

NTHSSA-WIDE POLICY	
Title: NTHSSA Enterprise Risk Management and Framework Policy	Policy Number: 28-04-V1
Applicable Domain: Risk and Compliance Services	
Additional Domain(s): NA	
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Issuing Authority: NTHSSA CEO	Date Approved: 20/09/2019
Accreditation Canada Applicable Standard: 12.1, 12.2, 12.3, 12.4, 14.1, 14.2, 14.3	

GUIDING PRINCIPLE:

- Make risk decision at the appropriate level.
- Explicitly address uncertainty.
- Accept no unnecessary risk.
- Take into account human factors.
- Integrate risk management as an integral part of NTHSSA organizational processes and operations NTHSSA.

PURPOSE/RATIONALE:

The purpose of this policy is to establish expectations, clarify roles and provide process guidelines and tools for risk management throughout the NTHSSA.

DEFINITIONS:

NTHSSA Risk Management Framework: describes the structures, processes, roles and responsibilities including the NTHSSA strategy to manage risks within the NTHSSA.

Risk: the uncertainty that surrounds future events and outcomes (a risk event) that may represent a threat or opportunity to the achievement of the organization's objectives.

Risk management: coordinated approach to setting the most appropriate course of action under uncertainty by identifying, assessing, understanding, acting on, monitoring and communicating risk issues.

Risk owner: a person or entity with the accountability and authority to manage a risk.

SCOPE/APPLICABILITY:

All NTHSSA staff who are responsible for identifying risks, reporting on risks, addressing risks relevant to plans, programs or project activities and/or who are the risk owner(s).

PROCEDURE:

The Risk Management Process

1. Communicating and Consulting
2. Establishing the Context
3. Identifying Risks
4. Analyzing Risks
5. Evaluating Risks
6. Treating Risks
7. Monitoring Risks and Review

Mandatory requirements

- All NTHSSA staff are required to continuously monitor their environment for risks and report those risks to their managers for escalation and assessment.
- NTHSSA Managers/Supervisors are responsible for:
 - Promoting risk management within their areas of responsibility, including communication of requirements to relevant staff.
 - Including risk management as a part of the strategic, operation and annual business planning activities in line with this policy and the attached NTHSSA Enterprise Risk Management Framework.
 - Managing any identified risks, including designing, implementing and monitoring actions to address (or risk treatments for) a particular risk.
 - Maintaining an up-to-date Risk Register within their area of responsibility.
 - Reporting on changes and updates to the Risk Register, including updates on risk management strategies, current risk ratings and emerging risks.
 - Assessing the effectiveness of existing controls and designing improvements as required.
 - Escalating the risk to the appropriate level of authority within the NTHSSA, including obtaining the relevant approvals.

Implementation and Review

It is responsibility of the Territorial Risk Management Unit (TRMU) to:

- Assist with the development of the NTHSSA Risk Register, and regional risk registries and ensure they are updated annually and reported to Leadership.
- Monitor risk management within NTHSSA and provide direction and support to each NTHSSA region.

- Ensure risk management activities within NTHSSA are in accordance with the NTHSSA Enterprise Risk Management Framework

It is responsibility of each NTHSSA region to:

- Develop a regional risk register and update it annually under the direction and support of the TRMU.

PERFORMANCE MEASURES:

Each developed risk register is regularly checked for compliance with the NTHSSA Risk Management Framework.

CROSS-REFERENCES:

N/A

ATTACHMENTS:

- NTHSSA Enterprise Risk Management Framework

REFERENCES:

N/A

APPROVAL:

September 20, 2019

Date



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NTHSSA Chief Executive Officer



Northwest Territories Health and Social
Services Health Authority

Enterprise Risk Management Framework

Prepared by Territorial Risk Management Unit

Quality, Risk and Client Experience

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A. Document Revision History

Revision #	Revision Description	Author	Revision Date
1.0	Initial draft	TRMU	03.14.2019
2.0	Finalization/feedback	TRMU	07.19.2019

B. Document Reviewers/Approvals

Name	Division	Approval Date	Signature

C. Nomenclature

Unique terms or acronyms used within this document

Term	Definition
DHSS	Department of Health and Social Services
ERM	Enterprise Risk Management
HSSAs	Health and Social Services Authorities
NTHSSA	Northwest Territories Health and Social Services Authority
TRMU	Territorial Risk Management Unit

D. Preamble

The Northwest Territories Health and Social Services Authority (NTHSSA) has developed this Enterprise Risk Management (ERM) Framework. The content of this ERM Framework, including tools and other resource materials is available to any reader and can be used for the purpose of consistent organizational risk management within the Northwest Territories Health and Social Services System.

Hay River Health and Social Services Authority (HRHSSA) and Tłı̄ch̄ Community Services Agency (TCSA) in partnership with the NTHSSA may adopt the ERM Framework based on their organization's needs. Any tools or documents developed by NTHSSA will be shared with HRHSSA and TCSA for their consideration subject to their own existing organizational risk management processes.

1. Background

Risk management is about being proactive, preventative and opportunity-seeking while establishing prevention and reduction measures to mitigate the likelihood or impact of a risk event before it happens. A risk management process that is common to the NTHSSA will help to inform strategic and operational decisions that contribute to the NTHSSA achieving its overall objectives.

By helping the NTHSSA to understand the principal risks facing the organization, the implication of the risks, and management's strategy to address the risks, the ERM ensures the organizational decision making process accounts for risk. The ERM builds on organizational practices by supporting a continuous corporate and systematic approach to managing risk, applying sound risk management practices, and fostering a working culture that values learning, innovation, responsible risk taking, and continuous improvement. These factors improve governance, planning, allocation of resources (budgeting, in-year operations and human resourcing), business continuity, and overall financial stewardship.

With this understanding, the NTHSSA is committed to developing a risk management culture, where risk is understood as an inherent part of achieving the organizational aims. Where all staff are alert to risks, capable of an appropriate level of risk assessment and feel confident in reporting potential risks or opportunities perceived to be important in relation to NTHSSA's and NWT Health System's priorities.

In 2016, and with the above information as context, the NTHSSA established a division within its organizational structure responsible for developing a common risk management framework called the Territorial Risk Management Unit (TRMU). The TRMU was also tasked with developing risk management processes that are aligned with the GNWT Risk Framework and policies to be used within the NTHSSA and shared with HRHSSA and TCSA.

The ERM Framework establishes the Risk Management strategies, roles and responsibilities within the NTHSSA and applies to all services obtained or provided internally or externally, and takes in to account both clinical and non-clinical (services) reporting structures. It can be applied to any risk, regardless of severity.

3. Definitions

Consequence – the outcome of an event that has a positive or negative effect on objectives

Controls in Place – the actions being identified to manage risk. Controls are documented to demonstrate mitigation efforts (actions) to address a risk or to reduce the likelihood or the impact of the risk event. Controls may include any process, policy, device, practice, or other actions which modify risk

Event - occurrence or change of a particular set of circumstances

- An event can be one or more occurrences, and can have several causes
- An event can consist of something not happening
- An event can sometimes be referred to as an “incident” or “accident”
- An event without consequences can also be referred to as a “near miss”, “incident”, “near hit” or “close call”

Level of risk -magnitude of a risk or combination of risks, expressed in terms of the combination of consequences

Residual risk - risk remaining after risk treatment

- Residual risk can contain unidentified risk.
- Residual risk can also be known as “retained risk”

Risk – the uncertainty that surrounds future events and outcomes (a risk event) that may represent a threat or opportunity to the achievement of the organization’s objectives

Risk analysis - process to comprehend the nature of risk and to determine the level of risk

- Risk analysis provides the basis for risk evaluation and decisions about risk treatment
- Risk analysis includes risk estimation

Risk assessment - overall process of risk identification risk analysis and risk evaluation

Risk criteria - terms of reference against which the significance of a risk is evaluated

- Risk criteria are based on organizational objectives, and external and internal context
- Risk criteria can be derived from standards, laws, policies and other requirements

Risk evaluation - process of comparing the results of risk analysis with risk criteria to determine whether the risk and/or its magnitude is acceptable or tolerable. Risk evaluation assists in the decision about risk treatment

Risk identification - process of finding, recognizing and describing risks

Risk management – coordinated approach to setting the most appropriate course of action under uncertainty by identifying, assessing, understanding, acting on, monitoring and communicating risk issues

Risk management plan – sets out the organizations strategies for implementing and maintaining a robust risk management framework, including activities, resources, responsibilities and timeframes

Risk owner – a person or entity with the accountability and authority to manage a risk

Risk source – an element which alone or in combination has the intrinsic potential to give rise to risk. A risk source can be tangible or intangible

Risk tolerance – the maximum residual risk an organization is willing to retain (tolerance level)

Risk mitigation – an action identified to address or treat a risk

Stakeholder - person or organization that can affect, or be affected by a decision or an activity and includes those who have the perception that a decision or an activity can affect them; can be internal or external

4. Key Concepts

Table 1 illustrates the relationships between the risk management principles, framework and process. It is the NTHSSA Risk Management Framework.

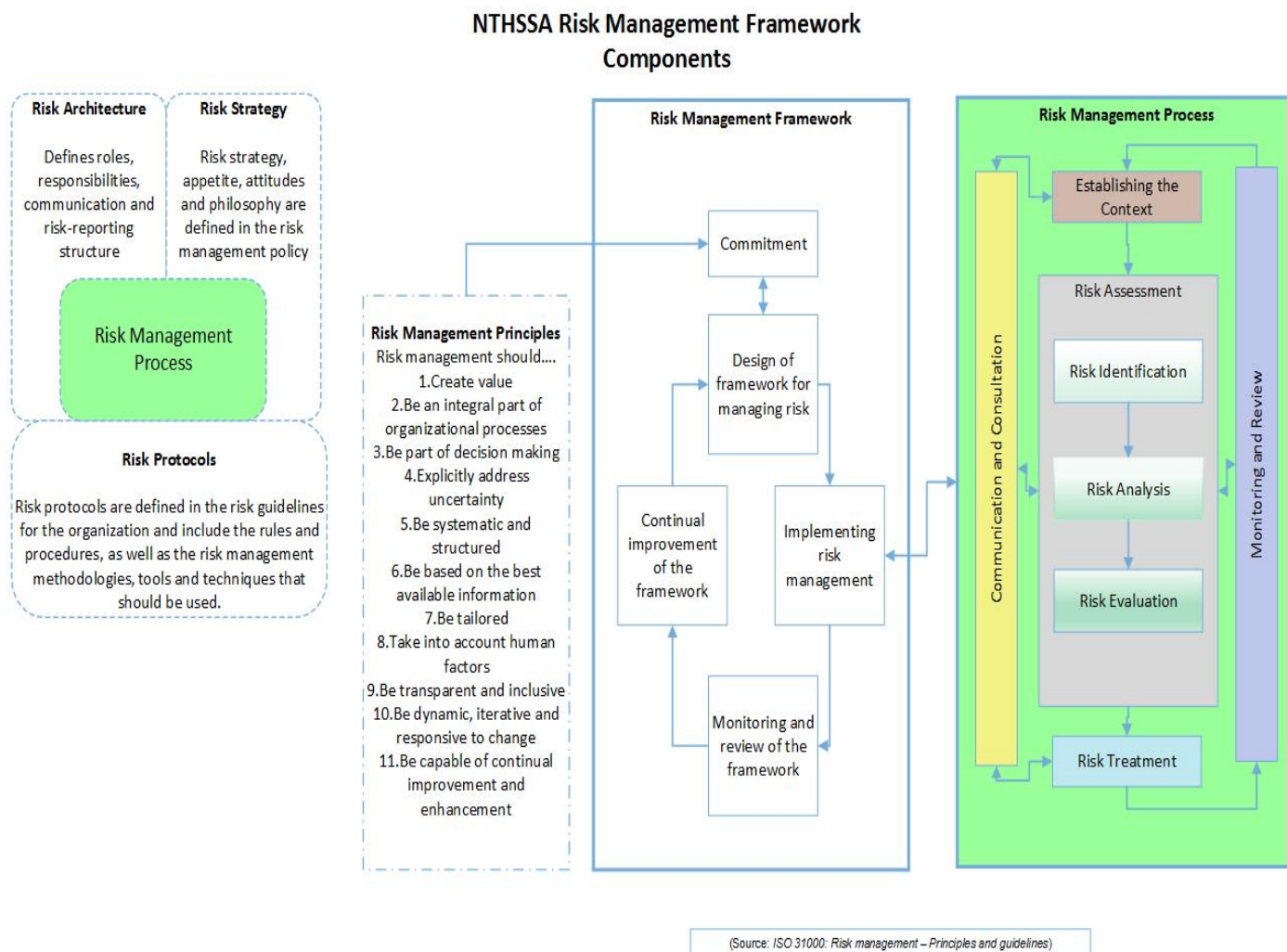


Table 1

Risk management is achieved through:

- Establishing the Context and Developing a Corporate Risk Profile
 - Identify the organization’s risks through environmental scanning
 - Assess current status of risk management within the organization
 - Identify the organization’s risk profile.
- Establishing a Risk Management Function
 - Provide risk management direction that is communicated, understood and applied
 - Implement and operationalize risk management through existing decision-making and reporting structures
 - Build capacity through development of learning plans and tools.

- Practicing Risk Management
 - Apply common risk management process consistently and at all levels
 - Inform decision-making and priority setting at all levels by integrating results of risk management practices
 - Apply tools and methods as aids to make decisions and manage risk
 - Engage in ongoing consultation and communication with stakeholders.
- Ensuring Continuous Risk Management Learning
 - Establish a supportive environment where learning from experience is valued and lessons are shared
 - Build risk management into employee training and development (learning) plans
 - Evaluate results of risk management to support innovation, learning, and continuous improvement.

5. The Risk Management Process

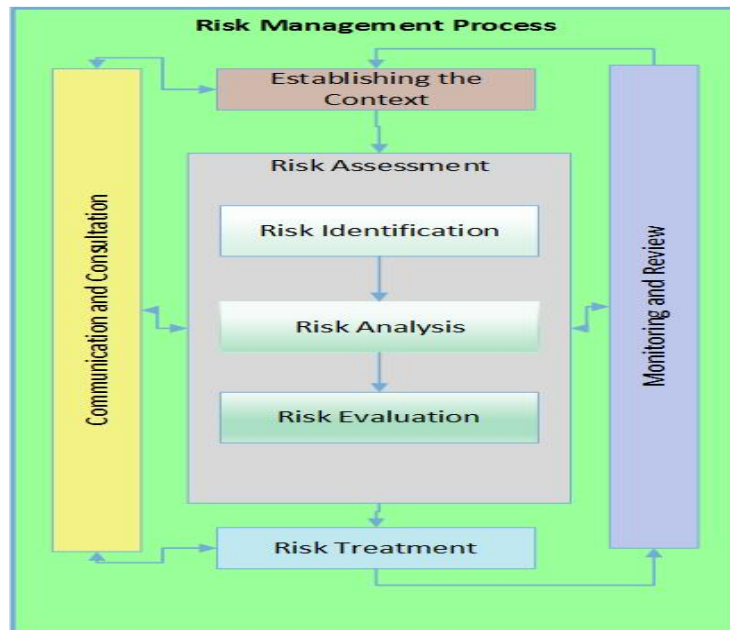


Table 2

The Risk Management process within the NTHSSA (per Table 2) involves:

1. Communicating and Consulting
 2. Establishing the Context
 3. Identifying Risks
 4. Analyzing Risks
 5. Evaluating Risks
 6. Treating Risks
 7. Monitoring Risks and Review
1. **Communication and Consultation** are continual or iterative processes undertaken to provide, share or obtain information and to engage stakeholders about the management of risk. They are vital aspects of good risk management, and should be used in each step of the risk management process.
 2. **Establish the Context** means to define the context and scope for the NTHSSA risk assessment. To establish the context, it is necessary to consider strategic, organizational and risk management context in which risks will be managed. It includes considering both the internal and external environment.
 3. **Identify and categorize the Risk by:**
 - Conducting a review of previous risk events
 - Looking forward to anticipated risk events
 - Having an awareness of exposure to external risks (outside of the organization), or
 - Conducting a review of objective risks (losses over time).

Categorize the risks according to the NTHSSA Risk Categories (Table 4):

- Operations – Process, Events and Environmental
- Organization Leadership and Management
- Legal/Regulatory/Compliance
- Technology
- Resources – Human, Capital and Information

4. **Analyze the Risk** by determining the risks requiring action, and then ranking those risks so that resources to mitigate risks can be allocated to those of greater priority.

- Analyze risks by the application of the NTHSSA Risk Matrix (Table 5A & 5B) that examines the degree of impact and likelihood of occurrence.

5. **Evaluate the Risk** comparing the level of risk determined against predetermined criteria, to decide if a level of risk is acceptable as is (i.e. it can be tolerated), or action is needed to mitigate the risk (i.e. it needs to be addressed).

6. **Treat or mitigate the Risk:** “mitigate” means identifying the most appropriate actions or treatments to modify risks that are at an unacceptable level.

Establish and document actions or controls in Place to Mitigate Risk:

- Avoid (eliminate) risk
- Reduce (mitigate) risk
- Transfer risk (insurance)
- Share risk
- Accept (tolerate) risk and document controls in place to establish what mitigation action will occur during the next risk event.

When considering the right risk treatment or control the concept of “As Low As Reasonably Practicable” (ALARP) should be considered. ALARP (Table 3) is the level of risk that is tolerable and cannot be reduced further without expenditure of resources, time and effort being disproportionate to the benefit gained or where the solution is impractical to implement.

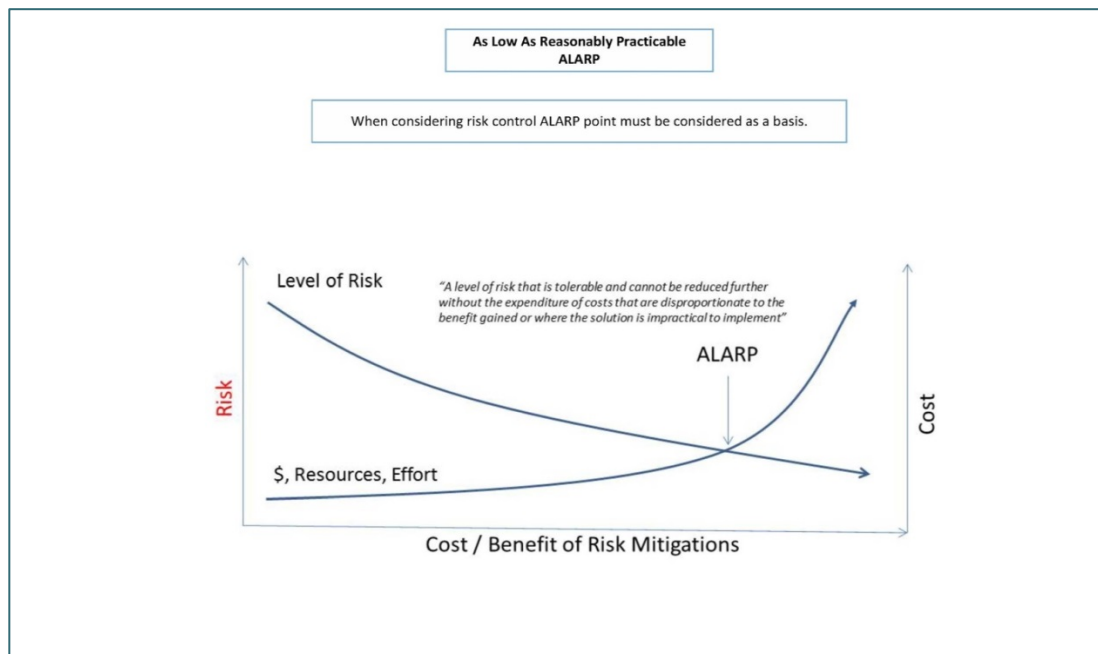


Table 3

7. **Monitor Risk and Review** means maintaining continuous improvement
- Demonstrate that identified risks are being monitored, reviewed and mitigated
 - Conduct a review/refresh of organizational risks at least annually
 - Update health boards on high-level risk themes to further action items on risk
 - Disseminate risk management contingency plans, as needed, across the organization
 - Demonstrate mitigation efforts and the reduction of risk over time (value added), and
 - Ensure that risk is documented to develop a corporate history on risk.

Create reports based on category and criticality:

- Risk reports for operational areas
- Health authority's corporate risk profile and report on risk appetite
- Risk status and mitigation efforts
- Effectiveness of actions and/or controls in place
- High-level/critical risks

Link risk to strategic planning and decision making:

- Inform senior management of risk and provide information to enact decisions that mitigate risk (risk actions, risk plan sign off, board minutes, etc.)
- Utilize risk performance measures (tailored to each region's use/needs such as dashboards or key risk indicators) to track performance.

6. NTHSSA Risk Management Tools

An effective risk management system requires the application of consistent processes for identifying and categorizing risk. The ERM Framework sets out four main tools in this regard in the following subsections: Risk Categorization tool, Risk Matrix tool, Bow-Tie Risk Analysis Tool and the Controls Tool.

Tool 1: NTHSSA Risk Categories Tool

Categorizing risks supports identification of risks across all key aspects of NTHSSA's business. They also assist in reporting and allow comparison and assessment across the wider NWT Health System. The NTHSSA Risk Categories are defined in Table 4.

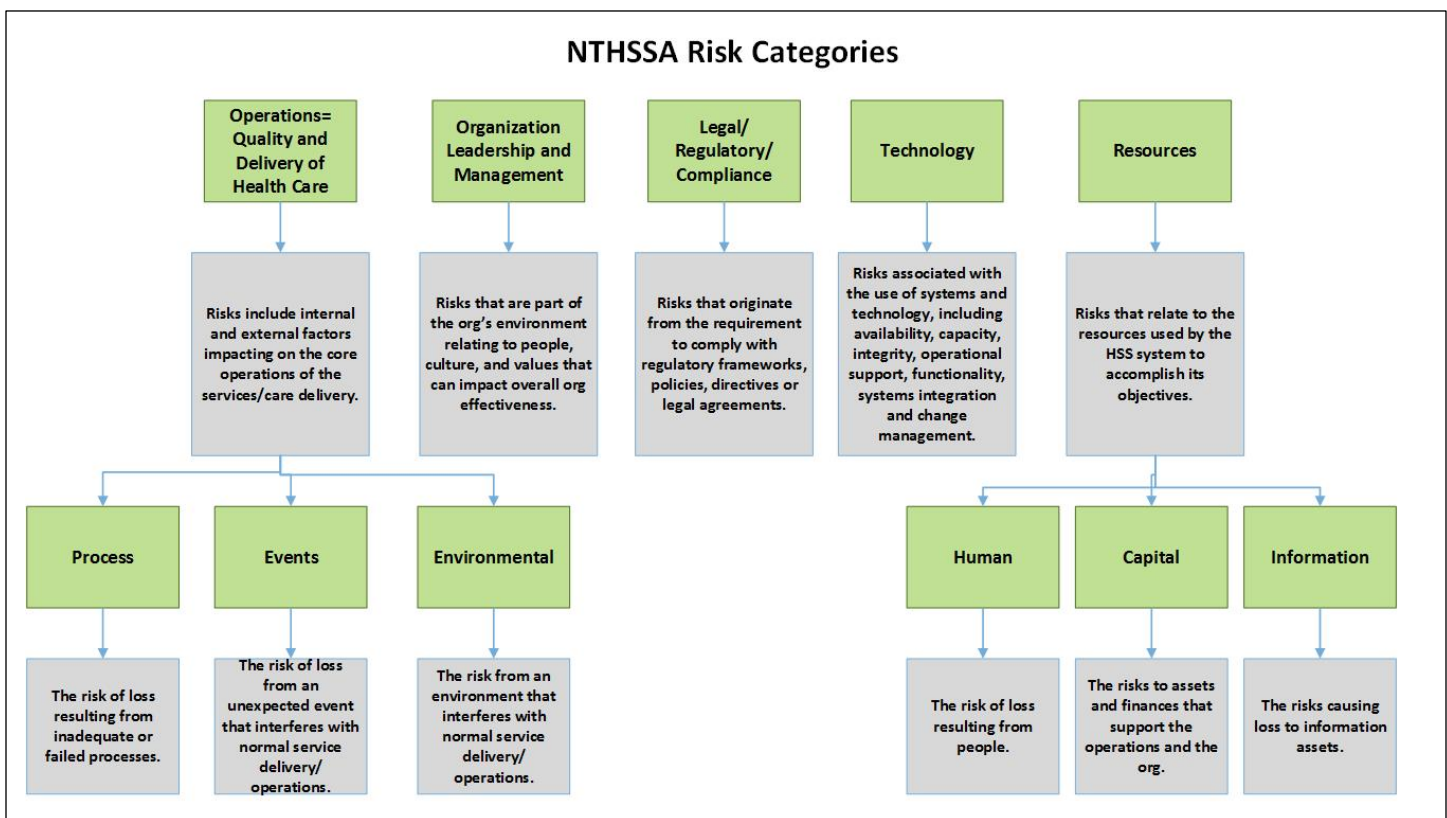


Table 4

Tool 2: NTHSSA Risk Matrix Tool

The NTHSSA Risk Matrix (Table 5) is a tool to identify a severity rating for each risk, by assessing the potential impact of the risk and its likelihood of occurring. The NTHSSA Risk Matrix is required to be used for the assessment and management of the NTHSSA risks, development of the NTHSSA Risk Register, and forms the basis for reporting.

Rating the risk

The *Impact* and *Likelihood* descriptors are used to determine the possible outcome if the risk were to occur, which in turn provides the overall risk rating. The NTHSSA Risk Matrix should be used to determine the initial, current and projected risk ratings. Follow these three steps:

- Step 1 – rank the impact
- Step 2 – rank the likelihood (probability/frequency)
- Step 3 – classify the level of risk

Once the impact and likelihood of each risk has been determined, the risk position of the NTHSSA Risk Matrix is represented alphabetically, from A to Y. The alphabetical representation highlights the risk position in relation to its impact and likelihood, in doing this it clarifies the context of the risk position (risk rating).

		NTHSSA Risk Matrix						
		IMPACT						
Probability	Frequency	Insignificant	Minor	Moderate	Major	Extreme/Catastrophic		
>95% to 100%	Several times a week	LIKELIHOOD	Almost certain	G	J	P	V	Y
>70% to 95%	Monthly or several times a year		Likely	F	I	O	U	X
>30% to 70%	Once every 1-2 years		Possible	C	H	M	R	W
>5% to 30%	Once every 2-5 years		Unlikely	B	E	L	Q	T
<5%	Greater than once every 5 years		Rare	A	D	K	N	S

	Risk rating	Action
Acceptable	Green=Low (A-E)	Manage by routine procedures
	Yellow=Medium (F-N)	Requires specific allocation of management responsibility. Monitor trends and put in place improvement plans.
Must be Addressed	Orange-High (O-T)	Requires detailed review and management planning by Senior Management. A detailed action plan must be implemented.
	Red=Extreme (U-Y)	Must be addressed by Senior Management. A detailed action plan must be implemented with at least monthly monitoring and reporting.

Table 5

			IMPACT				
			Insignificant	Minor	Moderate	Major	Extreme/Catastrophic
Risk Categories	Operations-Quality and Delivery of care	Process	First Aid provided to patient unrelated to the natural course of the illness. A preventative program/service has not met planned objectives but the known condition decreases in line with KPI* targets.	Patient's care level has increased unrelated to the natural course of the illness. Failure to reduce the known conditions contributing to chronic disease from the KPI categories.	Unexpected temporary reduction of patient's bodily function unrelated to the natural course of the illness which differs from the expected outcome. Failure to materially reduce the prevalence of the known conditions contributing to chronic disease from the KPI.	Unexpected patient death or permanent loss/reduction of bodily function unrelated to the natural course of the illness. Failure to reduce the prevalence of known conditions contributing to chronic disease across the majority of KPI.	Unexpected multiple patient death unrelated to the natural course of the illness. An increase in the prevalence of known conditions contributing to chronic diseases across all KPI measured by NWT HSS system.
		Events	No interruption to services.	Some disruption within location but manageable by altering operational routine.	Disruption of a number of services within a location with possible flow on to other locations in the area.	Services compromised as service providers are unable to provide effective support and other areas of NWT HSS system are known to be affected.	NWT HSS system-wide service/system dysfunction resulting in total shutdown of service delivery or operations.
		Environmental	No lasting effect on the environment.	Minor effect on the environment. Environment to make a full recovery by routine procedures.	Short term effect on the environment. Environment likely to make a full recovery through local planning and response measures.	Long term effect on the environment. The environment will only recover through external assistance/intervention.	Permanent effect on the environment or is unlikely to recover.
	Resources	Human	Minimal effect on service delivery. Harm, injury or illness not requiring immediate medical treatment.	Unplanned service delivery delays localised to organization. Minor harm, injury or illness where treatment or First Aid is required.	Unplanned restrictions to services and programs in multiple locations or a whole hospital. Serious harm, injury or illness causing hospitalisation.	Unplanned cessation of a program or service availability within a service area with possible flow on to other locations. Death or life threatening injuries.	Unplanned cessation of a critical territory-wide program or service or multiple programs and services. Multiple deaths or life threatening injuries.
		Capital	Small loss, Temporary loss or unplanned expenditure. Not net impact on budget.	Up to 1% over budget and recoverable within current FY	1-2% over budget but recoverable within current FY.	2-5% over budget or a material overrun. NOT recoverable within the current FY.	>5% over budget NOT recoverable within the current FY or following FY. Unable to pay staff or finance critical services.
		Information	Minimal effect on services. No loss or damage to assets, records or information.	Localised disruption to services. Minor loss, damage or unauthorized access to assets, records and information.	Temporary suspension of services due to the loss, damage or unauthorized access to assets, records and information.	Prolonged service disruption or suspension of services due to the loss, damage or unauthorized access to assets, records and information.	Cessation of services due to loss, damage or unauthorized access to assets, records and information.
	Technology						
	Legal/Regulatory/Compliance		Legal judgement, claim or legislative change, but no impact on service delivery.	Legal judgement, claim, non compliance with legislation resulting in short term disruption to services.	Legal judgement, claim, non-compliance with legislation resulting in medium term but temporary suspension to services.	Legal judgement, claim, non-compliance with legislation resulting in medium term suspension of service delivery.	Legal judgement, claim, non-compliance with legislation resulting in indeterminate or prolonged suspension of service delivery.
	Organization-Leadership and Management		Minimal impact on local operations, local management review and occasional adverse local publicity.	Failure to meet one or more priorities, goals and KPI*. Periodic loss of public support.	Failure to meet a number of priorities/goals and KPI. Increased adverse publicity at a local level, loss of public confidence, escalating patient complaints. Extended loss of public opinion/support.	Failure to meet a significant number of priorities. Sustained adverse publicity at NWT-wide level leading for need of external intervention. Systemic and sustained loss of public support across a service.	Failure to meet critical priorities and KPI. Sustained adverse national publicity. Significant loss of public confidence, loss of reputation.

*KPI - Key Performance Indicators

Table 6

Tool 3: NTHSSA Bow-tie Risk Analysis Tool

The bow-tie analysis is a risk method to be used to analyze and demonstrate casual relationships in risk scenarios. This approach detects weak points or gaps in how NTHSSA is managing risk. Benefits of this approach include:

- Goes beyond usual risk assessment and highlights links between risk controls and management system
- Helps to ensure that risks are managed rather than just analyzed
- Forces a comprehensive and structured approach to risk assessment
- Excellent for communicating risk issues to non-specialists
- Allows for visualization of the relationship between Cause-Loss of Control-Consequence and the barriers in place to manage the sequence.

See Table 7. The method name stems from the shape of the diagram created which looks like men’s bowtie.

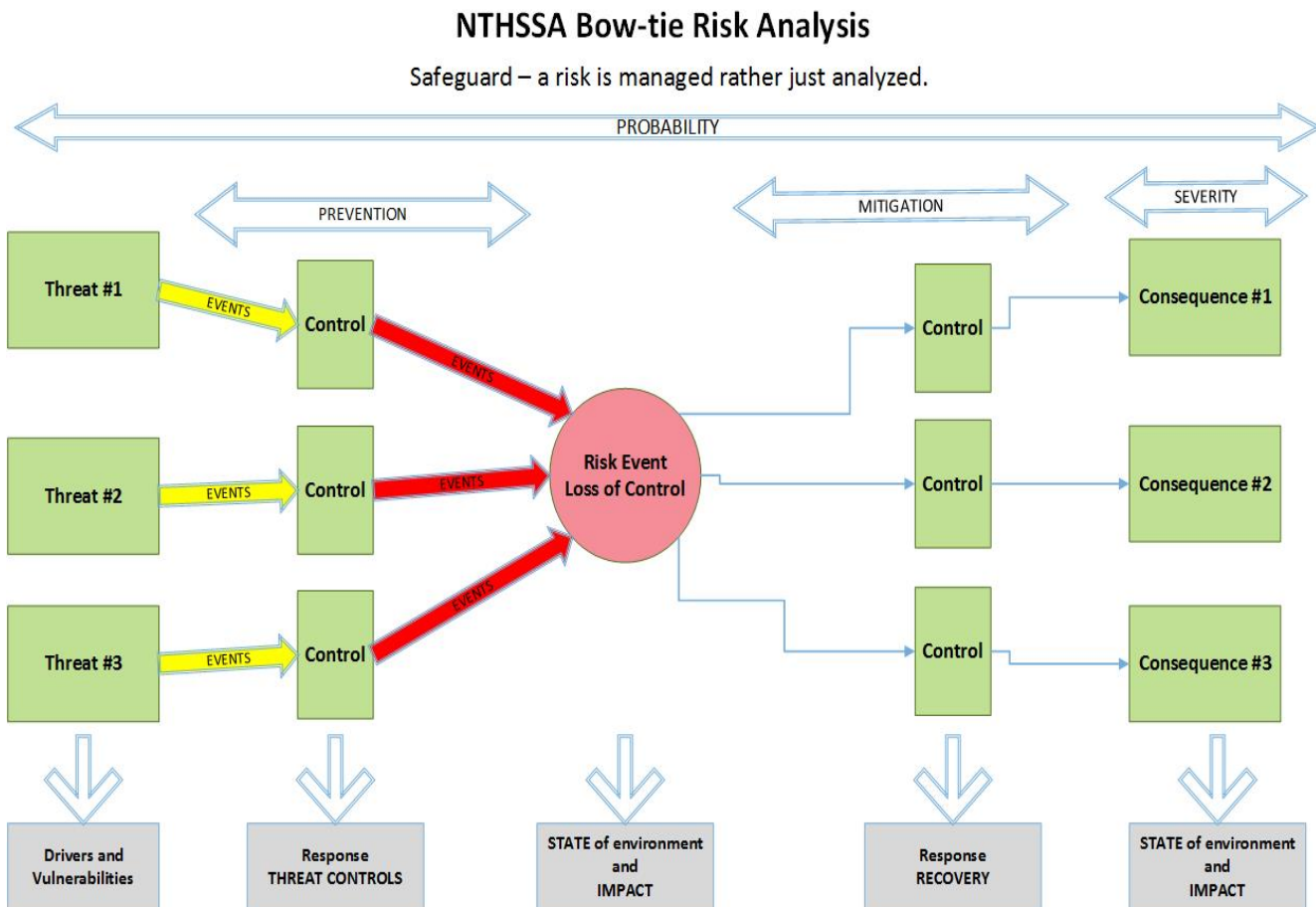
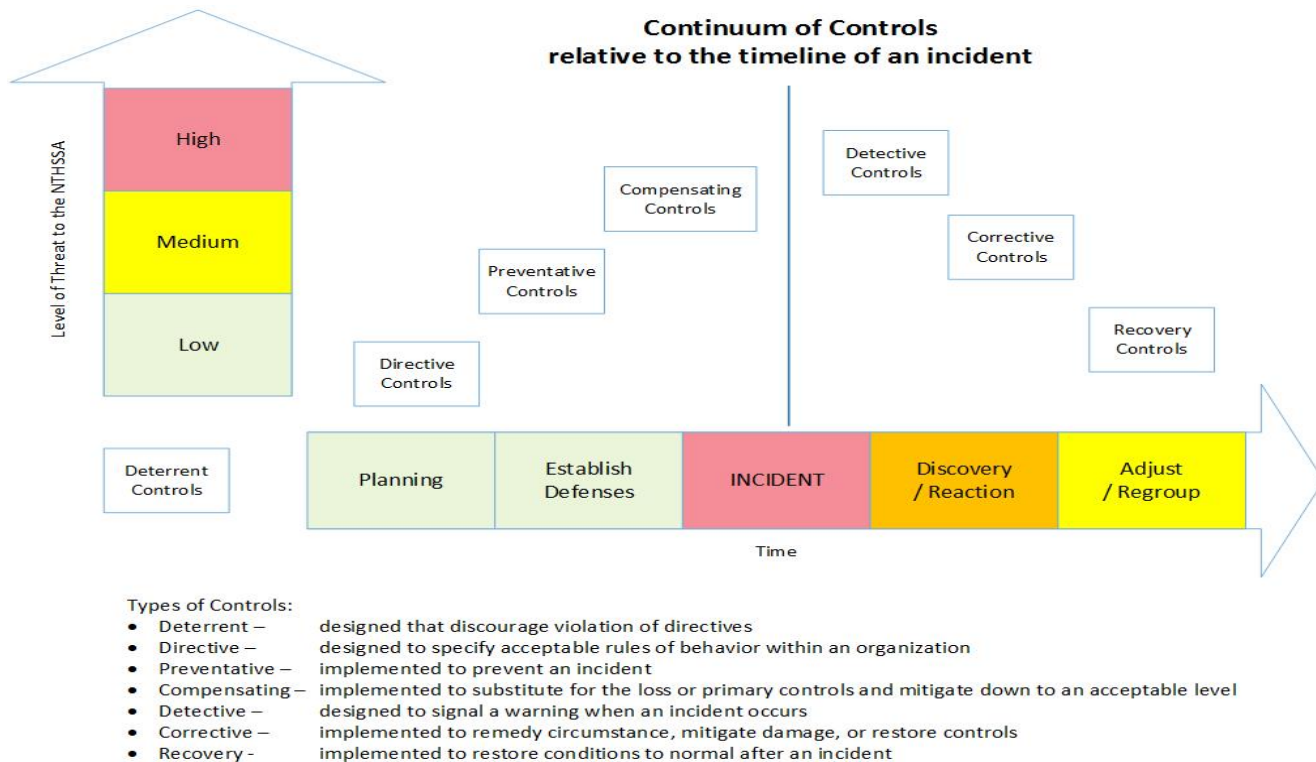


Table 7

Tool 4: NTHSSA Controls Tool

Controls are the actions identified to manage risk. There are seven types of controls to be used as aids in risk management dependent on time. Table 8 illustrates continuum of controls relative to the timeline of an incident.



The following table (Table 9) provides examples by Control type:

CONTROL TYPES	Administrative	Technical	Physical
Deterrent	Policy	Warning Banner	Beware of Dog Sign
Directive	Policy	Configuration Standards	Authorized Personnel Only Signs Traffic Lights
Preventative	User Registration Procedure	Password Based Login	Fence
Compensating	Supervision Job Rotation Logging	CCTV Keystroke Logging	Layered Defense
Detective	Review Violation Reports	Logs	Sentry CCTV
Corrective	Termination	Unplug, isolate, and terminate connection	Fire Extinguisher
Recovery	DR Plan	Backups	Rebuild

Table 9

7. Risk Management Roles and Process

Without knowing what assets are critical and which would most be at risk within an organization it is essential to identify roles for risk management at various levels throughout the organization. In the NTHSSA the **ROLES** are identified as:

- **NTHSSA CEO and Senior Management** are responsible for fostering a culture that supports risk-informed decision-making, creates dialogue on risk tolerance, focuses on results, enables the consideration of both opportunity and innovation and ensures that risk management principles and practices are understood and integrated into the various activities carried out across the NTHSSA.
- **NTHSSA Managers/Supervisors** are responsible for reporting internally on the implementation of risk mitigation strategies; as well as supporting their staff in addressing risks relevant to plans, programs, or project activities, ensuring that risks are communicated and reviewed appropriately within their respective governance structure and conveyed to the appropriate internal or external partners and stakeholders.
- **All NTHSSA staff** is responsible for identifying risks and reporting those risks to their managers for escalation and assessment. Once a risk has been identified, managers are responsible for assessing the risk using the NTHSSA Risk Matrix.
- **NTHSSA Territorial Risk Management Unit (TRMU)** is responsible for the development and implementation of the NTHSSA ERM framework and plan. Simultaneously the TRMU leads activities related to risk prevention and mitigation strategies while ensuring the standardization of policies and practice for risk management within the NTHSSA are followed.

8. Risk Register and Reporting

A risk register provides an accurate and complete record of a completed risk assessment and management activities related to the risks. The risk register is a “living document” subject to regular updates as risks are addressed and new risks identified.

The NTHSSA Risk Register (Table 10) includes the following sections:

- **Risk Identification**
 - Risk category – relevant to the risk, using the risk categories listed in the NTHSSA Risk Matrix, each risk is to be categorized
 - Risk description – a description of the risk, possible causes and impacts
- **Risk Assessment** to determine the level of risk rating
 - Likelihood
 - Impact
- **Risk Management**
 - Person responsible - Risk Owner by position not name (only one risk owner for each risk)
 - Current Controls – existing controls that are in place

Table 10 contains common examples of areas to consider within each risk category.

NTHSSA Risk Assessment Template										
Step 1: Risk Identification				Step 2: Risk Assessment		Step 3: Risk Management				
Risk Category	Risk Subcategory (if applicable)	Risk	Threat Scenario	Likelihood (Almost certain - Rare)	Impact (Insignificant - Extreme/Catastrophic)	What are we already doing about it? (current safeguards/mitigating factors)	Vulnerabilities	What more can we do about it?	Timescale	Person Responsible
<i>Relevant to the risk, using the Risk Categories, each risk is to be categorised.</i>	<i>Relevant to the risk, using the Risk Categories (subcategory), use only if applies.</i>	<i>Name the risk. It is chance of something happening that will have an impact on an organization's objectives.</i>	<i>A description of the risk, possible causes and impacts.</i>	<i>Identify as per the Risk Matrix</i>	<i>Identify as per the Risk Matrix</i>	<i>Existing controls/safeguards that are in place.</i>	<i>What may impact the effectiveness of current controls/safeguards in place</i>	<i>Identify and capture any further actions that can be carried out to further reduce risk in order to manage the risk to an acceptable level.</i>	<i>Stipulate when the further actions could be completed.</i>	<i>Risk owner by position not name. It is the staff designated as responsible for designing, implementing and monitoring actions to address or treat a particular risk.</i>
EXAMPLE 1	Operations- Quality and Delivery of Health Core Process	Infections acquired during healthcare	Patient got infected while receiving care	Unlikely	Insignificant	Sanitation procedure, basic infection techniques in place	Examples may include: Procedure not adequately followed, staff not trained, procedure not effective enough	Drafting plan to ensure: new employees are trained within 3 months of hire; provide time for current employees to be (re)trained on regular basis	Jan-18	Patient Safety/Infection Control Manager
EXAMPLE 2	Legal/Regulatory/ Compliance N/A	Privacy safeguards are not compliant with the privacy legislation	Administrative, technical and physical safeguards are not up-to-date.	Possible	Moderate	Policy in place to review safeguards annually	Compliance checklist is not finalized/sufficient	Revise safeguards checklist and ensure it complies with policy/legislation/regulations	Jan-18	HIA Designated Contact Person

Table 10

Reporting:

Within the NTHSSA risk registry, under the direction and support of the TRMU, each Region of the NTHSSA will develop a risk registry and update it annually. These registries will be used as the input for the NTHSSA Territorial Risk Registry.

The NTHSSA TRMU will ensure that the NTHSSA Risk Registry is updated annually and reported to the Leadership Council. The reporting of risk through the registry supports discussion and decision making on major risks and business priorities, therefore it will be completed prior to the development of the annual operating plan and aligned with DHSS and GNWT reporting requirements.

9. References

(Current as of document approval. Subject to change/revision)

- *GNWT Enterprise Risk Management: A Framework for a Practical Approach.* Management Board Secretariat. October 2018
- *Guide to Integrated Risk Management.* Treasury Board of Canada Secretariat. October 2012. <http://www.tbs-sct.gc.ca/tbs-sct/rm-gr/guides/girm-ggir01-eng.asp>
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