



TO: Chair and Members of the Finance and Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health
Emily Williams, CEO (Interim)

DATE: 2021 July 15

REQUEST FOR OVER-HIRE TO ENSURE RETENTION OF CRITICAL HEALTH HUMAN RESOURCES

Recommendation

It is recommended that the Finance and Facilities Committee recommend that the Board of Health:

- 1) *Receive for information Report No. 19-21FFC re: “Request for Over-hire to Ensure Retention of Critical Health Human Resources”;*
- 2) *Approve the over-hiring of 22 additional permanent positions (16 Public Health Nurses, three Public Health Inspectors, one Human Resources Specialist, one Health Equity Worker, and one Manager); and*
- 3) *Defer permanent budget decisions to the 2022 budget process.*

Key Points

- The work of the COVID-19 pandemic has required substantial growth in MLHU’s health human resources, particularly to support case and outbreak management and vaccine delivery; the temporary nature of the positions has resulted in increasing difficulties with turnover and gapping.
- To stabilize the workforce, the Senior Leadership Team is seeking approval to over-hire up to 22 staff (16 public health nurses, three public health inspectors, one human resources specialist, one health equity worker, and one manager) in addition to the previously approved over-hire limit (see [Report No. 31-18FFC](#) and [Report No. 44-18](#)).
- Work associated with COVID-19 will need to be incorporated into the baseline operations of the organization. Efforts are underway to articulate and forecast the resources required for MLHU to sustainably respond to the ongoing work of COVID-19, re-establish critical non-COVID-19 services, and support public health’s health equity and recovery efforts. This will be incorporated into the MLHU 2022 budget planning process.

Background

The first laboratory-confirmed COVID-19 case in the Middlesex-London region was reported to the Middlesex-London Health Unit (MLHU) on January 24, 2020. During the first wave of the pandemic (January-May 2020), community control of COVID-19 in the Middlesex-London region was achieved through unprecedented and intensive physical distancing; aggressive case, contact, and outbreak management; and the support of enhanced infection prevention and control practices in all settings. Operationally, this response required the significant redeployment of MLHU staff, severely limiting and constraining all other MLHU operations (see [Report No. 16-20](#) and [Report No. 24-20](#)).

Following the first wave of the COVID-19 pandemic, the MLHU Board of Health (BOH) approved a significant investment of health human resources to support MLHU’s ongoing response, in recognition that

additional resources were needed for MLHU to both do the new work associated with the COVID-19 pandemic and maintain prioritized core public health work (see [Report No. 32-20](#)). Funding was subsequently provided by the Province. The additional resources, approved until December 2021, resulted in the continuation of prioritized pre-pandemic operations. Subsequent waves of COVID-19 yet again required redeployments for case, contact, and outbreak management. Arrival of the COVID-19 vaccine in late 2020 required further expansion of the health human resources at MLHU. Substantial hiring of temporary staff has unfolded, grounded in assurances from the Province of commensurate funding in 2021.

For context, in January 2020, prior to the onset of the pandemic, MLHU's staffing complement consisted of 308 staff, with 249 Full Time, 22 Part Time, 20 Casual and 17 Temporary positions. As of June 2021, the staffing complement has grown significantly to 801 staff, including 234 Full Time, 23 Part Time, 17 Casual, two Students/Seasonal staff, as well as 525 Temporary positions.

In addition to the need for permanent additional health human resources to stabilize the COVID-19 workforce, MLHU has progressed to a place in its work in the areas of health equity, Indigenous reconciliation, diversity and inclusion, and anti-Black racism where additional health human resources are required to effectively and sustainably implement its many BOH-approved recommendations in a timely manner. A substantive number of the recommendations from the Employment Systems Review portion of the Diversity and Inclusion Report ([Report No. 24-21](#)) are related to Human Resource-related policies and processes and will require additional support to implement. Implementation of recovery recommendations and the significant recovery efforts required to promote community and population health will also need to be adequately resourced.

Challenges of Recruitment and Retention

Consistent with the uncertainty of the pandemic, the added positions have been temporary. The provincial funding framework for public health in 2022 remains unknown. Unfortunately, as the end of 2021 approaches, it is increasingly difficult to recruit and retain these critical health human resources because of the short-term, temporary nature of the contracts. The current competition for health human resources is intense, and temporary positions are understandably not as attractive as the certainty of permanent positions. Collectively, this results in substantial turnover and gapping, in addition to challenges with recruitment. These challenges threaten MLHU's ability to fulfill its public health obligations and mandate.

Over-hire Proposal

As a first step to stabilize the workforce and address health human resource needs, the Senior Leadership Team is seeking approval to proceed with over-hiring up to 22 permanent positions – 16 public health nurses, three (3) public health inspectors, one (1) human resources specialist, one (1) health equity worker, and one (1) manager. This is in addition to the previously-approved over-hire limit (see [Report No. 31-18FFC](#) and [Report No. 44-18](#)). [Appendix A](#) outlines where it is expected these positions will be situated within MLHU's work and mandate, along with salary/benefits for these roles.

Over-hiring carries with it the organizational risk of exceeding its annual budget due to the increase in staff complement. In this instance, the following assumptions are expected to mitigate this risk:

- Historically, the number of people in permanent positions leaving the organization over the course of a year is consistent with the number of proposed over-hire positions. The turnover rate in 2019 = 9.23%, and the rate in 2020 = 8.88%.
- The organization may experience a higher-than-normal number of resignations and retirements post-pandemic.
- It is reasonable to expect additional provincial investments in infectious disease control and vaccine-preventable disease in 2022.

- Additional staff will be required to implement Board-approved recommendations for Diversity and Inclusion and Anti-Racism ([Report No. 24-21](#) and [Report No. 19-21](#)).

In the event that funding is not available, layoffs may need to be considered in 2022.

It is recognized that this request falls outside the normal budget processes; however, there is an urgent need to address retention concerns.

Next Steps

Even as the third wave of the pandemic gradually abates, it is increasingly clear that the work associated with COVID-19, although unpredictable, will continue beyond the pandemic and will need to be incorporated into the baseline operations of the organization. Furthermore, it is also clear that the risks and impacts of constraining critical non-COVID-19 public health work grow. Efforts are underway to further articulate and forecast the resources required for MLHU to sustainably respond to the ongoing work of COVID-19, re-establish critical non-COVID-19 services, and support public health recovery efforts. As it is expected these over-hire positions will not result in a sustained increase to MLHU's current permanent full-time equivalent complement due to attrition through resignation and retirement, more fulsome proposals for any required and prioritized additional and sustained permanent baseline complement positions will be presented to the BOH during the upcoming budgetary process. As the resource requirements are being identified, it is expected that the Province will provide more information about what funding public health units can anticipate in 2022. This will inform the development of the annual service plan and budget for 2022.

This report was prepared by the Associate Medical Officer of Health and Chief Nursing Officer, Office of the Medical Officer of Health.



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