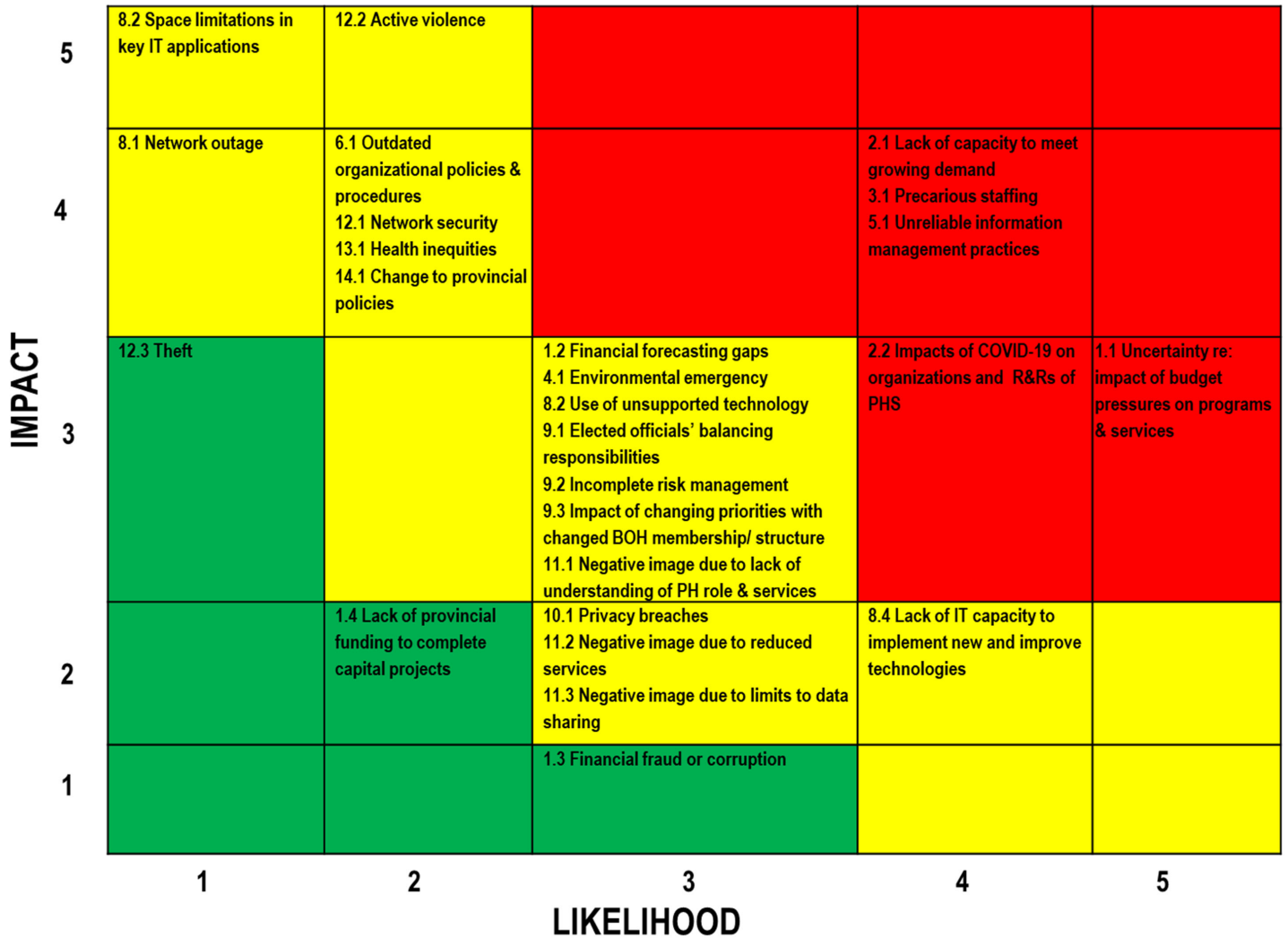


2023 Public Health Services Organizational Risk Management Action Plan

The chart below shows the **current ratings** for 2023 risks categorized by low, medium, and high.



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

2023 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 Controls/Mitigation Strategies (what are we doing)	Rating Scale 1 (low) - 5 (high) (Likelihood x Impact)	Action Plan (what else can we do?) Only for HIGH risk	Person Responsible	Estimated Residual Risk once Action Plan is Fully Implemented (L x I)
1. Financial Risks								
1.1	Uncertainty related to the impact on Public Health Services (PHS) programs and services due to budget pressures as a result of changing and insufficient provincial funding, as well as competing priorities at the municipal level.	Through PHS' 2023 Annual Service Plan and Budget (ASPB) submission, it has been assessed that even with the provincial mitigation funding, the anticipated provincial subsidy will only be approximately 70% of the total costs of mandatory programs in 2023, a shortfall of \$2.3M. With the mitigation funding expected to end in 2023, PHS will have substantial cost pressures in 2024 and beyond. Currently, the shortfall is funded through the municipal levy. Additionally, COVID-19 requires dedicated resources to sustain the ongoing response, and permanent funding is required to sustain these efforts. The Ministry of Health has communicated that the one-time funding for the COVID-19 School Focused Nurses Initiative will end in June 2023, and has not committed to providing one-time funding for the reimbursement of COVID-19 general and vaccine extraordinary costs beyond December 2023. Continued underfunding will impact PHS' ability to deliver public health programs and services that meet the needs of the community under the Ontario Public Health Standards.	In 2020, the Province shifted from a mixed 75%/25% and 100% funding model to a 70%/30% Provincial/Municipal funding formula for all public health programs and services under the Ontario Public Health Standards (Mandatory Programs), except the Ontario Seniors Dental Care Program (OSDCP), which remains 100% provincially funded. Since that time, the Ministry of Health has been providing one-time mitigation funding to keep levy increases below 10% of existing costs. The Province has not committed to continuing this funding beyond December 2023. The Board of Health has only received a 1% increase in base funding since 2018 from the Province. The level of provincial funding has not kept pace with inflationary costs or covered additional requirements added to the Ontario Public Health Standards since 2018. In addition, the COVID-19 response has been funded with one-time funding, and the Province has not committed to any additional COVID-19-related funding beyond December 2023.	1. Track all costs related to COVID-19 for reimbursement through quarterly financial reporting processes. 2. Offset COVID-19 response and recovery costs through the redirection of base funding. 3. Manage program and financial performance through the regular monitoring of key performance measures. 4. Advocate to the Province for adequate funding through the ASPB submission and participation in various strategic provincial-level forums (e.g., AMO, alPHa, COMOH, etc.). 5. Cover Provincial funding shortfall through the municipal budget.	L5, I3	1. Track all costs related to COVID-19 for reimbursement through quarterly financial reporting processes. 2. Offset COVID-19 recovery costs through the redirection of base funding. 3. Manage uncertainty related to COVID-19 response funding beyond 2023. 4. Manage program and financial performance through the regular monitoring of key performance measures. 5. Advocate to the Province for adequate funding through the ASPB submission and participation in various strategic provincial-level forums (e.g., AMO, alPHa, COMOH, etc.). 6. Fund Provincial funding shortfall through the municipal budget.	1. Public Health Leadership Team (PHLT), Finance & Administration (F&A) 2. PHLT, F&A 3. PHLT 4. PHLT 5. PHLT 6. F&A	L5, I3
2. Operational or Service Delivery Risks								
2.1	The Board of Health may not be able to fully address increased demand due to service backlogs and worsening and emerging public health issues due to lack of capacity.	Lack of capacity due to continued staff fatigue/burnout, high turnover of experienced staff, and challenges with recruitment and retention has resulted in resources being unavailable to address increased demand due to deficits of care/service backlogs and worsening and emerging public health issues.	Lack of capacity resulting from challenges with retention and recruitment, and lack of additional funding to support recovery activities.	1. Identification and utilization of gapping funding (resulting from recruitment/retention challenges) has, in some areas, allowed COVID-19-funded staff to additionally work on recovery activities, with those costs reallocated back to the base budget. 2. Review program and financial performance data on a regular basis to ensure effective delivery of services in an efficient and fiscally responsible manner. 3. Identify and communicate PHS priorities.	L4, I4	1. Determine and communicate 2023 PHS priorities. 2. Continue to review program and financial data on a regular basis to demonstrate accountability and ensure the effective delivery of services in an efficient and fiscally responsible manner. 3. Work with community partners to address community health priorities through collaborative tables and intersectoral action.	1. PHLT 2. PHLT 3. PHLT	L3, I3
2.2	The Board of Health will need to work through the impacts of the COVID-19 pandemic on the organization and the roles and responsibilities of PHS.	Uncertainties related to the changes needed to the organization, roles, and responsibilities of PHS to address the ongoing COVID-19 response, the impact of the COVID-19 pandemic on the health needs of the community, and increased demand due to the re-start and change of corporate processes, while balancing re-start and catch-up of PHS programs and services.	Lack of provincial direction on the continued role of PHS in managing COVID-19. Increased and changing demand due to worsening and emerging public health issues that were caused or exacerbated by the COVID-19 pandemic. Increased and changing demand due to re-start and change of corporate processes, while balancing re-start and catch-up of PHS programs and services.	1. Gathered intelligence and monitoring system changes related to the impact of COVID-19. 2. Developed and implemented advanced plans, including PHS Recovery Plan, Equitable Recovery Plan, and COVID-19 Vaccine and Communicable Disease Control transition plans. 3. Provided timely updates to the Board of Health, including COVID-19 status updates, recovery plans, transition plans, etc.	L4, I3	1. Continue gathering intelligence and monitor changes related to the impact of COVID-19 on population health. 2. Complete 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. 3. Continue participating in provincial discussions on the roles and responsibilities of public health. 4. Re-establish planning, change management, and performance management systems.	1. Epidemiology & Evaluation Program 2. Communicable Disease Control Division Director 3. PHLT 4. PHLT	L4, I2
3. People / Human Resources Risks								

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3.1	The Board of Health may be at risk of precarious staffing due to challenges with recruitment and retention.	<p>Recruitment and retention are difficult due to more competition for certain core public health positions (e.g., public health nurses, public health inspectors, etc.). We are able to recruit staff, but the recruitment process takes longer and is more resource intensive.</p> <p>There have been a significant number of retirements over the last few years due to staff fatigue/burnout and decreased work satisfaction as a result of the prolonged COVID-19 emergency response, and this trend is expected to continue. The result is a loss of experienced staff and new/young staff. Impacts include increased cost of and amount of time needed to onboard, orient, and train new staff, the cost of losing knowledge/expertise when people leave, and the impacts related to depth and quality of work programs can have with new staff.</p> <p>A significant number of positions currently supporting the ongoing COVID-19 response and recovery are temporary positions with uncertain future funding. As a result, these temporary staff are beginning to seek other employment opportunities, and backfilling positions is challenging for the short durations to fill the outstanding contract length (end of the 2023 calendar year). Failure to retain staff to support these areas will impact the ability to continue COVID-19 response activities and/or recovery efforts. Some of these activities cannot be deprioritized and would require reallocation of staffing and impact other ASPB programs and services.</p> <p>Precarious staffing impacts the Public Health Committee's ability to achieve objectives, resulting in constant re-prioritization</p>	<p>Difficult to recruit staff due to unprecedented labour shortages, as a result of both increased competition across all settings and a high number of staff facing burnout and mental health challenges as a result of the COVID-19 emergency response.</p> <p>Difficult to retain staff in which we are losing a high number of experienced staff due to decreased work satisfaction, high competition for core public health positions, and the temporary nature of some positions.</p>	<ol style="list-style-type: none"> 1. Regularly assess current vacancies across the department to proactively identify staffing needs. Participation incorporates assessment and analysis of vacancies. 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. minimum of one year) to help retain staff. 5. Implement strategies to improve recruitment and retention. Raise key issues and participation in corporate discussions. Consult with and provide feedback to Human Resources (HR). Temporary strategies and continuous quality improvement (CQI) activities were implemented. An external consultant engaged corporately and made recommendations, and corporate recruitment and retention improvements are being rolled out. 6. Establish a Nursing Recruitment and Retention Working Group. 7. 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 	L4, I4	<ol style="list-style-type: none"> 1. Regularly assess current vacancies across the department to proactively identify staffing needs and share information corporately to inform corporate strategies. 2. Complete succession planning and ensure sequencing when staff onboarding to transfer knowledge for all program areas. 3. Continue to identify opportunities for new work allies (e.g. co-op students) to build capacity. 4. Continue to raise key issues and participate in corporate discussions related to recruitment and retention. Participate in corporate recruitment and retention improvements resulting from external consultant recommendations. 5. Re-establish the Nursing Recruitment and Retention Working Group as needed. 6. 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. 7. Request HR analysis of staff demographics to inform the development of retention strategies appropriate for the different workforce. 8. Work with HR to implement short-term CQI activities to support recruitment (e.g., periodic posting to have a staffed candidate pool) and increase job satisfaction. 9. Continue implementation of PHS health and wellness initiatives. 	<ol style="list-style-type: none"> 1. PHLT 2. PHLT, Managers 3. Health Equity Program 4. PHLT 5. Chief Nursing Officer 6. PHLT 7. PHLT, PHS Human Resources (HR) Business Partner 8. PHLT, PHS HR Business Partner 9. Planning & Competency Development Program 	I4, I3
5. Information / Knowledge Risks								
5.1	The Public Health Committee may be at risk due to unreliable information management systems and practices.	Varying information management practices and the absence of a formalized records management platform could lead to loss of information, privacy breaches or non-compliance with the records retention schedule, and could prevent staff from accessing information.	Absence of formalized records and information management platform. Lack of staff awareness, and lack of training on records management, retention, and record management best practices.	<ol style="list-style-type: none"> 1. Internal Privacy, Security and Information Management (PSIM) Committee at PHS was re-established in 2022 to address information management concerns. 	L4, I4	<ol style="list-style-type: none"> 1. Develop and implement approved policies to support records and information management. 	<ol style="list-style-type: none"> 1. Epidemiology & Wellness Division, Data Management Program 	L3, I2