Sexual Health & Family Planning ACT

Risk Management Framework and Policy

Sexual Health & Family Planning ACT

Level 1, 28 University Avenue
Canberra ACT 2601

RISK MANAGEMENT FRAMEWORK

The purpose of this policy is to:
1. Describe the organisation's context and risk profile;
2. Articulate the organisation's commitment and approach to risk management;
3. Articulate responsibilities and expectations of, and provide guidance to, SHFPACT, its governors, officers, employees, volunteers, clients and others in relation to managing risk in the organisation's delivery of services and operating environment;
4. Provide consistent tools and templates for risk assessment and risk treatment.

This Risk Management Framework & Policy consists of the following sections:

Introduction and Context
Establishes the context, including a situational analysis

Policy Statement
Outlines the organisation's commitments and articulates the responsibilities and obligations of parties to manage risk.

Risk Framework
Outlines the Risk Management Process

Appendices, Templates and Forms
Provides templates for enacting the processes, commitments and requirements outlined

Requirements of conduct are outlined in the SHFPACT *Code of Conduct*, which should be read in conjunction with this document, and include the expectation that all SHFPACT employees, volunteers and Council members maintain a high standard of personal & professional conduct at all times. Employees are expected to always act in a way that is safe, fair and respectful of employees, volunteers, clients and other people associated with the organisation. Council members are expected to discharge their governance responsibilities with due diligence, impartially, fairly and in the best interests of the organisation, and to ensure a safe, fair and respectful environment is maintained in the organisation.

SHFPACT's Work Health & Safety Policy addresses specific risks to the health, safety and wellbeing of employees, volunteers, clients and other people associated with the organisation and its activities, in fulfilling SHFPACT's responsibilities under the *Work Health & Safety Act 2011*.

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Overview & Context

Introduction

All organisations face internal and external influences and factors that make it uncertain whether, when and the extent to which their goals, objectives and purpose will be achieved or exceeded.

'Risk' is the effect of uncertainty on objectives. All activities, services and operations of the organisation involve risk. Risk management is an integrated process of coordinated activities to direct and control the organisation with regard to risk. Risk is managed by anticipating, understanding and deciding whether to modify it.

The process aims to ensure that risk assessment and risk treatment reflect the organisation's internal and external environments. Risk can rarely be completely eliminated, and the taking of informed, calculated risks is essential to organisational success in achieving its purpose and ends.

Risk management can be applied at the whole organisation, operational Unit, program/service, and also to specific functions, projects and activities.

AS/NZS ISO 31000:2009

AS/NZS ISO 31000:2009 Risk Management – Principles & Guidelines is the international standard for risk management. It was endorsed by Council of Standards Australia and Council of Standards New Zealand in 2009 to supersede the previous AS/NZS Standard of 2004. This AS/NZS Stanard was used as the basis for development by the International Organization for Standardization (ISO).

SHFPACT's Risk Management Framework & Policy aims to achieve consistency with the principles outlined in this Standard.

Definitions

Ref. AS/NZS ISO 31000:2009 Risk Management – Principles & Guidelines
Terms used in this Policy are employed with the meaning found in AS/NZS ISO 31000:2009 Risk Management – Principles & Guidelines.

Other relevant SHFPACT Policy

This Risk Management Framework and Policy interacts with the following SHFPACT Policy documents:

- SHFPACT Council Governance Policy
- SHFPACT Strategic Plan 2011-2013
- SHFPACT Work Health & Safety Policy
- SHFPACT Human Resources policies and procedures

About SHFPACT

Sexual Health and Family Planning ACT (SHFPACT) is a non-government, not-for-profit organisation working in the Canberra community for 40 years.

The organisation is an incorporated association governed by a volunteer Council elected by members each year at the association's Annual General Meeting. SHFPACT is endorsed by the Australian Taxation Office as a health promotion charity and deductible gift recipient.

SHFPACT is the ACT member of Sexual Health & Family Planning Australia (SH&FPA), a national federation of eight State and Territory family planning and sexual health organisations. SH&FPA is the Australian member of the **International Planned Parenthood Federation** (IPPF), in the East & South-East Asia & Oceania Region (ESEAOR).   SHFPACT's membership of these national and international bodies gives it unique local expression in the Canberra community, and access to the resources and experience of, an international movement dedicated to promoting sexual health and rights and delivering services based on sound principles of evidence and the identified needs of local communities. SH&FPA's Australian members and many of IPPF's national affiliates have been leaders in the advocacy for, development, and delivery of sexual health education services for people with disabilities over the last decades, and continue to be recognized as critical players and resources of professional development training programs in this area.

Purpose and Ends

Sexual Health & Family Planning ACT's (SHFPACT) purpose is improved sexual and reproductive health for the Canberra community, within a framework of human rights, social justice, and prudent financial management for long-term sustainability.

Sexual Health and Family Planning ACT is a leader in integrated sexual and reproductive health workforce development, health promotion and education, and clinical services delivery to:
- reduce barriers to improved sexual and reproductive health; and,
- build the capacity of individuals, communities and organisations to improve sexual and reproductive health.

Sexual Health and Family Planning ACT seeks opportunities to support, influence and collaborate with others to achieve its purpose and goals, recognising that it is neither possible nor desirable for any single group or organisation alone to improve sexual and reproductive health of the community.

Sexual Health and Family Planning ACT operates in financially in a manner that aims for a sustained, viable long-term presence in the Canberra community in pursuing its purpose. Sexual Health and Family Planning ACT develops and delivers services on at least cost recovery basis where gaps exist in sexual and reproductive health.

Sexual Health and Family Planning ACT recognises that gender is a key social determinant of sexual and reproductive health, that promoting gender equity results in improved health and wellbeing for the whole community, and that the biological, psychological, relational, and social dimensions of sex and gender are central to improved sexual and reproductive health outcomes across the lifespan.

Sexual Health & Family Planning ACT identifies barriers to improved sexual and reproductive health as:

- the availability, accessibility and affordability of high quality health services;
- the availability of workforce skills development opportunities in the community that improve the responsiveness of primary healthcare providers, and other workers and carers in the area of sexual and reproductive health;
- access to accurate and appropriate knowledge and information to inform public policy and personal choices about sexual and reproductive health;
- the structuring of health and community support services in ways that create separation and 'silos' that do not reflect the lived experience of sexuality, sexual and reproductive health as an interconnected whole.

Sexual Health & Family Planning ACT identifies priority populations facing barriers to achieving improved sexual and reproductive health as:

- Young people
- People on low incomes or who are otherwise facing financial hardship and disadvantage;
- People from culturally and linguistically diverse backgrounds
- People with disabilities
- Aboriginal and Torres Strait Islanders, and
- People who identify as gay, lesbian, bisexual, or queer, and people who are same-sex attracted, sex and/or gender-diverse

Sexual Health and Family Planning ACT recognises that other population groups also face barriers to improved sexual and reproductive health, and develops and delivers responses consistent with these Ends informed by an evidence base, including research, policy priorities and frameworks, and needs assessment for new and emerging areas of work.

Areas of Work

- **Clinical services in the area of sexual and reproductive health**
  - Providing a client-centred suite of reproductive and sexual health primary healthcare services, including sexual health screening, contraception, pregnancy, menopause, and gynaecological care.
  - Canberra's only free, non-directive unplanned pregnancy counselling
- **Professional Development Training**
  - Delivering classroom and clinical attachment training for medical practitioners, registered nurses and allied health professionals in sexual and reproductive health, nationally VET-accredited training programs for education, youth, community and disability sector workers, seminars and workshops focused on workforce development.
- **Community & Schools Education and Health Promotion**
  - Providing comprehensive, responsive and tailored programs to a broad range of community groups and schools on all aspects of sexual and reproductive health and rights, sexuality and relationships education.
  - Working with partner organisations to promote access to sexual health services and sexual health literacy through community-based health promotion projects.
- **Information Services**
  - Making information available to inform decisions about sexual and reproductive health available in person, in print and online.

Situational Analysis

In 2011, Sexual Health and Family Planning ACT celebrated 40 years since the establishment of organised, community-based family planning services in Canberra. Since this time, SHFPACT has grown with the Canberra community both in size, and in the range of services it provides to meet the sexual and reproductive health needs of people across the lifespan.

SHFPACT operates across the health, education and community services industries, based in the community or nonprofit sector. SHFPACT's key partners include government and other non-government agencies who share similar goals, values and approaches to work, such as Canberra Sexual Health Centre, AIDS Action Council of the ACT, Canberra Rape Crisis Centre, Women's Centre for Health Matters, and Women's Health Service. SHFPACT is also engaged heavily with primary healthcare services, including general practice, delivering training in sexual and reproductive health, and receiving secondary referrals for clinical services. Similarly, SHFPACT is heavily engaged with the schools system in the provision of education, health promotion and information services. To a limited degree, SHFPACT's fee-for-service work competes with other healthcare and education/training providers who offer similar services. SHFPACT's specialisation in sexuality, sexual and reproductive health tends to overcome any direct or overt competition that may impinge on collaborative relationships with the private sector.

SHFPACT has varied sources of revenue to support its work in pursuing its purpose, including:

- **Service Funding Agreements** with ACT Government (ACT Health, ACT Dept of Disability, Housing & Community Services, and ACT Dept of Education & Training), stable for the period 2011-2013.
- **Fees for Service** – primarily clinical services and training fees, provision of administrative support services to other organisations
- **Donations and Contributions** from members of the public
- **Sponsorship** arrangements
- **Interest Income**
- One-off and periodic **Project and Infrastructure support Grants and Funding** from ACT Government, Commonwealth Government, and other donors

SHFPACT's asset position and self-generated revenue is not sufficient to independently resource the range of services and activities provided with the support of Government service funding agreements and other sources of revenue. This position does reflect, however, the organisation's sustained prudent financial management, and acts as a 'safety net' for funders and donors, who can see that SHFPACT's net equity is sufficient to meet all its liabilities and obligations, including the repayment of funding and grants held in advance in the unlikely event that this should ever be required.

At the time of drafting, the following issues in SHFPACT's operating environment were considered to have potential significant impact on the organisation and its work:

- Levels of available resources for Governments at the national and State/Territory levels to invest in human service delivery via nonprofit service providers are projected to remain static (best case) and significant reduce over the coming years. This will also result in increased scrutiny and expectation for service providers to demonstrate that they are well

governed and managed, are efficient in their operations, and are delivering high value social outcomes;

- At the national and ACT levels of government, reforms to the structures that regulate nonprofit organisations and charities, including establishment of a national charity regulator the Australian Charities & Nonprofits Commission (ACNC), and a focus on nonprofit/community sector sustainability measures, including investment in organizational capability building, reduction of red-tape associated with government funding arrangements, and attempts to structure responses to changing funding and operating environments to ease transitions;
- Structural and funding model reform of the Australian healthcare and hospitals system at Commonwealth level threatens current business models for supporting nurse-led clinical services;
- The introduction of a pilot National Disability Insurance Scheme includes an ACT pilot site. This model of market-based, individualized care package funding (which is anticipated in other areas of social support expenditure too) poses a significant challenge for nonprofit service providers familiar with block-grant/contract funding arrangements with Governments, rather than the marketing/delivery of services direct to consumers. These developments offer opportunities for SHFPACT, which is already familiar with fee-for-service operating models, and has a strong asset position to invest in new service offerings;
- The evolution of models for Commonwealth funding and organisation of primary healthcare services warrants close scrutiny to ensure SHFPACT is not left outside avenues for growth funding in this area. The current health priority emphasis in primary healthcare also represents a challenge to SHFPACT's specialisation on sexual and reproductive health from a resource mobilization perspective;
- Recent Commonwealth and ACT Government interest and resourcing for addressing chlamydia infection rates is reducing;
- The ageing of the Australian population presents future opportunities to strengthen SHFPACT's work on sexuality across the lifespan to consider the sexual and reproductive health needs of older men and women.

Strategic Directions

IN preparation for SHFPACT Strategic Plan 2011-2013, a SWOT analysis by both internal and external stakeholders highlighted the following issues, amongst others:

- The need to improve SHFPACT's profile in the community
- Structural limitations on the role of nurse-led services are limiting opportunities
- Shared internal and external perceptions of SHFPACT's strengths in:
  - Quality clinical service delivery, especially in contraception, pregnancy and women's health;
  - Training and education services;
  - Work with people with disabilities;
- Limitations on the accessibility of these services for marginalized and disadvantaged groups
- Services are delivered by a committed, skilled workforce in flexible work environment
- Heavy reliance on government funding as the primary source of revenue
- Attention needed to staff retention and diversity of work

Strategic Goals 2011-2013

The Strategic Planning process identified the following six strategic goals:

1. Improve community engagement and organisational capacity to serve the needs of identified priority populations
2. Deliver high quality and continually improving services that improve the sexual and reproductive health of the Canberra community
3. Increase the profile of sexual and reproductive health issues, SHFPACT and its services in the Canberra community
4. Attract and retain high quality staff
5. Invest in and maintain services and assets that sustain SHFPACT's contribution to the Canberra community for the long term
6. Govern and manage the organisation with excellence

Policy Statement

1. SHFPACT is committed to managing risk to protect:
    a. Clients and stakeholders;
    b. Employees and their skills;
    c. Members of the public;
    d. Environment;
    e. Quality of service;
    f. Assets and intellectual property;
    g. Contractual and statutory obligations;
    h. Image and reputation.

2. Risk management is central to effective strategic and business planning, and a core of quality improvement in all areas of organisational activity. SHFPACT's risk management goals are to:
    a. Identify and treat highest-risk exposures until residual risk is acceptable;
    b. Ensure business and activity planning processes include appropriate risk management consideration;
    c. Continue to integrate various risk assessment and risk treatment approaches and measures while ensuring these are 'fit for purpose';
    d. Improve risk management expectations, responsibilities and communication within the organisation;
    e. Improve proactive and anticipatory risk assessment and risk treatment.

3. SHFPACT affirms the following Risk Management Principles[1] as indicators of effective risk management practices:
    a. **Risk management creates and protects value** – it contributes to the demonstrable achievement of objectives and improvement of performance in human health and safety, security, legal and regulatory compliance, public acceptance, environmental protection, product quality, project management, efficiency in operations, governance and reputation.
    b. **Risk management is an integral part of all organisational processes** – it is not a stand-alone activity that is separate from the main activities and processes of the organisation. It is part of the responsibilities of management and an integral part of strategic planning, project management, and change management processes.
    c. **Risk management is part of decision making** – it helps decision makers make informed choices, prioritise actions and distinguish among alternative courses of action.
    d. **Risk management explicitly addresses uncertainty** – it explicitly takes account of uncertainty, the nature of that uncertainty, and how it can be addressed.
    e. **Risk management is systematic, structured and timely** – a systematic, timely and structured approach to risk management contributes to efficiency and to consistent, comparable and reliable results.

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[1] AZ/NZS ISO 31000:2009

f. **Risk management is based on the best available information** – the 'inputs' to the process of managing risk are based on information sources such as:
    i. Historical data
    ii. Experience
    iii. Stakeholder feedback
    iv. Observation
    v. Forecasts, and
    vi. Expert judgment.

    However, decision makers should inform themselves of, and should take into account, any limitations of the data of modelling used, or the possibility of divergence among experts.

g. **Risk management is tailored** – it is aligned with the organisation's external and internal context and risk profile.

h. **Risk management takes human and cultural factors into account** – it recognises the capabilities, perceptions and intentions of external and internal people that can facilitate or hinder achievement of the organisation's objectives.

i. **Risk management is transparent and inclusive** – appropriate and timely involvement of stakeholders and, in particular, decision-makers at all levels of the organisation, ensure that risk management remains relevant and up-to-date. Involvement also allows stakeholders to be properly represented and to have their views taken into account in determining risk criteria.

j. **Risk management is dynamic, iterative and responsive to change** – it continually sense and responds to change. As external and internal events occur, context and knowledge change, monitoring and review of risk take place, new risks emerge, some change, and others disappear.

k. **Risk management facilities continual improvement of the organisation** – it is important to develop and implement strategies to improve risk management maturity alongside all other aspects of the organisation.

4. Sexual Health and Family Planning ACT Inc, an incorporated association in the ACT, is the ultimate risk owner for the organisation's risk.

   Governors, officers, managers, employees, volunteers, clients and other stakeholders have certain and sometimes differing responsibilities for identifying and treating risks. See table in ==Appendix.==

5. SHFPACT commits to provide the necessary resources to ensure effective implementation, monitoring and review of its Risk Management Framework and Policy so that it remains current, relevant and achievable. These resources may include:
   a. Paid-time and release from other duties to participate in professional development relating to risk management, and to undertake administrative tasks associated with implementation, monitoring and review of this Framework and Policy;
   b. Use of financial resources to pay or contribute to the costs of courses fees for participation in professional development activities, consistent with relevant provisions of SHFPACT Enterprise Agreement 2011-2013 and the SHFPACT Policy & Guidelines HR013 Supporting Professional Development;

c. Use of financial resources when relevant to purchase external advice, consultancy, review or assistance that exceeds current staff and organisation capacity and capability;

6. Consistent with other Policy of the organisation, SHFPACT will resolve competing and conflicting interests (for example, competing stakeholder demands, available financial resources) with regard to priorities for implementation, monitoring and review according to the following hierarchy of issues/needs:
    i. Remedy or eliminate hazards to health, safety and wellbeing of service users and the public, and work health and safety of workers and others
    ii. Ensure adequate financial (e.g. budget provisions) and human resources (e.g. appropriate staff qualifications and skills mix) commitments required to provide services and meet commitments[2] and legislative/regulatory compliance
    iii. Regularly review services and activities delivered for opportunities to improve quality of service and positive impacts/outcomes.
    iv. Attend to the reputation/image risks of the organisation and its services
    v. Protect physical assets and intellectual property;
    vi. Replace/repair equipment and facilities for essential organisational activities, and improve the function and/or aesthetic appeal of work spaces and equipment, and with regard to environmental impact,

7. Consistent with the Risk Criteria outlined in this Policy, SHFPACT deems risks assessed as:
    a. **EXTREME** after treatment **UNACCEPTABLE**;
    b. **HIGH** after treatment **ACCEPTABLE** only after:
        i. review & recommendation from the Executive Director accompanied by detailed risk assessment and treatment plan, and,
        ii. evidence that the service/activity cannot be delivered with less or risk, and,
        iii. explanation as to why it is essential to the organisation achieving its Purposed & Ends and Strategic Goals; and,
        iv. formal approval of the Council;
    c. **MODERATE** after treatment are **ACCEPTABLE**;
    d. **LOW** after treatment are ACCEPTABLE.

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[2] The meaning of "commitments" here may include but is not limited to:

- Service Funding Agreements and contracts with governments and other funders, especially quality standards and activity/reporting requirements
- Agreements with and commitments to key stakeholders and partnerships
- Funder/Donor/sponsor requirements and relationships
- Requirements of other risk owners, e.g. insurers, contractors/suppliers,
- Contracts, Service Level Agreements, and Contractor Agreements between SHFPACT and suppliers/contractors

Risk Framework

All organisations face internal and external influences and factors that make it uncertain whether, when and the extent to which their goals, objectives and purpose will be achieved or exceeded.

'Risk' is the effect of uncertainty on objectives. All activities, services and operations undertaken by SHFPACT involve some risk. Risk management is an integrated process of coordinated activities to direct and control the organisation with regard to risk. Risk is managed by anticipating, understanding and deciding whether to modify it.

The process aims to ensure that risk assessment and risk treatment reflect the SHFPACT's internal and external environments. Risk can rarely be completely eliminated, and the taking of informed, calculated risks is essential to success in achieving its purpose to improve sexual and reproductive health of the Canberra community.

Risk management can be applied at the whole organisation, operational Unit, program/service, and also to specific functions, projects and activities.

Benefits of effective risk management

The management of risk enables SHFPACT to:
- Increase the likelihood of achieving its Purpose, Ends and Objectives;
- Encourage proactive management;
- Raise awareness of the need to identify and treat risk throughout the organisation;
- Improvement the identification of opportunities and threats;
- Comply with relevant legal and regulatory requirements, and business norms relevant to our areas of operation;
- Improve financial reporting;
- Improve governance;
- Improve stakeholder confidence and trust;
- Establish a reliable basis for decision-making and planning;
- Improve controls;
- Effective allocate and use resources for risk treatment;
- Improve operational effectiveness and efficiency;
- Enhance work health and safety (refer to Work Health & Safety Policy) and identify opportunities to improve environmental protection;
- Improve loss prevention and incident management;
- Minimise losses;
- Improve organisational learning and organisational resilience (the capacity to manage and recover from major adverse events.)

Risk Management Process

The Risk Management Process is the systematic application of management policies, procedures and practices to the activities of communicating, consulting, establishing the context, and identifying, analysing, evaluating, treating monitoring and reviewing risk.

As indicated in Figure 3 below, it is an iterative and ongoing process.

Figure 3 — Risk management process
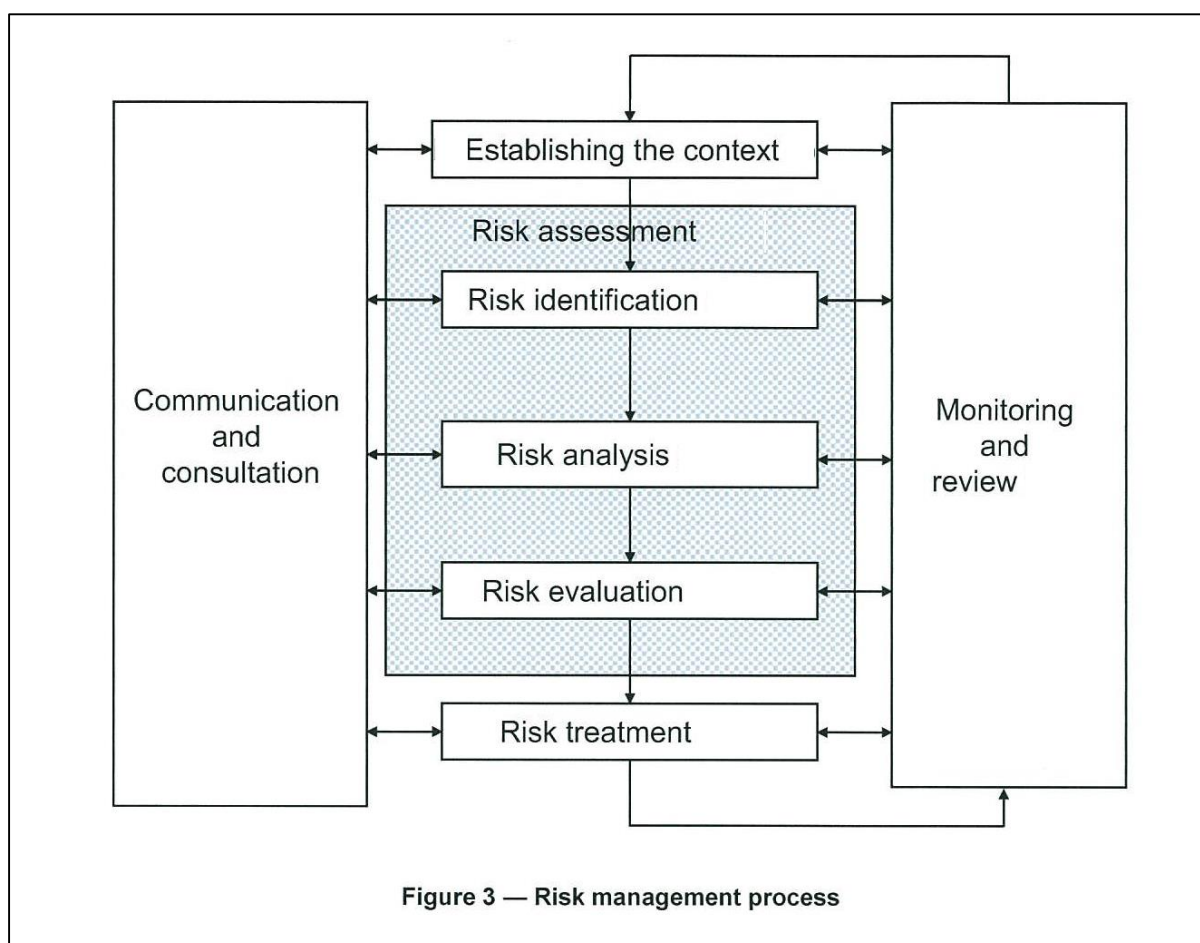
From .AS/NZS ISO 31000:2009 Risk Management – Principles & Guidelines

Risk assessment at the governance level

At the governance and executive levels of the organisation, risk assessment is focused on:
- Changes in the external environment that may impact on SHFPACT's ability to achieve its Purpose and Ends;
- Compliance with legislative and regulatory requirements for the governing body;
- Monitoring organisational compliance with legislative, regulatory and contractual requirements and commitments

Risk assessment at the management level

At the executive and management levels of the organisation, risk assessment is focused on:

- Operational compliance with legislative and regulatory requirements, contractual and relationship commitments;
- Assessing and treating risks to the service delivery and operational goals of the organisation, including implementation of Strategic Plan and Unit/Program business plans;
- Awareness of changes in the operating environment that could impact on SHFPACT's programs and services ability to operate effectively and achieve the Purpose and Ends;
- Communicating and receiving communication from other staff regarding risk assessment and treatment for the purpose of review and updating of the Risk Management Framework.

Risk assessment at the service delivery level

At the employee, contractor/supplier and volunteer/student level, risk assessment is focused on:

- Understanding responsibilities under this Policy and others affecting risk management;
- Acting in accordance with these responsibilities;
- Assessing and treating risks to the service delivery and operational goals of the organisation, and communicating these to management for inclusion in review and updating of the Risk Management Framework

Timing of communication and consultation

Proactive communication and consultation:

Stakeholder/s	Timing	Form of communication/consultation	Purpose of communication/consultation
Council	• Annual • Monthly • Annual and then periodic • Annual and then periodic • Annual	• Council meeting agenda • ED report • Council meeting agenda • Council meeting agenda • Council meeting agenda, • ED report • External consultancy/review/audit report	• Policy endorsement • Implementation and review of Risk Management Framework • Risk assessment and treatments for compliance with legislative and regulatory requirements • Risk assessment and treatment for compliance with Purpose & Ends, Governance Policy • Identification of risks and hazards and their treatments pertinent to the governance agenda
Management	• Annual plan • Fortnightly implementation review • Fortnightly review • New project/activity proposals	• Management team planning day • Management team meeting agenda: Implementation plan following Council review and endorsement • Management team meeting agenda (standing item)	• Coordinating implementation and review of Risk Management Framework • Identification of risks and hazards and their treatment pertinent to the operational /management agenda
Funding body	• Six-monthly • Ongoing	• Activity & Output Reporting and Financial Acquittal • Relationship management, issue & policy advocacy.	• Compliance with SFA/contractual requirements • interaction of organisation's strategic directions, expertise and government policy priorities
Employees	• On induction • As required when changes • Ongoing	• Orientation/induction plan and training	• Communicating responsibilities and requirements under this Policy

Stakeholder/s	Timing	Form of communication/consultation	Purpose of communication/consultation
	• Ongoing • Annual • Annual • Quarterly • Periodic	• Staff meetings and Intranet, reporting management team decisions • Intranet and all staff communications, on annual review • Staff PD planning • Staff PD and work plan review • Staff orientation/induction and training activities	• Informing re risk management priorities and actions • Requesting and responding to employee input and feedback about risk assessment and risk treatment • Attending to professional development to assist implementation, monitoring and review of the Risk Framework
Contractors & suppliers	• On induction • Ongoing • Periodic	• Induction plan tailored to need, copy of Policy provided • As needs, reporting mgmt. team decisions • Select sample of contractors/suppliers for inclusion in annual review processes	• Communicating responsibilities and requirements under this Policy • Informing re risk management priorities and actions • Requesting and responding to input and feedback about risk assessment and risk treatment
Partner Organisations	• New project/activity proposals • Periodic • Ongoing	• Project team meeting • Documented project/activity risk assessment • Select sample of project partners for inclusion in annual review processes • Relationship management, project team meetings	• Identification of risks and hazards and their treatment pertinent to the operational agenda • Requesting and responding to input and feedback about risk assessment and risk treatment • interaction of partners' strategic directions and priorities, maintain positive commitment to shared work, attending to risks collaboratively
Volunteers	• On induction • Ongoing • Periodic	• Induction plan tailored to need, copy of Policy provided • As needs, reporting mgmt. team decisions • Select sample of volunteers for inclusion in annual review processes	• Communicating responsibilities and requirements under this Policy • Informing re risk management priorities and actions • Requesting and responding to employee input and feedback about risk assessment and risk treatment

Stakeholder/s	Timing	Form of communication/consultation	Purpose of communication/consultation
Service Users	• On engagement with SHFPACT	• Client Information (written) and worker introduction (verbal)	• Rights and responsibilities are communicated effectively, managing expectations
	• Annual • On completion of service delivery	• Client satisfaction survey (CSU) • Evaluation/feedback (ed/training, counselling)	• Service user feedback on quality and satisfaction
	• As required	• Promotional material, media advertising, letters as required	• Communication about changes to service offerings and availability
Public	• As required	• Promotional material, media advertising, site-based notices etc	• Communication about changes to service offerings and availability
	•	•	•

Reactive communication and consultation:

Stakeholder/s	Timing	Form of communication / consultation	Purpose of communication / consultation
Public	Ongoing As required (incident)	Public notice, Mass media	Critical incident management Service promotion and advertising
Service Users	As required (incident) Ongoing	Public notice, Mass media Direct telephone/SMS communication	Critical incident management Changes to service availability Service promotion and advertising
Volunteers	As required (incident) As updated	Direct telephone/SMS/email communication On next engagement	Critical incident management Post-event review of procedures and risk treatments Post-event changes to procedures
Contractors & suppliers	As required (incident) As updated	Direct telephone/SMS/email communication	Critical incident management Post-event changes to procedures Impact of events on capacity to meet contract specifications and commitments
Employees	As required (incident) As updated	Direct telephone/SMS/email communication Intranet, staff email	Critical incident management Post-event review of procedures and risk treatments Post-event changes to procedures
Funding body	As required (incident)	Direct telephone/email communication	Status and impacts of critical incident, management action taken Impact of events on capacity to deliver contract activities and outcomes
Management	As required (incident) As required, or fortnightly	Direct telephone/email/SMS communication Management meeting/debrief	Critical incident management and coordination Post-event review of procedures and risk treatments

Stakeholder/s	Timing	Form of communication / consultation	Purpose of communication / consultation
Council	As required (incident) at earliest possible time	Direct email or telephone communication to Council Exec	Status and impacts of critical incident, management action taken
	Monthly	ED mgmt. report	Post-event review of procedures and risk treatments

Risk Criteria

Risk Criteria means the terms of reference against which the significance of a risk (effect of uncertainty on objectives) is evaluated. This is outlined below as a matrix of consequence and likelihood.

Consequence means the outcome of an event affecting objectives. An event can lead to a range of consequences. A consequence can be certain or uncertain, and can have positive of negative effects of objectives. Consequences can be expressed qualitatively or quantitatively. Initial consequences can escalate through knock-on effects.

Likelihood means the chance of something happening, whether defined, measured, or determined objectively or subjectively, qualitatively or quantitatively, and described using general terms such as 'probability' or frequency over a given period of time.

Consequences

Level	Rank	Financial Impact	Objectives	Reputation and Image	Activities/Operations
1	Insignificant	Less than $1,000	Negligible impact upon objectives	Unsubstantiated, low impact, low profile or no news item.	Less than 1 hour
2	Minor	$1,000 to $10,000	Minor effects that are easily remedied	Substantiated, low impact, low news profile.	1 hour to 1 day.
3	Moderate	$10,000 to $50,000	Some objectives affected	Substantiated, public embarrassment, moderate impact, moderate news profile.	1 day to 1 week.
4	Major	$50,000 to $150,000	Some important objectives cannot be achieved	Substantiated, public embarrassment, high impact, high news profile, Third Party actions.	1 week to 1 month.
5	Severe	More than $150,000	Most objectives cannot be achieved	Substantiated, public embarrassment, very high multiple impacts, high widespread multiple news profile, Third party actions.	More than 1 month.

Likelihoods

Level	Descriptor	Description	Frequency
1	Rare	The event may occur in exceptional circumstances.	Less than once in 30 years.
2	Unlikely	The event could occur at some time.	Could occur once in 30 years.
3	Possible	The event should occur at some time.	At least once in 10 years.
4	Likely	The event will probably occur in most circumstances.	At least once in 3 years.
5	Almost Certain	The event is expected to occur in most circumstances.	More than once per year.

Qualitative Risk Analysis Matrix – Level of Risk

Consequences	Catastrophic (1)	Major (2)	Moderate (3)	Minor (4)	Insignificant (5)
Likelihood					
A (almost certain)	1	2	4	7	11
B (very likely)	3	5	8	12	16
C (moderately likely)	6	9	13	17	20
D (unlikely but could happen)	10	14	18	21	23
E (very unlikely)	15	19	22	24	25

Risk Level Definition

Risk Level	Definition	Acceptable or Unacceptable	Action Necessary
1 – 3	Extreme	Unacceptable	Management to instigate policy and have insurance
4 – 10	High	Unacceptable	Management to instigate policy and have insurance
11 - 19	Moderate	Acceptable	Handled by operational formal policies
20 – 25	Low	Acceptable	Handled by day to day operations

Risk Register – Public Liability Risks

Ref	Activity/Asset/ Stakeholder	Risk Event (What will happen?)	Consequences (What is the result?)	How will risk occur (Any particular circumstances?)	Current control for that risk (What prevents this happening?)
	Generic RISKS				
1	**Any Public Contact**	Miscellaneous accident – **major** injury	• Major result • Possible litigation • Bad press	• Negligence • Misbehaviour • Accident • Sudden illness • Exceptional circumstances	• Work Health & Safety Policy • Staff Training • Staff medical/nursing qualifications • First Aid response
2	**Any Public Contact**	Miscellaneous accident – **minor** injury	• negligible result • Possible litigation • Bad press	• Negligence • Misbehaviour • Accident • Sudden illness • Exceptional circumstances	• Work Health & Safety Policy • Staff Training • Staff medical/nursing qualifications • First Aid response
	LOW Potential RISKS				
3	**General Outdoor Activities -** specifically • Information Booths • Outdoor Health promotion awareness activities	Negligence causing Risks 1 & 2	See Risks 1 & 2	• Misuse of tools • Stalls unattended • Negligence • Misbehaviour • Accident • Sudden illness • Exceptional circumstances	• Equipment Maintenance • Hire of reputable company for stalls erection • Re-schedule program • Work Health & Safety Policy • Staff Training
4	**General Indoor Activities -** specifically • Provision of Clinical Services • Classroom style training workshops • Information Services & Library Resource Centre • Developing and producing educational resources • Failure of lift to operate • Public access to toilets on Floor •	Negligence causing Risks 1 & 2	See Risks 1 & 2	• Misuse of tools • Inappropriate packaging or display of goods • Reception/LRC unattended • Negligence • Misbehaviour • Accident • Sudden illness • Exceptional circumstances	• Equipment Maintenance • Goods & Labelling standards by manufacturers, appropriately stored at SHFPACT • Work Health & Safety Policy • Staff Training

Ref	Activity/Asset/ Stakeholder	Risk Event (What will happen?)	Consequences (What is the result?)	How will risk occur (Any particular circumstances?)	Current control for that risk (What prevents this happening?)
5	**Office Activities** - specifically • Training room administration • General Office Administration • Advocacy • Giving advice / counselling • Meetings • Work experience and student placements	Negligence and or sickness causing Risks 1 or 2	See Risks 1 & 2	• Occupational hazards • Exceptional circumstances • Negligence • Misbehaviour • Accident • Sudden illness	• Policy re: Office activities • Meeting protocols • Work Health & Safety Policy • Staff Training
6	**Low Risk Equipment** - specifically • Office equipment • Cameras • Clinical and resuscitation equipment	Equipment damaged or misused causing Risks 1 or 2	See Risks 1 & 2	• Not trained for equipment • Not trained for activity • Misuse of equipment • Negligence • Misbehaviour • Accident • Sudden illness • Exceptional circumstances	• Policy re: Equipment • Equipment Maintenance • Work Health & Safety Policy • Staff Training
7	**Staff / Volunteers**– specifically • Volunteers – Council & Members • Paid Staff – approx. 16 FTE, 35 people	Staff absenteeism, injury or sickness causing Risks 1 or 2	See Risks 1 & 2	• Not following correct procedures for absenteeism, injury or sickness • Not trained for duties • Occupational hazards • Negligence • Misbehaviour • Accident • Sudden illness • Exceptional circumstances	• Policy re: reporting absenteeism, injury or sickness • Policy re: minimum safe staff numbers • Work Health & Safety Policy • Staff Training
8	**Transporting clients** – not provided in course of service delivery •	Negligence causing Risks 1 or 2	See Risks 1 & 2	• Accident • Sudden illness • Exceptional circumstances	• Policy re: minimum safe staff numbers • Work Health & Safety Policy • Staff Training
	HIGH Potential RISKS				

Ref	Activity/Asset/ Stakeholder	Risk Event (What will happen?)	Consequences (What is the result?)	How will risk occur (Any particular circumstances?)	Current control for that risk (What prevents this happening?)
9	**Food Preparation / Distribution** specifically • Catering for in-house training courses and meetings	Sickness to Clients causing Risks 1 or 2	See Risks 1 & 2	• Not following correct procedures for food handling • Food allergies • Not trained for activity • Occupational hazards • Negligence • Misbehaviour • Accident • Sudden illness • Exceptional circumstances	• Use caterers for hot food service • Follow WHS Guidelines for food handling • Work Health & Safety Policy • Staff Training
10	**Sporting / Physical Activities** specifically • Attending sporting and community activities associated with health promotion and education activities	Negligence causing Risks 1	See Risks 1 & 2	• Not following correct procedures for sporting activities • Not supervised • Not trained for activity • Occupational hazards • Negligence • Misbehaviour • Accident • Sudden illness • Exceptional circumstances	• Policy re: minimum safe staff numbers • WHS briefing at venue/site • Work Health & Safety Policy • Staff Training
11	**Physical Assistance** – specifically • Physical support for clients with physical, intellectual and mobility disabilities in clinical consultations (manual handling of clients) •	Negligence causing Risks 1 & 2	See Risks 1 & 2	• Not following correct procedures for physical assistance • Not supervised • Not trained for activity • Occupational hazards • Negligence • Misbehaviour • Accident • Sudden illness • Exceptional circumstances	• Regulation and Code of Practice for Manual Handling of clients • Qualified Carers attend appointments to assist where possible • Work Health & Safety Policy • Staff Training

Ref	Activity/Asset/ Stakeholder	Risk Event (What will happen?)	Consequences (What is the result?)	How will risk occur (Any particular circumstances?)	Current control for that risk (What prevents this happening?)
13	**Social or Promotional events (up to 200 guests)** – specifically • AGM including guest speakers and general public • Christmas Party • Occasional social events for staff and families, member events	Negligence causing Risks 1 & 2	See Risks 1 & 2	• Not following correct procedures for events • Not supervised • Not trained for activity • Equipment and facilities not maintained adequately • Occupational hazards • Negligence • Misbehaviour • Accident • Sudden illness • Exceptional circumstances	• Event Venue Safety Checklist • Observe maximum occupancy standards • Work Health & Safety Policy • Staff Training
14	**Major Events (over 200 guests)** •	Negligence causing Risks 1 & 2	See Risks 1 & 2	• Not following correct procedures for Events • Stalls unattended • Not supervised • Not trained for activity • Occupational hazards • Negligence • Misbehaviour • Accident • Sudden illness • Exceptional circumstances	• Event Venue Safety Checklist • Policy re: minimum safe staff numbers • Standard safety instructions for hirers site users • Hire of reputable company for stage erection • Re-schedule program • Work Health & Safety Policy • Staff Training
15	•			•	•

Specific Group Risk Register

Ref	Activity/Asset/ Stakeholder	Risk Event (What will happen?)	Consequences (What is the result?)	How will risk occur (Any particular circumstances?)	Current control for that risk (What prevents this happening?)
	LOW RISK				
21	**General Group Administration**	• Clients not satisfied • Volunteers not satisfied • Funding Body(s) not satisfied • No Funding • No Venue • Not enough staff • Bad Press	• Unable to perform core activities and/or administration • Loss of Clients • Loss of Volunteers • Los of Funding • Los of Revenue • Loss of Confidence • Loss of Reputation	• Not following correct procedures for General Group Activities • Not supervised • Not trained for activity • Occupational hazards • Negligence • Misbehaviour • Accident • Sudden illness • Exceptional circumstances	• Identify and meet legislative, regulatory and contractual requirements • Benchmark Industry Standards • Work Health & Safety Policy • Staff Training List of alternative venues • Communicate early when issues arising (refer to Schedule for Communication)
22	**Environmental Awareness**	• Not conforming with Government restrictions on water, power etc • Failing to meet industry standards or recommendations for environmental awareness	• Unable to perform core activities and/or administration • Loss of Clients • Loss of Volunteers • Los of Funding • Loss of Revenue • Loss of Confidence • Loss of Reputation	• Not following correct procedures for environmental awareness • Not supervised • Not trained for activity • Occupational hazards • Negligence • Misbehaviour • Accident • Sudden illness • Exceptional circumstances	• Observe regulatory requirements • Work Health & Safety Policy • Staff Training • Benchmark Industry Standards
	MODERATE to HIGH RISK				

Ref	Activity/Asset/ Stakeholder	Risk Event (What will happen?)	Consequences (What is the result?)	How will risk occur (Any particular circumstances?)	Current control for that risk (What prevents this happening?)
23	Provide clinical services, clinical recall and follow up	• Patient error causing injury or nil effect • Clinician error causing injury or nil effect • Client lost to follow up	• Unplanned pregnancy, STI transmission, or undiagnosed, undetected and undetected illness/disease • Potential negligence claim/litigation • Loss of Clients • Loss of Revenue • Loss of Confidence • Loss of Reputation	• Failure to observe and adhere to patient counselling/advice or follow up • Failure to follow clinical guidelines • Statistical rates of contraceptive failure, inaccurate test results etc • Client does not respond to contact for follow up (e.g. treatment or referral) • Exceptional circumstances	• Staff recruitment • Staff CPD and registration • Staff Training • Incident/event review and changes to practice/procedure • Monitor current developments in clinical practice and adapt as relevant • Procedures/standard for client follow up •
24	Infection Control	• Staff error or equipment failure causing injury and transmission of infectious virus/bacteria • Use of dirty equipment and instruments • Inappropriate disposal of sharps or hazardous waste	• Patient or employee is exposed to infection diseases • Potential negligence claim/litigation • Loss of staff and volunteers • Loss of Clients • Loss of Revenue • Loss of Confidence • Loss of Reputation	• Failure to observe procedures for disposal and storage of hazardous waste • Failure to follow procedures for preparing and sterilising equipment • Failure of equipment to effectively sterilise instruments •	• Infection control procedures • Staff qualifications and training • Annual equipment maintenance review and certification • Use of disposal equipment where possible

Ref	Activity/Asset/ Stakeholder	Risk Event (What will happen?)	Consequences (What is the result?)	How will risk occur (Any particular circumstances?)	Current control for that risk (What prevents this happening?)
25	Record Keeping	• Failure to keep appropriate clinical and student records • Records are not kept to the required standard • Records are lost through inappropriate or early destruction	• Important information about clinical history may not be available • Student records not maintained or available when required • Non-compliance with legislative/regulatory requirements leads to loss of accreditation • Loss of Confidence • Loss of Reputation • Loss of Clients • Loss of Revenue • Potential for claim or litigation or regulatory authority investigation	• Staff failure to understand and meet legislative and regulatory requirements • Major event destroys records in archive • Electronic storage system fails	• Meet requirements of Health Records (Privacy & Access) Act 1997 for keeping, client access, storing and destroying medical records • Meet requirements for RTO registration for student records • Management periodic random review of case notes and student records to monitor compliance • Archive files until appripraite destruction date is reached • Records keeping Policy • Staff Training • Management oversight of key steps in processing records (esp destruction) • Regular backups of electronic records
26	Confidentiality & Privacy	• Personal and confidential information about service users is inappropriately disclosed	• Service User experiences harm, disadvantage or embarrassment • Potential negligence claim/litigation • Loss of Confidence • Loss of Reputation • Loss of Clients • Loss of Revenue • Potential for claim or litigation or regulatory authority investigation	• Failure to store records securely • Disclosure of identifying information about a service user that is overheard by others or members of the public, esp if known to them •	• Observe requirements of the Human Rights Act 2004 • Observe requirements of Health Records (Privacy & Access) Act 1997 • Client confidentiality and privacy policy and procedures • Observe requirements of Children & Young People's Act re sensitive information • Procedures for release of records, incl under subpoena • Staff Induction • Staff Training
27		•	•	•	•
28		•	•	•	•
29		•	•	•	•

Ref	Activity/Asset/ Stakeholder	Risk Event (What will happen?)	Consequences (What is the result?)	How will risk occur (Any particular circumstances?)	Current control for that risk (What prevents this happening?)
30		•	•	•	•

Risk Treatment Schedule and Plan

Risk Level	Risk #	Activity	Risk Event	Current Controls	After Control Impact	After Control Likelihood	Accept (Y/N)	Contingency	Person Responsible
L	1	**Any Public Contact**	miscellaneous accident – **major** injury	See Risk Register	Moderate	Rare	Y	• Contingency plan #2 • Contingency plan #14	CEO Supervisor Emergency manager
L	2	**Any Public Contact**	miscellaneous accident – **minor** injury	See Risk Register	Insignificant	Unlikely	Y	• Contingency plan #1	Supervisor
L	3	**General Outdoor Activities**	Activities causing Risks 1 or 2	See Risk Register	Moderate	Rare	Y	• Contingency plan #1 • Contingency plan #2	Supervisor
L	4	**General Indoor**	Activities causing Risks 1 or 2	See Risk Register	Moderate	Rare	Y	• Contingency plan #1 • Contingency plan #2 • Contingency plan #6	Supervisor
L	5	**Office Activities**	Staff negligence and or sickness causing Risks 1 or 2	See Risk Register	Moderate	Rare	Y	• Contingency plan #1 • Contingency plan #2 • Contingency plan #6	Supervisor
L	6	**Equipment**	Equipment damaged or misused causing Risks 1 or 2	See Risk Register	Moderate	Rare	Y	• Contingency plan #1 • Contingency plan #2 • Contingency plan #5 • Contingency plan #8	Supervisor
L	7	**Staff of Service**	Staff absenteeism, injury or sickness causing Risks 1 or 2	See Risk Register	Moderate	Rare	Y	• Contingency plan #1 • Contingency plan #2 • Contingency plan #7 • Contingency plan #9	Supervisor
L	8	**Community Transport Services**	Sickness to Clients causing Risks 1 or 2	See Risk Register	Moderate	Rare	Y	• Contingency plan #1 • Contingency plan #2 • Contingency plan #3	Supervisor

Risk Level	Risk #	Activity	Risk Event	Current Controls	After Control		Accept (Y/N)	Contingency	Person Responsible
					Impact	Likelihood			
L	9	**Food Preparation / Distribution**	Sickness to Clients causing Risks 1 or 2	See Risk Register	Moderate	Rare	Y	• Contingency plan #1 • Contingency plan #2 • Contingency plan #3	Supervisor
L	10	**Sporting Activities**	See Risks 1 & 2	See Risk Register	Moderate	Rare	Y	• Contingency plan #1 • Contingency plan #2	Supervisor
L	11	**Physical Assistance**	See Risks 1 & 2	See Risk Register	Moderate	Rare	Y	• Contingency plan #1 • Contingency plan #2	Supervisor
L	12	**Assisted Outings**	See Risks 1 & 2	See Risk Register	Moderate	Rare	Y	• Contingency plan #1 • Contingency plan #2	Supervisor
L	13	**Social or Promotional events**	See Risks 1 & 2	See Risk Register	Moderate	Rare	Y	• Contingency plan #1 • Contingency plan #2	Supervisor
L	14	**Major Events**	See Risks 1 & 2	See Risk Register	Moderate	Rare	Y	• Contingency plan #1 • Contingency plan #2 • Contingency plan #3	Supervisor
L	15	**Theatrical / Stage Events**	See Risks 1 & 2	See Risk Register	Moderate	Rare	Y	• Contingency plan #1 • Contingency plan #2	Supervisor
L	16	**Child Care / Child Minding**	See Risks 1 & 2	See Risk Register	Moderate	Rare	Y	• Contingency plan #1 • Contingency plan #2	Supervisor
L	17	**Emergency Services**	See Risks 1 & 2	See Risk Register	Moderate	Rare	Y	• Contingency plan #1 • Contingency plan #2	Supervisor
L	18	**High Risk Equipment**	See Risks 1 & 2	See Risk Register	Moderate	Rare	Y	• Contingency plan #1 • Contingency plan #2	Supervisor
L	19	**Respite Care**	See Risks 1 & 2	See Risk Register	Moderate	Rare	Y	• Contingency plan #1 • Contingency plan #2	Supervisor

Risk Level	Risk #	Activity	Risk Event	Current Controls	After Control		Accept (Y/N)	Contingency	Person Responsible
					Impact	Likelihood			
L	21	**General Group Administration**	• Clients not satisfied • Volunteers not satisfied • Funding Body(s) not satisfied • No Funding • No Venue • Not enough Volunteers • Bad Press	See Risk Register	Moderate	Rare	Y	• Contingency plan #7 • Contingency plan #9 • Contingency plan #11 • Contingency plan #13	CEO
L	22	**Environmental Awareness**	• Not conforming with Government restrictions on water, power etc • Failing to meet industry standards or recommendations for environmental awareness	See Risk Register	Moderate	Rare	Y	• Contingency plan #7 • Contingency plan #13 • Contingency plan #15	Supervisor

Miscellaneous accident – Minor Injury

Steps to take for a minor injury. Got the first aid kit ready?

CONTINGENCY PLAN 1	
Risk	*Miscellaneous accident - minor injury*
Recommended response and impact	Secure the scene, raise the alarm, ask for assistance Provide first aid if so qualified, follow training and procedures for administering first aid Provide medical or nursing care if so qualified.
Other proposed actions	Identify most senior staff member on site and observe Work Health & Safety Policy requirements for incident management Identify if the incident qualifies as a notifiable incident
Resource requirements	First Aid Officer, staff trained to provide first aid, first aid kit
Responsibilities	All staff
Timing	Immediately
Reporting and monitoring required	Document and communicate event/details via incident report form at earliest opportunity, within 24 hours. Report to Work Safety Commissioner if notifiable incident.
Prepared by:	Executive Director
Date:	2008
Reviewed by:	Executive Director
Date:	2012

APPENDIX A

TABLE OF RISK MANAGEMENT RESPONSIBLITIES

Entity or person	Overview and Key Responsibilities	Key references
Council	Council is the governing body elected each year by the membership of the Association. Legislation and case law impose important obligations on members of the governing body to ensure SHFPACT's affairs and activities are well managed, achieve the organisation's Purpose and Ends, and achieve compliance with legislative and regulatory requirements. Council is responsible for setting strategic directions, maintaining awareness of changes in the operating environment of the organisation, monitoring and protecting the financial health of the organisation, monitoring compliance with its policies and relevant legal/regulatory and contractual requirements, and assessing the performance of the organisation & Executive Director. In effectively managing risk, the Council collectively and Council members individually are responsible and accountable for: 1. Understanding the operating context and environment of the organisation 2. Understanding and discharging their legal, legislative and regulatory responsibilities as governors and Officers of the organisation 3. Setting and reviewing Strategic Directions 4. Developing and implementing Governance Policies and procedures 5. Endorsing and monitoring from the governance perspective: • Work Health & Safety Policy and procedures • Risk Management Framework and Policy • Organisational compliance with Purpose and Ends • Other policy with governance implications 6. Attending to and ensuring the protection of the organisation's assets, reputation and key stakeholder relationships	• Associations Incorporations Act 1991 • Constitution of Sexual Health and Family Planning ACT Inc • SHFPACT Governance Policy • Case law pertaining to fiduciary duties • Work Health & Safety Act 2011 • Employment laws & enterprise agreement • SHFPACT Strategic Plan • SHFPACT Work Health & Safety Policy • SHFPACT Risk Management Framework

Entity or person	Overview and Key Responsibilities	Key references

Executive Director	The Executive Director is the chief executive officer of the organisation, and the sole employee of the Council. The Executive Director is charged with achieving the Purpose & Ends set by Council ('ends'), within 'means' of Executive Limitations and other performance criteria established by Council, and otherwise at the discretion of the Executive Director based on any reasonable interpretation of these Council policies.
	
	In Council policy, the 'Executive Director' effectively means both the person and the operational organisation. All other employees are retained and released in the process of achieving Ends within acceptable Means.
	
	The position of Executive Director carries ultimate responsibility for and accountability to the Council for the activities and performance of the organisation. This responsibility may be limited in specific circumstances where professional judgements cannot be exercised by the person in that role, where internal or external professional advice or reference must be sought and considered (e.g. judgment regarding the appropriateness of treatment decisions for a non-medically trained Executive)
	
	In effectively managing risk, the Executive Director is responsible and accountable for:
	1. Understanding the operating context and environment of the organisation;
	2. Understanding and discharging her/his legal, legislative and regulatory responsibilities as an Officer of the organisation;
	3. Complying with Governance Policy regarding Ends, Means and communication with the Council, including providing sufficient information from the operations of the organisation for the Council to make informed decisions
	4. Coordinating implementation of Strategic Plan and Business Plans
	5. Facilitating the work of the Council and the management team in the organisation in ensuring effective risk management processes are established, implemented, monitored and reviewed.
	6. Coordinating the implementation/monitoring and periodic review of:
	   • Work Health & Safety Policy and procedures
	   • Risk Management Framework and Policy
	   • Organisational compliance with Purpose and Ends
	   • Organisational compliance with requirements of contract/SFA, and other agreements with funders/donors/sponsors, contractors/suppliers, and other stakeholder relationships
		• SHFPACT Governance Policy
		• Constitution of Sexual Health and Family Planning ACT Inc
		• SHFPACT Enterprise Agreement & employment laws
		• SHFPACT HR policy and procedures
		• Work Health & Safety Act 2011
		• SHFPACT Work Health & Safety Policy
		• SHFPACT Strategic Plan & Action Plans
		• SHFPACT Risk Management Framework
		• Unit/Program Business Plans
		• Service Funding Agreements and contracts with governments and other funders
		• Funder/Donor/sponsor requirements and relationships
		• SHFPACT operational procedures and guidelines
		• Requirements of other risk owners, e.g. insurers, contractors/suppliers,

Entity or person	Overview and Key Responsibilities	Key references

Managers & Senior Program Staff	The Executive Director and Managers exercise 'managerial responsibility' for an area or areas of the organisation's activity. *[Refer to SHFPACT Enterprise Agreement 2011-2013, p7 for a definition of 'managerial responsibility']* Exercising managerial responsibility involves making regular judgements about risks, responding to incidents and events, and engaging proactively with risk in the context of their job role and the organisation overall.
	
	Senior professional staff and Program Coordinators may also exercise limited managerial responsibilities linked to their professional and leadership development. Senior professional staff and Program Coordinators are expected to use advanced skills and knowledge within their professional domain in the course of their duties, and to demonstrate a growing capacity for engaging with risk in the context of their work responsibilities.
	
	In effectively managing risk, Managers/Senior Staff are responsible and accountable for:
	1. Understanding the operating context and environment of the organisation;
	2. Understanding and discharging her/his legal, legislative and regulatory responsibilities as an Officer and employee of the organisation, and compliance with any relevant codes of conduct and ethics associated with professional registration;
	3. Ensuring the implementation/monitoring and periodic review, within their scope of authority, accountability, and professional capacity, of:
	  • Work Health & Safety Policy and procedures
	  • Risk Management Framework and Policy
	  • Organisational compliance with Purpose and Ends
	  • Organisational compliance with requirements of contract/SFA, and other agreements with funders/donors/sponsors, contractors/suppliers, and other stakeholder relationships
	
	4. Staff work planning and supervision arrangements relevant to their professional needs to ensure timely achievement of the above;
	5. Effective documentation of risks, events/incidents, and risk treatments consistent with the principles outlined in this Policy.
		• SHFPACT Strategic Plan & Action Plans
		• SHFPACT Risk Management Framework
		• SHFPACT Enterprise Agreement & employment laws
		• SHFPACT HR policies and procedures
		• Work Health & Safety Act 2011, WHS Regulations 2011
		• SHFPACT Work Health & Safety Policy
		• Unit/Program Business Plans
		• Service Funding Agreements and contracts with governments and other funders, especially quality standards and activity/reporting requirements
		• Funder/Donor/sponsor requirements and relationships
		• SHFPACT operational procedures and guidelines
		• Relevant professional standards, codes of ethics, and codes of conduct
		• Requirements of professional registration
		• Requirements of other risk owners, e.g. insurers, contractors/suppliers,
		• Contracts, Service Level Agreements, and Contractor Agreements between SHFPACT and suppliers/contractors

Entity or person	Overview and Key Responsibilities	Key references
Employees	SHFPACT employs a multidisciplinary team. Risk management responsibilities and actions may vary significantly between different groups of employees according to their professional status and seniority within the organisation. All employees are expected to exercise their professional judgement in relation to identifying and managing risks. For professional registered employees, this will also account for external standards of ethics & conduct, as well as SHFPACT Policy & procedures. Owing to the particular medico-legal risks associated with medical practice, Medical Officers exercise a high level of independent judgment and discretion with regard to treatment decisions of patients within the overall Clinical Guidelines of the organisation, and maintain independent medical indemnity cover. Other employees' liability, and SHFPACT's own vicarious liability, for medical negligence and other professional indemnity is covered by SHFPACT's insurance policies. Employees are required to act within and respond to potential claims against the organisation in accordance with the requirements of insurers. In effectively managing risk, Employees are responsible and accountable for: 1. Understanding the operating context and environment of the organisation; 2. Understanding and discharging her/his legal, legislative and regulatory responsibilities as an employee of the organisation, and compliance with any relevant codes of conduct and ethics associated with professional registration; 3. Ensuring the implementation, within their scope of authority, accountability, and professional capacity, of: • Work Health & Safety Policy and procedures • Risk Management Framework and Policy • Work tasks and activities, and understanding their relationships to SHFPACT's Purpose and Ends • Compliance in work tasks and activities with requirements of contract/SFA, and other agreements with funders/donors/sponsors, contractors/suppliers, and other stakeholder relationships 4. Developing collaboratively with managers/supervisors an achievable work plan (where relevant), professional development review and planning, and participation supervision and professional development activities relevant to their professional needs to ensure timely achievement of the above; 5. Effective documentation of risks, events/incidents, and risk treatments consistent with the principles outlined in this Policy and the procedures of the organisation	• SHFPACT Strategic Plan & Action Plans • SHFPACT Risk Management Framework • SHFPACT Enterprise Agreement & employment laws • SHFPACT HR policies and procedures • Work Health & Safety Act 2011, WHS Regulations 2011 • SHFPACT Work Health & Safety Policy • Unit/Program Business Plans • Service Funding Agreements and contracts with governments and other funders, especially quality standards and activity/reporting requirements • Funder/Donor/sponsor requirements and relationships • SHFPACT operational procedures and guidelines • Relevant professional standards, codes of ethics, and codes of conduct • Requirements of professional registration SHFPACT operational procedures and guidelines • Requirements of other risk owners, e.g. insurers, contractors/suppliers, •

Entity or person	Overview and Key Responsibilities	Key references
Contractors & Suppliers	Contractors and suppliers have specific obligations similar to employees/workers under Work Health & Safety legislation and procedures. Contractors and suppliers must maintain appropriate insurance cover and demonstrate effective risk management action consistent with the principles and goals outlined in this Policy. SHFPACT employees have a responsibility to ensure that contractors/suppliers who do not meet these standards are not engaged by the organisation. [ref Procedure/checklist??]	• SHFPACT Work Health & Safety Policy and procedures • Contracts, Service Level Agreements, and Contractor Agreements with SHFPACT • SHFPACT Policy & procedures • Requirements of other risk owners, e.g. insurers, contractors, • Terms of Memoranda of Understanding, Letters of Agreement •
Volunteers & Student Placements	Volunteers and students on placement at SHFPACT, whether as participants in a course offered by SHFPACT, or as part of completing requirements for a course of study offered by another training/education institution, share many of the responsibilities and rights of workers in relation to Work Health & Safety Policy and procedures. In general, volunteers and students on placement will not work without direct supervision or without specific and narrow task instruction provided by SHFPACT employees. The scope of independent decision making is limited, and volunteers are expected to adhere to SHFPACT policy and procedures. Volunteers and students on placement can bring valuable external perspectives to the organisation in regard to risk management, as the level of what is unknown or uncertain is high, and the capacity of the organisation to provide effective, clear and comprehensive orientation/induction and expectations is tested. Risks identified by volunteers and students on placements should be reported and responded to in the same way as for employees.	• SHFPACT Work Health & Safety Policy and procedures • Relevant SHFPACT Policy & procedures • Goals and purpose of the placement, including insurance requirements and cover • Relevant professional standards, codes of ethics, and codes of conduct • Requirements of professional registration SHFPACT operational procedures and guidelines • SHFPACT Orientation/Induction Checklist
Service Users		•