GIDGEE HEALING ENTERPRISE (BOARD) RISK REGISTER

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Applies to	All Gidgee Healing directors, employees, contractors, consultants, volunteers, students and any person working in any capacity for, or on behalf of, Gidgee Healing.

1. ENTERPRISE RISK REGISTER PURPOSE

The Gidgee Healing Enterprise Risk Register provides a consolidated overview of the organisation's principal strategic enterprise risks that may impact the achievement of its vision, strategic priorities, constitutional purpose, long term sustainability, governance obligations and delivery of safe, culturally responsive and effective services.

The register supports strategic governance, organisational assurance and informed decision making by identifying and monitoring key enterprise level risks that have the potential to significantly impact the organisation, community confidence, service sustainability, workforce capability, financial viability, regulatory compliance and strategic outcomes.

The Enterprise Risk Register aligns with the Gidgee Healing Enterprise Risk Management Framework, Risk Appetite Statement, Strategic Plan 2026 - 2030, funding and regulatory obligations, accreditation requirements and community expectations. It is intended to support proactive oversight of strategic risk exposure, strengthen organisational resilience and support continuous improvement across governance, leadership and service delivery systems.

2. ENTERPRISE RISK REGISTER THEMES

The register focuses on six core strategic enterprise risk themes which represent Gidgee Healing's highest level risk exposures & areas requiring ongoing Board and Executive oversight:

1. **Cultural Safety and Community Trust**
2. **Clinical Care and Patient Safety**
3. **Workforce and Leadership**
4. **Governance, Risk and Assurance**
5. **Financial and Organisational Sustainability**
6. **Business Continuity and Infrastructure Resilience**

These enterprise risks are interconnected and may influence multiple operational, clinical, financial, governance and community outcomes across the organisation. Operational and program level risks are managed separately through the operational risk register, incident management processes, compliance systems, quality improvement activities and local management oversight arrangements.

3. RISK REGISTER PRINCIPLES

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Each enterprise risk includes:

- strategic risk descriptions and potential impacts;
- uncontrolled and controlled risk ratings;
- current and proposed controls;
- assurance and monitoring measures;
- governance oversight and accountability arrangements; and
- review frequencies and treatment actions.

4. RISK RATING

Each enterprise risk rating is calculated by assessing the: **likelihood** of the risk occurring; and **potential consequence** or impact should the risk materialise.

The assessed likelihood and consequence ratings are applied to the approved Risk Rating Matrix to determine the overall risk rating.

Two risk ratings are assigned to each enterprise risk:

- **Uncontrolled (Inherent) Risk Rating** – the level of risk exposure assuming no controls or mitigation strategies are in place.
- **Controlled (Residual) Risk Rating** – the level of risk remaining after consideration of existing controls, governance arrangements, mitigation activities and assurance mechanisms currently operating.

Residual risk ratings are determined by considering:

- the effectiveness and maturity of current controls;
- whether controls reduce the likelihood and/or consequence of the risk; and
- whether the remaining level of risk aligns with Gidgee Healing's Risk Appetite Statement.

The following Risk Matrix provides a consistent methodology for assessing, evaluating and prioritising strategic enterprise risks based on likelihood and consequence:

Likelihood	**Consequences**				
	Insignificant	Minor	Moderate	Major	Extreme
Rare	Low	Low	Low	Medium	High
Unlikely	Low	Medium	Medium	High	High
Possible	Low	Medium	High	High	High
Likely	Medium	High	High	High	Extreme
Almost Certain	Medium	High	High	Extreme	Extreme

Table 1: Risk Matrix

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RISK 001 Cultural Safety and Community Trust

Enterprise Risk Description	**Failure to consistently deliver culturally safe, community-led, trauma informed and responsive services may result in loss of community trust, reduced service engagement and accessibility, inequitable health and wellbeing outcomes, reputational harm, cultural harm, reduced workforce confidence, and failure to meet the organisation's constitutional purpose, community-controlled governance obligations, funding requirements and strategic objectives.**
	Uncontrolled Risk Rating: EXTREME
Current Controls	• Community controlled governance through an Aboriginal and Torres Strait Islander Board, cultural authority and community informed decision making. • Strategic and sector alignment with Closing the Gap, NACCHO expectations, health equity priorities and culturally responsive service delivery principles. • Cultural Safety Framework guiding respectful, culturally safe and responsive practice across programs and service delivery. • Community engagement and partnerships with Elders, community representatives, clients, families and local stakeholders to inform planning, service design and delivery. • Culturally safe, holistic service delivery models, including trauma-informed, family-centred and community-based approaches. • Workforce cultural capability controls, including Aboriginal and Torres Strait Islander workforce representation, cultural awareness training and ongoing development. • Feedback, complaints, incident and improvement systems through Logiqc and open reporting pathways, with trends monitored through governance, quality and risk reporting.
	Controlled Risk Rating: HIGH
Planned / Proposed Controls	• Formal Cultural Safety Assurance Framework aligned to NACCHO, Closing the Gap and health equity priorities, and integrated into governance, quality and enterprise risk reporting. • Structured cultural supervision and mentoring program for staff, leaders and priority service areas (commenced) • Strengthened community co-design and shared decision-making mechanisms across programs, planning and service improvement. • Indigenous Data Sovereignty Framework to guide culturally appropriate governance, ownership, access and use of community information. • Expanded cultural capability and culturally responsive leadership development to strengthen workforce confidence, accountability and service quality.
	Risk Trend: DECREASING
Accountability and Implementation	• **RISK OWNER**: Board • **RISK MANAGER:** Chief Executive Officer and Chief Medical Officer • **OPERATIONAL LEADS:** Chief Operating Officer, Chief Strategic Officer • **REVIEW FREQUENCY:** Annually, with escalation following significant incidents, community concerns or adverse cultural safety trends. • **PLANNED CONTROL IMPLEMENTATION TIMEFRAME:** Immediate (e.g. Cultural Mentoring and Training), 12 - 24 Months for additional controls with action plans to suuport the mitigation actions
External Drivers	• National Agreement on Closing the Gap • NACCHO / QAIHC standards and expectations • Cultural Safety Frameworks • Community expectations of self-determination • Funding agreement KPIs on engagement and access • Child Safe Organisation Standards
Risk Monitoring & Control Assurance Measures	Community satisfaction results | Number and themes of cultural safety complaints | Service access and engagement rates by community groups | Did Not Attend rates and follow-up rates | Community consultation participation levels | Client feedback trends | Staff cultural safety confidence survey | Cultural safety audit | Community engagement register | Logiqc complaints and feedback dashboard | Cultural supervision records | Annual cultural safety self-assessment

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RISK 002 Clinical Care and Patient Safety

Enterprise Risk Description	**Failure to deliver safe, effective, culturally responsive, timely and high-quality healthcare and support services may result in patient harm, adverse clinical outcomes, reduced continuity of care, inequitable health outcomes, regulatory or accreditation breaches, diminished community confidence, and failure to meet organisational objectives, funding requirements and community-controlled healthcare expectations.**

Uncontrolled Risk Rating: EXTREME

Current Controls	• Clinical Governance Framework and Model of Care • Governance oversight of RACGP accreditation, compliance and quality assurance activities • Board and Executive monitoring of clinical risk, incidents, complaints and continuous improvement trends through governance reporting • Strategic oversight of culturally safe, community-led and holistic models of care aligned to Health Equity and organisational priorities • Oversight of workforce capability, credentialing and clinical leadership arrangements • Monitoring of clinical workforce gaps, recruitment challenges, vacancy impacts, locum reliance, roster coverage and service continuity risks through Executive and operational reporting. • Governance oversight of organisational risk, incident and feedback management systems, including Logiqc reporting frameworks • Monitoring of patient experience, service quality outcomes and community feedback through governance reporting

Controlled Risk Rating: HIGH

Planned / Proposed Controls	• Enhanced governance reporting and trend analysis relating to incidents, complaints, adverse events and quality outcomes • Strengthened internal audit and clinical assurance program aligned to RACGP, funding and strategic priorities • Formalised governance review processes for significant clinical events and systemic quality risks • Enhanced consumer and community participation mechanisms informing quality improvement and service planning • Improved organisational data analytics and performance monitoring capability supporting strategic quality oversight • Strengthened workforce attraction, retention and succession strategies for critical clinical and support roles, including measures to reduce reliance on short-term locum or agency coverage where possible. • Formal review of locum, agency and casual workforce arrangements, including onboarding, credentialing, scope of practice, cultural orientation, access to policies/procedures, clinical supervision, handover and documentation quality.

Risk Trend: DECREASING

Accountability and Implementation	• **RISK OWNER**: Board • **RISK MANAGER:** Chief Executive Officer and Chief Medical Officer • **OPERATIONAL LEADS:** Chief Operating Officer, Chief Strategic Officer • **REVIEW FREQUENCY:** Annually, with escalation and review following serious adverse events, patient safety incidents, regulatory notifications, accreditation concerns or significant clinical trends • **PLANNED CONTROL IMPLEMENTATION TIMEFRAME:** Immediate, 12 - 24 Months with action plans to suuport the mitigation actions
External Drivers	• National Safety & Quality Health Service Standards • Aboriginal & Torres Strait Islander Health Standards • RACGP, hMIF, HSQS and ISO 9001 Accreditation requirements • Medicare/PBS compliance • Federal and state service agreements
Risk Monitoring & Control Assurance Measures	Clinical incidents by severity and trend | Adverse event rates | Complaints relating to care quality | Accreditation non-conformances | Waiting times and access indicators | Care plan completion rates | Recall and reminder completion rates | Medication, cold chain or infection control breaches | Patient outcome and experience indicators

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RISK 003 Workforce and Leadership

Enterprise Risk Description	**Failure to attract, retain, support, develop and progress a capable workforce and leadership structure — including strengthening Aboriginal and Torres Strait Islander employment, participation and leadership representation across all levels of the organisation — may result in reduced organisational capacity, workforce instability, diminished cultural safety and community trust, and impacts to service quality, continuity and strategic service delivery.**
	Uncontrolled Risk Rating: HIGH
Current Controls	• Community controlled Board and governance structure with Aboriginal and Torres Strait Islander leadership • Strategic Plan aligned to Closing the Gap, NACCHO and Health Equity priorities • Board oversight of workforce capability and risks through regular reporting • Aboriginal and Torres Strait Islander identified positions and targeted recruitment • Workforce Strategy 2026-2030 with annual action plans to support long term strategy and short term actions • Workforce policies supporting recruitment, supervision, development and wellbeing • Cultural Safety Framework supporting culturally informed practices • Monitoring of vacancies, turnover and workforce pressures • Commitment to local workforce participation and leadership development • QMS processes supporting workforce compliance and continuous improvement
	Controlled Risk Rating: HIGH
Planned / Proposed Controls	• Board-approved Aboriginal and Torres Strait Islander Workforce Strategy • Executive Succession Planning Framework and leadership pathway • Indigenous leadership pipeline development across management roles • Enhanced workforce reporting and analytics • Expanded supervision and culturally safe workforce support • Partnerships with training providers for local workforce pathways • Traineeship, cadetship and graduate workforce pathways • Workforce targets incorporated into Board reporting
	Risk Trend: STABLE
Accountability and Implementation	• **RISK OWNER**: Board • **RISK MANAGER:** Chief Executive Officer • **OPERATIONAL LEADS:** Chief Operating Officer, Chief Strategic Officer, Chief Medical Officer • **REVIEW FREQUENCY:** Annually, with escalation and review following significant workforce incidents, critical staffing shortages, serious WHS matters, industrial relations issues, credentialing concerns or sustained workforce instability • **PLANNED CONTROL IMPLEMENTATION TIMEFRAME:** Immediate, 12 - 24 Months with action plans to suuport the mitigation actions
External Drivers	• National Aboriginal Health Workforce Strategy • Industrial Relations Frameworks • Fair Work Act • WHS Legislation • Human Rights Commision • Child Safe Organisation Standards • Professional registration standards • Funding agreement staffing KPIs
Risk Monitoring & Control Assurance Measures	Staff turnover rate | Vacancy rate and time to recruit | Aboriginal and Torres Strait Islander workforce participation rate | Leadership representation rate | Mandatory training completion | Staff wellbeing and engagement survey results | Unplanned leave and absenteeism trends | Exit interview themes | Supervision completion rates | Workforce incidents and grievances

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RISK 004 Governance, Risk and Assurance

Enterprise Risk Description	**Failure of governance systems, organisational oversight, assurance processes and culturally informed decision-making — including stewardship of Aboriginal and Torres Strait Islander community information and data — may result in ineffective strategic decision-making, regulatory or funding non-compliance, reduced organisational accountability and assurance, ineffective risk management, diminished community trust, misuse of community information, and loss of organisational integrity, self-determination and long-term sustainability.**
	Uncontrolled Risk Rating: EXTREME
Current Controls	• Community-controlled Board governance structure with Aboriginal and Torres Strait Islander leadership and decision-making authority • Board Management Committee supporting governance, finance, risk, quality and strategic oversight • Enterprise Risk Management Framework, enterprise risk register and governance reporting processes supporting organisational assurance and strategic decision-making • Governance oversight of compliance with legislative, funding, accreditation and constitutional obligations • Continuous improvement and quality management systems, including Board oversight of Logiqc governance, risk and improvement reporting • Internal audit, accreditation and external review activities providing organisational assurance • Governance arrangements supporting culturally informed leadership, community accountability and self-determination • Board oversight of privacy, information governance and organisational reporting integrity • Regular Esecutive Team and Senior Leadership Team meetings with risk as a standing agenda item
	Controlled Risk Rating: HIGH
Planned / Proposed Controls	• Integrated governance and assurance calendar strengthening oversight of key obligations and reporting activities • Governance, risk and cultural governance maturity assessments supporting continuous improvement and Board capability development • Enhanced Board oversight of cyber security, privacy, information governance and emerging digital risks • Indigenous Data Sovereignty Framework supporting culturally appropriate governance, stewardship and use of Aboriginal and Torres Strait Islander community information and data • Enhanced governance monitoring of organisational integrity, community accountability and alignment to community-controlled governance principles and constitutional objectives
	Risk Trend: DECREASING
Accountability and Implementation	• **RISK OWNER**: Board • **RISK MANAGER:** Chief Executive Officer • **OPERATIONAL LEADS:** Chief Operating Officer, Chief Strategic Officer and Chief Medical Officer • **REVIEW FREQUENCY:** Annually, with escalation and review following serious incidents, regulatory action, significant compliance breaches, governance failures, material audit findings, cyber/privacy incidents or risks outside appetite • **PLANNED CONTROL IMPLEMENTATION TIMEFRAME:** Immediate, 12 - 24 Months with action plans to suuport the mitigation actions
External Drivers	• ASIC Corporate Governance Obligations • ACNC Governance Standards • Privacy Obligations • NACCHO Governance Expectations • Closing the Gap Alignment • PHN Accountability Requirements • Health Equity Accountability Reforms • Funding • State & Commonwealth Funding Agreements
Risk Monitoring & Control Assurance Measures	Number of overdue governance actions | Risk register review completion rate | Internal and external audit findings and overdue actions | Compliance breaches | Policy review overdue rate | Board reporting completion and timeliness | Privacy or information governance incidents | Funding or accreditation non-compliances | Register of conflicts and declarations completed

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RISK 005 Financial and Organisational Sustainability

Enterprise Risk Description	**Failure to maintain financial sustainability and responsible stewardship of organisational resources resulting in reduced service capability, loss of funding or inability to achieve strategic objectives.**
	Uncontrolled Risk Rating: EXTREME
Current Controls	• Financial management systems • Budgeting and forecasting • Funding agreement monitoring • Finance reporting • Procurement controls • Executive oversight • Audit processes - annual external audit and quarterly and annual program audits • Diversified funding streams • Asset management processes
	Controlled Risk Rating: HIGH
Planned / Proposed Controls	• Long-term financial sustainability strategy • Infrastructure investment planning • Enhanced commissioning and contract monitoring • Improved business intelligence reporting • Service demand forecasting • Alternative funding opportunities • Property/infrastructure ownership strategy
	Risk Trend: DECREASING
Accountability and Implementation	• **RISK OWNER**: Board • **RISK MANAGER:** Chief Executive Officer • **OPERATIONAL LEADS:** Chief Operating Officer, Chief Strategic Officer • **REVIEW FREQUENCY:** Annually, with escalation and review following significant financial variances, funding risks, audit findings, fraud/probity concerns, liquidity pressures, regulatory breaches or risks outside appetite • **PLANNED CONTROL IMPLEMENTATION TIMEFRAME:** Immediate, 12 - 24 Months with action plans to suuport the mitigation actions
External Drivers	• State & Commonwealth Funding Agreements • ASIC Corporate Governance Obligations • Financial reporting standards • ACNC Financial Reporting Requirements • Grant acquittal requirements • Value-for-money expectations
Risk Monitoring & Control Assurance Measures	Operating result against budget | Cash reserves and liquidity ratio | Grant acquittals completed on time | Funding dependency / concentration risk | Budget variance by program | Procurement compliance exceptions | Audit findings | Debtor days and creditor days | Cost per service / program sustainability measures | Asset maintenance backlog

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RISK 006 Business Continuity and Infrastructure Resilience

Enterprise Risk Description	**Failure to maintain safe and effective operations during disruptions, emergencies or infrastructure failures resulting in impacts to service continuity, workforce safety and community access to care.**

Uncontrolled Risk Rating: HIGH

Current Controls	• Business continuity plans • Emergency response procedures; • Infection control plans • Cold chain management • ICT backup systems • Site risk assessments • Generators/emergency infrastructure • Workplace safety systems • Emergency communication processes • Critical incident escalation procedures

Controlled Risk Rating: HIGH

Planned / Proposed Controls	• Board BCP scenario testing • Expanded disaster recovery capability • Infrastructure renewal planning • Cyber resilience uplift • Supply chain continuity planning • Integrated emergency management exercises • Enhanced remote service continuity capability • Essential Eight (Cyber Security) Framework - Four stage IT resilience structure (currently being implemented)

Risk Trend: STABLE

Accountability and Implementation	• **RISK OWNER**: Board • **RISK MANAGER:** Chief Executive Officer and Chief Medical Officer • **OPERATIONAL LEADS:** Chief Operating Officer, Chief Strategic Officer • **REVIEW FREQUENCY:** Annually, with escalation and review following critical system outages, emergency events, cyber incidents, infrastructure failures, public health emergencies, supply chain disruption or prolonged service interruptions • **PLANNED CONTROL IMPLEMENTATION TIMEFRAME:** Immediate, 12 - 24 Months with action plans to suuport the mitigation actions
External Drivers	• RACGP emergency preparedness requirements • Public health obligations • Workforce safety obligations • Disaster resilience expectations
Risk Monitoring & Control Assurance Measures	Number and duration of service disruptions | BCP tests completed | Emergency drills completed | ICT downtime and recovery time | Cold chain breaches | WHS incidents during disruptions | Infrastructure defects and maintenance backlog | Critical supplier failures | Time taken to restore services | Emergency equipment inspection completion rate