



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Public Health Services - Healthy Families Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	January 10, 2022
SUBJECT/REPORT NO:	Interim Plan to Improve Staff Recruitment and Retention (BOH22002) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Carolyn Hureau (905) 546-2424 Ext. 6004
SUBMITTED BY:	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
SIGNATURE:	

RECOMMENDATION

That the Board of Health authorize the conversion of 40 full time equivalent (FTE) temporary positions to permanent over complement positions to support the recruitment and retention of key staff in order to continue responding to COVID-19 and rolling out the vaccination program.

EXECUTIVE SUMMARY

Since January 2020, Public Health Services (PHS) has continued to respond to the COVID-19 pandemic. During this time, substantial resources were required to effectively respond to COVID-19, including the roll-out of the vaccination program. This involved the redeployment of existing staff as well as the recruitment of additional staff to increase surge capacity for COVID-19. Despite this, resources continue to be stretched with the further rollout of vaccinations for the 5-11-year-old population, an increase in third dose eligibility, and recent increases in cases and outbreaks related to the Omicron variant.

Staff turnover and fatigue is at a critical point, further adding to workforce pressures. The most significant staff turnover rate has occurred for the temporary nursing workforce at a rate of approximately 35%. As a result, several temporary COVID-19 positions that were approved through the 2021 budget process remain unfilled. This situation is not unique to Hamilton; health human resources continue to be strained across the province and

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beyond. Several key positions and skillsets within the public health sector are in high demand making it a challenge to recruit and retain staff. Many organizations in response have decided to recruit additional permanent staff in response, making temporary jobs unattractive. Given this competitive market, transitioning 40 FTE temporary positions to permanent over complement positions is a significant lever in recruiting for key positions, retaining staff and most importantly creating a more stable workforce to effectively serve our community. The province has indicated the costs associated with COVID-19 will continue to be funded in 2022.

Over time, as COVID-19 transitions to an endemic state and provincial direction is provided related to the ongoing management of COVID-19 through a sustained program (as opposed to an emergency response), it is anticipated the resources required for an ongoing program for COVID-19 will be of similar FTE.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: Both the approved 2021 Annual Service Plan and Budget (ASPB) and the proposed 2022 Budget include the costs for all temporary COVID-related staff, including these 40 FTE. The Province has indicated that they will continue to fund COVID-19 extraordinary costs in 2022.

Staffing: The 40 FTE positions to be converted from temporary to permanent status will come from the following job classifications, with the exact mix to be determined based on the market situation at the time of recruitment:

- Public Health Nurses
- Public Health Inspectors
- Program Managers
- Epidemiologists
- Health Strategy Specialists
- Program Evaluation Coordinator
- Project Manager

The conversion of these positions will support recruitment and retention of key positions in a competitive market. An ongoing program for COVID response is anticipated to be of similar size to this number of FTE. However, if the affiliated work and funding ends, a corresponding 40 FTE would be decreased in the future. It is anticipated that any reduction could be implemented through workforce attrition.

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Legal: Boards of health are accountable for meeting all requirements included in the Ontario Public Health Standards pursuant to the Health Protection and Promotion Act. As well, the Province has directed boards of health to continue to do what is necessary to respond to COVID-19 cases and outbreaks and implement the vaccination program.

HISTORICAL BACKGROUND

Since January 2020, PHS has continued to respond to the COVID-19 pandemic. During this time, substantive resources were required to carry out critical functions in order to minimize the spread of COVID-19 and vaccinate Hamiltonians. This involved the redeployment of existing staff to COVID-19 as well as the recruitment of additional staff to increase surge capacity.

The number of required staff for the COVID response has fluctuated throughout the pandemic. In July 2020, the Board of Health approved an increase of 75.14 FTE to continue responding to COVID-19 (BOH20013). In 2021, the Board of Health approved the ASPB that included an increase of 110.24 FTE to support COVID-19 disease control and 287.60 FTE (399.25 FTE annualized) to plan and deliver the COVID-19 vaccination program (BOH21004). Due to significant recruitment challenges, PHS has not been able to fill all these positions. As of December 13, 2021, 111.25 FTE temporary COVID-19 positions were unfilled. Further details about recruitment and retention challenges is provided in the Analysis and Rationale for Recommendation section below.

Overall, PHS resources continue to be stretched due to the length of the pandemic response and the sustained, significant demands related to COVID-19 (e.g., rollout of vaccinations for the 5-11-year-old population, an increase in third dose eligibility, and recent increases in cases and outbreaks related to the Omicron variant third doses, etc.).

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Boards of health are legislated to deliver the programs and services outlined in the Ontario Public Health Standards pursuant to the Health Protection and Promotion Act. The Province has been clear that boards of health are expected to take necessary measures to respond to COVID-19 within their jurisdictions while continuing to maintain critical public health programs and services.

RELEVANT CONSULTATION

Staff have consulted with Human Resources, Talent & Diversity to discuss ongoing workforce pressures and strategies for recruitment and retention that are referenced within this report. PHS Finance and Administrative staff have also been consulted and have provided the financial information for this report.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Staff turnover within PHS is at a critical point. The turnover of temporary new staff hired for COVID-19 since January 1, 2020 has presented staffing challenges for PHS. The most significant turnover has occurred for the temporary nursing workforce at a rate of approximately 35% of all nurses hired for the COVID response. This situation is not unique to Hamilton; health human resources continue to be strained across the province and beyond. Currently, there are unprecedented labour shortages as a result of both increased competition across all settings and an increasing number of staff facing burnout and mental health challenges as a result of the prolonged emergency response.

There are several other factors contributing to these recruitment and retention challenges. First, there is a currently a high demand for certain skillsets and professional designations within the public health sector that are critical to support the pandemic response, including public health inspectors, public health nurses and epidemiologists. As a result, several temporary COVID-19 positions that were approved through the 2021 budget process remain unfilled. Second, it is anticipated that upcoming staff retirements will contribute to PHS workforce pressures over the next few years. Retirement risk data provided by Human Resources, Talent & Diversity, indicates that 6.7% of all PHS employees are at high retirement risk (approximately 27 FTE). High risk is defined as employees that could retire now, up to and including August 31, 2022.

In collaboration with Human Resources, Talent & Diversity, several strategies to support recruitment and retention have been employed to date, including extending temporary contracts based on anticipated operational needs and promoting job postings through additional channels such as LinkedIn and other profession-specific job boards to reach a broader audience of potential candidates. Despite this, recruitment and retention challenges have persisted.

Staff consulted with Human Resources, Talent & Diversity regarding the challenges with posting temporary positions for certain COVID-19 roles. Human Resources, Talent & Diversity supports posting permanent over complement positions as a strategy to increase the candidate pool at this time, as many candidates will not consider a temporary position. These permanent postings will attract a more extensive and diverse candidate pool. Successfully filling additional permanent postings will yield multiple benefits including greater stability and versatility of resources within the team, improved effectiveness and consistency of service delivery as well as provide significant security and peace of mind for our employees in what has perhaps been the most challenging public health environment we have experienced to date. This stability and security will result in greater staff engagement and improved morale. For this reason, PHS is recommending the conversion of 40 FTE temporary positions previously approved

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through the 2021 budget process to permanent over complement positions. This will assist PHS in successfully filling positions that have remained unfilled to date.

In addition to increasing permanent over complement FTE, PHS will continue and enhance the following strategies to address the workforce pressures:

- formalize a workgroup focused on PHS workforce recruitment and retention in partnership with Human Resources, Talent & Diversity;
- continue offering exit interviews to PHS employees that resign to better understand retention issues;
- initiate a stay interview pilot with a sample of existing staff to gather information about the reasons they choose to continue working at PHS; and,
- identify and implement successful strategies utilized during past nursing shortages (e.g., extended orientation and mentorship programs).

ALTERNATIVES FOR CONSIDERATION – Not Applicable

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

Hamilton is a safe and supportive City where people are active, healthy, and have a high quality of life.

APPENDICES AND SCHEDULES ATTACHED – Not Applicable