

WDGPH 2023 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 for Cyber and General Liability 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	3	3	2	11	Preventive	Enhanced IT security measures; 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; moving towards self insuring as an option.	2	2	Med	Closely monitoring legal actions and cyber threats against core business; continue to enhance IT security and resources; building up IT reserve	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	1	2	2	5	Preventive Detective Preventive	Accounting controls; P&Ps Variance reports; external audit Continued refinement of new ERP system implemented in 2021	1	2	Low	None	Director, Administrative Services	New ERP System fully implemented 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 MOH 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
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
1f	External	Reductive change in provincial funding and/or continuation of static base 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;	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	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

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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

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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
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							

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2c	Internal Business disruption	Inability to provide services	2	2	2	6	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; hybrid work capacity 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	2	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
2d	Internal Labour disruption	Limited staff to provide services; reduced nursing services	2	3	3	9	Preventive Corrective	ONA Collective Agreement settlement recently achieved for 3 year term. 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	2	2	Med	Continue implementation of VPN initiative & Hybrid work environment; 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

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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
2g	Internal	Cold chain compliance	May impact ability to provide services; vaccine wastage	2	2	2	6	Preventive	Internal P&Ps; vaccine coordinator; inventory control; alarms; 24-hour monitoring of secured fridges in all offices; annual fridge maintenance; staff training; backup generator	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

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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	Currently running with a 1 year strategic framework and developing a multi-year strategic plan			Low	Develop a post-covid strategic plan.	Senior Leadership Team BOH	Presence of strategic plan Achievement of indicators aligned with strategic plan	Q
						Corrective	Monitor implementation of strategic plan, alignment of work with strategic plan	1	2						
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	Professional development and effective supervision; 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 to external risks (e.g.																
3a	External	Natural disaster (flood, earthquake, etc). Climate Change implications	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; Hybrid work capacity; Coordinated inter-operability efforts with partners; IT disaster recovery plan; Tier 4 data centre housing.	1	2	Low	None	Director, Health Protection, 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 exercises
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 (i.e. election year in 2022)	Orientation for BOH members and reduced efficiency	1	2	2	4	Corrective	BOH P&Ps; orientation; self-evaluation; acquiring provincial BOH reps	1	1	Low	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 technology resources																
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; Director, Administrative Services	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	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	0
4d	External	Cyber breach (intrusion into agency information systems)	2	3	3	9	Preventive	Computer security measures; secure password use; internal information system protocols; internal P&Ps; IT intrusion testing; insurance; staff training; Cyber instant response plan; IT Disaster Recovery plan	2	3	Med	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 annually # 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	Off-site records review and destruction; Automated data retrieval Input Health; Sparkrock (New ERP system); MS 365 Implementation.	1	2	Low	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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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								
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
							Detective	Client feedback forms; P&P audits; workplace inspections; incident reports and accident investigation; privacy audits; privacy breach reporting								

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5c	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; 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
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	1	2	3	5	Preventive Corrective	Qualified staff; effective processes; code of conduct; maintenance contracts; access to legal counsel Insurance	1	2	Low	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 outside agency offices.																
6a	Internal	Exposure to environmental hazards (transportation & handling dangerous goods)	Physical harm; lost time; long-term health problems	1	2	2	4	Preventive	Internal P&Ps and guidelines; PPE; WHMIS and other training; supervision; evacuation drills; incident report forms; safety training and orientation	1	2	Low	None	All Staff; 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	Internal P&Ps; program-specific staff orientation and training	2	2	Med	None	All Staff; 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	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	1	2	Low	None	All Staff; 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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Source	Risk	Consequences	Likelihood (L)	Impact (I)	Proximity (P)	Score = (L x I x 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. 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	1	2	2	4	Preventive	Internal communications P&Ps; consistent messaging through formalized media releases; timely reporting of news events; open BOH meetings	1	2	Low	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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Source	Risk	Consequences	Likelihood (L)	Impact (I)	Proximity (P)	Score = (L x I x 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 and External	Ineffective management of media platforms Inaccurate information circulated; Undermines public confidence and trust	1	2	2	4	Preventive	User guidelines for all platforms; training for relevant staff; decision tree for WDGPH response	1	2	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
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	1	2	1	4	Preventive	100% vaccinated Masking protocol Social distance policy and guidelines Remote Working policy Enhanced cleaning protocols	1	2	3	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	O
8b	Internal and External	Shift in 2022 provincial mandate that 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	O
							Detective	Engage with other partners about the likelihood of change in response to evolving community needs							

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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	
8c	Internal	Pandemic Recovery	Agency-wide mental health challenges among staff, quality of work and decision-making	2	3	2	8	Preventive	Development of strategy for staff mental health	2	2	Med	Regular promotion of EAP resources	Senior Leadership Team / Managers / HR	# of staff on STD # of staff on LTD EAP usage report Critical incident report	O
			Health human resources				Detective	Encourage usage of EAP and internal staff resources				Limit OT for all Staff				
			Secondary Pandemic impacts									Enforce use of vacation time for Staff				
8d	Internal / External	Discontinuation in provincial funding for COVID-19 reimbursement	Resource implications to the Agency negating its ability to execute pandemic response activities	1	3	1	4	Preventive	Contractual recruitment	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
			Fiscal pressures for Municipalities				Detective	Space flexibility Resource management flexibility								
								Monitoring provincial budgets, updates and communications								