

Corporate Risk Summary

1. Risk assessment matrix

The following table provides a Risk Rating once the Likelihood and Consequence are determined:

<div>Consequence</div> <div>Likelihood</div>		Insignificant	Minor	Moderate	Major	Catastrophic
		1	2	3	4	5
Very Likely Almost Certain	E	Moderate	High	High	Extreme	Extreme
Likely Strong Possibility	D	Moderate	Moderate	High	High	Extreme
Possible Once a Year	C	Low	Moderate	Moderate	High	Extreme
Unlikely Once in 3 years	B	Low	Moderate	Moderate	High	High
Highly Unlikely Rare	A	Low	Low	Moderate	Moderate	High

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	<i>Risk Description</i>	<i>Initial Risk Rating</i>	<i>Revised Consequence</i>	<i>Revised Likelihood</i>	<i>Revised Risk Rating</i>
1.	Serious breach of legislation (other than WH&S) ¹ duty of care, standards and agreements threatening operations.	High	4	C	Moderate
2.	Serious WHS injury	High	4	C	High
3.	Unfavourable financial impact due to changes in government policy, or changes to service provision arrangements.	Moderate	3	C	Moderate
4.	Inability to recruit and retain appropriately qualified staff.	High	3	B	Moderate
5.	A significant, unplanned, adverse event threatens the continued operations of the organisation.	Moderate	3	B	Moderate
6.	Cybersecurity threat results in data breach or operational disruption	Moderate	3	C	Moderate
7.	Inadequate business processes and systems to deliver services.	High	3	B	Moderate

¹ WH&S addressed in Risk Description No 2.

Ref: MT – Management Team

Relevant Docs: Risk Management Policy – D15/5720[v6] & EHA Risk Framework D13/629[v2]

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Corporate Strategic Risks – Documentation of Key Risks and Opportunities

Ref	Risk Description	Existing Control Measures	Risk Rating	Likelihood	Future Controls to be put in place	Revised Rating	Revised Rating	Responsible Person	Review Date / Review Frequency
1.	Serious breach of legislation, duty of care, standards and agreements threatening operations	<ul style="list-style-type: none"> Staff trained in key legislation where appropriate Clear reporting to Board on legislative requirements Delegations Register External Audit Charter Review Use of legal firms familiar with Local Government Operations. Professional Indemnity (PI) and Public liability (PL) Insurances in place and also built into all contracts. Business Plan contemplates the monitoring of compliance of statutory requirements identified in the Charter Required staff subject to DCSI employment screening checks National Police Checks for staff that are not subjected to DCSI employment screening checks. Enforcement Policy Completion of Enforcement Matrix to assist with decision of most appropriate enforcement strategy 	4	C					

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		<p>with consideration of the Enforcement Policy.</p> <ul style="list-style-type: none"> • Code of Conduct for Board Members and Staff • Application of the Food Business Risk Classification System • Policy Register including regular reviews • Regular meetings with staff regarding use of delegated authority. Maintain and distribute list of applicable legislation & legal obligations • All non-compliance and best practice recommendations resulting from Governance Review have been implemented • LGA Member Access – appropriate staff provided with individual login access • Distribution of LG Circulars is broadened to appropriate staff • Annual review of legislation changes. <ul style="list-style-type: none"> - Update training programs for staff. • Quarterly internal audits. • Emergency Response Plan - Internal review and corrective action. 							

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2.	Serious WHS injury.	Safety and Security <ul style="list-style-type: none"> Building Security Procedures in place including monitored security alarm and access tags which are audited Duress alarms at reception Worksafe Guardian – offsite duress monitoring system. Minimal cash on site at all times. Staff training and awareness including dealing with aggressive people and Fire Safety. Regular inspection audits undertaken of all equipment. Internal Audit process conducted every 3 years. WHS System reviewed in regard to legislative changes. Annual Capital budget to provide for capital replacements as needed. (building and equipment maintenance). WH&S 3 year plan. Participation in Emergency Management Planning Committee 	4	B	<ul style="list-style-type: none"> Response team to be developed to deal with aggressive situations in short timeframe. Development of 3 Step WHS Risk Assessment. All staff to be educated in the implementation of the tool. 			Compliance Officer Compliance Officer	June 2026 June 2026

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		<p>meetings for St Peters Town Hall Complex.</p> <ul style="list-style-type: none"> Emergency Management Plan. Updated WHS staff induction presentation. Ongoing Review and development of WH&S policies. Review of EHA WHS Procedures to align with industry standards. <p><i>Staff Health</i></p> <p>Health policy in place including:</p> <ul style="list-style-type: none"> All staff offered annual flu vaccinations At risk staff offered Hepatitis A & B and Diphtheria, Tetanus and Pertussis vaccinations as required Immunisation History of all staff requested, and vaccinations offered Inform staff to stay home if sick Participation in CHG Health Lifestyle Programs including Health Assessments and Skin Ergonomic Workstation Assessments Personal Protective Equipment 							

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		<ul style="list-style-type: none"> WHS on all Team Meeting Agendas First Aid Kits in office and all motor vehicles Safe Operating Procedures specific for each area Annual CPR training. <ul style="list-style-type: none"> Manual Handling Update WHS Training Register <p><i>Other</i></p> <ul style="list-style-type: none"> Risk Assessments undertaken for all function activities. Maintain and distribute list of applicable WHS legislation & legal obligations. 							
		•							
3.	Unfavourable financial impact due to changes in government policy or changes to service provision arrangements.	<ul style="list-style-type: none"> Regular financial reporting to the Board and Audit Committee Statutory Budget reviews undertaken Long Term Financial Plan (LTFP) in place and reviewed annually Annual Capital budget to provide for capital replacements as needed and for building and equipment maintenance 	3	C					

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		<ul style="list-style-type: none"> • External Audit conducted annually. • Grant funding opportunities monitored • Public image/Reputation maintained through: <ul style="list-style-type: none"> ○ Internet Web site. Revision of information material ○ Promotion of services at Constituent Councils • Quarterly meeting with Constituent Council Contacts to maintain communication and provide updates. Minutes taken and distributed. • Ongoing exploration of new/expanded income opportunities (subject to Charter compliance). • Participation on Committees for Networking and education including: <ul style="list-style-type: none"> ○ Eastern Hoarding and Squalor Regional Public Health Planning Committee ○ Immunisation Providers Network ○ Immunisation Administration Network ○ Environmental Health Managers Forum including sub-committees 							

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		<ul style="list-style-type: none"> Environmental Health Australia state conference committee LGA/SIP Providers Strategic Working Group Annual Food Auditors Forum LGA/SIP Providers Strategic Working Group Continue to identify appropriate networking opportunities 							
4.	Inability to recruit and retain appropriately qualified staff.	<ul style="list-style-type: none"> Appropriate Staff recruitment process Appropriate Staff induction process. Use of SEEK.COM for ongoing recruitment Comply with Awards and annual Award wage increases Professional development opportunities provided including study Create team work ethos/innovative culture Establish an intranet for internal communication Code of Conduct and Employee Handbook established 	3	C					

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		<ul style="list-style-type: none"> General Staff Meetings held bi-monthly – Agenda item 'Successes and Achievements' Individual Performance Development process including identification of training needs Staff Social Club functions Annual Review of Job Descriptions Continue to engage with tertiary providers of EHOs Use of skilled agency staff for Immunisation roles Staff engagement survey offered to all staff Development of Employer branding Exit interviews will be offered to employees where appropriate to gather feedback and support continuous improvement Appropriate planning undertaken to ensure continuity of leadership during any CEO absence. 							

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5.	A significant, unplanned, adverse event threatens operations of the organisation.	<ul style="list-style-type: none"> • Business Continuity Plan (BCP) • Public Health Functional Emergency Management Plan (currently under review) • St Peters Town Hall Complex Facility Emergency Management Plan (EMP) • Monitored fire alarm in place • Building evacuation and situation drills • Preventative Maintenance Plans in place for building and equipment and regular inspections • Appropriate building, asset and business insurance in place • Key staff have mobile phones • Call diversion facility with Optus for business phones • Business Interruption Insurance Limits Review conducted • Independent review of risk environment conducted 	3	C	<ul style="list-style-type: none"> • Review BCP Note: Revised BCP provided by LGRS. • Test of BCP to be undertaken. 	3	C	CEO Compliance Officer	June 2026 June 2026

Ref	Risk Description	Existing Control Measures	Risk Rating	Likelihood	Future Controls to be put in place	Revised Rating	Revised Rating	Responsible Person	Review Date / Review Frequency
6.	Cybersecurity threat results in data breach or operational disruption	<ul style="list-style-type: none"> Cloud based CIT environment including Disaster Recovery Module IT back-up tapes off site and offsite storage of records Active monitoring of CIT environment by Comunet Fraud/Cyber Awareness Training Cyber Risk Assessment Action Plan – All High risk resolved and moderate risks in process of being resolved. Small number of low risks outstanding CIT Disaster Recovery Plan in final stage of development LGRS cyber risk review 	3	C	<ul style="list-style-type: none"> Cyber Risk Action Plan 	3	C	CEO	June 2026

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7.	Inadequate business processes and systems to deliver services.	<ul style="list-style-type: none"> • Policy Manual • Internal Controls Register to manage risks. eg. fraud • Standard Operating Procedures • Induction program to ensure all staff trained in correct use of organisational systems, Policies and Standard Operating Procedures. • Individual Performance Management Plan for all staff • Use of LGCS purchasing arrangements • Legal advice available when needed • Corporate Risk Summary • External Financial Audit undertaken • Service Agreement in place for maintenance of CIT systems • Gap analysis undertaken on all policies and procedures • New lease negotiated 2025 – 2035 with addition 10 year option 	3	B					

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