

2018 Public Health Risk Management 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	Rating Scale (1-5) Likelihood (L) Impact (I)	Action Plan	Progress Reporting	Current Risk Assessment & Status
1. Financial Risks					
1.1	The Board of Health may not be able to maintain current service delivery levels due to ongoing budget pressures.	L2, I3	<ol style="list-style-type: none"> Use the current review of the Standards for Public Health Programs and Services (Standards) to: <ul style="list-style-type: none"> - 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 Evaluate departmental vacancies Develop an evaluation and continuous quality improvement strategy to ensure regular review of programs and service for effectiveness and efficiency Reallocate resources to high priority mandated services based on evidence 	<ol style="list-style-type: none"> A review of all programs and services has been completed against the requirements in the new Ontario Public Health Standards. Through the review, it was identified where requirements were not being met, partially met, met or exceeded. Opportunities for improvement were captured in relevant Program Plans within the Annual Service Plan & Budget. Areas exceeding requirements and those no longer mandated were discussed by the Public Health Leadership Team to support resource allocation. All vacancies were reviewed by the Public Health Leadership Team from October 2017 - December 2017 to consider impact of filling each position across public health. Vacancies continue to be discussed by Division Management Teams. A Continuous Quality Improvement Framework was developed and approved by Public Health Leadership Team in alignment with quality improvement requirements within the Standards and the City of Hamilton Continuous Improvement Program. Implementation of framework has started with introduction to continuous quality improvement at leadership forum. Commitment to complete two quality improvement projects per division by end of 2018. Implementation of Corporate Continuous Improvement Program in progress to help identify quality improvement ideas, track project progress and communicate business benefits. For 2018, resources were reallocated across the department to support the Vaccine Program in achieving compliance with legislated requirements. Reallocation discussions of public health resources will continue to inform the 2019 Program Plans and budget. 	Acceptable Risk

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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.	L3, I3	<p>Workload Management</p> <ol style="list-style-type: none"> Prioritize work to address immediate workload concerns Hire vacancies in key positions <p>Culture/Work Environment</p> <ol style="list-style-type: none"> Create and implement Our People Survey action plans Further work of Public Health Services Culture Action Work Group <p>Job Security</p> <ol style="list-style-type: none"> Use attrition strategies where possible to mitigate impact on workforce 	<ol style="list-style-type: none"> Document created to identify priority work and highlight areas of increased workload. Solutions developed and implemented to address workload concerns. Rollout of workforce planning in Fall 2018 will help to further reduce likelihood of risk occurring in the future. Identified key positions and have successfully hired. The Culture Action Work Group promoted completion of the Our People Survey across public health resulting in an 88% response rate. Sharing results of the Our People Survey has been completed. All teams expected to have action plans by end of August 2018 with implementation of action plans by end of year. Use of the corporate action planning template to monitor action plans. The work of the Public Health Services Culture Action Work Group was focused on Phase 1 rollout of the Our People Survey, engaging staff to increase survey participation rates. Moving forward, Directors and Managers are accountable through the Performance Accountability and Development process for the development and implementation of action plans in response to survey results. Due to this and the creation of the new Healthy & Safe Communities Department, the Public Health Services Culture Action Work Group has been disbanded. Attrition strategies implemented in 2018 budget to reallocate resources across public health where there were existing vacancies to invest in the Vaccine Program to support in achieving compliance with legislated requirements. This strategy will continue to be used in reallocation discussions of department resources to inform the 2019 Program Plans and budget. 	Acceptable Risk

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8. Technology Risks					
8.2	The Board of Health may be at risk due to use of unsupported technology.	L3, 15	<ol style="list-style-type: none"> 1. Finalize and populate Metadatabase for all public health applications 2. Use Metadatabase to prioritize Information Technology Advisory Board requests to prevent data loss/disruption 3. Procure contractor to support OSCAR application 4. Identify alternatives for client interaction documentation (OSCAR replacement) 5. Renew Service Level Agreements with IT Services to ensure all public health applications are included and service is being maintained 	<ol style="list-style-type: none"> 1. A metadatabase has been developed and is being populated. Contains a list of all access databases as well as large public health applications. 2. Metadatabase to be populated before it can be used to prioritize ITAB requests. Metadatabase being populated, on track for completion by December 2018. Maintenance plan for metadatabase to be developed and information will be reviewed at least once annually at Information Technology Advisory Board in order to plan for end of life applications accordingly. 3. Working with OSCAR developer to develop plan for ongoing maintenance support for OSCAR. 4. Provincial recognition for support needed to implement Electronic Medical Record systems in public health units. Working to secure potential funding from the Province to support this work. Representation on provincial work groups related to technology solutions for public health units across the province. 5. In process of renewal with draft document being finalized Q2/2018. In final review with IT. Minor changes to be made before sign-off (expected Q3). 	Risk Reduction In Progress

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9. Governance / Organizational Risks					
9.3	The Board of Health may be at risk of non-compliance with the Standards due to the pending organizational restructure within the City of Hamilton.	L1, I3	<ol style="list-style-type: none"> Continue to share relevant information with decision makers to support arrival at the most effective organizational structure Develop and implement change management strategies to support department through change 	<ol style="list-style-type: none"> Communication regarding new structure and timelines have been sent on a regular basis to all of public health by the General Manager. General Manager attended two Public Health Town Halls as an introduction and opportunity for questions as well as attendance at many Division Management Teams and program meetings throughout the public health divisions. Currently no change management plan has been developed. Will continue to assess need for change management plan as changes are planned for implementation. 	Acceptable Risk
11. Stakeholder / Public Perception Risks					
11.3	The Board of Health may be at risk of negative public perception from divestment in services and programs traditionally offered.	L2, I2	<ol style="list-style-type: none"> Build a strong business case before divestment: <ul style="list-style-type: none"> -Identify service availability and capacity elsewhere in the community -Communications plan -Evidence support 	<ol style="list-style-type: none"> 2018 budget process reallocated resources from breastfeeding services, school health and nutrition to support the Vaccine Program. In 2017, the breastfeeding service delivery model was changed based on client feedback to better serve clients in the home, a preferred service delivery location. The new service delivery model increased efficiencies to allow for reallocation of resources. A similar approach was taken in school health where the new approach to offer both universal and targeted services allowed for improved efficiency to reallocate resources to areas with greater need. Have identified need and built opportunities to engage with stakeholders early in the current priority work focused in the areas of mental health and addictions, healthy weights and health equity. 	Acceptable Risk