

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 54-24

TO: Chair and Members of the Board of Health
FROM: Emily Williams, Chief Executive Officer
Dr. Alexander Summers, Medical Officer of Health
DATE: 2024 July 18

QUARTERLY RISK REGISTER UPDATE – Q2 2024

Recommendation

It is recommended that the Board of Health:

- 1) *Receive Report No. 54-24 re: “Quarterly Risk Register Update – Q2 2024” for information; and*
 - 2) *Approve the Q2 Risk Register ([Appendix A](#))*
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Report Highlights

- There were seven (7) risks identified in Q1 of 2024.
- One (1) risk in the Financial category specific to COVID-19 and mitigation funding was removed in Q2.
- Residual Risk in Q2 2024-25:
 - Two (2) classified as minor risk.
 - Two (2) classified as moderate risk.
 - Two (2) classified as significant risk.

Background

In January 2018, the Ministry of Health and Long-Term Care (now called the Ministry of Health) implemented modernized Ontario Public Health Standards (OPHS) and introduced new accountability and reporting tools required under the Public Health Accountability Framework.

The OPHS require boards of health to have a formal risk management framework in place that identifies, assesses, and addresses risks. In response to OPHS, MLHU maintains a Risk Register ([Appendix A](#)) which 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.

Q2 2024 Risk Register

There are six (6) risks identified on the Q2 2024-25 Risk Register.

Of the six (6) risks identified on the Q2 Risk Register:

- Three (3) are high risk.
 - Two (2) carry significant residual risk within the Financial and People/Human Resources categories.
 - Financial risk related to sustained financial pressures as the provincial government 1% funding increase is not sufficient to offset contractual obligations and general inflation.
 - People/Human Resources risk related to restructuring – reduced productivity as new teams are forming/learning new work in Q1. Leaders/teams continue to demonstrate decreased resilience, secondary to post-pandemic recovery and restructuring.
 - One (1) carries moderate residual risk in the Political category – related to health unit mergers.
- Three (3) are medium risk.
 - One (1) carries moderate residual risk related to the Technology risk category.
 - Two (2) carry minor residual risk related to Technology and Legal/Compliance risk categories.

These three (3) risks are receiving effective mitigation strategies to minimize organizational risk to an acceptable level.

The Financial risk related to COVID-19, and mitigation funding was removed in Q2 as COVID-19 related work was rolled into the base budget while mitigation funding was accounted for in the 2024 balanced budget.

Continued focus on supporting staff/leaders, cyber security and reducing the financial gap will be prioritized throughout Q3 and Q4 of 2024-25.

This report was written by the Manager, Privacy, Risk and Client Relations in the Corporate Services Division.



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This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Good Governance and Practices standard as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - Organizational Excellence – we make decisions, and we do what we say we are going to do.
 - Direction 4.2 – Develop and initiate an organizational quality management system

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendation Governance.