

Public Health Risk Management Framework and 2018 Action Plans

Overall Objective: Public Health Services will use a formal risk management framework that identifies, assesses and addresses risk

Subordinate Objective: To integrate risk management through all levels of planning, culture and operations in Public Health Services

RISK IDENTIFICATION					RISK ASSESSMENT			RISK REDUCTION		
ID #	Risk Exposure	Description of Risk	Cause/Source of Risk	Current Mitigation Strategies	Rating Scale (Likelihood x Impact)	Action Plan	Person Responsible	Timelines	Residual Risk (Likelihood x Impact)	
1. Financial Risks										
1.1	The Board of Health may not be able to maintain current service delivery levels due to increased budget pressures expected over the next several years.	Funding increases may not offset rising operational costs which will impact operations.	Low tax increases, provincial funding formula changes, rising operational costs.	Regular assessment of current vacancies across the department.	L5, I5	1. Use the current review of the Standards for Public Health Programs and Services (Standards) to: - Identify services PHS is providing that are no longer mandated - Identify areas where current service delivery exceeds expectation within the Standards or where there are opportunities to improve service delivery models 2. Evaluate departmental vacancies 3. Renew the evaluation and continuous quality improvement strategy to ensure regular review of programs and service for effectiveness and efficiency 4. Reallocate resources to high priority mandated services based on evidence	1. Medical Officer of Health/ All management 2. Department Leadership Team 3. Department Leadership Team/ All management 4. Department Leadership Team	1. January 2018 2. On-going 3. January 2018 4. On-going	L3, I3	
1.2	The Board of Health may have financial management risk due to financial forecasting gaps.	Budget approval through City and Province is delayed relative to expenditures. Financial management competencies are required for accurate forecasting.	Timing of budget approvals for City and Province, Financial competencies.	Using past, current and projected financial conditions to increase forecast accuracy.	L3, I2				L3, I2	
1.3	The Board of Health may have financial loss due to fraud or corruption.	Misrepresentation of qualifications at hiring, misuse of position for private gain.	Fraud or corruption.	Human resources hiring practices, background checks, policies in place and audits.	L1, I3				L1, I3	

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2. Operational or Service Delivery Risks									
2.1	The Board of Health may be at risk of non-compliance with the Standards due to lack of complete information of expectations.	Province has not yet provided full standards documentation. Uncertainty on how to deliver programs and services to achieve compliance with standards.	New standards without complete supporting documentation for compliance.	Consultation with Ministry of Health and Long-Term Care, discussions with other Health Units.	L2, I3				L2, I3
2.2	The Board of Health may not have the ability to make effective decisions on service delivery for program areas where there is flexibility in service delivery.	Some of the new Standards allow flexibility in decision making based on local need.	Flexibility in program standards, lack of clear evidence on optimal interventions.	Consultation with Ministry of Health and Long-Term Care, discussions with other Health Units, Standards review work, learning to use evidence in new ways to inform service delivery decisions.	L3, I3				L3, I3
3. People and Human Resources Risks									
3.1	The Board of Health may be at risk due to inadequate acquisition and retention of key personnel.	Key personnel are needed to effectively lead and deliver PHS services. Retirements and resignations creating voids in key positions.	Workplace culture, Perception of PHS work being undervalued, workload, job security (PHS/CES merger, Public Health transformation, financial environment).	Succession/workforce planning, leadership development, quality improvement initiatives within hiring practices.	L5, I5	<p>Workload Management</p> <ol style="list-style-type: none"> 1. Create prioritization of work document to address immediate workload concerns 2. Hire vacancies in key positions (reliant roles) <p>Culture/Work Environment</p> <ol style="list-style-type: none"> 3. Creation and implementation of Action Plans from the Our People Survey to address workplace culture issues 4. Further work of Public Health Services Culture Action Work Group <p>Job Security</p> <ol style="list-style-type: none"> 5. Use of attrition strategies where possible to mitigate impact on workforce 	<ol style="list-style-type: none"> 1. Department Leadership Team 2. Department Leadership Team 3. Medical Officer of Health 4. Manager Epidemiology & Evaluation 5. Department Leadership Team 	<ol style="list-style-type: none"> 1. October 2017 2. January 2018 3. April 2018-Fall 2020 4. On-going 5. On-going 	L3, I3

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4. Environmental Risks									
4.1	The Board of Health may be at risk from a natural, technological or human-caused emergency situation impacting the environment.	An environmental emergency could lead to risk exposure in terms of loss or reallocation of resources leading to potential legislative non-compliance and/or negative public image.	Natural hazards (e.g. extreme weather).	Emergency Response Plan, Business Continuity Planning, hazard specific plans, Building Adaptive & Resilient Communities work.	L4, I2				L4, I2
5. Information/Knowledge Risks									
5.1	The Board of Health may be at risk due to incomplete or inadequate information required to make decisions or plan programs and services.	Gaps or challenges in availability of data or evidence to support decision making.	Lack of available evidence.	Use best available evidence, consult content experts.	L1, I3				L1, I3
6. Strategic / Policy Risks									
6.1	The Board of Health may be at risk of not achieving departmental goals due to a lack of formal strategies.	Strategic plan does not include detailed strategies or plans required to meet departmental goals.	Process to develop specific strategies has been delayed.	Working with City Managers Office to clarify corporate process for developing strategies to support achieving community priorities within the City of Hamilton strategic plan.	L5, I2				L5, I2
6.2	The Board of Health may be at risk of not meeting strategic goals due to competing priorities between the City and the Ministry.	PHS may not have the resources required to meet the differing strategic priorities of the Ministry and the City.	Staffing and workload pressure.	Standards review program planning to align City and Provincial processes.	L4, I2				L4, I2
6.3	The Board of Health may be at risk of not meeting Departmental Goals due to potential changes required in the Strategic Plan to align with the health system transformation.	Uncertainty associated with the health system transformation may result in repeated changes to Departmental Goals/Strategic Plan.	Health system transformation.	Consultation where applicable for health system transformation changes.	L4, I2				L4, I2

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7. Legal / Compliance Risks									
7.1	The Board of Health may be at risk of not achieving full compliance with the many and varied program obligations imposed by statutes and regulations impacting on governance and management of the Health Unit.	Non-Compliance with mandatory statutes and regulations - resulting in potential legal action from the province and/or public.	Financial, operational, program pressures.	Routine in-year monitoring of the organization's compliance with applicable statutes and regulations. Identification of strategies to achieve minimal compliance standards.	L3, I2				L3, I2
7.2	The Board of Health may be at risk of non compliance with statutes and regulations due to inability to update policies in a timely way.	Non-Compliance with mandatory statutes and regulations - resulting in potential legal action from the province and/or public.	Financial, operational, program pressures.	On-going policy review process.	L2, I3				L2, I3
8. Technology Risks									
8.1	The Board of Health may be at risk of a network outage impacting service delivery.	A network outage would significantly reduce PHS ability to carry out work. Network outage will impact electronic file retrieval, phone/fax access, communications, etc.	Technology error, external disaster.	IT network controls.	L1, I4				L1, I4
8.2	The Board of Health may be at risk due to use of unsupported technology.	Data loss and business disruption may occur as a result of a failure in a program/application not supported by IT (e.g. OSCAR - the Electronic Medical Record system in place at PHS) or when applications/datasets reach end of life and are no longer supported.	End of life applications, non-supported programs (OSCAR).	Creation of an IT programs/applications inventory for long-term data management planning.	L5, I5	<ol style="list-style-type: none"> Finalize and populate the IT inventory for all PHS applications and programs Use the IT inventory to prioritize information Technology Advisory Board requests to prevent data loss/disruption Procure contractor to support OSCAR application Identify alternatives for OSCAR Renew Service Level Agreements with IT Services to ensure all PHS applications are included and service is being maintained 	<ol style="list-style-type: none"> Supervisor, Data Management Supervisor, Data Management Manager, Business Operations Manager, Business Operations Director, Planning and Business Improvement 	<ol style="list-style-type: none"> December 2018 On-going December 2017 September 2018 December 2017 	L2, I5

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9. Governance / Organizational Risks									
9.1	The Board of Health may be at risk due to challenges elected officials may experience balancing their municipal responsibilities with their responsibilities for public health.	Board members may not have the necessary time to fulfil all their responsibilities as Board members.	Workload pressure.	Agenda review prior to Board meetings, Board member education, Board of Health self-evaluation.	L4, I4				L4, I4
9.2	The Board of Health may be at risk of ineffective risk management due to the appetite for risk culture not being clearly defined and articulated for staff or Board of Health members.	Risk management and mitigation plans require an understanding of risk management principles.	Formalized risk management is new to PHS work.	Risk management reports and presentations to Board, training Public Health Department Leadership Team.	L4, I3				L4, I3
9.3	The Board of Health may be at risk of non-compliance with the Standards due to the pending organizational restructure by the City or Province.	It is well documented that mergers or structure changes often lead to decreased productivity which could impact PHS' ability to comply with the Standards in both the short and long-term.	Public Health Services and Community & Emergency Services department merger, recommendations from Minister's Expert Panel	Determine potential challenges and opportunities with merged structure, Public Health Department Leadership Team to provide information to the decision makers to mitigate all risks.	L5, I5	1. Continue to share relevant information with decision makers to support arrival at the most effective organizational structure 2. Develop and implement change management strategies to support staff through change	1. Medical Officer of Health/ City Manager 2. All Directors	1. Throughout merger process 2. Throughout merger process	L2, I4

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10. Privacy Risks									
10.1	The Board of Health may be at risk of non-compliance with Privacy legislation due to data storage methods on some applications.	Datasets may contain personal information subject to the privacy protective sections of MFIPPA. It is also best practice to notify individuals whose personal information is subject to cross border storage.	Lack of centralized governance over data management within applications.	PHS Privacy Officer to develop plans as needed.	L3, I1				L3, I1
10.2	The Board of Health may be at risk of not remaining current with evolving privacy policy climate.	PHS may have insufficient policies, procedures and management mechanisms to ensure compliance with privacy policies and legislation.	Current gap in Privacy Officer position.	PHS leaders/staff to ensure compliance with PHIPPA policies. New Privacy Officer to be hired.	L3, I2				L3, I2
10.3	The Board of Health may be at risk of privacy breaches.	Privacy breaches may occur due to staff or technology errors.	Current gap in Privacy Officer position.	PHS leaders/staff to ensure compliance with PHIPPA policies.	L3, I2				L3, I2
11. Stakeholder / Public Perception Risks									
11.1	The Board of Health may be at risk of a negative public image due to lack of understanding of PH role and services.	Lack of broader community understanding and confidence in PHS role and services.	Limited engagement between public health and broader community.	Increase awareness of outward-facing accomplishments on City Web page and social media.	L3, I3				L3, I3

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11.2	The Board of Health may be at risk of reduced confidence among community partners due to leadership shifts and retraction from shared initiatives.	Reduced confidence in PHS as a community partner.	Shifting resources from PHS-led strategic initiatives to focus on new strategic priorities.	Building transition plans to operationalize and sustain core strategies through existing programs and budgets (through PHS and partner organizations).	L4, I4				L4, I4
11.3	The Board of Health may be at risk of negative public perception from divestment in services and programs traditionally offered.	New Standards will lead to changes in PHS services and programs delivered	New standards, budget pressure.	Development of a Stakeholder Engagement Strategy.	L5, I5	1. Build a strong business case before divestment -Identify service availability and capacity elsewhere in the community -Create communications plan -Document and communicate evidence to support decision making -Continuously work and engage with community partners and the public throughout the transition	1. All applicable managers	1. On-going	L2, I2
12. Security Risks									
12.1	The Board of Health may be at risk of threats to network security and hard files.	IT security and integrity.	IT security and integrity .	Working within a corporate IS framework to safeguard IT security and integrity. Follow all corporate IS policies and procedures pertaining to network and/or file security and integrity.	L2, I4				L2, I4
12.2	The Board of Health staff and visitors may be at risk of active violence.	Harm imposed by an individual confronting PHS staff or visitor.	Violent individual, disgruntled employee.	Building security, access control, security systems, staff training.	L1, I5				L1, I5

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12.3	The Board of Health may be at risk of theft to assets in their facilities (e.g. vaccines, technology).	Theft of equipment or supplies due to unlawful entry.	Theft.	Building security, access control, security systems.	L2, I3				L2, I3
13. Equity Risks									
13.1	The Board of Health may be at risk of not effectively reducing health inequities in the city.	Policies or programs may not have the desired impact on reducing inequity as expected.	Lack of evidence to guide programming, lack of understanding of priority populations.	Ensure equity principles embedded in planning processes.	L3, I2				L3, I2

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14. Political Risks									
14.1	The Board of Health may be at risk of significant disruptions and high opportunity costs related to health system transformation.	Service delivery implications associated with changes related to health system transformation and associated legislation (Expert Panel, community work group, Work Stream, Standards Modernization).	Legislative changes.	Consultation with Ministry of Health and Long-Term Care where possible, working with local partners to understand where the priorities and opportunities are for improvement.	L4, I4				L4, I4
14.2	The Board of Health may be at risk of changing priorities due to changes in Board membership.	Forthcoming municipal election could change Board of Health membership which may lead to changes in priorities for PHS and has the potential to impact department resources.	New Board of Health.	Orientation sessions for new Board members.	L2, I4				L2, I4