PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

Audit Committee Report BH.02.JUN0519.R02
June 5, 2019

Report To:	**Audit Committee, Board of Health**
Submitted by:	**Dr. Nicola Mercer, Medical Officer of Health & CEO**
Subject:	**WDGPH RISK MANAGEMENT**

RECOMMENDATION(S):

(a) That the Audit Committee makes recommendation to the Board of Health to receive this report for information.

BACKGROUND:

Risk can be defined as the possibility that something harmful or undesirable may occur within the organization. This could include harm, injury, loss or abuse to the organization's clients, volunteers, board members, employees, property, resources or reputation.[1]

Every organization is susceptible to risk and public sector organizations like Wellington-Dufferin-Guelph Public Health (WDGPH) are particularly vulnerable to many different risk forms including: strategic; reputational; regulatory; financial; compliance; legal; security and operational.

Managing risk, or risk management, is a process undertaken by organizations to assist them in meeting their strategic and operational objectives by ensuring that there are processes in place to identify, manage and/or mitigate the various risks they face – both internally and externally. Risk management includes the culture, processes and structures that are directed towards the effective management of potential opportunities and adverse effects.[2] The overriding goal is to protect all those connected to the organization including: board members; staff; clients; volunteers and partners.

Under the Ontario Public Health Standards: Requirements for Programs, Services and Accountability, the Board of Health (BOH) is required to ensure that WDGPH has "a formal risk management framework in place that identifies, assesses, and addresses risks."[3]

Overseeing risk is a key component of effective governance. It should not imply risk aversion. Rather, boards of directors can help guide their organizations by balancing opportunities and threats to achieve their objectives in a way that is compatible with their values and tolerance for risk.[4]

PUBLIC HEALTH AND/OR FINANCIAL IMPLICATIONS:

WDGPH utilizes a comprehensive risk management framework. This framework is modeled after the Association of Local Public Health Agencies (alPHa) Risk Management Strategy and Process Toolkit that includes:

- establishment of risk management objectives, including policy development and guidelines, risk management structures and training needs for all staff;
- identification of risks and controls;
- assessment of risks and controls (Initial Risk);
- evaluation of impact of risk controls (Residual Risk);
- mitigation strategies and identification of required action plans; and
- monitoring and reporting processes.

The Risk Register (Appendix "A") includes:

- Risk identification: includes category, source, risk and potential consequence;
- Risk Assessment: based on likelihood, impact to the agency and proximity in time;
- Risk Controls: policy, process or other actions designed to manage or mitigate risk; and
- Risk Monitoring: identifies responsibility, risk indicators and monitoring frequency.

Each year, the WDGPH Senior Leadership Team (SLT) conducts a review of the Agency's risk register in an effort to evaluate and rate new and existing risks facing the organization. Once the risk register has been updated by SLT, it is then submitted to the Audit Committee who are asked to review the register from a governance perspective as part of the Ontario Public Health Standard requirement referenced above.

The 2019 risk assessment was conducted prior to the announcement from the Province of Ontario that the number of public health units would transition from 34 (current state) to 10, and that provincial / municipal funding split will go from 75/25 (current state) to 60/40 in 2021.

The 2019 assessment identified thirty-nine (39) risks for WDGPH, which is the same number that was identified in 2018. Though the number remained consistent, a number of assessment and mitigation ratings changed in 2019 in response to evolving operating conditions.

The first phase is the assessment of the risk without controls in place. Residual risk is the remaining risk with all Agency controls in place. Residual risk is the area where the Agency evaluates and determines next steps. In 2019, the two highest residual risks were "change in provincial funding" and "provincial re-organization of health and community services" given the change in government. As we now know, since conducting the assessment, both these risks have been realized and the Agency is continuing to work through the implications.

WDGPH is also continuing to investigate strategies to ensure a coordinated approach to the effective oversight, monitoring and management of risks leading up to the amalgamation event scheduled for April 2020. Despite the impending transition, the Agency is committed to maintaining effective and responsible risk management practices and will continue to update the BOH on new and emerging risks and associated issues as they arise.

This report is being presented to the Audit Committee of the WDGPH BOH given their responsibility of reviewing and reporting to the BOH on any matter of agency risk that is referred to the Committee via the BOH, the Auditor or the Medical Officer of Health.

REFERENCES:

1. http://sectorsource.ca/sites/default/files/resources/files/guide_kowalski_risk_eng.pdf
2. Based on definitions developed by the Joint Technical Committee OB/7, Risk Management. Standards Australia and Standards New Zealand, Australian/New Zealand Standard 4360:2004: Risk Management.
3. Ontario Ministry of Health and Long-Term Care, Protecting and Promoting the Health of Ontarians Ontario Public Health Standards: Requirements for Programs, Services, and Accountability.
4. http://sectorsource.ca/managing-organization/risk-management

APPENDICES:

Appendix "A" – WDGPH 2019 Risk Registrar

Original Signed Document on File

Prepared by:	Reviewed by:	Approved by:
David Kingma, Director, Administrative Services	Dr. Nicola Mercer, Medical Officer of Health & CEO	Dr. Nicola Mercer, Medical Officer of Health & CEO

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RISK REGISTER

2019

THREE POINT SYSTEM:

Initial Risk Assessment: L x I + P (Likelihood x Impact + Proximity)	**Resulting Risk Values:**	2-5 = Low 6-8 = Med 9-12 = High
Residual Risk: L x I (Likelihood x Impact)	**Resulting Risk Values:**	1-3 = Low 4-6 = Med 7-9 = High

Likelihood:	1 = Unlikely to occur 2 = Is as likely as not to occur 3 = Is almost certain to occur
Impact:	1 = Negligible impact 2 = Notable impact on time, cost or quality 3 = Threatens the success of the project
Proximity: (potential timing)	1 = More than 36 months 2 = 6 to 24 months 3 = Now (or immediate)

Low Risk:	Risks that do not exist or are of minor importance and not likely to significantly affect the achievement of objectives.
Med Risk:	Risks that are a moderate threat to the achievement of objectives.
High Risk:	Risks that are a significant threat to the achievement of objectives.

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APPENDIX "A"

	Source	Risk	Consequences	Likelihood (L)	Impact (I)	Proximity (P)	Score = (L x I + P)	Control Category	Control/ Mitigation Strategies	Likelihood (L)	Impact (I)	L x I = Residual Risk (Overall risk after control strategies)	Action Item(s): E = Enhanced R = Required	Risk Owner (Responsibility)	Key Risk Indicators (KRI)	Frequency O=Ongoing; M=Monthly; Q=Quarterly; S=Semi Annually; A=Annually
	RISK IDENTIFICATION			RISK ASSESSMENT				RISK CONTROL AND MITIGATION/ACTION							RISK MONITORING	
1. Financial Risks: ***The risk of failing to meet overall financial commitments (including fraud and financial failure) and uncertainty related to obtaining, committing, using or losing economic resources.***																
1a	Internal	Fraud	Loss of funds for service delivery; Loss of credibility with stakeholders and funders; increased insurance rates	2	2	3	7	Preventive Detective	Protector cheques; bank reconciliation; segregation of duties; established system and processing controls; established P&Ps and guidelines; Attendance Management System; 3rd party claim adjucation Quarterly budget monitoring; annual external audit	1	2	Low	None	Director, Administrative Services	Monthly reconciliations completed; audit management; override of P&Ps Annual claims review report is completed # of insurance claims in calendar year % change in total insurance claims	M
1b	Internal	Inappropriate/ inadequate insurance coverage	Financial loss; increased premiums; loss of reputation; losses not insured; loss of credibility with stakeholders and funders; loss of ability to delivery required services	2	3	1	7	Preventive	Broker assistance; periodic legal review legal review of insurance policies; risk analysis and review of coverage in response to assessed risks; internal review of P&Ps and limits; insurer expertise and familiarity with sector; analyzing insurance coverage within the context of identified risks	1	2	Low	Monitoring legal actions against core business	Director, Administrative Services	Poor risk analysis; inadequately trained staff; inadequate broker/insurer support	O,A
1c	Internal	Accounting errors	Audit and quarterly report restatement; inaccurate forecasting	3	2	1	7	Preventive Detective	Accounting controls; P&Ps Variance reports; external audit	1	2	Low	None	Director, Administrative Services	P&Ps and controls reviewed and current Variance reports generated and reviewed, any action items addressed	M
1d	Internal	Misuse of funds/ resources	Potential MOHLTC audit; loss of funds for service delivery	2	3	2	8	Preventive Detective Corrective	Internal P&Ps; funding community partners contract; expenditure guideline document Audited financial statements; Audit Committee of the BOH; internal policy compliance audits Issues of reported misuse addressed	1	2	Low	None	All Staff BOH	P&Ps reviewed and current Audit financial statements produced, reviewed and approved % of identifed issues corrected	A

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1e	Internal	Management override of controls	Misappropriation of funds; inaccurate reporting	2	3	2	8	Preventive Detective	Internal P&Ps; qualified staff in key roles External audit	1	2	Low	None	Finance; Directors; BOH	P&Ps current and relevant Audit completed	A
1f	External	Change in provincial funding (process/ amount)	Impact on service delivery	3	3	3	11	Preventive Corrective	Budgeting processes and P&Ps; identify and pursue opportunities for external funding and/or collaboration with partners; implementation of PBMA process Budget re-allocation and/or adjustment	3	3	High	Enhanced preventative actions; implement a decision-making rubric	Director, Administrative Services; BOH	Budget process reflects current provincial funding and WDGPH priorities Budget and budget re-allocations approved by BOH Directors and managers to change service delivery plans	A
1g	Internal	Capital asset failure	Inability to provide services as required by OPHS	2	2	1	5	Preventive Detective	Internal P&Ps; insurance; Reserve Fund, Continuity of Operations Plan; capital asset replacement strategy Preventive maintenance program	1	2	Low	Capital assets update [E]	Directors	Capital Asset inventory updated and current Continuity of Operations Plan reviewed and current Current insurance P&P, including capital asset coverage % of assets replaced as per approved strategy	As required O
1h	Internal	Non-compliant procurement	Financial loss; litigation; loss of reputation; loss of credibility with stakeholders and funders; delay in awarding contracts and receiving required services; inadequate service provision; fraud	2	3	2	8	Preventive Detective	Established internal P&Ps; qualified procurement staff; appropriate documentation requirements in place; adequate oversight and authorization processes; training for staff with ability to make purchases for the organization; use of external expertise Internal review of compliance with P&Ps	1	2	Low	None	Finance/ Procurement; All Management	Exceptions found in internal review; underqualified procurement staff; staff shortage (lack of support for managers in process); management override of controls	As required O / onging

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2. Operational/Service Delivery/Strategic /Policy/Equity: Uncertainty around strategies, P&Ps or activities carried out to meet objectives or deliver programs and services and the resulting impact on the population.																
2a	Internal	Professional practice errors (direct service care)	Subclinical service; loss of public confidence; adverse health event	1	2	3	5	Preventive Detective Corrective	Internal P&Ps; Nursing Council; Nursing Practice Toolkit; Clinical Practice Guidelines; insurance; training and ongoing professional development; registered health professional accountability; practice guidelines; approved content resources; additional certification as required Chart audits; profession-appropriate clinical supervision; annual confirmation of licensure If errors occur there is debriefing; review of mitigation strategies; revisions if necessary are implemented	1	2	Low	None	AMOH; Professional Staff; Nursing Council; Supervisors; Managers; CNO	% of PHNs oriented to Nursing Practice Toolkit Nursing Council meets as per terms of reference Current and adequate malpractice insurance # of completed chart audits % of staff with current licensure as per legislated requirements # of staff who participated in training and/or professional development events re: professional practice Established practice targets Mitigation strategies implemented Medication/Vaccine Error and Near Miss Reports completion % compliance of certification compliance Case consultation; case review; clinical supervision	A

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2b	Internal	Professional practice (all other);	Repeat of work; inefficiencies; privacy breach	1	2	3	5	Preventive Detective	Internal P&Ps; supervision; training; agency professional development; performance appraisals; certifications; memberships; insurance; data entry manuals; ongoing data cleansing; workload monitoring; utilization of CQI Audit/supervision; CQI audits	1	2	Low	None	AMOH; CNO; All Staff; Supervisors; Managers; Directors;	Same as 2a (Professional practice errors), plus: # of data entry reviews/audits completed % of performance appraisals of professional staff conducted as per P&P	O,A
2c	Internal	Business disruption	Inability to provide services	3	2	3	9	Preventive Detective Corrective	IT offsite back-up system; cross-training of staff; alternative work locations; moderate-sized outbreaks are able to be contained to one division; on-call manual and Christmas closure practices; inclement weather policy; Disaster Recovery site Emergency Response Plan; Continuity of Operations Plan Casual staff pool; reduce levels of service to match available staffing levels and expertise; VPN access for offsite working; generators; high availability of key systems	3	2	Med	Confirmation of Mutual Aid Agreement	MOH; AMOH; Directors	% completed of Continuity of Operations Plan agency debrief, review/revision following utilization and revise as required Annual review of Emergency Response Plan completed % of daily IT back-ups successfully completed # of cross-trained staff (or % of programs/services with cross-trained staff) # of successful Emergency Response or Continuity of Operations exercises conducted # of incidences where access to required data bases was inadequate Annual IT Disaster Recovery fail over completed.	A

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2d	Internal	Labour disruption	Limited staff to provide services; reduced nursing services	1	3	1	4	Preventive Corrective	Collective Agreement (timing could change based on expiry); Joint Labour Relations Committee; cross-training; Continuity of Operations Plan rollout Continuity of Operations Plan; casual staff pool; reduce levels of service to match available staffing levels and expertise; VPN access for offsite working	1	3	Low	Continue implementation of VPN initiative [E]; Longer Collective Agreements	Joint Labour Relations Committee; Managers; Directors	% of identified staff with VPN access and maintain annual review of employee list Existence of approved Collective Agreement % completed of Continuity of Operations Plan agency debrief; review/revision following utilization and revise as required	As required/ Every 3 years
2e	Internal	Outdated P&Ps	Misdirection of staff, impacting services; may contribute to professional/ practice errors	1	1	1	2	Preventive Detective	Ensure P&Ps are reviewed on established cycle by staff; complete staff training as necessary Audit staff practices against relevant P&Ps	1	1	Low	Update workflow/ processes to facilitate review and documentation [E]	Supervisors; Managers; Directors	% of P&Ps reviewed as per agency policy # of staff training events conducted # of staff who participated in a training event P&P workflow/process update completed % staff in compliance with relevant P&Ps	Every 3 years

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2f	Internal	Requirement for providing 24/7 on-call	Inappropriate or insufficient staff responding to calls; could exacerbate outbreak situation; may impact client care	2	2	2	6	Preventive Corrective	On-call P&Ps; on-call schedule; staff training; staff skills and resource allocation reviews VPN access available to assigned staff; Triage of calls to assign response to program area to minimize missed calls and balance workload; Daily review of on call activity; Staff re-allocation to address any identified gaps	1	3	Low	[R] Review and cross reference that all on-call calls are addressed.	Managers; Directors	Daily review of on call activities Quarterly on call activity debrief Existence of current P&Ps On-call schedule completed % of appropriate staff trained	O As required
2g	Internal	Research practices compliance	Undermines public trust; legal action	1	3	1	4	Preventive	Internal P&Ps; staff orientation and training; Research Ethics Committee	1	2	Low	Add online training module to mandatory staff orientation	Research Ethics Committee; Managers; Directors	P&Ps current and consistent with legislative requirements % of staff who received orientation to research ethics % of required ethics reviews completed	O,Q

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2h	Internal	Cold chain compliance	May impact ability to provide services; vaccine wastage	2	2	2	6	Preventive Detective	Internal P&Ps; vaccine coordinator; inventory control; alarms; 24-hour monitoring of secured fridges in all offices; annual fridge maintenance; staff training; backup generator Vaccine audit	1	2	Low	Review process and staff training [E] Implement formal inventory control system [E]	Managers; Directors	Review staff training annually Formal inventory control system utilized # of training sessions completed in orientation % of wastage due to fridge failure % of wastage due to cold chain compliance failure Bi-weekly physical inventory of vaccine Annual vaccine wastage audit completed	S
2i	Internal	Agency strategic planning and alignment	Impacts strategic alignment, ability for agency to achieve goals and have impact; noncompliance with OPHS	2	3	3	9	Preventive Corrective	Develop a strategic plan Monitor implementation of strategic plan, alignment of work with strategic plan	1	2	Low	Develop 2020-2023 strategic plan in 2019	Directors, BOH	Presence of strategic plan Achievement of indicators aligned with strategic plan	A

3. Human Resources: ***Risks related to recruitment, development and retention of human resources required to meet objectives.***

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3a	Internal	Staff not trained in required competency	Inability to deliver all services as required under OPHS; reduce public confidence	2	2	2	6	Preventive Detective Corrective	Professional development and effective supervision; training Performance reviews; reduced efficiency; staff work mistakes; changes in standards Staff training; professional development; medical directives; cross-training	1	2	Low	Management review of jobs and roles when changes occur [E] Identify required training for staff [E]	Managers; Directors	# of professional development activities by staff Staff training needs assessment completed % of completed job reviews (due to organizational changes) % compliance with new requirements	As required

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4. Organizational/Governance/Political/Environmental: *Uncertainty related to development of appropriate accountability and control systems; changes in political priorities or direction; uncertainty related to*																
4a	External	Natural disaster (flood, earthquake, etc)	Inability to provide services	1	3	3	6	Preventive and Corrective	Emergency Response Plan; Continuity of Operations Plan; insurance; IMS training for staff; enhanced IT services	1	2	Low	None	Emergency Preparedness and Health and Safety Officer; Supervisors; Managers; Directors	Insurance coverage current Annual review and exercise of Emergency Response Plan completed Continuity of Operations Plan reviewed and current % of staff trained in IMS (as appropriate) % completed of Continuity of Operations Plan agency debrief, review/revision following utilization and revise as required	Annual emergency response exercise
4b	External	Provincial re-organization of health and community services (i.e. change in government policy)	Direction change re: services funding, staffing needs	3	3	3	12	Preventive	Participation on provincial committees; collaboration with community partners; strategic planning; ongoing surveillance of political environment; contingency planning internally to anticipate needs	3	3	High	Respond to and implement changes as required [R]	Medical Officer of Health; BOH	# of provincial committees in which agency participates # of meetings with relevant community partners Review of political environment conducted by Directors # of reports received by BOH	Ongoing
4c	Internal	Changes in BOH structure and/or governance model	Orientation for BOH members and reduced efficiency	3	2	3	9	Corrective	BOH P&Ps; orientation; self-evaluation	3	2	Med	None	BOH	BOH P&Ps current % of new BOH members who received orientation % of BOH members who completed self-evaluation	As required

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4d	Internal	BOH fails to meet fiduciary responsibility	Failure to fufill provincial mandate; BOH audit; dissolution of BOH	1	3	1	4	Preventive	BOH P&Ps; orientation; BOH structure; staff reports; insurance; audit	1	1	Low	None	BOH	BOH P&Ps current % of new BOH members who received orientation BOH structure consistent with HPPA requirements # of staff reports received Insurance coverage current Annual audit reviewed and approved by BOH	As required
4e	Internal	Inadequate oversight - MOH/CEO performance	Failure to fufill provincial mandate; BOH audit; dissolution of BOH	1	3	1	4	Preventive	MOH/CEO performance review and ongoing performance management	1	1	Low	None	BOH	Annual MOH/CEO performance completed # of meetings with BOH Chair	Annual/ Ongoing

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5. Technology/Information/Knowledge/Privacy: ***Risk related to unauthorized access or use, inaccuracy and/or incomplete information, as well as uncertainty related to alignment of information and***																
5a	Internal	Major equipment and internal database failure	Inability to provide services; communication may be disrupted internally and externally; unable to use electronic documentation	2	3	1	7	Preventive Corrective	Internal P&Ps; back-up and storage of data; maintenance agreements; insurance; alarms and internet monitoring; Evergreen Plan: back-up protocol for documentation and post interruption data entry; use of cloud-based systems; use of PIAs Disaster Recovery Plan; Continuity of Operations Plan; computer file recovery; replacement of equipment;	1	2	Low	None	Director, Information Systems	P&Ps current, including documentation and post interruption data entry Back-up conducted according to protocol Maintenance agreements current % of Evergreen Plan implemented Disaster Recovery and Continuity of Operations plan reviewed and current (and include major equipment failure) Offsite storage of back-up and recovery files % of failed equipment replaced % staff trained on Disaster Recovery and Continuity of Operations Plan	A
5b	External	Instability of, or inaccessibility to, provincial databases	Inability to document records and access information relative to services and OPHS	2	2	3	7	Preventive Detective Reactive	Out of WDGPH control; back-up protocol for documentation and post interruption data entry Out of WDGPH control Document information and practices through internal systems	2	2	Med	None	Program Directors	Internal documentation practices established	As required

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	RISK IDENTIFICATION: Source	RISK IDENTIFICATION: Risk	RISK IDENTIFICATION: Consequences	RISK ASSESSMENT: Likelihood (L)	RISK ASSESSMENT: Impact (I)	RISK ASSESSMENT: Proximity (P)	RISK ASSESSMENT: Score = (L x I + P)	RISK CONTROL AND MITIGATION/ACTION: Control Category	Control/ Mitigation Strategies	Likelihood (L)	Impact (I)	L x I = Residual Risk (Overall risk after control strategies)	Action Item(s): E = Enhanced R = Required	Risk Owner (Responsibility)	RISK MONITORING: Key Risk Indicators (KRI)	Frequency O=Ongoing; M=Monthly; Q=Quarterly; S=Semi Annually; A=Annually
5c	Internal	Information breach (privacy) due to storage, access and integrity of staff members	Loss of public confidence; fines or IPC orders	2	3	3	9	Preventive Detective Corrective	Internal P&Ps for information management; use of passwords; auto log-off; inventory of IT assets; dedicated FAX reporting line; encryption; staff training and supervision Internal auditing; privacy breach reporting; implementation of privacy protocols Implementing corrective actions based on breach	1	3	Low	Develop audit protocol for all systems containing personal health information or personal information [E]	Privacy Officer; Director, Information Systems	P&Ps current, including encryption, privacy and other information management IT inventory current % of USB sticks and other portable IT equipment encrypted # of privacy breaches identified and % of privacy breaches corrected # of IT audits conducted % of issues identified during audit that are resolved/ addressed % privacy screens on computers in public areas	O
5d	External	Information breach (intrusion into agency information systems)	Loss of public confidence; inability to provide services and information due to data corruption	2	3	2	8	Preventive Detective	Computer security measures; secure password use; internal information system protocols; internal P&Ps; IT intrusion testing; insurance; staff training External audit; IT intrusion logs	1	3	Low	Conduct review of existing protocols; implement recommendations from IT audit [E]	Director, Information Systems	# of intrusions detected/% of corrective actions implemented Adequate and current insurance coverage External IT Audit completed (2017) # of recommendations from IT audit adopted and % of adopted recommendations implemented	Daily

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APPENDIX "A"

	RISK IDENTIFICATION			RISK ASSESSMENT				RISK CONTROL AND MITIGATION/ACTION							RISK MONITORING	
	Source	**Risk**	**Consequences**	**Likelihood (L)**	**Impact (I)**	**Proximity (P)**	**Score = (L x I + P)**	**Control Category**	**Control/ Mitigation Strategies**	**Likelihood (L)**	**Impact (I)**	**L x I = Residual Risk** (Overall risk after control strategies)	**Action Item(s):** E = Enhanced R = Required	**Risk Owner** (Responsibility)	**Key Risk Indicators (KRI)**	**Frequency** O=Ongoing; M=Monthly; Q=Quarterly; S=Semi Annually; A=Annually
5e	Internal	Fragmented records management system	Incomplete or delayed response to formal information requests; potential compromised client care; inefficient document administration	2	2	2	6	Preventive	Information request (FOI) P&Ps (including clarification of request); automated and manual data retrieval; off-site records review and destruction	2	2	Med	Complete review and appropriate disposition of off-site records P&P development for file request response protocol Determine options for unified records management and privacy oversight	Privacy Officer; Managers; Directors	% of off-site records reviewed Information request P&Ps current and relevant # of information requests received and % of requests completed Inventory of off-site records current	O As required

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APPENDIX "A"

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6. Legal/Compliance: Uncertainty regarding compliance with applicable legislation and regulations, as well as standards, contracts and/or directives.																
6a	Internal	Non-compliance with OPHS and Accountability Framework (AF)	Funding risk for non-compliance with OPHS	1	2	2	4	Preventive Detective Corrective	Program and Service Operational Plans; Health Equity Committee; supervision; Quality Performance Specialist; work of Health Ethics; P&Ps; client service standards Indicator and OPHS reporting; Operational Plan reviews; performance variance reports; internal AF audit P&P and protocol revisions; implementation of performance variance action items	1	1	Low	Review of AF internal audit QI items and appropriate response [E]	Quality Performance Specialist; Managers; Directors	% of OPHS requirements incorporated into operational planning % of OPHS reporting completed within established timelines # of performance variance reports required by the MOHLTC # of performance variance action items identified and % implemented Annual AF Audit completed	A

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APPENDIX "A"

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6b	Internal	Non-compliance with other legislation (incl. AODA, Privacy, PHIPA, Occupational Health and Safety)	Risk of fines and/or criminal charges; public embarrassment; injury/harm to employees; inability to provide services	1	3	2	5	Preventive Detective	Internal P&Ps, practices and guidelines; job-specific training Accessibility Standards and Practice (incl. client service standards); Privacy Committee; Joint Health and Safety Committee; Human Resources orientation and required training; promoting health and safety at team meetings; Client feedback forms; P&P audits; workplace inspections; incident reports and accident investigation; privacy audits; privacy breach reporting	1	3	Low	None	All Staff; Managers; Directors	P&Ps current % compliance with AODA # of Privacy Committee meetings conducted JHSC met regularly as per P&P and legislation % of required workplace inspections conducted # of outstanding health and safety issues as identified in workplace inspections % of new staff who completed orientation as per P&P % of required staff training completed % of resolved/closed accident investigations # of client feedback forms received and % of action items addressed	M
6c	Internal	Vendor failure to meet contractual obligations	May impact service delivery; Loss of funds re: contract failure	2	2	2	6	Preventive Detective	Procurement P&Ps and protocols; RFP process; supervision of contract fulfillment Contract/service evaluation; renegotiation or cancellation of contract	1	2	Low	None	Procurement Staff; Manager, Finance; Managers; Directors	P&Ps current and consistent with applicable legislation and guidelines % of internal compliance with procurement protocols, including RFP process # of contract evaluations conducted	O

APPENDIX "A" to Audit Committee Report BH.02.JUN0519.R02

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APPENDIX "A"

RISK IDENTIFICATION				RISK ASSESSMENT				RISK CONTROL AND MITIGATION/ACTION							RISK MONITORING	
	Source	**Risk**	**Consequences**	**Likelihood (L)**	**Impact (I)**	**Proximity (P)**	**Score = (L x I + P)**	**Control Category**	**Control/ Mitigation Strategies**	**Likelihood (L)**	**Impact (I)**	**L x I = Residual Risk** (Overall risk after control strategies)	**Action Item(s):** E = Enhanced R = Required	**Risk Owner** (Responsibility)	**Key Risk Indicators (KRI)**	**Frequency** O=Ongoing; M=Monthly; Q=Quarterly; S=Semi Annually; A=Annually
6d	Internal	Agency failure to meet contractual obligations	Credibility regarding future contracts; legal liability	1	1	3	4	Preventive Detective	Negotiation process; insurance coverage Audit	1	1	Low	Contract guidance document	Procurement Staff; Manager, Finance; Managers; Directors	Adequte and current insurance Audit completed # of unfulfilled contracts	O
6e	Internal and External	Litigation	Financial; reputational; uninsurable	3	2	3	9	Preventive Corrective	Qualified staff; effective processes; code of conduct; maintenance contracts; access to legal counsel Insurance	3	2	Med	Maintain effective control measures;	Supervisors; Managers; Directors	% success rate in defending Monitoring compliance to organization standards to minimize liability	O

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APPENDIX "A"

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	Source	**Risk**	**Consequences**	**Likelihood (L)**	**Impact (I)**	**Proximity (P)**	**Score = (L x I + P)**	**Control Category**	**Control/ Mitigation Strategies**	**Likelihood (L)**	**Impact (I)**	**L x I = Residual Risk** (Overall risk after control strategies)	**Action Item(s):** E = Enhanced R = Required	**Risk Owner** (Responsibility)	**Key Risk Indicators (KRI)**	**Frequency** O=Ongoing; M=Monthly; Q=Quarterly; S=Semi Annually; A=Annually
7. Security/Health and Safety: ***Risk of breaches in physical access to offices and supplies, as well as risk to the physical safety of staff members, both at agency office locations or in the performance of work***																
7a	Internal	Exposure to environmental hazards	Physical harm; lost time; long-term health problems	1	2	2	4	Preventive Detective	Internal P&Ps and guidelines; PPE; WHMIS and other training; supervision; evacuation drills; incident report forms; safety training and orientation JHSC review; workplace inspections; incident report forms; radiation control program; standing items on agency meeting agendas	1	2	Low	None	All Staff; Emergency Preparedness and Health and Safety Officer; JHSC; Directors	P&Ps current % of staff who completed required WHMIS training % of staff who completed identified required other safety orientation and training Annual assessment of WHMIS needs conducted # of evacuation drills completed for each WDGPH office % of required workplace inspections completed # of incident reports submitted and % addressed	O,M
7b	Internal	Client injury/ exposure	Physical harm; legal action; higher insurance premiums	2	2	2	6	Preventive Detective	Internal P&Ps; program-specific staff orientation and training Audit of infection control practices; fire drills; incident report forms; workplace inspections; Medication/Vaccine Error and Near Miss reports	1	2	Low	None	All Staff; Emergency Preparedness and Health and Safety Officer; Managers; Directors	P&Ps current Audit of infection control practices completed # of infection control recommendations and % addressed and/or implemented % of required workplace inspections completed # of incident reports submitted and % addressed	A

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	Source	**Risk**	**Consequences**	**Likelihood (L)**	**Impact (I)**	**Proximity (P)**	**Score = (L x I + P)**	**Control Category**	**Control/ Mitigation Strategies**	**Likelihood (L)**	**Impact (I)**	**L x I = Residual Risk** (Overall risk after control strategies)	**Action Item(s):** E = Enhanced R = Required	**Risk Owner** (Responsibility)	**Key Risk Indicators (KRI)**	**Frequency** O=Ongoing; M=Monthly; Q=Quarterly; S=Semi Annually; A=Annually
7c	Internal	Staff injury	Lost time; injury; physical harm; higher insurance premiums	2	2	3	7	Preventive Detective	Internal safety P&Ps and practices; Emergency Response Plan; health and safety training incl. safe lifting; insurance; evacuation drill; program-specific staff orientation and training Incident reports; workplace inspections; JHSC recommendations	2	2	Med	None	All Staff; Emergency Preparedness and Health and Safety Officer; JHSC; Managers; Directors	P&Ps current, including Health and Safety policy Emergency Response Plan annually reviewed # of staff completing safety training (e.g. safe lifting) % of staff who completed other identified required safety orientation and training # of evacuation drills completed for each WDGPH office % of required workplace inspections completed # of incident reports submitted and % addressed # of JHSC recommendations sent to WDGPH; % which received responses or responsive action	O,M

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	Source	**Risk**	**Consequences**	**Likelihood (L)**	**Impact (I)**	**Proximity (P)**	**Score = (L x I + P)**	**Control Category**	**Control/ Mitigation Strategies**	**Likelihood (L)**	**Impact (I)**	**L x I = Residual Risk** (Overall risk after control strategies)	**Action Item(s):** E = Enhanced R = Required	**Risk Owner** (Responsibility)	**Key Risk Indicators (KRI)**	**Frequency** O=Ongoing; M=Monthly; Q=Quarterly; S=Semi Annually; A=Annually
8. Stakeholder/Public Perception/Reputational: *Uncertainty related to managing stakeholder (i.e. community partners, government, funders, clients and the general public) expectations or relations.*																
8a	Internal and External	Inaccurate media reporting	Undermines public trust	2	3	3	9	Preventive Detective	Internal communications P&Ps; consistent messaging through formalized media releases; timely reporting of news events; open BOH meetings Media scanning and monitoring service	2	2	Med	Ongoing monitoring of media formats and revision of internal systems as needed [E]	Communications Manager; Directors	P&Ps current and available to all staff # of media releases and % released as per agency P&P # of community/client/media inquiries or feedback and % addressed # of BOH open meetings	As required
8b	Internal	Professional negligence or misconduct (willful or unintentional)	Undermines public trust; legal liability	1	3	2	5	Preventive Detective	Internal human resources P&Ps; qualified staff; confidentiality agreements; background checks (as appropriate); supervision; police vulnerable sector checks Performance management (incl. evaluation); review of professional certification; chart audits; comprehensive orientation at program level; internal IT security system; video surveillance	1	3	Low	None	All Staff; Human Resources; Managers; Directors	% of staff qualified as per job description and legislative requirements % of staff who completed confidentiality agreements % of background checks completed (as required) % of performance evaluations completed as per agency P&P # of chart audits completed % of relevant programs that conducted at least one audit # and % of new staff receiving program/service level orientation as required	O,A

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8c	Internal and External	Ineffective management of media platforms	Inaccurate information circulated; Undermines public confidence and trust	3	2	3	9	Preventive Detective Corrective	User guidelines for all platforms; training for relevant staff; decision tree for WDGPH response Daily monitoring of all platforms Activation of decision tree (including response and/or deletion of inaccurate information)	3	1	Low	Ongoing monitoring of media formats and revision of internal systems as needed [E]	Communications Manager; Managers; Directors	User guidelines current % of relevant staff trained # of information issues and % resolved	O,D