form
- LMCH Mileage Chart

Document Control:

Created: November 13, 2023

Approved: TBD

STAFF REPORT 2023-68

TO: LMCH Board of Directors

FROM: Paul Chisholm, CEO

SUBJECT: Policy Reviews for LMCH

DATE: December 7, 2023

PURPOSE:

To receive approval from the LMCH Board of Directors for existing policies that require review that were previously reviewed between August of 2018 and June of 2021.

RECOMMENDATION:

That the LMCH Board of Directors:

1. Approve the attached Conflict of Interest Policy;
2. Approve the attached Board Code of Conduct Policy;
3. Approve the attached Board Governance Policy;
4. Recommend the approval of this policy to the LMCH Board of Directors; and
5. Authorize LMCH staff to take the necessary action to give effect to the above recommendations.

OVERVIEW:

LMCH operations are governed by both Provincial Legislation and municipal bylaws. The legislation and bylaws provide guidance for setting requirements for LMCH and/or limiting decision-making. LMCH creates policies that require board approval and provide direction on key policy or program areas. These policies need to be reviewed on a regular basis and the best practice is to review policies every 2-3 years and as operating environments change.

The policies and documents in this package have been reviewed and acknowledged by the Board of Directors as part of the onboarding process. The Code of Conduct Policy is the same policy that covers staff. The Board Code of Conduct Policy and Board Governance Policy are for the sole use of the Board of Directors. The Statement of Fiduciary Responsibility is provided for information only.

LMCH has identified the need to review the following policies:

1. Conflict of Interest Policy: last updated in June of 2021
2. Board Code of Conduct Policy: last reviewed in August of 2018
3. Board Governance Policy: last reviewed in June of 2021

The policies have been reviewed by staff. There are no recommended changes to the policies at this time. The Policy Template has been revised.

Policies require Board Approval prior to implementation.

Conclusion:

After reviewing the above-mentioned policies, LMCH staff recommends that the updated Policies be approved by the board.

Attachments:

- Conflict of Interest Policy
- Board Code of Conduct Policy
- Board Governance Policy
- Statement of Fiduciary Responsibility

STAFF CONTACT	RECOMMENDED BY:
RYAN WINTER BUSINESS PLANNER	PAUL CHISHOLM CEO

CONFLICT OF INTEREST POLICY

Purpose

The London & Middlesex Community Housing (LMCH) aims to promote public confidence and ensure fair and appropriate business practices in all aspects of its operation, including complying with applicable laws and standards regarding conflicts of interest.

We recognize that directors, employees, officers, volunteers, and agents of the Corporation (referred to collectively as “Individuals” in this Policy) can face situations where their loyalties may be divided or where personal interests may conflict or appear to conflict with their duties or responsibilities to the Corporation.

The purpose of this Policy is to ensure that Individuals are aware of how to identify a conflict of interest, aware of their obligation to avoid conflicts of interest, know what they are required to do when a conflict of interest arises and the consequences of failing to meet the requirements of this Policy.

Scope

This Policy applies to Board members, employees regardless of their employment status, including employees on leave with or without pay, officers, volunteers, and agents of the Corporation (referred to collectively as “Individuals” in this Policy).

Policy Statement

Individuals must carry out their duties to the Corporation honestly, in good faith supporting the Corporation operating as a going concern consistent and compliant with all governing legislations and the Shareholder Agreement and in the best interests of the Corporation rather than in their personal interest.

Individuals must not enter into any situation, arrangement or agreement that could result in a conflict of interest or a perceived conflict of interest and they must declare and resolve potential, actual, and perceived conflicts of interest as set out in this Policy.

Definitions

A conflict of interest is any situation in which:

- 1) an Individual’s private, personal, or business interests influences or appears to influence their ability to carry out their duties to the Corporation in a fair and objective manner; or

- 2) a decision of the Corporation directly or indirectly that gives an Individual (or someone related to an Individual) a personal gain, benefit, advantage, or privilege.

A person “related” to an Individual includes a parent, spouse, child, household member, sibling, uncle, aunt, nephew, niece, mother-in-law, father-in-law, sister-in-law, brother-in-law, or grandparent, as defined by law or a person with whom the Individual has a current or prior business relationship.

- An **actual conflict of interest** is a conflict of interest that an Individual has or will have.
- A **potential conflict of interest** is a situation that may lead to or has the potential to lead to a conflict of interest in the future.
- A **perceived conflict of interest** means a situation that could reasonably be perceived as a conflict of interest by others, regardless as to whether or not there is a potential or actual conflict of interest.

Individuals should consider how their actions will be seen by their colleagues and the public in assessing whether a perceived conflict of interest exists.

Examples of Conflict of Interest

Individuals are responsible for avoiding and declaring all potential, actual, and perceived conflicts of interest in the performance of their duties. Some examples of potential, actual or perceived conflicts of interest include:

- Participating in decisions of the Corporation or Board of Directors of the Corporation that could directly or indirectly benefit you, your family member or business partner.
- Using information learned from your relationship with the Corporation for personal benefit or the benefit of a family member or business partner.
- Being involved in the hiring or appointment of or supervising a family member or business partner.
- Accessing the information of a family member or business partner who is a resident of the Corporation.
- Receiving business services from a contractor or business doing business with the Corporation.
- Soliciting or accepting gifts, discounts, tickets, loans, favours or other benefits from a resident or any other person/business that has or may have dealings with the Corporation that benefits you, your family member or business partner. The exceptions are accepting money as a required part of the Individual’s role (e.g., collecting rent or fees on behalf of the

- Corporation) or items of a nominal value that do not influence or would not be perceived as influencing the performance of the Individual's role as per LMCH Purchasing Policy and Guidelines.
- Entering into a business or legal relationship with a resident of the Corporation.
 - Engaging in outside work or holding another position that interferes with the performance of your duties to the Corporation.
 - Having a financial interest in or holding a position with a company that has business dealings with the Corporation.

These examples do not cover all possible situations of a conflict of interest. Individuals must use proper judgement and act within the wording and spirit of this Policy at all times.

The Corporation's Purchasing and Procurement Policy references the issue of Conflict of Interest, noting such differences are congruent with the direction of the Corporation's Conflict of Interest Policy. The Purchasing and Procurement Policy references include, but are not limited to:

- Clause 3.1 Official Point of Purchasing Contract and Lobbying Prohibition
- Clause 3.2 Interference in the Procurement Process
- Clause 3.6 Non Arm's Length Transactions
- Clause 3.7 Gifts, Gratuities and Supplier Sponsorship. Contributions/ Donations
- Clause 4.5 Conflict of Interest (Defined)

If Individuals have any questions about this Policy or are unsure of what is expected of them under this Policy, they must consult with their Supervisor/Manager, the CEO of the Corporation, or the Chair of the Board of Directors, as applicable, for guidance.

Process

Guidelines for Employees and Others

The following steps must be followed if an employee believes that a potential, actual or perceived conflict of interest exists:

- 1) The employee must complete and sign the Declaration of Conflict of Interest attached as Appendix #3 to this Policy. The employee must prepare a Summary of the potential, actual or perceived conflict of interest and attach it to the Declaration.
- 2) The employee must submit the completed Declaration and Summary in an envelope marked Confidential to the Corporation's Chief Executive

- Officer (CEO). If the conflict involves the CEO directly, the Declaration and Summary shall be submitted to the Chair of the Corporation's Board of Directors, who will assume the responsibilities of the CEO in resolving the conflict.
- 3) The CEO will advise the Chair of the issue and may at his/her discretion request the Chair's assistance in dealing with the conflict. This notice must be provided no later than the first meeting of the Board after the CEO is aware of the issue.
 - 4) The CEO and/or Chair will refer the conflict material for legal advice if warranted. Legal counsel shall make recommendations to the CEO and/or Chair.
 - 5) The CEO and/or Chair will review the declared conflict of interest, consider any recommendations, and determine what course of action shall be taken to resolve the conflict of interest.
 - 6) The CEO/Chair, after evaluating a declared conflict of interest may determine that no conflict exists and that the interests and integrity of the Corporation are intact and shall advise the employee that no further action is required.
 - 7) If the CEO/Chair determine that a conflict does exist, CEO/Chair will require the employee to undertake steps to resolve the conflict of interest. The particular steps that will be required in any particular case will depend on the nature of the conflict of interest and may include (but are not limited to) the employee disengaging from an outside interest, transferring to another work unit, temporarily removing themselves from certain duties or decision-making or submitting their resignation.
 - 8) The employee must resolve all conflicts of interest to the satisfaction of the CEO/Chair.

Individuals must report all potential, actual, or perceived conflicts of interest relating to the Corporation that they are aware of, even if they are not directly involved in the conflict. The procedure outlined above for declaration and resolution of conflicts of interest by employees applies to directors, officers, volunteers, and agents with any necessary amendments.

Guidelines for the Board of Directors

The Board of Directors will promote fair and objective business practices in all its activities.

The Board will follow the following guidelines:

- 1) Directors will declare and resolve any conflict of interest in accordance with the procedure outlined above for employees, with necessary

- modifications, including that the Director's Declaration and Summary shall be filed with the Chair in the first instance.
- 2) Declaration and consideration of conflicts of interest will be a standing agenda item for Board meetings.
 - 3) All directors will be given a copy of this Policy when they join the Board and must sign an Acknowledgement of Conflict of Interest Policy and Procedures upon commencement of their role and biannually thereafter.
 - 4) The Board must consider any notice of conflict of interest no later than the second meeting of the Board after the notice is given and consideration of the notice must be reflected in the minutes of the meeting.
 - 5) If the Board decides that there is a conflict of interest with the interests of a Director, that Director cannot vote on the matter, must not be present at any of the parts of the meeting when the matter is discussed and does not count in quorum for those parts of the meeting.
 - 6) The Chair must notify the Service Manager in writing of the receipt of every Declaration of Conflict of Interest within 10 business days following the second meeting of the Board after the notice is given consideration.
 - 7) The Board must report to the City of London the minutes of any meeting during which the Board discussed a conflict of interest. The minutes shall record the options the Board considered, the Board's decision, a statement of how the resolution was in the best interests of the Corporation, how the decision was appropriate for a body that receives significant public funding and the Board's acknowledgement that its decision is to the satisfaction of the City of London.

Confidentiality

Disclosure of a conflict of interest and the identity of the employee making the disclosure will be treated confidentiality to the extent possible, given the obligations set out above.

Responsibilities of Supervisors and Managers

In addition to avoiding conflicts of interest, supervisors and managers must take all appropriate steps to prevent and end conflicts of interest in their areas of responsibility.

Any supervisor or manager who is subject to, witnesses, or is given written or verbal complaints of conflict of interest shall work to minimize or eliminate the issue and shall consult with the Manager, Human Resources and/or the CEO.

Breach of this Policy

Breach of this Policy (including a failure to disclose or failure to resolve a conflict of interest to the satisfaction of the CEO/Chair as applicable) is a serious matter that may lead to discipline of employees, up to and including dismissal for cause, removal from the Board of Directors or other position and/or legal action, as applicable.

Acknowledgement of Conflict of Interest Policy and Obligations

Every Individual must sign the Conflict of Interest Declaration when they begin their relationship with the Corporation and annually thereafter indicating that they:

- 1) have read and understand this Policy and acknowledge their obligation to comply with it; and
- 2) acknowledge their responsibility to disclose to the CEO or the Chair, as applicable, in writing, on an ongoing basis, any potential, actual or perceived conflict of interest that may arise during their relationship with the Corporation and to resolve that conflict as directed by the CEO/Chair.

No Retaliation

Retaliation against anyone declaring or reporting a conflict of interest is strictly prohibited and will result in appropriate disciplinary action. Acts of retaliation include (but are not limited to) interference, coercion, threats, and restraint. This Policy must not be used to bring fraudulent or malicious complaints against employees. Any complaint made in bad faith, if demonstrated as being such through convincing evidence, will result in disciplinary action being taken against the individual lodging the fraudulent or malicious complaint.

Related Documents

- Acknowledgement of Conflict of Interest Policy and Obligations
- Declaration of Conflict of Interest
- Employee Code of Conduct
- Board Code of Conduct
- Purchasing Policy & Guidelines



LONDON & MIDDLESEX
COMMUNITY HOUSING

Related Legislation

- Business Corporations Act
- Housing Services Act
- Municipal Conflict of Interest Act
- Local Standard – Conflict of Interest (HDN 2013-188)

Document Control

Date Last Approved: June 2021

Date Last Reviewed: November 6, 2023

BOARD CODE OF CONDUCT POLICY

Purpose

This Code of Conduct for the Board of Directors defines acceptable interpersonal and ethical standards in London & Middlesex Community Housing Corporation workplaces. Workplace includes all Corporation facilities and work sites, including vehicles and any other land, premises, locations, or things at, upon, in or near where the business of the Corporation is being conducted. Included in this definition are Corporation related activities, including Corporation sanctioned social functions, or business performed at any other location away from the Corporation, during or outside of normal working hours.

Scope

This Policy applies to Members of the Board of Directors of the London & Middlesex Community Housing.

Definitions

Workplace

- All Corporation facilities and work sites.
- All Corporation vehicles.
- Any land, premises, locations, or things at, upon, in or near where the business of the Corporation is being conducted.

Employee

- All union and non-union employees regardless of their employment status.

Policy Statement

The Corporation is committed to providing a work environment in which all workers are treated with respect and dignity. Workplace harassment will not be tolerated from any person in the workplace. Directors will interact with one another and members of the public in a professional, courteous, civil, dignified, respectful, fair, and equitable manner.

The communities of London & Middlesex have appointed the Directors after a detailed process, with a view to complementing the Board with representatives of various viewpoints and backgrounds. The “culture” of the LMCH Board is inclusive while securing the best interests of the Corporation through fiduciary governance.



Directors shall serve and be seen to serve LMCH honestly and in good faith with a view to the best interests of the Corporation in a conscientious and diligent manner.

Directors shall serve the interests of LMCH by upholding both the letter and the spirit of all applicable federal and provincial legislation and regulations, the articles and by-laws of the Corporation, the Shareholder’s Direction, and approved policies of the Board.

Directors embody the values of the organization, demonstrating actively the values summarized by the CARE acronym and described as the following:

Collaboration We recognize that no single person or idea can solve affordable housings complex challenges. We believe that people working together can create greater impact than any one individual or even one organization can accomplish alone. By coordinating with diverse community stakeholders and networks, we will pursue purposeful partnerships that are well designed and supported. We will work with tenants, partners, and neighborhoods – listening, challenging, and sharing – to better understand and respond to the needs of our tenants and communities.

Commitment We perform our duties with utmost commitment and regard to the high standards expected of a Local Housing Corporation to deliver social housing and supports. We are responsible to our tenants, our employees and our sole shareholder, the City of London. We commit to doing the right thing and we will reject professional and ethical shortcuts.

Accountable We are accountable for our actions. We accept responsibility for our performance, and we share the results of our work in an open, honest and transparent manner. Demonstrating integrity and responsible stewardship of our resources, we expect the best of ourselves and our stakeholders — personally and professionally. We will cultivate individual and team accountability creating an environment where people can make a difference.

Accessible Access to services and supports positively impacts well-being, social participation, education, health, and employment. Accessibility is important for our tenants’ quality of life as it creates the potential to take advantage of opportunities for successful social mobility and to access health services, goods, and services within the community. We will provide all services and information resources, regardless of technology, format, or methods of delivery, that are readily, equally, and equitably accessible to all tenants.



Respect We respect people as individuals and create environments where fairness, trust and equitable treatment define how we work. We approach our work with a deep respect for different opinions and seek to find common ground. No matter how difficult the issue or circumstances, we treat those we encounter with respect and dignity. We insist on a culture of respect as the foundation of our work together and recognize that words and actions matter.

Responsive We provide the highest possible quality of responsive service informed by meaningful consultation and delivered in a professional manner. We will listen to our tenants and respond by putting proactive solutions in place to meet their needs in a creative and fiscally responsible manner.

Equity is the foundation of LMCH's Values. We value equity, inclusion, and dignity for all regardless of their background, point-of-view, or position in life. Seeking to achieve fairness and justice for all, we will recognize the individual needs of tenants required to achieve and maintain housing stability, health, and well-being. We will ensure the dignity of all people and we demonstrate the value of diversity through our honest, caring, and ethical interactions and practices.

Excellence We go above and beyond ordinary and strive towards the exceptional and extraordinary in each and everything we do. We pursue excellence by:

- nurturing and sustaining innovation and invention.
- achieving quality in our work, relationships, and outcomes
- delivering on our mission, vision, and values
- providing better services to tenants
- strengthening our credibility among tenants, decision-makers, and the public
- delivering tangible results recognizing that excellence in creativity, problem solving, and teamwork is critical to our success.

In addition, in working with each other and while representing the viewpoints of tenants, community residents, municipal government, the following principles shall be adhered to:

Participation

- Directors shall demonstrate their commitment to the Corporation by exhibiting a high priority of participation in Board and Committee meetings through high levels of attendance and engagement.



LONDON & MIDDLESEX
COMMUNITY HOUSING

- Directors shall prepare themselves for all Board and Committee meetings by familiarizing themselves with the meeting’s agenda and background materials to the greatest extent possible, with the goal of discussing the issues and business addressed at the meetings.
- Directors shall focus on the discussions at hand and be prepared to deal with issues that may not be easily solvable.
- Directors shall be members of at least one Committee of the Board.
- Directors shall participate in:
 - Strategic planning and orientation workshops.
 - Board development workshops.
 - Seminars and other educational events that enhance their skills as Board members; and
 - other special events.

Respect

- Directors shall express their opinions, unencumbered, yet always with the goals of flexibility and compromise whenever achievable by remaining open to differing viewpoints.
- Directors shall work with and respect the opinions of their peers and leave personal prejudices out of all Board and Committee discussions.
- Directors shall observe parliamentary procedures and display courteous conduct in all Board and Committee meetings toward each other and toward staff.

Support

- Directors shall support, in an affirmative manner, all actions taken by the Board, even when they may be in a minority position with respect to any such action.
- Directors shall represent the Corporation and the Board in a positive and supportive manner at all times and in all places.
- Directors shall exercise the duties and responsibilities of their office with integrity, collegiality, and care.

Governance

- Directors shall ensure that the Board performs its duties of governance.
- Directors shall ensure that they understand their legal obligations to the Corporation and that they ensure those obligations are upheld.
- Directors shall place the Corporation’s and its Board’s interests before their own personal interests and will immediately declare any conflicts of interest which arise, per the Conflict of Interest Policy.

- Directors may be advised on whether to continue their role as a member of the Board during periods of time where their actions may undermine the confidence of their peers, or could negatively impact the organization’s reputation, public image and work in London and Middlesex County.

Policy

- Directors shall use their best judgement to balance the relative importance of issues to be determined by the Board in setting policies and avoiding operational matters.
- Directors shall educate other Board members on those matters within their own area of expertise with a goal of having the Board make decisions collectively.
- Directors shall uphold the vision and mission statements as approved by the Board, as may be amended from time to time.

Administration

- Directors shall actively support the Corporation’s Senior Leadership Team by providing overall direction, resources, and time frames to achieve the identified vision and ends of the Corporation.
- Directors shall publicly support actions taken by the Corporation’s Senior Leadership Team to implement programs and achieve the objectives contained in the Corporation’s plans and budgets as approved by the Board.
- Directors shall recognize the difference between the role of the Board to set policies and strategic objectives, and the role of the staff to implement same.
- Directors shall not create any additional work for staff without the approval of the Corporation’s CEO.

Confidentiality

- Directors shall maintain, at all times, the confidentiality of all confidential information and records of the Corporation and must not make use of or reveal such information or records except in the course of performance of their duties or unless the documents or information become a matter of general public knowledge.
- Directors shall not use confidential information obtained through their association with LMCH to further their private interests or the private interests of their friends or relatives.
- Directors shall comply with any LMCH policies and procedures that guide the storage, use and transmission of any information of the Corporation,

- including the use of computer databases or email systems, per the Information Technologies Policy.
- Directors shall treat Board discussions as a “safe haven” for the benefit of their peers and LMCH’s Senior Leadership Team and shall not repeat any discussions concerning the Corporation’s business and practices, or any discussions of a personal nature of their peers and LMCH’s Senior Leadership Team, in a public setting.

Media

- Directors shall not, in the context of the Corporation’s business and practices, make comments to the media or make themselves available for interviews by the media on behalf of the Corporation, unless directed to do so by the Board Chair or designate, per the Communications Policy and Crisis Communications Policy.
- Directors shall ensure that any comments made by them to the media outside of the context of the Corporation’s business and practices is attributed to them in their personal capacity and not in their capacity as Directors.

Property

- Directors shall not misappropriate the Corporation’s assets for personal use.
- Directors are entrusted with the care, management and cost-effective use of the Corporation’s property and resources, including the use of the Corporation’s name, and should not make significant use of these resources for their own personal benefit or purposes.
- Directors shall ensure that all Corporation property assigned to them is maintained in good condition and shall be accountable for such property.

Political Participation

- Directors are encouraged to participate fully as private citizens in the democratic process at any level, including campaigning in elections and running for or holding public office, however, Directors engaging in such political activity shall take care to separate their personal activities from their association with LMCH.
- Directors shall ensure that any views they express in the context of their political participation is clearly and unequivocally stated to be that Director’s personal views and not the views of LMCH.

Responsibility

- Directors must adhere to the standards prescribed by this Code of Conduct, as well as any applicable Conflict of Interest Policy, and shall execute declarations in favour of LMCH and the Board to that effect.
- Directors must adhere to all applicable legislation, as well as the by-laws and shareholder direction that govern LMCH.
- Directors must adhere to all applicable policies of LMCH while performing their duties or while in situations, which may affect their ability to perform their duties.
- Directors shall report any breaches or potential breaches of this Code of Conduct to the Board through the Chair.

Directors who have breached or who are in a potential breach of this Code of Conduct may be requested to resign or may request an exemption from any such breach or potential breach, by a determination of a special majority of the subject Director's peers.

Related Documentation

- Employees: Incident Form – Reporting Form
- Managers: Incident Form – Manager Report
- Acknowledgement of Code of Conduct Policy and Obligations
- Health and Safety Policy
- Workplace Anti-Violence, Harassment and Sexual Harassment Policy
- Conflict of Interest Policy
- Communications Policy
- Crisis Communications Policy
- Information Technologies Policy

Related Legislation

- Human Rights Code
- Bill 168 & 132 (Workplace Violence and Harassment)
- Occupational Health and Safety Act, 1990
- Criminal Code of Canada
- LMCH Vision, Mission, Values

Document Control

Date Last Approved: April 2021

Date Last Reviewed: December 2023

Board Governance Policy

1. Governance Cycle

- a. **Engagement:** The governance process begins with listening through consultation, research, data collection, etc. designed to inform the organization's decision. The input/ information sought varies depending on the process but may include the concerns of the Sole Shareholder, tenants, and stakeholders, as well as the impact of trends, etc.
- b. **Leadership/ Direction:** The Board exercises its leadership in analyzing the input received and determining how to respond. These choices are guided by LMCH's vision, mission, and values. The final decisions regarding these choices are the responsibility of the Board of Directors which is accountable to the Shareholder and any other stakeholders.
- c. **Delegation/ Implementation:** Once the direction has been set, the implementation for most activities is delegated to staff or volunteers who have been selected based on their expertise and experience in the specific area. If implementation is delegated to volunteers, there is a clear definition of their accountability for the task to be undertaken.
- d. **Monitoring:** In order to fulfill its leadership and accountability functions, the organization, and in particular the Board, monitors implementation to ensure that the intended outcomes are achieved within relevant policies or guidelines.
- e. **Evaluation:** Evaluation of the results achieved in light of the intended outcomes is undertaken in order to be accountable to both the Shareholder and stakeholders. This evaluation typically includes consultation, which initiates the listening stage of the cycle for the next period of time.
- f. **Accountability:** The organization provides relevant stakeholders, including the Shareholder when appropriate, with an account of what has been achieved based on the direction established in response to the original consultation.

2. Accountability

The Board of Directors provides direction to the organization in the context of an ongoing dialogue with the Shareholder and all stakeholders. The LMCH Board has relationships of accountability with:

- a. **The Shareholder:** Basic accountability for fulfillment of mandate and responsible stewardship of resources of the Corporation.
- b. **The Service Manager:** Administrative accountability.
- c. **LMCH Tenants:** Accountable to provide mechanisms for effective engagement of tenants in their communities and with the Corporation as well as to provide prompt and appropriate customer service response to individual tenants regarding their housing needs.
- d. **Persons on the Wait List:** Accountable to use LMCH resources efficiently and equitably, to handle turnover of units as quickly as possible and to obtain resources to provide additional housing.
- e. **LMCH Staff:** Accountable to provide the information, resources, and training to enable staff to fulfill their responsibilities.
- f. **Other Stakeholders:**
 - i. **Neighbouring Communities:** Accountable for management of LMCH housing communities as good neighbours.
 - ii. **The Community at Large:** Accountable to address social objectives regarding housing.
 - iii. **Social Service Partner Agencies:** Accountable as partners in addressing community needs; operating in a context of mutual respect for differing but complementary mandates and objectives.

3. Roles and Responsibilities

- a. **Leadership:** The role of the Board of Directors is to exercise leadership in providing direction to the organization rather than fulfilling management functions. While the Board is accountable for all aspects of the organization, its direct responsibilities are:
 - i. **Communication with the Shareholder and Stakeholders:** The Board's discussions and decisions need to be based on a good understanding of the needs of the Shareholder and stakeholders. In addition, the Board must ensure that the Shareholder and

stakeholders are appropriately informed of its decisions and directions.

- b. The Board will direct staff regarding the appropriate communication to stakeholder of decisions and directions, which could include strategic plans, annual reports, policies, and Board resolutions during meetings.
- c. **Setting Direction**
 - i. **Strategic Planning:** Nurturing and sustaining the vision and mission as well as determining goals and objectives of the organization based on a consultative process involving tenants, the community, staff, and other stakeholders.
 - ii. **Policy Development:** Adopting policies that guide the fulfillment of the mission. These express the values and guiding principles that determine the organization’s activities and goals. They provide the appropriate point of departure for others to move forward with the implementation of programs and services.
 - iii. **Financial Stewardship:** Ensuring development of an annual budget in which the organization’s resources are focused on the priorities identified, as well as long-term financial plan, which ensures the stability and endurance of the organization.
- d. **Monitoring & Evaluation:** For the Board to answer to the shareholders and stakeholders for the performance of the organization, it needs to actively monitor achievements and assess performance.
- e. **Advocacy:** Directors may be appointed by the Board to act as spokespersons in formal situations, particularly addressing politicians and funders. These Directors will represent positions that have been adopted by the Board. Advocacy for LMCH by Board Members will adhere to the LMCH Communications Policy and Crisis Communications Policy.
- f. **Board Development:** The Board is responsible for its development as an effective leadership team, including ongoing evaluation of its performance, and the recruitment of new Directors.
- g. **Employment of the Chief Executive Officer:** The Board acts on behalf of the Corporation as the employer of the Chief Executive Officer and is responsible to provide clear direction regarding performance expectations and to provide regular (annual) feedback on the CEO’s performance.

4. Board Processes

The following key processes support the Board’s governance responsibilities and ability to fulfill its accountabilities to the Shareholder and stakeholders.

a. Decision-making Process: The Board seeks to achieve consensus wherever possible and resorts to a majority vote when necessary. The Board’s decision-making process requires that:

- i. Decisions are well-informed; if additional information is required, the decision should be deferred (if possible) until it is obtained.
- ii. Information is provided to Directors in a timely manner before decisions are required so that Directors have time to consider the issues.
- iii. New information should not be presented at the meeting when a decision is required.
- iv. In the event that a decision needs to be made urgently, the Board will consider the reasons for the urgency and decide on its treatment of the issue accordingly.
- v. There is adequate discussion of the issues with all Directors having the opportunity and taking their responsibility to participate in the discussion.
- vi. All Directors support the decision in public providing a positive description of the decision and its rationale; those who cannot support the decision must not engage in public discussion of the issue.

b. Planning & Evaluation Process:

LMCH undertakes a regular planning and evaluation process that enables the Board to set priorities, monitor performance and ultimately evaluate what has been achieved. The planning process takes place on a regular three- to four-year cycle. This cycle will include an annual planning workshop in which the Board will review the organization’s progress on its key priorities, any new developments and refine its direction for the coming year.

The Board provides direction at the strategic level, which is then reflected in operational plans that the staff are responsible for developing. Staff also develop appropriate tools and reporting to support the Board’s ongoing monitoring responsibilities.

The planning process is designed to ensure appropriate input from all key stakeholders. When the Board sets direction through plans or policies, these

include a requirement for evaluation as a standard element of implementation and the specific timeframe is identified at that time.

c. Board Performance Evaluation Process

The Board undertakes an annual evaluation of its performance (see Board Evaluation Policy). This process includes an assessment of the performance of the Board as a leadership team as well as a self-assessment of the performance of individual Directors. These evaluations are based on criteria reflecting the key responsibilities as outlined in the governance policies.

d. New Director Orientation Process

1. All newly appointed Board members will meet the Board Chair and the CEO after their appointment by City Council at which time the Board Chair provides an informal overview of the LMCH Board's approach to governance; the role, structure and function of the board and committees; an overview of the strategic direction of the organization; have a discussion around the commitment expected of Board members and the CEO will provide organizational background.
2. New Board members will be provided with the LMCH Board Handbook and provided access to an electronic version as well. The handbook will contain:
 - a. Background information on social housing (history of the organization)
 - b. All Board policies, forms, etc.
 - c. Board Terms of Reference
 - d. Board Roles and Responsibilities
 - e. Policy Framework
 - f. Glossary of Terms
 - g. Robert's Rules of Order
3. In addition to the Board Handbook all new Board members will be provided with the following documents:
 - a. Shareholders Agreement and By-laws
 - b. LMCH Strategic Plan
 - c. Current Approved Operating and Capital Budgets
 - d. Our Annual Report (includes copy of our most recent audited financial statements)
 - e. Copies of the three most recent Board packages for review
 - f. List of Board members and an organizational chart
 - g. Summary of program/partnerships
 - h. LMCH Databook (includes an overview of each property/site)

4. New Board members will participate in a Board orientation session, at which time they will review the Board Handbook, visit LMCH's head office and may have a tour of an LMCH property.
5. LMCH staff will provide more extensive Board member training which will include departmental overviews, current workplans, key projects and timelines, community specific partnership and programming review as well as community demographics information.
6. New Board members will be assigned a mentor, an experienced Board member who is available to answer questions outside of formal board meetings and who will assist with integration onto the Board. The Chair of the Board will assign each mentor, and this assignment will remain in place for the first 3 – 4 months. Each mentor will be asked to check in with their assigned mentee on a monthly basis to ensure regular touchpoints.

5. Individual Directors

As a member of the Board, individuals are required to sign and comply with the Statement of Fiduciary Responsibility (see Board Code of Conduct, Appendix 1). In addition, individual Directors have the following roles and responsibilities:

- a. Individual Directors need to be aware of the ongoing dialogue with the Shareholder and stakeholders in order to participate in Board discussions on a basis consistent with their role. This may take the form of direct involvement in consultations or the review of reports and studies.
- b. In Board meetings, Directors have a responsibility to be adequately prepared, express their views and ideas in a respectful manner, actively listen to their colleagues and staff, and support decisions made by the Board. Regular absence from or non-participation in Board discussions is understood to be a serious problem.
- c. To provide leadership to the organization, the Board must speak as a unit. Once a decision is made by the Board, individuals have an obligation to support decisions and to provide a positive description of the decision and its rationale in any external communications. While Directors are free to acknowledge their own position on an issue if it differs from the Board's decision (with the exception of in-camera discussion), they are expected to support the decision made and are obligated to refrain from any active campaigning or undermining of Board decisions.

- d. Individual Directors must act as ambassadors for LMCH within the community, informing stakeholders and the public on the directions and priorities of LMCH, and obtaining feedback. When fulfilling this responsibility, Directors are expected to represent positions adopted by the Board.
- e. Individual Directors are involved with staff and other volunteers in specific committees or projects.

It is recognized that Directors may receive requests from tenants regarding operational issues and need to demonstrate that they are responsive. These inquiries are to be redirected to the Chief Executive Officer. It is acceptable for the Board to speak with the Chief Executive Officer about the issue, to understand how it is being addressed, and all parties understand that such communications are not requests for preferential treatment.

While various Directors are expected to bring a specific perspective to the Board's discussions, all Directors are responsible for taking the concerns of all stakeholders into account in their deliberations and decisions.

6. Board / Management Partnership

The role of the Board is to set direction, monitor implementation and evaluate the results, grounded in an ongoing dialogue with all stakeholders. To complement this, the role of management is to:

- a. Provide information, recommendations and support to the Board's direction setting role.
- b. Implement the directions established in the most effective and efficient manner; and
- c. Provide ongoing reports on implementation to support the Board's monitoring and evaluation functions.

It is the responsibility of the Board to provide clarity regarding the degree of oversight it wants to exercise in the area of operations, what information should be reported and the frequency of reporting. Information related to Board decisions must be provided in advance, so Directors have time to review. The implications of decisions placed before the Board need to be identified and when unexpected implications arise, the Board needs to be informed.

7. Governance Administration

- a. **Policy Review and Recommendation:** The Board, through its Governance Committee, will annually review and update its Board and Operations policies. From time to time, the CEO will make recommendations about new policies, and these will be reviewed by the appropriate standing committee.
- b. **Record Keeping:** LMCH will keep its records in accordance with the Business Corporations Act, Part IV (see Appendix A), and other commonly held best practices. Specifically, the following practices will be followed.
 - i. The Secretary or designate will permanently store and safekeep all incorporation documents, documents of Shareholder direction, Board by-laws, policies, procedures, resolutions, and meeting minutes.
 - ii. Financial documents, including annual financial statements and audits, will be stored and safekept in accordance with applicable legislation.
 - iii. Confidential documents will be stored securely.
 - iv. Documents with signatures may be stored electronically, and original paper copies are also to be kept.
 - v. Documents with signatures will not be posted in a public forum.
 - vi. Documents may be stored offsite, as long as they are easily accessible.

Related Documents

- Board Evaluation Form
- Board Evaluation Policy
- Board Code of Conduct
- Conflict of Interest Policy
- Confidentiality Agreement
- Communications Policy
- Crisis Communications Policy

Related Legislation

- Canada Business Corporations Act
- Housing Services Act
- Municipal Freedom of Information and Protection of Privacy Act

Document Control

Date Last Approved: April 2021

Date Last Reviewed: December 2023



LONDON & MIDDLESEX
COMMUNITY HOUSING

APPENDIX A - STATEMENT OF FIDUCIARY RESPONSIBILITY

**LONDON & MIDDLESEX COMMUNITY HOUSING
ACKNOWLEDGEMENT OF MEMBER OF BOARD OF DIRECTORS**

I, _____ agree that as a member of the London & Middlesex Community Housing Board of Directors, I will abide by the fiduciary duty and standard of care imposed on all Directors, including:

- i. The duty to act honestly and in good faith with a view to the best interests of LMCH; and
- ii. The duty to exercise care, diligence and skill that a reasonable prudent person would exercise in comparable circumstances.

I understand that as a Board Member of LMCH, I must not:

- i. Use my power as a member of the Board for an improper purpose;
- ii. Take advantage of business opportunities for LMCH for my personal benefit; or
- iii. Disclose confidential information of LMCH.

I further acknowledge that as part of my fiduciary duty, I must avoid placing myself in a position where my duty to LMCH will conflict with any similar duty I may have to another group. As a Board member, I am obligated to act in the best interests of LMCH regardless of whether I may have a similar duty to another group. If my duty to LMCH conflicts with the obligations I owe to another group, I shall resign from either LMCH or the other group so as to avoid a conflict between such duties.

To the extent that my personal business interests are in conflict with the interests of LMCH, I agree to notify the Chair of such conflict of interest no later than the first Board meeting after I become aware of the situation, and otherwise comply with the provisions of Section 83 of the Business Corporations Act (Ontario), a copy of which is attached hereto (see Appendix B).

I agree to adhere to any LMCH Board Code of Conduct or Conflict of Interest guidelines which may be adopted by LMCH from time to time.

In witness whereof I have signed this acknowledgement under seal this ____ day of _____, 20____.

STAFF REPORT 2023-69

TO: LMCH Board of Directors

FROM: Paul Chisholm, CEO

SUBJECT: Board Evaluation Policy Update 2023

DATE: December 7, 2023

PURPOSE:

To update the LMCH Board of Directors regarding the status of LMCH's updated Board Evaluation Policy for 2023.

RECOMMENDATION:

1. That the updated Board Evaluation Policy for LMCH **BE APPROVED**.
2. Authorize staff to take the necessary steps to give effect to the above recommendation.

OVERVIEW:

LMCH operations are governed by both Provincial Legislation and municipal bylaws. The legislation and bylaws provide guidance for setting requirements for LMCH and/or limiting decision-making. LMCH will create and review current policies to provide clarity on the position of LMCH on certain issues and how they are being managed by the corporation. Policies require Board Approval prior to implementation.

Board Evaluation Policy:

The Board Evaluation Policy outlines the expectations and timelines for the evaluation of the work of the London and Middlesex Community Housing (LMCH) Board of Directors.

The Board Evaluation Policy was previously reviewed in June of 2021. LMCH staff undertook a review process and found additional changes were required to realign the timing of the board evaluations to align with the LMCH Board Appointment Cycle which now has new Directors appointed by the Shareholder in June of each year at the Annual General Meeting.

The following changes were made to the Board Evaluation Policy:

- 1) The board evaluation form will be distributed to the Board Directors in **January** of each year instead of at the beginning of September.
- 2) The board evaluation form will be completed and returned by **February 28** instead of by the 30th of September.
- 3) The annual Board Workshop in January will include a section that reviews the process, timelines and expectations.
- 4) The completed and returned evaluation forms will be compiled by the Secretary or his or her delegate and will be reviewed and discussed at the regular **March/April** board meeting instead of the October board meeting.

Conclusion:

After reviewing the Board Evaluation Policy, LMCH staff recommends that the updated Board Evaluation Policy be approved by the board as it better reflects the realigned timing that is needed to accommodate new board members.

Attachments:

- Board Evaluation Policy
- Board Evaluation Form
- Previous Evaluation Policy from June 2021

PREPARED BY:	RECOMMENDED BY:
RYAN WINTER BUSINESS PLANNER	PAUL CHISHOLM CEO

BOARD EVALUATION POLICY

Purpose

This policy outlines the expectations and timelines for the evaluation of the work of the London and Middlesex Community Housing (LMCH) Board of Directors.

The objectives of board evaluations are to allow the LMCH Board of Directors to:

- Track its own progress, results, and successes in its annual governance of the organization.
- Improve its governance results and successes, year over year.
- Self-correct as a Board, or course-correct if the Board's work is deviating from stated purposes, responsibilities, or objectives.
- Address the performance of Board standing committees, as appropriate.
- Address gaps in the knowledge and understanding of the roles and responsibilities of the Board, and the governance of the organization.
- Address gaps in the knowledge and understanding of the roles and responsibilities of the Chief Executive Officer (CEO) and his or her delegates (the operations team).
- Address gaps in the knowledge of the management of social housing in general, and of public housing in particular, as it pertains to the governance expectations of the Sole Shareholder.
- Allow Board members the opportunity to grow and develop as an effective governance body.

Policy Statement

The LMCH Board of Directors will undertake an annual evaluation of its performance, and the performance of its standing committees.

- These evaluations will be conducted in Q1 and reviewed at the March/April board meeting each year, so that the current Board Chair and standing committees may receive feedback about their performance, and/or make resolutions about future Board actions based on performance feedback.

Process:

The process for undertaking annual board evaluation is as follows:

- In January of each year, the *Board Evaluation Form* will be electronically distributed to all Board members to be completed and returned to LMCH staff (the Board Secretary or their delegate) by February 28, 2023. Board

Members will be provided direction and support to complete the evaluation form.

- The Board Secretary or delegate will always keep the completed evaluation forms confidential, with the understanding that the forms will have the same level of confidentiality (and corresponding staff or public access) as any *in camera* Board documents.
- The completed and returned evaluation forms will be compiled by the Board Secretary or delegate, so that they may be reviewed and discussed by the LMCH Board of Directors at a Board Meeting or workshop in March or April.
- The compilation of the completed evaluation forms will be in a format that combines the responses from all individual Board members into one document. The Board Chair may direct staff to either identify individual respondents or keep responses anonymous. Unless directed otherwise, the responses will be kept anonymous.
- All documents, reports and discussions about Board evaluation will be received and take place *in camera*, out of respect and consideration for any performance issues that the Board may review or take action on. If the Board wishes to make a statement about the results of the Board evaluation process in the public portion of a Board meeting, it may do so only upon passing a resolution releasing any confidential information during a prior *in camera* session where Board evaluation is discussed.

The Board will discuss the completed evaluation forms as follows:

- The Board will review the results of the most recent evaluation and annual governance plan, if either exists, in order to be reminded of past results, action items, recommendations, resolutions or governance plans pertaining to the previous Board evaluation.
- The Board will have a thorough discussion of the compiled evaluation form responses, noting areas of success, improvement over previous results, and areas where there is opportunity for improvement.
- If the Board wishes to take action on any areas covered by the evaluation, it will note action items in the minutes, or pass resolutions about expected actions.
- From time to time, the Board evaluation process may involve the discussion of performance gaps of the Board as a whole or committees as a whole, the Board will endeavour to undertake the process of evaluation with the highest standards of respect and dignity for others, as per the *Board Code of Conduct Policy*.
- At the completion of the discussion of the Board evaluation, the Board Chair will ask for a resolution to direct the Human Resources and

- Governance Committee to prepare a governance plan for the following year. This plan will be returned to the Board for discussion and approval which will guide the work of the Board for the following year. It may include recommendations for Board or committee development, policy development, strategic planning activities, Board education, or any other governance activities that will demonstrate due diligence and best practices in effective corporate governance and evaluation.
- The Board may also direct the Human Resources and Governance Committee to review and revise the *Board Evaluation Policy*, the *Board Evaluation Form*, and/or the *Board Code of Conduct Policy*, based on outcomes of the Board evaluation.
 - The Board may also direct any of the standing committees to review and revise their terms of reference, based on outcomes of the Board evaluation.
 - The Board governance plan will guide the work of the directors and board Chair for the following year and will serve as the target(s) for the following year's governance performance results.

Related Documents

- Board Evaluation Form
- Board Code of Conduct Policy

Document Control

Date Last Approved: June 2021

Date Last Reviewed: November 2, 2023

Please score the following statements out of 5 and provide comments as they relate to each item.

Board Evaluation	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Not Applicable	Comments
I understand my roles and responsibilities as an LMCH Board member							
The role of the Board and the Chief Executive Officer (CEO) is defined and respected. The CEO is responsible for operations and the Board is focused on policy and planning							
The Board effectively fulfills its role in annually evaluating and supporting the CEO							
The Board successfully acts as governing trustees on behalf of contributors and the community while carrying out LMCH's mission and strategic goals							
The Board is engaged in strategic planning and setting the vision for the organization							
The Board actively monitors the outcomes and impact of LMCH's programs and initiatives							
The Board reviews the organization's bylaws and policies on a regular basis.							

The Board effectively oversees LMCH's financial resources by playing an appropriate role in financial matters							
Board members act as ambassadors for LMCH in the community							
The Board's recruitment process ensures the Board is appropriately diverse and has the skills, expertise and experience to successfully govern the organization							
Board members receive information about their responsibilities as well as ongoing training to enhance their governance role							
New Board members are oriented to the organization's mission, bylaws, policies, finances and programs, as well as their roles and responsibilities							
The Board handbook is complete, useful and relevant							
The Board receives reading materials, financial reports and required documents with enough time for review before meetings.							
I am satisfied with the various methods of communication used by the LMCH Board							
Board members come to meetings prepared to discuss agenda items							

Board agendas are well constructed and result in the Board achieving its meeting goals							
Board meetings are run effectively							
Board members are encouraged to engage in meaningful discussion							
The Board actively explores different ideas and opinions among Board members							
I feel that the Board works effectively as a team							
Time the Board spends on decision-making is appropriate							
The Board responds proactively versus responding reactively to issues arising at LMCH							
The Board has a process for handling urgent matters between meetings							
There is a high level of trust between Board and staff							
The Board's ongoing method of self-evaluation is useful and helps to enhance Board functioning and governance							

Please answer the following questions to the best of your ability

1. Briefly describe your overall satisfaction with the Board's functioning and effectiveness. What steps could be taken to enhance the Board's work, the way it works and its impact on the organization?
2. Do you feel that you are making an important contribution to LMCH? If appropriate, describe how the Board and organization could support you to enhance your contribution.
3. What challenges have you experienced as a LMCH Board member? Describe them and outline any steps you have undertaken to deal with them. Is there anything the Board or organization can do to address these challenges?
4. If you could change one thing about the Board, what would it be?
5. As we move forward with our new strategic plan, what do you think we should be looking for in a new chairperson of the Board? And in new Board members?



RELATED DOCUMENTATION

Legislation	
Collective Agreement	
Forms	Board Evaluation Form
Policies	Board Code of Conduct Policy Board Governance Policy
Other Resources	Housing Division Notice (HDN 2013-189), Local Standard – Board Meetings, City of London Declaration of the Sole Shareholder

1.0 PURPOSE

1.1 This policy outlines the expectations and timelines for the evaluation of the work of the London and Middlesex Community Housing (LMCH) Board of Directors.

1.2 The objectives of Board evaluations are to allow the LMCH Board of Directors to:

- Track its own progress, results and successes in its annual governance of the organization.
- Improve its governance results and successes, year over year.
- Self-correct as a Board, or course-correct if the Board’s work is deviating from stated purposes, responsibilities, or objectives.
- Address the performance of Board standing committees, as appropriate.
- Address gaps in the knowledge and understanding of the roles and responsibilities of the Board, and the governance of the organization.
- Address gaps in the knowledge and understanding of the roles and responsibilities of the Chief Executive Officer (CEO) and his or her delegates (the operations team).
- Address gaps in the knowledge of the management of social housing in general, and of public housing in particular, as it pertains to the governance expectations of the Sole Shareholder.
- Allow Board members the opportunity to grow and develop as an effective governance body.

2.0 POLICY STATEMENT

2.1 The LMHC Board of Directors will undertake an annual evaluation of its performance, and the performance of its standing committees.

- These evaluations will take place before November 30 each year, so that the current Board Chair and standing committees may receive feedback about



their performance, and/or make resolutions about future Board actions based on performance feedback, before the incumbents are elected in December.

- In years when there is a turnover of Board members, a November 30 deadline for Board evaluation will allow the retiring Board members to receive feedback about the Board's performance, and/or make resolutions about future Board actions based on performance feedback, before the incumbents join the Board in December.

3.0 PROCESS

3.1 The process for undertaking annual board evaluation is as follows:

- a. At the beginning of September each year, the *Board Evaluation Form (Appendix A)* will be distributed to all Board members to be completed and returned to LMCH staff (the Secretary or his or her delegate) by the 30th of that month. The evaluation form will be distributed electronically.
- b. The Secretary and his or her delegate will keep the completed evaluation forms confidential at all times, with the understanding that the forms will have the same level of confidentiality (and corresponding staff or public access) as any *in camera* Board documents.
- c. The completed and returned evaluation forms will be compiled by the Secretary or his or her delegate, so that they may be reviewed and discussed by the LMCH Board of Directors at the regular October Board meeting.
- d. The compilation of the completed evaluation forms will be in a format that combines the responses from all individual Board members into one document. The Board may direct staff to either identify individual respondents, or keep responses anonymous, as it wishes. Unless directed otherwise, staff will keep responses anonymous.
- e. All documents, reports and discussions about Board evaluation will be received and take place *in camera*, out of respect and consideration for any performance issues that the Board may review or take action on. If the Board wishes to make a statement about the results of the Board evaluation process in the public portion of a Board meeting, it may do so only upon passing a resolution releasing any confidential information during a prior *in camera* session where Board evaluation is discussed.



3.2 The Board will discuss the completed evaluation forms as follows:

- a. The Board will review the results of the most recent evaluation and annual governance plan, if either exists, in order to be reminded of past results, action items, recommendations, resolutions or governance plans pertaining to the previous Board evaluation.
- b. The Board will have a thorough discussion of the compiled evaluation form responses, noting areas of success, improvement over previous results, and areas where there is opportunity for improvement.
- c. If the Board wishes to take action on any areas covered by the evaluation, it will note action items in the minutes, or pass resolutions about expected actions.
- d. From time to time, the Board evaluation process may involve the discussion of performance gaps of the Board as a whole or committees as a whole, the Board will endeavour to undertake the process of evaluation with the highest standards of respect and dignity for others, as per the *Board Code of Conduct Policy*.
- e. At the completion of the discussion of the Board evaluation, the Board Chair will ask for a resolution to direct the Human Resources and Governance Committee to prepare a governance plan for the following year. This plan will be returned to the Board for discussion and approval before the end of the calendar/fiscal year, and will guide the work of the Board for the following year. It may include recommendations for Board or committee development, policy development, strategic planning activities, Board education, or any other governance activities that will demonstrate due diligence and best practices in effective corporate governance and evaluation.
- f. The Board may also direct the Human Resources and Governance Committee to review and revise the *Board Evaluation Policy*, the *Board Evaluation Form*, and/or the *Board Code of Conduct Policy*, based on outcomes of the Board evaluation. This work will take place early the following year, as part of the Human Resources and Governance Committee's annual work plan.
- g. The Board may also direct any of the standing committees to review and revise their terms of reference, based on outcomes of the Board evaluation.



-
- h. The Board governance plan will guide the work of the directors and Board Chair for the following year, and will serve as the target(s) for the following year's governance performance results.

4.0 DOCUMENT CONTROL

Date Drafted	April 2014
Date Approved	May 2014
Date Revised	June 2021
To be reviewed	Bi-Annually
Inquiries to Policy Owner	Chair of the LMCH Board of Directors

STAFF REPORT 2023-70

TO: LMCH Board of Directors

FROM: Dirk Volschenk, Manager of Human Resources

SUBJECT: Annual update of Occupational Health and Safety Reports

DATE: December 7, 2023

PURPOSE:

To receive approval for revisions of the Health and Safety Policy of the organization which has been reviewed and/or updated in terms of the organization's obligations under the Occupational Health and Safety Act, 1990.

RECOMMENDATION:

That the LMCH Board of Directors:

1. Approve the attached Health and Safety Policy;
2. Recommend the approval of this policy to the LMCH Board of Directors; and
3. Authorize LMCH staff to take the necessary action to give effect to the above recommendations.

BACKGROUND:

It is a requirement under the Occupational Health and Safety Act to review the Health and Safety Policy of the organization at least annually. This policy was last reviewed and approved by the Board in March 2023.

LMCH has enrolled into the WSIB Excellence Program to ensure that it complies with industry best practices and to leverage the benefits of the program, specifically branding opportunities, reduction of risk profiles, and rebate incentives.

As part of the program LMCH has partnered with the WSIB-approved consultants 4SConsulting and, on their advice, small revisions have been made to the Health and Safety Policy to ensure that it would comply with WSIB standards when submitted. Changes to the policy are:

- Add a specific reference in the policy committing to a physically and psychologically safe environment,
- Adding a signature spot on the first page for the Chief Executive Officer; and
- Minor updates to language or terminology to comply with WSIB standards.

Conclusion

Once approved both policies will be shared with all staff and they will be required to confirm that they read and understand the policies.

ATTACHMENTS:

APPENDIX A: Health Safety Policy November 2023 update

RECOMMENDED BY:
DIRK VOLSCHENK, MANAGER, HUMAN OF RESOURCES



RELATED DOCUMENTATION

Legislation	<ul style="list-style-type: none"> Occupational Health and Safety Act, 1990 www.labour.gov.on.ca/english/hs/laws/regulations.php Human Rights Code www.ohrc.on.ca
Collective Agreement	Article 31.04
Forms	<ul style="list-style-type: none"> N/A
Policies	<ul style="list-style-type: none"> Code of Conduct Policy Workplace Violence, Harassment, and Sexual Harassment Policy Health & Safety Orientation Manual
Other Resources	<ul style="list-style-type: none"> Employee Assistance Program (EAP)

Paul Chisholm Chief Executive Officer	Date: Signature:
--	---------------------

1.0 PURPOSE

London & Middlesex Community Housing (LMCH) acknowledges it has a statutory duty to take all reasonable precautions to protect employees, contractors, volunteers, visitors, and all other individuals onsite. Protecting employees from injury or occupational disease from accidents or incidents is a continuing objective. We will make every effort to provide a safe and healthy work environment for all staff. We believe all accidents are preventable and active participation at all levels will help ensure accidents are avoided. Supervisors and workers must refrain from any actions or activities that could jeopardize the health and safety of others and must work to reduce the risk of injury.

We are committed to promoting a safe and healthy workplace for all employees, contractors, volunteers, and visitors. In pursuit of our commitment, we will develop, implement, and enforce policies and procedures that promote and provide a healthier, safer work environment. We understand the importance of safety to the well-being and productivity of our employees, and strive to safeguard the workplace from injury and malfeasance through negligence.



We plan on working together to create a workplace that is physically and psychologically safe. We are committed to working jointly with relevant personnel including workers in the development and implementation of the health and safety program.

This policy outlines the responsibilities of all parties in maintaining a safe and healthy work environment. LMCH will act in compliance with all applicable workplace health and safety legislation.

This policy applies to everyone providing service at LMCH including:

- Board Members
- Management
- Bargaining-Excluded Staff
- Unionized Employees
- Temporary Staff
- Volunteers including Students
- Contractors

2.0 SCOPE

Guidelines

Communication

LMCH encourages open communication on health and safety issues. Open communication is essential to providing an accident-free and productive work environment.

- Employees who voice or identify a health and safety concern will not be subject to reprisal or retaliation.
- Health and safety concerns will be reviewed by Human Resources. The Joint Health & Safety Committee (JHSC) or designate will initiate an investigation on each reported or potential hazard.
- Employees should inform their supervisor of any matter they perceive to be an actual or potential workplace hazard.
- Communication can be written or verbal.



3.0 RESPONSIBILITIES

Employer and HR will:

- Instruct, inform, and supervise workers to protect their health and safety.
- Assist in a medical emergency by providing any information, including confidential business information, to a qualified medical practitioner and other prescribed persons for the purpose of diagnosis or treatment.
- Appoint competent persons as supervisors. "Competent person" is a defined term under the OHSA as a person who:
 - is qualified because of knowledge, training, and experience to organize the work and its performance,
 - is familiar with the Act and the regulations that apply to the work, and
 - has knowledge of any potential or actual danger to health or safety in the workplace.
- Inform a worker, or a person in authority over a worker, about any hazard in the work and train that worker in the handling, storage, use, disposal, and transport of any equipment, substances, tools, material, etc.
- Help the JHSC and health and safety representatives to carry out their functions.
- Not employ or permit persons under the prescribed age for the employer's workplace, to be in or near the workplace.
- Take every precaution reasonable in the circumstances for the protection of a worker.
- Post a copy of the OHSA in the workplace, as well as explanatory material prepared by the Ministry of Labour, Training and Skills Development (MLTSD) that outlines the rights, responsibilities and duties of workers in both English and in the majority language in the workplace.
- Prepare a written occupational health and safety policy, review that policy at least once a year and set up and maintain a program to implement it.
- Post a copy of the occupational health and safety policy in the workplace, where workers will be most likely to see it.
- Provide the JHSC or the health and safety representative with the results of any occupational health and safety report that the employer has. If the report is in writing, the employer must also provide a copy of the parts of the report that relate to occupational health and safety.
- Advise workers of the results of such a report. If the report is in writing, the employer must, on request, make available to workers copies of those portions that concern occupational health and safety.



- Notify a Director of the MLTSD if the JHSC (or a health and safety representative) has identified potential structural inadequacies of a building, structure, or any part thereof, or any other part of a workplace, whether temporary or permanent, as a source of danger or hazard to workers.
- Supply an effective strategy to manage the occupational health and safety concerns of the company.
- Allocate and govern resources properly to achieve the health and safety requirements of employees, and ensure that policies comply with the company's legal obligations.
- Foster a workplace culture of safety with appropriate leadership.
- Review relevant policies annually for compliance and efficiency, and revise where necessary.
- Provide all relevant parties with a copy of all orders or reports issued to the employer by a Ministry of Labour inspector and inform the JHSC of any work-related incidents involving injury, death, or occupational illness.
- Liaise with government agencies to ensure workplace health and safety compliance.
- Advise on safety and health policy issues.
- Coordinate health and safety inspections, and follow up to ensure the completion of necessary corrective actions.
- Develop best practices that support a strong health and safety program.
- Design and develop accident and incident reports and investigation procedures.
- Maintain an up-to-date knowledge of applicable health and safety regulations as mandated locally, provincially, or federally.
- Design and develop company policies and procedures related to workplace safety and health issues.
- Review injury and illness trends, and identify problem areas and solutions.

Managers and supervisors will:

- Help develop, implement, and enforce company policies and procedures.
- Continually promote health and safety awareness with instruction, information, training, and supervision to ensure the safe performance of employees.
- Use the process of hazard identification, risk management, and incident investigation.
- Perform occupational health and safety inspections of the workplace to identify and control any and all hazards to employees as needed.
- Ensure that a worker works in the manner and with the protective devices, measures and procedures required by the OHSA and the regulations.



- Ensure that any equipment, protective device or clothing required by the employer is used or worn by the worker.
- Advise a worker of any potential or actual health or safety dangers known by the supervisor.
- If prescribed, provide a worker with written instructions about the measures and procedures to be taken for the worker's protection.
- Take every precaution reasonable in the circumstances for the protection of workers.
- Ensure that machinery and equipment are safe and that employees work in compliance with established safe work practices and procedures.
- Ensure that employees receive adequate training in their specific work tasks to protect their health and safety.

Workers will:

- Work in compliance with the Act and regulations.
- Use or wear any equipment, protective devices or clothing required by the employer.
- Report to the employer or supervisor any known missing or defective equipment or protective device that may endanger the worker or another worker.
- Report any hazard or contravention of the Act or regulations to the employer or supervisor.
- Not remove or make ineffective any protective device required by the employer or by the regulations other than in circumstances specified below. The only circumstance in which a worker may remove a protective device is where an adequate temporary protective device is provided in its place. Once there is no longer a need to remove the required protective device or to make it ineffective, it must be replaced immediately.
- Not use or operate any equipment or work in a way that may endanger any worker.
- Not engage in any prank, contest, feat of strength, unnecessary running or rough and boisterous conduct. Racing powered hand trucks in a warehouse or seeing who can pick up the most boxes are examples of unlawful conduct.
- Comply with occupational health and safety policies and procedures.
- Notify managers of any health and safety concerns, so they may be dealt with promptly.
- Protect their own health and safety by working in compliance with the law, safe work practices, and procedures established by the company.
- Use appropriate personal protective equipment as required.



- Report unsafe or potentially hazardous conditions, without fear of reprisal, to their manager or Human Resources.

All employees will:

- Complete required occupational health and safety training.
- Perform duties in a manner conducive to a safe workplace, following all safety practices and procedures.
- Report any incident, injury, or hazard to their manager or supervisor.
- Report any acts of violence or harassment in the workplace.
- Promote a hazard-free workplace.
- Learn the posted emergency plan detailing the corporation's procedures pertaining to fire, weather, or medical emergency.

Joint Health and Safety Committee members will:

- Commit to improving health and safety conditions in the workplace.
- Stimulate and raise awareness of health and safety issues in the workplace.
- Recognize and identify workplace risks and hazards.
- Develop recommendations to address risks and hazards.
- Conduct regular workplace inspections and make written recommendations.
- Recommend accident prevention and health and safety programs.
- Listen to employee complaints, concerns, and suggestions.
- Participate in health and safety inquiries and investigations.
- Advise on health and safety matters, such as personal protective equipment.
- Maintain accurate and detailed records of near misses, accidents, and injuries.
- Promote and monitor compliance with health and safety regulations.
- Monitor the effectiveness of existing health and safety programs and policies, and assist with the implementation of improvements.
- Attend regular committee meetings.

Reporting Structures

Any concerns or near misses should be reported to the appropriate manager and/or JHSC. Employees who voice or identify a health and safety concern will not be subject to reprisal or retaliation.



If an emergency occurs, employees must immediately report the incident to their Manager/designate. Appropriate responses will be dictated by the severity of the event and its effect on the health and safety of employees, visitors, and property.

An emergency is any number of unsafe conditions that pose a threat to people or property. This includes but not limited to fire or smoke; natural disaster or severe weather; chemical, biological, or radiological incidents; and structural failures.

4.0 DOCUMENT CONTROL

Date Drafted	<ul style="list-style-type: none">• January 2017
Date Approved	<ul style="list-style-type: none">• February 23, 2017• Update approved by Board of Directors March 16, 2023
Date Revised	<ul style="list-style-type: none">• TBC
To be reviewed	<ul style="list-style-type: none">• Review and update every twelve months.• General review by all employees every twelve months.
Inquiries to Policy Owner	<ul style="list-style-type: none">• Human Resources

STAFF REPORT 2023-71

TO: LMCH Board of Directors
FROM: Paul Chisholm, CEO
SUBJECT: 2024 Board Workplan and Meeting Schedule
DATE: December 7, 2023

PURPOSE:

To RECEIVE the DRAFT 2024 Board meeting dates and Work plan.

RECOMMENDATION:

That LMCH Board of Directors **APPROVE** the attached 2024 Board Meeting schedule and Workplan.

BACKGROUND:

LMCH staff brings forth a draft Board Work Plan every year. LMCH Staff is requesting a review of the work plan to determine if there are additional items that should be scheduled to come before the committee.

The Terms of Reference for the Board of Directors notes that there is a minimum of 6 meetings per year. Staff note that the requirement for the Board to receive and review recommendations, tenders, quotations, bid awards, and policies could require the Board to meet more frequently. It is anticipated that there will be 9 meetings with full agendas on financial and organizational progress and the meeting time designated for Board Workshops. June, July, and December dates will act as placeholders should a meeting be required.

Once approved by the Committee the workplan and finalized meeting schedule will be shared with the Board of Directors for their information.

Appendix A: DRAFT 2024 Board Meeting Work Plan and Dates

RECOMMENDED BY:
PAUL CHISHOLM, CHIEF EXECUTIVE OFFICER

Draft Board Workplan -2024

Meeting Date 3rd Thursday of the month unless indicated otherwise	Proposed Agenda
January 18, 2024	Board Workshop <ul style="list-style-type: none"> • Board Onboarding • Board Evaluation • Strategic Planning
February 15, 2024	Board Meeting <ul style="list-style-type: none"> • Reports Direct to the Board • Reports from HRGC • Reports From TSC
March 21, 2024	Board Meeting <ul style="list-style-type: none"> • Reports Direct to the Board • Reports from FAC
April 18, 2024	Board Workshop Board Evaluation Review Board Reports <ul style="list-style-type: none"> • Reports Direct to the Board • Reports from HRGC • Reports From TSC
May 23, 2024 4 th Thursday to accommodate Audit Timing	Board Meeting <ul style="list-style-type: none"> • Audited Financials • Reports from FAC • Annual report
June 18, 2024	Annual General Meeting at SPPC
June 20, 2024	<ul style="list-style-type: none"> • Meeting If needed
July 18, 2024	<ul style="list-style-type: none"> • Meeting If needed
August 15, 2024	Board Meeting <ul style="list-style-type: none"> • Reports Direct to the Board • Reports from FAC • Reports From TSC
September 19, 2024	Board Workshop <ul style="list-style-type: none"> • To be confirmed
October 19, 2024	Board Meeting <ul style="list-style-type: none"> • Reports Direct to the Board • Reports from FAC • Reports from HRGC
November 21, 2024	Board Meeting <ul style="list-style-type: none"> • Reports Direct to the Board • Reports from FAC • Reports From TSC • Reports From HRGC
December 19, 2024	<ul style="list-style-type: none"> • Meeting If needed

Tenant Services Committee Report 2023- 16

TO: Tenant Services Committee, London and Middlesex Community Housing

FROM: Andrea Mackenzie, Director of Tenant Services

SUBJECT: Tenant Services Report

DATE: November 24, 2023

PURPOSE:

The purpose of the report is to provide an update to the Tenant Services Committee on the status of key initiatives and to provide updates on meetings, events or operational activities that may be of interest to the Committee.

RECOMMENDATION

That the Tenant Services Report **BE RECEIVED** for information.

UPDATES:

Sector Meetings

Local Housing Corporations – Communities of Practice meetings

November 28 will be the first Tenant Services/Tenant Management CoP in-person meeting in Toronto. Representatives from eight different Housing Corporations will be in attendance for the day-long meeting with inaugural discussions around challenges and best practices with the annual review process for RGI units, organizational structure, as well as tenant programming & and partnerships.

SHOAC

The meeting has been deferred until early December.

Community Development & Tenant Engagement

Our Community Engagement & Development team is continuing to distribute the Community Needs Assessment (CAN) most recently to four (4) of our family sites: Boullee, Marconi, Allan Rush, and Pond Mills. All the feedback is being captured on a workbook that we will use as a tool to inform programming and partnerships.

On our family sites residents identified several areas of interest including “Assistance with food security and nutrition” as a primary interest followed by education and skill building opportunities, employment support, cooking programs, tutoring support, dental programs, and culturally relevant resources.

Next steps for the team will be to connect with guest speakers to address the areas of interest identified. Explore the possibility of some on-site support and determine a schedule of events that may assist in removing barriers for residents in accessing services.

Vaccination Clinics

The Middlesex London Health Unit Clinics have restarted this fall at several sites, with residents being able to get both their flu and COVID vaccine at the same time.

Halloween Events

With the support of our Community Development Grants, tenants at Walnut Street hosted a Halloween party that saw over 30 residents in attendance. The event included food, beverages, a costume contest, dancing, and a lot of fun for everyone!

Boulee, Southdale, and Marconi (3 family sites) are home to a diverse group of youth and their families. To provide an avenue for social connection, and a fun experience, our Community Development Workers put on Halloween events at these sites. The goal of these events was to bring people together and provide an interactive experience for families to enjoy. In total we had 96 participants across the three sites, and everyone enjoyed snacks, games, and crafts.

Dundas, Simcoe & William Street with CMHA. 40 residents celebrated with staff from LMCH and CMHA with Halloween tricks and treats. There were pumpkins and haunted house crafts, a spooky tree, a photo booth, music, and lots of candy!

Playgrounds

To celebrate the installation of updated playground equipment on our family sites (Huron & Allan Rush), a fun day was held to correspond with the TVDSB PD day in October. Youth from the site enjoyed snacks, face painting, yard games, and playing on the newly unveiled playgrounds. In total, we had approximately 80 participants between our two sites.

Meeting Seniors Where They're At-Seniors Grant

The first phase of programming came to an end with the final two events in the series, and 40 residents were able to attend the London Knights home opener at the end of September against the Niagara IceDogs and 30 residents attended the theatre on October 1st on National Seniors Day at the Palace Theatre here in London.

Phase two of the programming is running from October through the end of November with a focus on on-site programming at our Glencoe, Baseline and McNay sites. This session is focusing on senior fitness with the Senior's Fitness Team from BCGLondon teaching weekly modified yoga sessions.

Holiday Socials

Planning and registration got underway for holiday socials at seven (7) of our sites this year, six in London at Commissioners, Walnut, Berkshire, William, Simcoe and Dundas and then we will be hosting a social at our Bella Street building in Strathroy.


ReImagine Southdale

With the redevelopment project getting underway at Southdale with the perimeter fencing being installed and abatement at the two rows of townhomes and demolishing scheduled to get underway by the end of November the Community Development team coordinated drop-in opportunities with our Project Manager and created and delivered flyers to the community. Scott Robertson is available for drop-in meetings and discussions with residents Wednesdays from 1 – 4pm and Thursday Mornings between 9am and noon until the end of December.

PREPARED BY:	REVIEWED BY:
Andrea Mackenzie Director, Tenant Services	Paul Chisholm CEO

Attachments:

APPENDIX A: Ongoing partner-led programming.

Ongoing Programming				
Partner	Program Name	Program Description	Location(s)	Frequency
 Boys & Girls Club	TBD	Programming with BGCLondon is currently paused as they are undergoing staffing changes and exploring grants to support intentional connection within LMCH community bursaries.	Allen Rush Boullee Limberlost Marconi	TBD
	After School Programming	The Boys and Girls Club offers an After after-school program for children ages 5-12; children are supervised and participate in various physical activities and wellness and nutritional programming The program runs Monday to Friday from 3:00-6:00 pm	Pond Mills	Daily
CMHA	Housing Always	Program supporting individuals experiencing: <ul style="list-style-type: none"> • Homelessness • Difficulty in obtaining, maintaining, safe affordable housing • Staying engaged with supports Participants are offered permanent independent living with support that matches their presenting needs. CMHA provides designated staff hours, community space, private meeting space, and onsite programming.	Dundas Simcoe	Daily
	ASH-Addictions Supportive Housing	ASH is intended for people who are prepared to commit to a process of active preparation for independent living. On a voluntary basis, tenants will participate in the development and implementation of an individualized treatment plan. Participants are offered permanent independent living with support that match their presenting needs. CMHA provides designated staff hours, community space, private meeting space and onsite programming.	Simcoe Bella	Daily
ELUCO- East London Unity Church Outreach	Community Lunch	Community members prepare and serve a hot healthy meal to caregivers, preschoolers, and school-age children; also involved is a social component, learning skills and sharing supports, as well as exercises	Marconi	Weekly
Fanshawe- SSW Students	ABCD Group Project	SSW students will be connecting with LMCH communities to develop, plan, implement, maintain and evaluate a community development project.	Marconi Walnut Baseline McNay	Varies Sept- May
Families First Westminster	Parent & Tot Cooking	Children along with a parent or caregiver will work together to build skills in preparing and eating simple and fun child-friendly meals together	Allen Rush	Weekly
Harvest Hands	Food Donations	As a non-profit distribution center dedicated to reducing food from bakers, growers and retailers for re-distribution, they are working with LMCH and CMHA staff to increase food security at Dundas Street every other Thursday. CMHA and LMCH staff have come together to put together recipe cards informed by the current food donations to support tenants with coming up with ideas of what to cook.	Dundas Simcoe	Weekly
InterCommunity Health Centre	Info Sessions & Rapid Testing	Info sessions about sexual health as well as provide free testing for HIV and Hep C	Dundas Simcoe Wharnccliffe	Nov Feb May Aug
John Howard Society	Boys & Girls Group	Kids aged 5-12 participates in activities that explore other cultures, racism, bullying, healthy relationships, family violence and safety planning—activities include cooking, art and crafts, games and drama.	Huron	Weekly

	Teen Group	Co-ed group of teens aged 13-17 participates in group that focuses on career development through an introduction to positive role models, guidance with course selection, volunteering in the community and seeking employment opportunities—teens have also had the opportunity to identify high risk and pro-social behaviors the impact of substance uses and strategies to handle peer pressure.	Boullee	Weekly
Literacy Link London Public Library Fanshawe	Digital Literacy	Over the course of the workshop facilitators from Fanshawe and London Public Library will meet with residents to help them explore digital skills topics. Residents can choose from topics covering everything from online financial security and identity protection to the basics of cloud computing, to learning how to create files and organize their computers, phones, and tablets. Tenants who are using a borrowed device, have the option to sign out a device out for the duration of the workshop to practice their skills in between sessions.	Walnut Commissioners	Weekly
Merrymount	CAPC	Community Action Program for Children (CAPC) which focuses on positive parenting, preventing childhood injury, and healthy nutrition. Formal programming will begin in October	Huron Southdale	Weekly
Mobility First	Outreach	FREE adjustments on existing equipment such as walkers, scooters etc. and sometimes supplying mobility devices for tenants for a minimal fee or through grant programs	Baseline Commissioners Hale Kent McNay Walnut Wharnccliffe Head Street Dorchester	Bi-Monthly
St. Vincent DePaul	Social Hour	Social Hour for tenants	Commissioners	Monthly
	Seasonal Celebrations	Brunches, desserts and seasonal celebrations		
VON	Breakfast/Lunch	Breakfast/ Lunch provided to tenants of a minimal fee	Baseline Commissioners Dorchester Hale Kent McNay Walnut	Weekly
	Wellness Link	Blood Pressure Clinics		
	Support groups	Games, knitting groups, coloring group		
	Resident Safety Checks	Residents can pay a small fee to have VON volunteers check on them via door tags twice per day		
	Drop-in Hours	Tenant Led		

Tenant Services Committee Report 2023- 17

TO: Tenant Services Committee

FROM: Christine Poirier, Senior Manager, Property Services

SUBJECT: Work Order and Service Requests for Q3 2023

DATE: November 24, 2023

PURPOSE:

To update the Tenant Services Committee regarding the status of LMCH's Q3 vacancy report broken down lettable and non-lettable.

RECOMMENDATION:

That the Vacancy Report – Q3 2023 report **BE RECEIVED** for information.

OVERVIEW:

LMCH completed a total of 346 unit turnovers in 2023 as of October 31 for all LMCH properties. This number equates to the following:

- 172 or 48% of the units were from Adult Buildings
- 121 or 34% of the units were from Senior Buildings
- 59 or 18% of the units were from Family Properties

In 2022, LMCH completed a total of 366 unit turnovers which equate to the following:

- 143 or 39% of the units were from Adult Buildings
- 134 or 37% of the units were from Senior Buildings
- 89 or 24% of the units were from Family Properties

If the current trend continues, it appears that the 2023 unit turnover numbers will surpass the 2022 unit turnover numbers by 10%.

AVERAGE DAYS IN RESTORATION:

As of October 31, 2023 there were 73 units in active restoration with an average of 81 days in restoration at month end.

- 35 units less than 60 days in restoration
- 16 units between 61 and 89 days in restoration
- 22 units greater than 90 days in restoration

Delays in unit turn processes generally include debris removal, pest treatment, vendor scheduling, and staffing availability. Debris removal would depend on the degree of sanitation and quantity levels. This can be up to a one-week process. Pest treatment requirements will depend on infestation levels. This can be from a two-week to a six-week process. Vendor scheduling and time to complete the scope of work can be a one-week to four-week process depending on the amount of damage found in the unit. Asbestos remediation can add further delays of one to two weeks.

In summary, the timeframe of a unit turn will be between six weeks for a good unit, to twelve weeks for an exceptionally damaged unit. The 22 units currently in restoration past 90 days have incurred exceptional amounts of damage and are mainly in the Adult and Family properties.

Non-Rentable Units:

The non-rentable category includes units that do not have a predictable rent-ready projection date due to an insurance claim or a major construction project (e.g., units that are being used for broader portfolio improvements).

- 31 units are on hold as part of CMHC Accessible Unit Project.
- 10 units are vacant and undergoing restoration for fire or as part of insurance claims.
- 18 units at our Southdale Project are vacant and awaiting demolition as part of the Reimagine Southdale project.

CMHC Accessible Units

As part of the CMHC program, we are modifying units to meet modern accessibility standards. By the end of the program in 2026, approximately 400 units in high rises will be modified to have accessible washrooms, kitchens, and living spaces. LMCH had set aside 6 pilot units to work through design, product and construction methodology options. These 6 units are now starting to be put back in service. An additional 25 units have been set aside at 345 & 349 Wharncliffe, Simcoe, and Walnut sites for this project.

LMCH has pre-qualified contractors for each site so the contractors can complete multiple units concurrently. With this approach, LMCH will achieve cost savings and assist in managing vendor oversight for the project.

As of October 31, 2023, there were 31 units that have been removed from the active stock of units in circulation. In late November LMCH returned 4 units at 349 Wharnccliffe to the rent-ready status, and are work is underway at other sites. The Asset Management team is committed to working closely with the Property Services team to get accessible units completed and back into circulation.

Site	Number of Units per site
345 Wharnccliffe	6
349 Wharnccliffe	6
202 McNay	1
241 Simcoe	7
85 Walnut	11
Total	31

Fire Restoration

LMCH has had an average of 7.3 units a month undergoing fire restoration YTD 2023. Simcoe and Dundas sites have the highest number of unit undergoing fire restoration. It is normally 12 months or more to complete a full fire restoration of a unit.

There are 3 unit fires in late October not noted in the chart below as the unit was not deemed vacant at the time the report was prepared.

There have been four serious fires at LMCH in November (as of November 24, 2023).

On July 11 there was a unit fire at Simcoe Street that affected a total of 10 units. 1 unit was affected by fire and 9 units were affected by the water damage. Winmar has been actively working on the remediation and restoration process.

	January	February	March	April	May	June	July	August	September	October	Months in Restoration per site
Allan Rush	1	1	1	1	1	1	1	1	1	1	10
Berkshire	1	1									2
Dundas	3	3	3	3	3	3	1	1	1	1	22
Penny Lane	1	1	1	1							4
Simcoe	1	1	1				8	8	8	8	35
Fire Units	7	7	6	5	4	4	10	10	10	10	73

*As of October 31, 2023

PREPARED BY:

CHRISTINE POIRIER
SENIOR MANAGER, PROPERTY
SERVICES

Tenant Services Committee Report 2023- 18

TO: Tenant Services Committee

FROM: Christine Poirier, Senior Manager, Property Services

SUBJECT: Work Order and Service Requests for Q3 2023

DATE: November 24, 2023

PURPOSE:

To update the Tenant Services Committee regarding the status of LMCH's Q3 work order and service requests broken down by category, Priority, and Vendors.

RECOMMENDATION:

That the Work Order and Service Requests – Q3 2023 report **BE RECEIVED** for information.

OVERVIEW:

We created a total of 4,738 work orders in Q3 of 2023 for all LMCH buildings. This number equates to the following:

- 1,579 work orders per month
- 53 work orders per day
- 1.45 work orders per unit

In 2022, we created a total of 21,326 work orders which equate to the following:

- 1,777 work orders per month
- 58 work orders per day
- 7 work order per unit

If the current trend continues, it appears that work orders will be at our below 2022 work order totals.

Created Work Orders by Category (Q3-2023)

1. **Work Orders:** This includes all work orders created between July 1, 2023, through September 30, 2023. Our top categories during Q3 were pest control, plumbing, and keys / doors which account for 57% of the work orders in this period.

	Pest Control	Plumbing	Keys and Doors	Electric Sys / Repairs	Building General	Cleaning	Door	Waste Removal	Life & Safety System	Other	Total
Q3 Work Orders	1,011	1,026	661	312	268	229	248	204	192	587	4,738
% of WO's	21%	22%	14%	7%	6%	5%	5%	4%	4%	12%	100%

Work Orders by Priority (Q3-2023)

2. **Priority Work Orders:** We broke down the work orders for this quarter by priority and found 50% were routine or non-emergency and 28% were classified as urgent, emergency, or 24 hours.

	Non-Emergency and Routine	Urgent, Emergency or 24 Hours	Turnover	After Hours	Other	Total
Q3 Work Orders	2,386	1,330	619	365	38	4,738
% of WO's	50%	28%	13%	7%	2%	100%

Unit Turnover by Category (Q3-2023)

3. **Turnover Categories:** Of the 619 work orders attributed to the turnover process, 21% were for cleaning services, 30% for keys and doors, 7% for paint and repairs, and 11% for pest control services. Keys and Doors was the dominant work order categories found for the turnover process.

	Cleaning	Keys and Doors	Paint / Repairs	Pest Control	Building General	Other	Total
Q3 Work Orders	129	189	44	67	53	137	619
% of WO's	21%	30%	7%	11%	9%	22%	100%

Total Work Orders – LMCH vs Vendors (Q3-2023)

4. Analysis of Q3 work orders indicates that 52% of work orders are assigned to LMCH staff which is a small increase over 2022 (51%).

	LMCH	Vendors	Total
Q3 Work Orders	2,481	2,257	4,738
% of WO's	52%	48%	100%

LMCH vs Vendors per Category (Q3-2023)

Minimum 245 Work Orders

5. **Category Breakdown:** LMCH manages at least 75% of work orders for plumbing, keys and doors, electrical repairs, and general maintenance. Conversely, almost all cleaning and pest control tasks are outsourced to vendors.

	Pest Control	Plumbing	Keys and Doors	Electrical Sys / Repairs	Building General	Cleaning	Door
Q3 Work Orders	1,011	1,026	661	312	268	229	248
LMCH %	10%	75%	97%	75%	74%	1%	86%
Vendors %	90%	25%	3%	25%	26%	99%	14%

Conclusion

In 2022, LMCH generated 21,326 work orders. If the current trend continues, it appears that work orders for 2023 will be at our below 2022 work order totals.

Pest control work orders continue to trend up in 2023. This is due to an increase in pest complaints, increases in challenging pest issues, and, in part, due to a change in practice to ensure all individual unit treatments are recorded in the system when part of a block treatment program.

PREPARED BY:
CHRISTINE POIRIER SENIOR MANAGER, PROPERTY SERVICES

Tenant Services Committee Report 2023- 19

TO: Tenant Services Committee, London Middlesex Community Housing

FROM: Andrea Mackenzie

SUBJECT: Q.3 2023 – Legal Services Updates

DATE: November 24, 2023

PURPOSE

The purpose of the report is to provide and update to the Tenant Services Committee with additional information on applications to the Landlord & Tenant Board (LTB), hearing scheduling, outcomes, and challenges that may be of interest to the Committee.

RECOMMENDATION

That the Legal Services report **BE RECEIVED** for information.

BACKGROUND

London Middlesex Community Housing is committed to supporting and promoting successful tenancies. We are committed to keeping evictions for non-payment of rent to a minimum and work with residents, support services, and other agencies wherever possible to ensure that rent payments are made and evictions are minimized.

We also need to take a balanced approach to issues arising within our communities that address individual behaviors that are impacting residents, staff, contractors, or support agency staff and ensure we continue to work to provide safe and healthy communities for all our residents.

The work to address rental arrears or social issues is undertaken by many staff across the organization and maybe a Tenant Services Coordinator reaching out to an ODSP caseworker to confirm ongoing benefits and family composition that would allow us to complete the annual renewal process and set rent at the appropriate rate to avoid loss

of subsidy. It may involve the Community Relations Worker working with a tenant to reconnect them with their Ontario Works caseworker and reestablish a pay-direct of their rent to LMCH. It may involve the Legal Services staff knocking on the tenant's door to have a conversation about a repayment agreement making a referral to the Housing Stability Bank or talking to the individual about what the legal process will look like and how to participate in an LTB hearing, when we haven't been successful it avoids this option.

TENANT IMPACT

Taking legal action to obtain an order for payment of rent arrears or to terminate a tenancy can be a long and sometimes stressful experience for those residents going through the LTB process or for others impacted by behaviours of others in their residential complex as they await a hearing or an order for the termination of a problematic tenant.

We have seen with the onset of Covid and first the shuttering on all Landlord & Tenant Board hearings, a significant backlog in the number of cases waiting to be scheduled and heard, the incredible delays for hearings as well as for orders to be issued after the conclusion of a hearing.

Currently, we average a four-to-five-month delay for scheduling of L1 applications for rent arrears and we are averaging anywhere between 6 – 12 months for the scheduling of our L2 applications for social issues. There also does not appear to be any consistency in the timelines for scheduling of L2's based on what the application is for, i.e., Interference with Enjoyment of the Residential Complex, Impaired Safety issues, or Illegal Acts.

The LTB currently indicates that they are committed to providing orders within a 30-60 day window upon conclusion of a hearing however our Legal Services staff are now routinely waiting between 60 – 90 days.

Overall, with current average timelines LMCH anticipate that from time of filing to issuance of an order from the LTB we are now averaging 12 – 18 months.

STATISTICS AT A GLANCE

2023 Legal Stats	Pre Covid 2019	COVID 20/21	2022	2023 YTD Q3*
L1 applications (Rent Arrears)	273		210	259
L2 applications (Social)	85		60	71
# of Evictions 2023	87		51	57
# of Evictions (Rent Arrears)	48		35	44
# of Evictions (Anti-Social Behaviour)	39		16	13

* 9 months for 2023

CONCLUSION

LMCH still has further work to do to support and maintain tenancies where possible, especially for those residents who are trying to participate in discussions about how to maintain their own tenancy. We need to establish clear standards for the organization to ensure that we are meeting our obligations and standards for our tenants to meet their rental responsibilities.

We anticipate bringing forward eviction prevention policies to the Tenant Services Committee in 2024 to formalize these strategies.

PREPARED BY:	REVIEWED BY:
Andrea Mackenzie Director, Tenant Services	Paul Chisholm CEO

Tenant Services Committee Report 2023- 20

TO: Tenant Services Committee
FROM: Paul Chisholm, CEO
SUBJECT: Tenant Services Committee Work Plan 2024
DATE: November 24, 2023

PURPOSE:

To receive the Draft Tenant Services Committee Work Plan for review and revision.

RECOMMENDATION:

That the Tenant Services Committee APPROVE the attached 2024 Tenant Services Committee Work Plan.

BACKGROUND:

LMCH staff brings forth a draft Tenant Services Committee Work Plan every year. The Committee is requested to review the work plan and determine if there are additional items that should be scheduled to come before the committee.

The Terms of Reference for the Tenant Services Committee notes that there is a minimum of four (4) meetings per year. The current schedule of meetings has the Board of Directors meeting 4-5 times a year. Should the Committee determine that more frequent meetings are required staff will work with the Committee to add these meetings to support the work of the Committee.

Once approved by the Committee the workplan and planned meeting schedule will be shared with the Board of Directors for their information.

Appendix A: 2024 Tenant Services Committee Draft Work Plan

RECOMMENDED BY:
PAUL CHISHOLM, CEO

2024 Tenant Services Committee Work Plan

Committee Meeting Date	Board Meeting Date	Anticipated Agenda Items TO BE REVIEWED
Monday January 22 nd	February 15 th	<ul style="list-style-type: none"> • Review of Draft Workplan • Directors Reports <ul style="list-style-type: none"> ○ Tenant Services ○ Property Services • Vacancy Report Year-end Vacancy Report 2023 • Work order and service report 2023 Overview – Property Services • 2024/2025 Capital Project Status Report and Plan • Reimagine Southdale Update • Pest Management Update
Monday April 8 th	April 18 th	<ul style="list-style-type: none"> • Directors Reports <ul style="list-style-type: none"> ○ Tenant Services ○ Property Services • Community Safety Unit Status Report and KPI Review • Update Community Development and Tenant Engagement Strategy • Vacancy report • Re-Imagine Southdale Tenant Engagement and Support Plan • Work order and service report 2024 Q1 Overview – Property Services • Reimagine Southdale Q1 2024 Update • Pest Management Update
Monday June 10 th	August 15 th	<ul style="list-style-type: none"> • Directors Reports <ul style="list-style-type: none"> ○ Tenant Services ○ Property Services & Asset Management • Vacancy Management • Summer Programming and Activities • Annual Unit Inspection Program - Property Services • Reimagine Southdale Update • Pest Management Update • Work order and service report 2024 Q2 Overview – Property Services

<p>Monday, October 28th</p>	<p>November 21st</p>	<ul style="list-style-type: none"> • Directors Reports <ul style="list-style-type: none"> ○ Tenant Services ○ Property Services & Asset Management • Vacancy Report • Reimagine Southdale Update • 2024 Capital Project Update Report • Update on the Asset Management Plan • Work order and service report Q3 2024 – Property Services • Reimagine Southdale Update • Pest Management Update • Community Safety Unit Status Report and KPI Review • Update Community Development and Tenant Engagement Strategy
--	-------------------------------------	---

*Dates to be finalized with Committee Members

STAFF REPORT 2023- 72

TO: LMCH Board of Directors

FROM: Paul Chisholm, Chief Executive Officer

SUBJECT: LMCH Land Acknowledgement Update

DATE: December 7, 2023

PURPOSE:

The purpose of the report is to provide the Board with the updated Land Acknowledgement statement which includes the surrounding First Nations communities.

RECOMMENDATION:

That the LMCH Land Acknowledgement **BE APPROVED**.

BACKGROUND:

The current land acknowledgement appeared on the Agenda at the October 2018 meeting and the minutes of the September 2018 meeting note that the motion to adopt the land acknowledgement was made at this meeting.

CHANGES TO LAND ACKNOWLEDGEMENT:

LMCH staff added the following statements to the current Land Acknowledgement:

"We acknowledge the local First Nations communities in this area, the territory of the Chippewa (CHIP-I-WAA) of the Thames, the Oneida (OH-NY-DUH) of the Thames, and the Muncy (m-UN-n-s-ee) Delaware Nation."

"We honour and respect the history, languages, and culture of the diverse Indigenous people who call this territory home, Today, the City of London & Middlesex County is home to many First Nations, Métis, and Inuit people. We are grateful to have the opportunity to work and live in this territory."

CONCLUSION:

LMCH understands the importance of recognizing the land we work and live on, and this proposed updated Land Acknowledgement fulfills the spirit of LMCH's intentions to honour the diverse indigenous people who call this territory home.

PREPARED BY:
PAUL CHISHOLM, CHIEF EXECUTIVE OFFICER

Recognition of Indigenous Peoples and Lands Statement

London & Middlesex Community Housing provides housing on the traditional lands of the Anishinaabek (AUh-nish-in-ah-bek), Haudenosaunee (Ho-den-no-show-nee), Lūnaapéewak (Len-ah-pay-wuk) and Attawandaron (Adda-won-da-run).

We acknowledge the local First Nations communities in this area, the territory of the Chippewa (CHIP-I-WAA) of the Thames, the Oneida (OH-NY-DUH) of the Thames, and the Muncey (m-UH-n-s-ee) Delaware Nation.

We honour and respect the history, languages and culture of the diverse Indigenous people who call this territory home. Today, the City of London & Middlesex County is home to many First Nations, Métis and Inuit people. We are grateful to have the opportunity to work and live in this territory.

STAFF REPORT 2023-75

TO: LMCH Board of Directors

FROM: Paul Chisholm, Chief Executive Officer

SUBJECT: HDN # 2023-268: Selection of RGI Households for Vacant Units

DATE: December 07, 2023

PURPOSE:

The purpose of the report is to provide an update to the members of the LMCH Board of Directors on changes to the selection of RGI households for vacant units in the service area.

RECOMMENDATION:

That the following report and attachments **BE RECEIVED** for information purposes.

BACKGROUND:

From time to time, Housing Division Notices (HDN's) are issued by the City of London in its capacity as Service Manager, to communicate the mandatory policies and procedural guidelines that housing providers must follow. As best practice, these guidelines will be presented to the Board of Directors and recorded in the minutes as reviewed and accepted by the Board.

OVERVIEW:

The *Housing Serves Act, 2011* sections 47 to 49 require service managers to create a system for selecting households from those waiting for rent-geared-to-income. This includes determining the priority of households waiting for RGI housing.

In Ontario, the top priority for RGI housing are referred to as Special Priority (victims of domestic violence and human trafficking). These households remain the number one priority household in the service area.

The changes in the Housing Division Notice make two main changes to the access system:

- To be eligible for the urgent homeless status the household must now reside in the service area for 9 months.
- The ratio of urgent households and chronological households housed will now be 2 urgent households for every 8 chronological for every 10 units. This ratio was previously 9 urgent or high-need households and 1 chronological household for every 10 units.

TENANT & AND ORGANIZATIONAL IMPACT

LMCH staff are reviewing the notice and meeting with City staff to better understand the requirements of this notice and will determine the changes needed for internal business processes in the coming days.

It is expected that the changes in the selection process will have an immediate impact in supporting applicant households on the chronological list for housing. Over time this change is expected to support housing stability for new tenants as well as promote healthier communities across LMCH.

PREPARED BY:
Paul Chisholm, CEO

Attachments:

APPENDIX A: HDN 2023 # 261 – Selection of RGI Households for Vacant Units

APPENDIX B: HDN 2021 # 256 - Local Priority Selection Rules



Housing Services
355 Wellington Street,
Suite 248
London,
ON N6A
3N7

Housing Division Notice

Date: November 16, 2023

HDN# 2023-268

This applicable legislation/policy is to be implemented by the housing provider(s) under the following programs:

Please note if your program is **not checked**, this change is **not applicable** to your project.

<input type="checkbox"/>	Federal Non-Profit Housing Program
<input checked="" type="checkbox"/>	Private Non-Profit Housing Program
<input checked="" type="checkbox"/>	Co-operative Non-Profit Housing Program
<input checked="" type="checkbox"/>	Municipal Non-Profit Housing Program (Pre-1986)
<input checked="" type="checkbox"/>	Local Housing Corporation

Subject: SELECTION OF RGI HOUSEHOLDS FOR VACANT UNITS (REPLACES HDN# 2021 – 256)

1. PURPOSE:

To inform community partners of the local rule, background and compliance standard under the [Housing Services Act \(2011\) s 47 to 49](#) requiring Service Managers to set local rules regarding determination of priority of households waiting for Rent-Geared-to-Income (RGI) assistance.

Definitions:

1. **Special Priority Household Category** (commonly referred to as “SPP”) is defined in the Housing Services Act, 2011, [O. Reg. 367/11 s 52 to s 58](#).
2. **Urgent Status** as determined by the City of London as Service Manager. To be eligible for Urgent Status, households must have been a resident of London-Middlesex for the past 9 months and be under the High Need Household Income Limit as defined in the Housing Services Act, 2011 [O. Reg 370/11](#). The exception to the 9 months residency requirement is for households with Urgent Medical Status that are required to relocate to London to access medical treatment.

3. **Chronological** refers to all eligible households on the RGI waitlist who do not have Urgent or SPP Status.

2. BACKGROUND AND COMPLIANCE STANDARD:

The Housing Services Act, 2011 states that the Service Manager shall have a system to determine the priority of households waiting for Rent-Geared-to-Income assistance.

The following temporary local priority rules for Rent-Geared-to-Income assistance were approved by Municipal Council on November 17, 2023 and are as follows:

- a) Implement a new temporary housing placement rate of 20% Urgent Status households, and 80% chronological households.
- b) Temporarily implement a requirement that households applying for Urgent Status on the waitlist have lived in London-Middlesex for the past 9 months in order to be eligible for Urgent Status, except Urgent Medical Status when relocation for medical treatment is required.

3. LOCAL RULE:

Housing Providers are to implement the temporary local selection priority rules for Rent-Geared-to-Income assistance immediately.

Placement Ratio:

When selecting an applicant from the RGI waitlist, offers by the Housing Providers should be made as follows:

1. **Special Priority Household Category (SPP):** Applicant households approved under the Special Priority Household Category are housed before all other households, ranked by the date the status was assigned. These households are not part of the housing ratio outlined below.
2. **Urgent Status:** Households with Urgent Status are housed at a rate of 20% (2/10) according to the date the status was assigned.
3. **Chronological Households:** Applicant households ranked according to eligibility date. These households are housed at a rate of 80% (8/10)

Practice for Selecting Households:

Housing providers shall contact SPP households first for offers of housing. If there are no SPP households on a housing providers list, households will be contacted based on their eligibility date/date urgent status was assigned.

Housing units will be filled based on the following system:

- 4 Chronological households
- 1 Urgent Status household
- 4 Chronological households
- 1 Urgent Status household

Once 10 households (8 Chronological and 2 Urgent Status) have been housed, the cycle repeats.

If an SPP household is added to the provider's list, they shall receive the next available unit they are eligible for, and then the process for housing Chronological and Urgent Households continues where it left off.

4. AUTHORIZATION:

*Original signed by
Matt Feldberg
Director, Municipal Housing Development*



Housing Services
 355 Wellington Street,
 Suite 248
 London, ON
 N6A 3N7

London
 CANADA

Housing Division Notice

Date: October 12, 2021

HDN# 2021 – 256

This applicable legislation/policy is to be implemented by the housing provider(s) under the following programs:

Please note if your program is **not checked**, this change is **not applicable** to your project.

√
√
√
√
√

- Federal Non-Profit Housing Program
- Private Non-Profit Housing Program
- Co-operative Non-Profit Housing Program
- Municipal Non-Profit Housing Program (Pre-1986)
- Local Housing Corporation

Subject: LOCAL SELECTION PRIORITY RULES (IN ADDITION TO THE PROVINCIALY LEGISLATED ELIGIBILITY RULES) (REPLACES HDN# 2005-90)

1. PURPOSE:

Selection Priority for Placements

When selecting an applicant from the centralized social housing waiting list, offers by the Housing Providers should be made in the following order:

1. Applicant households approved under the **Special Priority Policy (SPP)**;
2. Applicant households deemed to be in an **Urgent** situation ranked according to the date the status was assigned;
3. Applicant households in the **High Need** category by date of application; and,
4. Applicant households in the rent-geared-to-income category ranked **Chronologically** by date of application (see Placement Ratio below).

Placement Ratio: Housing Providers must ensure that, after all SPP applicants are first placed from their waiting lists, a maximum of 90% of placements must be from households in the Urgent and High Need categories and 10% from the Chronological category.

.../2

Market rent households are not included in the selection priority for placements.

Housing Providers must adhere to their legislated targeting plan for the number of market rent units, the number of rent-geared-to-income units and the number of high need units in their portfolio.

Definitions:

Special Priority status is determined by the Service Manager through the Housing Access Centre.

1. **Special Priority Policy (SPP)** household is defined in O. Reg. 367/11 s 52 to s 58.
2. **Urgent Status** as determined by the Service Manager through the Housing Access Centre.
3. **High Need** household means a household whose annual income is less than or equal to the amount as set in the Housing Services Act, 2011 O.Reg 370/11 for the size of unit the household occupies and the part of the service area in which the unit is located. Please refer to the local Housing Division Notice regarding the Maximum Household Income for current High Need Household Income Limit, as they are updated annually.

2. BACKGROUND AND COMPLIANCE STANDARD:

The local eligibility rules for rent-geared-to-income assistance were approved by Municipal Council on April 18, 2005 and are as follows:

- a) Placement Ratio in Selection Priority for Placements
- b) Clarifications in Urgent Status Wording
- c) High Need Income Limit Levels

These local eligibility rules will provide opportunities for at least 10% of the geared-to-income assisted tenant base is housed from the chronological list. This placement ratio provides the applicant households in this category access to subsidized housing while still housing those most vulnerable in our communities as a priority.

3. ACTION:

That Housing Providers implement the local selection priority rules for rent-geared-to- income assistance.

4. AUTHORIZATION:

Original signed by

Dave Purdy
Manager, Housing Services

Date: October 12, 2021