<u>AGENDA</u>
<u>MIDDLESEX-LONDON BOARD OF HEALTH</u>
<u>Governance Committee</u>

MLHU Board Room – CitiPlaza
355 Wellington Street, London ON
Thursday, November 10, 2022 at 6 p.m.

1. **DISCLOSURE OF CONFLICTS OF INTEREST**

2. **APPROVAL OF AGENDA –** November 10, 2022

3. **APPROVAL OF MINUTES –** September 15, 2022

4. **NEW BUSINESS**

    4.1.   2021-22 Provisional Plan Update (Report No. 13-22GC)
    4.2.   MLHU Q3 2022 Risk Register (Report No. 14-22GC)

5. **OTHER BUSINESS**

    The next meeting of the Governance Committee is to be determined.

6. **ADJOURNMENT**

MEMBERS PRESENT:	Ms. Aina DeViet (Chair)
	Mr. Matt Reid
	Ms. Kelly Elliott
	Mr. Michael Steele
REGRETS:	Ms. Tino Kasi
OTHERS PRESENT:	Ms. Carolynne Gabriel, Executive Assistant to the Board of Health (Recorder)
	Dr. Alexander Summers, Medical Officer of Health
	Ms. Emily Williams, Chief Executive Officer
	Ms. Karalyn Dueck, Acting Associate Medical Officer of Health
	Ms. Kendra Ramer, Manager, Privacy, Risk and Governance

At **6:01 p.m.,** Chair Aina DeViet called the meeting to order.

DISCLOSURES OF CONFLICT OF INTEREST

Chair DeViet inquired if there were any disclosures of conflict of interest. None were declared.

APPROVAL OF AGENDA

It was moved by **Ms. Kelly Elliott, seconded by Mr. Matt Reid,** *that the AGENDA for the September 15, 2022 Governance Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **Mr. Reid, seconded by Ms. Elliott,** *that the MINUTES of the June 16, 2022 Governance Committee meeting be approved.*

Carried

NEW BUSINESS

2021-22 Provisional Plan Progress Update (Report No. 12-22GC)

This report was introduced by Ms. Emily Williams, CEO who introduced Ms. Kendra Ramer, Manager, Privacy, Risk, and Project Management.

Highlights of this report include:
- Throughout Q2, the Health Unit has executed on key deliverables associated with seven strategic projects identified in the Provisional Plan and currently being implemented.
- Only one goal currently being implemented has been flagged as having had problems arise: Implementing prioritized recommendations from the Diversity and Inclusion Assessment and

Anti-Black Racism Report. The problems identified are due to capacity and resources, as resources have been prioritized for other projects.

- The risks associated with this goal are considered manageable through appropriate mitigation strategies.
- Not highlighted in this report, but listed in the Provisional Plan (Appendix A), is the goal "Continue to develop and implement a Client Experience tool to be utilized by teams and programs." A number of planning activities are underway for this goal; however, they are not reflected in this report as they have not yet reached the execution stage.
- Phase 3 progress will be reported upon within Q3. One goal slated for Phase 3 is to start planning the process for the development of a long-term strategic plan for MLHU.

It was moved by **Mr. Michael Steele, seconded by Ms. Elliott** *that the Governance Committee recommend to the Board of Health to receive Report No. 12-22GC, re: "2021-22 Provisional Plan Progress Update" for information.*

<div align="right">Carried</div>

OTHER BUSINESS

The next meeting of the Governance Committee will be held on Thursday, November 10, 2022 at 6:00 p.m.

ADJOURNMENT

At **6:09 p.m.,** it was moved by **Ms. Elliott, seconded by Mr. Steele**, *that the meeting be adjourned.*

<div align="right">Carried</div>

_____   _____
AINA DEVIET   **EMILY WILLIAMS**
Chair   **Secretary**

TO: Chair and Members of the Governance Committee

FROM: Emily Williams, Chief Executive Officer
             Dr. Alexander Summers, Medical Officer of Health

DATE: 2022 November 10

2021-22 PROVISIONAL PLAN UPDATE

Recommendation

It is recommended that the Governance Committee recommend to the Board of Health to:

1) *Receive Report No. 13-22GC, re: "2021-22 Provisional Plan Update" for information; and*
2) *Approve the extension of the 2021-22 Provisional Plan to the end of 2024 following a current state analysis with a plan to develop a 2025-2029 Strategic Plan in 2024.*

Key Points
- The 2021-22 Provisional Plan was intended to be extended to Q2 2023 while undergoing the process to develop a full strategic plan in 2023.
- Pending anticipated review of the Ontario Public Health Standards (OPHS) in 2023, the Health Unit recommends extending the 2021-22 MLHU Provisional Plan to the end of 2024 following a current state analysis that involves redrafting objectives and reconceptualizing initiatives on the current plan.
- It is recommended that planning for the development of a 2025-2029 Strategic Plan commence in 2024.

Background

The Health Unit continues to ensure that the priorities and objectives identified on the Provisional Plan are prioritized and balanced with the ongoing demands of the COVID-19 response. The 2021-22 Provisional Plan is attached as Appendix A. On October 21, 2021, the Board of Health approved extending the timelines for phase two and three of the Provisional Plan by a minimum of three (3) months. This elongation of the phases was intended to carry the Provisional Plan into Q2 2023.

Current State Analysis

The Health Unit has continued to advance work on the goals identified on the Provisional Plan during Q3 2022 and has executed on several key deliverables identified for projects as well as ongoing associated activities and tasks. The intention was to continue to carry out the work in relation to the current plan while undergoing the process to develop a full strategic plan in 2023.

It is anticipated that the Ministry of Health will review and possibly redraft the Ontario Public Health Standards (OPHS) in 2023. Through consultation with other public health units, it was determined that many are extending their current provisional plans due to pending changes to the OPHS as well as the uncertainty of both recovery/renewal work following the COVID-19 pandemic. This prompted the Health Unit to examine the timing of undergoing the full strategic planning development process within the next year.

As a result, the Health Unit is recommending an extension of the current MLHU Provisional Plan to the end of 2024. This would include a current state analysis that allows for relevant changes to the existing objectives and goals that reflect the continued four priorities of the Health Unit.

Future State

To maintain relevance to the current situation, particularly the recovery phase of the pandemic, the Health Unit will redraft the objectives identified on the Provisional Plan and reconceptualize goals to represent the public health program and service delivery work. This process will also include highlighting key strategic projects that will form part of the operational plan(s).

Planning for the development of a 2025-2029 Strategic Plan will commence in 2024. The work to update the existing provisional plan and develop the next strategic plan will be led by the Program Planning and Evaluation team with project management support from the Project Management Office.

Next Steps

It is recommended that the Board of Health extend the 2021-22 Provisional Plan to the end of 2024 following a current state analysis with a plan to develop a 2025-2029 Strategic Plan in 2024.

This report was prepared by the Manager, Privacy, Risk and Project Management.

Emily Williams, BScN, RN, MBA, CHE
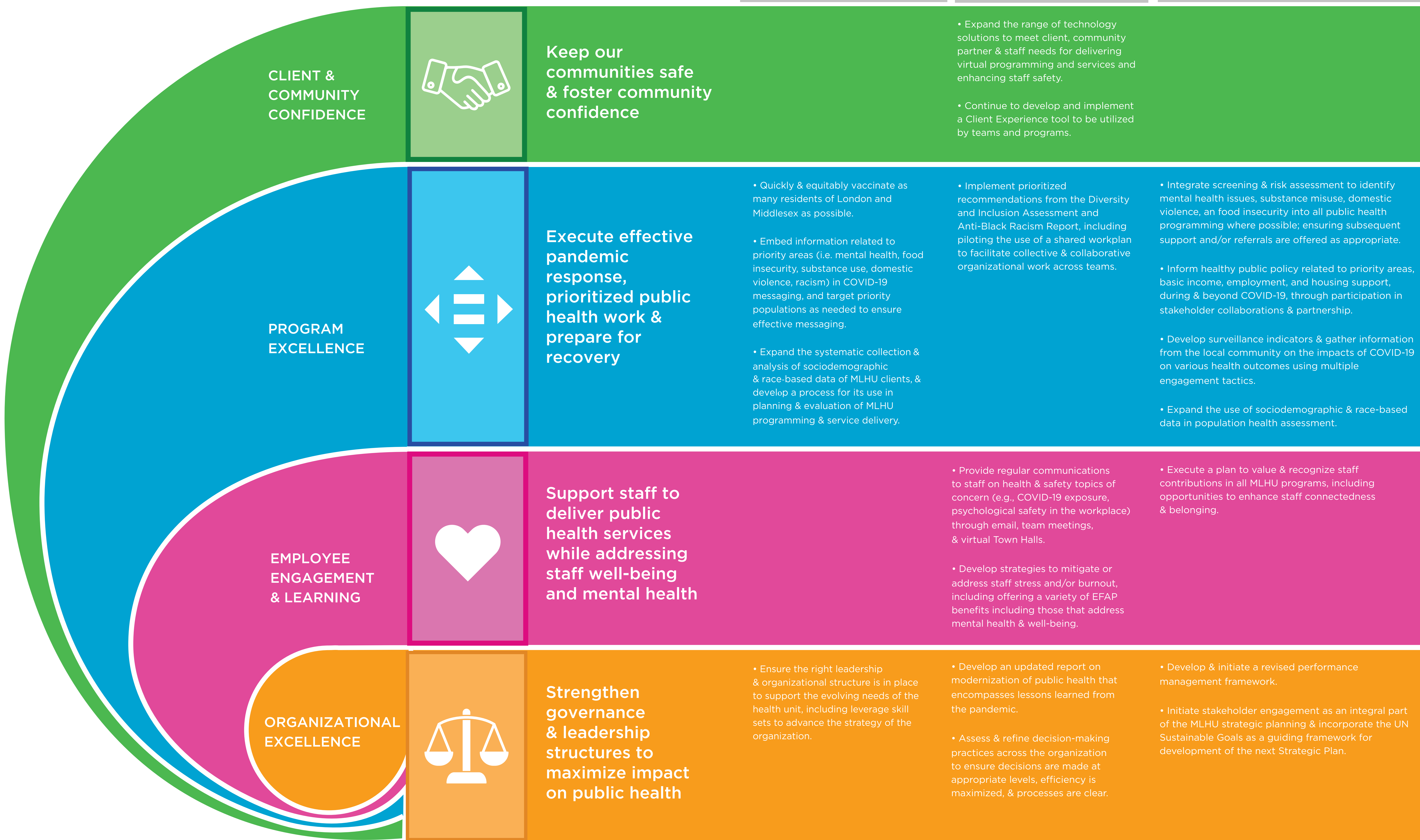Chief Executive Officer

Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

MLHU 2021-22 Provisional Plan

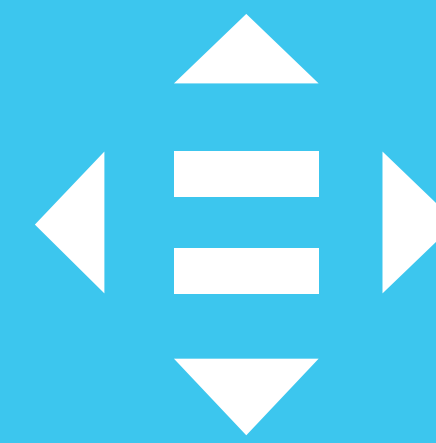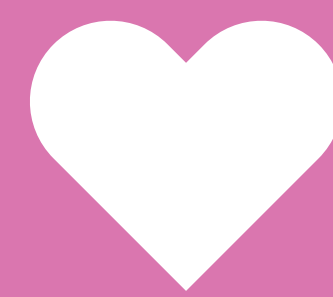|		3-6 MONTHS DO	6-12 MONTHS DESIGN	12-18 MONTHS DEFINE
CLIENT & COMMUNITY CONFIDENCE	**Keep our communities safe & foster community confidence**		• Expand the range of technology solutions to meet client, community partner & staff needs for delivering virtual programming and services and enhancing staff safety. • Continue to develop and implement a Client Experience tool to be utilized by teams and programs.	
PROGRAM EXCELLENCE	**Execute effective pandemic response, prioritized public health work & prepare for recovery**	• Quickly & equitably vaccinate as many residents of London and Middlesex as possible. • Embed information related to priority areas (i.e. mental health, food insecurity, substance use, domestic violence, racism) in COVID-19 messaging, and target priority populations as needed to ensure effective messaging. • Expand the systematic collection & analysis of sociodemographic & race-based data of MLHU clients, & develop a process for its use in planning & evaluation of MLHU programming & service delivery.	• Implement prioritized recommendations from the Diversity and Inclusion Assessment and Anti-Black Racism Report, including piloting the use of a shared workplan to facilitate collective & collaborative organizational work across teams.	• Integrate screening & risk assessment to identify mental health issues, substance misuse, domestic violence, an food insecurity into all public health programming where possible; ensuring subsequent support and/or referrals are offered as appropriate. • Inform healthy public policy related to priority areas, basic income, employment, and housing support, during & beyond COVID-19, through participation in stakeholder collaborations & partnership. • Develop surveillance indicators & gather information from the local community on the impacts of COVID-19 on various health outcomes using multiple engagement tactics. • Expand the use of sociodemographic & race-based data in population health assessment.
EMPLOYEE ENGAGEMENT & LEARNING	**Support staff to deliver public health services while addressing staff well-being and mental health**		• Provide regular communications to staff on health & safety topics of concern (e.g., COVID-19 exposure, psychological safety in the workplace) through email, team meetings, & virtual Town Halls. • Develop strategies to mitigate or address staff stress and/or burnout, including offering a variety of EFAP benefits including those that address mental health & well-being.	• Execute a plan to value & recognize staff contributions in all MLHU programs, including opportunities to enhance staff connectedness & belonging.
ORGANIZATIONAL EXCELLENCE	**Strengthen governance & leadership structures to maximize impact on public health**	• Ensure the right leadership & organizational structure is in place to support the evolving needs of the health unit, including leverage skill sets to advance the strategy of the organization.	• Develop an updated report on modernization of public health that encompasses lessons learned from the pandemic. • Assess & refine decision-making practices across the organization to ensure decisions are made at appropriate levels, efficiency is maximized, & processes are clear.	• Develop & initiate a revised performance management framework. • Initiate stakeholder engagement as an integral part of the MLHU strategic planning & incorporate the UN Sustainable Goals as a guiding framework for development of the next Strategic Plan.

PRIORITIES   **OBJECTIVES**   **GOALS**

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 14-22GC

TO: Chair and Members of the Governance Committee

FROM: Emily Williams, Chief Executive Officer
            Dr. Alexander Summers, Medical Officer of Health

DATE: 2022 November 10

MLHU Q3 2022 RISK REGISTER

Recommendation

It is recommended that the Governance Committee recommend to the Board of Health to:
1) *Receive Report No. 14-22GC, re: "MLHU Q3 2022 Risk Register" for information; and*
2) *Approve the Q3 2022 Risk Register (Appendix A).*

Key Points
- MLHU has shifted to quarterly reporting using the new Risk Register approved by the Board of Health on February 17, 2022.
- There are 23 risks identified on the Q3 Risk Register: 16 high risks, five (5) medium risks and two (2) low risks.
- Of the 16 high risks there are two (2) that remain at significant residual risk.
- Two (2) high risks transitioned from minor residual risk in Q2 to moderate residual risk in Q3.
- A total of five (5) new risks were added to the Risk Register in Q3.

Background

At its meeting on February 17, 2022, the Board of Health approved the new MLHU Risk Management Plan and Risk Register (Report No. 04-22GC) to address the gaps in the risk reporting process. The Risk Register (Appendix A) is a repository for all risks identified across the organization and includes additional information about each risk (priority rating, mitigation strategies, and residual risk). It captures MLHU's response and actions taken to address risks, which are monitored on a quarterly basis and reported to the Board.

Q3 2022 Risk Register

There are 23 risks identified on the Q3 Risk Register. A total of 16 high risks, five (5) medium risks and two (2) low risks have been included since Q4 2021.

Of the 16 high risks listed on the Risk Register:

- Nine (9) are ranked as minor residual risk through the implementation of effective mitigation strategies.
- Four (4) are high risks that were ranked as moderate residual risk through the implementation of partly effective mitigation strategies.
- Two (2) high risks remain at high residual risk because the effectiveness of the mitigation strategies to address these risks cannot be assessed at this time.
- One (1) high risk was eliminated due to successful mitigation during Q2.

There are two (2) high risks that transitioned from minor residual risk in Q2 to moderate residual risk in Q3 related to:

- The Medical Officer of Health continuing to operate with limited back-up coverage due to the recent departure of the Acting Associate Medical Officer of Health. The recruitment process for a permanent Associated Medical Officer of Health has being reinitiated.
- The risk for turnover of municipal councilors on the Board of Health remains.

Of the five (5) medium risks listed on the Risk Register:

- Four (4) are ranked as minor residual risk through the implementation of effective mitigation strategies.
- One (1) is ranked as moderate residual risk through the implementation of partly effective mitigation strategies.

Of the two (2) low risks listed on the Risk Register, both remain at minor residual risk through effective mitigation strategies.

The five (5) new risks that were identified in Q3 relate to Privacy, Legal/Compliance and Financial risk categories.

The Q3 Risk Register is included in the Standard Activity Report that is submitted annually to the Ministry.

Next Steps

It is recommended that the Board of Health review and approve the Q3 2022 Risk Register (Appendix A) included with this report.

This report was prepared by the Manager, Privacy, Risk and Project Management.

Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

RISK MANAGEMENT PLAN

Area:	
Date:	
Version:	

Purpose:	*This tool is designed to identify, assess and evaluate the risks facing MLHU and provide a comprehensive report on a quarterly basis.*

Background:	*This tool is designed to create a risk register that is consistent with the annual Standard Activity Report that is submitted annually to the Ministry.*

Workbook Index

Worksheet Name	Description
Overview	This worksheet provides the overview of the project and a table of contents to navigate the workbook.
Instructions	This worksheet provides users with the instructions for using this workbook. This tab should be reviewed prior to executing the risk assessment workbook. A process flowchart and detailed user guide are included.
Risk Categories	This worksheet provides the definitions of the risk categories used to identify risks.

Objectives	This worksheet highlights the risk management process.
Risk Register	This worksheet is used to identify potential risk categories, assess risks and mitigation strategies, evaluate strenth of controls, monitor and report residual risks on a quarterly basis.
Risk Matrix	This worksheet displays the results of the risk assessment into graphics for reporting and decision making purposes.
Risk Charts	This worksheet displays the results of the risk assessment into summary tables and charts.
Risk Scales	This worksheet provides the ranking models used to conduct the risk assessment.
Reference	This worksheet displays the drop down lists utilized in the risk register.

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The MLHU Risk Management Process

Objectives

Start

1.0 Consult the MLHU Risk Management Workbook

2.0 Review the Risk Management Process <Objectives Tab>

Identify

3.Open <Risk Register Tab> and input risk by entering ID # and Date Identified

4.0 Select most appropriate Risk Category *Consult <Risk Categories Tab>*

5.0 Enter a description of the risk.

Assess

5.0 Assess the impact and likelihood of each risk. *Consult <Risk Scales Tab>*

6.0 System automatically calculates "Risk Rating" as High, Medium, or Low

7.0 Enter Key Mitigation Strategies ("Controls")

Evaluate

8.0 Evaluate (Update) Current Strength of Controls

Consult <Risk Scales Tab>

Monitor & Report

9.0 Determine level of residual risk for the current quarter based on the current strength of controls in place

Consult <Risk Scales Tab>

10.0 Enter (Update) the Most Responsible Leader to implement mitigation strategies for the current quarter

End

RISK CATEGORIES

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

The risk management process

Step 1	Step 2	Step 3	Step 4	Step 5
Establish Objectives	Identify Risks & Controls	Assess Risks & Controls	Evaluate & Take Action	Monitor & Report
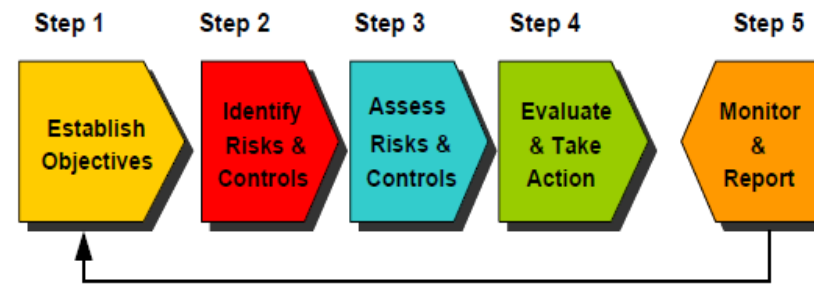
Step 1: Establish objectives

- Risks must be assessed and prioritized in relation to an objective
- Objectives can be at any level; operational, program, initiative, unit, branch, health system
- Each objective can be general or can include specific goals, key milestones, deliverables and commitments

Step 2: Identify risks & controls

Identify risks - What could go wrong?
- Consider each category of risk
- Obtain available evidence
- Brainstorm with colleagues and/or stakeholders
- Examine trends and consider past risk events
- Obtain information from similar organizations or projects
- Increase awareness of new initiatives/ agendas and regulations

Identify existing controls – What do you already have in place?
- Preventive controls
- Detective controls
- Recovery / Corrective controls

Step 3: Assess Risks & Controls

Assess inherent risks
- *Inherent likelihood* – <u>Without</u> any mitigation, how likely is this risk?
- *Inherent impact* – <u>Without</u> any mitigation, how big will be the impact of the risk on your objective?

Assess controls
- Evaluate possible preventive, detective, or corrective mitigation strategies.

Reassess residual risks
- Re-assess the impact, likelihood and proximity of the risk with mitigation strategies in place.
- *Residual likelihood* – <u>With</u> mitigation strategies in place, how likely is this risk?
- *Residual impact* – <u>With</u> mitigation strategies in place, how big an impact will this risk have on your objective?

Step 4: Evaluate & Take Action

- Identify risk owners.
- Identify control owners.
- Have mitigation strategies reduced the risk rating (Impact x Likelihood) enough that the risk is below approved risk tolerance levels?
- Do you need to implement further mitigation strategies?
- Develop SMART (Specific, Measurable, Achievable, Realistic, Time-specific) actions that will either reduce the likelihood of the risks or minimise the impact.
- Develop detailed action plans with timelines, responsibilities and outline deliveries.

Step 5: Monitor & Report

- Have processes in place to review risk levels and risk mitigation strategies as appropriate.
- Monitor and update by asking:
  - Have risks changed? How?
  - Are there new risks? Assess them
  - Do you need to report or escalate risks? To whom? When? How?
- Develop and monitor risk indicators

Risk Tolerance
- The amount of risk that the area being assessed can manage

Risk Appetite
- The amount of risk that the area being assessed is willing to manage

The tolerance and risk appetite values may differ e.g. Staff can afford to lose email capabilities for five hours (risk tolerance) but only be willing to lose email capabilities for one hour (risk appetite).

VALUE	LIKELIHOOD	IMPACT	PROXIMITY	SCALE
1	Unlikely to occur	Negligible Impact	More than 36 months	Very Low
2	May occur occasionally	Minor impact on time, cost or quality	12 to 24 months	Low
3	Is as likely as not to occur	Notable impact on time, cost or quality	6 to 12 months	Medium
4	Is likely to occur	Substantial impact on time, cost or quality	Less than 6 months	High
5	Is almost certain to occur	Threatens the success of the project	Now	Very High

	IDENTIFY			ASSESS				EVALUATE		MONITOR & REPORT				Comments	
ID	Date Identified	Risk Category	Risk Description	Impact (1-5)	Likelihood (1-5)	Risk Rating (H,M,L)	Key Mitigation Strategies ("Controls")	Actions Taken	Current Strength of Controls	Q1 Residual Risk	Q2 Residual Risk	Q3 Residual Risk	Q4 Residual Risk	Most Responsible Leader	Comments
1	Dec-21	Operational/Service Delivery	Core public Health services below essential levels due to pandemic response	4	4	H	Strategic planning in the midst of the pandemic will help to focus on what priorities the organization should start, stop or continuing doing in order to meet the evolving needs of the community. Adapting the strategic priorities and roadmap to be more agile, flexible, and directional will be crucial for service delivery planning. The likelihood of core public health services falling below essential levels is expected to decrease after Q1 2022 with continued implementation of the risk mitigation strategies mentioned.	Significant repatriation of staff, expanded hiring, stabilization of leadership and reengagement with community partners in non COVID areas. Putting efforts into planning to be able to resume our core public health services took place during Q1. A majority of public health services resumed in Q2 and this activity continued throughout Q3.	Effective	Moderate Risk	Minor Risk	Minor Risk		CEO MOH	
2	Dec-21	Equity	Lack of resources to respond to emerging and exacerbated public health issues as a result of the pandemic, including food insecurity, domestic violence, racism, substance misuse and mental health	4	5	H	Efforts to address emerging and exacerbated public health issues have been underway in MLHU programs since the outset of the pandemic (e.g., COVID Care packages provided to clients in quarantine/self-isolation, enhanced mental health screening in home visiting programs, Harvest Bucks and food cards provided to HBHC clients, mobile vaccine clinics offered in collaboration with Black-led organizations, etc.). Our website has up-to-date information about community resources related to these issues, and staff will continue to make referrals. As the COVID response evolves MLHU will strive to ensure these efforts are comprehensive and universal at a system level. MLHLU has prioritized anti-Black racism work; an organizational plan has been created and implementation will begin in January 2022.	Established an advisory committee and additional planning work that has been undertaken in Healthy Living. Repatriation of staff back to their programs provides the resources to address the planning needs. Pivoting planning to focus on emerging local public health issues, including homelessness and substance use has been a key action during Q2. The area of focus continued throughout Q3.	Partly Effective	Moderate Risk	Moderate Risk	Moderate Risk		MOH	

		IDENTIFY		ASSESS				EVALUATE			MONITOR & REPORT				Comments	
ID	Date Identified	Risk Category	Risk Description	Impact (1-5)	Likelihood (1-5)	Risk Rating (H,M,L)	Key Mitigation Strategies ("Controls")	Actions Taken	Current Strength of Controls	Q1 Residual Risk	Q2 Residual Risk	Q3 Residual Risk	Q4 Residual Risk	Most Responsible Leader	Comments
3	Dec-21	People/Human Resources	Staff burnout due to high workload and demands related to pandemic response, (e.g operation of the mass vaccination clinics and continued redeployment to COVID work) including role and scheduling changes (type of work, length of shifts, seven day/week extended hours).	4	5	H	MLHU has implemented partnerships with different organizations such as City of London, Thames Valley Family Health team, London Health Sciences Centre, etc. to help address large short term staffing needs for vaccination clinics. Ongoing recruitment efforts to hire temporary staff for COVID to replace redeployed staff. HR and Operations are reviewing hours of work, schedule rotations and staffing levels to determine where adjustments can be made to align with staff preference.	Decommissioning and reduction of hours at the mass vaccination clinics has taken place, decreasing the demands placed on staff. Restructuring of COVID-19 teams, reprioritization of work and recruitment of additional temporary staff has allowed staff redeployed for 2 years to be repatriated back to their original teams. There have been changes made to the COVID team scheduling allowing for shift rotations to be based on employee preference, in addition to operational needs. MLHU continues to provide resources on mental health supports that are available to all staff and leaders, including group debrief/support sessions. MLHU continues to investigate programs that will support staff. Reports of change fatigue, as well as overall fatigue, continue as regular public health programming resumes. HR continues to collaborate with the Unions to obtain staff feedback and look for resolution and communication strategies to support staff through ongoing change. Implementation of the corporate 'Joy in Work' framework has been a key strategy during Q2 as well as minimization of overtime for staff experiencing burnout. There are only 9 employees who continue to work the continental shifts (11 hrs/day x 7 days) and these are by choice. Overtime for leaders has	Effective	Moderate Risk	Minor Risk	Minor Risk		CEO	

		IDENTIFY		ASSESS				EVALUATE			MONITOR & REPORT				Comments	
ID	Date Identified	Risk Category	Risk Description	Impact (1-5)	Likelihood (1-5)	Risk Rating (H,M,L)	Key Mitigation Strategies ("Controls")	Actions Taken	Current Strength of Controls	Q1 Residual Risk	Q2 Residual Risk	Q3 Residual Risk	Q4 Residual Risk	Most Responsible Leader	Comments
								decreased significantly as we return to regular program work.							
4	Dec-21	People/Human Resources	High demand for limited pool of public health professionals	4	4	H	Implementation of advanced hiring by posting full-time roles for some of the temporary funding based on projected attrition in order to attract external candidates. Hiring of student PHNs and PHIs following their practicums under a temporary licence. Posting for general public health professional roles to build a pool of qualified candidates for when positions are available.	Collaborated with Nursing program contacts at Western to promote temporary Case Investigator roles to graduating nursing students to begin the recruitment process before they complete practicums at other organizations to have them work under a 6 month temporary licence until they complete their NCLEX. Continue to hire PHI students following their practicums, but are limited by the number of students we are able to support (usually 2-3). AMOH recruitment has been initiated and engaging with an external consultant to assist with this work. The temporary contracts support opportunities for public health staff to gain public health experience, thus creating a pool of candidates for permanent job postings. The need to utilize nursing students decreased in Q3.	Effective	Moderate Risk	Moderate Risk	Minor Risk		CEO	

		IDENTIFY		ASSESS				EVALUATE			MONITOR & REPORT				Comments	
ID	Date Identified	Risk Category	Risk Description	Impact (1-5)	Likelihood (1-5)	Risk Rating (H,M,L)	Key Mitigation Strategies ("Controls")	Actions Taken	Current Strength of Controls	Q1 Residual Risk	Q2 Residual Risk	Q3 Residual Risk	Q4 Residual Risk	Most Responsible Leader	Comments
5	Dec-21	People/Human Resources	Collective agreement negotiations in 2022 could have potential impacts on business continuity in the event of a labour disruption	5	3	H	Business continuity/labour disruption planning is underway in preparation for CUPE negotiations. SLT has already prioritized the key public health work that needs to be covered. Regular prioritization of labour relations issues through weekly collaboration with the union partners.	Collective bargaining with CUPE in May was successful and the new collective agreement was ratified by CUPE members on June 7, 2022. This was removed from the risk register in Q2 2022.	Very Effective	Moderate Risk				CEO	It is recommended that this risk be removed from the Risk Register at the end of Q2. Successful risk mitigation means it is no longer an organizational risk.
6	Dec-21	Financial	Uncertainty as to whether the Ministry will provide recovery funding for 2022 will impact staffing requirements during the budget creation and program delivery.	4	4	H	Programs that were previously budgeted will remain in the 2022 budget with the same staffing and funding as previous years. These programs will undergo robust review processes during 2022 to ensure each is aligned with mandated services as described in the Health Protection and Promotion Act and with Board of Health priorities.	The 2022 budget was developed as per strategy with the exception that funding was adjusted for cost of living inflation and step increases. Program review will begin in 2022 for the 2023 budget. Recovery funding had been budgeted at $1,570,039 (18.25 FTE) and was not approved by the Ministry (similar with other Health Units across the province). The funding and related expenses have been removed from forecast. MLHU must continue to right-size the COVID response to make sure that overspending does not occur. The Ministry will allow the Health Unit to direct surplus from Mandatory Programs to Recovery Initiatives before supporting COVID-19 efforts. This is an important strategic consideration and a very effective way to offset unapproved funding.	Very Effective	Significant Risk	Minor Risk	Minor Risk		CEO	

		IDENTIFY		**ASSESS**					**EVALUATE**		**MONITOR & REPORT**				**Comments**	
ID	**Date Identified**	**Risk Category**	**Risk Description**	**Impact (1-5)**	**Likelihood (1-5)**	**Risk Rating (H,M,L)**	**Key Mitigation Strategies ("Controls")**	**Actions Taken**	**Current Strength of Controls**	**Q1 Residual Risk**	**Q2 Residual Risk**	**Q3 Residual Risk**	**Q4 Residual Risk**	**Most Responsible Leader**	**Comments**
7	Dec-21	Financial	Ministry is funding at 2019 levels and caps on City/County contributions will increase financial strain and the health unit's ability to generate a balanced budget while absorbing record inflationary adjustments.	4	5	H	The Health Unit will unite with the City and County to lobby the Ministry to recognize, and fund, inflation. Budgeted contingency will be pooled and shown at the corporate level to offset unknown events. Programs will undergo robust review processes and zero-based budgeting to ensure alignment and potentially identify efficiencies.	Inflation has been a discussion point with the County, City and Ministry. The Ministry did increase funding by 1% for the 2022 budget to recognize some, but not all, inflationary pressures. Zero-based budgeting will be the basis of the 2023 budget. The first quarter results generated $2.1 million surplus in expenses, which covers our annual gap of $1.6 million with $0.5 million true surplus. It's nice to see the gap has been covered for the year. We meet regularly with the City and County to share our financial progress. Inflation is a topic of discussion from both sides. The 2023 budget will highlight inflationary costs to improve transparency.	**Partly Effective**	Significant Risk	Moderate Risk	Moderate Risk		CEO	
8	Dec-21	Financial	Financial reporting is not frequent enough to provide managers and directors with the necessary information to make informed decisions in a timely manner.	3	5	H	The Finance department is reviewing structure and staffing requirements to meet the demands associated with monthly reporting. The budget will be developed and shared to increase transparency and awareness. Forecasting will be introduced to improve financial management and oversight.	The department review is on-going and is currently employing contract staff to assist with the workload. Monthly reporting will require further review as to how effective it will be due to related challenges of monthly closings. Budget has been modified to improve transparency, but more is planned for 2023 (to cover key balance sheet items and cashflow). The level of forecasting will be assessed based on available finance resources. The financial reporting has been recreated and was issued beginning Q1. The last piece was the financial placemat which was completed in June and will	**Effective**	Moderate Risk	Minor Risk	Minor Risk		CEO	

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								be incorporated in Q2 reporting. Both forecasting and cashflow models have been created and ready to use.Q1 was issued in early June and Q2 is anticipated to be issued within 2 to 3 week of closing - a significant turn around on having timely reporting.							
9	Dec-21	People/Human Resources	Targeting of program staff and leadership responsible for implementing public health measures (e.g. section 22 orders, masking, operating mass vaccination clinics, etc.) including threats made in-person, over the phone and social media.	4	4	H	Safety plans have been put in place for staff, leaders and specific clinic sites. Police have been involved in some cases when staff have been threatened. Security is present at Citi Plaza and at the vaccination clinics. Regular communication at Town Hall meetings to provide support to staff and direction on how to call for help.	Clinic operating hours and locations are reported to London police daily, given the shift in focus to mobile clinics. Security is in place at all clinic locations. De-escalation training has been provided to vaccine clinic leadership and select front-line staff. The province's removal of most public health measures and mandates has decreased the level of anger in the community.	Effective	Minor Risk	Minor Risk	Minor Risk		CEO	
10	Dec-21	People/Human Resources	Retention and recruitment of leadership roles in public health.	4	5	H	Focus groups held with leadership staff internally as well as led by an external facilitator to understand what keeps managers at MLHU and reasons they may be leaving. Targeted exit interviews conducted by HR for leaders leaving the organization. Working with an external compensation consultant to conduct a market compensation review with comparator health units and similar sectors.	SLT is committed to working through the "Joy in Work" framework to address the feedback received from staff and leaders through various mechanisms and conducted sessions in April with Leaders to prioritize action items that will be implemented over the short term and long term. The introduction of Associate Manager and Supervisor positions as First Line Leaders has attracted internal candidates to Leadership roles. The market compensation	Effective	Moderate Risk	Moderate Risk	Minor Risk		CEO	

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								review has been completed by external consultant but changes to rates may not be implemented until 2023. SLT has an ongoing commitment and engagement on this topic. Investing in Leaders through introduction of Leadership Development program, which will also look to train potential leaders who may be considered for future positions. With a reduction in COVID and COVID vaccine clinic operations, there is a decreased need for a large number of leaders.							
11	Dec-21	Technology	MLHU physical servers/SAN are past end of life (8+ Years) and in need of replacement.	4	5	H	Completion of migration expected by end of Q1 2022.	Transition of servers continues and the risk is actively being addressed. All end of life servers were moved and this risk will be removed from the register in Q4 2022.	Effective	Minor Risk	Minor Risk	Minor Risk		CEO	
12	Dec-21	Stakeholder/Public Perception	Ensuring the right leadership and organizational structure is in place to support the evolving needs of the health unit.	4	4	H	The 2021 Provisional Plan goal specifically addresses this risk and the Board has examined the need to leverage skill sets to advance the strategy of the organization. There is commitment to achieving the goals as articulated on the Provisional plan that includes assessing and refining decision-making practices across the organization.	The Board has appointed a permanent CEO and a new MOH who are jointly providing effective leadership and continue to partner on organizational culture transformation through the roll out of the Joy in Work Framework. Continuing to clarify roles and responsibilities of CEO and MOH positions is an ongoing process. Re-engagement of external partners by both MOH and CEO is underway while resuming connections with key stakeholders. Communication plan has	Partly Effective	Minor Risk	Minor Risk	Moderate Risk		CEO MOH	

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								been in place to help navigate attention from the media related to leadership changes. Successful recruitment of an AMOH took place in Q3; however due to unforseen circumstances the process will need to be reinitiated in Q4. Introduction of an acting director of OMOH division to provide additional leadership capacity. The MOH will continue to operate with limited back-up coverage.							
13	Dec-20	Financial	Uncertainty around timing and allocation of additional funding to cover COVID-related expenditures (staffing and technology costs) creates a risk of cash shortfall that may exceed our line of credit limit	3	3	M	Temporary use of the line of credit will help offset the timing of transfers from the province. Non-COVID program spending is reduced due to limited services provided in the community.	The line of credit was implemented in 2021 to reduce the risk. We have received about half of our approved COVID-19 funding in June and anticipating the other half in early fall. This is still a concern as we continue to see significant swings on cash balances. MLHU will continue to do its best to align with operational capacity with COVID demand.	Effective	Minor Risk	Minor Risk	Minor Risk		CEO	
14	Dec-20	Privacy	Rapid implementation of new technology and applications to facilitate pandemic response introduces new privacy and information security risks	3	2	L	Implementation of biennial privacy education program for staff. Agency privacy and information security policies reviewed and updated, including implementation of new virtual care policy. Encrypted tools to support remote work and data transfer. Cyber risk insurance in place. Assessment and mitigation of identified risks ongoing.	Controls implemented in 2021 to reduce the risk. Privacy and IT continue to consult on regular basis and are collaborating on a number of software management implementation projects to ensure that privacy and information security risk are identified, assessed and properly mitigated. Privacy education in development to deliver at leadership/team meetings as well as introducing topics of interest at Town Hall to increase privacy awareness.	Effective	Minor Risk	Minor Risk	Minor Risk		CEO	

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15	Jan-22	Political	The potential for rapid turnover on the Board of Health, including Chair/Vice-Chair roles as a result of the 2022 provincial and municipal elections. Turnover at the municipal level may drive a change in the key relationships we establish in the community. Changes at the provincial level can lead to potential changes in policy direction.	4	4	H	Advocating to the Ministry for longer appointment of provincial representatives and focusing on updated Board Orientation plans.	Board orientation session was held in April 2022. A formal package is being prepared for board members that will made available electronically in Q3 2022. The orientation package and materials will mirror the resources provided by Association of Local Public Health Agencies (alPHa). While current provincial representatives have been appointed for 2 year terms there remains a vacancy on the board of health. Risk for turnover remains for municipal councillors.	Partly Effective	Moderate Risk	Minor Risk	Moderate Risk		CEO	
16	23-Mar-22	Technology	The potential for cyber attack to occur, including phishing scams	4	2	M	Training has been rolled out for all staff related to cyber security.	Training of all 4 training modules in mandatory for all staff. Regular reminders are issued to staff to complete training. Upgrade to new cyber security software. Staff are currently completing module 3 of 4. All training should be done by end of year as scheduled. Follow-up notifications are routinely sent out to staff and escalated if necessary.	Effective	Moderate Risk	Minor Risk	Minor Risk		CEO	

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17	23-Mar-22	People/Human Resources	Increased challenges with work related to staff transition and reorientation as staff move from COVID back into other public health work. These changes also include restructuring of teams which may continue to add to the emotional strain on staff. Potential challenge of having to redeploy staff should there be a need to increase support for case and contact management.	3	5	H	Investigating providing debrief sessions for staff with EFAP provider to acknowledge their experiences through COVID over the past 2 years. Managers are working with teams who are re-joining or newly formed to have these debrief conversations. Leaders were provided a workshop on Change Management with Homewood Health to support them in leading these transitions.	More sessions will be offered throughout the year to support leaders. Implementation of the Joy in Work Framework and cascading to the front line staff. Engaging with staff in decision-making whenever possible and ensuring clear and transparent communication to staff on a regular basis, using change management principles. This will be important as the Healthy Living review is completed and implemented.	Partly Effective	Moderate Risk	Moderate Risk	Moderate Risk		CEO	
18	June 30, 2022	Political	The return of Public Health Modernization agenda as a result of the Provincial election and the uncertainty it will have on the structure and future of public health in Ontario.	5	3	H	MLHU will strive to mitigate this risk by preparing Board members to be engaged in conversation with provincial leadership, demonstrating high-quality integration and partnership with local and regional partners such as Ontario Health Team and Ontario Health West leadership, as well as developing a communication plan with staff that ensures that they are not distracted from their core public health work.		Not able to rate		Significant Risk	Significant Risk		CEO MOH	

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19	30-Sep-22	Privacy	Corrective actions and/or orders issued by the Information and Privacy Commissioner of Ontario (IPC) following the reported breach that involving the access of record from Peel Public Health.	3	3	M	Double-checking selections in the electronic database before accessing and reviewing information.	Increased communication and awareness about privacy breaches across various teams.	Effective			Minor Risk		CEO	
20	Sept 30 2022	Privacy	Increased number of privacy complaints resulting from the removal of records at a medical clinic by MLHU during a routine site visit.	3	2	L	Increase communication and awareness regarding privacy breaches among staff and ensuring privacy practices are implemented at the medical clinic to limit inappropriate access to personal information/personal health information belonging to patients.	Investigation conducted and performance development implemented for staff involved in the breach.	Effective			Minor Risk		CEO	
21	30-Sep-22	Legal/Compliance	Class Action Suit against long term care homes leads to a claim brought against MLHU in regards to direction provided to the long term care homes during the COVID-19 pandemic response.	4	2	M	Enter into a tolling agreement LTC Home to minimize the legal costs of being named in the claim before the risk of liability is determined.	Signed tolling agreement after consultation with legal counsel.	Effective			Minor Risk		CEO	

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22	30-Sep-22	Financial	Clawback of funds for 100% funded programs (Seniors Dental and School Focused Nurses Incentive) will affect available cash. If significant, the clawback could potentially push cash in to a negative balance.	3	3	M	Maintain open dialogue with the Ministry about the impact of such clawbacks. In the past, the Ministry has worked with us when clawing back funds to ensure cash was available. Utilize the line of credit if required.	Cashflow projections are completed and provide information to have discussions with the Ministry.	Effective			Moderate Risk		CEO	Anticipating a significant claw back for the School Focused Nurses Initiative The amount could be as high as $1 million in 2022 Q4.
23	9/30/2022	Financial	Non full time staff will be able to join OMER's, effective January 2023. This may have significant impact to our OMER's expense.	4	3	H	High level calculations would indicate that for every 100 staff, the cost impact to the Health Unit is estimated at $585k.	In collaboration with HR and Finance, a survey has been circulated to see how many staff would elect to join OMER's. The survey is still in progress.	Not able to rate			Significant Risk		CEO	

RISK MATRIX

Risk Priority Risk Map

Risk Matrix Interpretation

Risk maps provide an effective, means of identifying and prioritizing risks. Risks with a high Probability, and a medium to high Impact are the highest priority, however risk strategies should be developed to deal with all identified risks.

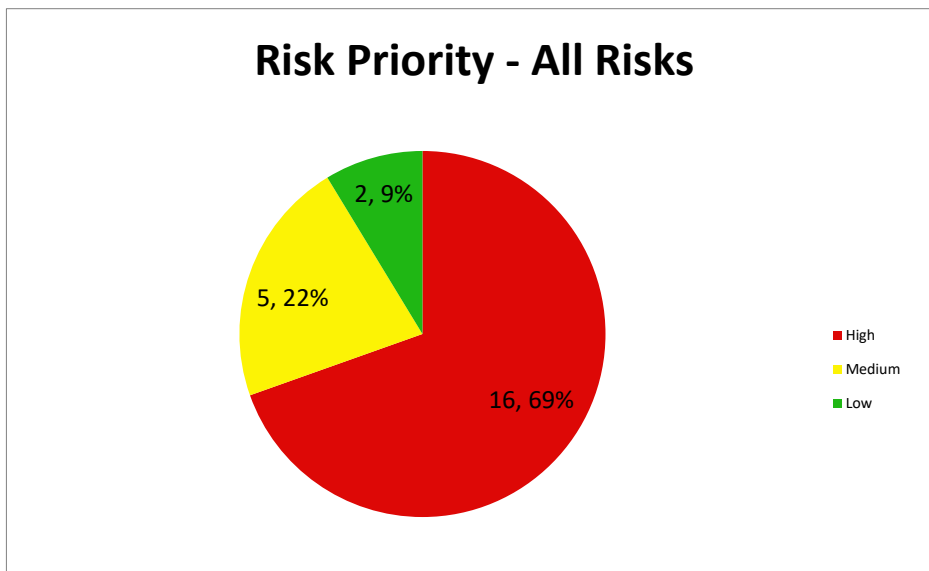| Impact		1 Unlikely to occur	2 May occur occassionally	3 Is as likely as not to occur	4 Is likely to occur	5 Is almost certain to occur
	5 Threatens the success of the project	Yellow	Yellow	Red	Red	Red
	4 Substantial Impact on time, cost or quality	Yellow	Yellow	Red	Red	Red
	3 Notable impact on time, cost or quality	Green	Yellow	Yellow	Red	Red
	2 Minor impact on time, cost or quality	Green	Green	Yellow	Yellow	Yellow
	1 Negligible impact	Green	Green	Green	Yellow	Yellow
	Ranking					

Likelihood

Legend

Red	High Risk Priority
Yellow	Medium Risk Priority
Green	Low Risk Priority

RISK CHARTS

Summary Tables and Charts:

Risk Response Tactic	Total	
Risk Priority	**Count**	**Percent**
High	16	70%
Medium	5	22%
Low	2	9%
Total	23	100%

Note that charts are based on the subtotals and exclude risks that were "Not Assessed (NA)", except Risk Priority

Risk Priority - All Risks

2, 9%

5, 22%

16, 69%

■ High
■ Medium
■ Low

RISK SCALES

RISK SCALES

Risk Rating Scale:

VALUE	LIKELIHOOD	IMPACT	SCALE
1	Unlikely to occur	Negligible Impact	Very Low
2	May occur occasionally	Minor impact on time, cost or quality	Low
3	Is as likely as not to occur	Notable impact on time, cost or quality	Medium
4	Is likely to occur	Substantial impact on time, cost or quality	High
5	Is almost certain to occur	Threatens the success of the project	Very High

Current Strength of Controls Scale:

SCORE	RANK	PRESENSE OF CONTROL	EFFECTIVENESS	RESIDUAL RISK
0	Not able to rate	There are no controls in place to assign a rating		Significant
1	Very ineffective (Virtually no controls)	Very few, if any, controls are in place	Controls are ineffective at mitigating the risk	Significant
2	Ineffective (Low control effectiveness)	Limited controls are in place	Only a limited number of the controls are effective	Moderate
3	Partly effective (Moderate control effectiveness)	A moderate number of controls are in place	The controls are adequate at mitigating part of the risk	Moderate
4	Effective (High control effectiveness)	The majority of controls are in place	The controls mitigate the majority of the risk	Minor
5	Very effective (Very high control effectiveness)	Nearly all of the required controls are in place	The controls are effective at mitigating the risk	Minor

Residual Risk:

RESIDUAL RISK	DESCRIPTION
Significant	Represents the highest residual risk exposure as the assessed level of risk control effectiveness is insufficient for the level of risk. Management should consider improving risk control plans for these risks.
Moderate	Represents additional residual risk exposure that could be investigated further as the assessed risk control effectiveness is not propitiate with the level of risk. Control plans should be documented and reviewed or appropriateness.
Minor	Areas where the risk control effectiveness is proportionate with the level of risk.