

Corporate Risk Summary

	Risk Description	Initial Risk Rating	Revised Consequence	Revised Likelihood	Revised Risk Rating
1.	Serious breach of legislation (other than WH&S) ¹ duty of care, standards and agreements threatening operations.	HIGH	4	A	MODERATE
2.	WH&S system fails to prevent serious WHS injury	HIGH	4	C	HIGH
3.	Business Plan objectives not appropriate or not achieved.	MODERATE	3	C	MODERATE
4.	Unfavourable financial impact due to changes in government policy, or changes to service provision arrangements.	MODERATE	3	C	MODERATE
5.	Inability to recruit and retain appropriately qualified staff.	HIGH	3	C	HIGH
6	A significant, unplanned, adverse event threatens the continued operations of the organisation.	MODERATE	3	B	MODERATE
7.	Inadequate business processes and systems to deliver services.	HIGH	3	B	MODERATE

Risk Assessment

¹ WH&S addressed in Risk Description No 2.

Ref: MT – Management Team

Relevant Docs: Risk and Opportunity Management Policy – D15/5720[v4] & EHA Risk and Opportunity Framework D15/629[v2]

D13/630[v8]

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Corporate Strategic Risks – Documentation of Key Risks and Opportunities

Date Updated: 18 August 2021

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
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. 	4	A	MODERATE							

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		<ul style="list-style-type: none"> 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 with consideration of the Enforcement Policy. 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. Date Completed: 22/08/2019. 										

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Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> LGA Member Access – appropriate staff provided with individual login access. Date completed: 30/11/2020. Distribution of LG Circulars is broadened to appropriate staff. Service Review Completed and copy of report provided to BoM and Audit Committee. 										
2.	WH&S system fails to prevent serious WHS injury.	<p><i>Safety and Security</i></p> <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. 	5	B	HIGH	<ul style="list-style-type: none"> Ongoing Review and development of WH&S policies. Response team to be developed to deal with aggressive situations in short timeframe. Review of EH WHS Procedures to align with industry standards. 	4	C	HIGH	1	MT	Ongoing
										2	MT	June 2022
										1	NC	June 2022

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> 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 meetings for St Peters Town Hall Complex. Emergency Management Plan. Working Remotely policy and checklist. Operational COVID-19 Safe Plan. Updated WHS staff induction presentation. 				<ul style="list-style-type: none"> Development of 3 Step WHS Risk Assessment. All staff to be educated in the implementation of the tool. 				2	MT	June 2022

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<p><i>Staff Health</i> 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. 										

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<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. ○ 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.	Business Plan objectives not appropriate or not achieved.	<ul style="list-style-type: none"> ● Annual Business Plan in place. ● Annual Business Plan supported by appropriate Budget. ● Annual review of Annual Business Plan undertaken 	3	C	MODERATE	Review and implement service review recommendations as agreed with the BoM and Constituent Councils.	3	C	MODERATE	1	CEO	June 2022

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> including requests for input from Constituent Councils. Annual Report detailing activities and achievements. Annual evaluation of EHA's performance against the performance measures contained within the Business Plan Organisational structure provides effective leadership. Benchmarking/Comparison Report developed and presented to the Board of Management. Quarterly meeting with Constituent Council Contacts to maintain communication and provide updates. Minutes taken and distributed. Service Review finalised. 										
4.	Unfavourable financial impact due to changes in government	<ul style="list-style-type: none"> Report to Board and Constituent Councils on financial and operational impact 	3	C	MODERATE	<ul style="list-style-type: none"> Continue to identify opportunities for other board membership and 	3	C	MODERATE	1	MT	Ongoing

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	policy or changes to service provision arrangements.	<p>of changes to government policy.</p> <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. 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. 				participation on other committees for networking.						

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		<ul style="list-style-type: none"> • 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. ○ Environmental Health Australia state conference committee. 										

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		<ul style="list-style-type: none"> ○ LGA/SIP Providers Strategic Working Group ○ Annual Food Auditors Forum ○ LGA/SIP Providers Strategic Working Group ○ COVID-19 LGRS operational Briefings 										
5.	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. 	4	C	HIGH	<ul style="list-style-type: none"> • Conduct formal exit interviews. • Succession Plan for CEO in place. 	3	C	MODERATE	1	NC	Dec 2021
										2	CEO	June 2022

Ref	Risk Description	Current Controls in place	Consequence	Likelihood	Rating	Future Controls to be put in place	Consequence	Likelihood	Revised Rating	Priority	Resp	Timeframe
		<ul style="list-style-type: none"> Establish an intranet for internal communication. Code of Conduct and other staff policies in place. 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. 										
6.	A significant, unplanned, adverse event threatens operations of	<ul style="list-style-type: none"> Business Continuity Plan (BCP). Public Health Functional Emergency Management Plan (currently under review). 	3	B	MODERATE	<ul style="list-style-type: none"> Review BCP Note: Revised BCP provided by LGRS. Revised document currently being reviewed to align 	3	C	MODERATE	1	MT	June 2022

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	the organisation.	<ul style="list-style-type: none"> St Peters Town Hall Complex Facility Emergency Management Plan (EMP). Monitored fire alarm in place. Building evacuation and situation drills. Cloud based CIT environment including Disaster Recovery Module. IT back-up tapes off site and offsite storage of records. 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. Active monitoring of CIT environment by Comunet. Fraud/Cyber Awareness Training Cyber Risk Assessment Action Plan – All High risk resolved 				<ul style="list-style-type: none"> with COVID-19 implications. Test of the BCP to be undertaken affecting whole organisation (COVID 19). Review of Functional Emergency Management Plan (currently under review). CIT Disaster Recovery Plan in final stage of development. 				3	MT	Dec 2020
										4	MT	June 2021
										2	CEO	Dec 2020
										2	CEO	Dec 2020

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		<p>and moderate risks in process of being resolved. Small number of low risks outstanding.</p> <ul style="list-style-type: none"> • Business Interruption Insurance Limits Review conducted. • Independent review of risk environment conducted. 										

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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. • EHA High Performance Framework and 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 	4	C	HIGH	<ul style="list-style-type: none"> • Service Improvement Review for all programs, services, activities. • <i>(rescheduled to 2020/2021)</i>Efficiency and Effectiveness Review. • <i>(rescheduled to 2020/2021)</i>Explore the implementation of the Lean principles to identify areas of improvement and efficiencies. 	3	B	MODERATE	1	CEO	June 2021
										2	MT	June 2021
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