

2020 PHS Organizational Risk Management Action Plan

The chart below shows the risks identified for 2020 categorized by low, medium, and high.

IMPACT	5	4	3	2	1
	8.3 IT space limitations 12.2 Violence	8.1 Network outage 12.1 Network security 13.1 Health inequities	9.1 BOH responsibilities 11.1 Understanding of PH role	11.2 Negative public perception	
	8.2 Unsupported technology	5.1 Information management 14.1 Disruption from PH modernization	3.1 Recruitment/retention 9.2 PHS risk culture	1.2 Forecasting gaps 4.1 Enviro emergency 10.1 Privacy breaches	
	1.1 Budget pressure	2.1 Not meeting program targets 3.2 High absenteeism	6.1 Changing priorities		
					LIKELIHOOD
					5 4 3 2 1

Overall Risk Rating

■ = Low Risk
■ = Medium Risk
■ = High Risk

2020 PHS Organizational Risk Management Plan

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

**** Related to Public Health Downloading and System Modernization**

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 (Low) -5 (high) (Likelihood x Impact)	Action Plan (what else can we do?)	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 and public health downloading, and other municipal and provincial changes.	Funding changes resulting from the public health modernization may not leave local public health units with enough resources to carry out its functions. Funding may not off-set rising operational costs which will impact operations.	Public health modernization, rising operational costs, low tax increases	Assessment of compliance against Ontario Public Health Standards, continuous quality improvement, program performance measurement and monitoring, and monthly review of Divisional financial dashboards.	L5, I5	1. Implement continuous improvement strategy to ensure regular review of programs and services for effectiveness and efficiency. 2. Include identification of opportunities for improvement into annual program planning with actions for improvement recorded in 2021 Program Plans. 3. Implement the Program Performance Management & Monitoring System to monitor program efficiency and effectiveness, and inform program and budget planning. 4. All levels within the City to advocate and engage in discussion with provincial government regarding the public health downloading and transition costs (if applicable). 5. Advocate for improved public health leadership and coordination of strategies, particularly with respect to chronic diseases and population-level health promotion.	1. Ongoing 2. Q3 2020 3. Q1-Q3 2020 4. Ongoing 5. Ongoing	L4, I4
2. Operational or Service Delivery Risks								
2.1 **	The Board of Health may be at risk of not meeting program targets due to the distraction of public health modernization.	Change fatigue combined with uncertainty regarding public health modernization may result in lower productivity and inefficient use of time.	Public health modernization.	Use change management strategies to assist staff in maintaining current service delivery levels and quality in the midst of uncertainty.	L5, I4	1. Continue implementing change management strategies to support staff and maintain current service delivery levels. 2. Update and implement action plans from Our People Survey to address workplace culture issues.	1. Ongoing 2. Ongoing	L3, I3
3. People / Human Resources								
3.1 **	The Board of Health may be at risk due to inadequate acquisition and retention of key personnel.	Uncertainty regarding public health modernization has caused concerned about job security. Resignations and retirements will create voids in key positions impacting the delivery of programs and services.	Public health modernization, workplace culture, increased workload, job security.	Succession planning, workforce planning, regular assessment of current vacancies across the department, change management strategies including open and transparent communication about system changes.	L4, I3	Continue with current mitigation strategies.	N/A	L4, I3
3.2 **	The Board of Health may be at risk of higher employee absenteeism resulting from increased stress.	Several factors including amount of change and uncertainty at PHS over the past few years, impacts of the economy, change in pace of evolution have led to higher levels of stress. This can negatively impact mental well-being and may result in prolonged absences. Also, impacts of last restructuring with increased supervision and performance monitoring (individual and program-level).	Change fatigue, uncertainty related to public health modernization, personal stress.	PHS Well-Being Committee, employee resources (i.e., Employee Family Assistance Program), continue consistent implementation of the new supervisor model and performance monitoring.	L5, I4	1. Ensure clarity and alignment around priorities, strategic plans, and program plans. 2. Continue to ensure focus on priorities and deferral of non-important work. When emerging issues arise review priorities, strategic, and program plans and determine trade-offs as appropriate. 3. Ensure execution on strategies to manage workload and program change. 4. Work with management group on follow through with decisions. Include in all PAD expectations for 2020 (people leadership - 3 level). Include relevant competencies in staff PAD. 5. Hold PHS Leadership Forum with Managers	1. Ongoing 2. Ongoing 3. Ongoing 4. Q4 2020 5. Q2 2020	L5, I3

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5. Information/Knowledge Risks								
5.1	The Board of Health may be at risk due to unreliable information management systems and practices.	Varying information management practices and absence of a formalized records management platform could lead to loss of information, privacy breaches or non-compliance with records retention schedule, and could prevent staff from accessing information.	Absence of formalized records and information management platform.	Internal Privacy, Security and Information Management work group at public health to address information management concerns.	L3, 14	1. Implement Records and Information Management Framework 2. Create and rollout policies to support Records and Information Management Framework 3. Coordinated clean up of staff personal drives (m-drive) and shared drives 4. Establish and implement consistent practices for information management on shared drives 5. Explore implementation of Document & Records Management Software	1. Q1 2020 2. Q1 / Q2 2020 3. Q3 / Q4 2020 4. Q3 / Q4 2020 5. Q3 / Q4 2020	L3, 13
8. Technology Risks								
8.2	The Board of Health may be at risk due to use of unsupported technology.	New technology is not being adopted quickly enough resulting in the use of outdated and unsupported applications and systems. Potential for data loss, business disruption, impact to service delivery, and inefficient business processes.	Outdated technology, IT Governance is lacking for new and existing software technology resulting in the use of unstable or unsupported applications/ systems.	Development of data management policies and procedures.	L3, 15	1. Implementation of data management policies and procedures 2. Develop and maintain records information management (RIM) metadata for an inventory of software applications in use by PHS. 3. Participate in COMOH Digital Health Steering Committee to develop a set of recommendations regarding a digital strategy for public health including EMR solutions.	1. Q2 2020 2. Q4 2020 3. Ongoing	L2, 14
9. Governance / Organizational Risks								
9.2	The Board of Health may be at risk of incomplete risk management due to the appetite for risk culture not being clearly defined and articulated for staff.	Risk management and mitigation plans require an understanding of risk management principles. This has not been shared at the program-level.	Formalized risk management is new to public health work.	Continue using the PHS Risk Management Framework to identify and assess organizational risks.	L4, 13	1. Incorporate the PHS Risk Management Framework into program and project planning.	1. Q1 2020	L3, 12
14. Political Risks								
14.1 **	The Board of Health may be at risk of significant disruptions and high opportunity costs related to public health downloading and modernization.	Service delivery and policy implications associated with changes resulting from public health downloading and modernization.	Public health downloading and modernization.	Engage in consultation with Ministry of Health where possible.	L3, 14	1. All levels within the City to advocate and engage in discussion /consultation with the provincial government regarding public health modernization.	1. Ongoing	L3, 13