[Service Letterhead]

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Governance and Implementation

This resource should be reviewed and endorsed in accordance with the organisation's governance and document control processes prior to implementation.

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[Organisation Name]

Risk Management Manual

Document Control

Title	Risk Management Manual
Approval Date	DD/MM/YYYY
Amended Date	DD/MM/YYYY
Next Review Date	DD/MM/YYYY
Version Number	1.0
Responsible Officer	CEO / CQI Manager / Compliance Coordinator
Accreditation Mapping Code	RACGP 5th Edition: C1.1, C1.2, C1.3, C1.4, C2.1, C3.1, C6.1 NSQHS Standards: Standard 1 – Clinical Governance; Standard 2 – Partnering with Consumers ASES: Standard 6 – Governance and Management; Standard 8 – Service Delivery ISO 9001:2015: Risk-Based Thinking and Continuous Improvement

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1. Purpose

The purpose of this policy is to establish a systematic, proactive, and culturally safe approach to identifying, assessing, managing, and monitoring organisational and clinical risks.
The aim is to ensure the safety, wellbeing, and cultural security of clients, staff, and community, while maintaining compliance with accreditation and legislative requirements.

2. Scope

This policy applies to all programs, staff, contractors, and visiting providers within the organisation. It covers clinical, operational, cultural, financial, and governance risks across all service areas.

3. Definitions

Risk – The chance of something happening that will have an impact on objectives.

Risk Register – A live document recording identified risks, controls and actions.

Residual Risk – The remaining risk after controls have been applied.

CQI – Continuous Quality Improvement – A structured, ongoing process of reflection, review and improvement.

4. Policy Statement

The organisation recognises that risk management is an integral part of good governance and continuous quality improvement (CQI).
Risk management activities will:

- Promote a culture of safety, accountability, and transparency.
- Be informed by Aboriginal ways of knowing, being, and doing.
- Focus on learning and improvement, not blame.
- Be integrated within strategic and operational planning cycles.

5. Risk Identification

Risks may be identified through:

- Staff, client, or community feedback
- Incident, complaint, or hazard reports
- CQI activities and audits
- Management or Board reviews
- Accreditation assessments or environmental changes

Examples of Risk Categories

- **Cultural Safety:** Failure to uphold cultural protocols or provide culturally safe care.
- **Clinical Governance:** Medication errors, recall failures, infection control breaches.
- **Workplace Health & Safety:** Staff injury, aggression, or facility hazards.
- **Information Security:** Privacy breaches, cyber security, My Health Record issues.
- **Environmental:** Electrical safety, extreme weather, natural disasters.
- **Financial & Operational:** Funding loss, overreliance on single source, system failures.
- **Community Trust:** Reputational harm, loss of engagement.
- **Workforce Wellbeing:** Burnout, lateral violence, cultural load.

6. Risk Assessment

The following tables are used to determine the likelihood and consequence of identified risks.

Likelihood Table

Likelihood	Description	Example / Criteria
Almost Certain	Expected to occur in most circumstances	Occurs frequently (daily/weekly)
Likely	Will probably occur in most circumstances	Happens often (monthly)
Possible	Might occur at some time	Has occurred before (annually)
Unlikely	Could occur but not expected	Rare occurrence
Rare	May occur only in exceptional circumstances	Has not occurred previously

Consequence Table

Consequence	Description	Impact Examples
Insignificant	No injury, no impact on service	Minimal disruption
Minor	First aid treatment, minimal client dissatisfaction	Short-term service disruption
Moderate	Medical treatment required, local media attention	Temporary loss of function
Major	Significant injury, community concern	Partial system failure

Consequence	Description	Impact Examples
Catastrophic	Death, permanent disability, severe community harm	Complete service failure

Risk Rating Matrix

Likelihood / Consequence	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	Medium	High	High	Very High	Very High
Likely	Medium	Medium	High	High	Very High
Possible	Low	Medium	Medium	High	Very High
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Low	Medium	High

Risk Rating Key:

- Low: Acceptable, monitor only
- Medium: Manage through routine procedures
- High: Requires specific management action
- Very High: Immediate management attention, escalate to CEO/Board

7. Risk Management and Mitigation

Controls are applied using the **Hierarchy of Controls**:

1. **Eliminate** – Remove the hazard entirely
2. **Substitute** – Replace with safer alternative
3. **Engineer** – Isolate people from the hazard
4. **Administrative** – Implement policies, training, procedures
5. **PPE** – Provide protective equipment (last resort)

Each identified risk must be documented in the **Risk Register**, including:

- Description of the risk
- Risk rating (initial and residual)
- Control measures in place
- Further actions required
- Responsible person
- Review date

8. Risk Register

1. Organisational Risk Register

Risk Category	Risk Description	Initial Risk Rating	Risk Controls	Residual Risk Rating	Evaluation / Action	Review Frequency	Responsible Person / Team	Status / Comments
Governance	Failure to maintain a Board quorum	Medium	• Maintain strong membership base • CEO monitors Board positions • Board Policy requires adequate notice of resignation or non-renewal • Promote governance training to members • Annual Board meeting schedule with timely reminders • Members given adequate AGM notice	Medium	• Review member numbers annually • Board attendance reviewed annually and recorded in Annual Report • Annual Board Performance Review	6-monthly	CEO / Board Chair	Due Jan 2027
Governance	Insufficient governance training or experience for Board	High	• Induction program for new Board Members • Ongoing governance training • Governance P&P reviewed regularly • Annual performance review and training needs analysis	Medium	• Board self-assessment and training needs reviewed annually • Action: Board to attend Governance Training	6-monthly	CEO / Board Chair	Due Jan 2027
Governance	Board fails to document and demonstrate	Medium	• Induction and Governance P&P • Board Policy and performance appraisal process • Standard Board meeting agenda template	Low	• Annual Board performance review • Action: Board Policy and Terms of Reference	6-monthly	CEO / Board Chair	Due Jan 2027

	good governance practice		• CEO/Senior Manager reports to Board on compliance, quality and performance trends • Board minutes recorded, endorsed, and retained to record-keeping standards		reviewed and signed annually			
Organisational	Loss of CEO and/or other key senior positions	High	• Succession plan for CEO and senior roles • PDs and work plans in place • Interim arrangements for extended leave	Medium	• Action: Succession plan to be developed for CEO and key positions • Evaluation: Review effectiveness of succession plan	6-monthly	Board / CEO	Due Jan 2027
Organisational	Failure to maintain sense of identity/unity across sites	High	• Strong internal communication systems • Collaborative projects • CQI feedback processes enabling staff voice	Medium	• Ensure SharePoint up to date • Regular team and all-staff meetings • Evaluation: Annual staff engagement survey	6-monthly	CEO / Managers	Due Jan 2027
Compliance / Legal	Fraud occurs	Medium	• Fraud Policy and Procedure • Finance P&P and Delegations • Board monitors spending and credit use • Independent audit • Conflict of Interest declarations	Low	• Action: Any fraud investigated and policies reviewed • Evaluation: Annual financial audit	6-monthly	Finance Manager / CEO	Due Jan 2027
Compliance / Legal	Insurance not paid	Medium	• Renewal and payments in Compliance Register • Agreement with Insurance Brokerage	Low	• Evaluation: Compliance Register reviewed at each Board meeting	6-monthly	Finance Manager	Due Jan 2027

Compliance / Legal	AGM not held or poorly attended	Medium	• Maintain strong membership base • Timely AGM notification • Incorporation and Constitution P&P	Low	• AGM quorum (min 15 members) • Evaluation: Postponed AGM investigated for process compliance	6-monthly	CEO / Board Secretary	Due Jan 2027
Compliance / Legal	Non-compliance with Incorporation Act	Medium	• Any Rule Book changes reviewed for compliance	Low	• Evaluation: Incorporation compliance reviewed at Board meetings	6-monthly	CEO / Board Secretary	Due Jan 2027
Compliance / Legal	Failure to meet funding reporting requirements	High	• Funding report schedule monitored • Data collection systems in place • Staff trained in data collection and reporting • PDs and Manuals outline data responsibilities	Medium	• Action: Distribute reporting tasks to reduce dependency • Evaluation: Compliance register and monthly Board report	6-monthly	DCEO / Program Managers	Due Jan 2027
Compliance / Legal	Records and files not meeting legal requirements	High	• Client file audits (RACGP, etc.) • Privacy agreements and annual staff audits • Compliance Register for licences and registrations	Medium	• Audit recommendations entered into QI Register • Evaluation: Ongoing accreditation audits	6-monthly	CQI Officer / Practice Manager	Due Jan 2027
Compliance / Legal	Failure to meet multiple accreditation or compliance requirements	Very High	• Staff allocated to accreditation frameworks • Compliance Calendar maintained • CQI Officer coordinates accreditation	High	• Maintain safety and quality through ongoing accreditation • Evaluation: Compliance register and triannual accreditation	6-monthly	CQI Officer / CEO	Due Jan 2027
Strategic	Strategic Plan fails to identify emerging	Medium	• Community consultation integral to planning • Inter-sectoral participation and	Medium	• Community feedback on service needs	6-monthly	CEO / Board	Due Jan 2027

	community needs		peak body engagement • AGM community feedback reviewed		• Evaluation: Strategic Plan review			
Strategic	Failure to meet Strategic Plan goals	Medium	• KPIs linked to Strategic Plan • CEO reports progress to Board • Regular 6-monthly review of progress	Low	• Report Strategic Plan KPI progress 6-monthly to Board • Evaluation: Review monitoring effectiveness during next plan cycle	6-monthly	CEO / Board	Due Jan 2027
Operational	Staff fail to implement Policies and Procedures	Medium	• Regular P&P review with staff involvement • CQI Officer coordinates reviews • SharePoint access for all staff • P&P review schedule	Low	• Ensure SharePoint up-to-date • Evaluation: Staff survey and team meetings	6-monthly	CQI Officer / Managers	Due Jan 2027
Operational	Staff unable to perform roles and responsibilities	High	• Recruitment and induction processes • PDs and performance appraisals • Regular supervision and support • Training and professional development	Medium	• Evaluation: Staff survey, Training Register, Meeting minutes	6-monthly	Managers / HR	Due Jan 2027
Operational	Breach of Code of Conduct	Medium	• Code of Conduct and induction training • Complaints and grievance procedures • Disciplinary procedures • Mediation and EAP access	Low	• Evaluation: Review complaints and discipline processes	6-monthly	HR / Managers	Due Jan 2027

Operational	Difficulty recruiting and retaining staff	High	• Reallocate duties and cross-train staff • Exit interviews and analysis • Promote work-life balance • Regular manager check-ins	Medium	• Staff engagement survey, WHS meetings • Evaluation: Turnover reviewed at Board	6-monthly	CEO / HR	Due Jan 2027
Operational	Low employee satisfaction	Medium	• Clear PDs and review process • Grievance procedure • Annual resource planning • Good communication and transparency	Low	• Staff meetings and team-building • Evaluation: Annual survey and appraisals	6-monthly	CEO / Managers	Due Jan 2027
Operational	Staff supervision fails to meet needs	Medium	• Internal supervision responsibilities in PDs • Training for Managers • Staff feedback reviewed annually	Low	• Evaluation: Staff satisfaction with supervision reviewed	6-monthly	Managers / HR	Due Jan 2027
Operational	Working with Children / National Criminal Checks not in place	High	• Registered with WWCC & Fit2Work • Registers and reminders maintained • Checks completed at induction • Annual HR file audit	Medium	• Action: Audit HR files for compliance • Evaluation: Review HR tracker	6-m		

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2. Health Service Team Risk Register

Risk Category	Risk Description	Initial Risk Rating	Risk Controls	Residual Risk Rating	Evaluation / Action	Review Frequency	Responsible Person / Team	Status / Comments
Service Delivery	Clinic/reception staff shortages	Very High	• Leave approval managed to minimise service gaps • Staff roster to evenly cover clinic • Casual reception staff available for short notice	Medium	• Staff appraisals and engagement surveys • Review workloads during appraisals	6-monthly	Clinic Manager / HR	Due Jan 2027
Service Delivery	Not securing GP registrars	Medium	• Update GPrime profile with photos/testimonials • Efficient selection process • Meet supervision, education, cultural mentoring requirements • Maintain Accredited Training Practice status • Agreement with locum agencies	Medium	• Liaise with RACGP Client Liaison Officer • Evaluate client feedback	6-monthly	Clinical Lead / CEO	Due Jan 2027
Service Delivery	Loss of Medicare income	High	• AGPT paperwork submitted correctly • Stagger GP leave to maintain minimum consults • Monitor online bulk billing status • Medicare Compliance Officer educates GPs • Reconcile Medicare accounts monthly	Low	• Run monthly Medicare income reports • Evaluation: Medicare compliance officer reporting to Board	6-monthly	Medicare Compliance Officer / Finance	Due Jan 2027
Service Delivery	Incorrect medication/advice provided	Very High	• 3 points of ID checked • Effective staff communication • Adherence to Scope of Practice	Medium	• WH&S audits and risk assessments • Staff training • Evaluate incidents and risk registers	6-monthly	Clinic Manager / HST	Due Jan 2027

Service Delivery	Client causing physical or emotional harm	Very High	• Aggressive behaviour training • Controlled access to staff areas • Policies for dealing with difficult clients • Zero Tolerance Policy signage • No staff member alone on premises • Flag potential aggressive clients	Medium	• Escalate incidents per protocol to CEO/Board • Evaluate incident reports and aggressive client register	6-monthly	Managers / CEO	Due Jan 2027
Service Delivery	Cold chain disruption	High	• Backup battery for vaccine fridge • HETI Cold Chain Training • Security alerts for fridge failure • Transport vaccines in insulated containers • Daily AM/PM temperature logs • Monitor via HOBO/Tag-Logger	Low	• Daily and weekly logs • Staff training • Annual vaccine storage audit and WH&S audits	6-monthly	Clinic Manager / HST	Due Jan 2027
Service Delivery	Misplacement of S4/S8 drugs	High	• Direct handover to nurse/HST manager • Educate reception staff • Regular stock counts • Secure storage • Adherence to Scope of Practice	Medium	• PN & HST Manager audits S4/S8 drugs regularly • Review risk assessments	6-monthly	PN / HST Manager	Due Jan 2027
Service Delivery	Administering out-of-date medication	Very High	• Dates marked clearly • Monthly housekeeping checks • 2x staff check 5 rights before administration • Stock management PDSA to eliminate over-ordering	Medium	• Monitor risk assessment register and CQI activities • Review housekeeping checklists and medication audits	6-monthly	Clinic Manager / HST	Due Jan 2027
Service Delivery	Releasing confidential info without authorisation	High	• 3 points of ID at each encounter • Double-check contact details • Educate staff on consent and confidentiality requirements	Medium	• Monitor risk registers and incidents • Evaluate compliance with privacy policies	6-monthly	Reception / Clinic Staff / Privacy Officer	Due Jan 2027

Service Delivery	Neglecting immediate care in an emergency	Very High	• Staff on-site during operating hours • Triage / First Aid training • Mandatory annual CPR • Emergency stock/equipment available • Daily/monthly audits of emergency trolley	High	• Monitor incidents/accidents • Review & debrief emergencies at team meetings	6-monthly	Clinic Manager / HST	Due Jan 2027
Service Delivery	Neglecting follow-up care	Very High	• Effective recall system • Staff trained on recall procedures • Flag appointments to alert reception • Electronic results downloaded daily • Staff allocated to follow-ups	Medium	• Monitor recall system and continuity • Extract recall reports and review in team meetings	6-monthly	Clinic Manager / HST	Due Jan 2027
Service Delivery	Spreading infectious diseases	Very High	• Infection control training • Adherence to infection control P&P • Access to appropriate equipment and supplies • Hand hygiene training • Alcohol rubs in all contact areas	Medium	• Infection control audits • Annual AMSED infection control training • Evaluate incidents and risk register	6-monthly	Clinic Manager / Infection Control Officer	Due Jan 202

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2. Dental Service Team Risk Register

Risk Category	Risk Description	Initial Risk Rating	Risk Controls	Residual Risk Rating	Evaluation / Action	Review Frequency	Responsible Person / Team	Status / Comments
Service Delivery	Patient identification risks (mismatched procedures)	Medium	• Confirm 3 patient identifiers at reception • "Time out" technique before treatment • Check radiographs and charting before treatment	Low	• Staff training on patient ID processes • Evaluate CQI activities and incident reports	6-monthly	Dental Manager / Dental Staff	Due Jan 2027
Environment	Environmental risks (tripping over cords, etc.)	Medium	• Electrical tagging • Report near misses on SharePoint • Tape cords to floor/wall • Signage until hazard eliminated	Low	• WH&S audits • Evaluation: WH&S meetings and CQI review of incidents	6-monthly	Dental Manager / WH&S Officer	Due Jan 2027

2. Community Service Team Risk Register

Risk Category	Risk Description	Initial Risk Rating	Risk Controls	Residual Risk Rating	Evaluation / Action	Review Frequency	Responsible Person / Team	Status / Comments
Service Delivery	Risks of harm to staff during outreach/home visits	High	• Outreach with at least 2 staff members • Procedure for home visiting • Managers aware of staff visit times • Home risk assessments completed prior to visit • Risks recorded in client file with popup alerts	Medium	• Regular CST meetings to discuss safety • WH&S monitor incidents and accidents	6-monthly	Community Services Manager / CST	Due Jan 2027
Service Delivery	Risk of harm to staff from aggressive clients	Medium	• Zero Tolerance Policy and signage • Procedure for managing aggressive clients • Duress buttons in offices • Management can ban aggressive clients • CST trained to manage aggression	Low	• Regular CST/Manager meetings • WH&S monitor incidents and accidents	6-monthly	CST / Managers / WH&S Officer	Due Jan 2027
Staff Welfare	Staff stress from workload/work type	High	• Monthly formal supervision • External supervision available • Mentor services encouraged • Monthly debrief and case review meetings • Caseload caps discussed with manager • Manager provides burnout prevention strategies	Low	• Staff appraisals and engagement surveys • Open-door policy • Supervisor collects client reports for discussion	6-monthly	Managers / HR / CST	Due Jan 2027

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9. Role and Responsibilities

Role	Responsibilities
Board	Oversees strategic and organisational risks; ensures effective governance.
CEO	Accountable for implementation and monitoring of risk systems.
CQI / Compliance Coordinator	Maintains risk registers, supports reviews, ensures alignment with accreditation.
Managers / Team Leaders	Identify and manage risks within their area; escalate significant risks.
All Staff	Report hazards, incidents, and near misses.
Community	Provide feedback or report risks impacting safety and access.

10. Related Policies & Documents

- Organisational Risk Register
- CQI and Audit Registers
- Incident / Accident Register
- Policy Review Register
- Training and Induction Records

11. Monitoring & Review

- Risks are reviewed at CQI meetings (monthly) and Board meetings (quarterly).
- The Risk Register is reviewed every 6 months, or sooner if new risks emerge.
- An annual review aligns with strategic and operational planning.
- Trends are monitored through incident reports, complaints, and audit data.
- Effectiveness of risk controls is evaluated and documented.

12. Continuous Quality Improvement

- All risks are linked to CQI activities and improvement plans.
- Identified risks trigger review of related policies, procedures, and training.
- Evaluation outcomes are recorded in the CQI Register and reported to governance committees.

13. Appendix

Referenced Documents and Resources

The following external and internal resources have informed the development of this policy and procedure:

Document Title	Type	Location / Access
Privacy Act 1988 & Australian Privacy Principles	External	https://www.oaic.gov.au
RACGP Standards for General Practice – 5th Edition (C6.4, C6.2, C1.4A)	External	https://www.racgp.org.au
NSQHS Standards – 2nd Edition (Standard 1 & 6)	External	https://www.safetyandquality.gov.au
ASES Standards (Standard 6 – Governance and Management)	External	https://dcsi.sa.gov.au/services/community-services/community-organisations/accreditation
ISO 9001:2015 – Quality Management Systems (Information Security & Confidentiality)	External	https://www.iso.org
Work Health and Safety Act 2011 (NSW)	External	Work Health and Safety Act 2011 - Federal Register of Legislation
Patient Access to Health Records Policy	Internal	[Organisation's Policy Drive / Intranet]
Privacy and Confidentiality Policy	Internal	[Organisation's Policy Drive / Intranet]
Privacy Breach Response Policy	Internal	[Organisation's Policy Drive / Intranet]

14. Version History

Version	Date	Author	Change Summary
1.0	DD/MM/YYYY	[Your Name]	Initial draft

15. Approval

Approved by	Signature	Date
CEO		
Board Chairperson		