



# LIMPOPO

**PROVINCIAL GOVERNMENT**  
REPUBLIC OF SOUTH AFRICA

**HEALTH**

**RISK ASSESSMENT PROFILE 2023/24**

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## 1. DEFINITIONS

**Impact** - Is the level at which the risk may affect the objectives of an institution without considering the controls in place to address that risk.

**Likelihood** - is the probability that the risk will materialise within the Financial Year. The likelihood does not consider the controls in place to deal with the risk.

**Inherent Risk** - Risks before factoring in the controls.

**Control Effectiveness** – Existing controls before the identification of appropriate mitigation measure in place to address the risks.

**The Residual Risk** - The value of the risk that the institution is exposed to after considering the effectiveness of the controls that are in place to manage the risk.

**Management Action** – Intervention mechanism the management is intending to implement.

**Risk Tolerance** - is about the capacity of the organisation to absorb the risk.

**Risk Appetite** - is about the level of risk the organisation is willing to take when executing its strategy.

**Time Frame** – refers to the stipulated period in which the department has set based on the identified risk aiming at achieving the mitigation plan.

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## 2. PURPOSE

The main purpose of this report is to outline the Department of Health's risks assessment report to the Executive Management, Senior Management, Role players and Stakeholders and further indicate the mitigation plans identified to minimize/mitigate the impact of such risks.

## 3. LEGISLATIVE MANDATE

**Section 38(1) (a) (i) of the Public Finance Management Act (Act 1 of 1999) requires that:** "An Accounting Officer for department, trading entity or constitutional institution has and maintains effective, efficient and transparent systems of financial and risk management and internal control". The application of Risk Management system/machinery in the workplace is further emphasized by the *Treasury Regulations, Risk Management Framework and King III Report on corporate governance*.

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## 4. STRATEGIC OVERVIEW

### 4.1 Vision and Mission

**The vision:** A long and healthy life for people in Limpopo.

**The Mission Statement:** The Department is committed to provide quality health care service that is accessible, comprehensive, integrated, sustainable and affordable.

### 4.2 Values

The department adheres to the following values and ethics that uphold the Constitution of the Republic of South Africa through:

- Honesty
- Integrity
- Fairness
- Equity
- Respect
- Dignity
- Caring

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### 4.3 Outcomes

The organisational structure of the Department of health is divided into the following Programmes and their Outcomes are indicated below:

**Table 1**

Program me No	Programmes	Budget Programme	Targets/Outcomes
1	Programme 1	Administration	<ul style="list-style-type: none"> <li>• Improve financial management.</li> </ul>
2	Programme 2	District Health Services	<ul style="list-style-type: none"> <li>• Patient experience of care in public health facilities improved .</li> </ul>
		District Hospitals	<ul style="list-style-type: none"> <li>• Quality of health services in public health facilities improved.</li> <li>• Management of patient safety incidents improved to reduce new medico-legal cases.</li> <li>• Management of patient safety incidents improved.</li> <li>• Maternal, Neonatal, Infant and Child Mortality reduced.</li> </ul>

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Program me No	Programmes	Budget Programme	Targets/Outcomes
		HIV and AIDS, STI Control (HAST)	<ul style="list-style-type: none"> <li>AIDS related deaths reduced by implementing the 90-90-90 strategy.</li> </ul>
		Mother, Child, Women Health and Nutrition (MCWH&N)	<ul style="list-style-type: none"> <li>Maternal, Neonatal, and Child Mortality reduced</li> </ul>
		Disease Prevention and Control	<ul style="list-style-type: none"> <li>Morbidity and Premature mortality due to Non-Communicable diseases reduced by 10%.</li> </ul>
3	Programme 3	Emergency Medical Services	<ul style="list-style-type: none"> <li>Co-ordinating of health services across the care continuum, re-orienting the health system towards primary health.</li> </ul>
4	Programme 4	Provincial Hospitals Services	<ul style="list-style-type: none"> <li>Quality of health services in public health facilities improved.</li> <li>Management of patient safety incidents improved to reduce new medico-legal cases.</li> <li>Maternal, Neonatal, Infant and Child Mortality reduced.</li> </ul>

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Program me No	Programmes	Budget Programme	Targets/Outcomes
		<b>Specialized Hospitals</b>	<ul style="list-style-type: none"> <li>• Quality of health services in public health facilities improved.</li> <li>• Management of patient safety incidents improved to reduce new medico-legal cases.</li> <li>• Maternal, Neonatal, Infant and Child Mortality reduced.</li> </ul>
<b>5</b>	<b>Programme 5</b>	<b>Central &amp; Tertiary Hospitals Services</b>	<ul style="list-style-type: none"> <li>• Quality of health services in public health facilities improved.</li> <li>• Management of patient safety incidents improved to reduce new medico-legal cases.</li> <li>• Maternal, Neonatal, Infant and Child Mortality reduced</li> </ul>
<b>6</b>	<b>Programme 6</b>	<b>Health Sciences Training</b>	<ul style="list-style-type: none"> <li>• Improved co-ordination of health services across the care continuum, re-orienting the health system towards primary health.</li> </ul>

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Program me No	Programmes	Budget Programme	Targets/Outcomes
7	Programme 7	Healthcare Support Services	<ul style="list-style-type: none"> <li>Improved co-ordination of health services across the care continuum, re-orienting the health system towards primary health.</li> </ul>
8	Programme 8	Health Facilities Management	<ul style="list-style-type: none"> <li>Infrastructure maintained and back-log reduced.</li> </ul>

Source: Annual Performance Plan (APP) 2023-24 to 2024/25

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## 5. RISK ASSESSMENT PROCESS

### Risk Assessment Methodology

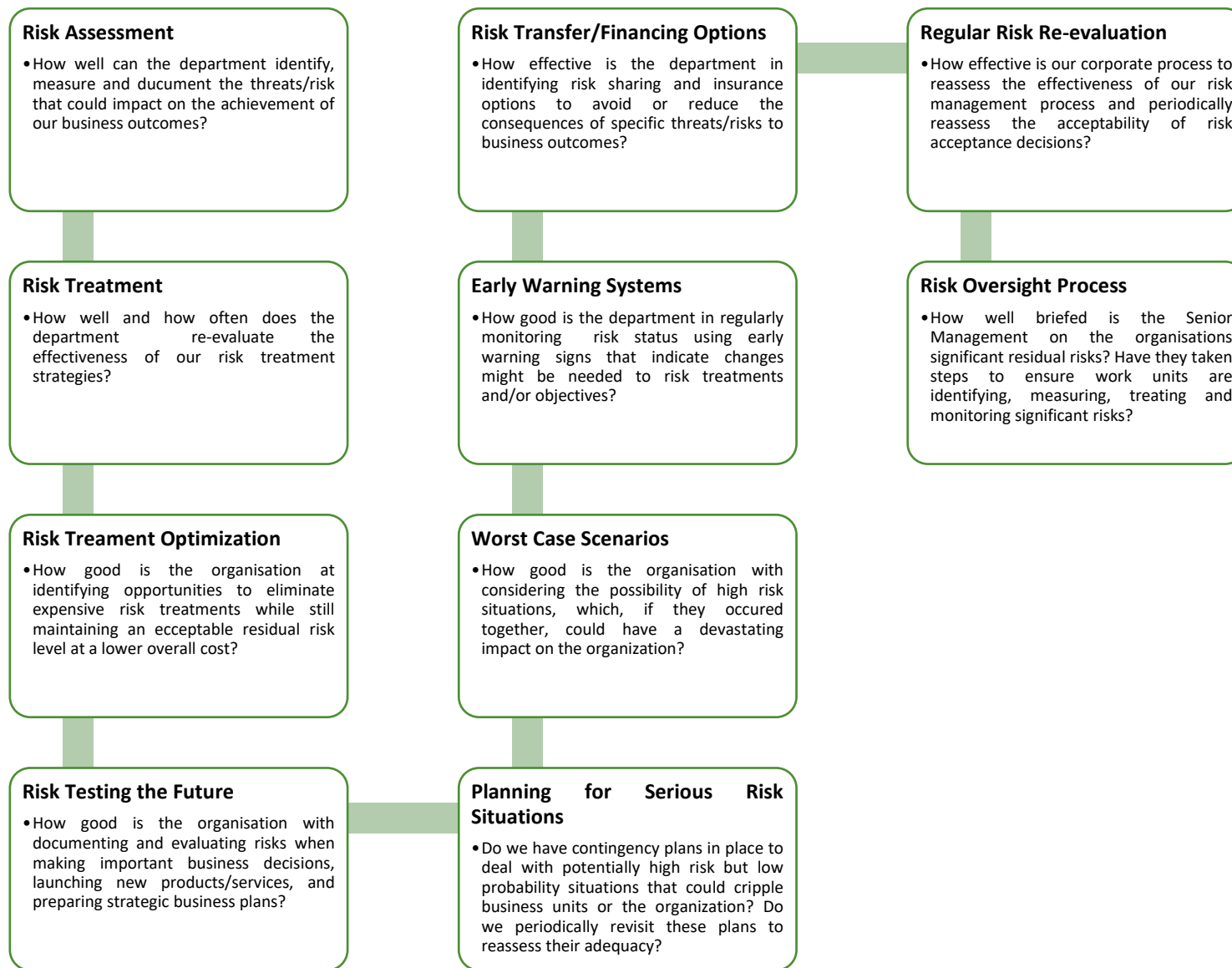
In order to undertake a prolific Risk Assessment, the Department of health decided on facilitated sessions where the key role players within the department converged to agree, based on their knowledge and experience, and focusing on the following:

- ✓ Confirm the strategy of the department inclusive the priorities and strategic objectives;
- ✓ Identify the significant risks that have an impact on the achievement of the departmental plans; including listing issues taken from the previous AGSA audit reports.
- ✓ Prioritise the risks according to their impact on the achievement of the departmental plans, how the Department is currently performing in managing the risk, as well as the risk appetite of the Department.
- ✓ Determine the actions that may need to be undertaken to manage the risks as well as the responsible person and the requisite timeframes; and
- ✓ The department also include among others, inputs from Internal Audit, Transversal services and oversight bodies like Audit Committee, Portfolio Committee.

## 6. THE MATURITY LEVEL INDICATOR

The evaluation on the performance of the Department regarding Risk Management will be done on an annual basis at the end of the financial year using the risk maturity level model which amongst other things comprised of the following maturity level indicators:

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## 1. THE RISK ASSESSMENT MATRIX

**Table 2**

**Impact.** The following scale was used to determine impact:

Category	Description	Factor/ Rating
Critical	Negative outcomes or missed opportunities that are of critical importance to the achievement of outcomes	5
Major	Negative outcomes or missed opportunities that are likely to have a relatively substantial impact on the ability to meet outcomes	4
Moderate	Negative outcomes or missed opportunities that are likely to have a relatively moderate impact on the ability to meet objectives	3
Minor	Negative outcomes or missed opportunities that are likely to have a relatively low impact on the ability to meet outcomes	2
Insignificant	Negative outcomes or missed opportunities that are likely to have a relatively negligible impact on the ability to meet outcomes	1

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**Table 3**

**Likelihood.** The likelihood was evaluated as follows:

Category	Description	Factor/ Rating
Common	The risk is already occurring, or is likely to occur more than once within the next 12 months	5
Likely	The risk could easily occur, and is likely to occur at least once within the next 12 months	4
Moderate	There is an above average chance that the risk will occur at least once in the next three years	3
Unlikely	The risk occurs infrequently and is unlikely to occur within the next three years	2
Rare	The risk is conceivable but is only likely to occur in extreme circumstances	1

**Table 4**

**Inherent Risk.** The inherent risk was evaluated as follows:

Risk rating	Inherent risk magnitude	Response
15 – 25	High	Unacceptable level of risk – High level of control intervention required to achieve an acceptable level of residual risk
8 – 14	Medium	Unacceptable level of risk, except under unique circumstances or conditions – Moderate level of control intervention required to achieve an acceptable level of residual risk
1 – 7	Low	Mostly acceptable – Low level of control intervention required, if any

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**Table 5**

**Control Effectiveness.**

The effectiveness of the controls were categorised using the following scale:

Category	Definition	Factor/Rating
<b>Very good</b>	Risk exposure is effectively controlled and managed	20%
<b>Good</b>	Majority of risk exposure is effectively controlled and managed	40%
<b>Satisfactory</b>	There is room for some improvement	65%
<b>Weak</b>	Some risks appear to be controlled but there are major deficiencies	80%
<b>Unsatisfactory</b>	Control measures are ineffective	90%

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**Table 6**

**Residual Risk.** Residual risk has been *categorised as follows*:

Risk rating	Residual risk magnitude	Response
15 – 25	High	Unacceptable level of residual risk – Implies that the controls are either fundamentally inadequate (poor design) or ineffective (poor implementation). Controls require substantial redesign, or a greater emphasis on proper implementation.
8 – 14	Medium	Unacceptable level of residual risk – Implies that the controls are either inadequate (poor design) or ineffective (poor implementation). Controls require some redesign, or a more emphasis on proper implementation.
1 – 7	Low	Mostly acceptable level of residual risk – Requires minimal control improvements.

**Table 7**

**Risk Categories**

The risk environment is varied and complex, thus it is useful to group potential events into risk categories. By segregating events horizontally across the entire Department and vertically within operational units, management will develop an understanding of the interrelationship between events, gaining enhanced information as a basis for risk assessment. The main categories in grouping individual risk exposures are as follows:

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RISK TYPE	RISK CATEGORY	BUSINESS IMPACT INDICATORS				
		CRITICAL: 5	MAJOR: 4	MODERATE: 3	MINOR: 2	INSIGNIFICANT: 1
INTERNAL	Financial	External Auditors issue Disclaimer Opinion on AFS	External Auditors issue a qualified opinion on the AFS	External Auditors issue a clean audit report, with matters of emphasis.	External audit management letter contain significant issues	External audit raises some isolated findings
	Technology	Serious damage to infrastructure for more than one week Information provided to parliament is inaccurate	Loss of systems leading to severe or ongoing business disruption for up to one week Management information used in key decisions making is inaccurate	Loss or disruptions to systems that will lead to significant business disruption (for 2-3 days) Management information used for reporting purposes is inaccurate and	Loss to systems that will lead to business disruption (up to 1 day) Delays in availability of general management information for less than 2 days	Minor disruptions of business up to 1 hour

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RISK TYPE	RISK CATEGORY	BUSINESS IMPACT INDICATORS				
		CRITICAL: 5	MAJOR: 4	MODERATE: 3	MINOR: 2	INSIGNIFICANT: 1
				not available for 2-5 days		
	Regulatory Compliance	Statutory mandate withdrawn Business operations ceased / severely impaired by Regulators as a result of non-compliance with set regulations / contracts. Litigations against the department.	Failure to comply with legal or regulatory requirements resulting in fines / judgments.  Negative judgements issued against the department..	Non-compliance identified by Regulators due to failure to comply with serious regulatory / contractual requirements .	Failure to comply with legal or regulatory requirements in non-serious and isolated cases	Minor instances of non-compliance with regulatory requirements
	Corruption	Ceasing business operations due to corruption activities not	Severe Impact to business operations due to	Impact to business operations due to	Minor impact to business due to corruption	Minor impact to business due to corruption factors

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RISK TYPE	RISK CATEGORY	BUSINESS IMPACT INDICATORS				
		CRITICAL: 5	MAJOR: 4	MODERATE: 3	MINOR: 2	INSIGNIFICANT: 1
		responded to and addressed	corruption activities not responded to and addressed	corruption activities not responded to and addressed	activities not responded to and addressed	beyond control not responded to and addressed
	People (HR)	Loss of Executive Managers and number of staff that would hamper core essential operations significantly. Loss of a number of staff that would result in temporary disruption of operations > 5 days or that would reduce effectiveness significantly e.g. DG,	Loss of a number of staff that would result in temporary disruptions of operations for 3 days or more. High level of inactivity (deliberate or not) leading to low productivity.	Loss of staff that would result in disruptions of 1 day or reduce effectiveness minimally	Loss of few core staff that would not disrupt operations	Loss of few core staff that would not disrupt operations

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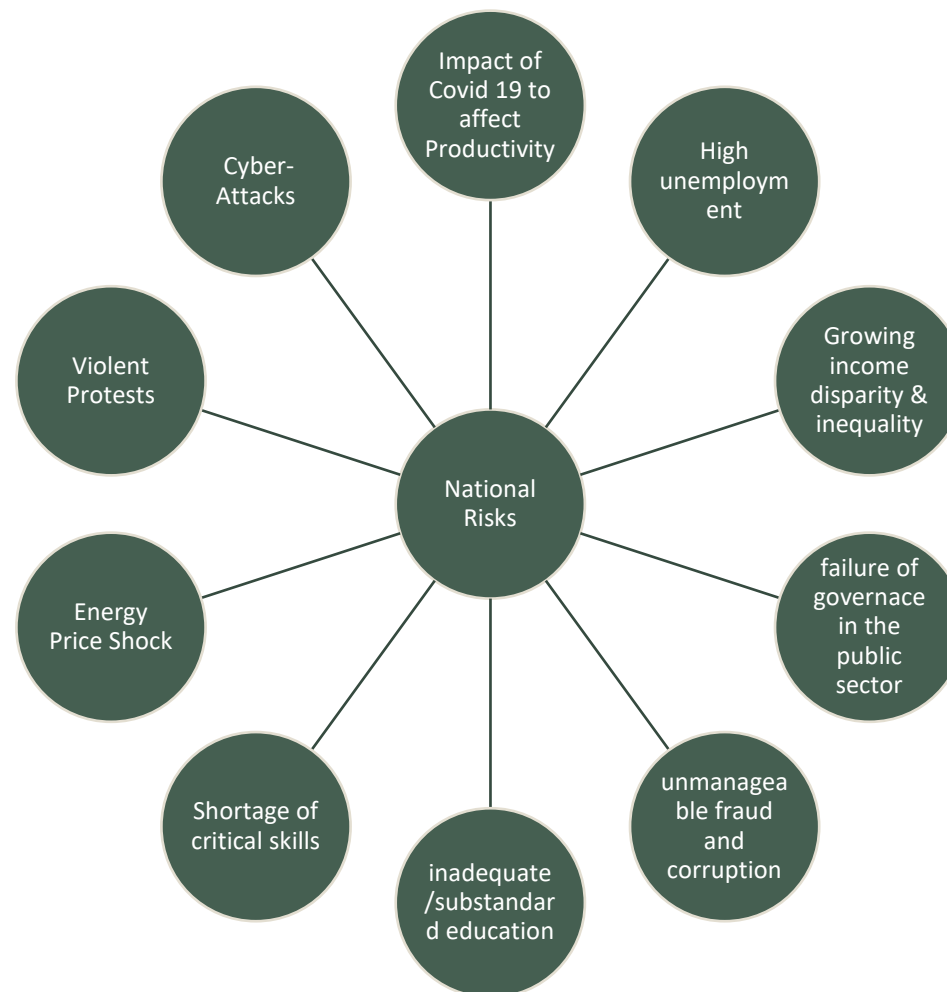
RISK TYPE	RISK CATEGORY	BUSINESS IMPACT INDICATORS				
		CRITICAL: 5	MAJOR: 4	MODERATE: 3	MINOR: 2	INSIGNIFICANT: 1
		CFO or SGM's for 6-12 months				
External	Economic & Political Factors	<ul style="list-style-type: none"> <li>- Change of mandate by current / new ruling party</li> <li>- Inflation</li> <li>- Economic meltdown</li> </ul>	Severely impacted business operations due to political & economic factors beyond control not responded.	Impact to business due to significant political & economic factors beyond control not responded to and addressed.	Minor impact to business due to significant external political & economic factors beyond control not responded to and addressed.	Minor impact to business due to significant political & economic factors beyond control not responded to and addressed.
	Public Perception	<ul style="list-style-type: none"> <li>- Been placed under judicial management/administration.</li> <li>- Very bad publicity / reputational damage</li> </ul>	- Negative public perception regarding the level of services.	Constant complaints about service delivery	Instances of complaints about service delivery	Minor complaints about service delivery

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RISK TYPE	RISK CATEGORY	BUSINESS IMPACT INDICATORS				
		CRITICAL: 5	MAJOR: 4	MODERATE: 3	MINOR: 2	INSIGNIFICANT: 1
			- Instances of bad publicity / media coverage			
	Public Satisfaction	Violence Protests on service delivery issues	Mass protests on service delivery issues	Constant complaints about service delivery	Instances of complaints about service delivery	Minor complaints about service delivery
	Environmental	Water shortage due to drought or scarcity	Extreme weather conditions	Unstable weather changes	Pollution of natural resources	Inadequate implementation of environmental regulations & policies

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## 8. SYNOPSIS OF THE NATIONAL RISKS



## 9. RISK APPETITE AND TOLERANCE

### 9.1 APPROACH

It is not always efficient or possible to manage risks to zero residual risk or a very low residual risk threshold because of the time, cost and effort that will be required, and which could result in the cost / benefit dynamics to become skewed. On the other hand it is also poor management practice to accept risks which create unnecessary exposure for the Institution.

In conducting this risk assessment, the Department has adopted the following definitions;

**Risk Appetite** – the amount of residual risk an institution is willing to accept in pursuant of a particular strategic objective

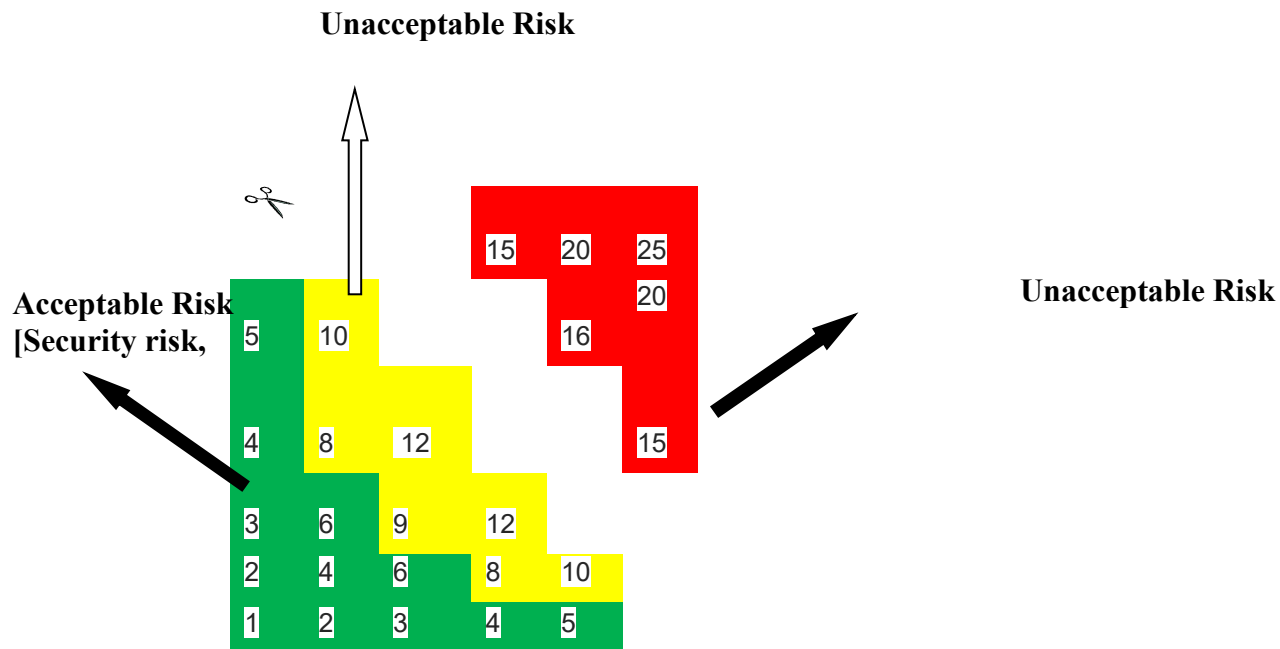
**Risk appetite analysis**

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## Residual risk exposure

**Table 8**

Residual risk exposure	Factor
Critical	15 – 25
Major	15 – 25
Moderate	8 – 14
Minor	8 – 14
Insignificant	1 – 7



As indicated in the graphical description above, management will closely monitor residual risk exposure from medium to high, high risks will be given priority. Management is willing to accept all low risks depending on their categories; these will be managed as part of normal

management processes. All fraud risks, whether they are low residual risks, are not accepted as the departmental risk policy clearly spells out a 0% fraud tolerance.

## 10. BUSINESS CONTINUITY MANAGEMENT

Table 9

ITEM	STATUS		CHALLENGES
	Done	Not done	
	√	X	
Approved BCP in Place?	√		None
BIA conducted?	√		None
ICT Recovery Site in Place?	√		None
Records Management offsite storage available?	√		None
Succession plan in place?	√		None
Post Pandemic Plan in Place?	√		None



# 11. PRIORITISED RISK REGISTER: 2023/24 FY

Table 10

No	Category	Outcomes/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
1.	Financial risk	Management of patient safety incidents improved to reduce new medico-legal cases	Increased litigations (increasing contingent liabilities – Money claimed against the state)	Sub-standard care	<ul style="list-style-type: none"> <li>✓ Litigations</li> <li>✓ Loss of funds</li> <li>✓ Increased morbidity and mortality</li> </ul>	5	5	25(H)	<ul style="list-style-type: none"> <li>✓ Conduct clinical reviews and audits.</li> <li>✓ Conducting in-service training and awareness</li> <li>✓ Implementing consequence management</li> <li>✓ Training registrars and open adverts for specialists.</li> <li>✓ Purchasing of health technology within available resources</li> </ul>	65%(satisfactory)	16.5(H)	<p>Strengthen clinical reviews and audits(Mortality and morbidity reviews and training)</p> <p>Provisioning of training for clinical managers and medical doctors on ethics and general management</p>	<p>DDG: Corporate Services</p> <p>DDG: Tertiary and Academic</p>	31 Mar 2024

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No	Category	Outcomes/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
	Financial risk	Management of patient safety incidents improved to reduce new medico-legal cases	Increased litigations (increasing contingent liabilities – Money claimed against the state)	Negative attitude by health workers towards patients	<ul style="list-style-type: none"> <li>✓ Litigations</li> <li>✓ Tarnish image of the department</li> </ul>	5	5	25(Hi)	<ul style="list-style-type: none"> <li>✓ Conducting in-service training and awareness</li> </ul>	65%(satisfactory)	16.5(H)	Continue conducting awareness	DDG: Corporate Services  DDG: Tertiary and Academic	31 Mar 2024
									<ul style="list-style-type: none"> <li>✓ Implementing consequence management</li> </ul>			Continuous implementation of consequence management		
	Financial risk	Management of patient safety incidents improved to reduce new medico-legal cases	Increased litigations (increasing contingent liabilities – Money claimed against the state)	Poor medical records and loss of files  Non implementation of consequence	<ul style="list-style-type: none"> <li>✓ Litigations</li> <li>✓ Loss of funds</li> <li>✓ Tarnish image of the department</li> </ul>	5	5	25(H)	<ul style="list-style-type: none"> <li>✓ Conducting in-service training and awareness</li> <li>✓ Implementing consequence management</li> <li>✓ Implementation of consequence management</li> </ul>	65%(satisfactory)	16.5(H)	Utilize developed unified patient health information system  Implement consequence management	DDG: Corporate Services  DDG: Tertiary	31 Mar 2024

No	Category	Outcomes/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
				management									and Academic	
	Financial risk	Management of patient safety incidents improved to reduce new medico-legal cases	Increased litigations (increasing contingent liabilities – Money claimed against the state)	Poor defence of medico legal cases	<ul style="list-style-type: none"> <li>✓ Litigations</li> <li>✓ Loss of funds</li> <li>✓ Tarnish image of the department</li> </ul>	5	5	25(H)	Department identifies cases that needs alternate dispute resolution (ADR) and facilitates resolution or settlement out of court	65%(satisfactory)	16.5(H)	Reduction of medico-legal expenditure through alternate dispute resolution (ADR)  Reduction of medico-legal expenditure through defence	DDG: Corporate Services  DDG: Tertiary and Academic	31 Mar 2024
												Make representation to the Ministerial Task	DDG: Corporate	31 Mar 2024

No	Category	Outcome s/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
												Team (MTT) to reduce the quantum of cases lost	Servics  DDG: Tertiary and Academic	
2.	Strategic Risk	Infrastructure maintained and back log reduced	Unsafe and dilapidated infrastructure	Insufficient budget to address the health infrastructure challenges.	Poor service delivery  Staff and client injuries, infection, non-conducive working environment and possible litigations	5	5	25 (H)	Maximise utilisation of current budget allocation to refurbish and rehabilitate health infrastructure	65%(satisfactory)	16.5(H)	Prioritised maintenance and refurbishment according to available budget guided by Annual Implementation Plan (AIP) and PIMS )	CD: Infrastructure Management	31 Mar 2024
								25 (H)	Maximum utilisation of in-house maintenance human capital for maintenance ,refurbishment	65%(satisfactory)	16.5(H)	Continue utilisation of current budget allocation to refurbish and rehabilitate health infrastructure	CD: Infrastructure Management	31 Mar 2024

No	Category	Outcome s/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
									and rehabilitation projects					
									Maximum utilisation of in-house maintenance human capital for maintenance ,refurbishment and rehabilitation projects	65%(satisfactory)	16.5(H)	Continue utilisation of in-house maintenance human capital for maintenance ,refurbish and rehabilitation projects	CD: Infrastructure Management	31 Mar 2024
	Strategic Risk	Infrastructure maintained and back log reduced	Unsafe and dilapidated infrastructure	Old and dilapidated infrastructure.  Increase in population growth  Increase in burden of disease	Poor service delivery	5	5	25(H)	✓ Implementation of Annual Implementation Plan (AIP) and PIMS Implementation of Annual Implementation Plan (AIP) and PIMS	65%(satisfactory)	16.5(H)	Building of new infrastructure (Continue Implementation of Annual Implementation Plan (AIP) and PIMS )	CD: Infrastructure Management	31 Mar 2024

No	Category	Outcome s/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
3.	Strategic	Quality of health services in public health facilities improved	Shortage of required skills mix	Budget constraint for implementation of recruitment and retention  None reviewal of the structure	Increase morbidity and mortality  Compromise service delivery	5	4	20(H)	<ul style="list-style-type: none"> <li>✓ Implementation of rural allowance</li> <li>✓ Awarding of study leaves</li> <li>✓ Accreditation of clinical disciplines by HPCSA for registrar training</li> <li>✓ Appointments of session doctors and any other advertised critical posts</li> </ul>	65 % (Satisfactory)	13(M)	<p>Prioritise allocated budget and Head hunting shortage of skilled personnel</p> <p>Review and implement the reviewed structure</p>	DDG: Corporate services	31 Mar 2024
4.	Health and safety	Quality of health services in public health facilities improved	Failure to manage key health priorities (e.g. long queues, medicine stock-outs, governance and	Policy issues that are for and against clinical issues  Legislative issue of	Inadequate access to quality healthcare (long queues etc)	4	4	16(H)	<p>Progressively achieve Universal Healthcare Coverage (UHC) through National Health Insurance (NHI)</p> <p>Implement quality improvement in</p>	80% (Weak)	12.8.(M)	Implementation of Universal Healthcare Coverage (UHC) in line with National Health Insurance (NHI)	DDG: Health Care Services  and DDG: Tertia	31 Mar 2024

No	Category	Outcome s/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
			leadership , staff attitudes, cleanliness)	right and responsibility  Budget constraints (unfunded mandates )  .					the provision of healthcare  Build and refurbish health infrastructure for effective service delivery  Engineering of the District health services for primary health care  Filling of vacant posts in the key health categories				ry and Academic Health Services	
	Health and safety	Quality of health services in public health facilities improved	Failure to manage key health priorities (e.g. long queues, medicine stock-outs, governance	Inadequate skill and supporting staff  Inadequate medical	Inadequate access to quality healthcare (long queues etc)	4	4	16(H)	Implement quality improvement in the provision of healthcare  Build and refurbish health infrastructure for effective service delivery	80% (Weak)	12.8(M)	Strengthen quality improvement in the provision of healthcare	DDG: Health Care Services and	31 Mar 2024

No	Category	Outcome s/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
			<p>Leadership, staff attitudes, cleanliness)</p> <p>equipment and essential medicine</p> <p>Negative staff attitude</p>						<p>Engineering of the District health services for primary health care</p> <p>Filling of vacant posts in the key health categories</p>				DDG: Tertiary and Academic Health Services	



No	Category	Outcome s/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
	Health and safety	Quality of health services in public health facilities improved	Failure to manage key health priorities (e.g. long queues, medicine stock- outs, governance and leadership , staff attitudes, cleanlines s)	Poor re- engineeri ng of district health services for primary health care	Inadequa te access to quality healthcar e (long queues etc)	4	4	16( H)	Engineering of the District health services for primary health care	80% (Weak)	12.8( M)	Strengthen / re- engineering district health services for primary health care	DDG: Health Care Services  and DDG: Tertiary and Academic Health Services	31 Mar 2024

No	Category	Outcome s/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
	Health and safety	Quality of health services in public health facilities improved	Failure to manage key health priorities (e.g. long queues, medicine stock-outs, governance and leadership, staff attitudes, cleanliness)	Lack of unified patient health information system	Inadequate access to quality healthcare (long queues etc)	4	4	16(H)	Engineering of the District health services for primary health care	80% (Weak)	12.8(M)	Develop and implement unified patient health information system	DDG: Health Care Services  and DDG: Tertiary and Academic Health Services	31 Mar 2024

No	Category	Outcome s/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
	Health and safety and Business Continuity	Patient experience of care in public health facilities improved	Failure to manage key health priorities (e.g. long queues, medicine stock-outs, governance and leadership, staff attitudes, cleanliness)	Reactive management on medicine stock-outs	Patients not having access to a quality health care	4	4	16(H)	Implement effective utilization of current medicine using the Limpopo Province Medicines Formulary.	80% (Weak)	12.8(M)	Monitor medicine stock at all levels of care using SVS at PHC level, Rx Solutions at Hospitals & PDSX at Depot. Actively manage stock movement between depot & facilities, and between facilities.	DDG: Tertiary and Academic Health Services	31 Mar 2024
	Health and safety and Business Continuity	Patient experience of care in public health facilities improved	Failure to manage key health priorities (e.g. long queues, medicine stock-outs, governance and leadership)	Passive management on medicine stock-outs	Patients not having access to a quality health care	4	4	16(H)	Implement effective utilization of current medicine using the Limpopo Province Medicines Formulary.	80% (Weak)	12.8(M)	Maintain optimal medicine stock levels in line with Annual Performance Plan targets.  Prioritization of the budget to procure sufficient expanded	DDG: Tertiary and Academic Health Services	31 Mar 2024

No	Category	Outcomes/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
			, staff attitudes, cleanliness)									programme on immunization (EPI) vaccines		
5	ICT risk	Improved co-ordination of health services across the care continuum, re-orienting the health system towards primary health	Poor connectivity in leveraging of full functionality of the stock monitoring system)	Obsolete ICT infrastructure and software versions	Poor health care service delivery	5	5	25(H)	Phased in approach of ICT equipment procurement (due to budgetary constraints)  Contracted technical ICT support staff placed at health facilities	40%(Good)	10(M)	Implement ICT Strategic Plan	DDG: Corporate services	31 Mar 2024
	ICT risk	Improved co-ordination of health services	Poor connectivity in leveraging of full functional	Slow SITA procurement process	Poor health care service delivery	4	5	25(H)	Phased in approach of ICT equipment procurement (due to budgetary constraints)	40%(Good)	10(M)	Collaborate with SITA to ensure seamless connectivity in all health facilities to enhance functionality of	DDG: Corporate services	31 Mar 2024

No	Category	Outcomes/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
		across the care continuum, re-orienting the health system towards primary health	ity of the stock monitoring system)						Contracted technical ICT support staff placed at health facilities			the stock monitoring system)		
6.	Strategic Risk	To improve health management information system	Inadequate Records management	Lack of proper storage in the institutions	Loss of information Litigations	5	5	25(H)	Scanning and Archiving service contract in place	40%( Good )	10(M)	Remove records from the institutions, scan and archive offsite	DDG: Corporate services	31 Mar 2024
7.	Financial risk	Improve financial management	Fraud and Corruption	Weak internal control	Unwanted expenditure  Failure to deliver services	5	5	25(H)	Ongoing monitoring  Oversight by external structures	40%( Good )	10(M)	Strengthen the effectiveness on the implementation of internal control measures	CFO	31 Mar 2024

No	Category	Outcome s/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
									Implement consequence management					
	Financial risk	Improve financial management	Fraud and Corruption	Non implementation of external oversight recommendation on fundings	Unwanted expenditure  Failure to deliver services	5	5	25(H)	Implementation of oversight fundings recommendations by external structures  Implement consequence management	40%(Good)	10(M)	Develop action plan or improvement plan to close the gaps identified and implement	CFO	31 Mar 2024
	Financial risk	Improve financial management	Fraud and Corruption	None implementation of consequence management and awareness to transgressors	Unwanted expenditure  Failure to deliver services	5	5	25(H)	Ongoing monitoring  Oversight by external structures	40%(Good)	10(M)	Strengthen consequence management  Continue conducting of anti-Fraud risk assessments and awareness programmes	CFO	31 Mar 2024

No	Category	Outcome s/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
									Implement consequence management  conducting of anti-Fraud risk assessments and awareness programmes					
8.	Financial	Improve financial management	Inadequate asset management (Loss of Assets)	The asset register not updated with the change in personnel and location	Financial burden  Audit query	5	5	25(H)	Perform asset verifications twice in a financial year.	40%(Good)	10(M)	Perform assets spot checks on a weekly basis in order to update the assets register with any changes to assets details, such as location, and user.  Perform assets verification once a year.	CFO	31 Mar 2024
	Financial	Improve financial	Inadequate asset	The asset register not	Financial burden	5	5	25(H)	Perform asset verifications twice	40%(Good)	10(M)	Provide awareness on assets	CFO	31 Mar 2024

No	Category	Outcome s/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
		management	management (Loss of Assets)	updated with the change in personnel and location  Inventory lists not effectively maintained	Audit query				in a financial year.			management procedures to employees of the department.		
	Financial	Improve financial management	Inadequate asset management (Loss of Assets)	Assets recorded at incorrect values	Under/over statement of asset  Incorrect disclosure in the financials	5	5	25(H)	Manual physical verification of assets  Prior year assets incorrectly valued manually verified to confirm description and then value them correctly.	40%(Good)	10(M)	- Reconciliation of BAS and the asset register on newly acquired assets. - Perform review of assets recon before assets are	CFO	31 Mar 2024



No	Category	Outcome s/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
												added to the assets register.		
9.	Environmental  Social	Quality of health services in public health facilities improved	Inability to respond to Disaster	Lack of a provincial integrated disaster management framework and Business Continuity Management framework	Poor respond to disaster management	5	5	25(H)	Implementing departmental business Continuity Management Plans	40%(Good)	10(M)	Continue Implementing Departmental, Business Continuity Management Plans	CRO	31 Mar 2024
10	Health and safety	Morbidity and Premature mortality due to Non-Communicable diseases reduced by 10%	Increased Health Burden  (Risky lifestyle among community members)	Inadequate awareness on disease	Increase complications  Death  Increase in health care services demand	5	5	25(H)	Health education, and promotion prevention conducted	40%(Good)	10(M)	Conduct community awareness campaigns	DDG: Health Care Services and DDG: Tertiary and	31 Mar 2024

No	Category	Outcomes/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
													Academic Health Services	
	Health and safety	Morbidity and Premature mortality due to Non-Communicable diseases reduced by 10%	Increased Health Burden (Ineffective communicable diseases management)	Inadequate awareness on disease  Repeated waves and rapid spread	Increase complications  Death  Increase in health care services demand	5	5	25(H)	Health education, promotion and prevention.	40%(Good)	10(M)	Strengthen surveillance system for notifiable medical condition	DDG: Health Care Services	31 Mar 2024
									Progressively achieve Universal Healthcare Coverage (UHC) through National Health Insurance (NHI)			Assess the provincial health facilities status and medical staffing capacity		

No	Category	Outcome s/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
												Develop and implementation to close identified gaps in the assessment.		
	Health and safety	Morbidity and Premature mortality due to Non-Communicable diseases reduced by 10%	Ineffective communicable diseases management	Inadequate awareness on disease  Repeated waves and rapid spread	Increase complications  Death  Increase in health care services demand	5	5	25(H)	Implement resolutions of provincial outbreak response committee.	40%(Good)	10(M)	Continue implementing resolutions of provincial outbreak response committee.	DDG: Health Care Services	31 Mar 2024
	Health and safety	Morbidity and Premature mortality due to Non-Communicable diseases	Ineffective communicable diseases management	Inadequate awareness on disease  Repeated waves and	Increase complications  Death  Increase in health care	5	5	25(H)	Health education, promotion and prevention.	40%(Good)	10(M)	Continue with vaccination programme for vaccine preventable diseases.	DDG: Health Care Services	31 Mar 2024

No	Category	Outcomes/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
		reduced by 10%		rapid spread	services demand									
	Health and safety	Morbidity and Premature mortality due to Non-Communicable diseases reduced by 10%	Ineffective communicable diseases management	Partial tracing of patient through community health workers (CHWs) and stakeholders	Increase complications  Death  Increase in health care services demand	5	5	25(H)	Health education, promotion and prevention.	40%(Good)	10(M)	Strengthen patient tracing through community health workers (CHWs) and stakeholders	DDG: Health Care Services	31 Mar 2024
	Health and safety	Morbidity and Premature mortality due to Non-Communicable diseases reduced by 10%	Ineffective communicable diseases management	Inadequate awareness on disease  Repeated waves and rapid spread	Increase complications  Death  Increase in health care services demand	5	5	25(H)	Health education, promotion and prevention.	40%(Good)	10(M)	Strengthen implementation of the 90-90-90 Strategy.	DDG: Health Care Services	31 Mar 2024

No	Category	Outcome s/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
	Health and safety	Morbidity and Premature mortality due to Non-Communicable diseases reduced by 10%	Ineffective communicable diseases management	Non participation in interdepartmental meetings	Increase complications  Death  Increase in health care services demand	5	5	25(Hi)	Participate on the interdepartmental meetings with CoGHSTA, Water and Sanitation, and the Department of Agriculture Provincial public health to develop early warning system for infectious diseases (iDEWS) with National Institute of Communicable Diseases Control (NICC)	40%(Good)	10(M)	Strengthen participation in interdepartmental meetings with CoGHSTA, Water and Sanitation, and the Department of Agriculture Provincial public health to participate in the development of an early warning system for infectious diseases (iDEWS) with National Institute of Communicable Diseases Control (NICC).	DDG: Health Care Services and DDG: Tertiary and Academic Health Services	31 Mar 2024
	Health and safety	AIDS related deaths reduced	Ineffective communicable diseases	None implementation of HIV/AIDS	Increase complications	5	5	25(H)	implementation of HIV/AIDS and tuberculosis prevention and	40%(Good)	10(M)	Strengthen Implementation of the universal test	DDG: Health Care	31 Mar 2024

No	Category	Outcomes/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
		by implementing the 90-90-90 strategy	management	and tuberculosis prevention and management programmes	Death  Increase in health care services demand				management programmes			and treatment intervention	Services	
	Health and safety	Morbidity and Premature mortality due to Non-Communicable diseases reduced by 10%	Ineffective communicable diseases management	Partial tracing of patient through community health workers (CHWs) and stakeholders	Increase complications  Death  Increase in health care services demand	5	5	25(H)	Health education, promotion and prevention.	40%(Good)	10(Medium)	Strengthen patient tracing through community health workers (CHWs) and stakeholders	DDG: Health Care Services and DDG: Tertiary and Academic Health Services	31 Mar 2024

No	Category	Outcomes/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
	Health and safety	Morbidity and Premature mortality due to Non-Communicable diseases reduced by 10%	Ineffective communicable diseases management	None fumigation/malaria-spraying of households	Increase complications  Death  Increase in health care services demand	5	5	25(H)	Implementation of fumigation/malaria-spraying of households schedule	40%(Good)	10(M)	Adhered to fumigation/malaria-spraying of households schedule and awareness	DDG: Tertiary and Academic Health Services	31 Mar 2024
11	Health and safety	Maternal, Neonatal, and Child Mortality reduced	Lack of capacity to manage women and child health (e.g. medical equipment, infrastructure not fit for purpose,	Inadequate specialist, skills knowledge, and capacities  Inadequate necessary medical equipment	Increase maternal child and woman mobility and mortality	5	5	25(H)	Reduce maternal and child morbidity and mortality by 10%	40%(Good)	10(M)	Continue reduce maternal and child morbidity and mortality by 10%	DDG: Health Care Services and DDG: Tertiary and Academic Health	31 Mar 2024

No	Category	Outcome s/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
			inadequate skills mix)	Inadequate awareness  Inadequate clinical audit									Services	
	Health and safety	Maternal, Neonatal, and Child Mortality reduced	Lack of capacity to manage women and child health (e.g. medical equipment, infrastructure not fit for purpose, inadequate skills mix)	Inadequate family preservation programmes	Increase maternal child and woman mobility and mortality	5	5	25(H)	Implementation family preservation programmes	40%(Good)	10(M)	Strengthen family preservation programmes	DDG: Health Care Services and DDG: Tertiary and Academic Health Services	31 Mar 2024

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No	Category	Outcome s/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
		Maternal, Neonatal, and Child Mortality reduced	Lack of capacity to manage women and child health (e.g. medical equipment, infrastructure not fit for purpose, inadequate skills mix)			5	5	25(H)	Implementation /adherence of maternal health standard	40%( Good )	10(M)	Strengthen reproductive health by implementing Long Acting Reversible Contraceptives (LARC)	DDG: Health Care Services and DDG: Tertiary and Academic Health Services	31 Mar 2024
	Health and safety	Maternal, Neonatal, and Child Mortality reduced	Lack of capacity to manage women and child health (e.g. medical	None implementation/adherence of maternal health standard	Increase maternal child and woman mobility and mortality	5	5	25(H)	implementation /adherence of maternal health standard	40%( Good )	10 (M)	Continue implementing /adherence of maternal health standard	DDG: Health Care Services and DDG: Tertiary	31 Mar 2024

No	Category	Outcomes/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
			equipment, infrastructure not fit for purpose, inadequate skills mix)										ry and Academic Health Services	
	Health and safety	Maternal, Neonatal, and Child Mortality reduced	Lack of capacity to manage women and child health (e.g. medical equipment, infrastructure not fit for purpose, inadequate skills mix)	Inadequate community awareness	Increase maternal child and woman mobility and mortality	5	5	25(H)	Implementation of recruitment plan and rotation strategy	40%(Good)	10(M)	Conduct community awareness	DDG: Health Care Services and DDG: Tertiary and Academic Health Services	31 Mar 2024

No	Category	Outcome s/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
	Health and safety	Maternal, Neonatal, and Child Mortality reduced	Lack of capacity to manage women and child health (e.g. medical equipment, infrastructure not fit for purpose, inadequate skills mix)	No monthly clinical audit on the use of maternal health standards	Increase maternal child and woman mobility and mortality	5	5	25(H)	Conducting clinical audit monthly on the use of maternal health standards	40%(Good)	10(M)	Continue with monthly clinical audit on the use of maternal health standards	DDG: Health Care Services and DDG: Tertiary and Academic Health Services	31 Mar 2024
	Health and safety	Maternal, Neonatal, Infant and Child Mortality reduced	Lack of capacity to manage women and child health (e.g. medical equipment, ,	Inadequate necessary medical equipment	Increase maternal child and woman mobility and mortality	5	5	25(H)	Procure the necessary medical equipment	40%(Good)	10(M)	Continue procure the necessary medical equipment	DDG: Health Care Services	31 Mar 2023

No	Category	Outcome s/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
			infrastructure not fit for purpose, inadequate skills mix)										ces and DDG: Tertiary and Academic Health Services	
	Health and safety	Maternal, Neonatal, Infant and Child Mortality reduced	Lack of capacity to manage women and child health (e.g. medical equipment, infrastructure not fit for purpose, inadequate	Inadequate specialist	Increase maternal child and woman mobility and mortality	5	5	25(H)	In-service training and Health promotion	40%(Good)	10(M)	Skills capacity building among health professionals	DDG: Health Care Services and DDG: Tertiary	31 Mar 2023

No	Category	Outcome s/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
			e skills mix)										and Academic Health Services	
	Health and safety	Maternal, Neonatal, Infant and Child Mortality reduced	Lack of capacity to manage women and child health (e.g. medical equipment, infrastructure not fit for purpose, inadequate skills mix)	Inadequate neonatal facilities Inadequate clinical audit	Increase maternal child and woman mobility and mortality	5	5	25(H)	Implementation of recruitment plan and rotation strategy  Conducting clinical audit monthly on the use of maternal health standards	40% (Good)	10(M)	Accelerate deliverance of the centre of excellence	DDG: Health Care Services and DDG: Tertiary and Acad	31 Mar 2023

No	Category	Outcome s/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure	Risk Owner	Time Frame
						Impact	L/H							
													emic Health Services	
12	Governance	Co-ordinating of health services across the care continuum, re-orienting the health system towards primary health	Lack of effective governance and poor monitoring and evaluation	Lack monitoring of public entities	Poor planning and service delivery	4	3	12(M)	Agreements aligned to government priorities in place	65% Satisfactor y	7.80(M)	Conduct quarterly review of financial and non-financial performance with analyses	CD: Strategic, Planning, Policy and Monitoring	31 Mar 2024

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Table 11

## 12. SPECIFIC RISKS

## Fraud / Finance &amp; SCM Risks

No	Risk Category	Objective/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure / Plan	Risk Owner	Time Frame
						Impact	L/H							
1.	Finance Risk	Improve financial management	Unwanted expenditures	Inadequate funding leading to incurring interests	Irregular, unauthorised expenditures and Fruitless expenditure	5	5	25(H)	Prioritise and utilize budget provided	40%(Good)	10(M)	Request adequate funding	CFO	31 Mar 2024
	Finance Risk	Improve financial management	Unwanted expenditures	Inadequate training on financial management	Irregular, unauthorised expenditures and Fruitless expenditure	5	5	25(H)	Conduct training on financial management	40%(Good)	10(M)	Continue with training on financial management	CFO	31 Mar 2024
	Finance Risk	Improve financial management	Unwanted expenditures	Non-compliance to regulations	Irregular, unauthorised expenditures and	5	5	25(H)	Apply corrective measure for non-compliance	40%(Good)	10(M)	Continue applying corrective measures for non-compliance	CFO	31 Mar 2024

No	Risk Category	Objective/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure / Plan	Risk Owner	Time Frame
						Impact	L/H							
					Fruitless expenditure				Utilising policies that are in place					
2.	Fraud & Finance Risk	Improve financial management	Fraud, theft and corruption	Non-adherence to financial related prescripts (PFMA, Treasury Regulations, instruction notes etc.)  Lack of ethics (collusion or fronting etc.)	Loss of funds  Undermine service delivery  Tarnish the image of the department	5	3	15(H)	Implement enterprise wide managerial internal controls  Awareness campaign  Implementation of fraud prevention strategy  Implementation of whistle blowing policy  Conducting investigations	65%(Satisfactory)	9.75(M)	Enforce consequences management	CFO  DDG :Corporate Services	31 Mar 2024



No	Risk Category	Objective/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure / Plan	Risk Owner	Time Frame
						Impact	L/H							
	Fraud & Finance Risk	Improve financial management	Fraud, theft and corruption	Weak internal control (Lack of segregation of duties)  Lack of supervision etc.)	Loss of funds  Undermine service delivery  Tarnish the image of the department	5	3	15(H)	Internal auditing	65%(Satisfactory)	9.75(M)	Strictly apply segregation of duties	CFO  DDG :Corporate Services	31 Mar 2024
3.	Supply Chain Management Risk (SCM)	Improve financial management	Ineffective procurement processes	Inadequate capacity of the procurement system	Fewer projects are implemented	4	4	16(H)	Encourage a tender reform	40% (Good)	6.4(L)	Capacitate and Implement procurement system	CFO	31 Mar 2024
	Supply Chain Management Risk (SCM)	Improve financial management	Ineffective procurement	Improper management of quotations	Poor service delivery	4	4	16(H)	Encourage a tender reform	40% (Good)	6.4(L)	Revisiting of the processing of procuring emergency	CFO	31 Mar 2024

No	Risk Category	Objective/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure / Plan	Risk Owner	Time Frame
						Impact	L/H							
			processes									goods and services		
4.	Finance Risk	Improve financial management	Abuse of overtime	Non-compliance to departmental policies	Financial loss	5	3	15(H)	Circular on overtime is in place and is utilised	40% (Good)	6(L)	Enforce compliance to departmental policies	DDG: Corporate Services	31 March 2024
	Finance Risk	Improve financial management	Abuse of overtime	Partial implementation of consequences management	Financial loss	5	3	15(H)	Apply supervision Apply corrective measures for non-compliance	40% (Good)	6(L)	Continue applying corrective measure for non-compliance	DDG: Corporate Services	31 March 2024

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Table 12

## Health &amp; Safety Risks

Risk No	Risk Category	Objective/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure / Plan	Risk Owner	Time Frame
						Impact	L/H							
1.	Health & Safety	Co-ordinating of health services across the care continuum, re-orienting the health system towards primary health	Ineffective emergency medical service	Lack of proper system (Communication and information technology)	Sub-standard care  Reputational damage  Loss of life  Litigations	4	4	16(H)	Utilization of available communication including personal cell phones	65% (Satisfactory)	10,4 (M)	Migration from analogue to digital system	DDG: Tertiary and Academic Health Service	31 March 2024
	Health & Safety	Co-ordinating of health services across the care continuum	Ineffective emergency medical service	Shortage of intermediate and advanced life support	Sub-standard care  Reputational damage	4	4	16(H)	Appointment of appropriate qualified EMS staff personnel	65% (Satisfactory)	10,4 (M)	Recruit and retain appropriate qualified EMS staff.	DDG: Tertiary and Academic Health Service	31 March 2024

Risk No	Risk Category	Objective/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure / Plan	Risk Owner	Time Frame
						Impact	L/H							
		m, re-orienting the health system towards primary health		personnel	Loss of life  Litigations									
	Health & Safety	Co-ordinating of health services across the care continuum, re-orienting the health system towards primary health	Ineffective emergency medical service	Inadequate In-service training of EMS personnel	Sub-standard care  Reputational damage  Loss of life  Litigations	4	4	16(H)	In-service training of EMS personnel	65% (Satisfactory)	10,4 (M)	Continuous In-service training of EMS personnel	DDG: Tertiary and Academic Health Service	31 March 2024
	Health & Safety	Co-ordinating of health services	Ineffective emergency	Economic lifespan of the	Delayed EMS Response	4	4	16(H)		65% (Satisfactory)	10,4 (M)	Purchase of new ambulances	DDG: Tertiary and Academic	31 March 2024

Risk No	Risk Category	Objective/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure / Plan	Risk Owner	Time Frame
						Impact	L/H							
		across the care continuum, re-orienting the health system towards primary health	medical service	ambulance exceeded	Sub-standard care  Reputational damage  Loss of life  Litigations								mic Health Service	
2.	Health & Safety	Improved co-ordination of health services across the care continuum, re-orienting the health system towards	Inadequate handling of waste management	Failure to follow waste management protocol  Poor Health Care	Exposure of waste to unauthorised persons  Litigations  Spread of infections (nosocomial infections)	4	4	16(H)	Service provider appointed to health care risk waste  Department monitors the waste management service	40% (Good)	6,4(L)	Continue to strictly monitor service provider appointed to handle health care risk waste	DDG: Health Care Services	31 March 2024

Risk No	Risk Category	Objective/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure / Plan	Risk Owner	Time Frame
						Impact	L/H							
		primary health												
	Health & Safety	Improved co-ordination of health services across the care continuum, re-orienting the health system towards primary health	Inadequate handling of waste management	Inadequate capacity building of health care workers	Exposure of waste to unauthorised persons  Litigations  Spread of infections (nosocomial infections)	4	4	16(H)	Capacitation of health care workers	40% (Good)	6,4(L)	Continue capacity building of health care workers	DDG: Health Care Services	31 March 2024
	Health & Safety	Improved co-ordination of health services across	Inadequate handling of waste management	Health Care Risk Waste (HCRW)	Exposure of waste to unauthorised persons  Litigations	4	4	16(H)	Infrastructure plan also includes KCRW	40% (Good)	6,4(L)	Improve HCRW infrastructure		

Risk No	Risk Category	Objective/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure / Plan	Risk Owner	Time Frame
						Impact	L/H							
		the care continuum, re-orienting the health system towards primary health		Infrastructure	Spread of infections (nosocomial infections)									
3.	Health & Safety	Improved co-ordination of health services across the care continuum, re-orienting the health system towards primary health	Escalating crime activities in health facilities	Poor security measures	Injuries, loss of life and personal properties.  Disturbance of 24 hour services  Trauma and absenteeism	5	3	15(H)	Security services outsourced to different service providers and they are conducting in-service training Awareness to employee also conducted	40 % (Good)	6 (L)	Conduct and monitor in-service training on security	CFO	31 March 2024

Risk No	Risk Category	Objective/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure / Plan	Risk Owner	Time Frame
						Impact	L/H							
	Health & Safety	Improved co-ordination of health services across the care continuum, re-orienting the health system towards primary health	Escalating crime activities in health facilities	Non installation or upgrade of security measures (electronic access control system)	Poor security measures  Lack of information when security breach occurred	5	3	15(M)	Security officer are utilising hand held metal detectors and access registers	40%(Good)	6(L)	Installation of electronic access control systems	CFO	31 March 2024
4.	Business Continuity	Improved co-ordination of health services across the care continuum, re-orienting	Limited capacity in training and development	Not Enter into a memorandum of understanding with higher learning	Poor service delivery  Lack of information in newly improved	4	3	12(M)	Department enter into MOU with some of the institutions of high learning	40%(Good)	4.8(L)	Enter into a memorandum of understanding with local institutions of higher learning for enhancement of staff	DDG: Corporate Services	31 March 2024




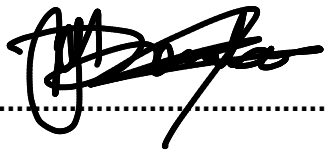
Risk No	Risk Category	Objective/ Annual Target	Risk	Cause	Consequence	Inherent Risk		Inherent Risk Exp	Current Control	Control Effectiveness	Residual risk exposure	Mitigation Measure / Plan	Risk Owner	Time Frame
						Impact	L/H							
		the health system towards primary health		institutions	developments							development		
	Business Continuity	Improved co-ordination of health services across the care continuum, re-orienting the health system towards primary health	Limited capacity in training and development	Limited funding	Poor service delivery  Lack of information in newly improved developments	4	3	12(M)	Department enter into MOU with some of the institutions of high learning	40%(Good)	4.8	Prioritise training base on the funds available	DDG: Corporate Services	31 March 2024

NS

### 13. RISK RESPONSE AND MONITORING

- The management interventions that need to be undertaken are indicated as mitigation measure on both the strategic and operational risk plans, these interventions should be constantly monitored.
- The Accounting Officer has appointed the Risk Management Committee which sits on a quarterly basis and when the need arises. The committee is governed by the charter which was developed based on the Office of the Provincial Treasury Risk Management Policy. The Committee is composed of the Senior Management members who play a strategic role at their workstations and in the department.

### 14. APPROVAL

Report Compiled by..... 	Date..06 / 06 / 2023.....
Mr. Nkgau NS (Chief Risk Officer)	
Recommended by Risk Management Committee	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Approved by..... 	Date..07/06/2023.....
Dr .Dombo M (Accounting Officer)	

### 15. ANNEXURES

- Annexure A: Enterprise Risk Management Implementation Plan for FY 2023/24
- Annexure B: Risk Management Strategy 2022/2025
- Annexure C: Schedule for Ethics and Risk Management meeting for FY 2023/24