

City of Hamilton Public Health Services Organizational 2019 Risk Management Action Plan

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

RISK IDENTIFICATION				RISK ASSESSMENT		RISK REDUCTION		
ID #	Risk Exposure	Description of Risk	Cause/Source of Risk	Current Mitigation Strategies (what are we doing)	Rating Scale (1-5) Likelihood (L) Impact (I)	Action Plan (what else can we do?)	Timelines	Residual Risk (likelihood x impact)
1. Financial Risks								
5.2	The Board of Health may be at risk due to unreliable information management systems and practices.	Varying information management practices and absence of formalized processes in this area could lead to loss of information, prevent staff from accessing information, privacy breaches or non-compliance with records retention schedule.	Absence of formalized and up to date information management systems and practices.	Internal Privacy, Security and Information Management work group within PHS to address information management concerns. Continue to collaborate with corporate initiatives to improve information management systems and practices.	L4, I4	1. Develop and implement Records and Information Management Framework 2. Create and rollout policies to support Records and Information Management Framework 3. Submit public health revisions to Records Retention By-Law for approval 4. Coordinated clean up of staff personal drives (m-drive) 5. Establish and implement consistent practices for information management on shared drives 6. Monitor compliance with policies and procedures	1. Q3 / 2018 2. Q3 / 2018 3. Q3 / 2018 4. Q4 / 2018 5. Q4 / 2019 6. Q3 2018 and ongoing	L2, I2
8. Technology Risks								
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 or when applications/datasets reach end of life.	End of life applications, non-supported programs (OSCAR).	Creation of a metadata base for long-term data management planning.	L3, I5	1. Procure contractor to support OSCAR application 2. Identify alternatives for client interaction documentation (OSCAR replacement)	1. Q1 / 2019 2. Q4 / 2019	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 orientation and continuing education, Board of Health self-evaluation.	L4, I4	1. Implement a revised experiential approach to Board of Health orientation in addition to overview of formal roles and responsibilities 2. Ongoing education build into Board of Health reports and presentations. 3. Recommend appointment of a Deputy Chair for the BOH similar to other standing committees to assist the chair and provide continuity.	1. Q1 / 2019 2. Q1 / 2019 - Q3 / 2022 3. Q4 / 2018	L3, I3
9.4	The Board of Health may be at risk of increased workload and shifting priorities and programs due to changes in positions having influence over public health operations.	Coinciding changes due to recent provincial and upcoming municipal elections, as well as local leadership changes could lead to significant shifts in local public health priorities, with the attendant impacts on Public Health programs and services.	Newly elected provincial government, upcoming municipal election, local senior leadership changes.	Board of Health orientation and ongoing education, advocacy to province on public health issues.	L4, I3	1. Implement a revised experiential approach to Board of Health orientation in addition to overview of formal roles and responsibilities 2. Ongoing education build into Board of Health reports and presentations. 3. Ongoing discussion through leadership changes about strategic priorities. 4. Identify opportunities for advocacy to provincial government 5. Engage in provincial consultation processes as available to provide feedback on public health issues and operations	1. Q1 / 2019 2. Q1 / 2019 - Q3 / 2022 3. Ongoing 4. Ongoing 5. Ongoing	L2, I2