Legislative Assembly for the Australian Capital Territory

Risk management policy and procedures

Owner	Date and source of approval	Version and OLARIS #	Description of changes	Next review due
Senior Director, Office of the Clerk	Dec 2022	V1	First version of the document (previously was the Office's Risk Management Framework)	Dec 2024
Senior Director, Office of the Clerk	February 2026, Clerk	V1.1	Updated titles, figures; removal of covid-19 text; addition of WHS risk template. Inclusion of language around PCBUs and 'officers' under the WHS Act.	2028

1 Message from the Clerk

While risk is a ubiquitous feature of our everyday lives, it is possible to limit the downsides and realise the benefits associated with risk by adopting a systematic approach.

As stewards of the democratic institution of parliament, the Office of the Legislative Assembly confronts an array of risks, many of which are different to those that exist in private industry or even in other parts of the public sector.

For the Office's purposes, risk is defined as:

> *The effect of uncertainty on the Office's capacity to effectively perform its statutory and parliamentary functions and to support the ACT Legislative Assembly, its committees and its members in fulfilling their democratic roles.*

This policy is given effect by the Clerk's Financial Instructions and draws on the international risk management standard AS/NZS ISO 31000:2018 and whole-of-governance guidance provided by the ACT Insurance Authority.

All staff in the Office have a role to play in managing risk and this policy sets out the processes, systems and tools to do so effectively. Staff will often have important insights about the risks associated with the services or programs that they deliver or the functions that they perform. What can go wrong? What would happen if it did go wrong? How can we stop it from going wrong or lessen the effects? It is important that the Office is able to draw on these insights in managing risk at the whole-of-organisation level.

As leaders and managers, branch heads and section heads have particular responsibilities for identifying, assessing, and treating the Office's risks. Whether in planning for, and delivering on, significant projects, making key decisions, or simply undertaking day-to-day functions and delivering services, risk management has the capacity to reduce uncertainty in the work we perform and to provide a sound basis for decision making.

Staff are able to discuss risk management issues—such as when a risk assessment might be required—with your relevant supervisor/branch head/section head in the first instance. The Senior Director, Office of the Clerk, is also available to provide guidance on undertaking assessments.

I ask that all staff read the policy and associated procedures and to familiarise themselves with the Office's requirements in this important area.

Tom Duncan
Clerk
Office of the Legislative Assembly

February 2026

2 Internal context

The organisation

2.1 The Office of the Legislative Assembly (the Office) is unique among agencies in the ACT public sector. Its sole remit is to support the operations of the legislative branch of government in the Territory and, accordingly, its governance arrangements and strategic outlook differ in key respects.

2.2 The Office has a comparatively small staff—approximately 60 (as at 30 June 2025) and receives recurrent annual appropriation of approximately $25m (As at June 2025). Staff of the Office are employed under the *Public Sector Management Act 1996* but are not subject to the direction of government ministers or the ACT Executive.

2.3 While this policy does not apply to MLAs or their staff, it nonetheless contains guidance that may be useful to MLAs in effectively managing risks. Similarly, there are resources available through the ACT Insurance Authority that may be useful.

Functions of the Office

2.4 The Office's goals and objectives are underpinned by its statutory function which is provided for in the *Legislative Assembly (Office of the Legislative Assembly) Act 2012* (the OLA Act).

2.5 Pursuant to s 6 of the OLA Act, it is the function of the Office to provide impartial advice and support to the Legislative Assembly, its committees and members of the Assembly, including by—

- providing advice on parliamentary practice and procedure and the functions of the Assembly and committees;
- reporting proceedings of the Assembly and meetings of committees;
- maintaining an official record of proceedings of the Assembly;
- providing library and information facilities and services for members;
- providing staff to enable the Assembly and committees to operate efficiently;
- providing business support functions, including administering the entitlements of members who are not part of the Executive;
- maintaining the Assembly precincts; and
- providing public education about the functions of the Assembly and committees.

2.6 Some of the Office's functions and services are provided exclusively to support non-executive members and their staff (for example, payroll and HR services), while others are provided to support both executive and non-executive MLAs and their staff (for example, provision of procedural advice and building security).

Structure

2.7 The Office is organised into the following three branches:

- The **Office of the Clerk** is headed by a senior director reporting to the Clerk and consists of governance, education and public affairs functions. The Clerk also has an Executive Officer within the Office of the Clerk responsible for the provision of a range of governance, advisory and support functions.
- The **Parliamentary Support Branch** is headed by the Deputy Clerk and Serjeant-at-Arms reporting to the Clerk and consists of chamber support: committee support; Hansard; and Assembly Library functions.
- The **Business Support Branch** is headed by an Executive Manager reporting to the Clerk and consists of finance; HR, payroll and entitlements; information and digital services; and security and facilities functions.

2.8 The Office's Executive Management Committee advises the Clerk in relation to a range of governance matters, including risk management, financial management, strategic direction, compliance, and policies and procedures. It is composed of:

- the Clerk;
- the Deputy Clerk and Serjeant-at-Arms;
- the Executive Manager;
- the Senior Director, Office of the Clerk
- the Senior Director, Committee Support; and
- the Chief Finance Officer.[1]

[1] The Clerk's Executive Officer is the Secretary of the EMC.

3 External context

Territory governance

3.1 Under the *Australian Capital Territory (Self-Government) Act 1988* (Cth), the Legislative Assembly is responsible for making laws for 'the peace, order and good government of the Territory'.

3.2 In addition to considering and passing laws, the Legislative Assembly also performs key democratic functions in relation to representing the views and aspirations of over 486,000 ACT residents (as at 2025)[2] and holding the ACT Executive and its public service to account.

Accountabilities

3.3 The Office is not accountable for its performance to the ACT Executive but to the Assembly as a whole through the Speaker. Through its annual report and briefings to the Speaker, the Office reports on its risk management arrangements.

3.4 The Office recognises that the ACT Insurance Authority (ACTIA) has a particular role in understanding the risk profile of the Territory as a whole and the Office will liaise with the Authority to ensure that any risk information that might have a bearing on the Territory's insurance arrangements, and ACTIA's larger risk management responsibilities, are properly considered.

3.5 The Office also provides the Auditor-General with all relevant risk assessments and planning documentation on an annual basis.

Institutional separation

3.6 In supporting the work of the Assembly, the Office operates in a complex environment with a range of institutional features which are not present in other public sector agencies. The doctrine of the separation of powers whereby the legislative branch is independent of the executive and judicial branches has special significance for the Office, which has to maintain—and be seen to maintain—its independence, particularly in its interactions with executive government.

Intersections with other parts of government

3.7 There are a number of areas of risk which, if left unmanaged by the Office, have the potential to produce flow-on effects felt by other parts of Territory administration. There may be occasions where the risks confronting the Territory require examination and coordination across the ACT public sector, and the Office participates in these efforts as required.

[2] https://www.treasury.act.gov.au/__data/assets/pdf_file/0007/2911318/ACT-Population-Projections-2025-2065.pdf

3.8 Set out below are a number of other areas of public administration that intersect with the Office's functions and for which consideration needs to be given in the Office's risk management arrangements.

- ACT Health and the Public Sector Management Group in the Chief Minister Treasury and Economic Development Directorate (CMTEDD) to effectively manage relevant public health related risks.
- Parliamentary Counsel's Office in relation to timely legislative processing arrangements.
- ACTIA's whole-of-Territory risk management responsibilities (particularly in relation to insurance).
- Cultural Facilities Corporation's management of the Canberra Theatre (immediately adjacent to the Assembly) and precincts management issues that emerge periodically (the Office has also entered into alternative venue arrangements with the Corporation as part its business continuity planning).
- Elections ACT with respect to the roles performed by the Clerk and the Electoral Commissioner under the Self-Government Act and the *Electoral Act 1992.*
- Cabinet Office in relation to legislative processing and embargo arrangements.
- Government agencies responsible for the design, development and construction of a new ACT Government office building and potential impacts on the Office's management of Assembly precincts.
- ACT Policing in relation to interactions around physical security within the Assembly precincts (see the *Legislative Assembly Precincts Act 2001*) and members' physical security and the potential execution of search warrants within the precincts.
- The ACT Integrity Commission in relation to the exercise of its powers where parliamentary privilege may be engaged (see Assembly's continuing resolution 4A).
- Digital Canberra in relation to the provision of information and communications technology to the Assembly, including network and desktop infrastructure, internet access, business applications that are included as part of the whole-of-government standard operating environment, and associated ICT security and business continuity arrangements.
- Treasury in relation to funding arrangements for the Office of the Legislative Assembly.
- Territory Property Group in relation to the Office's rented premises in the North Building.
- The Speaker in the exercise of relevant statutory powers and functions in relation to Officers of the Legislative Assembly (currently the Auditor-General, the Ombudsman, Electoral Commissioners, and the Integrity Commissioner).

COVID-19

3.9 Since the start of the global COVID-19 pandemic, which began to emerge in early 2020 (in the Ninth Assembly), two overarching risks have confronted the Assembly:

1. **Risk of exposure/transmission of COVID** to occupants of the precincts (MLAs, staff/contractors, visitors, and others) and the associated downstream health and safety impacts of the pandemic more generally.
2. **Risk of disruption to the work of the Assembly**—i.e. sub-optimal performance of functions performed by the Assembly/committees/MLAs due to the wider social, economic, epidemiological, and legal effects associated with the pandemic.

3.10 From March 2020 onwards, a range of planning work was undertaken and considered by the Speaker, the Standing Committee on Administration and Procedure, the Assembly's Health and Safety Committee (HSC), and the Office to address these risks.

3.11 That planning proceeded on the basis[3] that all MLAs and the Clerk are 'persons conducting a business or undertaking' (PCBUs) under the *Work Health and Safety Act 2011* (WHS Act). Each having a primary duty to ensure a safe and healthy workplace and to assess, eliminate, and minimise relevant WHS risks.

4 Responsibilities and accountabilities

4.1 The Clerk has overall responsibility for the effective management of all risks related to the performance of the Office's statutory functions and those matters that arise under the relevant standing orders and continuing resolutions of the Assembly.[4]

4.2 **To a greater or lesser extent, each staff member of the Office is a 'risk manager', responsible for identifying, assessing and treating risks that arise as part of their day-to-day work.**

4.3 General risk management responsibilities arise in relation to:

- Workplace health and safety risks
- Significant projects or initiatives
- Managing compliance risks associated with relevant legislation, standing orders, policies, guidelines and standards
- Ensuring business continuity of relevant functions/operations
- Financial management
- Fraud and corruption
- Recruitment, contract management and procurement

4.4 In addition, section managers, branch managers and various internal committees of the Office have particular responsibilities and accountabilities in this area of governance. These are set out below.

[4] Section 10 of the OLA Act provides that the Clerk is responsible for the management of the Office.

Executive Management Committee (EMC)

4.5 The EMC's risk management responsibilities are set out as follows.

- Annually reviewing and approving the Office's strategic risk register (see paragraphs 4.6-4.9 below), including making decisions about risk tolerance/risk appetite (i.e. the extent to which the Office is prepared to accept a degree of risk, following treatment, in order to achieve its objectives).
- Managing risks that potentially have a significant impact on other elements of Territory governance for which the Office has a responsibility or an interest.
- Maintaining an informed and risk aware workforce.
- Making decisions about the Office's assurance arrangements, including measures that are adopted to facilitate:
  - periodic reporting, at all levels of the organisation, on the management of risk;
  - compliance with the law, applicable policy requirements, relevant standards, and Assembly standing orders and resolutions;
  - development of robust internal controls and financial management practices.

Strategic risk register

4.6 The Office maintains a strategic risk register containing a record of the high-level risks, internal controls and additional treatments associated with the Office's statutory functions and obligations. The register is reviewed at least annually.

4.7 Branch heads and section heads are responsible for working with the Senior Director, Office of the Clerk, to identify new risks, report back on implementation of treatments from the previous period, consider risk assessments and new treatments.

4.8 The EMC formally considers the draft risk register and will examine any assumptions contained within the analysis and will review the adequacy of existing controls and proposed treatments.

4.9 **The Senior Director, Office of the Clerk, is responsible for coordinating the annual review of the strategic risk register with the Clerk, Deputy Clerk, and Executive Manager, Business Support and its consideration by EMC.**

Branch heads

4.10 Branch heads typically 'own' the risks that arise in relation to the functions and services carried out by their respective branches. The Office's branch heads are:

- Deputy Clerk and Serjeant-at-Arms
- Executive Manager, Business Support
- Senior Director, Office of the Clerk

4.11 Ownership of a risk in a certain domain means being accountable to the Clerk for ensuring that the risk has been appropriately identified, assessed and treated and that the internal control environment is managed in such a way that the exposure to the risk remains within an acceptable tolerance. Branch heads are responsible for:

- ensuring that all consequential decisions and significant projects are adequately informed by risk analysis (and documenting that analysis);
- ensuring that section heads and staff under their direction appropriately identify, assess, treat and monitor risks associated with the services and functions for which they have carriage; and
- contributing to the development of the Office's strategic risk register and ensuring that agreed treatments are implemented within designated timeframes.

4.12 Each year, branch heads are required to provide written assurances to the Clerk that they have attended to their risk management responsibilities appropriately. Branch heads may seek their own assurances from section heads and other staff about the appropriate management of risks within their areas of responsibility.

4.13 **Appendix A summarises the specific functions and services that fall within each branch head's area of responsibility.**

Section heads

4.14 The Office's section heads are:

- Senior Director, Committee Support
- Chief Finance Officer
- Manager, Information and Digital Services
- Clerk Assistant
- Manager, HR and Entitlements
- Manager, Security and Building Services
- Editor of Debates
- Manager, Education and Engagement
- Assembly Librarian

4.15 **Under the direction of their respective branch heads, section heads are responsible for identifying, assessing, treating, and monitoring risks associated with the functions and services for which they have day-to-day carriage and for any specific risks or risk treatments allocated to them by the relevant branch head.**

4.16 Typically, this will occur through the annual review of the strategic risk register but, on occasion, the development of risk assessments and treatments will be required to address specific challenges. For instance, where there are key projects, initiatives or changes proposed to the way that services or functions are performed, section heads will need to prepare appropriate risk assessments.

4.17 **Appendix A summarises the specific functions and services that fall within each section head's area of responsibility.**

Staff of the Office

4.18 Under the direction of section heads, staff are responsible for understanding the basic principles of risk management and for applying these in their day-to-day work.

4.19 Where significant risks are identified, it is important that staff discuss these with their manager and, where applicable, assist in the development and implementation of treatments to bring a risk into an acceptable level of tolerance.

4.20 **Staff will often identify risks that others may not be aware and it is important that staff feel empowered to raise these risks with their supervisor, section head or branch head and to assist in developing treatments and monitoring controls.**

Audit and risk committee

4.21 The Office's audit and risk committee is responsible for providing an additional level of assurance to the Clerk that the organisation's risk management policy and associated arrangements are operating effectively.

4.22 The audit committee reviews the strategic risk register and this policy to ensure that they are fit-for-purpose.

4.23 The committee considers the Office's strategic risk register and associated treatment plans to help inform the development of its forward audit program. Where a given risk is heavily reliant on a properly functioning internal control environment to bring it within an acceptable range of tolerance, audit activity can be useful in validating the effectiveness of controls and helping to determine whether additional treatment might be required.

Health and Safety Committee

4.24 All MLAs and the Clerk are 'persons conducting a business or undertaking' (PCBUs) under the *Work Health and Safety Act 2011* (WHS Act). Each has a primary duty to ensure a safe and healthy workplace and to assess, eliminate, and minimise relevant WHS risks.[5] Under the WHS 'officers' (such as senior managers) must exercise due diligence to ensure that the person conducting the business or undertaking complies with that duty or obligation.

[5] Those in the Assembly with management responsibilities (such as OLA managers/supervisors and senior staff in members' offices) also have duties to effectively manage WHS risks. A useful summary of the relevant duties is available on the Safe Work Australia website.

4.25 One of the means by health and safety risks are managed in the Assembly workplace is through the Assembly's Health and Safety Committee (HSC). The HSC consists of staff and PCBU representatives from the Office, government, opposition and crossbenches, and a union representative. It is established pursuant to Div 5.4 of the *Work Health and Safety Act 2011* (WHS Act).

4.26 Under s 77 of the WHS Act, the functions of a health and safety committee are—

- to facilitate cooperation between the person conducting a business or undertaking and workers in instigating, developing and carrying out measures designed to ensure the workers' health and safety at work;
- to assist in developing standards, rules and procedures relating to health and safety that are to be followed or complied with at the workplace; and
- any other functions prescribed by regulation or agreed between the person conducting the business or undertaking and the committee.

4.27 Given the Assembly precincts are a shared workplace with a number of different PCBUs and others with duties under the WHS Act, the HSC has proven to be a critical means by which WHS risks have been managed.

Hierarchy of controls under the WHS Act

4.28 Under s 36 of the WHS Regulation, duty holders (including MLAs and the Clerk) must (if elimination of a WHS risk is not reasonably practicable) minimise risks by doing one or more of the following:

- substituting (wholly or partly) the hazard giving rise to the risk with something that gives rise to a lesser risk
- isolating the hazard from any person exposed to it
- implementing engineering controls.

4.29 If a risk then remains, the duty holder must minimise the remaining risk, so far as is reasonably practicable, by implementing administrative controls. If a risk then remains, the duty holder must minimise the remaining risk, so far as is reasonably practicable, by ensuring the provision and use of suitable personal protective equipment.

4.30 A template for assessing WHS risks is included as Appendix D.

WHS risk register

The WHS committee develops and maintains a standalone WHS risk register that includes risk analysis and treatments relevant to health and safety in the Assembly precincts and the working environment more generally.

The Manager, HR and Entitlements, (Secretary of the WHS Committee) is responsible for coordinating the maintenance of the register (including undertaking 'first pass' assessments) and arranging for its consideration by the HSC at least annually.

Protective Security

4.31 Protective security encompasses the full range of policies, procedures, internal controls, systems, human resources and physical measures that are directed towards protecting from external or internal threats:

- the physical safety of members, staff and visitors to the Assembly precincts
- Assembly infrastructure and assets
- the integrity and security of sensitive information held by the Assembly, its committees, members, and staff relating to the proceedings of the Assembly and the performance, by members, of their roles as elected representatives.

4.32 Physical security includes:

- **Security governance (GOVSEC)**—the overarching governance architecture that supports effective decision-making in relation to protective security threats and risks.
- **Personnel security (PERSEC)**—the measures that are adopted to ensure the suitability of staff who may be given access sensitive information or resources and to protect against 'insider threats'.
- **Information security (INFOSEC)**—the measures that are adopted to protect the integrity and security of sensitive information from unauthorised access, modification, loss or release.
- **Physical security (PHYSSEC)**—the measures that are adopted to prevent or mitigate threats or attacks against people, information and physical assets. A physical security program aims to deter, detect, delay, respond and recover from security threats.
- **Cyber security (CYBERSEC)**—the measures that are adopted to protect the Assembly's online systems and networks from attack.

Protective Security Committee (PSC)

4.33 The Assembly's PSC is chaired by the Manager, Security and Building Services includes the following members:

- Executive Manager, Business Support
- Senior Director, Office of the Clerk
- Manager, Information and Digital Services
- One staff member nominated by the Speaker
- One staff member nominated by the Chief Minister
- One staff member nominated by the Leader of the Opposition
- One staff member nominated by the ACT Greens
- One staff member nominated by Independents for Canberra

- One staff member nominated by Fiona Carrick Independents.

4.34 Early in the 11th Assembly, the PSC agreed to terms of reference which included setting out the responsibilities of the committee as follows:

- Sharing information, fostering a positive security culture and ensuring that there is a high level of situational awareness about protective security issues that arise in the Assembly precincts.
- Advising the Executive Management Committee of the Office of the Legislative Assembly (and through the Office, the Speaker) on protective security issues as they affect MLAs, their staff, and OLA staff.
- Playing a key role in creating a positive authorising environment for the development, resourcing, and implementation of effective protective security measures.
- Considering and reviewing the Office's protective security risk register and the implementation of associated treatments at least once each year.
- Advising the Office on cohesive and coordinated approaches to protective security within the Assembly precincts, including in relation to longer-term protective security goals and objectives (including compliance with any whole-of-public sector requirements relevant to the Assembly).

Protective security risk register

4.35 The PSC develops and maintains the Office's protective security risk register containing risk assessments and treatments in relation to the range of protective security matters concerning the Office.

4.36 **The Office's Manager, Security, Building Services and the Manager, Information and Digital Services are responsible for coordinating the maintenance of the protective security risk register (including undertaking 'first pass' assessments') and arranging for its consideration by the PSC at least annually.**

Business continuity

4.37 The Office's EMC, sitting as the Business Continuity Team (BCT), is responsible for the development and maintenance of the Assembly's business continuity program.

4.38 Business continuity risks associated with the Office's critical functions are identified, assessed and treated by section and branch heads and contemplated in the Office's strategic risk register, standalone risk assessments for particular projects undertaken by relevant branch or section heads, and the Office's business continuity program documentation.

4.39 Particular strategies and risk treatments for ensuring business continuity are also included in the Assembly's COVID Safe Plan. The Office conducted the third in a series of testing exercises (Exercise Bright Hawk 3) in August 2025 to assess the adequacy of the business continuity program. The Office's business continuity documentation was being updated in early 2026 to reflect the results of that exercise.

4.40 **The Senior Director, Office of the Clerk, is responsible for coordinating periodic reviews of the Office's business continuity program.**

Fraud and corruption

4.41 The Office has developed a fraud and corruption prevention framework along with a fraud and corruption risk register which outlines the Office's approach for dealing with the prevention, detection, investigation and prosecution of fraud and corruption.

4.42 The framework takes into account the statutory requirements and responsibility arising from the *Integrity Commission Act 2018*.

4.43 **The Senior Director, Office of the Clerk, and the Chief Finance Officer are responsible for the maintenance of the fraud and corruption risk register and its consideration by the Office's EMC at least once every two years.**

5 Assessing and treating risks

The risk management cycle

5.1 The Office has adopted a risk management cycle consistent with AS/NZS ISO 31000:2018 and the *ACT Government Risk Management Policy 2019.*

Figure 1: Risk management cycle

Documenting risk

5.2 As noted above, regular intervals for the risk assessment process have been established in relation to:

- Strategic risk register
- WHS risk register
- Protective security risk register
- Fraud and corruption risk register

5.3 However, risks may be assessed (that is, identified, analysed and evaluated) at any time.

5.4 While risks may become apparent during the normal course of business, risk assessment is particularly important where a new process or function is established or where there is a change in the operating conditions (for example, where there is a significant change in economic or public health environment (e.g. COVID); changes to legislation; or a major project commences).

5.5 Included at Appendix B is a template risk register (see Figure2), which can be used to document the risk assessment and treatment process. Other templates are also available from the ACTIA intranet site.

Figure 2: Risk register template

Appendix B: Basic risk assessment and treatment template

Instructions: This basic template is for use by staff, section and branch heads where appropriate. It can be used to develop a risk assessment and treatment plans for a particular project, to capture one-off risks that become apparent in the course of day-to-day activities or as part of more general planning efforts. Risks should be assessed with reference to the risk matrix (Attachment C) and, once completed, sent to the relevant supervisor who will verify and approve the assessments and any associated treatments that are proposed. Additional templates in an Excel format for a variety of purposes are available from ACTIA's intranet site.

1. The risk	2. Risk owner	3. Source / Hazard	4. Impact / Outcome	5. Risk controls which are currently in place	6. Risk Rating				7. Risk Treatment Owner	8. Risk treatment Actions to be taken, by whom, by when?	9. Risk rating with additional controls				10. Monitoring and review—status of risk treatment implementation
A description of the risk—what can happen?	Indicate the EMC member or internal management committee that is responsible for the overall management of the risk.	How can it happen? The drivers, contributors to, or source of the risk?	What will be the outcome of effect if what can happen does happen? This is assessed on the basis of the most likely form that the risk, if realised, will take.	Indicate the measures that currently exist to reduce either the likelihood or consequence of the risk (ensure that the controls are, in fact, in place – i.e. not just planned for or don't exist in practice).	Consequence	Likelihood of consequence	Inherent Risk Rating (Original)	Control Effectiveness Rating	Indicate the officer responsible for implementing/ managing any risk treatments that are to be applied	Indicate additional risk treatments (be specific). Indicate whether the treatment will: • reduce the likelihood of • reduce the consequence • share the risk • retain the risk • avoid the risk	Consequence	Likelihood of consequence	Residual Risk Rating	Control Effectiveness	Indicate the status of treatment implementation.
e.g. Risk of budget overrun in project 'x'	Senior Director, Office of the Clerk	e.g. Market volatility for goods, services Labour dispute Lack of fixed priced contract	e.g. Financial impact on the Office's bottom line ($<$20k) Reduction in the scope of the project Reputational damage	e.g. fixed price contract	3	3	Medium	Room for improvement	Manager, Education and Engagement	Reduced the likelihood and consequence— • Seek legal advice about appropriate contractual requirements to deliver a fixed price contract. • Draft contract with fixed price. Manager, Education and Engagement (due to be completed by June 2021)	2	1	Low	Adequate	Completed
e.g. Staff tripping, slipping or falling at work	WHS committee	Use of ladders without proper safety precautions Lack of working from heights policy (and associated controls) Messy work areas Use of mobile devices	Injury	Working from Heights policy Contractor protocols Safety harnesses for on-roof works Annual WHS hazard audits and following treatments	2	3	Medium	Adequate	Facilities Manager		3	2	Medium	Adequate	Completed

How to identify risks

5.6 A risk is simply a situation that, if it occurs, will impact on the objectives of the Office or the operations of the Assembly. The purpose of risk identification is to recognise and describe these situations.

5.7 Relevant and up-to-date information is important in identifying risks. In accordance with AS/NZS ISO 31000:2018, the Office's risk managers can use a range of techniques for identifying uncertainties that may affect one or more objectives. The following factors, and the relationship between these factors, should be considered:

- Tangible and intangible sources of risk
- Causes and events
- Threats and opportunities
- Vulnerabilities and capabilities
- Changes in the external and internal context
- Indicators of emerging risks
- The nature and value of assets and resources

- Consequences and their impact on objectives
- Limitations of knowledge and reliability of information
- Time-related factors
- Biases, assumptions and beliefs of those involved

5.8 In working through these considerations, once a risk is identified it is entered in the relevant risk register under column 1 headed 'The risk' as shown in Figure 2.

5.9 The 'owner' of the risk, usually a branch head or internal management committee of the Office (see paragraphs 4.10-4.11), is entered in column 2 as shown in Figure 2. The relevant branch head or internal management committee is responsible for validating assessments and approving any treatments.

Figure 2: Identifying 'the risk' and 'risk owner'

1. The risk	2. Risk owner	3. Source / Hazard	4. Impact / Consequence	5. Risk controls which are currently in place	6. Risk Rating		
A description of the risk—what can happen?	Indicate the EMC member or internal management committee that is responsible for the overall management of the risk.	How can it happen? The drivers, contributors to, or source of the risk?	What will be the outcome of effect if what can happen does happen? This is assessed on the basis of the most likely form that the risk, if realised, will take.	Indicate the measures that currently exist to reduce either the likelihood or consequence of the risk (ensure that the controls are, in fact, in place – i.e. not just planned for or don't exist in practice).	Consequence	Likelihood of consequence	Inherent Risk Rating (Original)
e.g. Risk of budget overrun in project 'x'	Senior Director, Office of the Clerk	e.g. Market volatility for goods, services time / materials contract Inadequate specification / statement of requirement Inadequate arrangements / poor methodology for quantity survey	e.g. Financial impact on the Office's bottom line ($<$20k) Need to find additional source of funding from another internal budget. Need to seek external funding through budget process. Reduction in the scope of the project Reputational damage	e.g. fixed price contract	3	3	Medium

How to analyse and evaluate risks

5.10 Once a risk has been identified, it is necessary to develop a better understanding of the nature of the risk and its characteristics by conducting a risk analysis.

5.11 Risk analysis involves a detailed consideration of uncertainties, risk sources, consequences, likelihood, events, scenarios, controls and their effectiveness. An event can have multiple causes and consequences and can affect multiple objectives.

5.12 Risk analysis can be undertaken with varying degrees of detail and complexity, depending on the purpose of the analysis, the availability and reliability of information, and the resources available. Analysis techniques can be qualitative, quantitative or a combination of these, depending on the circumstances and intended use.

5.13 As part of a risk analysis, the following factors are typically considered:

- The likelihood of events and consequences
- The nature and magnitude of consequences
- Complexity and connectivity
- Time-related factors and volatility
- The effectiveness of existing controls
- Sensitivity and confidence levels

5.14 Risk analysis may be influenced by divergent opinions, biases, idiosyncratic perceptions of risk and individual judgements. Additional influences are the quality of the information used, the assumptions and exclusions that are made, and limitations that might be associated with the techniques that are used to perform the analysis. It is important that risk managers are aware of such influences, that they are appropriately considered and documented and that they are communicated to decision makers within the Office.

Determining the sources of a risk

5.15 In analysing the risk, consideration should be given to the various factors that drive the risk.

5.16 That is, what are the contributors or sources of the risk? As an example, one of the sources of the risk of a budget overrun in a particular project might be the presence of a volatile market in a particular area of the economy, leading to a greater degree of uncertainty about prices associated with the project (e.g. construction costs).

5.17 Potential sources of risk are to be included by risk managers in column 3 of the relevant risk register as shown in Figure 3.

Figure 3: Source/s of the risk

2. Risk owner	3. Source / Hazard	4. Impact / Consequence	5. Risk controls which are currently in place	6. Risk Rating				7. Risk Treatment Owner
Indicate the EMC member or internal management committee that is responsible for the overall management of the risk.	How can it happen? The drivers, contributors to, or source of the risk?	What will be the outcome of effect if what can happen does happen? This is assessed on the basis of the most likely form that the risk, if realised, will take.	Indicate the measures that currently exist to reduce either the likelihood or consequence of the risk (ensure that the controls are, in fact, in place – i.e. not just planned for or don't exist in practice).	Consequence	Likelihood of consequence	Inherent Risk Rating (Original)	Control Effectiveness Rating	Indicate the officer responsible for implementing/ managing any risk treatments that are to be applied
Senior Director, Office of the Clerk	e.g. Market volatility for goods, services time / materials contract Inadequate specification / statement of requirement Inadequate arrangements / poor methodology for quantity survey	e.g. Financial impact on the Office's bottom line ($<$20k) Need to find additional source of funding from another internal budget. Need to seek external funding through budget process. Reduction in the scope of the project	e.g. fixed price contract	3	3	Medium	Room for improvement	Manager, Education and Engagement

Analysing impact / consequence

5.18 AS/NZS ISO 31000:2018 defines consequence as simply, 'the outcome of an event affecting objectives'. The standard also sets out that:

- an event can lead to a range of consequences
- a consequence can be certain or uncertain and can have positive or negative effects on objectives
- consequences can be expressed qualitatively or quantitatively
- initial consequence can escalate through 'knock-on' effects.

5.19 The first step in analysing consequence[6] is to consider what will happen if the situation described in the risk comes to pass. As an example, in considering the risk of a budget overrun for a particular project, the consequences might include:

- reduction in the scope of the project
- reputational damage
- various opportunity costs associated with the extra expenditure
- the emergence of a need to seek additional funding through the budget process or to reallocate funding from another internal budget.

5.20 As shown in Figure 4, the possible consequences or impacts of a given risk are included by the risk manager in column 4 of the risk register template.

Figure 4: Identify consequences / impacts

4. Impact / Consequence	5. Risk controls which are currently in place	6. Risk Rating				7. Risk Treatment Owner	8. Risk treatment Actions to be taken, by whom, by when?	9. Risk rating additional co	
What will be the outcome of effect if what can happen does happen? This is assessed on the basis of the most likely form that the risk, if realised, will take.	Indicate the measures that currently exist to reduce either the likelihood or consequence of the risk (ensure that the controls are, in fact, in place – i.e. not just planned for or don't exist in practice).	Consequence	Likelihood of consequence	Inherent Risk Rating (Original)	Control Effectiveness Rating	Indicate the officer responsible for implementing/ managing any risk treatments that are to be applied	Indicate additional risk treatments (be specific). Indicate whether the treatment will: • reduce the likelihood of • reduce the consequence • share the risk • retain the risk • avoid the risk	Consequence	Likelihood of consequence
e.g. financial impact on the Office's bottom line ($<$20k) Need to find additional source of funding from another internal budget. Need to seek external funding through budget process. Reduction in the scope of the project Reputational damage	e.g. fixed price contract	3	3	Medium	Room for improvement	Manager, Education and Engagement	Reduced the likelihood and consequence— • Seek legal advice about appropriate contractual requirements to deliver a fixed price contract. • Draft contract with fixed price. Manager, Education and Engagement (due to be completed by June 2021)	2	1
Injury	Working from Heights policy Contractor protocols	2	3			ger		3	2

[6] Consequence is always assessed first during the assessment process and is assessed on the basis of the most likely form that a particular risk will take should it occur (not on the basis of worst- or best-case scenario).

Assessing consequence

5.21 Once a risk manager has considered the possible consequences of a risk, they must then assess the combined effect of those impacts on the Office and/or the Assembly. Assessing consequence is a matter of situating the impacts of the risk on a continuum. In making a judgement a range of factors may come into play, including:

- the adequacy of internal controls
- the consideration of information provided by staff familiar with the potential impacts that a particular risk might have
- assessments about the criticality of particular functions
- analysis of the operating environment during the assessment period.

5.22 In determining the extent of the impact, it is useful to refer to the risk matrix used by the Office (see Appendix C), which sets out the following rating scale:

- 1—Insignificant impact
- 2—Minor impact
- 3—Moderate impact
- 4—Major impact
- 5—Catastrophic impact

5.23 The consequences of a risk may express themselves differently across different domains. The risk matrix used by the Office contemplates the following five domains upon which the impacts of a risk might be felt:

- Financial impacts
- Impacts on people
- Compliance/regulatory impacts
- Impacts on image and reputation
- Impacts on service delivery

5.24 A risk may have impacts across one or more domains. When assessing the consequence of a risk, the final rating should be determined on the basis of the totality of the impacts across all domains. In determining a consequence rating, it is often useful for a risk manager to discuss the various factors with their staff, their supervisor and others who have some stake in managing the underlying risk.

5.25 Once a consequence rating is settled upon, it is entered into column 6 of the risk register as shown at Figure 5.

Figure 5: Assessing impact / consequence

5. Risk controls which are currently in place	6. Risk Rating				7. Risk Treatment Owner	8. Risk treatment Actions to be taken, by whom, by when?	9. Risk rating with additional controls			
Indicate the measures that currently exist to reduce either the likelihood or consequence of the risk (ensure that the controls are, in fact, in place – i.e. not just planned for or don't exist in practice).	Consequence	Likelihood of consequence	Inherent Risk Rating (Original)	Control Effectiveness Rating	Indicate the officer responsible for implementing/ managing any risk treatments that are to be applied	Indicate additional risk treatments (be specific). Indicate whether the treatment will: • reduce the likelihood of • reduce the consequence • share the risk • retain the risk • avoid the risk	Consequence	Likelihood of consequence	Residual Risk Rating	Control Effectiveness
e.g. fixed price contract	3	3		ment	Engagement	Reduced the likelihood and consequence— • Seek legal advice about appropriate contractual requirements to deliver a fixed price contract.	2	1		

Assessing likelihood

5.26 Likelihood is defined in AS/NZS ISO 31000:2018 as 'the chance of something happening… whether defined, measured or determined objectively or subjectively, qualitatively or quantitatively, and described using general terms or mathematically (such as probability or a frequency over a given period of time)'.

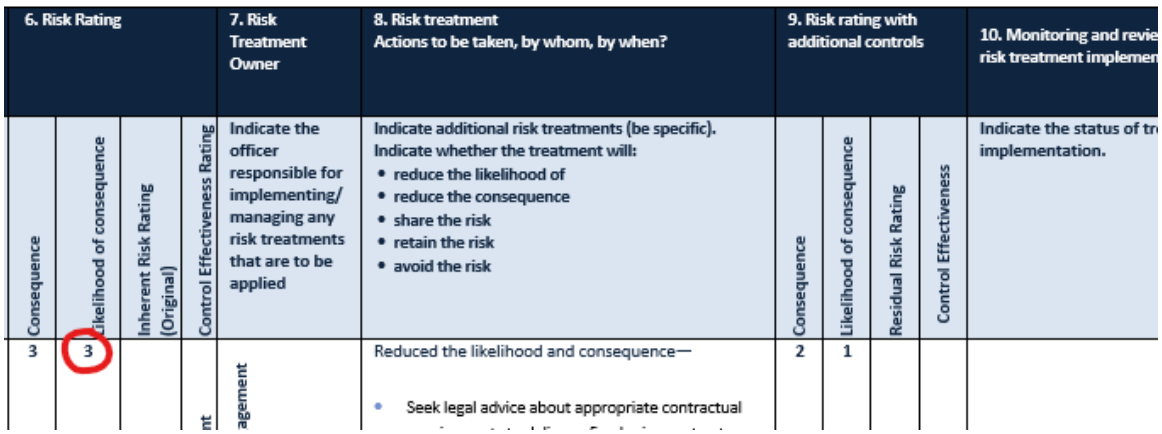
5.27 In assessing the likelihood of individual risks, the Office has adopted the following five-point rating scale (see Appendix C):

1) Rare (1 in 10,000-100,000)—May occur but only in exceptional circumstances
2) Unlikely (1 in 1,000-10,000)—Could occur but doubtful
3) Possible (1in 100-1,000)—Might occur at some time in the future
4) Likely (1 in 10-100)—Will probably occur
5) Almost certain (>1 in 10)—Is expected on most circumstances

5.28 Risk managers use the rating scale as the basis for situating an individual risk on this continuum. In making a judgement about where an individual risk event might sit, the assessment should consider the adequacy of internal controls and any external factors that might affect the probability of an event occurring.

5.29 Once a likelihood rating is settled upon, it is entered into the 'Likelihood of consequence' column as shown in Figure 6.

Figure 6: Assessing likelihood



6. Risk Rating				7. Risk Treatment Owner	8. Risk treatment Actions to be taken, by whom, by when?	9. Risk rating with additional controls				10. Monitoring and revie risk treatment implemen
Consequence	Likelihood of consequence	Inherent Risk Rating (Original)	Control Effectiveness Rating	Indicate the officer responsible for implementing/ managing any risk treatments that are to be applied	Indicate additional risk treatments (be specific). Indicate whether the treatment will: • reduce the likelihood of • reduce the consequence • share the risk • retain the risk • avoid the risk	Consequence	Likelihood of consequence	Residual Risk Rating	Control Effectiveness	Indicate the status of tr implementation.
3	3		nt	agement	Reduced the likelihood and consequence— • Seek legal advice about appropriate contractual	2	1			

Overall risk

5.30 Overall risk is a function of the particular likelihood and consequence ratings that have been ascribed to a risk during the assessment process. In accordance with the risk matrix set out at Figure 7, risks may be rated as being:

- Low
- Medium
- High
- Extreme.

Figure 7: Risk matrix

	Consequence				
Likelihood	**1 - Insignificant**	**2 - Minor**	**3 - Moderate**	**4 - Major**	**5 - Catastrophic**
5 - Almost certain	Medium	High	High	Extreme	Extreme
4 - Likely	Medium	Medium	High	High	Extreme
3 - Possible	Low	Medium	Medium	High	Extreme
2 - Unlikely	Low	Medium	Medium	High	High
1 - Rare	Low	Low	Medium	Medium	High

5.31 As can be seen, a risk that has been rated as being highly consequential (e.g. Major) as well as being highly probable (e.g. Almost certain) will result in an overall risk that is rated as being 'Extreme'. Conversely, a risk rated as being lower end of both the consequence and likelihood spectra will produce an overall risk rating that is either 'low' or 'medium'.

5.32 The overall risk rating of a given risk will determine how the Office sets about considering management responses, the priority for attention and additional treatments.

Assessing control effectiveness

5.33 Control effectiveness refers to the degree to which the existing controls are adequate to the task of bringing a given risk within a certain level of tolerance. Control effectiveness is rated as being:

- **Adequate**—the existing controls are operating in such a way that the Office is prepared to accept the risk without additional treatments (for instance, where the opportunity cost of additional treatments is not proportionate to the overall reduction in risk).
- **Room for improvement**—the existing controls are operating effectively but there are still additional acceptable treatments that could be implemented to further reduce the risk.
- **Inadequate**—the existing controls are not operating effectively to bring the risk to within an acceptable range of tolerance and new treatments are required.

5.34 Comparing the results of the risk analysis with the Office's appetite or tolerance for risk enables consideration as to where additional action might be required. This can lead to a decision to:

- Do nothing further
- Consider risk treatment options
- Undertake further analysis to better understand the risk
- Maintain existing controls
- Reconsider objectives

5.35 These decisions will hinge off the Office's appetite for risk in a given context. For example, where a critical system is being developed that affects the Office's capacity to deliver on its statutory functions, the Office may not have much appetite for the risk of degraded reliability in that system, even if assuming that risk might result in enhanced functionality. Conversely, where a project is directed towards a business re-engineering effort that is not mission-critical, there may be a greater tolerance for the risk of degraded reliability in the short-term as a trade-off in delivering improved services or innovating in a particular domain.

5.36 Determining the appetite for risk in a given context is typically the responsibility of the relevant branch manager/internal committee or the EMC and these judgements are brought to bear through the review of risk assessments/risk registers.

Risk treatment—actions to be taken

5.37 It is not the intention of risk management to reduce all risks at any cost.

5.38 Evaluation of potential treatments should take into consideration both the costs and the benefits of each option. Treatments should generally be proportionate, in terms of the time and the resources that are allocated, to the overall reduction in the likelihood and/or consequence aspects of a particular risk.

5.39 Selecting the most appropriate risk treatment option involves balancing the costs and efforts of implementation against the benefits derived, with regard to legal, regulatory, and other requirements such as social responsibility and the protection of the natural environment.

5.40 Risk treatment options might include:

- Avoiding the risk by deciding not to start or continue with the activity that gives rise to the risk
- Taking or increasing the risk in order to pursue an opportunity
- Removing the risk source
- Changing the likelihood
- Changing the consequences
- Sharing the risk (e.g. through contracting arrangements, buying insurance)
- Retaining the risk by informed decision

5.41 Where a risk is assessed as requiring further treatment to bring it within an acceptable range of tolerance, the risk manager will include details of the particular treatments in the column 8 of the template. The date by which the treatments are to be implemented and the officer responsible for implementing them (the 'treatment owner') must also be included. See Figure 8.

Figure 8: Risk treatment and treatment owner

7. Risk Treatment Owner	8. Risk treatment Actions to be taken, by whom, by when?	9. Risk rating with additional controls / treatments applied				10. Monitoring and review—status of risk treatment implementation
Indicate the officer responsible for implementing/ managing any risk treatments that are to be applied	Indicate additional risk treatments (be specific). Indicate whether the treatment will: • reduce the likelihood of • reduce the consequence • share the risk • retain the risk • avoid the risk	Consequence	Likelihood of consequence	Overall risk	Control Effectiveness	Indicate the status of treatment implementation.
Manager, Education and Engagement	Reduced the likelihood and consequence— • Seek legal advice about appropriate contractual requirements to deliver a fixed price contract. • Draft contract with fixed price. Manager, Education and Engagement (due to be completed by June 2021)	2	1	Low	Adequate	Completed

Monitoring and reviewing risks

5.42 It is important that there is accountability for the implementation of risk treatments.

5.43 Risk managers are to document progress towards the implementation of particular treatments in the 'Monitoring and review' column as shown at Figure 9.

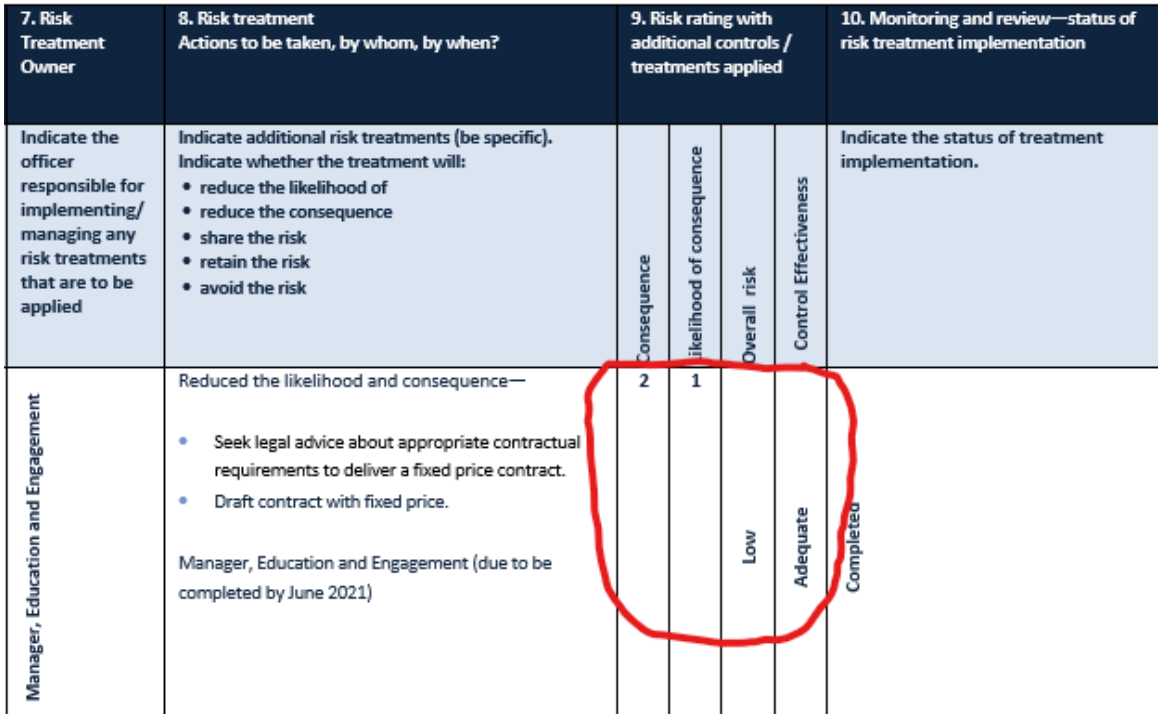
5.44 The frequency of updating risk treatment implementation will depend on the overall level of the risk being treated. For instance, a high level risk involving people's health and safety would be reviewed frequently (e.g. weekly or monthly) to ensure that sufficient progress is being made, whereas a lower level risk involving a non-critical business system or process might only be reviewed annually.

Figure 9: Monitoring and review

7. Risk Treatment Owner	8. Risk treatment Actions to be taken, by whom, by when?	9. Risk rating with additional controls / treatments applied				10. Monitoring and review—status of risk treatment implementation
Indicate the officer responsible for implementing/ managing any risk treatments that are to be applied	Indicate additional risk treatments (be specific). Indicate whether the treatment will: • reduce the likelihood of • reduce the consequence • share the risk • retain the risk • avoid the risk	Consequence	Likelihood of consequence	Overall risk	Control Effectiveness	Indicate the status of treatment implementation.
Manager, Education and Engagement	Reduced the likelihood and consequence— • Seek legal advice about appropriate contractual requirements to deliver a fixed price contract. • Draft contract with fixed price. Manager, Education and Engagement (due to be completed by June 2021)	2	1	Low	Adequate	Completed

5.45 Upon completion of a given treatment or treatments, an additional assessment is conducted to check whether or not the treatment has achieved the desired effects in managing the risk. See Figure 10.

Figure 10: Assessment following treatment



7. Risk Treatment Owner	8. Risk treatment Actions to be taken, by whom, by when?	9. Risk rating with additional controls / treatments applied				10. Monitoring and review—status of risk treatment implementation
Indicate the officer responsible for implementing/ managing any risk treatments that are to be applied	Indicate additional risk treatments (be specific). Indicate whether the treatment will: • reduce the likelihood of • reduce the consequence • share the risk • retain the risk • avoid the risk	Consequence	likelihood of consequence	Overall risk	Control Effectiveness	Indicate the status of treatment implementation.
Manager, Education and Engagement	Reduced the likelihood and consequence— • Seek legal advice about appropriate contractual requirements to deliver a fixed price contract. • Draft contract with fixed price. Manager, Education and Engagement (due to be completed by June 2021)	2	1	Low	Adequate	Completed

5.46 The EMC, section and branch heads will continuously monitor risks, the effectiveness of risk treatment plans contained within the Office's risk registers (including the effective operation of controls), and the risk management system more generally.

6 Communication and review

6.1 The framework is available to all staff via the Assembly's information and records management systems (OLARIS and the intranet) as well as being provided directly to all managers and staff by the Clerk. The Office will also provide advice and raise awareness around risk management issues from time to time.

6.2 Risk management is a standing agenda item of the EMC, providing senior managers with the opportunity to discuss particular risks as they emerge and for information to be conveyed as updates to the framework or risk identification and assessment processes are made.

6.3 The ACTIA conducts training and awareness sessions periodically on a range of risk management issues across the ACT public sector.

6.4 The Senior Director, Office of the Clerk, is available to meet with branch managers and section managers to work through strategies for implementing risk management arrangements in their areas of responsibility.

Policy review

6.5 This policy will be reviewed every three years with a view to ensuring that the processes and procedures are delivering effective outcomes and that the Office continuously improves and refines its risk management framework.

6.6 The policy was last reviewed in February 2026.

7 Insurance

7.1 The Office acknowledges that insurance is only one method of treating identified risks. Insurance cover does not take the place of risk management and does not cover all risks confronting the Office.

7.2 Nevertheless, it is an important part of the risk management from a whole-of-government perspective. Because most of the ACT Government's high-level insurable risk is transferred to reinsurers, there are stringent requirements that ACTIA is required to meet so that insurance policies adequately cover relevant risks.

7.3 The main requirements relate to disclosure of all relevant information to the reinsurers at the time of renewal of the cover, and adequate and timely reporting of incidents and claims. These are discussed further below.

Insurance premium and data requirements

7.4

7.5 The declaration asks for information regarding the Office's risks, activities and assets used for determining the annual premium as well as purchasing adequate reinsurance to cover Territory risk across the board.

7.6 Changes to the Office's functions, activities, assets or operating environment will be provided to the authority in a timely manner so that it can assess the risk profile of the agency and seek additional or specific coverage from reinsurers where necessary.

Claims and incident reporting

7.7 The Office will report any claims and incidents that could give rise to a claim to the authority as soon as possible. This enables prompt action to be taken towards settling any claim and to avoid additional loss or damage.

7.8 The following actions will be taken by the Office in the event that there is a claim against it or that an incident has occurred that might give rise to a claim:

- ACTIA will be notified
- Preservation of evidence
- Claim form documentation completed
- Supporting documentation and information provided to ACTIA
- Communication concerning the matter referred to the ACTIA.

Appendix A: Overview of responsibilities

Risk domain / Function	Risk owner	Responsible for contributing to risk identification, assessment and treatment
1. Health and safety risks within the Assembly precincts / workplace	• Assembly Health and Safety Committee • Clerk (PCBU) • Members (PCBU) • Senior members of staff of MLAs • OLA branch and section managers (in their respective branches/sections)	• Workplace Health and Safety Committee • Clerk • Members • Staff • Manager, HR and Entitlements (maintenance of the standalone WHS risk register)
2. Protective security risks	• Protective Security Committee • Executive Manager, Business Support	• Protective Security Committee • Manager, Information and Digital Services (Information Security) • Manager, Security and Building Services (Physical security risks)
3. Business continuity risks associated with particular functions	• Office's Business Continuity Team/EMC • Relevant branch heads regarding functions for which they are responsible	• Relevant section heads and staff responsible for day-to-day delivery of particular functions. • Senior Director, Office of the Clerk (coordinating business continuity program documentation)
4. Building and facilities risks	• Executive Manager, Business Support	• Manager, Security and Building Services
5. Risks in relation to legislative processing, production of procedures, papers, effective management of chamber proceedings	• Clerk and Deputy Clerk and Serjeant-at-arms	• Executive / Notice Paper Officer • Clerk Assistant • Minutes and Legislation Officer
6. Risks associated with the production of the official record of proceedings (minutes)	• Clerk and Deputy Clerk and Serjeant-at-arms	• Clerk Assistant • Minutes and Legislation Officer
7. Risks associated with the administration of, and advice to, Assembly committees.	• Deputy Clerk and Serjeant-at-Arms (currently, the Senior Director, Committees)	• Senior Director, Committee Support • Committee secretaries
8. Risks associated with the production of transcripts / Hansard	• Deputy Clerk and Serjeant-at-Arms	• Editor of Debates
9. Risks associated with provision of library services	• Deputy Clerk and Serjeant-at-Arms (temporarily Senior	• Assembly Librarian

Risk domain / Function	Risk owner	Responsible for contributing to risk identification, assessment and treatment
	Director, Office of the Clerk)	
10. Risks associated with: a. Human resources and working environment policy coordination b. Workplace safety policy and coordination c. Members entitlements d. Personnel security (PERSEC) e. Payroll	• Executive Manager, Business Support—enterprise	• Manager, HR and Entitlements
11. Risks associated with: a. Financial management b. Internal financial controls c. Insurance.	• Chief Finance Officer	• Chief Finance Officer
12. Risks associated fraud and corruption risks	• Senior Director, Office of the Clerk, and Chief Finance Officer • Branch and section heads in relation to the fraud and corruption risks that arise in relation to the performance of a particular function/service etc	• Senior Director, Office of the Clerk and Chief Finance Officer (maintenance of the standalone risk register)
13. Risks in relation to: a. ICT—policy, procurement, security (INFOSEC) b. Development of ICT business applications/systems c. Recording and broadcasting of proceedings d. Records and information management e. Publication of Hansard.	• Executive Manager, shared with Digital Canberra (particularly in relation to network and standard operating environment)	• Manager, Information and Digital Services, shared with Digital Canberra / ICT Manager
14. Administration of business systems (including ICT systems) associated with the delivery of particular functions	• Relevant branch heads with responsibility for a given business system	• Section heads and staff from relevant areas
15. Risk associated with website publication	• Under the Office's decentralised content management arrangements, each branch head has responsibility for managing risks associated with the publication of content on	• Section heads and staff from relevant areas

Risk domain / Function	Risk owner	Responsible for contributing to risk identification, assessment and treatment
	the Assembly website.	
16. Risks in relation to public education and engagement	• Senior Director, Office of the Clerk	• Manager, Education and Engagement

Appendix B: Basic risk assessment / risk register template

Instructions: This basic template is for use by staff, section and branch heads where appropriate. It can be used to develop a risk assessment and treatment plans for a particular project, to capture one-off risks that become apparent in the course of day-to-day activities or as part of more general planning efforts. Risks should be assessed with reference to the risk matrix (Attachment C) and, once completed, sent to the relevant supervisor who will verify and approve the assessments and any associated treatments that are proposed. Additional templates in an Excel format for a variety of purposes are available from ACTIA's intranet site.

1. The risk	2. Risk owner	3. Source / Hazard	4. Impact / Consequence	5. Risk controls which are currently in place	6. Risk Rating				7. Risk treatment Actions to be taken, by whom, by when?	8. Risk rating with additional controls / treatments applied				9. Monitoring and review—status of risk treatment implementation
A description of the risk—what can happen?	**Indicate the EMC member or internal management committee that is responsible for the overall management of the risk.**	**How can it happen? The drivers, contributors to, or source of the risk?**	**What will be the outcome of effect if what can happen does happen?** **This is assessed on the basis of the most likely form that the risk, if realised, will take.**	**Indicate the measures that currently exist to reduce either the likelihood or consequence of the risk (ensure that the controls are, in fact, in place – i.e. not just planned for or don't exist in practice).**	**Consequence**	**Likelihood of consequence**	**Overall risk (Original)**	**Control Effectiveness Rating**	**Indicate additional risk treatments (be specific). Indicate whether the treatment will:** • **reduce the likelihood of** • **reduce the consequence** • **share the risk** • **retain the risk** • **avoid the risk**	**Consequence**	**Likelihood of consequence**	**Overall risk (with an new treatments)**	**Control Effectiveness**	**Indicate the status of treatment implementation.**
e.g. Risk of budget overrun in project 'x'	Senior Director, Office of the Clerk	e.g. Market volatility for goods, services time / materials contract Inadequate specification / statement of requirement Inadequate arrangements / poor methodology for quantity survey	e.g. Financial impact on the Office's bottom line ($<$20k) Need to find additional source of funding from another internal budget. Need to seek external funding through budget process. Reduction in the scope of the project Reputational damage	e.g. fixed price contract	**3**	**3**	**Medium**	**Room for improvement**	Reduced the likelihood and consequence— • Seek legal advice about appropriate contractual requirements to deliver a fixed price contract. • Draft contract with fixed price. Manager, Education and Engagement (due to be completed by June 2021)	**2**	**1**	**Low**	**Adequate**	**Completed**
e.g. Staff tripping, slipping or falling during--General	Health and Safety Committee	Use of ladders without proper safety precautions Lack of working from heights policy (and associated controls) Messy work areas Use of mobile devices while ascending/descending stairs Slippery stairs	Injury	Working from Heights policy Contractor protocols Safety harnesses for on-roof works Annual WHS hazard audits and following treatments Installation of non-slip treatment on stairs	**2**	**3**	**Medium**	**Adequate**	Cable management for microphones in committee room 1 to reduce the likelihood , Technical Officer, to be implemented by December 2022.	**2**	**3**	**Medium**	**Adequate**	**Completed**

Appendix C: Risk matrix

ACTIA
Australian Capital Territory Insurance Authority

ACT Government

Last Update: 30 September 2021

		Consequence **				
	Category of Risk	Insignificant	Minor	Moderate	Major	Catastrophic
	Financial	1% of Project / Entity Budget or <$5K	2.5% of Project / Entity Budget or <$50K	> 5% of Project / Entity Budget or <$500K	> 10% of Project / Entity Budget or <$5M	>25% of Project / Entity Budget or >$5M
	Business Operations	Minor errors in systems or processes requiring corrective action and/or minor delay without impact on overall schedule and/or insignificant impact on business outcomes and strategic objectives.	Services (including those of providers) do not fully meet needs and/or minor impact on business outcomes and strategic objectives and/or subsidiary services experience minor disruptions.	One or more key accountability requirements not met and /or inconvenient but not client welfare threatening and/or moderate impact on business outcomes and strategic objectives and/or a number of objectives not met, minor or subsidiary services	Significant impact on business and / or strategic objectives and/or strategies not consistent with Government's agenda and/or trends show service is degraded and/or key service delivery impaired.	Strategic business outcomes/ processes fail, control infrastructure failure, critical business objectives not met.
	Compliance/ Regulation	Non-compliance with policies, procedures & guidelines and standard operating procedures which are not legislated or regulated.	Numerous instances of non-compliance with work policy and standard operating procedures which are not legislated or regulated.	Non-compliance with work policy and standard operating procedures which are regulated or legislated.	Restriction of business operations by regulator due to non-compliance with relevant guidelines and / or significant non-compliance with policy and procedures which threaten business delivery.	Operations shut down by regulator for failing to comply with relevant guidelines / legislation and /or significant non-compliance with internal procedures which could result in failure to provide business outcomes and service delivery.
	Service Delivery	No loss of an essential/critical service and/or loss of, or interruption to, non critical/non-core services up to 3 days.	Loss of an essential/critical service for less than 4 hours and/or loss of, or interruption to, non critical/non-core services for 3 - 5 days.	Loss of one or more essential/critical services for more than 4 hours and up to 3 days, and/or loss of, or disruption to, non critical/non-core services for up to 10 days.	Loss of one or more essential/critical services for more than 3 days and up to 4 or more weeks, and/or loss of part of an essential service that is high risk (life based) and/or disruption to non-critical services over subsequent weeks.	Loss of one or more essential/critical services for more than 4 weeks that continues for months and/or loss of an essential service that is high risk (life based) and/or disruption to non-critical services over subsequent months.
	Reputation & Image	Internal review and/or minor dissatisfaction across a small number of demographic groups or stakeholders.	Scrutiny required by internal committees or internal audit to prevent escalation and/or moderate dissatisfaction across a small number demographic groups or several stakeholders.	Local media scrutiny (1 week) and/or scrutiny required by external committees or ACT Auditor General's Office, or inquest, etc and/or dissatisfaction across a few demographic groups or multiple stakeholders.	Intense public, political and national media scrutiny (1 week) and/or Minister / Chief Minister involvement and/or dissatisfaction across a large range of demographic groups and stakeholders.	Adverse finding from Assembly inquiry or Commission of inquiry or sustained adverse international media and/or loss of public confidence in Government or Public Service forcing changes to the machinery of Government.

Likelihood of Consequence	Description	Historical Frequency	Expectation	Matrix	1	2	3	4	5
	Almost Certain	Occurs on most occurrences of the activity	Expected to happen this time	5	Medium	High	High	Extreme	Extreme
	Likely	Occurs on some occurrences of the activity	Expected to occur on one of the next few occasions	4	Medium	Medium	High	High	Extreme
	Possible	Infrequently occurs here	Could occur at some time in the future. Would not be surprise if occurred	3	Low	Medium	Medium	High	Extreme
	Unlikely	Has never occurred here	Might occur but unlikely. Would be surprised if it occurred	2	Low	Medium	Medium	High	High *
	Rare	Has never occurred here, but may have / has occurred somewhere	Might occur, but only in exceptional circumstances. Would be very surprised if occurred	1	Low	Low	Medium	Medium	High *

Risk Control Effectiveness

Control Effectiveness	Guide
Adequate	Controls are well designed and operating effectively in treating the root cause of the risk. Additional controls exist to appropriately manage consequence. Controls are largely preventative and management believes that they are effective and reliable at all times. Nothing further to be done except review and monitor the existing controls.
Room for Improvement	Some deficiencies in controls have been identified however most controls are designed and implemented effectively in treating some root causes of the risk. While some preventative controls exist, controls are largely reactive. There are opportunities to improve the design/implementation of some controls to improve operational effectiveness.
Inadequate	Significant control deficiencies identified. Either controls do not treat root cause or they do not operate effectively. Controls, if they exist are just reactive. Management has little confidence on the effectiveness of the controls due to poor control design and/or very limited operational effectiveness.

*** Hint: To help assess the consequence and likelihood of a risk:**
1. Consequence- What will be the outcome/impact should the risk eventuate in the most normal form? Where there are many consequences, choose the one that has the highest outcome/impact.
2. Likelihood- What is the likelihood of that outcome/impact?
3..When identifying, analysing and rating risk, consideration should be given but not necessarily limited to the above categories of risk and the suggested examples of frequency and consequences.

Priority for Attention/Action

Priority	Indicative Escalation *	Suggested timing for treatment	Authority for tolerance of risk
Extreme	Within 24 hours	Short-term - normally within one month.	Director-General
High	Within 7-14 days	Medium term – normally within three months.	Senior Executive
Medium	Within 1-3 months	Normally within one year.	Managers
Low	1-3 months in course of normal business	Ongoing control as part of a management system.	All Staff

*** Priority for Attention / Action**
Every care should be taken to act as soon as possible to implement risk control measures wherever possible or to take action to fix the problem. 'Extreme' and 'High' risks especially where the risk relates to people and personal injury require us to act immediately to take steps to fix the problem.
The suggested timing of treatment does not mean that immediate action ought not be taken or that the timing can not be completed sooner than suggested.

Appendix D: WHS Risk Assessment template

MLA / OLA section responsible for the activity, function, or task:		**Date of Assessment:**		**Relevant consultations with workers:**		**Authorised by:**	
Subject of assessment:							
Context: Describe the context in which the task, function, or activity is being undertaken and any factors that have a bearing on the likelihood or consequence of potential harms to people.	Placeholder text Placeholder text Placeholder text Placeholder text						

Hazards identified[7] A hazard is something that may cause harm to a person when a task, function or process is performed.	**What risks does the hazard pose?** A risk is how a hazard may potentially harm a person / affect health and safety.	**Current WHS controls used to reduce risks with regard to the hierarchy of controls** Controls are the measures or strategies in place to reduce the likelihood and/or the consequence of possible harm.	**Risk assessment with current controls in place**			**Accept risk with current controls in place?** Yes/No	**If No:** Set out additional control(s) to reduce risk with reference to hierarchy of controls. Include timeframe and person responsible for implementation.	**Risk assessment with new controls in place**		
			C	**L**	**RR**			**C**	**L**	**RR**
1. Example—A worker, supervisor or other person engages in abusive behaviour towards others in the workplace.	**Example**—Psychosocial harms—depression, anxiety	**Elimination of risk** Placeholder text **Substitution of hazard** Placeholder text **Isolation of hazard** Placeholder text **Engineering controls** Placeholder text **Administrative controls** Placeholder text **PPE controls** Placeholder text								
2.										
3.										

[7] Refer to Appendix A for instructions on completing the assessment and risk matrix.

Instructions

To commence the assessment, using the above table:

1. **Identify hazards**—Complete a new line for each hazard that has been identified. The Code of Practice (see below link) contains useful guidance on how to identify hazards.
2. **Identify associated risks—**List the ways in which the hazard may cause harm / give rise to a WHS risk. For example, the presence of a toxic chemical in the workplace is a hazard, while the potential for exposure by a worker by keeping that chemical unsecured and out in the open is a risk.
3. **Identify existing controls—**List the WHS controls (the strategies or steps that are taken to reduce the likelihood or consequence of potential harm) are already in place.
4. **Assess the *consequences* (C) of the risk**—Using the below matrix, select the applicable consequence rating with reference to 'Potential harm', ranging from least severe to most severe (1–5), taking into account existing controls.
5. **Assess the *likelihood* (L) of the risk occurring**—using the below matrix, select the applicable probability/historical rating from least likely to most likely (1–5), taking into account the existing controls.
6. **Determine risk rating (RR)**—Where the consequences and likelihood ratings meet in the coloured part of the below matrix gives the overall risk rating of Low, Medium, High or Extreme.
7. **Accept risk or adopt further controls—**Determine whether to accept the risk rating with no further controls. In accepting a risk, you must be sure that you are doing all that can reasonably be done in the circumstances to eliminate or minimise the relevant risk.
8. **Additional controls—**If there is more that can reasonably be done to eliminate or minimise the risk, then additional controls should be developed and implemented in line with the hierarchy of controls[8]. Include a timeframe and the person who is responsible for implementing each control.

For more information a comprehensive guidance, see:

1. *Work Health and Safety Act 2011* (particularly, Part 2 relating to WHS duties)
2. Work Health and Safety Regulation 2011 (particularly, Part 3.1 relating to managing WHS risks)
3. Work Health and Safety (How to Manage Work Health and Safety Risks Code of Practice) Approval 2020

[8] As PCBUs, MLAs/Clerk are required to manage risks in accord with the hierarchy of controls (see s 36 of the Work Health and Safety Regulation 2011). Firstly, a PCBU must, wherever reasonably practicable, eliminate a WHS risk (that is, not do the thing that gives rise to the risk). If it is not reasonably practicable to eliminate the risk, then controls should be implemented in accordance with the following hierarchy:

1. **Substituting** (wholly or partly) the hazard with something that gives rise to a lesser risk (for example, using a less dangerous chemical or process to undertake the task);
2. **Isolating** the hazard for those who may be exposed to it (for example, ensuring that workers and others are not in proximity when a task is being performed);
3. Implementing **engineering controls** to reduce risks (for example, utilising a hoist or trolley to move a heavy or awkward load);
4. Implementing **administrative controls** (for example, adopting a policy or safe work method statement as to how a task is to be performed); and
5. Providing suitable **personal protective equipment** (for example, requiring the use of eye or hearing protection in undertaking certain tasks).

Risk matrix

Extreme risk (E)—detailed action plan required and authorised by MLA/senior management.

High risk (H)—needs MLA/senior management attention.

Medium risk (M)—Chief of staff/section managers to address and manage.

Low risk (L)—manage by routine procedures.

High or *Extreme* risks must be reported to relevant MLA/senior management and require detailed treatment plans to reduce the risk to Low or Medium.

					Consequences				
				Potential harm	Injury or illness not requiring medical treatment	Minor injury or illness—first aid treatment	Serious injury or illness causing hospitalisation or multiple occasions of medical treatment	Life threatening injury or illness or multiple serious injuries or illnesses causing hospitalisation	Death or multiple life-threatening injuries or illnesses
					Insignificant	**Minor**	**Moderate**	**Major**	**Catastrophic**
	Probability	**Historical**			**1**	**2**	**3**	**4**	**5**
Likelihood	>1 in 10	Is expected to occur in most circumstances	**5**	**Almost certain**	**M**	**H**	**H**	**E**	**E**
	1 in 10–100	Will probably occur	**4**	**Likely**	**M**	**M**	**H**	**H**	**E**
	1 in 100–1,000	Might occur at some time in the future	**3**	**Possible**	**L**	**M**	**M**	**H**	**E**
	1 in 1,000–10,000	Could occur but doubtful	**2**	**Unlikely**	**L**	**M**	**M**	**H**	**E**
	1 in 10,000–100,000	May occur but only in exceptional circumstances	**1**	**Rare**	**L**	**L**	**M**	**H**	**E**