

ACTIVITY/OBJECTIVE/AREA TO BE ASSESSED:

(Step 1: Identify context, project outcome, business plan objective, branch mission etc
 Level of analysis: Strategic/Management/Operational
 Geographic segment: National/State/Region)

(Step 2a: Identify risks) Example		(Step 3a: Analyse risks)		
Could the objective be jeopardised by:	Description of Risk/Comments	Likelihood	Consequence	Combined Rating
Commercial and legal relationships , including with contractors and grantees.	• Failure to obtain VMO rights for GP's at Public Hospital	4	2	8
	• Expectations of service delivery exceed program capacity (e.g. requiring additional staff)	2	3	6
Economic or financial circumstances , of the program, Department or country, as appropriate.	• Non-delivery of program outcomes resulting in withdrawal of funding	1	5	5
	• Insufficient funding to achieve program objectives	1	4	4
Political circumstances , including changes to legislation or policy.	• Political circumstances cause withdrawal of support for the Rural Palliative Care Initiative	1	4	4
Behaviour of stakeholders , both internal and external.	• Lack of participation and support by Stakeholders	2	5	10
Management activities and controls , including internal and external performance monitoring.	• Inadequate reporting against objectives	1	5	5
	• Poor performance of coordinator	2	5	10
Technology and technical issues , both internal and external.	• Failure to implement telehealth	2	2	4
	• Failure to establish 24hour free-call system	2	4	8
	• Failure to implement electronic data collection and central data base	1	5	5
	• Stakeholder disagreement about who will hold data after program completed	1	3	3
Other possible risks , including natural events and fraud.	• Loss of key personnel (staff changes)	3	3	9
	• Occurrence of natural disaster that destroys records & equipment	2	5	10

Ratings for Likelihood and Consequence levels: 1 = Low
 2 = Low to Medium
 3 = Medium
 4 = Medium to High
 5 = High

NOTE: Risks with a combined rating of 8 or below are considered acceptable without further mitigation strategies.

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(Step 4: Prioritise risks)	(Step 5: Treat the risks)				
Priority Risks Identified	Existing Controls or Risk Mitigation Strategies	Controls or Risk Mitigation Strategies Required	Residual Risk (after controls/ mitigation strategies adopted)	Person Responsible for Managing Risk	Timeframe for monitoring
1. Lack of Participation by Stakeholders	<ul style="list-style-type: none"> Representative from each Stakeholder group on Steering Committee Existing MoU for collaboration between General Practice, Qld Health and Allied Health in the South Burnett 	<ul style="list-style-type: none"> Clear communication strategy for open dialogue Steering Committee to formulate strategies in relation to specific concerns 	L1, C5 = 5	Coordinator in conjunction with the steering committee	At commencement of program and as required
2. Poor performance of Coordinator	<ul style="list-style-type: none"> Division governance Contractual tasks Monthly reporting structure HR guidelines 	<ul style="list-style-type: none"> Development of operational supervision structure 	L1, C5 = 5	Division PDM & CEO	As required
3. Occurrence of natural disaster that destroys records & equipment	<ul style="list-style-type: none"> Copies of Program reports and correspondence held at Toowoomba office Kingaroy office protected by hospital fire and alarm systems Division Insurance Policy 	<ul style="list-style-type: none"> Equipment policy to include recommendations on physical security 	L2, C3 = 6	Coordinator and Program Officer	As required
4. Loss of key personnel	<ul style="list-style-type: none"> Comprehensive PD for coordinator role Reporting framework to capture program 'knowledge' Information shared between Coordinator and Program Officer 	<ul style="list-style-type: none"> 	L3, C2 = 6	Division PDM & CEO	As required

Step 6: Monitor and Review