2021 Public Health Services Organizational Risk Management Plan

The chart below shows the **current ratings** for 2021 risks categorized by low, medium, high.

IMPACT	1	2	3	4	5
5		1.1 Service delivery levels 8.3 IT space limitations 8.1 Network outage 12.2 Violence 14.1 Disruption from public health downloading modernization			2.2 Uncertainty COVID-19 pandemic and public health modernization 3.1 Precarious staffing 3.2 Absenteeism & burnout 3.3 Lack of recharge and inability to maintain COVID-19 Response
4		12.1 Network security 13.1 Not effectively reducing health inequities	4.1 Environmental emergency	2.4 Planning tables continuing without PHS 5.1 Information management	8.4 Rapid technology changes & policy and procedure updates
3	1.3 Fraud or corruption 12.3 Theft		1.4 Funding reallocation and/or loss of contracts 2.3 Losing or degrading community partnerships and clients 8.2 Unsupported technology 9.1 Elected officials balancing responsibilities 11.1 Negative public image – rapidly evolving situation	9.2 PHS risk culture	2.1 Will not meet program targets 3.4 Individual and organizational performance
2		11.2 Negative public perception (reduced access to services)	1.2 Financial management risk 10.1 Privacy breaches	6.1 Changing priorities due to COVID-19	
1					

LIKELIHOOD

Overall Risk Rating
= Low Risk
= Medium Risk
= High Risk

City of Hamilton Public Health Services Organizational Risk Framework

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

Progress Update for High-Risk Items

RISK IDENTIFICATION				RISK ASSESSMENT			RISK REDUCTION			
ID #	**Risk Exposure**	**Description of Risk**	**Cause/Source of Risk**	**Current Mitigation Strategies (what are we doing)**	**Initial Rating - Jan 2021** Likelihoood (L) x Impact (I)	**Current Risk Rating - Nov 2021** (L x I)	**Planned Actions**	**Timelines**	**Progress to Date**	**Anticipated Residual Risk** (once action plan fully implemented) (L x I)
1. Financial Risks										
1.2	The Board of Health may have financial management risk due to financial forecasting gaps.	Accurate financial forecasting may be challenging given the uncertainty and lack of timely provincial information for financial forecasting with the additional uncertainty of COVID-19 costs and costs that will extend beyond COVID-19 (e.g. technology asset leases), budget approval through the City and province is delayed relative to expenditures.	COVID-19 costs, City budget not approved until March/April, Provincial funding approval in Fall.	1. Using past, current and projected financial conditions to increase forecast accuracy. 2. Utilize the fee for service and free platforms where possible 3. Reallocation of funds (e.g., mileage and parking costs may further decrease if more services are offered virtually)	**L4, I4**	**L3, I2**	1. Using past, current and projected financial conditions to increase forecast accuracy. 2. Using the fee for service and free platforms where possible. 3. Reallocation of funds (e.g., mileage and parking costs may further decrease if more services are offered virtually).	1. Ongoing 2. Ongoing 3. Ongoing	1. Full forecasts were completed in June and August. To increase accuracy of forecasts the following was included: actual cost to date, a complete review of cost down to each employee, estimation of amount of time temp employees would be required, and Scarsin COVID-19 Forecasting. 2. DARTS services were used for transportation at no cost. Full cost recovery of "It's your Shot" T shirts sold to non-PHS staff. 3. All saving in Mandatory programs in 2021 including employee relates cost and operations costs were applied against COVID-19 costs. HBHC unspent budget up to March 31, 2021 was reallocated to the support COVID-19. Child Services and Neighborhood Development was able to use some funding to support COVID-19 by providing additional staff at no additional cost to PHS.	**L3, I2**
2. Operational or Service Delivery Risks										
2.1	The Board of Health will not meet program targets due to the lack of capacity for regular programming during the COVID-19 response.	Lack of capacity due to COVID-19 response has resulted in resources being unavailable for programs to run as planned and meet targets.	Lack of capacity due to COVID-19 response.	1. Continue to provide services as capacity allows 2. Clear communication regarding current limitations to public and funders 3. Seize opportunities as they arise to provide new service delivery models to increase reach during COVID-19 restrictions 4. Continue to evaluate risk ratings to balance risks across programs	**L5, I4**	**L5, I3**	1. Continue implementing change management strategies to support staff and maintain adapted service delivery levels as capacity allows. 2. Clear communication regarding current limitations to public and funders. 3. Seize opportunities as they arise to provide new service delivery models to increase reach during COVID-19 restrictions.	1. Ongoing 2. Ongoing 3. Ongoing	1. Service delivery levels have been maintained and capacity to reopen additional services is re-evaluated on an ongoing basis by PHLT. Change management strategies have been implemented to support staff as capacity is re-evaluated. 2. Continue to communicate the public and have ongoing discussions with partners regarding limited capacity and resources for COVID-19 response and vaccination. 3. Continue to use new service delivery models (e.g. virtual care)	**L5, I3**
2.2	The Board of Health will need to manage the risks of uncertainties of how COVID-19 will play out, how work is being done, and public health modernization (including broader legislation and frameworks)	Uncertainties due to the COVID-19 response, changes in how organizations work, and changes related to public health modernization.	Unknown impact of COVID-19 on organizations and regulatory frameworks/policy	1. Continue to work with the corporation on how we manage the workplace going forward 2. Continue to re-evaluate risk ratings and resources needed for program re-opening for both COVID-19 Response and Business Continuity 3. Continue to participate in provincial discussions on future of health services	**L5, I5**	**L5, I5**	1. Intelligence gathering and monitoring regarding system changes related to COVID and public health modernization 2. Advanced planning for reopening based on gathered intelligence 3. Provide regular updates to Council on status of recovery/re-opening post-COVID and public health modernization	1. Ongoing 2. Ongoing 3. Ongoing	1. Continue to gather intelligence and monitor system changes related to COVID-19 and PH modernization. Monthly updates provided to BOH and staff. 2. Advanced plans have been developed and implemented including: PHS Recovery Plan (internal/organizational), Equitable Recovery Plan, COVID Vaccine & Disease Control transition plans for Summer and Fall 2021. 3. Continue to provide regular updates to BOH and Council including: transition plans, status of program reopening BOH Governance Education Session and PH modernization (as available).	**L4, I4**
2.4	The Board of Health is at risk of significant community planning tables moving ahead without PHS involvement (e.g., GHHN, Hamilton Community Safety & Well-Being Plan)	The longer programs are closed the longer time the tables go without PHS input, expertise, and intelligence support.	Resources shifted to focus on COVID-19 response.	1. Engage when with community planning tables when capacity allows 2. Regular communication with partners regarding where PHS is at and what our capacity is, keeping us engaged and included in communications. 3. Share information about why PHS is not currently engaged and what work we are currently doing (i.e. staff are deployed to COVID-19)	**L4, I5**	**L4, I4**	1. Regular communication with partners regarding PHS limited capacity and reaffirm commitment to engage when capacity allows 2. Re-engage with community planning tables as capacity allows	1. Ongoing 2. Ongoing	1. Continue to communicate with partners regarding limited capacity and resources for COVID-19 response and vaccination. 2. Relationships with partners have been cultivated and strengthened through the Hamilton COVID-19 Response Table. In Q4, PHS started to re-engage with community planning tables (e.g., GHHN, Safe Transitions, Drug Strategy, Climate Change, etc.) and will continue to re-engage in 2022 as capacity allows .	**L4, I4**
3. People / Human Resources										
3.1	The Board of Health may be at risk of precarious staffing.	Due to COVID-19, recruitment is difficult with more competition for certain core PH positions (PHN, PHI, etc.), more retirements are expected to continue through 2021 (similar to 2020), decreased work satisfaction during the COVID-19 response.	COVID-19 response has impacted staffing levels across business continuity and COVID-19 response.	1. Succession and workforce planning 2. Regular assessment of program risk ratings in relation to current vacancies across the department 3. Change management strategies including open and transparent communication about staff capacity	**L5, I5**	**L5, I5**	1. Regular assessment of program risk ratings in relation to current vacancies across the department to proactively identify staffing needs 2. Complete succession planning and ensure sequencing when staff onboarding to transfer knowledge for all program areas 3. Identify opportunities for new work allies (e.g. co-op students) to build capacity 4. Ensure contracts are as long as possible (e.g. min 1 year) to retain staff	1. Ongoing 2. Ongoing 3. Ongoing 4. Ongoing	1. Reviewed program risk ratings and FTEs in relation to current vacancies as part of Summer and Fall transition planning. These continue to be reviewed regularly as part of recovery/re-opening planning. 2. PHLT met with HR to discuss challenges with succession planning based on the COVID-19 context. 3. Leveraged student nurses for COVID vaccine (total of 113) as well as Ministry case and contact management staff through the COVID-19 response to increase capacity. 4. All recent temporary new hires (PHNs, Contact Tracers, Data Entry, Vaccine Couriers) have an end date of May 31, 2022. Where required, temp contracts have also been extended.	**L4, I3**

RISK IDENTIFICATION				RISK ASSESSMENT			RISK REDUCTION			
ID #	**Risk Exposure**	**Description of Risk**	**Cause/Source of Risk**	**Current Mitigation Strategies (what are we doing)**	**Initial Rating - Jan 2021** Likelihood (L) x Impact (I)	**Current Risk Rating - Nov 2021** (L x I)	**Planned Actions**	**Timelines**	**Progress to Date**	**Anticipated Residual Risk** (once action plan fully implemented) (L x I)
3.2	The Board of Health may be at risk of higher employee absenteeism and burnout resulting from increased stress and decreased work satisfaction during the COVID-19 response.	The longer we remain in COVID-19 response, the more staff are likely to experience negative impacts to their health and well-being. Significant impact to staffing capacity with increased/longer staff absences. Difficult to mitigate with lack of staffing capacity. Some staff have identified that they are experiencing monotony in their jobs, lack of control over their roles, and heavy workloads.	Change fatigue, personal stress, uncertainty related to COVID-19 response	1. Continued focus on health & wellness 2. Ensure staff take vacation 3. Ensure adequate staffing (including backup / coverage for critical staff in both business continuity and COVID-19) 4. Succession planning 5. Leadership role modeling healthy work habits 6. Increase opportunities for choice/control 7. Supportive approach to 7 days/week schedules (e.g. sent out well ahead of time) 8. Explore opportunities to hire more staff for key positions	**L5, I5**	**L5, I5**	1. Ensure execution on strategies to manage workload and ongoing demands related to COVID-19 Response 2. Where feasible and possible turn over some sense of control/choice/ownership to staff (e.g. job assignment, supportive work schedule, diversify work plan) 3. Ensure adequate staffing and explore opportunities to hire more staff in key positions (including backup / coverage for critical staff in both business continuity and COVID-19) 4. Continue to review guidelines in clinical areas to streamline workload (e.g. case management guidelines in sexual health) 5. Participate in cross-sectoral working group for Health and Community Care Worker Wellness	1. Ongoing 2. Ongoing 3. Q1 2021 4. Q1 2021 5. Ongoing	1. Brought on more resources and not decreasing resource over Summer / Fall to allow for vacation time. 2. Limited ability to implement due to current demands, will continue to re-evaluate feasibility. 3. Additional staff have been hired to support COVID-19; however, health and human resources continue to be stretched due to the length of the emergency response. 4. Case management work instructions for Chlamydia, Gonorrhea and Syphilis follow-up, low risk enteric diseases were revised in order to streamline processes and reduce workload. 5. Continue to participate in cross-sectoral working group for Health and Community Care Worker Wellness. PHS staff also participated in a Health Care Worker Wellness survey in Q2 2021. Results have been shared with staff and are being used to identify strategies to support staff and their well-being.	**L5, I3**
3.3	Board of Health may be at risk of lack of recharge and inability to maintain intensity and level of COVID-19 response.	Lack of respite and recharge due to the intensity of the COVID-19 response may result in degrading of effective leadership capabilities.	Intensity and unrelenting nature of the COVID-19 response.	1. Ensure vacations and time off are taken with appropriate back up support in place 2. Build up capacity for leadership within COVID Response	**L5, I5**	**L5, I5**	1. Ensure vacations and time off are taken with appropriate back up support in place 2. PHLT to monitor vacation balances monthly 3. Ensure sufficient leadership and key personnel capacity within COVID Response to share the workload	1. Ongoing 2. Ongoing 3. Q1 & Ongoing	1. All staff have been encouraged to take vacation and time off. Leaders ensured sufficient capacity and back-up support within programs to allow staff time off. 2. PHLT continues to monitor vacation balances on a monthly basis. 3. PHLT has regularly reviewed the FTE requirements for both COVID-19 and Business Continuity (i.e., Summer 2021, Fall 2021, Winter 2022) and made adjustments as required to ensure sufficient leadership and key personnel capacity. Capacity of management resources remain strained due to lack of staffing, degree of change and length of emergency response.	**L5, I3**
3.4	Board of Health may be at risk of performance at the individual and organizational level being impacted by reasons above [3.1 - 3.3] including transition back to post COVID-19 work environment.	In addition to risks due to recruitment, retention, and job stress, adjustment to post-COVID reality may be difficult for staff who may need to move to different roles or may need to develop further competencies for new roles.	Unknow impact of COVID-19 on capacity and work environment.	1. Advanced planning and open and transparent discussions of where PHS is headed as we move into reopening, change management, and assess and develop competencies.	**L5, I5**	**L5, I3**	1. Undertake advanced planning as PHS transitions to reopening (including aligning staff to roles that match new skills gained during pandemic response) 2. Open and transparent change management as PHS transitions to reopening 3. Assess and develop competencies of new PHS staff to set up for success in other roles	1. Ongoing 2. Ongoing 3. Q1 & Q2	1. Advanced planning is ongoing. Priority areas within the PHS Recovery Plan have been identified and work will commence in Q4 2021. 2. Staff are developing open and transparent change management strategies as part of the reopening and transition planning. These will be implemented as the reopening plan rolls out. 3. Several staff have been cross-trained to assume different roles in order to increase capacity as needed (e.g., PHIs cross-trained in Outbreak Management and Infection Prevention & Control, and PHNs trained in outbreak management).	**L5, I3**
4. Environmental Risks								**4. Q1 2021**		
4.1	The Board of Health may be at risk from a natural, technological or human-caused emergency 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., climate change, extreme weather).	1. Emergency Response Plan, Business Continuity Planning, hazard specific plans, participation in Corporate Climate Change Task Force, Building Adaptive & Resilient Communities work.	**L3, I4**	**L3, I4**	1. Adapt emergency management plan and response structure in the event of a natural hazard.	1. As needed	1. There has been no need to adapt the emergency management plan and response structure thus far in 2021.	**L3, I2**
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 as well as time pressures to manage the pandemic.	1. Internal Privacy, Security and Information Management work group at public health to address information management concerns.	**L4, I4**	**L4, I4**	1. Create and rollout policies to support Records and Information Management Framework 2. Coordinated clean up of staff personal drives (m-drive) and shared drives 3. Establish and implement consistent practices for information management on shared drives 4. Explore implementation of Document & Records Management Software	1. Q1 / Q2 2022 2. Q3 / Q4 2022 3. Q3 / Q4 2022 4. 2022	1. On-hold. Timeline has been revised to Q4 2022 as staff still demobilized to COVID-19. 2. On-hold. Timeline has been revised to 2023 as staff still demobilized to COVID-19. 3. On-hold. Timeline has been revised to 2023 as staff still demobilized to COVID-19. 4. On-hold. Timeline has been revised to 2023 as staff still demobilized to COVID-19.	**L3, I2**
6. Strategic / Policy Risks										
6.1	The Board of Health is at risk of changing priorities due to COVID-19 recovery.	Potential for provincial strategic priorities to shift as a result of COVID-19 recovery and the forthcoming provincial election. New priorities may not align with those of the City of Hamilton. This may impact the programs and services delivered by public health.	Pandemic response, unintended consequences, post COVID-19 recovery and 2022 provincial election.	1. Advance planning for COVID-19 recovery. 2. Continue advocacy and provide input on issues/priorities related to public health.	**L5, I5**	**L4, I2**	1. Advanced planning to adapt PHS priorities to align with emerging provincial and regional priorities and address the disproportionate impacts of COVID-19 2. Share emerging provincial and regional priorities with other City of Hamilton departments as appropriate to determine alignment	1. Ongoing 2. Ongoing	1. Priorities have been identified. Work on these priorities will commence Q4 2021 and continue through 2022. 2. Priorities were shared with BOH in September 2021 and will be shared with other City of Hamilton departments in 2022 as appropriate to ensure alignment.	**L4, I2**
8. Technology Risks										

RISK IDENTIFICATION				RISK ASSESSMENT			RISK REDUCTION			
ID #	**Risk Exposure**	**Description of Risk**	**Cause/Source of Risk**	**Current Mitigation Strategies (what are we doing)**	**Initial Rating - Jan 2021** Likelihoood (L) x Impact (I)	**Current Risk Rating - Nov 2021** (L x I)	**Planned Actions**	**Timelines**	**Progress to Date**	**Anticipated Residual Risk** (once action plan fully implemented) (L x I)
8.4	The Board of health may be at risk of not updating policies and procedures quickly enough to keep up with rapidly changing new technology nor having capacity to review and align with data management best practice.	With rapid implementation of new technology and processes (e.g. COVAX), staff may not understand their responsibilities and accountability related to data management best practices.	Rapid changes and implementation of new processes and provincial direction due to nature of the COVID-19 response.	1. Optimize current state processes used for COVID response deployments /redeployments and offboarding) 2. Negotiate, collaborate with the province in the development, piloting, and implementation of new systems 3.Work with legal to develop appropriate agreements with other outside agencies where applicable (e.g. PHS/ SJHH COVAX Agreement)	**L5, I4**	**L5, I4**	1. Rely on provincial guidelines for new technology as applicable 2. Streamline and communicate regularly updated work instructions 3. Involve privacy and legal in review of guidelines and policies as needed 4. Resume centralization of onboarding 5. Resume centralization of offboarding 6. Approval and implementation of new/updated data management policies and procedures.	1. Ongoing 2. Ongoing 3. Ongoing 4. TBD 5. TBD 6. TBD	1. Continuing to rely on provincial guidelines for new technology as applicable (i.e. CCM, COVAX) 2. Continuing to streamline and communicate updated work instructions regularly (i.e. CCM, COVAX) with staff and relevant community partners 3. Continuing to involve privacy and legal in review of guidelines and policies as needed (i.e. CCM, COVAX) 4. Currently on-hold 5. Currently on-hold 6. Currently on hold	**L5, I3**
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.	1. Continue using the PHS Risk Management Framework to identify and assess organizational risks.	**L4, I3**	**L4, I3**	1. Incorporate the PHS Risk Management Framework into program and project planning.	1. Q4 2021	1. On-hold. Plan to look at how the PHS Risk Management Framework can be incorporated into reopening and transition planning. Aim to incorporate into annual program planning process in Q4 2022, recognizing this will be a cultural shift and may take longer to normalize.	**L3, I2**