

**Subject:** Ontario Public Health Standards: Risk Management Requirement

**Report to:** Public Health and Social Services Committee

**Report date:** Tuesday, October 8, 2024

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## Recommendations

1. That Report PHD 5-2024, respecting Ontario Public Health Standards: Risk Management Requirement, **BE RECEIVED** for information.

## Key Facts

- The purpose of this report is to provide the Board of Health (Regional Council) with information on risk management activities in Public Health, a requirement of the Ontario Public Health Standards.
- Risk management allows Public Health to consider and prioritize efforts more effectively, enables the ability to mitigate threats and take advantage of opportunities, and demonstrates good management practices.
- Five high risks have been identified in four categories: Financial, Governance/Organizational, People/Human Resources, and Security. The risks and mitigation or management strategies are described.

## Financial Considerations

The risk management activities are completed within the existing cost shared budget for Niagara Region Public Health (NRPH). As much as possible, NRPH aligns and builds on corporate risk management planning for Public Health risk management activities. Given these risk management activities are integrated across many operational units, a precise costing is not easily determined.

## Analysis

A summary of risk management activities must be reported to the Ministry of Health as part of the third quarter Standards Activity Report due to the Ministry each year on or around October 31. It is a requirement of the Ontario Public Health Standards (OPHS): Requirements for Programs and Services, and Accountability (June 2021) and Public Health Funding and Accountability Agreement to report the high risks that are currently being managed at each Board of Health, in a standardized manner. Risk is defined as a

potential future event that may impact the achievement of established objectives. Adhering to the requirement allows the organization to consider and prioritize efforts more effectively, enables the ability to mitigate threats, take advantage of opportunities, and demonstrate good management practices. Risks can be either positive or negative.

The Ministry's standardized template requires a description of the risks within one of fourteen predefined categories and rated on a scale of 1 to 5, the impact if the risk occurred and the likelihood of it occurring. This translates into an overall risk rating of high, medium, or low. Key risk mitigations that are in place or will be implemented to minimize the risk are outlined in the template.

Five high risks have been identified by the Public Health Senior Leadership Team and are subsequently summarized in the following four categories: Financial, Governance/Organizational, People/Human Resources, and Security. Below is a summary of the high risks and the key mitigations.

### **Financial**

Funding pressures and Ministry Funding Review – Program and service planning is challenged with unconfirmed Ministry of Health funding, lack of multi-year funding commitments, and/or late confirmation of funding as the Ministry operates on a fiscal financial year, while Niagara Region operates on a calendar year. The Ministry has only committed a 1% increase from 2024-2026. This does not keep pace with inflation and collective agreement negotiation impacts on the budget, which has necessitated a complete strategic review of programs and services to mitigate the impact on Niagara Region's tax levy. Compounding community health impacts has required prioritization of programming and reallocation of resources. In addition, there are new expectations on Public Health to manage without additional funding, such as COVID-19, Respiratory Syncytial Virus (RSV) vaccination, managing worsening drug overdoses, and worsened mental health. This is all occurring at a time when the Board of Health's desire to reduce/cap budget are increasing, and residents are unable to keep up with cost of living. The Ministry of Health is currently reviewing the existing funding methodology with a plan to implement changes in 2026; however, it is not anticipated to result in additional funding.

Efforts to mitigate the financial pressures included a budget review through the completion of a comprehensive strategic review that included shared senior leadership team goals with budget priorities, assessment of all programs and services, and establishment of data driven priorities to resource workload. The strategic review has

resulted in a new organizational structure that will allow Public Health to be more nimble with the pending OPHS review and permanent reductions in full time equivalents to remain within the appropriate Ministry of Health and Regional Levy cost shared funding envelop.

### **Governance/Organizational**

Strengthening Public Health – The Ministry of Health is undertaking a sector-driven strategy to optimize capacity, stability, and sustainability in public health and deliver more equitable health outcomes for Ontarians. This includes clarified and refined public health roles and responsibilities, fewer local public health agencies with greater capacity to deliver service through voluntary mergers, sustainability in funding for the longer term, and improved frontline programs and services. OPHS are currently being revised with an expected implementation of January 2025 and four business cases for mergers from nine Public Health Units have been submitted to the Ministry, but Niagara is not one of them.

NRPH will advocate through the Medical Officer of Health, other affiliated associations, and actively participate in any engagement sessions with the Ministry. While the strategic review and organizational structure changes will support the anticipated changes, NRPH will still require sufficient time to transition work and implement changes to align with the new standards. The review has validated the necessity for better data to inform business needs to support the transition but will also support the ability to report a more comprehensive picture of Niagara’s health needs to the Board of Health.

### **People/Human Resources**

Retention/recruitment challenges - Many temporary contracts will cease to exist due to ongoing base funding limitations and temporary or one time funding not being renewed, which will negatively impact morale, loss of talent, and initiate staff fear of outcome/loss of job. Following the challenges of the pandemic, there has been a notable level of staff absenteeism and burnout, resulting in instability and compounded workload issues for many employees. In addition, competition with local organizations as well as neighbouring Public Health Units recruiting from the same candidate pool has negatively impacted retention as other agencies may be offering more competitive compensation or other valued recruitment options.

Risk mitigation strategies include implementation of the Regional People Plan developed by Human Resources, refocusing on building a strong culture and engaging

staff using recent engagement survey results to progress the work environment. Regular, two-way communication through a variety of methods (townhalls, videos, emails, attend meetings) with all Public Health staff continue to keep staff engaged and informed during and post strategic review, ensure a continuous feedback loop to assess the implementation plan and respond to issues that arise. Establishing and reinforcing realistic job expectations, work-life balance, and hybrid working arrangements, where possible, will further support staff.

Leadership stability – NRPH has experienced expected turnover in people leaders through internal transfers to other departments, return to permanent roles, retirements, or voluntary departures, which impacts retention and maintenance of program knowledge and growth. It has also sometimes been challenging to recruit suitable frontline employees to leadership roles. There have been many temporary leadership positions due to the internal strategic review resulting in heavy workload for leaders which is not the most effective support for frontline staff or leaders.

Risk management strategies include temporarily shifting leaders to fill in vacancies where suitable backfills exist in the interim until permanent leadership positions are posted. Moving forward and upon completion of the departmental strategic review, there will be a focus on building strong leaders, succession planning, and staff engagement guided by the People Plan 2023-2026.

## **Security**

IT security - Security breaches of data and systems containing personal health information could be susceptible to an attack from a third-party such as an external vendor/subcontractor. This has the potential to directly affect all cloud hosted platforms, local applications, and remote support for Public Health. Ransomware, other malware, or devices could also be leveraged to infect our servers and infrastructure. Data and system exposure could result due to lack of staff awareness (e.g. unattended and unlocked computer is susceptible to an attacker and exposes data externally) or with coding practices used during software development that do not align with best practices. The loss of data and/or loss of control to data could damage the organization's reputation and trust, as well as have legal and compliance risks due to both data not being available or disclosed through the breach.

Risk mitigation strategies include a fulsome IT risk/audit assessment conducted annually on general and third-party security practices. This involves a robust review of security audit reports for attestation, training, review of end-to-end access and controls,

lifecycle replacement strategies (application and hardware), cyber and professional liability insurance review, and assessment of governance policies in place. Since staff are the last line of defence, it is crucial to ensure proper mandatory security awareness training for all staff annually and enforce screensaver timeout/lock screens are set for all Public Health devices. The Emergency Management program will also lead table top exercises including an IT security failure scenario to prepare for and identify areas of improvement for potential IT security events as well as business continuity needs.

### **Alternatives Reviewed**

Completing the risk management template in the third quarter Standards Activity Report as part of the Annual Service Plan is a requirement to receive Ministry of Health funding as outlined in the OPHS: Requirements for Programs and Services, and Accountability (June 2021). The alternative of not submitting the completed third quarter report would be non-compliance and result in the potential loss of provincial funding.

### **Relationship to Council Strategic Priorities**

This report supports the Council Strategic Priority of an Effective Region. The recommendation will strategically improve good governance practices to ensure quality and effective functioning, fiscal responsibility, and resiliency of Public Health programs and services.

### **Other Pertinent Reports**

- [PHD 10-2023](https://pub-niagararegion.escribemeetings.com/Meeting.aspx?Id=7a85830c-5b3b-480b-a101-b2b0aa5408c3&Agenda=Merged&lang=English&Item=15&Tab=attachments) Ontario Public Health Standards: Risk Management Requirement (<https://pub-niagararegion.escribemeetings.com/Meeting.aspx?Id=7a85830c-5b3b-480b-a101-b2b0aa5408c3&Agenda=Merged&lang=English&Item=15&Tab=attachments>)
- [PHD-C 16-2021](https://pub-niagararegion.escribemeetings.com/Meeting.aspx?Id=3662f583-90cb-4cf7-b67d-3e67ed12d4c1&Agenda=Agenda&lang=English&Item=13&Tab=attachments) Risk Management Activities in Public Health (<https://pub-niagararegion.escribemeetings.com/Meeting.aspx?Id=3662f583-90cb-4cf7-b67d-3e67ed12d4c1&Agenda=Agenda&lang=English&Item=13&Tab=attachments>)

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