2022 Public Health Services Organizational Risk Management Action Plan

The chart below shows the current ratings for 2022 risks categorized by low, medium, high.

5 4		1.1 Budget pressures8.1 Network outage8.3 IT space limitations12.2 Violence6.1 Outdated policies &procedures12.1 Network security13.1 Health inequities		5.1 Information management	3.1 Precarious staffing 2.1 Capacity to meet program targets or fully address deficits of care/worsening health issues
IMPACT ⁵	1.3 Fraud or corruption 1.4 Funding reallocation and/or loss of contracts 12.3 Theft		2.3 Losing or degrading community partnerships and clients 2.4 Planning tables continuing without PHS 4.1 Enviro emergency 8.2 Unsupported technology 9.1 Elected officials' balancing responsibilities 11.1 Negative public perception (lack of understanding)	9.2 Incomplete risk management	2.2 Changes to organization and roles & responsibilities due to impacts of COVID-19 and prolonged emergency response
2		11.2 Negative public perception (reduced access to services)	1.2 Financial management risk due to forecasting gaps 9.3 Impact of changing priorities following municipal election 10.1 Privacy breaches	8.4 Capacity to support the implementation of new technologies and processes 14.1 Impact of changing provincial policies	
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2022 City of Hamilton Public Health Services Organizational 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 (low) - 5 (high) (Likelihood x Impact)	Action Plan (what else can we do?) Only for <u>HIGH</u> risk	Timelines	Residual Risk once action plan fully implemented (L x l)	Status to Date
T F G	ional or Service Delivery Risks The Board of Health may not meet pre-pandemic program targets and service levels, or fully address service backlogs and worsening and emerging public health issues due to lack of capacity.	Lack of capacity due to re-deployment of staff to COVID-19 response in the first 4 months of 2022 and impact of prolonged response (e.g., staff fatigue/burn-out) has resulted in resources being unavailable to resume PHS programs and services, as well as to identify and address deficits of care/service backlogs and worsening and emerging public health issues.	Lack of capacity due to continued deployment of staff to COVID-19 response in the-first 4 months of 2022, staff fatigue due to prolonged COVID-19 response, and challenges with retention & recruitment. Time needed to allow for transition and recovery.	 Continue implementing change management strategies to support staff and maintain adapted service delivery levels as capacity allows. Clear communication regarding service levels to public and funders. Seize opportunities as they arise to implement lessons learned during COVID-19 response. 	L5, 14	 Determine and communicate 2022 PHS priorities. Determine and communicate priorities for addressing deficits of care and order of program re-opening. Review program and financial data on a regular basis to demonstrate accountability and ensure effective delivery of services in an efficient and fiscally responsible manner. Work with community partners to address community health priorities through collaborative tables and intersectoral action. 	1. Q1 2022 2. Q2 2022 3. Q4 2022 4. Q2-Q4 2022	L3, I3	 PHS priorities for 2022 have been set and communicated to staff and board of health. Priorities for addressing deficits of care and order of program re-opening has been set and communicated. Managers and directors identifying key performance measures for recovery initiatives.
F	The Board of Health will need to identify and work through the impacts of the COVID-19 pandemic and prolonged emergency response on the organization and roles and responsibilities of Public Health Services.		Worsening and emerging public health issues that were caused or exacerbated by the COVID-19 pandemic and prolonged emergency response. Lack of provincial direction on the continued role of Public Health Services in managing COVID-19.	 Gather intelligence and monitor system changes related to the impact of COVID-19. Develop and implement advanced plans, including: PHS Recovery Plan, Equitable Recovery Plan, COVID Vaccine & Disease Control transition plans. Provide regular updates to BOH and Council including: COVID-19 status updates, recovery plan, transition plans, status of program reopening, etc. 	15, 18	 Contiue to gather intelligence and monitor system changes related to the impact of COVID-19. Continue to develop and implement advanced plans, including: PHS Recovery Plan, Equitable Recovery Plan. Complete scenario-based planning to identify the staffing complement needed to continue meeting Provincial requirements related to COVID-19 and to respond to potential future COVID-19 situations. Develop plan for IMS Nurse Competency Maintenance Program. Continue to participate in provincial discussions on the roles and responsibilities of public health. 	1. On-going 2. On-going 3. Q1-Q2 2022 4. Q4 2022 5. On-going	L4, 12	3. COVID-19 Scenarios-based planning for Spring/Summer complete.
r H	/ Human Resources The Board of Health may be at risk of precarious staffing due to challenges with recruitment and retention, as well as staff burnout and mental health challenges due to the prolonged emergency response.	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 2022, staff fatigue/burn out and decreased work satisfaction as a result of the prolonged COVID-19 emergency response.	Challenges with recruitment and retention. COVID-19 response has impacted staffing levels across business continuity and COVID-19 response. 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.	 Regular assessment of current vacancies across the department to proactively identify staffing needs Complete succession planning and ensure sequencing when staff onboarding to transfer knowledge for all program areas Identify opportunities for new work allies (e.g. co-op students) to build capacity Ensure contracts are as long as possible (e.g. min 1 year) to retain staff 	L5, IS	 Continue to regularly monitor vacancies and staff absences across PHS. Implementation of strategies to improve recruitment and retention (e.g., conversion of 40 temporary FTEs to permanent positions). Establishment of a Nursing Recruitment and Retention Working Group. Advocate for provincial funding to build capacity in the public health system to ensure dedicated staff are available to respond to emergencies without impacting core public health programs and services. 	1. Ongoing 2. Ongoing 3. Ongoing 4. TBD	L4, 13	 The Public Health Leadership Team continues to monitor vacancies and absences (at least once monthly) to proactively determine staffing needs and make adjustments as required. Recuitment of 40 permanent FTEs is complete. The Nursing Recruitment and Retention Working Group was established in early 2022 and continues to be operational.
5.1	ation/Knowledge Risks The Board of Health may be at risk due to unreliable information management systems and practices. ance / Organizational Risks	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.	1. Internal Privacy, Security and Information Management work group at public health to address information management concerns.	14, 14	 Create and rollout policies to support Records and Information Management Framework Coordinated clean up of staff personal drives (m-drive) and shared drives Establish and implement consistent practices for information management on shared drives Explore implementation of Document & Records Management Software 	1. Q4 2022 2. Q1/Q2 2023 3. Q1/Q2 2023 4. 2023	L3, I2	

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9.2	risk management due to the delay in fully	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 relatively new to public health work.	 Continue using the PHS Risk Management Framework to identify and assess organizational risks. 	14, 13	 Incorporate the PHS Risk Management Framework into program and project planning. 	1. Q4 2022	L3, 12	