HASTINGS PRINCE EDWARD
Public Health

GOVERNANCE COMMITTEE MEETING

Wednesday, October 27, 2021
1:00 to 2:30 p.m.

Virtual - ZOOM

Please note there will be a Closed Session at the beginning of the meeting.

If you cannot attend the meeting, it is up to you to contact your alternate to attend in your place. This is important to ensure a quorum.

Please RSVP (Regrets Only) to
clovell@hpeph.ca or 613-966-5500, Ext 231

Hastings Prince Edward Public Health
Main Office - 179 North Park Street, Belleville

Hastings Prince Edward Public Health
2019 - 2023 Strategic Plan

Our Vision

Healthy Communities, Healthy People.

Our Mission

Together with our communities, we help people become as healthy as they can be.

Our Values
Show We CARE

Collaboration   **Advocacy**   **Respect**   **Excellence**

Our Strategic Priorities

Community Engagement

Staff Engagement and Culture

Population Health Assessment and Surveillance

Program Standards

Health Promotion

HASTINGS PRINCE EDWARD
Public Health

hpePublicHealth.ca / 613 - 966 - 5500

BELLEVILLE / NORTH HASTINGS / PRINCE EDWARD COUNTY / QUINTE WEST

GOVERNANCE COMMITTEE MEETING
AGENDA

_____

Wednesday, October 27, 2021
1:00 pm – 2:30 pm
Virtual - Zoom
If you are <u>unable</u> to attend, and have not already done so, please arrange for your alternate to attend and advise Catherine Lovell at clovell@hpeph.ca Thank you.

_____

1. **CALL TO ORDER**

2. **DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF**

3. **APPROVAL OF AGENDA**

4. **CLOSED SESSION**
   THAT the Board of Health convene in closed session for the purpose of a discussion of personnel issues in accordance with Section 239 (2) ii personal matters about an identifiable individual, including Board employees;

   4A MOTIONS ARISING FROM CLOSED SESSION

5. **APPROVAL OF MINUTES OF PREVIOUS MEETING**
   5.1   Meeting Minutes of May 26, 2021   Schedule 5.1

6. **NEW BUSINESS**
   6.1   Risk Management Report and Policy   Schedule 6.1
   6.2   Strategic Priorities for Recovery Planning   Schedule 6.2

7. **DATE OF NEXT MEETING -** Wednesday, May 25, 2022 (Tentative)

8. **ADJOURNMENT**

HASTINGS PRINCE EDWARD Public Health

GOVERNANCE COMMITTEE MEETING
MINUTES

_____

Wednesday, May 26, 2021
1:00 pm – 2:30 pm
Virtual Via Zoom
Dial In: 1-647-374-4685; Meeting ID 977 6862 3574; Passcode 495015

_____

Present:

    Ms. Jo-Anne Albert, Mayor, Municipality of Tweed, County of Hastings
    Dr. Jeffrey Allin, Provincial Appointee
    Mr. Andreas Bolik, Councillor, County of Prince Edward
    Mr. Sean Kelly, Councillor, City of Belleville
    Mr. Michael Kotsovos, Councillor, City of Quinte West
    Ms. Jan O'Neill, Mayor, Municipality of Marmora and Lake, County of Hastings

Also Present:

    Dr. Piotr Oglaza, Medical Officer of Health/CEO
    Ms. Val Dunham, Director of Corporate Services/Associate CEO
    Ms. Catherine Lovell, Executive Assistant

1. **CALL TO ORDER**
   The meeting was called to order at 1:01 p.m.

   ROLL CALL

2. **DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF** - None

3. **APPROVAL OF AGENDA**
   MOTION:
   Moved by: Jan
   Seconded by: Sean
   CARRIED

   THAT the agenda of the May 26, 2021 Governance Committee be approved as circulated.

4. ELECTION OF COMMITTEE CHAIR

Jo-Anne called for nominations. Sean nominated Jan O'Neill. There were no other nominations and no one was against. Jan accepted the nomination as Chair of the Governance Committee and took over the meeting.

5. APPROVAL OF MINUTES OF PREVIOUS MEETING

5.1   Meeting Minutes of May 27, 2020   Schedule 5.1

MOTION:
Moved by: Jo-Anne
Seconded by: Sean
CARRIED

THAT the minutes of the May 27, 2020 Governance Committee meeting be approved as circulated.

6. NEW BUSINESS

6.1   Strategic Plan Progress Report   Schedule 6.1

Dr. Oglaza discussed the report noting:

- Five (5) main topics
- Shows the work that has been done
- Identified four (4) priority stakeholders
- School focus was pandemic work - safe reopening of schools in different stages of the pandemic

6.2   Risk Management 2021-2022   Schedule 6.2

Val talked about risk management, how when we started this program we had 20 risks, these have all been mitigated and that practices have been put in place to mitigate these risks as best we can. This new report identifies a new set of risks that are at a higher level than we have seen in the past. Dr. Oglaza talked about how the two reports work together as they are a part of what we are doing in our response to the pandemic and other work when time permits. Discussion ensued.

MOTION:
Moved by: Andreas
Seconded by: Sean
CARRIED

THAT the Governance Committee accept the Strategic Plan Progress Report and the Risk Management Report as circulated and forward to the Board of Health to be presented at its next meeting.

Approved at _____ Governance Committee Meeting

7. DATE OF NEXT MEETING
Wednesday, October 27, 2021 at 1:00 p.m.

8. ADJOURNMENT
MOTION:
Moved by: Andreas
Seconded by: Jo-Anne
CARRIED

THAT the Governance Committee meeting be adjourned at 1:44 pm.

_____
Jan O'Neill, Chair

Governance Committee Briefing Note

To:	Governance Committee
Prepared by:	Valerie Dunham, Director of Corporate Services/Associate CEO
Reviewed by:	Dr. Ethan Toumishey, Acting Medical Officer of Health and CEO
Date:	Wednesday, October 27, 2021
Subject:	**Risk Management**
Nature of Board Engagement	☒ **For Information** ☒ **Strategic Discussion** ☐ Board approval and motion required ☒ **Compliance with Accountability Framework** ☒ **Compliance with Program Standards**
Action Required:	1. Governance committee to review revised Risk Management Policy and Procedure and make a recommendation for approval to the Board of Health at the December 2021 meeting. 2. Governance Committee to also review the Risk Management Progress Report for the period ending September 20, 2021 and make a recommendation to the Board of Health for acceptance at the December 2021 meeting.

Background:	***As per the Public Health Accountability Framework, Boards of Health shall have a formal risk management framework in place that identifies, assesses and addresses risks". The rationale for this requirement "Ensures Boards of Health are aware of and are taking action to mitigate known issues that may be creating a risk to the public's health or to the stability or competency of the organization."***
	
	 Hastings Prince Edward Public Health (HPEPH) has a comprehensive risk management policy and procedure that was originally approved by the Board of Health in 2017. The attached revision has been completed with two key objectives:
	
	     1. To streamline and simplify the process wherever possible.
	     2. To be consistent with reporting guidelines established by the province since 2017.
	
	 This revision outlines in detail the roles and responsibilities of all parties associated with the risk management process, clarifies and simplifies the 5 steps of the process and has improved appendices for risk assessments, registers and reporting. Changes incorporated reflect the learning of the organization since 2017 in the implementation of the process during this time. The approach taken remains consistent with the provincial risk management system provided by the Ministry in 2017.
	
	 In June of 2021, the Board of Health approved a Risk Management Plan for the period of April 2021 – March 2022. This report identified seven key risks for the organization, all at a high organizational level

| | requiring very strategic mitigation action plans. The progress report attached reflects activities that have been ongoing since June.

The Governance Committee is requested to review the revised policy and progress report and provide feedback to the Executive Team with the objective of having both the policy and progress report presented to the Board of Health in December 2021 for approval. |

HPEPH - RISK MANAGEMENT REPORT
For the period June 2021 - September 2021

Item #	Risk	Category	Likeli hood	Impact	Risk Rating		Mitigation	Lead	Report Dates
A	B	C	D	E	F		G		H
1	Potential of legal action given interactions with thousands of people in the community through enforcement activities, COVID vaccine clinics and dental work	Compliance Legal	4	2	8	Moderate	1. Legal advice has been sought regarding electronic signatures and indemnification clauses. Follow up action required to implement recommendations. 2. Will commence work on contract reviews and health and safety procedures for community work in 2022.	Director of Corporate Services	Progress report to Ministry in January and BOH in April 2022
2	Risk of financial exposure during intense and abrupt change of expenditures and staffing levels experienced during COVID-19; concern over financial resources in future.	Financial	3	4	12	Moderate- High	1. Reserve policy and procedure to be reviewed with Finance Committee in 2022. 2. Review internal controls and reporting processes in 2022. 3. A 2 year financial strategy will be prepared in early 2022.	Director of Corporate Services/Finance Manager	Progress report to Ministry in January and BOH in April 2022
3	Significant uncertainty about service delivery post COVID-19 and the transition from emergency response and mass immunization to recovery. As the recovery from COVID-19 is planned and implemented, the pace of organizational change will continue. HPEPH must be prepared to quickly change priorities and directions and implement new policies, procedures, and services effectively. This risk is particularly concerning given staff changes, workload issues and retirements in the organization.	Governance / Organizational/ Strategic/Policy	5	3	15	High	1. The Board of Health reviewed a Strategic Priorities for Recovery Plan in September which identified 5 key priority areas for recovery over the period of Sept 2021 - December 2023. Work will continue on the development of specific program recovery plans with a goal of completion by December 2021.	Program Directors	Progress report to Ministry in January and BOH in April 2022
4	Human resource risk of dealing with staff fatigue resulting from the pandemic, impacts of working from home, changing expectations of work assignments, pending retirements and associated succession planning.	People / Human resources	5	3	15	High	1. A two year human resource strategy to address key HR issues was developed in August. Specifics of the plan will be further developed as part of the recovery plan.	Manager, Human Resources and Organizational Development	Progress report to Ministry in January and BOH in April 2022
5	Ongoing privacy and security risks due to staff fatigue, working from home and balancing work/home obligations.	Privacy and Security	5	4	20	High	1. Enhanced security technology was purchased and implemented in August in response to several Public Health security concerns. 2. Staff training and orientation in privacy and security to be enhanced throughout the organization. Details to be determined in 2022.	IT Manager and Privacy Officer	Progress report to Ministry in January and BOH in April 2022

HPEPH - RISK MANAGEMENT REPORT
For the period June 2021 - September 2021

Item #	Risk	Category	Likeli hood	Impact	Risk Rating		Mitigation	Lead	Report Dates
A	B	C	D	E	F		G		H
6	Loss of stakeholder confidence and support due to ongoing changes associated with COVID-19, unfavourable public health restrictions, vaccine supply issues and loss of traditional public health services	Stakeholder/ Public Perception	2	3	6	Moderate	1. A two year communications strategy to address key communication issues was developed in August 2021. Specifics of the plan will be further developed as part of the recovery plan.	MOH/Communication Team	Progress report to Ministry in January and BOH in April 2022
7	The technological demands and costs incurred during the pandemic will have long-standing implications to the organization with associated financial and sustainability issues. The compatibility of programs, capacity of the organization, training of staff and ease of use is an ongoing risk and organizational challenge.	Technology	5	3	15	High	1. A two year IT strategy to address key IT issues was developed in August 2021. Specifics of the plan will be further developed as part of the recovery plan.	IT Manager and Director of Corporate Services	Progress report to Ministry in January and BOH in April 2022

Note - This progress report covers the period of June - September 2021. A significant amount of planning has been done in this short period. Risk ratings have not been changed since June 2021.

**HASTINGS PRINCE EDWARD PUBLIC HEALTH
POLICIES AND PROCEDURES**

Section:	CORPORATE SERVICES
Policy:	**Risk Management**
Approved by:	For review by Governance Committee, Board of Health
Date:	October 27, 2021

PURPOSE

To ensure an effective, continuous and integrated **Risk Management Process**[1] is in place to identify, monitor and respond to emerging issues and potential threats to the organization.

POLICY

The Hastings Prince Edward Public Health (HPEPH) Risk Management Process will incorporate the Ontario Public Service (OPS) framework of Risk Management (Appendix B), to ensure a consistent and comprehensive risk management program at all times.

The Risk Management Process includes the following objectives:

- To embed risk management into the culture and operations of the agency by continuously identifying, assessing and mitigating key organizational and operational risks;
- To assign the Executive Staff responsibility for operationalizing the organization's risk management program under the oversight of the Board of Health;
- To integrate risk management into strategic planning, operational planning, performance management and resource allocation decisions;
- To manage threats and leverage opportunities as appropriate and in accordance with best practices;
- To reassess regularly and to report on the organization's risks and the effectiveness of existing risk mitigation strategies;
- To train staff as required to identify, assess, and implement appropriate risk management strategies; and
- To encourage all staff to report risks and to ensure that no person, who in good faith, reports risk is subjected to any form of retribution, retaliation or reprisal. [2]

APPLICABILITY

The Risk Management Process will be applicable at all levels of the organization, and in key decision-making processes, including strategic planning, operational planning, performance management, resource allocation decisions, or when new projects are initiated.

All employees, students, and volunteers shall consider risk management as an integral and ongoing part of their role in the agency. They shall have an inherent responsibility to identify, assess, manage and communicate risks associated with their work to assist in developing and implementing risk management plans and actions.

_____   _____
Board of Health Chair   Date

---

[1] **Risk Management Process** is a systematic process for incorporating risk management into the decision-making process for all HPEPH activities (Glossary – Appendix A)

[2] Adapted from Kingston, Frontenac Lennox and Addington Public Health June 2021

ROLES & RESPONSIBILITIES

The following table outlines the roles and responsibilities of the Board of Health (BOH), Medical Officer of Health (MOH) or designate, Directors, Management and staff of HPEPH in the Risk Management Process.

Role	Responsibilities
Board of Health (BOH)	• Provide oversight of risk management program through regular policy reviews and the review of semi-annual reports. • Ensure the Executive Team effectively executes the Risk Management Program. • Ensure the organization integrates risk management within the strategic planning process. • Ensure Board understanding of the inherent risks of the organization, risk mitigation strategies and the risk tolerance of management in executing these strategies. • Recognize organizational behaviour that can lead to excessive or insufficient risk taking and follow up as required. • Ensure that no person who reports a risk, in good faith, is subjected to any form of retribution, retaliation or reprisal.
Medical Officer of Health or designate (MOH)	• Provide strategic organizational-level risk management decisions, in conjunction with the BOH, ensuring the effective execution of the agency's risk management process and that no significant risk is overlooked. • Cultivate and support a risk management culture by encouraging open communication, knowledge sharing, best practice and transparent risk reporting. • Provide direction to Executive and Management Teams on the identification and assessment of risks, mitigation strategies and acceptable risk tolerance. • Ensure that Executive Team implement, and are accountable for, the organizational-level Risk Management Program.
Executive Team	• Promote a risk management culture where the Management Team has an awareness of the Risk Management Process and are encouraged to identify, report and mitigate risks as required. • Prepare risk registers, mitigation action plans and risk reports for top identified risks. • Embrace an integrated approach to risk management, sharing risk information transparently throughout HPEPH. • Oversee the Risk Management Process by ensuring the Risk Management Policy is followed by the Management Team. • Provide direction to Management Team and Staff on the Risk Management Process and risk tolerance within the organization. • Report identified high risks to the MOH, as required.

Director of Corporate Services	• Ensure annual identification of risks and related concerns • Provide semi-annual reports to the Ministry of Health, Governance Committee, Board of Health, Executive and Management Teams on key risks and mitigation strategies • Ensure appointment, training, and oversight of Risk Management Committee/Working group as required. • Work with Executive Team to identify, assess and monitor risks, both internal and external. • Provide direction to Management Team on Risk Management Process and risk tolerance within organization
Management Team	• Promote a risk management culture where staff members have an awareness of the Risk Management Process and are encouraged to identify, report and mitigate risks as required. • Prepare risk assessment sheets, mitigation action plans and risk reports for top identified risks in accordance with the Risk Management policy and procedures and within identified risk tolerances.[3] • Embed risk management into day-to-day operational decision-making. • Ensure staff members have an awareness of the Risk Management Process and are encouraged to report risks. • Report identified risks to Executive Team, as needed.
All Staff	• Have an awareness of the HPEPH integrated risk management framework, policy and procedure. • Identify, assess and communicate risks associated with workplace operations, on an ongoing basis, and report any identified risks to appropriate Management Team member.
Administration	• Coordinate and maintain documentation for policies and procedures, risk assessment sheets, action plans and risk reports. • Support Management Team as required to identify, monitor, assess and report risk management data.

---

[3] **Risk Tolerance** is the amount of risk that the area being assessed can manage.

RISK MANAGEMENT PROCESS

The Risk Management Process consists of five steps[4] as shown in **Figure 1**.   The process helps ensure risks are properly identified, assessed, and mitigated.

Figure 1

Step 1	Step 2	Step 3	Step 4	Step 5
Identify Risks	Assess & Rate Current Risks	Identify & Assess Mitigation Strategies	Develop Strategic Action Plan	Monitor & Report

Adapted from OPS Risk Management Strategy and Process Toolkit 2016

Step	Procedure
1	**Identify possible risks – *what could go wrong?*** • There are 14 risk categories in the OPS Risk Management Framework. Identify the category of risk as provided in Appendix B - OPS Key Risk Categories. • Examine trends and consider past risk events to help identify risks. • Use the Risk Assessment Sheet provided in Appendix C to document the risk. • Define the context and confirm an objective(s) and/or goals(s) with each identified risk. This is done by the risk owner for the project, program or initiative. • The risk owner will be the person who will manage and coordinate the mitigation of the risk • Objectives can be at any level: organizational, operational or program • Objectives can be general or include specific goals, key milestones, deliverables and commitments **It is not important whether the risk or objective is identified first; what is important is to address the possible risk of what could go wrong?**
2	**Assess & Rate Current Risk Situation** 1. First, list the current strategies and controls that are in place for the risk 2. Using Table 1, assess the current Likelihood of Occurrence (*inherent risk*) with current controls in place and without any new mitigation strategies. Document the score in the Risk Register (Appendix C) 3. Next, assess the current Potential Impact (*inherent impact*) with current controls in place. The potential or inherent impact refers to the impact of risk to the organization, service, program and clients without any further mitigation. Document the score in the Risk Register. 4. Assess identified risk by evaluating the two elements of risk: Likelihood of Occurrence & Potential Impact (as per Table 1) 5. Then, calculate the risk score by multiplying the score of Likelihood x Impact and determine the current level of risk on the Risk Acceptability Scale and the Risk Prioritization Heat Map (Appendix D) 6. Risks that have a risk score greater than 10 will be identified as a key risk meaning additional mitigation strategies should be identified.

[4] **The Risk Management Process** is a fluid process. The steps are integrated and should be used only as a guideline.

7. Risks that have a risk score less than 10 will be evaluated on a case by case basis. The Director overseeing the risk area will evaluate and determine if further mitigation is required to reduce the risk.

Table 1 - Risk Assessment Value

Value	Likelihood of Occurrence/*Inherent risk*	Potential Impact*(inherent impact)*
1	Unlikely to occur	Insignificant
2	May occur occasionally	Minor
3	Is as likely to occur as not to occur	Moderate
4	Is likely to occur	Major Impact
5	Is almost certain to occur	Extreme – threatens success

Adapted from OPS Risk Management Strategy and Process Toolkit 2016

3

Identify & Assess Mitigation Strategies
- Start with controls that are already in place. Then consider additional risk controls or mitigation strategies that would reduce the risk. This could include new processes, staff training, personal protective equipment, technology, etc.
- Mitigation strategies/controls could include:
  - Preventive controls *(strategies to prevent a risk such as security and training programs)*
  - Detective control *(strategies to detect the occurrence of risk such as fire or fridge alarms)*
  - Corrective or recovery controls *(strategies put in place after the risk occurs such as insurance or backups)*
- Refer to Appendix A for definitions of preventive, detective and corrective or recovery controls.

4

Develop a Strategic Action Plan
- Reassess the impact and likelihood of the risk with the impact of the new mitigation strategies identified in Step 3.
- Calculate a new risk score for the identified risk. This will be known as the Residual Risk with a Residual likelihood and Residual impact.
  - *Residual likelihood* – With new mitigation strategies in place, how likely is this risk?
  - *Residual impact* – With new mitigation strategies in place, how big of an impact will this risk now be?

  Always Ask - Is it an acceptable or unacceptable risk? If yes, accept. If no, take more action.

- **Note:** If the risk score will not be reduced with mitigation strategies, seek the input of a Director to consult on the potential development of other strategies.
- If the risk remains Moderately High to High, there are four basic responses: Accept, Avoid, Transfer or Control the risk
- Consider such factors as implementation costs, timing, program implications and feasibility of mitigation strategies when assessing the risk. In some cases, the risk will simply need to be accepted; in other cases, the risk will need to be avoided or transferred.
- If the risk-response decision is to **Control** the risk (regardless of the risk score), proceed with a Risk Mitigation Action Plan using the Risk Register in Appendix E, incorporating prioritized SMART goals; specific, measurable, achievable, realistic and time specific.
- Some strategies and/or controls will be easier to implement than others and may reduce the risk score more than others. The cost and timing of mitigation strategies must also be considered in the development of an appropriate action plan.
- Get approval from your Director for the Action Plan and Execute the agreed Plan.

5	**Monitor and Report**

- The risk owner must continuously monitor the Action Plan to ensure the mitigation strategies identified are appropriate and decreasing the risk score over time as anticipated.
- The risk owner will document risks in a Risk Register Report (see Appendix E) on a semi-annual basis or as requested by the Executive Team.
- The Director of Corporate Services will maintain a Risk Register to summarize all risks. Key factors in maintaining the Risk Register include the following.
  - o Have risks changed? How?
  - o Are there new risks to be added to the register?
  - o Do you need to report or escalate risks? To whom? How?
  - o Have mitigation strategies reduced the risk rating (Impact x Likelihood) enough that the risk is below approved risk tolerance levels? Can the risk be deemed to be an acceptable level?
- **Risk Monitoring** is an ongoing, key component of the Risk Management Process; it is critical to monitor, reassess and evaluate on an ongoing basis.
- **Risk reporting** is also based on the level of risk and includes internal and external reporting.
  - o **Low risks** are typically accepted and monitored, but normally do not have action plans. They are managed by routine procedures, and informal reporting to a Program Manager.
  - o **Moderate risks** pose a moderate threat to the achievement of objectives and can typically be managed by routine procedures and monitoring on a semi-annual basis to the Executive Team.
  - o **Moderately-High** risks may pose a significant threat to the achievement of key objectives. They typically require action/mitigation plans, specific procedures and ongoing monitoring. The Actual Residual Risk will be reviewed on a semi-annual basis and reported to the Executive Team.
  - o **High** risks pose a significant threat to the achievement of key objectives. Detailed and immediate action, mitigation planning and attention is required by the risk(s)/control(s) owner(s) with regular monitoring. The Actual Residual Risk will be reviewed on a semi-annual basis and reported to the Executive Team.
- The risk owners will document the action response details in the Risk Register and Mitigation Action Plan (Appendix E)
- A risk report will be submitted on a semi-annual basis to the Ministry of Health, Governance Committee, Board of Health and the Executive and Management Committees. The report will summarize moderately-high and high risks within the 14 OPS Key Risk Categories, mitigation strategies implemented and next steps. A sample report is provided in Appendix F.
- Refer to Appendix D for Risk **Acceptability Scale & Reporting Frequency**

Appendix A – Glossary

Risk is an uncertain event or condition that, if it occurs, has an effect on the objectives of an organization. It includes both threats to the objectives and opportunities to improve on objectives. *(alPHa Risk Management Working Group)*

- **Inherent risk (Likelihood)** is the risk that a condition or an activity would pose if no controls or other mitigating factors were in place (the gross risk or risk before controls).
- **Residual risk (Impact)** is the level of risk remaining after evaluating the effectiveness of current risk mitigation or controls: Can you live with the exposure- if yes, accept it; if no, take more action.

Risk appetite is the amount and type of risk that an organization is willing to take in order to meet their strategic objectives.

Risk categories: The OPS risk management framework has been adopted and classifies risks into the following risk categories: compliance / legal; equity; financial; governance / organizational; information / knowledge; environment; human resources; operations; political; privacy; security; stakeholder; strategic; and technology. Appendix B includes descriptions of each category.

Risk controls: see Risk Mitigation Strategies

Risk intelligence is the organizational ability to think holistically about risk and uncertainty, speak a common risk language, and effectively use forward-looking risk concepts and tools to make better decisions, alleviate threats, capitalize on opportunities and create lasting value. It is essential to survival, success and relevance of organizations and stakeholders.

Risk management is a systematic approach to setting the best course of action under uncertainty by identifying, assessing, understanding, acting on, and communicating risk issues.
- **Integrated risk management** is a continuous, proactive and systematic process to understand, manage and communicate risk from an agency-wide perspective. It involves making strategic decisions that contribute to the achievement of an organization's overall objectives.
- **Risk Management Process** is a systematic process for incorporating risk management into the decision-making process for all HPEPH activities. It is a continuous interlinked process aimed at improvement—not an event.

Risk mitigation is the act of reducing the negative impact of risk exposure / likelihood of occurrence through preventive, detective or corrective measures. Effective mitigation strategies / controls can also increase opportunities.

Risk Mitigation Strategies / Controls reduce negative risks or increase opportunities:
- **Preventive** controls / mitigation strategies are designed to prevent a risk from occurring, focusing on the cause of the risk and reducing its likelihood (e.g., security, awareness and training programs, qualified staff, planning and procedures).
- **Detective** controls or mitigation strategies are designed to detect the occurrence of risk, focusing on either the cause or the consequence of the risk, allowing for early intervention and reducing the impact of the occurrence (e.g., reporting mechanisms, financial reconciliation, fire alarms and audits).
- **Corrective** or recovery controls or mitigation strategies are designed to respond after the risk occurs, focusing on reducing the impact of the occurrence (e.g., contingency plans, backups and insurance).

Risk owner is an individual who is responsible for managing the risk or who has the most influence over its outcome.

Risk Prioritization Heat Map is a tool used to present the results of a risk assessment process visually, in a meaningful and concise way. It illustrates the likelihood and potential impact of identified risks, and acceptability (see Appendix D).
- The cell will be colour coded with either R (red), A (amber), or G (green) and is the most important indicator as it flags future-period trending based on the risk owner's knowledge of future actions, opportunities or threats.

Risk Assessment Sheet is a document that outlines the results of the risk identification, evaluation and prioritization process and includes additional information related to actions being taken and persons or groups responsible for the actions, as per Appendix C.

Risk tolerance is the amount and type of risk that an organization *can* manage (e.g. can lose email capabilities for 5 hours) as opposed to Risk appetite willingness to manage (e.g. only *willing* to lose email capabilities for 1 hour).

Appendix B

14 Ontario Public Service (OPS) Key Risk Categories and Descriptions

Risk Category	Risk Description
Environmental	Uncertainty usually due to external risks facing an organization including air, water, earth, forests, climate change, natural disasters
Equity	Uncertainty that policies, programs or services will have a disproportionate impact on the population.
Financial	Uncertainty around obtaining, committing, using, losing economic resources; or not meeting overall financial budgets/commitments. Concern over fraud, adequacy of internal controls or process concerns.
Governance / Organizational	Uncertainty about maintenance or development of appropriate accountability and control mechanisms such as organizational structures and systems processes; systemic issues, culture & values, organizational capacity, commitment, learning and management systems, etc.
Human Resources / People	Uncertainty as to the capacity of the entity to attract, develop and retain the talent needed to meet its objectives. Concern over succession planning, performance standards, labour disruptions and other HR resource issues.
Information / Knowledge	Uncertainty regarding access to, or use of, inaccurate, incomplete, obsolete, irrelevant or untimely information; unreliable information systems; inaccurate or misleading reporting.
Legal/Compliance	Uncertainty regarding compliance with laws, regulations, standards, policies, directives, contracts, memorandums of understanding (MOUs) and the risk of litigation.
Operational or Service Delivery	Uncertainty regarding the activities performed in carrying out HPEPH's strategies or how HPEPH delivers programs and/or administrative services.
Political	Uncertainty that events may arise from or impact the Minister's Office / Ministry, e.g. a change in government, political priorities or policy direction.
Privacy	Uncertainty with regards to exposure of personal information or data; fraud or identity theft; unauthorized data access.
Security	Uncertainty relating to breaches in physical or logical access to data and locations (offices, labs, warehouses, etc.)
Stakeholder / Public Perception	Uncertainty around managing the expectations of the public, other governments, Ministries, or other stakeholders and the media to prevent disruption or criticism of the service and a negative public image.
Strategic / Policy	Uncertainty around strategies and policies achieving required results / or that old and/or new policies, directives, guidelines, legislation, processes, systems and procedures fail to recognize and adapt to changes.
Technology	Uncertainty regarding alignment of IT infrastructure with technology and business requirements; availability of technological resources.

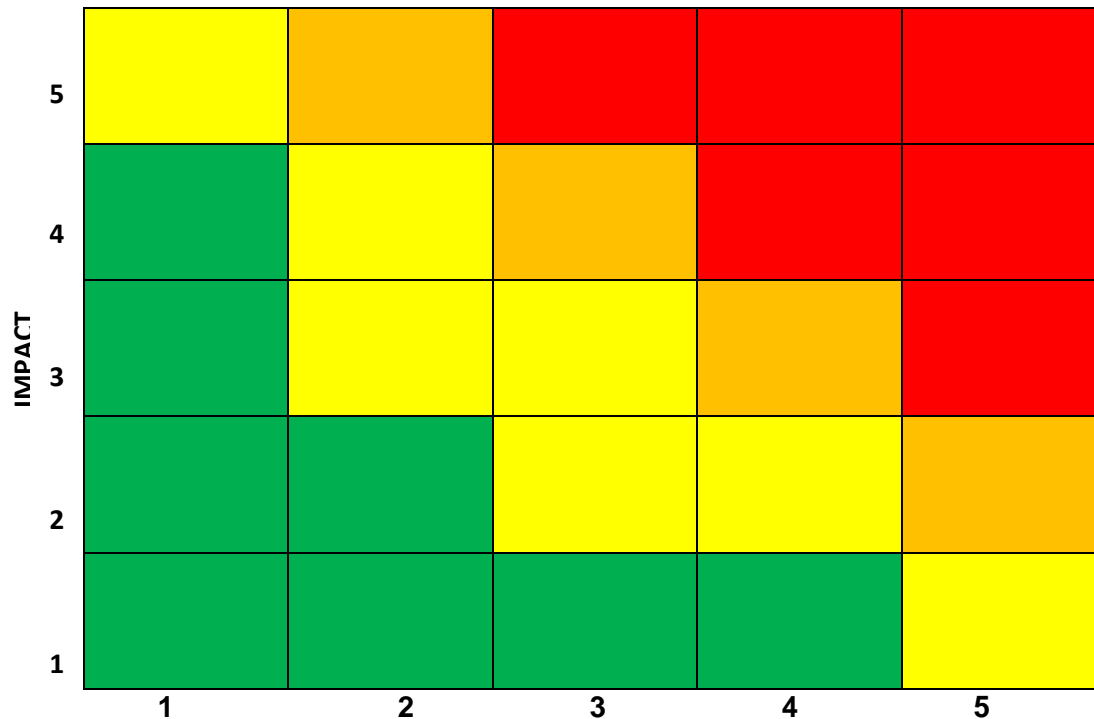Adapted from the OPS Risk Management Framework

Appendix C

Risk Assessment Sheet

STEP 1 **Identify Risks**	**Risk:** **Risk Owner(s**): **OPS Key Risk Categories affected**: **Goal / Objective**:
STEP 2 **List Current Risk Control Strategies and Calculate Risk Assessment Score**	**List Current Strategies and Controls in place**: **Calculate Risk Assessment Score:** Likelihood of occurrence score _____ X Potential Impact score _____ = **Current Risk Score** [ ] Place Risk Score on Risk Prioritization Heat Map (see Appendix D) □ **Low** □ **Moderate** □ **Moderately High** □ **High** Risk score **< 10** - May require monitoring- Director decision required Risk score **≥ 10** - Requires a Response/Action Plan
STEP 3 **Identify and Assess Mitigation Strategies**	**Identify additional mitigation strategies**. **What can the organization do to reduce the risk?** □ **Is staff training required?** □ **Is a new policy/procedure required?** □ **Is PPE sufficient?** □ **Will a technology solution address this risk?**

STEP 4
 	
Evaluate Residual Risk Assessment Score and Create Action Plan
	Evaluate the Residual Risk with additional mitigation strategies in place:
	
	Residual Risk Assessment Score:
	
	Residual Likelihood of occurrence score ____ X Residual Impact score ____
	
	         = **Residual Risk Score** ☐
	
	Place on Risk Prioritization Heat Map to determine Residual Risk
	      ☐ **Low** ☐ **Moderate** ☐ **Moderately High** ☐ **High**
	
	Residual Risk **< 10** - May require monitoring (Review with Director)
	Residual Risk score **≥ 10** – Determine response and if **Control** is chosen:
	   • Prepare a Risk Mitigation Action Plan based on Recommended Risk Mitigation Controls from Step 3.

STEP 5 **Monitor and Report**	**Monitor as agreed upon between Risk Owner & Director** **Moderately – High to High** = Semi-Annual Risk Report (see Appendix G)

Appendix D

RISK PRIORITIZATION HEAT MAP

LIKELIHOOD

Low Risk **0 - 4**	Risks do not exist or are of minor importance and not likely to significantly affect the achievement of objectives. Risks can be managed by routine procedures.
Moderate Risk **5 - 9**	Risks that are a moderate threat to the achievement of objectives. Specific management responsibility and specific procedures are required.
Moderately-High Risk **10 - 14**	Risks that may be a significant threat to the achievement of key objectives. Detailed action / mitigation plan is required.
High Risk **15 - 25**	Risk that are a significant threat to the achievement of key objectives. Detailed management planning and attention is required.

RISK ACCEPTABILITY SCALE and REPORTING FREQUENCY

Risk Score (0 – 25)	Level of Risk	Acceptability	Reporting Frequency
0 - 4	Low	**Acceptable**	No reports required
5 - 9	Moderate	**Marginally Acceptable** **Monitor for escalation**	Monitor quarterly
10 - 14	Moderately-High	**Marginally Unacceptable** **Take Action / Mitigation Plan**	Monitor & Report quarterly, to supervisor
15 - 25	High	**Unacceptable** **Take Action / Mitigation Plan**	Monitor & Report quarterly, to supervisor

Adapted from Ottawa Public Health 2016

Section: CORPORATE SERVICES
Policy/Procedure: **Risk Management**

HPEPH – RISK REGISTER and MITIGATION ACTION PLAN   Appendix E
Completed By (Manager)

For the Period _____

Item #	Risk	OPG Risk Category	Likeli hood	Impact	Risk Score and Rating		Risk Mitigation Action Plan	Risk Owner	Report Dates
A	B	C	D	E	F	G	H	I	J

Legend

A Risk Number
B Name of Risk
C Key OPS Risk Categories (may be one or several)
D Likelihood Score
E Impact Score
F Total Risk Assessment Score
G Heat Map Rating of Low/Moderate/Moderately High and High
H Mitigation Action Plan - Describe Plan and Use SMART Goals (specific, measurable, achievable, realistic and time-specific)
I Risk Owner
J Report Dates (to Director/Executive Team/BOH/Ministry)

Reviewed by

_____
Director

_____
Date

HPEPH - SAMPLE RISK MANAGEMENT REPORT – Appendix F

For the period _____

Item #	Risk	OPS Risk Category	Likeli hood	Impact	Risk Score and Rating		Mitigation Action Plan/Progress	Risk Owner	Report Dates
A	B	C	D	E	F	G	H	I	J

Legend

A   Risk Number
B   Name of Risk
C   Key OPS Risk Categories (may be one or several)
D   Likelihood Score
E   Impact Score
F   Total Risk Assessment Score
G   Heat Map Rating of Low/Moderate/Moderately High and High
H   Mitigation Plan/Progress
I   Risk Owner
J   Report Dates (to Director/Executive Team/BOH/Ministry)

Completed by   _____ Director of Corporate Services

_____ Date

Governance Committee Briefing Note

To:	Governance Committee
Prepared by:	Valerie Dunham, Director of Corporate Services/Associate CEO
Reviewed by:	Dr. Ethan Toumishey, Acting Medical Officer of Health and CEO
Date:	Wednesday, October 27, 2021
Subject:	**Strategic Priorities for Recovery Planning**
Nature of Board Engagement	☒ **For Information** ☒ **Strategic Discussion** ☐ Board approval and motion required ☐ **Compliance with Accountability Framework** ☐ **Compliance with Program Standards**
Action Required:	1. Governance committee to review the attached reports to see how the Board can action the supports identified at the working session on September 15, 2021 for recovery. 2. Governance Committee to take these supports and make a recommendation to the Board of Health for actioning at the December 2021 meeting.
Background:	♦ An initial strategy session was held June 16, 2021 with the management team. During this session five (5) key priorities were established. The priorities revealed by this process were aligned/consistent with the key areas of risk identified in the Risk Management Report and mitigation strategies approved earlier by the Board of Health in June. This alignment speaks to the accuracy and importance of these five (5) key priorities. ♦ Over the summer, multi-year operational plans were completed in the areas of program recovery, human resources, information technology, communications and building/office management. Financial plans were also reviewed. (A multi-year financial plan will remain outstanding until more information is available through the 2022 budget process currently underway.) The intent of these multi-year plans was to identify high level planning objectives focused on recovery efforts and related risk management for the period up to December 2023. ♦ Recovery planning discussions were conducted with Program Managers and Program Directors during September. ♦ A summary of the established priorities and objectives and a recovery approach was prepared and reviewed by the Board of Health on September 15 during a working session. Highlights of that meeting are being discussed by the Board of Health at the October 6 meeting. (Attachment One)

	- The attached Strategic Priorities and Objectives will be reviewed with the Management team on October 20. (Attachment Two) - A draft recovery plan, including timelines for programs and service resumption will be completed by mid-November, 2021.

**Summary
of Board of Health Working Session
for Strategic Recovery Planning**

This document is a summary of the proceedings from a Board working session held on September 15, 2021. For context, as a result of COVID-19, the current strategic plan has been put on hold and we are developing a recovery plan to ensure we are prepared and ready for the next 18 months as our region returns to normal. The management team has identified five priorities that are consistent with the risk management plan approved by the Board in June 2021. These priorities include:

1. Framework and Implementation plan for prioritization and recovery of programs & services
2. Comprehensive human resources strategy
3. Review allocation of organizational resources
4. Comprehensive IT strategy
5. Communications (internal and external) and foundational standards

The purpose of the session was to get governance input from the Board of Health on our recovery priorities. The key priorities and objectives of the Recovery Plan were presented. The group was then invited to give feedback on the plan. The group was then asked to identify what role the Board can play. Finally, risks and issues that must be monitored were identified.

On the recovery plan, the key items the Board supported or liked were:

  ⬥ Overall outline is comprehensive, well thought out and developed
  ⬥ Recognizes some uncertainty and allows for some contingencies
  ⬥ Emphasis on human resources gaps and succession planning, financial planning, Information Technology and Cyber Security
  ⬥ Overall, focus on increased investment needed in public health

Some of the main concerns and gaps expressed include:

  ⬥ Timing: since we don't know when we are going to be significantly over COVID-19.
  ⬥ Ensure staff wellbeing is not ignored
  ⬥ Efficiency opportunities: are there areas of duplication internally and externally? Related to this is the importance of working with municipal partners in ensuring seamless recovery
  ⬥ Continued lack of public awareness about our exact role and mandate

On how the Board can support recovery efforts, the following roles were identified:

1. Advocate and promote the role and programs of public health at council meetings
2. Fiduciary responsibility to ensure funding is there
3. Inform the general public and health care stakeholders with credible, evidence-based communications in our communities
4. Ensure accountability of the public health units: governance should be the link between provincial legislation and interpretation by the staff and the board.
5. Strong advocacy to Province: Lobby the government to stand firm on legislation

Finally, on other risks that need to be considered, the Board highlighted:

- Potential loss of burnt out health care providers
- Public complacency. Need to continue the message. It is not over yet.
- Risk of not getting extra funding or funding being cut
- Preparing for future events - are we ready for an unforeseen contingency?

Next steps:

1. Meetings with managers and directors to develop program level timelines
2. Finalize and share, internally and externally, the HPEPH Strategic Recovery Plan

HASTINGS PRINCE EDWARD
Public Health

Strategic Priorities for Recovery Planning
OCTOBER, 2021- DECEMBER, 2023

PRIORITY ONE
To identify a framework and implementation plan for the prioritization and recovery of programs and services throughout Hastings & Prince Edward Counties.

Objectives:

➢ Continue with critical service delivery and COVID-19 activities as required

➢ Clearly identify program priorities for recovery and reopening of services with focus on flexibility and responsiveness and prioritization of Ministry of Health program standards

➢ Begin transition of immunization efforts to community channels (primary health care, pharmacies, etc.)

➢ Ensure effective planning and change management in opening of all programs and services

➢ Ensure health inequities and hard to reach populations are considered in all aspects of recovery planning

➢ Continue to develop strong community partnerships to leverage and improve public health outcomes; explore opportunities for system integration

PRIORITY TWO
To develop a comprehensive human resources strategy that focuses on the optimal use of resources and staff development and training.

Objectives:

Talent Management

➢ Create a succession plan with emphasis on senior level roles to address retirements and ensure smooth transitions

➢ Review compensation package for non-union staff to ensure an appropriate and competitive financial package

➢ Appoint HR staff to be trained and implement plans for Diversity, Equity and Inclusion

Training and Development

➢ Identify and implement leadership development training needs

➢ Identify and implement program specific training to address recovery priorities and community needs

➢ Ensure human resources related policies and procedures reflect current and optimal practices

- Review organizational training needs with focus on compliance, risk management and information technology
- Continue to invest in staff development and training with a focus on evidence-based practices and outcome measurement

Performance Management

- Review and assess current performance management system with goal of moving to an improved contemporary performance management system

PRIORITY THREE
To continue to review allocation of organizational resources to optimize financial and human resources.

Objectives:

Innovative Service Delivery

- Embrace changes from COVID experience to offer innovative service offerings
- Continue to strengthen relationships with partners, school boards, municipalities and businesses to leverage resources
- Explore increased collaboration with other public health units and Ontario Health Team to eliminate duplications and maximize service delivery
- Identify and implement process improvements

Financial Sustainability

- Review HPEPH budget approval process and reserve policy and procedures
- Advocate for increased investment in public health
- Continue to evaluate branch office/service hub models
- Ensure finance related policies and procedures reflect current and optimal practices
- Develop and implement internal audit process for increased financial oversight and accountability

PRIORITY FOUR
To develop a comprehensive information technology strategy to ensure that the IT infrastructure meets program delivery needs and work demands.

Objectives:

Infrastructure Sustainability

- Continue to provide industry leading infrastructure for server and virtual desktop infrastructure (VDI)
- Develop equipment replacement policy to address implications of potential post-pandemic "remote work" requests

- Explore increased use of cloud infrastructure, Microsoft email and collaboration products and virtual platforms to meet post-pandemic organizational needs
- Review financing options for future acquisitions (leasing vs purchase) to ensure sustainable long-term asset model

Computer/Cyber Security

- Enhance cyber security with industry leading technical safeguards
- Review and enhance data management and patching strategies
- Implement third party security audit process to meet cyber insurance requirements
- Enhance orientation and training for staff

Computer applications

- Continue to evaluate application portfolio to align with staff requirements and security provisions
- Consolidate clinical applications where practical
- Replace paper driven workflows to electronic based on organizational priorities
- Ensure information technology related policies and procedures reflect current and optimal practices

PRIORITY FIVE
To review internal and external communication needs and foundational standards considerations to meet staff and community priorities.

Objectives:

Internal Communications

- Enhance internal communication tools to support employee engagement including implementation of organizational intranet
- Ensure communication related policies and procedures reflect current and optimal practices

External Communications

- Capitalize on the increased digital engagement during the pandemic by reviewing achievements and analytics and updating the website and social media strategy
- Develop a communications plan to guide stakeholder and public relations throughout the reopening and recovery of programs and services in HPEPH
- Reorient stakeholder bulletins to support program and recovery needs and increase

Recovery Planning

- Coordinate the development of a comprehensive contact management system
- Prioritize the advancement of the Population Health and Surveillance Strategy and updated population health assessment to support recovery planning
- Encourage staff to complete the online Planning Cycle training modules
- Continue to enhance knowledge and awareness of health equity and health equity assessment tools and related local health inequities and opportunities; revise Health Equity Strategy as required
- Continue to increase awareness of the role of public health; revise HPEPH Community Engagement Action Plan as required