

FIRST NATIONS
ADVOCATES AGAINST
FAMILY VIOLENCE

Risk Management Plan

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Risk Management Plan

Aim

To ensure that risk identification, assessment and prevention is incorporated into the management processes of the First Nations Advocates Against Family Violence (“FNAAFV”).

Responsible Officers

Chief Executive Officer CEO – primary officer for the Risk Management Plan.

Context

Risk management is the systematic management of activities that involve a material degree of risk of loss or other damage to the Service. Risk is defined as the exposure to occurrences that will have an impact on the organisation’s overall objectives. Whilst every necessary assessment and action is taken, it is not possible to have a totally risk-free environment.

Implementation of an integrated and rigorous approach to risk management will:

- (a) Increase the chances of avoiding costly and unacceptable outcomes, particularly those arising from unexpected events;
- (b) Provides a better understanding of FNAAFV issues and functions and supports continuous improvement in FNAAFV’s operations;
- (c) Allows the Board of Directors to better contribute to the development of policies;
- (d) Provides a reporting framework to assist with meeting corporate governance requirements;
- (e) Allows for more structured and accountable business planning and management of operations.

All managers and staff have a responsibility to ensure that risk is minimised. More specifically, this involves the following key functions:

- (a) **Chief Executive Officer (CEO).** The CEO has the overall responsibility to oversee the implementation, monitoring and reviewing of the Risk Management Plan to ensure the Compliance Register and FNAAFV’s internal systems deal with risk management issues. The CEO is responsible for appropriate escalation to the Risk Management Committee / Board of Directors of possible risk exposure and/or high-risk events.
- (b) **All Employees.** FNAAFV employees have a duty of care to advise the CEO of risks and to assist with developing processes to manage them.



Risk Assessment Tool

Risk arises out of uncertainty and has two elements:

- (a) The frequency/ likelihood of something happening; and
- (b) The severity/ impact of the consequence arising from the event.

Frequency/Likelihood of Something Happening

RARE	<i>May occur in exceptional circumstances, simple process, no previous incidence of non-compliance;</i>
UNLIKELY	<i>Could occur at some time, non-complex process, less than 25% chance of occurring;</i>
POSSIBLE	<i>Might occur at some time, previous non-compliance, complex process, 20-50% chance of occurring;</i>
LIKELY	<i>Will probably occur in most circumstances, complex process, 50-75% chance of occurring;</i>
ALMOST CERTAIN	<i>Expected to occur in most circumstances, impacting factors outside control of organisation, 75%+ chance of occurring</i>

Severity/Impact of the Consequence

INSIGNIFICANT	<i>Risk is unsubstantiated</i>
MINOR	<i>Risk with low impact</i>
MODERATE	<i>Substantiated item of risk</i>
MAJOR	<i>High impact</i>
EXTREME	<i>Significant reputation damage; impacts on the ability to achieve strategic objectives</i>

By taking these two elements into consideration, an overall measure of risk can be determined, as illustrated in the following table:

LIKELIHOOD	CONSEQUENCE				
	Insignificant	Minor	Moderate	Major	Extreme
Almost Certain	High	High	High	Extreme	Extreme
Likely	Medium	Medium	High	High	Extreme
Possible	Medium	Medium	High	High	High
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

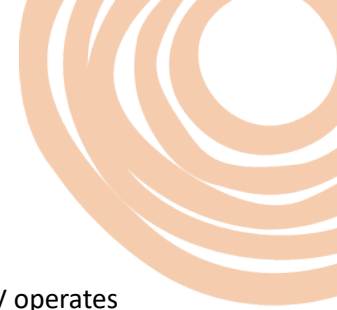


The overall level of risk is then managed by utilising the following broad principles:

Low Risk (L)	Managed by routine activities
Medium Risk (M)	Management responsibility should be specified, checks and balances in place
High Risk (H)	Senior management notified, extensive checks and balances in place
Extreme Risk (E)	Immediate action required, extensive checks and balances in place, however may be unable to control as impacting factors outside of the organisation

Key Objectives

- (a) Risk management is overseen at the Board level, and the Board of Directors have a clear understanding of their responsibilities related to risk management.
- (b) All FNAAFV staff have a clear understanding of the risk management process at FNAAFV and participate in identifying, reporting and managing risk.
- (c) The risk management plan is reviewed regularly and updated to respond to changes in FNAAFV's risk profile.
- (d) The FNAAFV Risk Management Plan is made available to external reviewers as required in order to comply with funding requirements.



Activity Plan: Governance

FNAAFV is governed by a Board of Directors made up of members from within the local Aboriginal and Torres Strait Islander community. FNAAFV operates within a challenging service environment and has developed a wide range of systems and policies to ensure effective governance. These systems cover a wide range of areas including risk management, human resource management, legislative compliance, financial management, funding body relationships, community/partner/other stakeholder relationships and service planning/delivery/monitoring.

Aim	Strategies	Measures
1.1 Board members possess a level of competency consistent with the requirements of governing an Aboriginal Community Controlled service and have a good understanding of Board functions and policies.	a) To ensure that the skills and experiences of the Board are documented in the Company HR files.	100% of Board members skills and experiences are recorded on the Company Director HR files to meet required competency standards.
	b) All Board members complete an induction program on election to the Board which includes an outline of statutory and funding obligations including obligations under the ASIC	100% of current Board members have completed an induction program which is documented in Board HR files.
	c) All Board member have access to training required to understand and comply with governance requirements e.g. Governance training	100% of current Board members have completed governance training.
	d) The role and responsibilities of Board members is clearly documented.	Role outline of the Board is reviewed in the Corporate Governance Policy and Corporate Governance Charter.
	e) Self-assessment	Skills matrix meets set criteria in Corporate Governance Charter
1.2 Organisational planning is conducted as part of a regular cycle and aims to address key member issues and opportunities that address local community needs.	a) A 5-year strategic plan is in place for the current planning period	Strategic plan endorsed by Board and covers current planning period
	b) The strategic plan has had input from the Board and members and is endorsed by the Board of Directors.	1. Evidence of Board and community input. 2. Strategic plan endorsed by Board of Directors.
	c) Implementation/Activity Plans are developed annually and reviewed regularly.	Annual Implementation/Activity Plans are in place for 100% program areas, and endorsed by Board by April each year
	d) FNAAFV's mission, vision and values are clearly defined, and reviewed as part of the strategic planning process	Mission, vision and values are reviewed



Aim	Strategies	Measures
1.3 FNAAFV holds an Annual General Meeting (AGM) and completes all required AGM business items.	a) An AGM is held within 18 months of incorporation then annually thereafter, elections accepted by members, audited financial statements presented, regulatory body informed of change in Directors	AGM has been held within required timeframe and the minutes reflect that the standard AGM business has been addressed
	b) Elections of vacant Board positions is undertaken, and elections are accepted by members.	It is preferred - 100% of vacant Board positions are filled, within 3 months of vacancy (no less than 3 at any given time)
	c) Audited financial statements are presented to members at the AGM	Financial statements endorsed by members
	d) All required regulatory requirements related to the AGM are met including notification of members, nomination and election of Directors, notification to regulatory body of change in Directors	100% of AGM regulatory requirements are met
	e) Auditor is appointed annually	Auditor appointed at each AGM
1.4 FNAAFV has systems in place for effective internal reporting to line managers and the Board of Directors	a) All Position Descriptions identify the position to which each employee reports.	100% of PD's identify reporting responsibilities as detailed on the org chart
	b) The Organisation Chart is up-to-date and clearly identifies reporting pathways.	The Org Chart is up to date and accurate
	c) Implementation/ Activity Plans contain Progress and Reporting Links to documents.	100% of Implementation/Activity Plans strategies identify progress
1.5 FNAAFV regularly reviews organisational performance at a management and Board level.	a) Board and if in place, Sub-Committee meeting minutes contain evidence that a range of internal reports have been considered	Board and Sub-Committee minutes contain evidence of tabling reports on a range of areas including OHS, HR, Finance, Complaints and Feedback, Stakeholder management, Operational progress report against service/strategic plans, funding requirements, and general executive periodic reports.
	b) Board meets with CEO regularly, CEO meets with staff regularly as a team and individually.	All actions stemming from regular meeting between Board, CEO and Staff will be documented.
	c) A range of internal audits (e.g., policy reviews) undertaken and documented. Areas for improvement are identified and reports tabled at relevant meetings.	Evidence of internal audit reports tabled at relevant meetings within last 12 months (target – financial audit, OHS audit).
1.6 Fraud and corruption prevention measures are in place and conflicts of interest	a) Clear definitions of what constitutes a conflict of interest are documented in Corporate Governance P&Ps and discussed at Board induction.	Policy exists, and induction program contains information provided to Board related to conflict of interest.



Aim	Strategies	Measures
are openly managed and clearly documented.	b) A standing item for declaring conflicts of interest is contained on the Board agenda for each meeting	Item appears on 100% of Board meeting minutes
	c) A conflict-of-interest register is kept outlining situations where a conflict of interest exists, and actions taken to ensure impartial decisions are made	Conflict of interest register maintained and is up to date
	d) Antifraud and corruption policies are outlined in staff and Board induction programs and include avenues for external reporting or suspected fraud	1. Anti-fraud and corruption policies are in place 2. Evidence of coverage in Board and staff induction
1.7 There is clear separation of roles between the Board / CEO / FNAAFV staff, and delegations are clearly documented.	a) Corporate Governance Charter Position descriptions, organisational charts and Activity Plans clearly outline role requirements and relationships	Organisational documents contain outlines of role requirements and relationships.
	b) A Delegations Register is maintained outlining a wide range of delegations including financial, governance, operational, and human resource management.	Delegations register in place and outlines all key delegation areas
1.8 HR systems are in place which ensure merit-based selection, identification and support of training needs and reviews of performance.	a) Qualifications and competencies are clearly outlined for each position and HR policies support merit-based selection for advertised positions	1. 100% of staff have current PD's 2. 100% of PD's outline qualifications and competencies required 3. Selection documentation for positions demonstrates merit-based selection
	b) Training needs of staff are identified, and a training plan developed and reviewed	100% of identified training needs are incorporated into the training plan
	c) Performance appraisals are undertaken for the CEO and all staff and includes review of the training plan	100% of staff have had a performance review in the last 12 months
1.9 Systems for safety and quality are in place at FNAAFV, ensuring a safe working environment and high-quality care.	a) Continual improvement systems are in place including quality policies, a quality register and process for responding to suggestions for improvement	100% of documents and systems listed are in place and up to date
	b) Safety systems are in place at FNAAFV including a designated OHS officer, workplace audits and fire and emergency procedures	100% of documents and systems listed are in place and up to date
	c) A process is in place for ensuring that staff maintain all required registrations, credentials, and licensing (including working with children blue card if necessary) and this is documented through internal audits	Internal audits of staff registration credentialing and licensing indicates 100% of staff comply
	d) Incident documentation and management systems are in place at FNAAFV and registers	Policies and procedures relating to incidents are maintained



Aim	Strategies	Measures
	e) Staff are aware of expected behaviours and standards for practice relating to code of conduct, privacy/confidentiality, bullying/harassment and smoking/other drugs	Policies and procedures exist for all areas listed and are available to staff. Evidence of staff reading and acknowledging
1.10 FNAAFV understands and complies with all legal and funding agreement requirements including incorporation requirements under ASIC	a) All new funding agreements are tabled at Board meetings and reviewed	100% of funding agreements have been tabled at Board meetings
	b) All funding program requirements are met within required timeframes, including submission of financial statements and reporting on key indicators e.g., multi-year funding agreement	100% of funding program requirements are documented on an agreed system and are performed by required timeframes
	c) All legal requirements for operation of the organisation are adhered to, and systems include an outline of Board responsibilities, and a register of all legislative, regulatory and other mandatory requirements which is regularly reviewed and updated	Legislative compliance register has been reviewed 12 monthly and compliance requirements actioned
	d) Obligations under ASIC are adhered to including maintaining an accurate register of members, keeping contact officer details up to date, and lodging annual reporting requirements with ASIC	1. Members register is up to date 2. Contact officer details are current with ASIC 3. Annual ASIC reporting requirements lodged in accordance with contract
1.11 FNAAFV actively manages internal and external risks and has systems in place to ensure continuity of service provision.	a) A Risk Management Plan, Succession Plan are maintained and regularly updated	Risk, succession and service continuity documents have been updated in the previous 12 months
	b) Risk management policies are in place and provide for ongoing consideration of risk at program, planning and strategic levels	Evidence of consideration of risk in program and strategic planning documents
1.12 FNAAFV ensures the safe and effective management of finances.	a) Financial information is tabled at quarterly Board meetings	Evidence of financial information being tabled and discussed at all Board meetings
	b) An audit of all financial obligations is conducted annually, covering obligations related to Workcover, Superannuation, BAS and Employee entitlements	Internal financial audit has been conducted within last 12 months and required follow up performed.
	c) An annual external audit of financial statements is conducted, the audit report and management letter reviewed by the Board, and actions addressed	1. External audit conducted by a Registered Company Auditor 2. Audit report and management letter tabled at Board meeting 3. Issues identified by external audit addressed



Aim	Strategies	Measures
	d) An appropriate range of insurance policies are held to protect FNAAFV's assets, including Professional Indemnity and Public Liability insurance, building and vehicle insurance and director's insurance	100% of listed policies are held and are current.
1.13 FNAAFV maintains four overarching policies with relevant comprehensive for all functions.	a) Policies and procedures for all key functions are available on SharePoint and are accessible to staff, reviewed annually, and include document control and archiving	100% of documents and systems listed are in place and up to date
1.14 FNAAFV has systems in place to ensure the effective management of equipment and infrastructure.	a) An asset register is maintained and updated with all purchases and disposals of assets	Asset register in place and up to date
	b) A critical equipment register is maintained on Share Point under Governance listing all required maintenance tasks	100% of required maintenance tasks for critical equipment have been listed on Share Point and completed.
1.15 FNAAFV ensures a strong level of community engagement, deals with complaints and actively seeks feedback and suggestions for improvements.	a) Processes to support effective member engagement are in place, and member input is sought as part of strategic and service planning	Evidence of member engagement in strategic and service planning
	b) The FNAAFV Board is open to receive suggestions for improvement.	Evidence of suggestions for improvement being received and considered by the Board in minutes
	c) A complaint management procedure is in place and documented, including a register of complaints received and actions taken	100% of complaints are documented on register along with actions taken
1.16 FNAAFV works with external stakeholders and service providers at the service planning, delivery and review phases to ensure a coordinated approach to service delivery.	a) FNAAFV builds networks with other service providers and attends network meetings	Evidence of networks according to outcomes identified and actioned
	b) External organisations are provided with the opportunity to given feedback and input.	Evidence of feedback according to issues and outcomes identified, and actioned
1.17 Risk management is overseen at the Board level, and the Board of Directors have a clear understanding of their responsibilities related to risk management.	a) All Board members receive an overview of risk management responsibilities and priorities as part of the induction process.	100% of Board members receive risk management information as part of the induction process.
	b) Risk management functions of the Board of Directors are clearly documented and available to Board members.	100% of current Board members have received documented information about risk management functions.



Aim	Strategies	Measures
	c) The Board meets regularly to ensure appropriate systems are in place to identify, monitor, manage, review and reduce risks.	On meeting agenda of the Board Meeting with documented annual review in the minutes.
1.18 The risk management plan and relevant registers are reviewed regularly and updated to respond to changes in FNAAFV's risk profile.	a) The Risk Management Plan, compliance register and FNAAFV's internal systems are regularly monitored and updated by the FNAAFV CEO.	Risk Management Plan and Compliance Register have been reviewed within specified review period.
	b) The CEO escalates relevant risk management issues to the Board of Directors as required.	Board of Directors meetings indicate that risk management issues have been raised by the CEO.
1.19 All FNAAFV staff have a clear understanding of the risk management process at FNAAFV and participate in identifying, reporting and managing risk.	a) Staff orientation processes provide an overview of risk management systems and requirements for each staff member.	Staff orientation resources and checklists indicate that risk management is covered all new staff.
	b) Risk management policies are in place and provide for ongoing consideration of risk at program, planning and strategic levels.	Evidence of consideration of risk in program and strategic planning documents.
1.20 FNAAFV's Risk Management Plan is made available to external reviewers as required in order to comply with funding requirements.	a) An up-to-date Risk Management Plan is maintained.	Internal risk assessment audits are scheduled and completed.