

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

RECOMMENDATION(S):

- (a) **That the Finance + Audit Committee makes recommendation to the Board of Health to receive this Report, as presented, 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 vulnerable to a particular number of 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 risk tolerance.

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 which 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, it is then submitted to the Finance + 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 2020 risk assessment was conducted during the COVID-19 pandemic. Given the unique role that WDGPH is tasked with in response to the current pandemic, a new section devoted exclusively to pandemic-related risks has been added to the Registry (Section 8).

The 2020 assessment identified 42 risks for WDGPH – 3 higher than were identified in 2019. The Register includes an initial assessment of each risk area, followed by a residual risk assessment designed to evaluate each risk after a number of mitigation steps have been enacted. Hence, residual risk is used to identify the highest and most immediate risks that require monitoring, action and follow-up.

This year, the Agency designated 3 residual risks with a “high” rating:

- 8c: *Pandemic persists for an extended period in an intense manner*
- 3b: *Provincial re-organization of health and community services (i.e. change in government policy)*
- 1f: *Change in provincial funding (process/ amount)*

In addition, there were also 3 residual risks that were changed from 2019 in response to specific considerations as follows:

Risk	Change in Residual Risk	Reason
1c: Accounting Errors	From Low to Medium	Finance and HR legacy systems declining. New ERP scheduled for implementation in March 2021.
2d: Labor Disruption	From Low to Medium	Current CBA expired in April 2020. Bargaining to commence in 2021.
7b: Client Injury / Exposure	From Low to Medium	Increasing provincial transmission of COVID-19.

WDGPH continues to explore new strategies that will ensure a coordinated approach to the effective oversight, monitoring and management of risks amidst the COVID-19 pandemic response, and in lead up to a number of system changes previously announced by the Province. The Agency is committed to maintaining responsible risk management practices and will continue to update the BOH on new and emerging risks and associated issues as they arise – particularly those related to the immediate pandemic response.

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

REFERENCES:

1. Six K, Kowalski E. Developing a risk management strategy. [Internet]. 2005 [cited 2020 Oct 22]. Available from: <http://sectorsource.ca/managing-organization/risk-management>
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.

APPENDICES:

Appendix “A” – WDGPH 2020 Risk Registrar

Original Signed Document on File

Prepared by:
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Reviewed by:
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Approved by:
Dr. Nicola Mercer,
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RISK REGISTER

2020

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 24 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.

WDGPH 2020 RISK REGISTER

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	
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 adjudication 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	3	9	Preventive Detective	Accounting controls; P&Ps Variance reports; external audit	2	2	Med	None	Director, Administrative Services	New ERP System slated for implementation in March 2021 P&Ps and controls reviewed and current Variance reports generated and reviewed, any action items addressed	M

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1d	Internal	Misuse of funds/resources	Potential MOHLTC audit; loss of funds for service delivery	2	3	2	8	Preventive	Internal P&Ps; funding community partners contract; expenditure guideline document	1	2	Low	None	All Staff BOH	P&Ps reviewed and current Audit financial statements produced, reviewed and approved % of identified issues corrected	A
							Detective	Audited financial statements; Audit Committee of the BOH; internal policy compliance audits								
							Corrective	Issues of reported misuse addressed								
1e	Internal	Management override of controls	Misappropriation of funds; inaccurate reporting	2	3	2	8	Preventive	Internal P&Ps; qualified staff in key roles	1	2	Low	None	Finance; Directors; BOH	P&Ps current and relevant Audit completed	A
							Detective	External audit								
1f	External	Change in provincial funding (process/amount)	Impact on service delivery	3	3	3	11	Preventive	Budgeting processes and P&Ps; identify and pursue opportunities for external funding and/or collaboration with partners; implementation of PBMA process	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
							Corrective	Budget re-allocation and/or adjustment								
1g	Internal	Capital asset failure	Inability to provide services as required by OPHS	2	2	1	5	Preventive	Internal P&Ps; insurance; Reserve Fund, Continuity of Operations Plan; capital asset replacement strategy	1	2	Low	Capital assets update [E]	Senior Leadership Team	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
							Detective	Preventive maintenance program								

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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	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	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
							Detective	Internal review of compliance with P&Ps								

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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	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	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
							Detective	Chart audits; profession-appropriate clinical supervision; annual confirmation of licensure								
							Corrective	If errors occur there is debriefing; review of mitigation strategies; revisions if necessary are implemented								

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2b	Internal	Professional practice (all other);	Repeat of work; inefficiencies; privacy breach	1	2	3	5	Preventive	Internal P&Ps; supervision; training; agency professional development; performance appraisals; certifications; memberships; insurance; data entry manuals; ongoing data cleansing; workload monitoring; utilization of CQI	1	2	Low	None	AMOH; CNO; All Staff; Supervisors; Managers; Senior Leadership Team	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
							Detective	Audit/supervision; CQI audits								
2c	Internal	Business disruption	Inability to provide services	3	2	3	9	Preventive	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	3	2	Med	Confirmation of Mutual Aid Agreement	Senior Leadership Team	% 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
							Detective	Emergency Response Plan; Continuity of Operations Plan								
							Corrective	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								

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2d	Internal	Labour disruption	Limited staff to provide services; reduced nursing services	1	3	3	6	Preventive	ONA Collective Agreement (currently expired); Joint Labour Relations Committee; cross-training; Continuity of Operations Plan rollout	2	3	Medium	Continue implementation of VPN initiative [E]; Longer Collective Agreements	Joint Labour Relations Committee; Managers; Senior Leadership Team	% 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	Ensure P&Ps are reviewed on established cycle by staff; complete staff training as necessary	1	1	Low	Update workflow/processes to facilitate review and documentation [E]	Supervisors; Managers; Senior Leadership Team	% 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
2f	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; Senior Leadership Team	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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2g	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; Senior Leadership Team	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
2h	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	Senior Leadership Team BOH	Presence of strategic plan Achievement of indicators aligned with strategic plan	A
2i	Internal	Staff training not keeping pace with evolving service needs	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; Senior Leadership Team	# 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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3. Organizational/Governance/Political/Environmental: Uncertainty related to development of appropriate accountability and control systems; changes in political priorities or direction; uncertainty related																
3a	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; Senior Leadership Team	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
3b	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
3c	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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3d	Internal	BOH fails to meet fiduciary responsibility	Failure to fulfill 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
3e	Internal	Inadequate oversight - MOH/CEO performance	Failure to fulfill 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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4. 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																
4a	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	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	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
4b	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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4c	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	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	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
4d	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	Computer security measures; secure password use; internal information system protocols; internal P&Ps; IT intrusion testing; insurance; staff training	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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4e	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

WDGPH 2020 RISK REGISTER

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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			
5. Legal/Compliance: Uncertainty regarding compliance with applicable legislation and regulations, as well as standards, contracts and/or directives.																		
5a	Internal	Non-compliance with OPHS and Accountability Framework (AF)	Funding risk for non-compliance with OPHS			1	2	2	4	Preventive	Program and Service Operational Plans; Health Equity Committee; supervision; Quality Performance Specialist; work of Health Ethics; P&Ps; client service standards	1	1	Low	Review of AF internal audit QI items and appropriate response [E]	Managers; Senior Leadership Team	% 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
							Detective	Indicator and OPHS reporting; Operational Plan reviews; performance variance reports; internal AF audit										
							Corrective	P&P and protocol revisions; implementation of performance variance action items										

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5b	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	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;	1	3	Low	None	All Staff; Managers; Senior Leadership Team	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
5c	Internal	Vendor failure to meet contractual obligations	May impact service delivery; Loss of funds re: contract failure	2	2	2	6	Preventive	Procurement P&Ps and protocols; RFP process; supervision of contract fulfillment	1	2	Low	None	Procurement Staff; Manager, Finance; Managers; Senior Leadership Team	P&Ps current and consistent with applicable legislation and guidelines % of internal compliance with procurement protocols, including RFP process # of contract evaluations conducted	O

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5d	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; Senior Leadership Team	Adequate and current insurance Audit completed # of unfulfilled contracts	O
5e	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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6. 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																
6a	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; Senior Leadership Team	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
6b	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	2	2	Med	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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6c	Internal	Staff injury / exposure	Lost time; injury; physical harm; higher insurance premiums	2	2	3	7	Preventive	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	2	2	Med	None	All Staff; Emergency Preparedness and Health and Safety Officer; JHSC; Managers; Senior Leadership Team	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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7. Stakeholder/Public Perception/Reputational: Uncertainty related to managing stakeholder (i.e. community partners, government, funders, clients and the general public) expectations or relations.																
7a	Internal and External	Inaccurate media reporting	Undermines public trust	2	3	3	9	Preventive	Internal communications P&Ps; consistent messaging through formalized media releases; timely reporting of news events; open BOH meetings	2	2	Med	Ongoing monitoring of media formats and revision of internal systems as needed [E]	Communications Manager; Senior Leadership Team	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
7b	Internal	Professional negligence or misconduct (willful or unintentional)	Undermines public trust; legal liability	1	3	2	5	Preventive	Internal human resources P&Ps; qualified staff; confidentiality agreements; background checks (as appropriate); supervision; police vulnerable sector checks	1	3	Low	None	All Staff; Human Resources; Managers; Senior Leadership Team	% 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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7c 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

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8. COVID-19: Uncertainty related to the current COVID-19 pandemic (i.e. internal staff, clients, funders and the general public)																
8a	Internal and External	COVID-19 outbreak in the workforce	Affects Agency's ability to effectively respond to pandemic	2	3	3	9	Preventive	Masking protocol Social distance policy and guidelines Remote Working policy Enhanced cleaning protocols	2	3	6	Ongoing monitoring and enforcement of preventative and detective measures	Senior Leadership Team	# of staff infections # of staff on sick leave # of cases in the community # of outbreaks in schools and other workplaces	0
8b	Internal and External	Shift in 2021 provincial mandate the redirects WDG focus and efforts	Affects Agency's ability to effectively respond to pandemic and undermines public trust in response to more confusion of roles in the system	1	3	2	5	Preventive	Communicate with intention to the broader community about our role Building in as much flexibility into the WDG workforce as possible	1	3	3	Messaging with Ministry, Political lobbying, providing input where able	Senior Leadership Team	number and tone of provincial communications	0
8c	Internal	Pandemic persists for an extended period in an intense manner	Agency-wide mental health challenges among staff, quality of work and decision-making Health human resources Secondary Pandemic impacts	3	3	3	12	Preventive	Development of strategy for staff mental health Encourage usage of EAP and internal staff resources	3	3	9	Regular promotion of EAP resources Limit OT for all Staff Enforce use of vacation time for Staff	Senior Leadership Team / Mannagers / HR	# of staff on STD # of staff on LTD EAP usage report Critical incident report	0

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8d Internal / External	Shift in provincial funding for COVID-19 reimbursement	Resource implications to the Agency negating its ability to execute pandemic response activities Fiscal pressures for Municipalities	1	3	1	4	Preventive Detective	Contractual recruitment Space flexibility Resource management flexibility Monitoring provincial budgets, updates and communications	1	2	2	Submission of timely and accurate reimbursement forms to the Ministry, Messaging with Ministry, Political lobbying, providing input where able	Senior Leadership Team,	number and tone of provincial communications	O