

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 67-24

TO: Chair and Members of the Board of Health

FROM: Emily Williams, Chief Executive Officer
Dr. Joanne Kearon, Acting Medical Officer of Health

DATE: 2024 October 17

Q3 2024 RISK REGISTRY UPDATE

Recommendation

It is recommended that the Board of Health:

- 1) Receive Report No.67-24 re: "Q3 2024 Risk Registry Update" for information; and
 - 2) Approve the Q3 Risk Register ([Appendix A](#))
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Report Highlights

- There were six (6) risks identified in Q2 of 2024. This remains static as no risks have been added or removed from the Risk Registry for Q3 of 2024.
- Residual Risk in Q3 2024:
 - 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.

Q3 2024 Risk Register

There are six (6) risks identified on the Q3 2024 Risk Register.

Of the six (6) risks identified on the Q3 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. Numerous mitigation measures are concurrently being implemented to reduce the financial gap.
 - People/Human Resources – reduced productivity and resilience in the post restructuring environment. Mitigated through implementation of the Associate Manager position and a mid-year priority setting exercise, enabling teams to focus on critical functions not competing initiatives.
 - 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.

Priorities for Q4 of 2024 are continued support for staff/leaders, cyber security, reducing the financial gap and business continuity planning.

This report was written by the Manager, Privacy, Risk and Client Relations.



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Acting Medical Officer of Health

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.