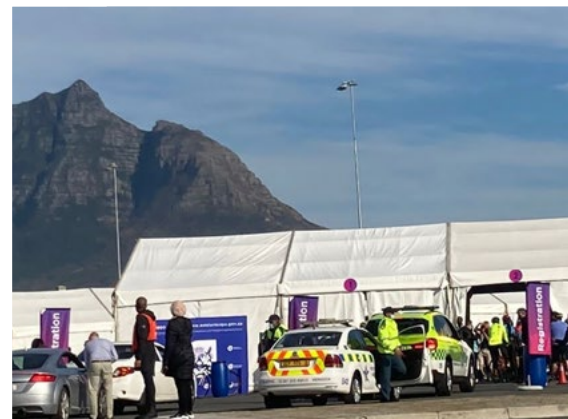




Western Cape  
Government



Health

Annual Report  
2021-2022



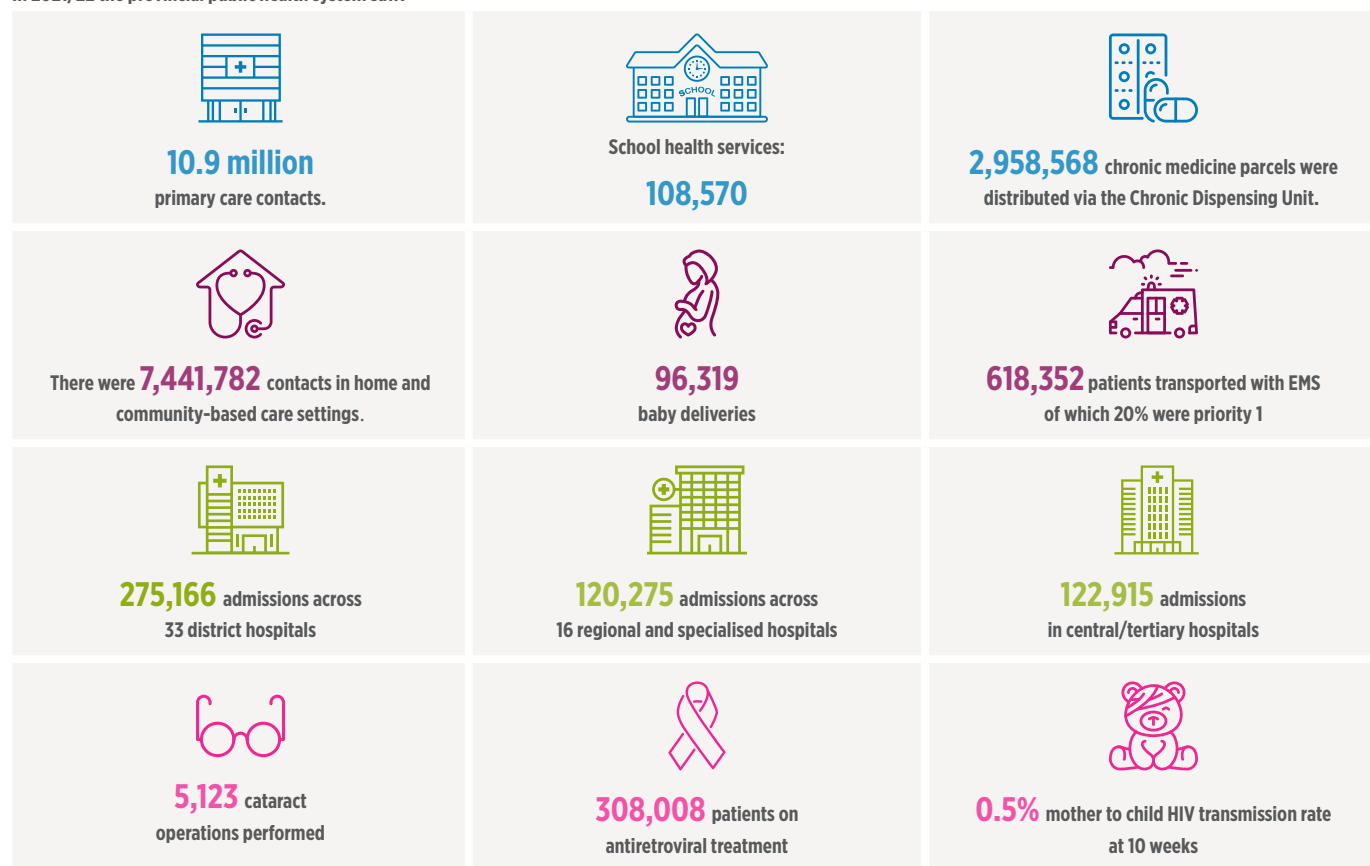




The Western Cape population for 2021/22 was estimated at 7,1 million, with 74.9 per cent of the population served by public health services

## Service Delivery

In 2021/22 the provincial public health system saw:



In 2021/22 a total of:



## Organisation environment



The Department employs **33 612** staff members who are comprised of



**65%** health professionals



and **35%** administrative support staff

## Total expenditure for 2021/22

PROGRAMME NAME	2021/22 Actual expenditure R'000
PROGRAMME 1: ADMINISTRATION	1 414 302
PROGRAMME 2: DISTRICT HEALTH SERVICES	11 641 741
PROGRAMME 3: EMERGENCY MEDICAL SERVICES	1 240 109
PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES	4 270 446
PROGRAMME 5: CENTRAL HOSPITAL SERVICES	7 500 949
PROGRAMME 6: HEALTH SCIENCES AND TRAINING	343 840
PROGRAMME 7: HEALTH CARE SUPPORT SERVICES	546 146
PROGRAMME 8: HEALTH FACILITIES MANAGEMENT	958 721
<b>TOTAL</b>	<b>27 916 254</b>







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# PART A

## GENERAL INFORMATION









# 1 PART A: General Information

## Department's General Information

### *FULL NAME OF DEPARTMENT*

Western Cape Government: Health

### *PHYSICAL ADDRESS OF HEAD OFFICE*

4 Dorp Street, Cape Town, 8001

### *POSTAL ADDRESS OF HEAD OFFICE*

PO Box 2060, Cape Town, 8000

### *CONTACT TELEPHONE NUMBERS*

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### *FAX NUMBER*

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### *E-MAIL ADDRESS*

Marika.Champion@westerncape.gov.za

### *WEBSITE ADDRESS*

<http://www.westerncape.gov.za>



## 1.1 List of Abbreviations/Acronyms

<b>AGSA</b>	Auditor-General of South Africa
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ANC</b>	Antenatal Care
<b>APP</b>	Annual Performance Plan
<b>ART</b>	Antiretroviral Therapy
<b>ARV</b>	Anti-retroviral
<b>BAC</b>	Bid Adjudication Committee
<b>BAS</b>	Basic Accounting System
<b>B-BBEE</b>	Broad-Based Black Economic Empowerment
<b>BEC</b>	Bid Evaluation Committee
<b>BSC</b>	Bid Specification Committee
<b>CA</b>	Compliance Assessment
<b>CBS</b>	Community-Based District Health Services
<b>CD</b>	Chief Director
<b>CDC</b>	Community Day Centre
<b>CEO</b>	Chief Executive Officer
<b>CFO</b>	Chief Financial Officer
<b>CHC</b>	Community Health Centre
<b>CHE</b>	Council on Higher Education
<b>CHW</b>	Community Health Workers
<b>COVID-19</b>	Coronavirus Disease 2019
<b>CSD</b>	Central Supplier Database
<b>CMD</b>	Central Medical Depot
<b>DHS</b>	District Health System
<b>DICU</b>	Devolved Internal Control Unit
<b>DoH</b>	Department of Health
<b>DORA</b>	Division of Revenue Act
<b>DORB</b>	Division of Revenue Bill
<b>DPSA</b>	Department of Public Service Administration
<b>EC</b>	Emergency Centres
<b>ECC</b>	Emergency Call Centres
<b>ECSS</b>	Emergency and Clinical Services Support
<b>EE</b>	Employment Equity
<b>EHWP</b>	Employee Health and Wellness Programme
<b>EMC</b>	Emergency Medical Care

<b>EMS</b>	Emergency Medical Services
<b>EPWP</b>	Expanded Public Works Programme
<b>ER</b>	Employee Relations
<b>ERM</b>	Enterprise Risk Management
<b>EW</b>	Employee Wellness
<b>FPL</b>	Forensic Pathology Laboratory
<b>FPS</b>	Forensic Pathology Services
<b>GESF</b>	Gender Equality Strategic Framework
<b>HIE</b>	Health Information Exchange
<b>HIV</b>	Human Immunodeficiency Virus
<b>HOD</b>	Head of Department
<b>HPCSA</b>	Health Professions Council of South Africa
<b>HPTDG</b>	Health Professions Training and Development Grant
<b>HR</b>	Human Resources
<b>HRD</b>	Human Resources Development
<b>HPRS</b>	Health Patient Register System
<b>HT</b>	Health Technology
<b>HTA</b>	High Transmissions Areas
<b>HTS</b>	HIV Testing Services
<b>IA</b>	Internal Assessment
<b>IC</b>	Ideal Clinic
<b>ICRM</b>	Ideal Clinic Realization and Maintenance
<b>ICS</b>	Improvement of Condition of Service
<b>ICU</b>	Intensive Care Unit
<b>ICU</b>	Information Compliance Unit
<b>ICT</b>	Information and Communications Technology
<b>IDMS</b>	Infrastructure Delivery Management System
<b>IE</b>	Irregular Expenditure
<b>IFS</b>	Interim Financial Statement
<b>IMLC</b>	Constitutional Management Labour Committees
<b>MEC</b>	Member of the Executive Council
<b>MMC</b>	Medical Male Circumcision
<b>MMS</b>	Middle Management Service
<b>MPSA</b>	Minister of Public Service and Administration



<b>MTEF</b>	Medium-Term Expenditure Framework
<b>MTSF</b>	Medium-Term Strategic Framework
<b>N/A</b>	Not applicable / Not available / No answer
<b>NCS</b>	National Core Standards
<b>NDA</b>	Non-Disclosure Agreement
<b>NDoH</b>	National Department of Health
<b>NDP</b>	National Development Plan
<b>NGO</b>	Non-Government Organisation
<b>NHA</b>	National Health Act
<b>NHI</b>	National Health Insurance
<b>NIMS</b>	Nursing Information Management System
<b>NPO</b>	Non-Profit Organisation
<b>NT</b>	National Treasury
<b>NTSG</b>	National Tertiary Services Grant
<b>OHSC</b>	Office of Health Standards Compliance
<b>OHS</b>	Occupational Health and Safety
<b>OPD</b>	Outpatient Department
<b>OSD</b>	Occupation Specific Dispensation
<b>OTL</b>	Outreach Team Lead
<b>PA</b>	People Practices & Administration
<b>PCR</b>	Polymerase Chain Reaction
<b>PD</b>	People Development
<b>PERSAL</b>	Personnel and Salary Information System
<b>PES</b>	Provincial Equitable Share

<b>PFS</b>	Provincial Forensic Services
<b>PFMA</b>	Public Finance Management Act
<b>PHC</b>	Primary Health Care
<b>PM</b>	People Management
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>PPE</b>	Personal Protective Equipment
<b>PPP</b>	Public Private Partnership
<b>PS</b>	People Strategy
<b>PSCBC</b>	Public Service Co-ordinating Bargaining Council
<b>PSP</b>	Provincial Strategic Plan
<b>PSRMF</b>	Public Sector Risk Management Framework
<b>PT</b>	Provincial Treasury
<b>PTI</b>	Provincial Treasury Instruction
<b>SABS</b>	South African Bureau of Standards
<b>SCM</b>	Supply Chain Management
<b>SCOPA</b>	Standing Committee on Public Accounts
<b>SHERQ</b>	Safety, Health, Environment, Risk and Quality Management
<b>SL</b>	Service Level
<b>SMS</b>	Senior Management Service
<b>STI</b>	Sexually Transmitted Infection
<b>TB</b>	Tuberculosis
<b>WCG</b>	Western Cape Government
<b>WCGH</b>	Western Cape Government: Health



## 1.2 Foreword by the MEC

The year 2021, started on a bumpy ride with the COVID-19 second wave claiming more lives including those of our beloved healthcare workers. The moral injury to our clinical staff during that period was severely traumatic and the high incidence of COVID-19 amongst healthcare workers added further pressure to staff not quarantining or in isolation and yet they soldiered on day in and day out. The first and second waves showed us that healthcare workers play a critical role in our response to the COVID-19 pandemic. They serve as our frontline workers in the fight against COVID-19, which is why we have taken every step to ensure that our staff are protected and the healthcare system is adequately capacitated. We have done this by extending contracts for the most critical posts.

It was exciting when access to the vaccine as an effective intervention to the COVID-19 was found. The healthcare workers were the first group to be vaccinated in the initial phase of the rollout. I encouraged all the healthcare workers to vaccinate so that they protect themselves, the people they are working with and their loved ones. I started a roadshow to engage all healthcare workers including Traditional Health Practitioners and the complementary medicine group of practitioners which included Acupuncture, Therapeutics, Physiotherapy, Naturopathy, Therapeutic Massage and Homeopathy as per the Allied Health Professions Council Act of South Africa (AHPCSA).

The largest vaccination programme in the country was launched in Khayelitsha on the 17 February 2021.

We prioritised vaccines to ensure that the third wave would not be as fatal as the first and second waves. We vaccinated 50+ by focusing on vaccinating adults older than 50 years. I was actively involved in the registration drive doing door-to-doors in rural districts, townships, farms, shopping centres and taxi ranks targeting the areas where there was a lower registration rate. We did our best to save lives and created a balance between COVID-19 and non-COVID-19 services to be delivered and parallel to that, we continued vaccinating. To accommodate the demands placed on the health system by the pandemic, other health services had to be de-escalated both on the Primary Health Care (PHC) platform and in our acute hospital platform. In mitigating the impact of this de-escalation, we launched iBALANSI: Health Care Services and vaccination campaign (Registration Drive for 60+elderly).

We opened the two biggest vaccination sites in the Province which were:

- Cape Town International Convention Centre and
- Athlone Stadium which also had a drive-through.

We worked closely with the private sector to better our efforts.

I launched the #JabsB4Jol campaign, which was aimed at young people, calling youth to get vaccinated before socialising. I also focused on vaccination amongst vulnerable groups including sex workers, farmworkers and street dwellers, to aid the drive to avail vaccines to everyone. The Province also participated in the Presidential Vooma vaccination campaign. We were awarded for being one of the top performers in terms of vaccinations. By 23 November 2021, Western Cape had administered 4 million COVID-19 vaccines to the citizens of the Province. In the same month that the Booster vaccine was launched. I take this opportunity to thank every staff member, both at the frontline as well as in the support services of the Department for their dedication and commitment in these very trying times. My sincere appreciation to all our partners and other Departments and sectoral role players without whom we could not have achieved what we did.



Dr Nomafrench Mbombo  
Western Cape Health Minister



## 1.3 Report of the Accounting Officer

Name: Dr Keith Cloete

Title: Head of Department

### Overview of Operations

Department also provided:

- School Health Services: 108,570 learners were seen through the Integrated School Health Programme,
- Chronic Disease Medication Distribution: 2,958,568 medicine parcels were distributed via the Chronic Dispensing Unit,
- Home and community-based care: There were 7,441,782 contacts in home and community-based care settings,
- 96,319 baby deliveries,
- 618,352 patients transported with emergency care services, of which 20% were priority 1,
- 275,166 admissions across 33 District Hospitals,
- 120,275 admissions across 16 Regional and Specialised Hospitals,
- 122,915 admissions in Central/ Tertiary Hospitals,
- 5,123 cataract operations performed,
- 308,008 patients on antiretroviral treatment and
- 0.5% mother to child HIV transmission rate at 10 weeks.

On 11 March 2020, Western Cape diagnosed its first case of COVID-19, by 18 April 2022, 3,095,198 (PCR and Antigen) tests had been conducted across the public and private health sectors in the Province with 675,392 confirmed cases in 660,029 individuals, including nearly 15,363 reinfections and 21,915 deaths.<sup>1</sup> There were two pandemic surges (waves 3 and 4) in the year under review.

### Organisational Environment

The Department employs 33 612 staff members who are comprised of 65% health professionals and 35% administrative support staff. Eighty eight percent of the employees are employed in a permanent capacity. The length of service ranges from newly appointed staff to forty years. Women made up 72% of all employees with 56% senior management positions held by women. The age profile includes 3% under 25 years, 45% aged 25 to 40 years, 39% aged 41 to 55 years, 10% aged 56 to 60 years and 3% aged 61 to 65 years. In terms of the race, 37% of employees were Black, 12% White, 49% Coloured and 2% Indian.

<sup>1</sup> This is the closest available date when data was reported and represents a cumulative figure of COVID-19 statistics as reported in Update of COVID-19 in the Western Cape April 2022, Health Intelligence, WCGH (Internal report).



## The Built Environment and Technology

In 2021-2022 the Department made reasonably good progress to improve infrastructure that supports the Department's health care. In 2021-2022, the Department made reasonably good progress to improve infrastructure that supports the Department's health care. The following capital infrastructure projects achieved Practical Completion during the financial year:

- Bredasdorp - Otto du Plessis Hospital - Acute Psychiatric Ward,
- De Doorns Ambulance Station – Replacement,
- Hermanus Hospital - New Acute Psychiatric Ward,
- Laingsburg Clinic - Upgrade and Additions,
- Malmesbury - Swartland Hospital - EC extension to fire-damaged building Ph3 EC and Old Kitchen Block,
- Observatory Forensic Pathology Institute – New,
- Parow - Tygerberg Hospital - 11kV Generator Panel Upgrade and
- Wynberg - Victoria Hospital - New Emergency Centre.



Picture 1: De Doorns EMS Ambulance Station replacement



Picture 2: Laingsburg Clinic upgrade and additions

## Overview of the Financial Results

### Departmental Receipts

Patient Fees are the main source of revenue for the Department and the tariffs charged are as per the Uniformed Patient Fees Schedule (UPFS), which is determined by the National Department of Health (NDoH). These fees are reviewed annually and the revised tariffs come into effect at the start of each financial year. The Department ended the 2021/22 financial year with a revenue surplus of R29,627 million. A breakdown of the sources of revenue and performance for 2021/22 is provided in the table below.

Departmental Receipts	2021/22			2020/21		
	Estimate	Actual amount collected	(Over) / under collection	Estimate	Actual amount collected	(Over) / under collection
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of Goods & Services other than capital assets	352 197	367 542	(15 345)	342 640	355 510	(12 870)
Transfers received	15 976	16 123	(147)	36 102	36 491	(389)
Interest, dividends and rent on land	2 981	3 854	(873)	1 363	2 675	(1 312)
Sale of capital assets	350	355	(5)	0	0	0
Financial transactions in assets and liabilities	25 313	38 570	(13 257)	16 712	16 796	(84)
<b>TOTAL</b>	<b>396 817</b>	<b>426 444</b>	<b>(29 627)</b>	<b>396 817</b>	<b>411 472</b>	<b>(14 655)</b>



## Programme Expenditure

The Department recorded an under expenditure R273,909 million in the 2021/22 financial year. Please refer to Notes to the Appropriation Statement on page 221 to 224 for reasons.

Programme Name	2021/22			2020/21		
	Final appropriation R'000	Actual expenditure R'000	(Over) / under expenditure R'000	Final appropriation R'000	Actual expenditure R'000	(Over) / under expenditure R'000
Programme 1: Administration	1 515 048	1 414 302	100 746	1 282 376	1 183 351	99 025
Programme 2: District Health Services	11 641 741	11 641 741	-	11 384 719	11 384 719	-
Programme 3: Emergency Medical Services	1 240 450	1 240 109	341	1 173 082	1 154 636	18 446
Programme 4: Provincial Hospital Services	4 279 912	4 270 446	9 466	4 085 431	4 056 532	28 899
Programme 5: Central Hospital Services	7 500 949	7 500 949	-	7 265 966	7 234 638	31 328
Programme 6: Health Sciences and Training	366 958	343 840	23 118	357 152	317 814	39 338
Programme 7: Health Care Support Services	559 630	546 146	13 484	547 921	532 961	14 960
Programme 8: Health Facilities Management	1 085 475	958 721	126 754	1 116 906	1 098 889	18 017
<b>TOTAL</b>	<b>28 190 163</b>	<b>27 916 254</b>	<b>273 909</b>	<b>27 213 553</b>	<b>26 963 540</b>	<b>250 013</b>

## Virements / Roll Overs

All virements applied are depicted on page 202 to 220 of the Annual Financial Statements. Virements were applied to ensure that no unauthorised expenditure occurred per Main Division. All virements were approved by the Accounting Officer. Note that rollovers were requested amongst others for the following conditional grant and equitable share allocations:

- Health Facility Revitalisation Conditional Grant,
- PES Infrastructure,
- Bursaries and
- Expanded Public Works Programme (EPWP – priority allocation).



Main division		R'000	Reason
From	To		
Programme 1: Administration	Programme 2: District Health Services	505	To address over expenditure because of Thefts and Losses.
Programme 1: Administration	Programme 2: District Health Services	76 969	To address over expenditure because of services pressures and the burden of disease. Virements were applied to ensure that no unauthorised expenditure occurred.
Programme 6: Administration	Programme 2: District Health Services	9 000	
Programme 7: Health Care Support Services	Programme 2: District Health Services	12 000	
Programme 7: Health Care Support Services	Programme 5: Central Hospital Services	592	To address over expenditure because of Thefts and Losses.
Programme 7: Health Care Support Services	Programme 5: Central Hospital Services	2 121	To address over expenditure because of services pressures and the burden of disease. Virements were applied to ensure that no unauthorised expenditure occurred.

## Unauthorised, Fruitless & Wasteful Expenditure

No unauthorised expenditure has been recorded after the application of virements.

Fruitless and wasteful expenditure of R12,006.35 was incurred in the current financial year.

## Future Plans

The Department tabled its 2019 – 2024 Strategic Plan in March 2020, the plan is available on the intranet and the internet, see website links below.

Intranet: <https://mygov.westerncape.gov.za/myhealth/>

Internet: <https://www.westerncape.gov.za/dept/health>

## Public Private Partnerships

### New Public Private Partnerships

#### *Tygerberg Hospital Redevelopment Project (an envisioned PPP)*

The redevelopment of Tygerberg Hospital has long been envisaged and forms part of the Department's strategy to improve infrastructure for the people of the Western Cape. In view of the size of the project, the WCGH initiated an investigation of innovative approaches to procurement, one of which is a Public Private Partnership (PPP). With respect to the latter, a Transaction Advisor was appointed in October 2013. To determine the suitable procurement route, the feasibility study for the redevelopment project, as required by National Treasury, was completed and the Treasury Approval-1 submission, as per Treasury Regulation 16 to the Public Finance Management Act of 1999, was submitted to the National Treasury in September 2018. This study was also submitted in accordance with the Budget Facility for Infrastructure (BFI) Guidelines as published by the National



Treasury. Positive feedback and constructive comments were received from the National Treasury. Final amendments and review of the Feasibility Study is currently underway to finalise for submission to National Treasury for approval. During 2021, the scope of the project changed due to the finalisation of the clinical brief for the Belhar Regional Hospital: the total number of beds was reduced from 1100 to 893. This has required a review and an update of the feasibility study. The revised feasibility study will be submitted to the National Treasury and the National Department of Health during the first quarter of 2022/23.

## Discontinued Activities

### EMS

The very successful mitigation strategy of contracting private providers related to the increased demand for inter-facility transport (IFT) services during the COVID-19 surge periods had come to a planned ending. This was due both to the end of the financial year as well as the lifting of the national state of disaster by the presidency. Since the services were contracted based on the disaster conditions related to COVID-19 and the associated impact on IFT services, there were material changes to the conditions of the contract.

### FPS

In response to the COVID-19, a mass fatality centre was established to manage the number of fatalities. The first case was admitted on 13 July 2020. The facility could accommodate 240 decedents and had admitted 2101 cases as of 05 October 2021. The mass fatality centre closed and was subsequently de-commissioned on 15 October 2021.

## New or Proposed Activities

### Telemedicine

With the success of the VECTOR project during COVID-19, we will expand the telemedicine project and now include all diabetic as well as TB patients. The intention is to provide appropriate clinical care to a subset of the population via telemedicine services. This will avoid stable patients having to come into our facilities to seek medical care.

During COVID-19 we had successfully instituted a system of delivering chronic medication to people's homes to decongest our facilities. This proved so successful that we will continue with this activity in the future. We also instituted an e-locker system at some of our Community Health Centres (CHC's) in the metro. This system allows people to collect their chronic medication at any time of the day or night from a secured area within the CHC. This is a convenient and patient-centric service that also allows us to further decongest our facilities.

### EMS

Due to the success of the private vendor contract in mitigating the impact of increased demand on the limited EMS resource, the Department has sought to procure supplementary IFT services. These are to be used during periods of high demand and diminishing service levels. On the back of the learnings from the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup>



waves, a 3-year contract is being put in place which should significantly aid response times during periods of peak demand.

## FPS

The commissioning of the new Forensic Pathology Institute was delayed because of the COVID-19. This is the first institute of its kind in Africa that will encapsulate medico-legal death investigation and forensic medicine and science services within one facility. The facility is likely to be commissioned in 2022/23.

## Groote Schuur Hospital (GSH)

### *Adolescent Centre of Excellence*

Groote Schuur Hospital has opened the Adolescent Centre of Excellence at the William Slater facility in Park Road, Rondebosch. This facility will provide counselling support to adolescents with chronic illnesses and is managed in collaboration with three Non-Governmental Organisations (NGO's). The Neuroscience Clinical Centre represents a partnership between the University of Cape Town and Groote Schuur Hospital. It is a purpose-designed facility that co-locates clinical neuro-disciplines and scientists to integrate and improve patient care, research, teaching, training and advocacy.

### *Telemedicine Project*

The Telemedicine Project is a strategic objective and mandate. This initiative is part of redesigning some Ambulatory Health Care provisions by enabling Telemedicine/ Telecare or health and is currently located in the Main Outpatient Building of Groote Schuur Hospital. Due to COVID-19 we had to relook at smarter and more efficient ways of working while still making sure that patients remain our priority.

After identifying and meeting with relevant team players in 2021 to plan and determine the needs, the space was identified and necessary applications were made through the Planning and Commissioning Unit creating seven consulting rooms and a reception area. Always being aware and considering infrastructure, privacy and confidentiality. The project commenced in April 2021.

### *Robotic Surgery*

In 2021, Groote Schuur Hospital purchased the Da Vinci Xi Surgical Robot. The Da Vinci Xi Surgical System robots purchased for Groote Schuur Hospital and Tygerberg Hospital will be used to perform several operative procedures from different disciplines, i.e., Urology, Gynaecology/ Urogynaecology, Cardiothoracic, Colorectal, Bariatric and General Surgery. Examples of procedures that can be done with this surgical system includes resection of gastrointestinal tumours (colonic malignancy), removal of the prostate, kidneys and bladder in Urology, removal of the uterus for malignant or benign disease, prolapse surgery and inguinal hernia repair in General Surgery are amongst the many procedures that can be performed via the Surgical Robot. The Surgeon makes use of the Robot by interacting with it through a separate console and the Anaesthetic and Nursing staff assist as per their normal theatre duties. We have started with case series training for Surgeons in Urology, Colorectal Surgery and Gynaecology.



### Day surgery

During the COVID-19, an estimated 10 000 surgical cases were unable to be processed due to the shutdown of the Operating Room services at the hospital, to accommodate the demand for COVID-19 High Care and the intensive care unit (ICU). This increased waiting times for patients with chronic pain, functional disabilities and malignancy. Whilst funding was diverted to COVID-19, capital funding was also secured for two state-of-the-art new Operating Rooms and High Care beds for COVID-19 cases, which will now be used for the Surgical Recovery Project and thereafter high-volume Day Case Surgery. With the assistance of the Province, fundraising campaigns and a donation from the Gift of the Givers, Groote Schuur Hospital has raised R12 million of the necessary R15 million to commence the Surgical Recovery Project in May. We will run two full-day Operating Rooms from Monday to Thursday, with newly funded posts for Surgical, Anaesthetic and Nursing staff – recruitment and selection processes are being finalized in May 2022. The projects are targeting 1500 surgical cases completed per year, over two-years.

### Diabetes Centre of Excellence

Groote Schuur Hospital (GSH) has launched a Diabetes Centre to establish a culture of Excellence in diabetes care in the Western Cape. The number of people living with diabetes (PLWD) continues to escalate globally, outpacing all predictions. Over the next 2 decades, the number of PLWD in Africa is projected to increase by 143%, the greatest increase in all continents. In South Africa we continue to see a rise in the numbers of PLWD, with current estimates suggesting there are 4.6 million South Africans with diabetes. Roughly 52% of people currently living with diabetes are undiagnosed. At least 50% of those that are diagnosed do not have access to adequate care. About 70% of all people living with diabetes remain poorly controlled.



Picture 3: The newly opened Diabetes Centre of Excellence at Groote Schuur Hospital

The Centre of Excellence is one of its kind with a multidisciplinary approach delivering quality Diabetes patient care including patient and family health education.

### Red Cross War Memorial Children's Hospital (RCWMCH)

The newly renovated Emergency Centre (EC) was completed in February 2022. This upgrade and expansion cost R122 million and will benefit children requiring tertiary care, from all over the Province and beyond. The new EC includes appropriate child friendly areas for children who have medical emergencies as well as trauma patients and those patients who have suffered non-accidental injuries.



Picture 4: The newly renovated EC at RCWMCH, February 2022



## Supply Chain Management

### Unsolicited Bid Proposals for the Year Under Review

No unsolicited bids were considered during the reporting period.

### SCM Processes and Systems to Prevent Irregular Expenditure

The Accounting Officer's System and SCM Delegations of Powers constitute the Department's SCM Handbook. The constitution of Bid Specification, Evaluation & Adjudication Committees (BSC, BEC & BAC, respectively), as well as the Quotation Committees, promotes segregation of duties and serves as a control measure for early/proactive identification of possible irregular actions that could result in irregular expenditure. Increase in the scope of transversal Provincial contracts reduces the administrative workload on Institutional SCM units, thereby mitigating for the risk of incurring irregular expenditure through low-value transactional procurement.

The Devolved Internal Control Units (DICUs) perform oversight and maintain adherence to governance and compliance prescripts in terms of the Accounting Officer System, SCM delegations and other legislation.

### Challenges Experienced in SCM

#### Staff

The SCM Chief Directorate experienced significant staff challenges over the period with the loss of critical staff at Head Office which included the passing on of two managers and the transfer of one Deputy Director and an Assistant Director to another Department. Absences due to COVID-19 further complicated resource availability and capacity in the SCM Head Office - Chief Directorate.

#### Preferential Procurement Regulations 2017 (PPR 201)

- On 16 February 2022, the Constitutional Court handed down judgment declaring the Preferential Procurement Regulations 2017 invalid and therefore unconstitutional and unlawful. Subsequently, on 17 February 2022, the Provincial Treasury (PT) informed Departments through email communication that the Provincial Treasury is in consultation with the Department of Trade, Industry and Competition, National Treasury and the Department of the Premier Branch: Legal Services on the implications and impact of the judgement.
- The National Treasury issued a letter to all organs of state on 25 February 2022, acknowledging the judgement by the Constitutional Court and further informing organs of state that the Minister of Finance will be seeking confirmation from the Constitutional Court that the invalidity of the procurement regulations has been and continues to be suspended. Confirmation will be required by way of declaration, variation and/or clarification. Departments were informed that the National Treasury has commenced this process.
- The National Treasury advised all organs of-state via a letter to apply the following considerations while awaiting further developments during this interim process.
- This letter stated the following:
  - i. tenders advertised before 16 February 2022 be finalised in terms of the Preferential Procurement Regulations of 2017,
  - ii. tenders advertised on or after 16 February 2022 be held in abeyance and
  - iii. no new tenders be advertised.



In essence, procurement was put on hold and various internal meetings with SCM heads were held to discuss the impact this decision will have on service delivery. The National Treasury clarified their communication further via a letter dated 03 March 2022 with an indication that the letter dated 25 February 2022 was only guidance to Departments and not an Instruction.

It should be noted, that in the absence of any instruction notes received from the National Treasury between 16 and 25 February 2022, the Department continued its normal business operations. The Provincial Treasury issued guideline circulars subsequently, which the Department developed further as internal departmental communication.

The Provincial Treasury tabled proposed interim arrangements for the Province to the Provincial Cabinet and the following was noted and approved by Cabinet in respect to the way forward for the Province:

- The Western Cape Government (WCG) will maintain the status quo and apply the Preferential Procurement Policy Framework Regulations, 2017, up until such time as the Constitutional Court clarifies the applicable date of the invalidity of such regulations.
- Cabinet re-affirmed the preferential procurement policy statements for the Province as defined in Cabinet Minutes 87 of 2017 up until the Constitutional Court clarifies the applicable date of the invalidity of such regulations as follows:
  - i. use of the pre-existing points system with thresholds and its associated formulas,
  - ii. use of the pre-existing mechanism to address the evidence requirements as these matters were not in dispute and will be covered by the new National Treasury regulations and
  - iii. maintain the existing policy position to not implement pre-qualification criteria.
- Cabinet approved the policy position to not implement pre-qualification criteria related to local content in terms of the PPPFA, given that this approach has been declared unconstitutional until such time that the National Treasury and the Department of Trade, Industry and Competition (DTIC) has determined a legal and viable modality for implementation.
- Should a suspension of the invalidity of the regulations not be granted by the court, a pre-approved exemption will be sought, from the National Minister of Finance from section 2 (1)(b)–(g) and subsection 2 of the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000) up until the National Treasury issues new regulations to the Act via a coordinated approach for the WCG led by the Provincial Treasury.
  - i. The exemption will include categories of procurement in the Province that cannot await the issuing of new regulations and the exemption will be maintained up until the National Minister issues replacement regulations.
  - ii. The National Treasury and the Auditor - General of South Africa will be approached to endorse these interim arrangements.



## Gifts & Donations

The Department received gifts and donations to the value of R172, 553, 237 in kind. This includes donations towards COVID-19 Related Projects (R59 million) and the Vaccination Programme/ Project (R4 million). These are disclosed in the Annexures to the Annual Financial Statements, pages 276 to 283. Due to the complexity, quality assurance and administrative governance processes linked to Donations, the SCM team attended to this task to ensure governance compliance, to provide registers and evidence to the Accounting Directorate for due reporting purposes.

## Exemptions & Deviations

No deviations/exemptions from the Modified Cash Standard was provided by the National Treasury for the 2021/22 financial year.

## Events after the Reporting Date

The Department has no events to report after the reporting date.

## Other

There are no other material facts or circumstances that affect the understanding of the financial affairs of the Department.

## Acknowledgements

This annual report covers a period where the Department of Health continued its fight against COVID-19 and started to recover routine services to pre-COVID-19 levels, all while continuing the largest vaccination campaign in South Africa's history. This required a gargantuan effort from the entire Department, the achievements of which are captured in this report. Through this period, we acknowledge leaders throughout the organisation, our senior leadership in the Top Executive Management (TEXCO) and particularly our Head of Department, Dr Keith Cloete, who has led us through these extraordinary times. Finally and most importantly, we acknowledge the incredible efforts of every health worker who contributed to health services during this period. Your contribution has been immeasurable. Thank you.

## Conclusion

In 2021, the Department faced unprecedented challenges. We had just faced two hard-hitting COVID-19 waves, we were faced with the challenge of returning to routine clinical services and we were on the precipice of the largest vaccine campaign in the history of South Africa, all while anticipating further COVID-19 waves and the risk this posed to our staff and our patients. Despite this, there was cause for hope. An effective COVID-19 vaccine was developed in record time and presented an opportunity for us to turn the fight against COVID-19. Thus, our story in 2021 is not one of despair but rather one of resilience, character and hope.

In 2020, the COVID-19 waves resulted in generational system shocks to the Department. We experienced two severe COVID-19 waves and this continued into 2021 when we experienced two more waves. In each of these, the health system was pushed to its brink. Despite every hit that the system took, we kept moving forward. We



continued to care for our patients and simultaneously launched our COVID-19 vaccination programme. We also started new and innovative service models such as telemedicine and home deliveries of medicine. These achievements are captured in this annual report and reflect the remarkable resilience of our health system.

For health workers, COVID-19 presented a dual challenge. Firstly, health workers had to deal with moral injury and burnout as they faced unprecedented workloads. At the same time, our people had to deal with the personal risk of contracting COVID-19. By the end of the first two waves, the Department had lost 150 staff and we still faced the prospect of further waves. It was at this point that the Department engaged in a process of intentional grieving, where we conducted multiple sessions to help staff process their grief. Despite the risks, our health workers never faltered. They rose to meet the challenge, to care for those who needed it most, to manage COVID-19 and to manage routine services. Many staff lost their lives to COVID-19 in this battle. In the next two waves, we lost 52 people. We will never forget them and we will always be grateful.

Finally, a message of hope. In February 2021, health workers received their first COVID-19 vaccine doses. The vaccination programme was opened to the general public a few months later and to date, millions of vaccines have been given as part of this programme. The logistics of the programme are to be admired, as we reached the ability to give over 200,000 vaccines per week in this Province alone. By 31 March 2022, we had administered 4 772 458 primary series vaccines and 470 266 boosters and additional doses. The true win was in the fourth COVID-19 wave in December 2021, where we noted that deaths from COVID-19 had been uncoupled from COVID-19 infections. This was due in no small part to the widescale vaccine program implemented by the Department.

The last two years have been unique in our history. We have demonstrated our resilience, our character and our tenacity. We now look forward to using all that we have learned as a springboard to transform the Department. To that end, we have developed a Resurgence, Recovery and Reset strategy, as we move to transform the health service platform into a system that is people-centric, trusted and equitable and one that optimally meets the health and wellness needs of our population. We look forward to the journey.

## Approval & Sign-off

The Annual Financial Statements set out on pages 202 to 297 have been approved by the Accounting Officer.



Dr Keith Cloete  
Director General: Western Cape Department of Health

31 May 2022



## 1.4 Statement of Responsibility & Confirmation of the Accuracy of the Annual Report

To the best of my knowledge and belief, I confirm the following:

All information and amounts disclosed throughout the annual report are consistent.

The annual report is complete, accurate and is free from any omissions.

The annual report has been prepared in accordance with the guidelines on the annual report as issued by National Treasury.

The Annual Financial Statements (Part E) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines issued by the National Treasury.

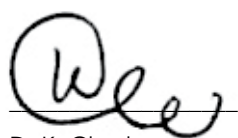
The Accounting Officer is responsible for the preparation of the annual financial statements and for the judgements made in this information.

The Accounting Officer is responsible for establishing and implementing a system of internal control that has been designed to provide reasonable assurance as to the integrity and reliability of the performance information, the human resources information and the annual financial statements.

The external auditors are engaged to express an independent opinion on the annual financial statements.

In my opinion, the annual report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the Department for the financial year ended 31<sup>st</sup> March 2022.

Yours faithfully



Dr K. Cloete

Director General: Western Cape Department of Health

Date: 31 May 2022



## 1.5 Strategic Overview

### Vision

Access to person-centred quality care

### Mission

We undertake to provide equitable access to quality health services in partnership with the relevant stakeholders within a balanced and well managed health system to the people of the Western Cape and beyond

### Values



Innovation



Caring



Competence



Accountability



Integrity



Responsiveness



Respect

## 1.6 Legislative & Other Mandates

### Legislative Mandate

#### National

Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996)

Criminal Procedure Act, 1977 (Act No. 51 of 1977), Sections 212 4(a) and 212 8(a)

Disaster Management Act, 2002 (Act No. 57 of 2002)

Mental Health Care Act, 2002 (Act No. 17 of 2002)

National Health Act, 2003 (Act No. 61 of 2003)

National Roads Traffic Act (Act No. 93 of 1996)

Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973)

Protection of Personal Information Act, 2013 (Act No. 4 of 2013)

Sterilisation Act, 1998 (Act No. 44 of 1998)



## Provincial

Regulations Governing Private Health Establishments, P.N. 187/2001

Regulations Governing the Financial Prescripts in terms of Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)

Regulations Governing the Procedures for the Nomination of Members for Appointment to Boards and Committees Act, 2017 (PN 219/2017)

Regulations relating to the Criteria and Process for the Clustering of Primary Health Care Facilities, 2017 in terms of the Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)

Western Cape Ambulance Services Act, 2010 (Act No. 3 of 2010)

Western Cape District Health Councils Act, 2010 (Act No. 5 of 2010)

Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)

Western Cape Independent Health Complaints Committee Act, 2014 (Act No. 2 of 2014)

Western Cape Independent Health Complaints Committee Regulations, 2014 in terms of the Western Cape Health Complaints Committee Act, (Act No. 2 of 2014)

## Other Mandates

### International

2030 Agenda for Sustainable Development, 2015 (Goal 3)

Political declaration of the United Nations High-Level meeting on Universal Health Coverage United Nations (UHCUN) Universal Health Coverage (UHC) Statement, 2019

### National

National Development Plan (NDP), 2012

Medium Term Strategic Framework (MTSF), 2019/24

### Provincial

2019-2024 Provincial Strategic Plan (PSP), 2020

Healthcare 2030



## 1.7 Organisational Structure

The organisational structure reflects the senior management service (SMS) members as of 31<sup>st</sup> March 2022, see the organogram on the next page. The budget programme managers are as follow:

Dr K Vallabhjee Chief Director: Strategy

Programme 1: Administration

Dr S Kariem Deputy Director General: Chief of Operations

Programme 2: District Health Services

Programme 3: Emergency Medical Services

Programme 4: Provincial Hospital Services

Programme 5: Central Hospital Services

Mrs B Arries Chief Director: People Management

Programme 6: Health Sciences and Training

Dr L Angeletti-du Toit Chief Director: Infrastructure and Technical Management

Programme 7: Health Care Support Services

Programme 8: Health Facilities Management

## 1.8 Entities

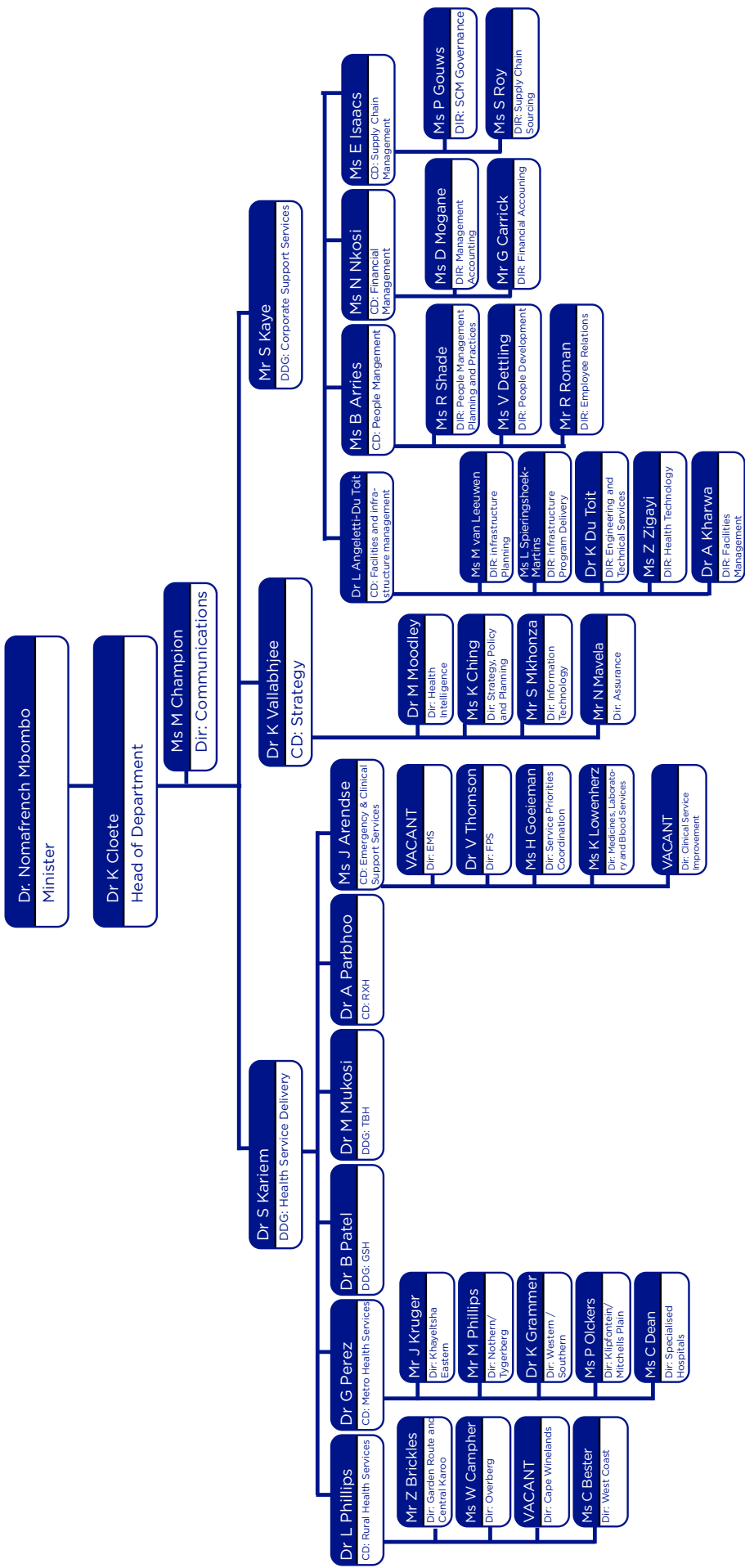
There are no entities reporting to the Minister/MEC.





# Organisational Organogram

Structure as at December 2021.







# PART B

## PERFORMANCE INFORMATION









## 2 PART B: Performance Information

### 2.1 Auditor General's Report: Predetermined Objectives

The Auditor-General of South Africa (AGSA) currently performs certain audit procedures on the performance information to provide reasonable assurance in the form of an audit conclusion. The audit conclusion on the performance against predetermined objectives is included in the report to management, with material findings being reported under the Predetermined Objectives heading in the Report on other legal and regulatory requirements section of the auditor's report. Refer to page 197 of the Report of the Auditor-General, in Part E: Financial Information.

### 2.2 Overview of Departmental Performance

#### Service Delivery Environment

##### Delivery Environment

The Western Cape population for 2021/22 was estimated at 7,1 million, with 74.9 per cent of the population served by public health services.<sup>2</sup> The distribution of the population is skewed towards the City of Cape Town District, which is home to 65.7 per cent of the people in the Province. The demand for healthcare services has continued to grow and this is unlikely to change in the short to medium term, given the trends in the social determinants of health, the economic challenges the country is facing and the impact of the COVID-19. The ongoing COVID-19 has affected the economy in a way that resulted in poorer socio-economic wellbeing for South Africans. In the Western Cape there was a 3.2% year-on-year decrease in employment from quarter 4 in 2020 to quarter 4 in 2021.<sup>3</sup> This decrease in employment without a significant social security safety net has knock on effects for early childhood development, maternal health, mental health (among others) and has potentially reversed many of the gains made over the last few years in the fight against HIV and TB. The decrease in employment has also exacerbated inequality, which can likely lead to further increases in crime and interpersonal violence, placing additional burden on acute inpatient capacity.

#### Services Provided

##### Primary Health Care

The PHC platform serves as the main entry point into the health system and consists of 3 core service components namely Home and Community-Based Care (HCBC), Primary Care and Intermediate Care.

##### Primary Care

Primary Care is ambulatory in nature and includes child and adult curative care, preventive services, antenatal care, postnatal care, family planning, mental health, TB, HIV and AIDS and chronic disease management. It is driven by Clinical Nurse Practitioners based at fixed and non-fixed facilities throughout the Province. There are 265 PHC facilities, 192 Fixed Clinics, 62 Community Day Centres (CDCs) and 11 Community Health Centres (CHCs).

<sup>2</sup> Statistics South Africa 2021. Midyear population estimates 2021. Statistics South Africa 2021 (P0302).

<sup>3</sup> Quarterly Labour Force Survey. Quarter 4 2021. Stats SA, Statistical release P0211



Of these facilities, 69 clinics and 14 CDCs are under the authority of the City of Cape Town. In 2021/22 a total of 10,950,412 contacts occurred in Primary Care settings with an additional 7,441,782 contacts in Home and Community-Based Care Settings, 108,570 learners were seen in schools and 2,958,568 chronic disease medicine parcels were distributed via the Chronic Dispensing Unit.

#### *Intermediate Care (excl. COVID-19 Intermediate Care Facilities)*

The Intermediate Care component facilitates recovery from an acute illness or complications of a long-term condition. There are 28 Intermediate Care facilities in the Province which equates to 846 beds, of which 78 per cent are found in the Metro. These facilities allow for post-acute and rehabilitative care, which include comprehensive assessment, structured care planning, active therapy, treatment and/or an opportunity to recover, thus enabling users to regain skills and abilities in daily living. Intermediate care supports people in their transition from an acute hospital to the primary living environment and includes end-of-life care.

### Hospital Care

#### *Acute Hospital Care*

##### *District Hospitals*

The 33 District Hospitals in the Province provide emergency care, adult and child inpatient and outpatient care, obstetric care as well as a varying quantum of general specialist services, with a total of 3,067 beds. In 2021/22 there were 275,168 inpatient separations, 636,350 outpatients seen and 621,561 emergency cases seen in District Hospitals.

##### *Regional Hospitals*

Four Regional Hospitals provide a full package of general specialist services whilst an additional maternity hospital provides maternal and neonatal services, a total of 1,438 beds are available. Collectively these hospitals had 108,711 inpatient separations, 208,668 outpatients seen and 161,968 emergency cases in 2021/22.

##### *Specialised Hospitals*

The Specialised Hospitals category includes 6 tuberculosis (TB) hospitals, 4 psychiatric hospitals and 1 rehabilitation hospital. In 2021/22 there were 983 TB beds available across the Province and there were 4,555 inpatient separations and 2,120 outpatients seen.

In 2021/22 there were 6,346 inpatient separations and 29,686 outpatients seen across Psychiatric hospitals. The psychiatric hospital platform has 1,827 beds.

Western Cape Rehabilitation Centre (WCRC), a 156-bed facility, provided a specialised, comprehensive, multidisciplinary inpatient rehabilitation service to persons with physical disabilities. Specialised outpatient clinics provided services at Urology, Orthopaedics, Plastic Surgery and Specialised Seating clinics. In 2021/22 the Western Cape Rehabilitation Centre had 663 inpatient separations and saw 8 207 outpatients.

##### *Dental Hospital*

The Oral Health Centre (OHC) provided dental services to the community of the Western Cape. This service included primary, secondary, tertiary and quaternary levels of oral healthcare and was provided on a platform of oral health training complexes which comprises Tygerberg Oral Health Centre, Groote Schuur Hospital, Red



Cross War Memorial Children's Hospital and the Mitchells Plain Oral Health Centre. The other categories of oral health staff, such as the dental technicians, received their training at the Universities of Technology of South Africa. The package of care provided on the service platform includes consultation and diagnosis, dental X-rays to aid diagnosis, treatment of pain and sepsis, extractions, oral health education, scaling and polishing, fluoride treatment, fissure sealants, fillings, dentures (full upper and lower dentures, chrome cobalt dentures, special prosthesis), crown and bridgework, root canal treatment, orthodontics (fixed band ups), surgical procedures (for management of tumors and facial deformities) and maxilla-facial procedures (related to injuries sustained in trauma and motor vehicle accident cases). In 2021/22 there were 113,312 oral health patient visits in the Western Cape.

### *Central and Tertiary Hospitals*

Tertiary and Quaternary services are provided at two Central Hospitals and one Tertiary Hospital. The two Central Hospitals serving the Province are Groote Schuur Hospital and Tygerberg Hospital. There were 2,375 beds available and in 2021/22 they had 105,283 inpatient separations and saw 530,633 outpatients in outpatient departments and 65,656 patients at emergency centres. The combined bed occupancy rate was 84.5 per cent reflecting a full utilisation of services. The patient day equivalents (as a proxy for service volume provided) achieved was 931,739. These hospitals also provided access to the package of care for tertiary services funded by the National Tertiary Services Grant.

Red Cross War Memorial Children's Hospital is a Tertiary Hospital and provides specialist paediatric services, with a total of 282 beds. Inpatient separations for 2021/22 amounted to 17,632. Furthermore, 80,056 patients were seen in outpatient departments as well as 36,511 patients in emergency centres. The bed occupancy rate for the hospital for the period under review was 74.9 per cent. The patient day equivalents achieved for the year was 115,243. Together with Groote Schuur and Tygerberg Hospitals, Red Cross Hospital provided access to the package of care for tertiary services funded by the National Tertiary Services Grant.

### *Emergency Medical Services*

Ambulance, rescue and patient transport services are provided from 49 stations (excluding 4 satellite bases) in 5 Rural Districts and 4 Cape Town divisions with a fleet of 253 ambulances and 1,633 operational personnel. A total of 618,352 emergency cases were attended to in 2021/22.

### *Forensic Pathology*

Specialised Forensic Pathology services are rendered via 17 Forensic Pathology Laboratories (FPLs) across the Province responsible for establishing the circumstances and causes surrounding unnatural/undetermined death. During the 2021/22 financial year, the Forensic Pathology Service logged 11,417 incidents and 11,211 medico-legal cases were admitted, resulting in 11,105 post-mortem examinations in the Western Cape. This amounts to 1.56 post-mortems per 1000 population. Of these, 8,153 (73.42%) medico-legal post-mortems were performed in the City of Cape Town Metropolitan Area and 2,952 (26.15 %) in the Rural Districts. The average response time achieved across the Province from the time that the incident was logged until the body was received on the scene was 34 minutes. A total of 41 response vehicles travelled 988,390 km during body transportation. A total of 200 toxicological reports were released in 2021/22 by the National Forensic Chemistry Laboratory versus 212 in 2021/22 and 469 in 2019/2020.



The WCGH (Western Cape Government Health), Forensic Toxicology Unit (FTU) launched the routine service for the analysis of carboxyhaemoglobin (COHb) content in post-mortem blood in July 2020, using a fully validated analytical method, to support medico-legal investigation of cases involving carbon monoxide poisoning.

In 2021/22, the FTU laboratory received post-mortem biological specimens from 447 death cases, submitted by 16 Western Cape Forensic Pathology Service (FPS) facilities, with most of the cases coming from Tygerberg and Salt River FPLs. Of these, 422 cases were analysed and 419 result reports released within the period. The turnaround time improved from the historical months and years with the National Health Forensic Chemistry Laboratories (FCL) to an average of ~10 days (including weekends). The laboratory had no COHb backlog (> 30 days from receipt of specimen(s) to release of report) recorded.

The FTU has also validated a method for 31 common drugs of abuse (DOA), which was rolled out to Salt River FPL in January 2022, with a Provincial roll-out planned for later this year.

The FTU will move to the new Observatory Forensic Pathology Institute (OFPI) in 2022 and continues to develop, validate and accredit various analytical methods for drugs and chemical analysis in post-mortem cases, to provide comprehensive internal toxicology support for Provincial FPS facilities thereby improving cause of death determination.



Picture 5: The new Observatory Forensic Pathology Institute

## 2021/22 Services Delivery Challenges

Shortly after the onset of the COVID-19 in South Africa in early March 2020, the country was placed in a National State of Disaster, which continued until April 2022, transitioning between lockdown levels to aid pandemic control. Lockdown levels were increased during waves and reduced during the inter-wave periods. At the end of March 2022, the country and the Province had experienced 4 waves of COVID-19, each driven by a different SARS-CoV-2 variant, with the third and fourth waves occurring during the 2021/22 year. While the third wave (Delta variant driven) was quite severe, the fourth wave (Omicron variant driven) was not as bad, in terms of severity of disease and deaths and hence only level 1 lockdown restrictions were applied, during the 4<sup>th</sup> wave. This was ascribed to a combination of COVID-19 vaccinations and prior infection building up a degree of population level protection against severe disease and death. By the end of March 2022, the Province has experienced approximately 665 000 COVID-19 cases and almost 22 000 deaths.

Caring for COVID-19 patients whilst maintaining treatment for patients with other conditions was a complex challenge. A range of interventions was implemented to increase acute inpatient bed capacity during the waves when hospitals were inundated with patients infected with COVID-19. Interventions to cope with the high volume of COVID-19 patients at all health facilities have included the de-escalation of other services to accommodate the large numbers of COVID-19 patients requiring care, the procurement of oxygen delivery equipment and personal protective equipment, the establishment of field hospitals, the use of private hospitals, the employment of contract staff and the redeployment of permanent staff for the treatment of COVID-19 patients. The long severe 3<sup>rd</sup> wave placed significant pressure on the hospitals to provide both COVID-19 services and non-COVID-19 services, with the majority of acute patients presenting in medical and psychiatry emergency units. Surgical operations had to be scaled down during the waves which contributed to the increasing backlog in booked elective surgery. Patients presenting for all types of health conditions were at significantly increased risk, due to their delayed service presentation. A range of interventions was implemented



to increase acute inpatient capacity and several special projects to mitigate the backlog of services, especially in booked surgery were commenced. Utilisation of new methods, such as telemedicine and other electronic/digital supported contact mechanisms, especially in the delivery of medication were implemented. The availability of step-down facilities and the use of private hospitals assisted in relieving some of the pressures.

Vaccines against SARS-CoV-2 infection (COVID-19) became available globally and in South Africa at the end of 2020. J&J/ Janssens vaccine was made available to healthcare workers via the Sisonke implementation study from February 2021. Both the Pfizer/ Cominarty vaccine and the J&J/ Janssens vaccine were deployed to the general population from May 2021. COVID-19 vaccination was rolled out in an age-stratified approach, starting with individuals aged 60 years and older. By October 2021, eligibility criteria had been extended to include all individuals aged 12 years and older. Booster doses were introduced in December 2021. Immunocompromised persons are now eligible to receive a 4<sup>th</sup> vaccine dose. The vaccine programme initially faced challenges related to equitable access to vaccines with insured populations aged >50 years having much better coverage than uninsured populations. Uptake was also much lower in younger age groups. Vaccine misinformation contributed significantly to vaccine hesitancy and diminished uptake of vaccines in all age groups. Nevertheless, by the end of March 2022, the Province has managed to administer more than 5 million COVID-19 vaccine doses, with more than 50% of the adult population has received at least one dose, an unprecedented achievement. Coverage of the primary vaccination series is higher at 70% amongst those aged ≥60 years and 61% for those 50-59 years. This is an important achievement as these age groups are at higher risk of developing severe COVID-19 disease and hence having a high vaccination rate amongst them will result in decreased admissions to hospitals in future waves. However, uptake of COVID-19 vaccination has slowed down significantly since December 2021, especially in younger age cohorts. This decline in uptake has necessitated the need for increased social mobilisation and vaccination demand generation efforts. This places an additional strain on healthcare workers to actively find those still eligible for COVID-19 vaccination. In the current resource-constrained environment, the need for ongoing demand generation initiatives will likely place an additional burden on service delivery, as it is an additional activity that staff have to undertake.

COVID-19 took a major toll on our staff with a high level of staff infections frequently resulting in severe illness and sadly some deaths. Absenteeism was high due to the need to isolate and quarantine, which resulted in increased strain on the remaining already exhausted staff, as they needed to take over the activities of their ill colleagues. Absenteeism levels have however decreased since the isolation period was reduced to 7 days and the need for quarantining was removed in January 2022. Staff attrition was high at the temporary COVID-19 vaccination sites, since contracts were only for short periods, as long-term contracts were not possible to provide within the approved funding envelope. This led to a need for continuous and ongoing recruitment and selection processes to ensure the vaccination sites were adequately capacitated. Subsequently, COVID-19 vaccination is being incorporated into the basic services provided at health facilities.

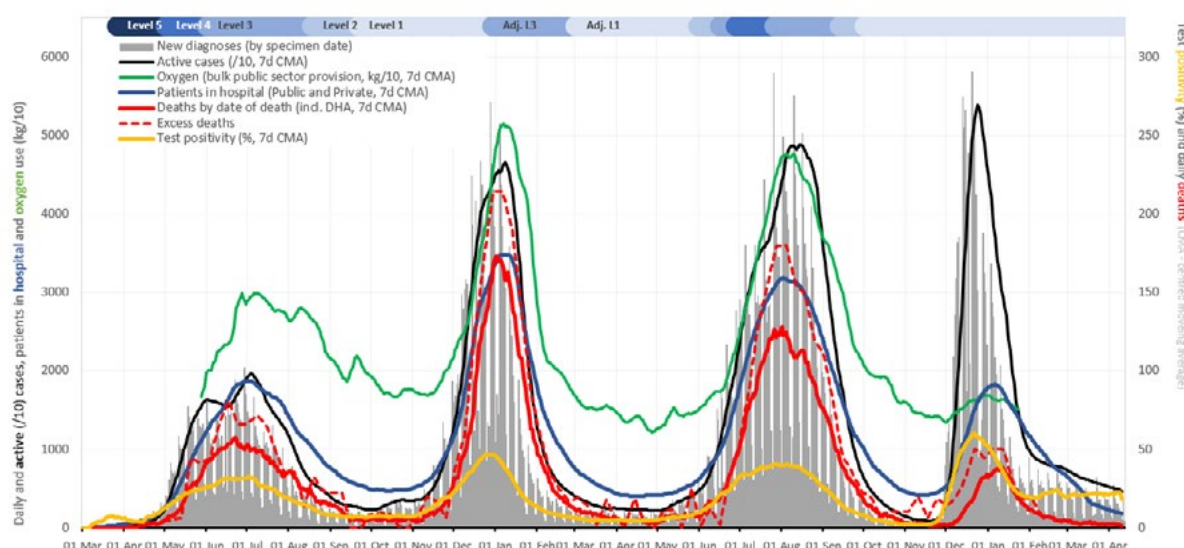
Home delivery of long-term chronic medication, which started in 2020 was continued despite financial challenges around maintaining it. Community Health Workers had their functions extended to include home delivery of chronic medication parcels. This however diminished their ability to deliver on all their other health prevention and promotion activities in the communities. The high level of interpersonal violence remains a challenge impacting all health services including flooding emergency units with injured patients, placing pressure on ambulance services and inundating forensic pathology services, with the majority of homicide admissions being due to gunshot fatalities, followed by sharp object injuries. In terms of child health, while 20/21



saw a flattening of the usual surge pattern of respiratory and gastrointestinal infections, in 2021/22, the previous surge patterns returned. This is largely due to the relaxation of the COVID-19 lockdown restrictions that were enforced at the beginning of the pandemic and due to children being allowed to return to school. This was unusual compared to previous years. In addition, the annual February to May peak in emergency unit visits, health facilities in the Western Cape, experienced a 2nd peak in paediatric emergency unit visits during November 2021, with significant patient pressure experience across all the health facilities.

## COVID-19 Epidemiology<sup>4</sup>

Four COVID-19 waves (i.e. surges in new cases followed by declines) have been experienced in the Western Cape to date, with two waves occurring in 2020/21 as depicted in figure below. The figure below shows several key metrics used to track the COVID-19 epidemic in the Province including cases, hospital admissions, deaths, oxygen supplied to hospitals and test positivity rate. The third and fourth waves occurred during the 2021/22 reporting year.



The wave periods as experienced in the Province are detailed in the table below and the next table summarises the total COVID-19 cases, admissions and deaths for each wave as well as the 7-day moving average of cases, admissions and deaths at the peak of each wave.

Wave	Duration	Time period
Wave 1	106 days	3 May – 16 August 2020 Peak: 28 June 2020
Wave 2	92 days	8 November 2020 – 7 February 2021 Peak: 3 January 2021
Wave 3	120 days	23 May – 19 September 2021 Peak: 1 August 2021
Wave 4	64 days	28 November 2021 – 30 January 2022 Peak: 19 December 2021

<sup>4</sup> Update of COVID-19 in the Western Cape April 2022, Health Intelligence, WCH. (Internal report)



COVID-19	Total			7-day moving average at wave peak		
	Cases	Admissions	Deaths	Cases	Admissions	Deaths
Wave 1	93 373	13 958	3 582	1 260	190	47
Wave 2	149 736	21 208	6 357	3 180	456	144
Wave 3	220 290	24 181	7 878	3 226	341	116
Wave 4	120 508	9 019	1 279	3 660	159	12

### Cases

There was considerable variation in the epidemic curves of the COVID-19 waves between the six Districts in the Province. For example, the Rural Western Cape Districts all experienced a more protracted third wave compared to the first and second waves. In the Cape Metro District, Khayelitsha had a significantly smaller third wave compared to the other Subdistricts, likely due to protection conferred by higher seroprevalence in the community by the end of the first and second waves. The fourth wave in both rural and the Cape Metro Districts peaked much sooner (i.e., had a more rapid rise in cases) than the first three waves.

### Hospitalisations

Both the Metro and Rural Districts experienced fewer peak daily new hospitalisations during the third wave compared to the second but experienced high admission pressure over a long period of time than in the first two waves. Rural Districts varied in their experience of hospital admission numbers, with Garden Route and West Coast seeing more new admissions in the third wave than the first two waves. The fourth wave peak of admissions was lower than the second and third waves in the Cape Metro District and across most Rural Districts, despite a higher peak case load in the Province.

## Service Delivery Improvement Plan

### Background

The National Department of Health initiated the Ideal Clinic (IC) program as a way of systematically improving and correcting deficiencies in Primary Health Care (PHC) clinics in the public sector. An Ideal Clinic is a clinic with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and adequate bulk supplies that use applicable clinical policies, protocols, guidelines as well as partner and stakeholder support, to ensure the provision of quality health services to the community. A clinic is evaluated through the Ideal Clinic Dashboard to determine its ideal clinic status and currently version 18 is in use. The dashboard consists of 211 elements which are linked to 10 components and the National Core Standards for Health Establishments. Each element is assigned a specific weight i.e., vital, essential and important. For a facility to obtain an Ideal Clinic status, the facility must achieve a minimum score of 90% for vital, 70% for essential and 70% for important elements. The average score according to the weights assigned to the 211 elements determines whether a clinic has qualified for one of the three Ideal Clinic categories: Silver, Gold or Platinum.



## Programme Priorities

The Programme priority is for all clinics to progressively achieve ideal clinic status. Each year all facilities ought to have a status determination conducted by the District Perfect Permanent Team for Ideal Clinic Realization (PPTICRM). Each year Districts should identify facilities selected for "scale-up", i.e., those facilities to achieve at least silver status. With each status determination, quality improvement plans are developed to address failed elements.

## Monitoring and Evaluation of the Programme

Progress with the Ideal Clinic is monitored through a web-based application that tracks the various elements on the dashboard. The application allows managers at all levels (District, Provincial and National) to monitor progress made.

## Targets and Actual Achievements

The Western Cape Government: Health commenced with the Ideal Clinic Revitalisation and Maintenance(ICRM) Programme in April 2016. The framework for Community Health Centres has not been finalized and these facilities are therefore using the Framework for Ideal Clinics.

Actual Achievements												
2018/19			2019/20			2020/21			2021/22			
No. of clinics participating	No. of clinics with IC status	% of clinics with IC status	No. of clinics participating	No. of clinics with IC status	% of clinics with IC status	No. of clinics participating	No. of clinics with IC status	% of clinics with IC status	*No. of clinics participating	No. of clinics with IC status	% of clinics with IC status	
171	126	74%	166	136	82%	176	94	53%	*256	200	78%	
<b>Note</b> *The total number of clinics in the Province in 2021/22 is 265, however the number of fixed facilities (clinics, community day centres and community health centres) participating in the assessment varies year on year (denominator) due to some facilities undergoing maintenance and/or renovations or facilities not being fully operational as a fixed clinic and therefore cannot participate in the ICRM for a particular year. The number of Primary Health Care Facilities which participated in the ICRM in 2021/22 is 256 i.e. 9 facilities did not participate. The following 9 facilities were not assessed for the following reasons: <ul style="list-style-type: none"> <li>Overberg: Genadendal - Structural renovations in progress,</li> <li>Overberg: Gansbaai - Structural renovations in progress,</li> <li>Overberg: Villiersdorp - Structural renovations in progress,</li> <li>City of Cape Town: WCG: Michael Mapongwana CDC - Extensive maintenance work. Maternal services are redirected to Site B Community Health Centre and Khayelitsha District Hospital,</li> <li>City of Cape Town: CCT: Sarepta Clinic- Major structural renovations, services have moved to a temporary site situated in a hall,</li> <li>City of Cape Town: CCT: Weltevreden Clinic - was closed due to occupational health and safety issues; services have moved to a temporary site situated in Colorado hall,</li> <li>City of Cape Town: CCT: Silvertown Clinic - Major structural renovations, services have moved to a temporary site situated in a hall,</li> <li>City of Cape Town: CCT: Fagan street Clinic - not open 5 days a week and/or offering a full service and</li> <li>City of Cape Town: CCT: Melkbosstrand Clinic – not open 5 days a week and/or a full service.</li> </ul> On the last two we are engaging with the City of Cape Town to either get them reclassified or assessed going forward												



The number of Primary Health Care facilities which achieved Ideal Clinic Status in the 2021/22 financial year is 200. Thus, the percentage of facilities which achieved Ideal Clinic Status out of those who participated in the programme is 78%, compared to the 53% achievement in 2020/21. Looking at the fact that the number of facilities participating in ICRM has increased significantly since the previous financial year, this is a significant achievement. A contributory factor for the increased performance in 2021/22 is the re-introduction of non-COVID-19 services and the attempt to integrate COVID-19 management with other mainstream health services.

Breakdown per Type of Ideal Category for Clinics which Achieved IC Status														
2019/20					2020/21					2021/22				
No. of clinics participating	No. of clinics with IC status	No. of clinics with silver status	No. of clinics with gold status	No. of clinics with platinum status	No. of clinics participating	No. of clinics with IC status	No. of clinics with silver status	No. of clinics with gold status	No. of clinics with platinum status	*No. of clinics participating	No. of clinics with IC status	No. of clinics with silver status	No. of clinics with gold status	No. of clinics with platinum status
166	136	63	62	11	176	94	9	24	61	*265	200	11	23	166

## Conclusion

The Western Cape Government: Health has embraced the Ideal Clinic Realization and Maintenance Programme as a systematic approach to improving service delivery and quality of care. This is evidenced by the fact that the number of clinics participating in ICRM and those achieving Ideal Clinic Status is progressively increasing over the years since the Western Cape Government: Health first participated in ICRM.

It is important to note that the increasing number of facilities participating in ICRM has increased the denominator of the ideal clinic status achievement rate. This further points to increased good performance in the achievement of Ideal Clinic Status.

The re-introduction of Non-COVID-19 services in mainstream health services has contributed to renewed commitment on ICRM and other Programmes.

## Organisational Environment

### Resignations and/or appointments in senior management service

The following changes occurred in the senior management service (SMS) during 2021/22 as a result of attrition: Terminations and Transfers out of WCGH:

- R Crous, Chief Director: Rural DHS, 30 September 2021 (Resignation),
- BL Swartz, CEO, Lentegeur Hospital, 29 October 2021 (Resignation),
- BL Swartz, CEO, Lentegeur Hospital, 31 December 2021 (Contract Expiry) and
- DD Newman, Director, Minister Office, 9 November 2021 (Resignation).

New appointments:

- Z Zigayi, Director, Health Technology, Head Office, 1 May 2021,
- BL Swartz, CEO, Lentegeur Hospital, 30 October 2021,
- DD Newman, Director, Minister Office, 29 November 2021,



- SE Mkhonza, Director, Information Management, Head Office, 7 December 2021,
- K Du Toit, Director, Engineering & Technical Support, Head Office, 1 January 2022 and
- TB Mabuda, Director, Nursing Services, Head Office, 1 January 2022.

Promotions and Transfers in:

- HD Goieman, Director, Services Priority Co-Ordination, 1 December 2021,
- L Najjaar, Director, Clinical Service Improvement, 1 February 2022,
- AN Parbhoo CEO, Red Cross Hospital, 1 July 2021,
- WD Caesar, CEO Lenteguur Hospital, 1 January 2022,
- CD Goliath, CEO, Valkenberg Hospital, 1 January 2022,
- LC Phillips, Chief Director, Rural DHS, 1 January 2022 and
- N Nkosi, Chief Director, Financial Management, Head Office, 30 June 2021 (Transfer In).

## Restructuring Realignment

In August 2016, the Department embarked on a Management Efficiency Alignment Project (MEAP) to re-align the management structure to enable efficient and effective service delivery towards Healthcare 2030. The goal of the project is to improve efficiencies and alignment of the departmental management structures, functions and processes towards the envisaged health outcomes of Healthcare 2030. The intervention will address duplication of functions, the level of centralisation/ decentralisation, excessive "red tape" and administrative inefficiencies. The service delivery model and health systems approach in Healthcare 2030 will also be guiding the alignment of organisation and post structures.

After the conclusion of the Management Efficiency Alignment Project (MEAP) process, the Department embarked on the Micro Design Process (MDP) which is the review of the functional and process alignment for the micro level in the Department. Effective functional alignment is aimed at improving service delivery in line with the principles of Universal Health Coverage (UHC) and Healthcare 2030.

## Strike Actions

During the current reporting period there were no employees that participated in a strike action.

## Embed Good Governance & Values-Driven Leadership Practices

COMPETENT, ENGAGED, CARING AND EMPOWERED EMPLOYEES

Caring for the Carer

*Refer to section Employee Health and Wellness Programme in part D under "Employee Health & Wellness Programme".*

## Organisational Culture

*Refer to section "Organisational Culture" in part D.*



## Managers who lead

### Leadership and Management Development

The Department's Universal Health Care Strategy 20/25 invests in the development of four core capabilities of the Provincial health system, which includes the enhancement of the system's service delivery, collaborative governance, people and system, leveraging maximally off technology and building a capable workforce. The leadership focus is to ensure that an endearing values-based culture within the organisation is appropriately fostered. There is a greater sense of leadership awareness of own impact on others and decisions, with a clear focus to be vision inspired and values led. This has enabled an internal resilience to withstand the significant COVID-19. The focus of leadership development is integral to creating a system of distributed leadership and building system resilience through inspiring change and shifting the culture toward living the values of the Leadership Behaviours Charter. Distributed leadership has influenced organisation re-design to empower middle level managers to take decisions. To become an endearing, values-based organisation, there is a dedicated focus on leadership growth as a collective, as individuals as well as by cohort.

Partnerships with our Higher Education Institutions, University of Cape Town (UCT) and the University of Stellenbosch, have enabled the development of our managers on post-graduate diplomas in Health Leadership and Health Care management respectively.

The Aurum Institute has empowered our operational managers through a Management Development Programme for Health Managers and Free to Grow's Engaged Leadership Programme has enabled leadership growth amongst individuals and the connection between teams.

The following leadership and management development interventions took place in 2021/ 22.

Leadership and Management Development Interventions	Number Trained
Engaging Leadership Programme	97
Health Management Development Programme for Health Managers	44
HR Directors Conference	7
Junior Management Development Programme	9
Learning Collaboration (COLABs)	229
Listen like a Leader	96
Mentoring and coaching for middle managers	42
Oliver Tambo Fellowship Programme in health management: University of Cape Town	9
Post Graduate Diploma in Health Care Management: University of Stellenbosch	2
Supervisory practices for junior managers	110
Women in management	31
<b>TOTAL</b>	<b>676</b>



## Key Policy Developments & Legislative Changes

### National Policy and Legislative Changes

- Disaster Management Act: Declaration of a National State of Disaster: COVID-19, 15th March 2020,
- Disaster Management Act: Classification of a national Disaster: COVID-19, 15th March 2020,
- Disaster Management Regulations, 18th May 2020,
- Competition Act (89/1998) as amended: COVID-19 block exemptions for the Healthcare Sector, 19th March 2020 and
- Lockdown Regulation Amendments, 26<sup>th</sup> March 2020.

## 2.3 Institutional impacts and outcomes

The table below provides the baseline and 2025 targets that were set as part of the WCGH Strategic Plan 2020-2025.

IMPACT	In 2025 Western Cape residents will live a longer and healthier life than they did in 2019	
Outcome 1	A Provincial health system that by design supports wellness	
Indicator	Baseline	2025 Target
Life expectancy at birth	68 years	70 years
Outcome 2	The children of the Province have the health resilience to flourish	
Indicator	Baseline	2025 Target
Maternal Mortality Ratio	68.3/100 000	60/100 000
Under 5 mortality Rate	23.3/1000	17/1000
Outcome 3	People with long - term conditions are well managed	
Indicator	Baseline	2025 Target
ART Viral load suppression	82%	90%
Non-communicable diseases (NCDs)	Metrics for an NCD outcome are currently being developed, as the Department refines the design of its NCD interventions.	
Outcome 4	A high-performance Provincial health system for people	
Indicator	Baseline	2025 Target
Unqualified audit opinion	Unqualified	Clean Audit
Cultural Entropy <sup>5</sup>	17.9%	14%
Access	Metrics for an access outcome is currently being developed as the Department refines its Universal Health Care Strategy 2025.	

<sup>5</sup> A measure of the internal dysfunction/ discord that causes internal challenges within the organisation



## 2.4 Performance Information by Programme

NB: please note some indicators below are defined as per the Technical Indicator Description (TIDS), 22 September 2021 provided by NDoH.

### Programme 1: Administration

#### Purpose

To conduct the strategic management and overall administration of the Department of Health.

#### Sub-Programme 1.1. Office of the MEC

Rendering of advisory, secretarial and office support services.

#### Sub-Programme 1.2. Management

Policy formulation, overall management and administration support of the Department and the respective Districts and institutions within the Department.

#### Changes to Planned Targets

\* Target changes are mostly attributable to definition changes clarified after the Annual Performance Plan was published. See below, the original targets before mid-year adjustment.

OUTCOME		A high-performance Provincial health system for people				
Output		Technically efficient Provincial health system				
Output Indicator		Percentage of annual equitable share budget allocation spent				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	*Actual Achievement until Qtr. 2 of 2021/22	Deviation
99.7%		99.9%	98.7%	100.0%	106.6%	-6.6%
N	17 147 363 000	18 302 194 000	19 482 198 000	18 975 349 000	10 325 099 000	8 650 250 000
D	17 203 595 000	18 314 005 000	19 732 211 000	18 975 349 000	9 684 178 000	9 291 171 000
<b>Reasons for deviation</b>						
The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
<b>Reasons for revisions to the Output/ Output Indicators/ Annual Targets</b>						
The Technical Indicator Description (TID) in Part D of the APP defined the indicator as an annual indicator, however quarterly targets were set. The reporting cycle was therefore aligned in the TID to reflect quarterly. This did not affect the quarterly or annual targets.						



## Performance Indicators

OUTCOME A high-performance Provincial health system for people						
Output		Technically efficient Provincial health system				
Output Indicator		Audit opinion of Provincial DoH				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
Unqualified		Clean	Clean	Unqualified	Clean	Clean
Reasons for deviation The Department continued to improve its systems of governance and internal controls which resulted in retaining the clean audit outcome for the third financial year in a row.						
OUTPUT		Technically efficient Provincial health system				
Output Indicator		Percentage of annual equitable share budget allocation spent				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
99.7%		99.9%	98.7%	100.0%	99.0%	1.0%
N	17 147 363 000	18 302 194 000	19 482 198 000	18 975 349 000	20 982 714 000	2 007 365 000
D	17 203 595 000	18 314 005 000	19 732 211 000	18 975 349 000	21 200 123 000	2 224 774 000
Reasons for deviation						
The marginal deviation from the planned performance target of 1% is considered by the Department as having achieved the target. The savings have been requested either as a roll over or reallocation in 2022/23 financial year.						
Note						
Mid-year adjustment made. Refer to Changes to Planned Targets.						
Output		A capable workforce				
Output indicator		Number of Current/Desired Value Matches				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2020/21	Deviation from planned target to actual achievement
Survey conducted every 2nd year		7	Survey conducted every 2nd year	8	Survey not conducted	N/A
Reasons for deviation						
The Barrett Values Survey is an organisation culture assessment tool that is conducted cyclically every 2 years, with the last survey conducted in 2019. The survey produces an analysis of the number of values that are consistently showing up in the personal values, current culture values and desired values as staff experience it in the Department. If the values align, this is known as a values match indicating the degree of alignment within the organisational culture. For the 2019 Barrett Values Survey, the results indicated an outcome of a values match of 7, at the time. The next survey was due to be conducted in 2021 but with COVID-19, it was a challenge to prepare and conduct a transversal survey of this nature with staff who were operationally focussed. Therefore, the outcome of 7 value matches between both current and desired culture remain relevant for the Department. The intention is to conduct the Barrett Values Survey again for 2022/23 financial year to re-evaluate the status of organisational culture and shift in the value matches.						

## Strategies to Overcome Under-Performance

Planning is underway for the commissioning and execution of the Barrett Values Survey for the Department in 2022/23. The target of 8 value matches ( see note in the above section for explanation) will be maintained for this survey. Given that this is a behavioural measurement of organisational culture, survey outcomes are based



on perception and cannot be predicted with full accuracy. However, the Department has a track record of improving its organisational culture shifts positively over several years, increasing its value matches.

### Linking Performance with Budgets

Sub-Programme	2021/22			2020/21		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Office of the MEC	9 071	8 673	398	8 881	8 084	797
Management	1 505 977	1 405 629	100 348	1 273 495	1 175 267	98 228
<b>TOTAL</b>	<b>1 515 048</b>	<b>1 414 302</b>	<b>100 746</b>	<b>1 282 376</b>	<b>1 183 351</b>	<b>99 025</b>

The under-spending in the Management Sub-Programme can be attributed to savings under the COVID-19 fund due to a less severe 4<sup>th</sup> wave than anticipated, reduced levels of testing as well as a reduction in the price of COVID-19 tests. The savings have been requested as a roll over to mitigate against COVID-19 pressures emanating from a reduced COVID -19 budget allocation in 2022-23 financial year. Debt collection services were scaled down due to the impact of COVID-19 which resulted in debt collectors not operating fully, thus leading to a surplus against the SCOA item: Contractors. There was also a surplus on Inventory: medical supplies due to unpaid orders for personal protective equipment(PPE) and other Non-Pharmaceutical Items procured by the Western Cape Health Warehouse.

## Programme 2: District Health Services

### Purpose

To render facility-based District Health Services (at Clinics, Community Health Centres and District Hospitals) and Community-Based District Health Services (CBS) to the population of the Western Cape Province.

### Sub-Programme 2.1. District Management

Management of District Health Services, corporate governance, including financial, human resource management and professional support services e.g., infrastructure and technology planning and quality assurance (including clinical governance).

### Sub-Programme 2.2. Community Health Clinics

Rendering a nurse-driven primary health care service at clinic level including visiting points and mobile clinics.

### Sub-Programme 2.3. Community Health Centres

Rendering a primary health care service with full-time medical officers, offering services such as: mother and child health, health promotion, geriatrics, chronic disease management, occupational therapy, physiotherapy, psychiatry, speech therapy, communicable disease management, mental health and others.

### Sub-Programme 2.4. Community Based Services

Rendering a community-based health service at non-health facilities in respect of home-based care, community care workers, caring for victims of abuse, mental and chronic care, school health, etc.



*Sub-Programme 2.5. Other Community Services*

Rendering environmental and port health services (port health services have moved to the National Department of Health).

*Sub-Programme 2.6. HIV and AIDS*

Rendering a primary health care service in respect of HIV/ AIDS campaigns.

*Sub-Programme 2.7. Nutrition*

Rendering a nutrition service aimed at specific target groups, combining direct and indirect nutrition interventions to address malnutrition.

*Sub-Programme 2.8. Coroner Services*

Rendering forensic and medico-legal services in order to establish the circumstances and causes surrounding unnatural death. These services are reported in Sub-programme 7.3: Forensic Pathology services.

*Sub-Programme 2.9. District Hospitals*

Rendering of a District Hospital service at Sub-District level.

*Sub-Programme 2.10. Global Fund*

Strengthen and expand the HIV and AIDS Prevention, Care and Treatment Programmes.

**District Health Services***Changes to Planned Targets*

No changes were made to planned targets.

*Performance Indicators*

OUTCOME      A Provincial health system that by design supports wellness					
Output	Re-designed PHC service				
Output Indicator	Management endorsed prevention strategy by 2022/23				
Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
<b>New indicator</b>			<b>Draft Strategy</b>	<b>Approved Strategy</b>	<b>Over achievement</b>
<b>Reasons for deviation</b>					
Target achieved. "Health is Everybody's Business" was accepted by the Top Executive Management (TEXCO) as the approved strategy.					



OUTCOME A high-performance Provincial health system for people						
Output		Technically efficient Provincial health system				
Output indicator		Client satisfaction survey satisfaction rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
85.1%		84.6%	90.5%	85.4%	88.7%	3.3%
N	43 739	42 631	25 192	47 217	54 193	6 976
D	51 395	50 391	27 834	55 274	61 074	5 800
Reason for deviation						
Target exceeded, a positive achievement as more clients indicated satisfaction with healthcare services.						
Note						
This is a combination of City of Cape Town and Provincially managed facilities.						
Output Indicator		Patient Safety Incident (PSI) case closure rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
94.3%		93.4%	92.6%	92.9%	97.3%	4.3%
N	1 643	1 334	983	1 948	1 381	(567)
D	1 742	1 429	1 061	2 096	1420	(676)
Reason for deviation						
Performance better than target as the patient safety incident (PSI) case closure rate is higher than planned and fewer incidents were reported than anticipated.						
Note						
Figures before rounding off: Target: 92.94% Actual achievement 97.25% resulting in a 4.31% deviation from target.						
Output Indicator		Severity assessment code (SAC) 1 incident reported rate within 24 hours rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
55.5%		59.4%	64.0%	81.8%	50.0%	(31.8%)
N	101	19	48	54	20	(34)
D	182	32	75	66	40	26
Reason for deviation						
Target partially achieved. The SAC 1 incidents are being reported timeously, but in some cases, they are only reported to facility management within 24 hours and only later to the next level as specified by the guidelines.						
Output Indicator		Ideal clinic status rate obtained				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
68.8%		76.3%	Not reported	84.8%	75.5%	(9.3%)
N	181	203	Not reported	217	200	(17)
D	263	266	Not reported	256	265	9
Reasons for deviation						
Target partially achieved. Facilities are in the process of re-escalating services following the burden of COVID-19. 17 facilities of the 217 targeted did not achieve ideal clinic status.						



### Strategies to Overcome Under-Performance

- Severity assessment code (SAC) 1 Incidents reported within 24 hours:

The guideline requires SAC 1 incidences to be reported to the next level and allows for Provinces to specify this next level and reporting process. This process must be standardised and documented and implemented in all facilities to ensure reporting reaches the next level timeously as well as the immediate facility management.

- Ideal clinic status rate obtained:

17 of the 217 targeted facilities did not achieve Ideal Clinic status. As the Department implements on a recovery strategy, we expect to see this improve.

With the recent inspections by the Office of Health Standards Compliance (OHSC), the Department was given a grace period to do corrections and increase our service delivery improvement efforts before re-inspections will be done. With this in mind, the Department is expecting to see an increase in the number of facilities that obtain ideal clinic status.

### Primary Health Care

#### Changes to Planned Targets

\* Target changes are mostly attributable to definition changes clarified after the Annual Performance Plan was published. See below, the original targets before mid-year adjustment.

OUTCOME      The children of the Province have the health resilience to flourish						
Output		Child health services				
Output indicator		ART child remain in care rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	*Actual Achievement until Q2 of 2021/22	Deviation
<b>65.2%</b>		<b>66.2%</b>	<b>62.3%</b>	<b>48.8%</b>	<b>60.3%</b>	<b>11.5%</b>
<b>N</b>	<b>585</b>	<b>511</b>	<b>480</b>	<b>7 827</b>	<b>240</b>	<b>(7 587)</b>
<b>D</b>	<b>897</b>	<b>772</b>	<b>770</b>	<b>16 044</b>	<b>398</b>	<b>(15 646)</b>
<b>Reasons for deviation</b>						
The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
<b>Reasons for revisions to the Output/ Output Indicators/ Annual Targets:</b>						
The quarterly tables of these indicators don't match the annual table. In addition, the National Department of Health changed the definition of this indicator for 2021/22. Targets were set based on the NDoH TIDS definition which was unclear. Clarity was received in August '21 and the Department was advised to report on the 12-month cohort of patients which is in line with the previous year and next year's APP to maintain consistency. Targets were set using the old definition. Both annual and quarterly targets were adjusted to align with the new definition.						



OUTCOME		The health of people with long-term condition(s), is well managed				
Output		HIV/AIDS, STI & Tuberculosis Services				
Output indicator		ART adult remain in care rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	*Actual Achievement until Q2 of 2021/22	Deviation
59.6%		57.9%	56.3%	56.3%	55.1%	(1.1%)
N	28 924	25 190	22 177	277 540	9 313	(268 227)
D	48 535	43 479	39 403	493 270	16 889	(476 381)
<b>Reasons for deviation</b> The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement. Figures before rounding off: Target: 56.27% Actual achievement 55.14% resulting in a 1.12% deviation from target.						
<b>Reasons for revisions to the Output/ Output Indicators/ Annual Targets:</b> The quarterly tables of these indicators did not match the annual table. In addition, the National Department of Health changed the definition of this indicator for 2021/22. Targets were set based on the NDoH TIDS definition which was unclear. Clarity was received in August '21 and the Department was advised to report on the 12-month cohort of patients which is in line with the previous year and next year's APP to maintain consistency. Targets were set using the old definition. Both annual and quarterly targets were adjusted to align with the new definition.						
Output Indicator		All DS-TB client death rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	*Actual Achievement until Q2 of 2021/22	Deviation
3.9%		3.8%	3.9%	3.8%	4.0%	(0.3%)
N	1 630	1 685	1 550	1 662	675	987
D	41 532	44 077	40 240	44 219	16 706	(27 513)
<b>Reasons for deviation</b> The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement. Figures before rounding off: Target: 3.76% Actual achievement 4.04% resulting in a 0.28% deviation from target.						
<b>Reasons for revisions to the Output/ Output Indicators/ Annual Targets:</b> This indicator is defined in the Technical Indicator Description as having a calculation type as cumulative year-to-date. Q3 and Q4 targets were revised accordingly. This did not affect the annual target.						



## Performance Indicators

OUTCOME The children of the Province have the health resilience to flourish						
Output		Women's health services				
Output indicator		Antenatal 1st visit before 20 weeks rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
70.3%		71.9%	70.6%	71.9%	72.6%	0.7%
N	72 593	80 989	75 756	79 137	75 814	(3 323)
D	103 241	112 718	107 250	110 071	104 478	(5 593)
<b>Reasons for deviation</b>						
Target achieved and a positive outcome considering the impact of the COVID-19 on facility attendance. This is a demand driven indicator which means it is not possible for the Department to predict with complete accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.						
Output Indicator		Mother postnatal visit within 6 days rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
59.6%		62.0%	55.4%	57.9%	59.0%	1.1%
N	57 410	62 058	55 985	58 811	56 830	(1 981)
D	96 249	100 151	101 055	101 606	96 319	(5 287)
<b>Reasons for deviation</b>						
Target achieved. Performance better than target as services reaffirmed the importance of postnatal follow-ups especially during the COVID-19.						
Output Indicator		Delivery in 10 to 19 years in facility rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
11.4%		11.3%	11.0%	11.2%	11.5%	(0.3%)
N	10 938	11 360	11 155	11 395	11 084	311
D	96 249	100 151	101 055	101 606	96 319	5 287
<b>Reasons for deviation</b>						
Target achieved. This is a demand driven indicator which means it is not possible for the Department to predict with complete accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.						
Output Indicator		Couple year protection rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
73.6%		62.6%	48.3%	60.5%	56.9%	(3.6%)
N	1 360 609	1 175 237	922 098	1 175 137	1 104 549	(70 588)
D	1 847 504	1 876 409	1 907 810	1 940 959	1 940 948	(11)
<b>Reasons for deviation</b>						
Target partially achieved. Condom orders show a decline and as a heavily weighted contributor to this indicator has a great impact on the performance. Condom distribution is subject to the number of patients moving through the facilities and this has been impacted by COVID-19 as well as services being offered outside facilities. Whilst uptake of intra-uterine devices was also poor, other methods of contraception are showing an increase in uptake.						



<b>Note</b>						
Population data has been updated retrospectively for historical years, as per Circular H161/2020.						
Five private facilities partnered with the Department in Quarter 4 to provide select contraceptive and EPI services. This data has been included in the departmental annual report and contributes less than 0.01% of the total, however due to technical challenges these could not be included in the National DHIS system for Quarter 4 FY2021/22 at the time of final data submission.						
Output Indicator		Maternal mortality in facility ratio				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
69.2		47.1	78.3	45.1	66.9	(21.8)
N	69	49	82	47	67	(20)
D	0.997	1.040	1.047	1.041	1.001	0.040
<b>Reasons for deviation</b>						
Target partially achieved. Although fewer deaths were reported compared to last year, the COVID-19 continues to impact maternal outcomes both directly and indirectly through socio-economic factors affecting access to services. The Department maintains ongoing monitoring and interventions like promoting COVID-19 vaccinations for pregnant women where possible.						
<b>Note</b>						
Decimals aligned across the financial years for ease of comparison.						
Output		Child health services				
Output indicator		Infant 1st PCR test positive at birth rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
0.9%		0.8%	0.8%	0.7%	0.8%	(0.1%)
N	142	133	132	129	122	7
D	15 917	17 111	16 857	17 240	15 189	2051
<b>Reasons for deviation</b>						
Target partially achieved, although the number tested positive is lower than the target. The number of tests done is lower than anticipated which may be due to the decrease in the number of deliveries (-5%) this year. The higher positivity rate for both PCR's done at birth and at 10 weeks could be due to reduced access to care due to the COVID-19.						
<b>Note</b>						
Performance reported 2018/19, 2019/20 and 2020/21 is unaudited. This indicator was introduced in 2021/22 and therefore the historical data have not been audited.						
Output Indicator		Infant 1st PCR test positive around 10 weeks				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
0.3%		0.2%	0.3%	0.5%	0.5%	0.1%
N	36	23	47	65	70	(5)
D	12 074	13 925	14 404	14 224	13 605	619
<b>Reasons for deviation</b>						
Target partially achieved. The number of tests done is lower than anticipated which may be due to the decrease in the number of deliveries (-5%) this year. The higher positivity rate for both PCR's done at birth and at 10 weeks could be due to reduced access to care due to the COVID-19. It should be noted that the deviation from the target in percentage is quite small (0.06%). Continued monitoring required as the Department introduces the recovery strategy.						
<b>Note</b>						
Figures before rounding off: Target: 0.46% Actual achievement 0.51% resulting in a 0.06% deviation from target.						



Output Indicator		Immunisation under 1 year coverage				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
<b>78.8%</b>		<b>82.2%</b>	<b>82.9%</b>	<b>82.7%</b>	<b>83.2%</b>	<b>0.5%</b>
<b>N</b>	<b>88 335</b>	<b>91 377</b>	<b>91 343</b>	<b>90 903</b>	<b>91 482</b>	<b>579</b>
<b>D</b>	<b>112 131</b>	<b>111 145</b>	<b>110 196</b>	<b>109 951</b>	<b>109 948</b>	<b>(3)</b>
<b>Reasons for deviation</b>						
Target achieved. The service team responsible for the Expanded Programme on Immunization (EPI) managed to maintain a good immunisation coverage even with the added COVID-19 challenges, through outreach and public awareness campaigns.						
<b>Note</b>						
Population data has been updated retrospectively for historical years, as per Circular H1 61/2020.						
Five private facilities partnered with the Department in Quarter 4 to provide select contraceptive and EPI services. These data have been included in the departmental annual report and contribute less than 0.01% of the total, however due to technical challenges these could not be included in the National DHIS system for Quarter 4 FY2021/22 at time of final data submission.						
Output Indicator		Measles 2 <sup>nd</sup> dose coverage				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
<b>74.5%</b>		<b>77.4%</b>	<b>78.1%</b>	<b>74.7%</b>	<b>79.2%</b>	<b>4.5%</b>
<b>N</b>	<b>83 974</b>	<b>86 800</b>	<b>86 926</b>	<b>84 356</b>	<b>87 614</b>	<b>3 258</b>
<b>D</b>	<b>112 704</b>	<b>112 075</b>	<b>111 304</b>	<b>112 944</b>	<b>110 684</b>	<b>(2 260)</b>
<b>Reasons for deviation</b>						
Target achieved. Performance better than target as the measles 2 <sup>nd</sup> dose coverage was higher than planned.						
<b>Note</b>						
Population data has been updated retrospectively for historical years, as per Circular H1 61/2020.						
Five private facilities partnered with the Department in Quarter 4 to provide select contraceptive and EPI services. These data have been included in the departmental annual report and contribute less than 0.01% of the total, however due to technical challenges these could not be included in the National DHIS system for Quarter 4 FY2021/22 at time of final data submission.						
Output Indicator		Vitamin A 12-59 months coverage				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
<b>49.9%</b>		<b>51.7%</b>	<b>41.5%</b>	<b>43.3%</b>	<b>49.7%</b>	<b>6.4%</b>
<b>N</b>	<b>455 226</b>	<b>470 469</b>	<b>376 291</b>	<b>398 186</b>	<b>448 687</b>	<b>50 501</b>
<b>D</b>	<b>912 910</b>	<b>910 232</b>	<b>906 788</b>	<b>919 310</b>	<b>902 142</b>	<b>(17 168)</b>
<b>Reasons for deviation</b>						
Performance better than planned with more children receiving Vitamin A doses.						
<b>Note</b>						
Population data has been updated retrospectively for historical years, as per Circular H1 61/2020.						
Five private facilities partnered with the Department in Quarter 4 to provide select contraceptive and EPI services. These data have been included in the departmental annual report and contribute less than 0.01% of the total, however due to technical challenges these could not be included in the National DHIS system for Quarter 4 FY2021/22 at time of final data submission.						
Output Indicator		Neonatal death in facility rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
<b>9.3</b>		<b>9.3</b>	<b>8.7</b>	<b>8.6</b>	<b>8.0</b>	<b>(0.6)</b>
<b>N</b>	<b>889</b>	<b>847</b>	<b>870</b>	<b>864</b>	<b>765</b>	<b>(99)</b>
<b>D</b>	<b>95.92</b>	<b>99.93</b>	<b>100.48</b>	<b>100.44</b>	<b>95.86</b>	<b>4.58</b>
<b>Reasons for deviation</b>						
Positive performance as death rate was lower than anticipated.						



<b>Note</b>						
Decimal places included in historical performance for comparability.						
Output Indicator		ART child remain in care rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
65.2%		66.2%	62.3%	62.8%	61.1%	(1.7%)
N	585	511	480	1 400	400	(1 000)
D	897	772	770	2 229	655	1 574
<b>Reasons for deviation</b>						
Target achieved. The COVID-19 negatively affected attendance at primary health care and hospital services therefore the minor deviation of overall performance is considered by the Department as having achieved target.						
<b>Note</b>						
This indicator monitors the 12-month ART cohort.						
Performance reported 2018/19 and 2019/20 is unaudited. This indicator was introduced in 2020/21 and therefore the historical data have not been audited.						
Target adjusted mid-year, see section "Changes to Planned Targets" for an explanation on the numerator and denominator differences.						
Output Indicator		ART child viral load suppressed rate (12 Months)				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
75.1%		68.5%	71.4%	68.9%	66.0%	(2.9%)
N	286	196	175	173	128	(45)
D	381	286	245	251	194	(57)
<b>Reasons for deviation</b>						
Target achieved. The COVID-19 negatively affected attendance at primary health care and hospital services therefore the minor deviation of overall performance is considered by the Department as having achieved target.						
<b>Note</b>						
This indicator monitors the 12-month ART cohort.						
Performance reported on 2018/19 and 2019/20 is unaudited. This indicator was introduced in 2020/21 and therefore the historical data have not been audited.						
<b>OUTCOME</b>		The health of people with long-term condition(s), is well managed				
Output		HIV/AIDS, STI & Tuberculosis Services				
Output Indicator		ART adult remain in care rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
59.6%		57.9%	56.3%	57.5%	55.9%	(1.6%)
N	28 924	25 190	22 177	66 852	17 240	(49 612)
D	48 535	43 479	39 403	116 247	30 816	(85 431)
<b>Reasons for deviation</b>						
Target achieved. This is a demand driven indicator which means it is not possible for the Department to predict with complete accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.						
<b>Note</b>						
This indicator monitors the 12-month ART cohort. Performance reported 2018/19 and 2019/20 is unaudited. This indicator was introduced in 2020/21 and therefore the historical data have not been audited. Target adjusted mid-year, see section "Changes to Planned Targets" for an explanation on the numerator and denominator differences.						



Output Indicator		ART adult viral load suppressed rate (12 Months)				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
<b>92.7%</b>		<b>92.3%</b>	<b>91.2%</b>	<b>92.1%</b>	<b>91.4%</b>	<b>(0.7%)</b>
<b>N</b>	<b>18 013</b>	<b>12 368</b>	<b>10 845</b>	<b>11 844</b>	<b>7 001</b>	<b>(4 843)</b>
<b>D</b>	<b>19 431</b>	<b>13 402</b>	<b>11 886</b>	<b>12 859</b>	<b>7 658</b>	<b>(5 201)</b>
<b>Reasons for deviation</b>						
Target achieved. This is a demand driven indicator which means it is not possible for the Department to predict with complete accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.						
Output Indicator		HIV positive 15-24 years (excl. ANC) rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
<b>2.0%</b>		<b>Data unavailable</b>	<b>1.7%</b>	<b>1.9%</b>	<b>1.4%</b>	<b>0.5%</b>
<b>N</b>	<b>9 581</b>	<b>Data unavailable</b>	<b>5 224</b>	<b>5 285</b>	<b>5 342</b>	<b>(57)</b>
<b>D</b>	<b>489 632</b>	<b>Data unavailable</b>	<b>304 028</b>	<b>280 143</b>	<b>387 640</b>	<b>107 497</b>
<b>Reasons for deviation</b>						
Target achieved. Performance better than planned with a lower HIV positive rate.						
<b>Note</b>						
In 2019/20 the following age group was collected: HIV test positive client 15 years and older (excluding ANC). The data were not differentiated into specific age categories and therefore not available for reporting.						
Output Indicator		All DS-TB client death rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
<b>3.9%</b>		<b>3.8%</b>	<b>3.9%</b>	<b>3.8%</b>	<b>4.3%</b>	<b>(0.5%)</b>
<b>N</b>	<b>1 630</b>	<b>1 685</b>	<b>1 550</b>	<b>1 662</b>	<b>1 407</b>	<b>255</b>
<b>D</b>	<b>41 532</b>	<b>44 077</b>	<b>40 240</b>	<b>44 219</b>	<b>32 778</b>	<b>(11 441)</b>
<b>Reasons for deviation</b>						
Target partially achieved. The impact of the COVID-19 is recognised here as COVID-19 complications impact morbidity and patient access to treatment due to lockdown restrictions. Subsequently it is felt that patient health seeking behaviour was adversely affected by restrictions on movement.						
Output Indicator		All DS-TB client LTF rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
<b>11.1%</b>		<b>17.7%</b>	<b>18.6%</b>	<b>15.8%</b>	<b>17.1%</b>	<b>(1.3%)</b>
<b>N</b>	<b>4 620</b>	<b>7 811</b>	<b>7 468</b>	<b>6 990</b>	<b>5 603</b>	<b>1 387</b>
<b>D</b>	<b>41 532</b>	<b>44 077</b>	<b>40 240</b>	<b>44 219</b>	<b>32 778</b>	<b>(11 441)</b>
<b>Reasons for deviation</b>						
Target partially achieved. The COVID-19 is acknowledged as negatively impacting on patient access to treatment due to lockdown restrictions, thus affecting the outcome of DS-TB care.						



Output Indicator		All DS-TB client treatment success rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
79.2%		77.3%	76.5%	77.8%	77.3%	(0.5%)
N	32 886	34 084	30 769	34 399	25 327	(9 072)
D	41 532	44 077	40 240	44 219	32 778	(11 441)
Reasons for deviation						
Target achieved. The Department cannot predict with complete accuracy the number of clients requiring a service. The COVID-19 is acknowledged as influencing patient health seeking behaviour. The minor deviation is therefore considered as having achieved the target.						

Output Indicator		TB rifampicin resistant/MDR/pre-XDR treatment success rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
New indicator		New indicator	New indicator	54.1%	58.0%	3.9%
N	New indicator	New indicator	New indicator	853	895	42
D				1 576	1 542	(34)
Reasons for deviation						
Performance better than target with a higher treatment success rate reported than planned.						

Output Indicator		TB XDR treatment start rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
New indicator		New indicator	New indicator	124.1%	87.5%	(36.6%)
N	New indicator	New indicator	New indicator	36	35	(1)
D				29	40	11
Reasons for deviation						
Target partially achieved. Seven XDR clients were not initiated on treatment in this Province. The COVID-19 is acknowledged as influencing patient health seeking behaviour. The National Institute of Communicable Diseases has improved the reporting algorithms used to identify confirmed cases which has increased the denominator. This will improve future target setting.						

### Strategies to Overcome Under-Performance

- Couple year protection rate

Other methods of contraception are showing an increase in uptake, however further investigation into the condom distribution plan is required and alternative distribution methods may need to be implemented to reach more patients.

- Maternal Mortality Rate

Ongoing monitoring and interventions like promoting vaccinations for pregnant women where possible has been implemented. As the COVID-19 reduces in severity (as suggested by the 4<sup>th</sup> and 5<sup>th</sup> waves [so far]), this indicator is expected to improve through reduced maternal mortality.

- Infant 1st PCR test positive at birth rate and Infant 1st PCR test positive around 10 weeks rate

Continued careful monitoring will occur as the Department introduces the recovery strategy.



- All DS-TB client death rate and All DS-TB client LTF rate

Ongoing interventions from health services are occurring to find tools to seek out patients and return/keep them in care.

- TB XDR confirmed client

Ongoing interventions from services to find tools to seek out patients and initiate them in care.

TB underperformance, in general, will be addressed in part by the Departmental recovery strategy and the implementation of the Provincial TB emergency plan (adopted during 2021). In addition, alternative medicine distribution strategies are being extended across high-risk areas of the Province.

Various aspects related to the COVID-19 impacted the department's ability to achieve the desired outcomes for Primary Health Care. This includes the intermittent resurgence of cases requiring an acute response, reduced staff capacity due to sick leave, re-introduction of routine services that were suspended or affected by lockdown restrictions, the COVID-19 vaccination campaign redirecting resources from the primary health care platform and the impact of the pandemic and lockdown restrictions have had on socio-economic conditions.

### District Hospitals

#### Changes to Planned Targets

\* Target changes are mostly attributable to definition changes clarified after the Annual Performance Plan was published. See below, the original targets before mid-year adjustment.

OUTCOME      The children of the Province have the health resilience to flourish						
Output		Child health services				
Output Indicator:		Live births under 2500g in facility rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	*Actual Achievement until Q2 of 2021/22	Deviation
11.3%		11.2%	11.0%	7.7%	11.0%	3.3%
N	4 068	4 146	4 227	7 687	2 123	(5 564)
D	35 903	37 111	38 567	100 441	19 344	(81 097)
<b>Reasons for deviation</b> The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
<b>Reasons for revisions to the Outputs/Output indicators /Annual Targets</b> Targets were erroneously set to include all facilities and should have been set to District Hospitals only. Targets have therefore been adjusted to accommodate this and were updated in both the Annual and Quarterly tables.						
Output Indicator		Child under 5 years diarrhoea case fatality rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	*Actual Achievement until Q2 of 2021/22	Deviation
0.0%		0.1%	0.1%	0.1%	0.2%	(0.1%)
N	2	2	2	3	4	(1)
D	4 004	3 269	2 154	2 988	1 767	1 221
<b>Reasons for deviation</b> The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						



**Reasons for revisions to the Output/ Output Indicators/ Annual Targets:**

The quarterly tables did not align with the annual table. In addition, the National Department of Health changed the definition, however targets were already set using the old definition. Both annual and quarterly targets were adjusted to align with the new definition.

Output Indicator		Severe acute malnutrition death under 5 years rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	*Actual Achievement until Q2 of 2021/22	Deviation
<b>0.0%</b>		<b>2.2%</b>	<b>7.8%</b>	<b>2.4%</b>	<b>15.4%</b>	<b>(13%)</b>
<b>N</b>	<b>0</b>	<b>1</b>	<b>5</b>	<b>6</b>	<b>4</b>	<b>2</b>
<b>D</b>	<b>44</b>	<b>46</b>	<b>64</b>	<b>253</b>	<b>26</b>	<b>227</b>

**Reasons for deviation**

The actual achievement reflected in the table is performance achieved as at quarter 2.

Please refer to the performance tables for the annual achievement.

**Reasons for revisions to the Outputs/Output indicators /Annual Targets**

This Indicator was not previously reported with this definition therefore historical performance has not been audited but included for comparison to current year performance.

Targets were set using the old definition and were therefore adjusted mid-year to align with the new definition. Unfortunately, even with the revision a component was inadvertently omitted. As targets were adjusted mid-year quarter 1 and 2 performance was already reported and we could therefore not retrospectively revise the numerator and denominator targets. This resulted in an artificial adjustment of the numerator and the denominator for the remaining quarters to adjust the overall annual target percentage.

Output indicator		Death under 5 years against live birth rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	*Actual Achievement until Q2 of 2021/22	Deviation
<b>0.7%</b>		<b>0.8%</b>	<b>0.8%</b>	<b>0.6%</b>	<b>0.7%</b>	<b>0.1%</b>
<b>N</b>	<b>249</b>	<b>293</b>	<b>291</b>	<b>600</b>	<b>141</b>	<b>459</b>
<b>D</b>	<b>35 903</b>	<b>37 111</b>	<b>38 567</b>	<b>100 441</b>	<b>19 344</b>	<b>(81 097)</b>

**Reasons for deviation**

The actual achievement reflected in the table is performance achieved as at quarter 2.

Figures before rounding off: Target: 0.60% Actual achievement 0.73% resulting in a 0.13% deviation from target.

Please refer to the performance tables for the annual achievement.

**Reasons for revisions to the Outputs/Output indicators /Annual Targets**

Targets were set using the old definition to include all facilities and should have been set to District Hospitals only and were therefore adjusted mid-year. As targets were adjusted mid-year quarter 1 and 2 performance was already reported and we could therefore not retrospectively revise the numerator and denominator targets. This resulted in an artificial adjustment of the numerator and the denominator for the remaining quarters to adjust the overall annual target percentage.



## Performance Indicators

OUTCOME The children of the Province have the health resilience to flourish						
Output		Child health services				
Output Indicator		Live births under 2500g in facility rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
11.3%		11.2%	11.0%	10.9%	11.1%	(0.2%)
N	4 068	4 146	4 227	5 814	4 209	1 605
D	35 903	37 111	38 567	53 453	37 846	(15 607)
<b>Reason for deviation</b>						
Target achieved.						
<b>Note</b>						
Target adjusted mid-year, see section "Changes to Planned Targets".						
Output Indicator		Child under 5 years diarrhoea case fatality rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
0.0%		0.1%	0.1%	0.1%	0.2%	(0.1%)
N	2	2	2	3	8	(5)
D	4 004	3 269	2 154	2 988	3 920	932
<b>Reasons for deviation</b>						
Target partially achieved. The Paediatric Surge Season this year (November to May) has shown an increase in deaths compared to previous years, possibly attributable to socio-economic conditions worsened by the COVID pandemic. The paediatric diarrhoea surge this year was the worst in the last 4 years.						
Output Indicator		Child under 5 years pneumonia case fatality rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
0.0%		0.1%	0.1%	0.2%	0.2%	0.0%
N	4	9	7	11	10	1
D	8 583	7 657	4 998	6 791	6 609	(182)
<b>Reasons for deviation</b>						
Target achieved. Fewer deaths were reported than anticipated, a positive outcome for the Department.						
<b>Note</b>						
Figures before rounding off: Target: 0.16% Actual achievement 0.15% resulting in a 0.01% deviation from target.						
Output Indicator		Severe acute malnutrition death under 5 years rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
0.0%		2.2%	7.8%	24.0%	13.2%	10.8%
N	0	1	5	60	7	53
D	44	46	64	250	53	(197)
<b>Reasons for deviation</b>						
Poorer performance compared to previous years however due to the small numbers reported in this indicator small variations has a greater impact on overall performance. Notwithstanding this, patients continue to present with more severe diseases due to the worsening socio-economic circumstances that resulted from COVID-19 lockdown restrictions resulting in a higher risk of death.						



**Note**

Indicator not previously reported with this definition therefore historical performance has not been audited but included for comparison to current year performance.

Target adjusted mid-year, see section "Changes to Planned Targets". As targets were adjusted mid-year quarter 1 and 2 performance was already reported and we could therefore not retrospectively revise the numerator and denominator targets. This resulted in an artificial adjustment of the numerator and the denominator for the remaining quarters to adjust the overall annual target. Unfortunately, even with the revision a component was inadvertently omitted resulting in a higher target than realistic.

Output Indicator		Death under 5 years against live birth rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
0.7%		0.8%	0.8%	0.7%	0.7%	0.0%
N	249	293	291	350	262	88
D	35 903	37 111	38 567	53 453	37 846	(15 607)
Reasons for deviation						
Target partially achieved.						
Note						
Figures before rounding off: Target: 0.65% Actual achievement 0.69% resulting in a 0.04% deviation from target.						
Target adjusted mid-year, see section "Changes to Planned Targets".						

OUTCOME		A high-performance Provincial health system for people				
Output		Technically efficient Provincial health system				
Output Indicator		Complaint resolution within 25 working days rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
<b>89.7%</b>		<b>90.3%</b>	<b>88.6%</b>	<b>87.4%</b>	<b>94.4%</b>	<b>7.0%</b>
<b>N</b>	<b>1 068</b>	<b>1 071</b>	<b>575</b>	<b>753</b>	<b>759</b>	<b>6</b>
<b>D</b>	<b>1 190</b>	<b>1 186</b>	<b>649</b>	<b>862</b>	<b>804</b>	<b>(58)</b>
<b>Reasons for deviation</b>						
Target achieved. A positive performance with a higher complaint resolution within 25 working days rate than anticipated.						
Output		Accessible health services				
Output Indicator		Average length of stay				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
<b>3.4</b>		<b>3.4</b>	<b>3.5</b>	<b>3.4</b>	<b>3.6</b>	<b>(0.2)</b>
<b>N</b>	<b>984 631</b>	<b>983 215</b>	<b>863 124</b>	<b>905 214</b>	<b>996 248</b>	<b>(91 034)</b>
<b>D</b>	<b>288 199</b>	<b>288 405</b>	<b>245 553</b>	<b>264 888</b>	<b>275 166</b>	<b>10 278</b>
<b>Reasons for deviation</b>						
Target partially achieved. This is a demand driven indicator which means it is not possible for the Department to predict with complete accuracy the number of people that will require a health service. The deviation can be attributed to an increased number of mental health admissions, trauma clients and a higher acuity of patients presenting at the hospitals.						



Output Indicator		Inpatient bed utilisation rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation
91.4%		90.6%	78.5%	82.6%	90.0%	7.4%
N	984 631	983 215	863 124	905 214	996 248	(91 034)
D	1 077 416	1 084 747	1 099 561	1 096 563	1 107 440	10 877
Reasons for deviation						
The higher bed utilisation rate reflects the increased pressure on hospitals attributable to increased mental health admissions, trauma clients and a higher acuity of patients as services recover after the COVID-19.						
Note						
Figures before rounding off: Target: 82.55% Actual achievement 89.96% resulting in a 7.41% deviation from target.						

### Strategies to Overcome Under-Performance

- Child under 5 years severe acute malnutrition case fatality rate

Patients present with more severe disease due to the worsening socio-economic circumstances that emanated from COVID-19 lockdown restrictions resulting in a higher risk of death.

- Child under 5 years diarrhoea case fatality rate

Similarly, the increase in diarrhoea deaths compared to previous years can possibly be attributable to worsening socio-economic conditions due to the COVID-19 and lockdown restrictions.

- Average length of stay (District hospitals)

The increase in inpatient days and separations can be attributed to the increased number of mental health admissions, trauma clients and the acuity of patients.

A phased re-escalation of routine services should address these challenges but the risk of future pandemic waves and the impact on hospital services remains. The Department conducted a "deep dive" analysis and discussion on both mental health and trauma and exploring strategic ways of addressing these challenges through a "Whole of Government/ Whole of Society" approach.

Various aspects related to the COVID-19 impacted on the department's ability to achieve the desired outcomes for District Hospital Services. This includes the intermittent resurgence of cases requiring an acute response, de-escalation of services to accommodate the increased numbers during these periods, reduced staff capacity due to sick leave, re-introduction of routine services that were suspended or affected by lockdown restrictions, catching up on the backlog created during periods of de-escalation and the impact of the pandemic and lockdown restrictions have had on socio-economic conditions.



### Progress on the Institutional Response to the COVID-19

Budget Programme	Intervention	Geographic location (Province/ District/local municipality) (Where Possible)	Total budget allocation per intervention (R'000)	Budget spent per intervention
Programme 2	Additional Capacitation	City of Cape Town	181 720	181 720
Programme 2	Additional Capacitation	Mossel bay Municipality	90 027	90 027
Programme 2	Field Hospital	City of Cape Town	15 000	15 000
Programme 2	Field Hospital	Drakenstein Municipality	28 729	28 729
Programme 2	District Management: Additional Capacitation	City of Cape Town	4 599	4 599
<b>P2 Total</b>			<b>320 075</b>	<b>320 075</b>
<b>Immediate outcomes</b>				
Additional Capacitation	Additional Goods & Services and staff capacity used in combatting COVID-19.			
Field Hospital	Day-to-day activities of Field Hospitals to cope with the excess patients during COVID-19.			

### Linking Performance with Budgets

Sub-Programme	2021/22			2020/21		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
District Management	420 489	399 037	21 452	409 439	386 850	22 589
Community Health Clinics	1 586 125	1 587 192	(1 067)	1 532 700	1 541 514	(8 814)
Community Health Centres	2 677 090	2 638 871	38 219	2 459 730	2 395 152	64 578
Community-Based Services	249 526	244 181	5 345	234 501	224 574	9 927
Other Community Services	1	-	1	1	-	1
HIV/AIDS	2 285 946	2 269 352	16 594	2 520 573	2 513 764	6 809
Nutrition	58 366	56 756	1 610	55 306	52 622	2 684
Coroner Services	1	-	1	1	-	1
District Hospitals	4 364 196	4 446 352	(82 156)	4 172 389	4 270 164	(97 775)
Global Fund	1	-	1	79	79	-
<b>TOTAL</b>	<b>11 641 741</b>	<b>11 641 741</b>	<b>-</b>	<b>11 384 719</b>	<b>11 384 719</b>	<b>-</b>

The budget was within target overall. The objectives for the Programme have been achieved through improved efficiencies and focused strategies to achieve maximum health impact during the reporting period. The impact and additional cost of COVID-19 related expenditure have been appropriately managed.

The year under review consisted of periods of COVID-19 resurgence, when hospitals were de-escalated to create more capacity to admit patients who are severely ill from COVID-19 and periods where the Department tried to reintroduce the services that were temporarily suspended and catch up with the backlog that was created during the period of de-escalation.



Lockdown restrictions affected the accessibility of health facilities and led to a reduction in certain health care services rendered to the public. In addition, it also impacted socio-economic conditions resulting in poorer health outcomes for the public.

It should also be noted that during periods of resurgence, more staff were infected with COVID-19 and this impacted staff capacity (increase in sick leave), both in hospitals and primary health care settings.

The COVID-19 vaccination campaign commenced in February 2021 with the vaccination of both public and private health care workers as part of the Sisonke trial at a limited number of vaccination sites. In May 2021, vaccination of the public commenced with many vaccination sites being activated, which consisted of primary health care facilities, community halls and other community venues such as churches, taxi ranks, SASSA pay points, etc.

During the second half of the financial year, the Department had a focused strategy to increase vaccine administration a demand creation strategy was developed to enhance the uptake of vaccines.

Contracted non-profit organisations (NPOs) in collaboration with the Department were appointed to support this initiative.

The vaccination campaign resulted in resources (staff) being diverted from routine, comprehensive health services rendered at primary health care facilities. However, the Department is in the process of a phased re-escalation of routine services but the risk of future pandemic waves impacting services remains.

## Programme 3: Emergency Medical Services

### *Purpose*

To render pre-hospital emergency medical services including inter-hospital transfers and planned patient transport, including clinical governance and co-ordination of emergency medicine within the Provincial Health Department.

### *Sub-Programme 3.1: Emergency Transport*

To render emergency medical services including ambulance services, special operations, communications and air ambulance services.

### *Sub-Programme 3.2: Planned Patient Transport*

To render planned patient transport including local outpatient transport (within the boundaries of a given town or local area) and inter-city/town outpatient transport (into referral centres).



## Performance Indicators

## Changes to Planned Targets

\* Target changes are mostly attributable to definition changes clarified after the Annual Performance Plan was published. See below, the original targets before mid-year adjustment.

OUTCOME A high-performance Provincial health system for people						
Output		Accessible health services				
Output Indicator		EMS P1 urban response under 15 minutes rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	*Actual Achievement until Qtr. 2 of 2021/22	Deviation from planned target to actual achievement
<b>46.8%</b>		<b>37.5%</b>	<b>36.2%</b>	<b>43.2%</b>	<b>32.0%</b>	<b>(11.3%)</b>
<b>N</b>	<b>57 769</b>	<b>42 883</b>	<b>33 651</b>	<b>50 244</b>	<b>8 566</b>	<b>(41 678)</b>
<b>D</b>	<b>123 553</b>	<b>114 330</b>	<b>93 081</b>	<b>116 248</b>	<b>26 808</b>	<b>(89 440)</b>
<b>Reasons for deviation</b>						
Figures before rounding off: Planned 43.22%, Actual 31.95%, Deviation 11.27%.						
The actual achievement reflected in the table is performance achieved as at quarter 2.						
Please refer to the performance tables for the annual achievement.						
<b>Reasons for revisions to the Outputs/Output indicators /Annual Targets</b>						
The Technical Indicator Description (TID) in Part D of the APP (Annual Performance Plan) the indicator was set as having a calculation type, non-cumulative, however the annual target was set as cumulative year-end. The Q4 target should equal the Annual target. The annual target in the annual and quarterly tables (numerator and denominator) has been revised to match quarter 4 i.e., non-cumulative. This does not affect the overall performance of the indicator.						
Output Indicator		EMS P1 urban response under 30 minutes rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	*Actual Achievement until Qtr. 2 of 2021/22	Deviation from planned target to actual achievement
<b>Not required to report</b>		<b>66.7%</b>	<b>65.7%</b>	<b>72.3%</b>	<b>60.4%</b>	<b>(11.8%)</b>
<b>N</b>	<b>Not required to report</b>	<b>72 858</b>	<b>61 178</b>	<b>84 005</b>	<b>16 201</b>	<b>(67 804)</b>
<b>D</b>	<b>Not required to report</b>	<b>109 293</b>	<b>93 081</b>	<b>116 248</b>	<b>26 808</b>	<b>(89 440)</b>
<b>Reasons for deviation:</b>						
Figures before rounding off: Planned 72.26%, Actual 60.43%, Deviation 11.83%.						
The actual achievement reflected in the table is performance achieved as at quarter 2.						
Please refer to the performance tables for the annual achievement.						
<b>Reasons for revisions to the Outputs/Output indicators /Annual Targets</b>						
The Technical Indicator Description (TID) in Part D of the APP the indicator was set as having a calculation type, non-cumulative, however the annual target was set as cumulative year-end. The Q4 target should equal the Annual target. The annual target in the annual and quarterly tables (numerator and denominator) has been revised to match quarter 4 i.e., non-cumulative. This does not affect the overall performance of the indicator.						
Output Indicator		EMS P1 rural response under 60 minutes rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	*Actual Achievement until Qtr. 2 of 2021/22	Deviation from planned target to actual achievement
<b>Not required to report</b>		<b>88.0%</b>	<b>88.1%</b>	<b>93.6%</b>	<b>85.0%</b>	<b>(8.6%)</b>
<b>N</b>	<b>Not required to report</b>	<b>8 691</b>	<b>6 911</b>	<b>9 659</b>	<b>1 927</b>	<b>(7 732)</b>
<b>D</b>	<b>Not required to report</b>	<b>9 871</b>	<b>7 846</b>	<b>10 324</b>	<b>2 268</b>	<b>(8 056)</b>



**Reasons for deviation**

The actual achievement reflected in the table is performance achieved as at quarter 2.

Please refer to the performance tables for the annual achievement.

**Reasons for revisions to the Outputs/Output indicators /Annual Targets**

The Technical Indicator Description (TID) in Part D of the APP the indicator was set as having a calculation type, non-cumulative, however, the annual target was set as cumulative year-end. The Q4 target should equal the Annual target. The annual target in the annual and quarterly tables (numerator and denominator) has been revised to match quarter 4 i.e., non-cumulative. This does not affect the overall performance of the indicator.

*Performance Indicators*

OUTCOME		A high-performance Provincial health system for people				
Output		Accessible health services				
Output Indicator:		EMS P1 urban response under 15 minutes rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>46.8%</b>		<b>37.5%</b>	<b>36.2%</b>	<b>43.2%</b>	<b>29.9%</b>	<b>(13.3%)</b>
<b>N</b>	<b>57 769</b>	<b>42 883</b>	<b>33 651</b>	<b>12 561</b>	<b>8 736</b>	<b>(3 825)</b>
<b>D</b>	<b>123 553</b>	<b>114 330</b>	<b>93 081</b>	<b>29 062</b>	<b>29 217</b>	<b>155</b>
<b>Reasons for deviation</b> Target partially achieved. A shortage of personnel due to absenteeism and alternatively placed staff impacted on the availability of resources this year. In addition, the travel time between towns taking clients to regional hospitals in the rural areas has had extended mission times. All these factors led to us not being able to reach the targets set out for this year.						
<b>Note</b> Mid-year adjustment made. Refer to Changes to Planned Targets. Note that prior to 2021/22, the indicator was defined as cumulative (year-end). In 2021/22, it was defined as non-cumulative i.e., Qrt4 performance is reported as the annual performance in 2021/22 versus the full year's performance that was reported in prior years.						
Output Indicator		EMS P1 urban response under 30 minutes rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>Not required to report</b>		<b>66.7%</b>	<b>65.7%</b>	<b>72.3%</b>	<b>58.7%</b>	<b>(13.5%)</b>
<b>N</b>	<b>Not required to report</b>	<b>72 858</b>	<b>61 178</b>	<b>21 001</b>	<b>17 161</b>	<b>(3 840)</b>
<b>D</b>	<b>Not required to report</b>	<b>109 293</b>	<b>93 081</b>	<b>29 062</b>	<b>29 217</b>	<b>155</b>
<b>Reasons for deviation</b> Target partially achieved. We started the year strong and as it progressed, challenges in red zones returned. The movement of emergency patients as well as the decanted patients proved to be a challenge with the closing times of stepdown facilities vs the primary case load.						
<b>Note</b> Figures before rounding off: Planned 72.26%, Actual 58.74%, Deviation 13.53%. Mid-year adjustment made. Refer to Changes to Planned Targets. Note that prior to 2021/22, the indicator was defined as cumulative (year-end). In 2021/22, it was defined as non-cumulative i.e., Qrt4 performance is reported as the annual performance in 2021/22 versus the full year's performance that was reported in prior years.						



Output Indicator		EMS P1 rural response under 60 minutes rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>Not required to report</b>		<b>88.0%</b>	<b>88.1%</b>	<b>93.6%</b>	<b>78.3%</b>	<b>(15.3%)</b>
<b>N</b>	<b>Not required to report</b>	<b>8 691</b>	<b>6 911</b>	<b>2 415</b>	<b>2 056</b>	<b>(359)</b>
<b>D</b>	<b>Not required to report</b>	<b>9 871</b>	<b>7 846</b>	<b>2 581</b>	<b>2 626</b>	<b>45</b>
<b>Reasons for deviation</b> Target partially achieved. Responding to calls in outlining areas has been a challenge this year. The staff challenges impacted heavily on our smaller stations, but we were able to put measures in place, such as having additional crews on standby when the rostered crew is out of town, to mitigate the effect it had on our ability to respond. Standardization and budget provisioning for the new year will include these new initiatives.						
<b>Note</b> Mid-year adjustment made. Refer to Changes to Planned Targets. Note that prior to 2021/22, the indicator was defined as cumulative (year-end). In 2021/22, it was defined as non-cumulative i.e., Qrt4 performance is reported as the annual <b>performance</b> in 2021/22 versus the full year's performance that was reported in prior years.						
Output Indicator		EMS incident mission time under 120 minutes rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>Not required to report</b>		<b>55.2%</b>	<b>55.8%</b>	<b>59.8%</b>	<b>52.3%</b>	<b>(7.5%)</b>
<b>N</b>	<b>Not required to report</b>	<b>339 963</b>	<b>311 801</b>	<b>396 824</b>	<b>323 357</b>	<b>(73 467)</b>
<b>D</b>	<b>Not required to report</b>	<b>616 350</b>	<b>558 723</b>	<b>663 796</b>	<b>618 352</b>	<b>(45 444)</b>
<b>Reasons for deviation</b> Target partially achieved. We were able to improve and ensure a stable performance against this indicator for the past year. The aim for the new year will be to have continuous monitoring of turn-around times at Hospitals when we collect and deliver patients. With the continued focus on IFT and re-allocation of vehicles to service our primary caseload, it should allow us to improve our overall mission time and as a result, improve our vehicle availability.						

## Strategies to Overcome Under-Performance

EMS response time performance has once again proved to be a difficult challenge during the pandemic and its subsequent waves. This has mostly been felt in the City of Cape Town where the added challenges of safety and Red Zone operations have resulted in an inability to meet performance targets. While significant work has been done in looking at alternate models of service delivery that may help reverse the trend, the challenge of too few resources remains a perennial obstacle. The rural service has however managed to absorb these perturbations far more successfully, although their efforts have been aided by a considerably lower demand. Staff wellness has also been flagged as an ongoing concern, with staff fatigue and staff motivation being a factor. This has been compounded by the need to protect vulnerable employees as well as the impact of ongoing work-related injuries and stress evident in the available resources. This will remain an area of intense focus.

Amidst these challenges, EMS has still managed to contribute significantly to the vaccination campaign through its Pinelands mass vaccination site and the successful educator's vaccination collaborative with the Department of Education. The experience has birthed the VAXI TAXI project which has been heralded for its innovation and approach to the vaccination efforts. What makes this more remarkable is that this success has been achieved without depleting or detracting from the available EMS resources. Staff working on these are



either volunteers, Interns or have been alternatively placed due to health reasons and this illustrates the service's commitment to service delivery under challenging circumstances.

## Linking Performance with Budgets

Sub-Programme	2021/22			2020/21		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Emergency Transport	1 132 964	1 142 402	(9 438)	1 072 242	1 064 378	7 864
Planned Patient Transport	107 486	97 707	9 779	100 840	90 258	10 582
<b>TOTAL</b>	<b>1 240 450</b>	<b>1 240 109</b>	<b>341</b>	<b>1 173 082</b>	<b>1 154 636</b>	<b>18 446</b>

EMS has managed its finances exceptionally well in the context of the expanded projects mentioned above. This is evidenced in its near 'break-even' status for the 2021/22 financial year. In addition, the reporting year has seen considerable investment in its procurement of medical equipment, ensuring that it remains well-positioned to manage future waves or service pressure surges.

As anticipated, the budget priorities did not permit wide scale use of private EMS transport services and impact on overall performance was negligible. However, user experience was enhanced through the timely transfer of inter-facility transports and as such, its utility outside of the COVID-19 surge is currently being explored.

While this modest (R21- million in 2021/22 FY) use of private EMS vendors during peak demand have helped mitigate this resource allocation, the challenge remains that of personnel resources. This will unfortunately demand an increase in investment, which in the context of the broader Health Department challenges, will likely prove a difficult decision.

## Programme 4: Provincial Hospital Services

### Purpose

Delivery of hospital services, which are accessible, appropriate, effective and provide general specialist services, including a specialised rehabilitation service, dental service, psychiatric service, as well as providing a platform for training health professionals and conducting research.

### Sub-Programme 4.1: General (Regional) Hospitals

Rendering of hospital services at a general specialist level and providing a platform for the training of health workers and conducting research.

### Sub-Programme 4.2: Tuberculosis Hospitals

To convert present Tuberculosis (TB) hospitals into strategically placed centres of excellence in which a small percentage of patients may undergo hospitalisation under conditions, which allow for isolation during the intensive level of treatment, as well as the application of the standardized multi-drug and extreme drug-resistant protocols.

### Sub-Programme 4.3: Psychiatric or Mental Hospitals

Rendering a specialist psychiatric hospital service for people with mental illness and intellectual disability and providing a platform for the training of health workers and conducting research.



#### Sub-Programme 4.4: Sub-Acute, Step Down and Chronic Medical Hospitals

Rendering specialised rehabilitation services for persons with physical disabilities including the provision of orthotic and prosthetic services.

#### Sub-Programme 4.5: Dental Training Hospitals

Rendering an affordable and comprehensive oral health service and providing a platform for the training of health workers and conducting research.

### Regional Hospitals

#### Regional Hospitals

##### Changes to Planned Targets

\* Target changes are mostly attributable to definition changes clarified after the Annual Performance Plan was published. See below, the original targets before mid-year adjustment.

OUTCOME The children of the Province have the health resilience to flourish						
Output		Child health services				
Output Indicator		Death under 5 years against live birth rate				
	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	*Actual Achievement until Qtr. 2 of 2021/22	Deviation from planned target to actual achievement
	1.1%	0.9%	1.1%	0.1%	1.0%	(0.9%)
N	306	269	308	289	139	150
D	27 542	28 943	28 428	30 208	13 290	(16 918)
<b>Reasons for deviation</b>						
*The actual achievement reflected in the table is performance achieved as at quarter 2.						
Please refer to the performance tables for the annual achievement against revised target.						
<b>Reasons for revisions to the Outputs/Output indicators /Annual Targets</b>						
The annual target was incorrectly stated as 0.1% in the annual / quarterly targets table. This has been revised to 1.0 % in line with the annual target table.						
Changes were made in Mid-year adjustment to align the quarterly targets with indicator calculation type.						
OUTCOME A high-performance Provincial health system for people						
Output		Technically efficient Provincial health system				
Output Indicator		Complaint resolution within 25 working days rate				
	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	*Actual Achievement until Qtr. 2 of 2021/22	Deviation from planned target to actual achievement
	99.4%	96.4%	97.6%	97.4%	99.3%	1.9%
N	309	323	279	303	148	(155)
D	311	335	286	311	149	(162)
<b>Reasons for deviation</b>						
The actual achievement reflected in the table is performance achieved as at quarter 2.						
Please refer to the performance tables for the annual achievement.						
<b>Reasons for revisions to the Outputs/ Output indicators/ Annual Targets</b>						
In the Technical Indicator Description (TID) Part D of the APP the indicator calculation type is cumulative year-end therefore the quarterly targets should sum to the Annual target. The Q3 and Q4 targets have been revised accordingly. This does not affect the overall annual target (Regional Hospitals) but aligns the quarterly targets with the definition.						



OUTPUT		Accessible health services				
Output Indicator		Average length of stay				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	*Actual Achievement until Qtr. 2 of 2021/22	Deviation from planned target to actual achievement
<b>4.0</b>		<b>4.0</b>	<b>4.1</b>	<b>4.0</b>	<b>4.2</b>	<b>(0.2)</b>
<b>N</b>	<b>465 832</b>	<b>468 801</b>	<b>421 713</b>	<b>458 329</b>	<b>227 058</b>	<b>231 271</b>
<b>D</b>	<b>115 652</b>	<b>118 333</b>	<b>102 332</b>	<b>113 266</b>	<b>53 610</b>	<b>(59 656)</b>
<b>Reasons for deviation</b>						
The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
<b>Reasons for revisions to the Outputs/Output indicators /Annual Targets</b>						
In the Technical Indicator Description (TID) Part D of the APP the indicator calculation type is cumulative year-end therefore the quarterly targets should sum to the Annual target. The Q3 and Q4 targets have been revised accordingly. This does not affect the overall annual target (Regional Hospitals) but aligns the targets with the definition.						
Output Indicator		Inpatient bed utilization rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>89.4%</b>		<b>89.5%</b>	<b>80.3%</b>	<b>87.3%</b>	<b>86.5%</b>	<b>(0.8%)</b>
<b>N</b>	<b>465 832</b>	<b>468 801</b>	<b>421 713</b>	<b>458 329</b>	<b>227 058</b>	<b>231 271</b>
<b>D</b>	<b>520 912</b>	<b>523 832</b>	<b>524 928</b>	<b>524 905</b>	<b>262 464</b>	<b>(262 441)</b>
<b>Reasons for deviation</b>						
The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
<b>Reasons for revisions to the Outputs/Output indicators /Annual Targets</b>						
In the Technical Indicator Description (TID) Part D of the APP the indicator calculation type is cumulative year-end therefore the quarterly targets should sum to the Annual target. The Q3 and Q4 targets have been revised accordingly. This does not affect the overall annual target (Regional Hospitals) but aligns the quarterly targets with the definition.						

### Performance Indicators

OUTCOME		The children of the Province have the health resilience to flourish				
Output		Child health services				
Output Indicator		Live births under 2500g in facility rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>15.1%</b>		<b>15.0%</b>	<b>14.9%</b>	<b>14.3%</b>	<b>15.3%</b>	<b>(1.1%)</b>
<b>N</b>	<b>4 162</b>	<b>4 333</b>	<b>4 223</b>	<b>4 309</b>	<b>4 017</b>	<b>292</b>
<b>D</b>	<b>27 542</b>	<b>28 943</b>	<b>28 428</b>	<b>30 208</b>	<b>26 200</b>	<b>(4 008)</b>
<b>Reasons for deviation</b>						
Target partially achieved. Fewer babies weighed less than 2500g at birth than was anticipated, but, due to an overall decrease in live births, the proportion was slightly higher than anticipated. This is a demand driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.						
<b>Note</b>						
Figures before rounding off: Planned 14.26% Actual 15.33% Deviation 1.07%.						



Output Indicator		Child under 5 years diarrhoea case fatality rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>0.1%</b>		<b>0.7%</b>	<b>0.3%</b>	<b>0.8%</b>	<b>0.5%</b>	<b>0.3%</b>
<b>N</b>	<b>1</b>	<b>7</b>	<b>2</b>	<b>7</b>	<b>5</b>	<b>2</b>
<b>D</b>	<b>1 195</b>	<b>1 032</b>	<b>632</b>	<b>911</b>	<b>1 041</b>	<b>(130)</b>

**Reasons for deviation**

Target achieved. The Department cannot predict deaths with absolute accuracy. Fewer deaths were reported in regional hospitals than anticipated, however, across the health system there has been an increase in diarrhoeal deaths compared to previous years. This is related to the worsening socio-economic circumstances that resulted from the COVID-19 and late presentation of very ill children.

Output Indicator		Child under 5 years pneumonia case fatality rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>0.4%</b>		<b>0.2%</b>	<b>0.7%</b>	<b>0.3%</b>	<b>0.5%</b>	<b>(0.2%)</b>
<b>N</b>	<b>7</b>	<b>4</b>	<b>8</b>	<b>4</b>	<b>7</b>	<b>(3)</b>
<b>D</b>	<b>1 956</b>	<b>1 752</b>	<b>1 217</b>	<b>1 553</b>	<b>1 538</b>	<b>15</b>

**Reasons for deviation**

Target partially achieved. The Department cannot predict deaths with absolute accuracy. The number of deaths was impacted by the worsening socio-economic circumstances that resulted from the COVID-19 and late presentation of very ill children at hospitals.

Output Indicator		Severe acute malnutrition deaths under 5 years rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>15.7%</b>		<b>13.0%</b>	<b>6.1%</b>	<b>5.3%</b>	<b>11.6%</b>	<b>(6.3%)</b>
<b>N</b>	<b>8</b>	<b>6</b>	<b>3</b>	<b>6</b>	<b>8</b>	<b>(2)</b>
<b>D</b>	<b>51</b>	<b>46</b>	<b>49</b>	<b>114</b>	<b>69</b>	<b>45</b>

**Reasons for deviation**

Target not achieved. As this indicator has small numbers the performance is easily affected. The Department also cannot predict deaths with absolute accuracy. The deaths were impacted by the worsening socio-economic circumstances that resulted from the COVID-19 and late presentation of very ill children.

**Note**

Indicator not previously reported with this definition therefore historical performance has not been audited but included for comparison to current year performance.

Output Indicator		Death under 5 years against live birth rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>1.1%</b>		<b>0.9%</b>	<b>1.1%</b>	<b>1.0%</b>	<b>1.0%</b>	<b>0.1%</b>
<b>N</b>	<b>306</b>	<b>269</b>	<b>308</b>	<b>289</b>	<b>271</b>	<b>18</b>
<b>D</b>	<b>27 542</b>	<b>28 943</b>	<b>28 428</b>	<b>30 208</b>	<b>26 200</b>	<b>(4 008)</b>

**Reasons for deviation**

Target partially achieved. The COVID-19 affected the obstetric service delivery platform and it is now recognised that COVID-19 infection impacts on individual maternal outcomes. This, combined with the effect of COVID-19 on the worsening socio-economic circumstances and a decrease in live births, have resulted in a higher death rate against live births.

**Note**

Figures before rounding off: Planned 0.96% Actual 1.03% Deviation 0.08%.



OUTCOME A high-performance Provincial health system for people						
Output		Technically efficient Provincial health system				
Output Indicator		Complaint resolution within 25 working days rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
99.4%		96.4%	97.6%	97.4%	99.1%	1.7%
N	309	323	279	303	340	37
D	311	335	286	311	343	32
<b>Reasons for deviation</b> Target achieved and a positive outcome considering the impact of the COVID pandemic on facility attendance. This is a demand driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service.						
Output Indicator		Client satisfaction survey satisfaction rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
92.2%		93.5%	93.6%	94.1%	93.4%	(0.7%)
N	2 033	2 261	985	2 907	2 084	(823)
D	2 205	2 419	1 052	3 088	2 231	(857)
<b>Reasons for deviation</b> Target achieved and a positive outcome considering the impact of the COVID pandemic on facility attendance. There was a decreased uptake of surveys completed, due to the COVID-19 and the need to minimise contact between people.						
Output Indicator		Patient Safety (PSI) Incident case closure rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
79.9%		91.7%	97.3%	98.3%	95.6%	(2.7%)
N	856	759	709	507	859	352
D	1 072	828	729	516	899	(383)
<b>Reasons for deviation</b> Target achieved. Due to the pressures experienced during periods of resurgence of COVID-19, when patient numbers increased and staff capacity decreased (staff with COVID-19 on sick leave), facilities had a challenge with investigating and resolving incidents. However, every effort is made by the Department to address patient safety incidents and to prevent them from happening again.						
Output Indicator		Severity assessment code (SAC) 1 incident reported rate within 24 hours rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
76.3%		81.0%	83.3%	93.5%	95.5%	1.9%
N	29	34	25	29	21	(8)
D	38	42	30	31	22	9
<b>Reasons for deviation</b> Target achieved. The higher performance is positive as it indicates a speedy intervention and follow-up.						
<b>Note</b> Figures before rounding off: Planned 94.55% Actual 95.45% Deviation 1.91%.						



Output		Accessible health services				
Output Indicator		Average length of stay				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>4.0</b>		<b>4.0</b>	<b>4.1</b>	<b>4.0</b>	<b>4.2</b>	<b>(0.1)</b>
<b>N</b>	<b>465 832</b>	<b>468 801</b>	<b>421 713</b>	<b>458 329</b>	<b>451 206</b>	<b>7 123</b>
<b>D</b>	<b>115 652</b>	<b>118 333</b>	<b>102 332</b>	<b>113 266</b>	<b>108 711</b>	<b>(4 555)</b>
<b>Reasons for deviation</b>						
Target achieved and a positive outcome considering the impact of the COVID-19 on facility attendance. This is a demand driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.						
<b>Note</b>						
Figures before rounding off: Planned 4.05 Actual 4.15 Deviation 0.10.						
Output Indicator		Inpatient bed utilization rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>89.4%</b>		<b>89.5%</b>	<b>80.3%</b>	<b>87.3%</b>	<b>86.0%</b>	<b>(1.4%)</b>
<b>N</b>	<b>465 832</b>	<b>468 801</b>	<b>421 713</b>	<b>458 329</b>	<b>451 206</b>	<b>7 123</b>
<b>D</b>	<b>520 912</b>	<b>523 832</b>	<b>524 928</b>	<b>524 905</b>	<b>524 928</b>	<b>23</b>
<b>Reasons for deviation</b>						
Target achieved and a positive outcome considering the impact of the COVID-19 on facility attendance. This is a demand driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.						
<b>Note</b>						
Figures before rounding off: Planned 87.34% Actual 85.96% Deviation 1.38%.						

## Strategies to Overcome Under-Performance

There was no significant under-performance for the year, hence no strategies or mitigation were required.

Fewer babies weighed less than 2500g at birth than anticipated but, due to a decrease in live births, the Live births under 2500g in facility rate was slightly higher than anticipated. Similarly, there were fewer deaths under 5 years than anticipated but, due to a decrease in live births, the Death under 5 years against live birth rate was higher than anticipated.

An increase in under 5 deaths due to pneumonia and severe acute malnutrition was observed. The number of deaths was impacted by the worsening socio-economic circumstances that resulted from the COVID-19 and the late presentation of very ill children.



## Specialised Hospitals

## Changes to Planned Targets

\* Target changes are mostly attributable to definition changes clarified after the Annual Performance Plan was published. See below, the original targets before mid-year adjustment.

OUTCOME		A high-performance Provincial health system for people				
Output		Technically efficient Provincial health system				
Output Indicator		Complaint resolution within 25 working days rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	*Actual Achievement until Qtr. 2 of 2021/22	Deviation from planned target to actual achievement
98.9%		100.0%	98.0%	97.3%	100.0%	2.7%
N	180	171	98	143	77	66
D	182	171	100	147	77	70
<b>Reasons for deviation</b>						
The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
<b>Reasons for revisions to the Outputs/ Output indicators/ Annual Targets</b>						
In the Technical Indicator Description (TID) Part D of the APP the indicator calculation type is cumulative year-end therefore the quarterly targets should sum to the annual target. The Q3 and Q4 targets have been revised accordingly. This does not affect the overall annual performance (Specialised Hospitals) but aligns the targets with the definition.						

## Performance Indicators

OUTCOME		A high-performance Provincial health system for people				
Output		Technically efficient Provincial health system				
Output Indicator		Complaint resolution within 25 working days rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
98.9%		100.0%	98.0%	97.3%	99.4%	2.1%
N	180	171	98	143	160	17
D	182	171	100	147	161	14
<b>Reasons for deviation</b>						
Target achieved and a positive outcome considering the impact of the COVID-19 on facility attendance. This is a demand driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.						
<b>Note</b>						
There was a discrepancy in the Annual Performance Plan (APP) between the annual target table and the quarterly target table. The annual target table reflects the annual target as 99.3% (deviation = 0.1%) and the quarterly target table reflects the annual target as 97.3%.						
Indicator		Client satisfaction survey satisfaction rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
90.8%		91.1%	94.0%	93.0%	91.3%	(1.7%)
N	1 356	1 363	362	1 477	1 393	(84)
D	1 494	1 496	385	1 588	1 525	(63)



<b>Reasons for deviation</b>					
Target achieved and a positive outcome considering the impact of the COVID-19 on facility attendance. There was a decreased uptake of surveys completed, due to the COVID-19 and the need to minimise contact between people.					
<b>Output Indicator</b>		<b>Patient Safety Incident (PSI) case closure rate</b>			
<b>Audited Actual Performance 2018/19</b>	<b>Audited Actual Performance 2019/20</b>	<b>Actual Achievement 2020/21</b>	<b>Planned Annual Target 2021/22</b>	<b>Actual Achievement 2021/22</b>	<b>Deviation from planned target to actual achievement</b>
<b>90.5%</b>	<b>99.2%</b>	<b>94.5%</b>	<b>98.6%</b>	<b>95.6%</b>	<b>(3.0%)</b>
<b>N</b>	<b>1 473</b>	<b>1 243</b>	<b>1 371</b>	<b>1525</b>	<b>154</b>
<b>D</b>	<b>1 628</b>	<b>1 316</b>	<b>1 391</b>	<b>1596</b>	<b>(205)</b>
<b>Reasons for deviation</b>					
Target achieved. Due to the pressures experienced during periods of resurgence of COVID-19, facilities had a challenge with investigating and resolving incidents. However, every effort is made by the Department to address patient safety incidents and to prevent them from happening again.					
<b>Output Indicator</b>		<b>Severity assessment code (SAC) 1 incident reported rate within 24 hours rate</b>			
<b>Audited Actual Performance 2018/19</b>	<b>Audited Actual Performance 2019/20</b>	<b>Actual Achievement 2020/21</b>	<b>Planned Annual Target 2021/22</b>	<b>Actual Achievement 2021/22</b>	<b>Deviation from planned target to actual achievement</b>
<b>73.5%</b>	<b>82.4%</b>	<b>95.5%</b>	<b>98.0%</b>	<b>83.3%</b>	<b>(14.6%)</b>
<b>N</b>	<b>25</b>	<b>63</b>	<b>48</b>	<b>5</b>	<b>(43)</b>
<b>D</b>	<b>34</b>	<b>66</b>	<b>49</b>	<b>6</b>	<b>43</b>
<b>Reasons for deviation</b>					
Target partially achieved. Very few Severity Assessment Code 1 (SAC 1) incidents were reported by specialised hospitals and this impacts on the overall rate that is calculated. All incidents were reported timeously to the next level except one incident which was reported to facility management within 24 hours but not to the next level (District or Provincial level), as is required by the guideline.					
<b>Note</b>					
Figures before rounding off: Planned 97.96% Actual 83.33% Deviation 14.63%.					

## Strategies to Overcome Under-Performance

- Revised guidelines on the definition of "the next level" to which severity assessment code (SAC) 1 incidents reported within 24 hours have been issued and implementation of this will be closely monitored. This will ensure that a consistent approach is used by all facilities when reporting on such incidents.

## Progress on the Institutional Response to COVID-19

Budget Programme	Intervention	Geographic location (Province/ District/local municipality) (Where Possible)	Total budget allocation per intervention (R'000)	Budget spent per intervention
Programme 4	Additional Capacitation	City of Cape Town	13 131	12 924
Programme 4	Additional Capacitation	Breede Valley Municipality	12 812	12 802
Programme 4	Additional Capacitation	Drakenstein Municipality	10 804	11 169
Programme 4	Additional Capacitation	George Municipality	12 619	12 471
<b>TOTAL</b>			<b>49 366</b>	<b>49 366</b>
<b>Immediate Outcomes</b>				
Additional Capacitation	Additional Goods & Services and staff capacity used in combatting COVID-19.			



## Linking Performance with Budgets

Sub-Programme	2021/22			2020/21		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
General (Regional) Hospitals	2 407 810	2 392 886	14 924	2 294 126	2 288 523	5 603
Tuberculosis Hospitals	369 170	368 662	508	360 109	333 775	26 334
Psychiatric/Mental Hospitals	1 051 252	1 073 505	(22 253)	992 678	1 013 801	(21 123)
Sub-acute, Step-down and Chronic Care Hospitals	254 135	242 928	11 207	247 807	241 398	6 409
Dental Training Hospitals	197 545	192 465	5 080	190 711	179 035	11 676
<b>TOTAL</b>	<b>4 279 912</b>	<b>4 270 446</b>	<b>9 466</b>	<b>4 085 431</b>	<b>4 056 532</b>	<b>28 899</b>

Despite the overall underspending within the Programme, the objectives for the Programme have been achieved through improved efficiencies and focused strategies to achieve maximum health impact during the reporting period. The impact and additional cost of COVID-19 related expenditure has been appropriately managed.

Approved post list targets were set at below 95.5% rand value, to ensure that the Metro Health Services overall remained within its cost of employee allocation. In some instances, the delay in filling of posts added to the saving.

Within the Goods & Services budget, the main over expenditure was due to the cost implications of additional beds opened at the Psychiatric Hospitals to address the growing mental health burden which has been exacerbated by the impact of COVID-19. Security, cleaning, catering contracts were expanded and the cost was carried within the Programme 4 allocation, as these beds were commissioned to support the burden in the District Hospital Platform. Agency staff had to be employed to support the service expansion as the beds commissioned were a temporary service intervention whilst a longer-term strategy was being developed.

Under review the year also consisted of periods of COVID-19 resurgence, when hospitals were de-escalated to create more capacity to admit patients who are severely ill from COVID-19 and periods where the Department tried to reintroduce the services that were suspended and catch up with the backlog that was created during the period of de-escalation.

From mid-February to mid-May 2021, the three Rural Regional Hospitals (George, Paarl and Worcester) and 1 District Hospital (Caledon) were the only sites in Rural Health Services (RHS) where COVID-19 vaccination was provided to health care workers (both public and private) as part of the Sisonke research project. In May, the roll-out of COVID-19 vaccination to the general public commenced and additional vaccination sites were activated across the Province.

During periods of COVID-19 resurgence, when severe bed pressures were experienced by the system, Sonstraal TB Hospital (Paarl) decanted TB patients to Malmesbury ID Hospital (Malmesbury) and Brewelskloof TB Hospital (Worcester). The hospital accommodated up to 65 – 70 COVID-19 admissions during the 2nd and 3rd waves but fewer during the 4th wave (30 – 45) due to fewer patients requiring hospitalisation. The hospital has been used



as an intermediate care facility (ICF) throughout the period under review, although COVID-19 admissions dropped to zero at times. In between waves, TB patients were decanted back to Sonstraal Hospital. The continuous decanting process caused a very low average bed utilisation rate and very high cost per patient day equivalent as the facility was under-utilised during most of the pandemic period, most notably during the periods between waves.

It should also be noted that during periods of resurgence, more staff were infected with COVID-19 and this impacted on staff capacity due to the increase in sick leave taken.

## Programme 5: Central Hospital Services

### Purpose

To provide tertiary and quaternary health services and to create a platform for the training of health workers and research.

### Sub-Programme 5.1: Central Hospital Services

Rendering of general and highly specialised medical health and quaternary services on a national basis and maintaining a platform for the training of health workers and research.

### Sub-Programme 5.2: Provincial Tertiary Hospital Services

Rendering of general specialist and tertiary health services on a national basis and maintaining a platform for the training of health workers and research.

## Central Hospitals

### Changes to Planned Targets

\* Target changes are mostly attributable to definition changes clarified after the Annual Performance Plan was published. See below, the original targets before mid-year adjustment.

OUTCOME The children of the Province have the health resilience to flourish					
Output Child health services					
Output Indicator Live births under 2500g in facility rate					
Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	*Actual Achievement until Qtr. 2 of 2021/22	Deviation from planned target to actual achievement
36.3%	35.0%	34.8%	35.4%	33.6%	1.8%
N 3 861	3 794	3 782	3 989	1 880	2 109
D 10 635	10 825	10 865	11 265	5 588	(5 677)
<b>Reasons for deviation</b>					
The actual achievement reflected in the table is performance achieved as at quarter 2.					
Please refer to the performance tables for the annual achievement.					
<b>Reasons for revisions to the Outputs/Output indicators /Annual Targets</b>					
In the Technical Indicator Description (TID) Part D of the APP the indicator calculation type is cumulative year to date therefore the quarter 4 target should equal the Annual target. The Q3 and Q4 targets have been revised accordingly. This does not affect the overall annual performance (Central Hospitals) but aligns the targets with the definition.					



## Performance Indicators

OUTCOME The children of the Province have the health resilience to flourish						
Output		Child health services				
Output Indicator		Live births under 2500g in facility rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
36.3%		35.0%	34.8%	35.4%	34.5%	1.0%
N	3 861	3 794	3 782	3 989	3 844	145
D	10 635	10 825	10 865	11 265	11 156	(109)
<b>Reasons for deviation</b>						
Target achieved and a positive outcome considering the impact of the COVID-19. This is a demand driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.						
Indicator		Child under 5 years diarrhoea case fatality rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
0.2%		0.2%	0.4%	0.3%	0.7%	(0.4%)
N	1	1	1	1	3	(2)
D	591	425	266	301	435	(134)
<b>Reasons for deviation</b>						
Target not achieved. This indicator has small numbers it might fluctuate over time and the Department cannot predict deaths with absolute accuracy. The deaths were impacted by the worsening socio-economic circumstances that resulted from the COVID-19 and late presentation of very ill children.						
Output Indicator		Child under 5 years pneumonia case fatality rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
0.7%		0.4%	0.3%	0.4%	0.3%	0.1%
N	11	5	3	4	3	1
D	1 636	1 319	888	976	1 031	(55)
<b>Reasons for Deviation</b>						
Target exceeded. Fewer deaths reported than anticipated, a positive outcome for the Department despite the worsened socio-economic circumstances which resulted from the COVID-19. After a decrease in pneumonia cases last year, the Department has seen a resurgence of pneumonia cases this year.						
Output Indicator		Severe acute malnutrition deaths under 5 years rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
0.8%		0.7%	0.0%	2.3%	0.8%	1.5%
N	1	1	0	1	1	0
D	127	134	97	43	127	(84)
<b>Reasons for Deviation</b>						
Target exceeded. Despite the worsening socio-economic circumstances which resulted in many more patients with severe malnutrition being admitted to hospitals, the number of deaths remained static.						
<b>Note</b>						
Indicator not previously reported with this definition therefore historical performance has not been audited but included for comparison to current year performance.						



Output Indicator:		Deaths under 5 years against live birth rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>4.8%</b>		<b>4.3%</b>	<b>4.1%</b>	<b>4.3%</b>	<b>4.0%</b>	<b>0.3%</b>
<b>N</b>	<b>509</b>	<b>461</b>	<b>441</b>	<b>486</b>	<b>443</b>	<b>43</b>
<b>D</b>	<b>10 635</b>	<b>10 825</b>	<b>10 865</b>	<b>11 265</b>	<b>11 156</b>	<b>(109)</b>

**Comment on Deviation**

Target slightly exceeded. A positive outcome considering the impact of the COVID-19. The marginal deviation is considered as a positive performance.

OUTCOME		A high-performance Provincial health system for people				
Output		Technically efficient Provincial health system				
Output Indicator		Complaint resolution within 25 working days rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>89.1%</b>		<b>95.5%</b>	<b>88.0%</b>	<b>92.3%</b>	<b>90.1%</b>	<b>(2.2%)</b>
<b>N</b>	<b>498</b>	<b>555</b>	<b>410</b>	<b>489</b>	<b>562</b>	<b>73</b>
<b>D</b>	<b>559</b>	<b>581</b>	<b>466</b>	<b>530</b>	<b>624</b>	<b>94</b>

**Reasons for Deviation**

Target achieved and a positive outcome despite an increased number of complaints received. This is a demand driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.

Output Indicator		Client satisfaction survey satisfaction rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>90.6%</b>		<b>92.0%</b>	<b>93.5%</b>	<b>90.2%</b>	<b>94.4%</b>	<b>4.3%</b>
<b>N</b>	<b>2 865</b>	<b>2 836</b>	<b>1 721</b>	<b>2 912</b>	<b>1 310</b>	<b>1 602</b>
<b>D</b>	<b>3 162</b>	<b>3 082</b>	<b>1 841</b>	<b>3 230</b>	<b>1 387</b>	<b>1 843</b>

**Reasons for Deviation**

Target achieved, a positive outcome considering the deleterious impact of the COVID-19 on accessing hospital services.

**Note**

Figures before rounding off: Planned 90.15%, Actual 94.45%, Deviation 4.29%.

Output Indicator		Patient Safety Incident (PSI) case closure rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>96.0%</b>		<b>92.9%</b>	<b>97.2%</b>	<b>90.2%</b>	<b>96.6%</b>	<b>6.3%</b>
<b>N</b>	<b>2 063</b>	<b>1 053</b>	<b>771</b>	<b>647</b>	<b>1 184</b>	<b>537</b>
<b>D</b>	<b>2 150</b>	<b>1 134</b>	<b>793</b>	<b>717</b>	<b>1 226</b>	<b>(509)</b>

**Reasons for Deviation**

Target exceeded. The higher performance is positive as it indicates a speedy intervention and follow-up.

**Note**

Figures before rounding off: Planned 90.24% Actual 96.57% Deviation 6.34%.



Output Indicator		Severity assessment code (SAC) 1 incident reported rate within 24 hours rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>71.4%</b>		<b>66.7%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0%</b>
<b>N</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>(2)</b>
<b>D</b>	<b>7</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>2</b>
<b>Reasons for Deviation</b>						
Target achieved.						
Output		Accessible health services				
Output Indicator		Average length of stay				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>6.5</b>		<b>6.4</b>	<b>7.1</b>	<b>6.6</b>	<b>7.0</b>	<b>(0.4)</b>
<b>N</b>	<b>774 007</b>	<b>768 750</b>	<b>657 069</b>	<b>745 542</b>	<b>732 976</b>	<b>12 566</b>
<b>D</b>	<b>119 554</b>	<b>120 416</b>	<b>92 564</b>	<b>113 674</b>	<b>105 283</b>	<b>(8 391)</b>
<b>Reasons for Deviation</b>						
Target partially achieved. Due to worsening socio-economic circumstances patients are presenting with more severe disease requiring a longer hospital stay and because of adverse home circumstances patients' discharge is often further delayed. Both then result in an increased average length of stay.						
Indicator		Inpatient bed utilization rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>89.9%</b>		<b>89.3%</b>	<b>76.2%</b>	<b>86.6%</b>	<b>84.5%</b>	<b>(2.0%)</b>
<b>N</b>	<b>774 007</b>	<b>768 750</b>	<b>657 069</b>	<b>745 542</b>	<b>732 976</b>	<b>12 566</b>
<b>D</b>	<b>861 129</b>	<b>861 129</b>	<b>862 103</b>	<b>861 129</b>	<b>866 970</b>	<b>(5 841)</b>
<b>Comment on Deviation</b>						
Target achieved. This is a demand driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service and hence impact on the bed utilisation. This was compounded by the admissions resulting from the COVID-19.						
<b>Note</b>						
Figures before rounding off: Planned 86.58% Actual 84.54% Deviation 2.04%.						

### Strategies to Overcome Under-Performance

There was no significant under-performance for the year.

All targets were either achieved, partially achieved, or exceeded, except those affected by COVID-19. With a subsequent possible resurgence of COVID-19, pro-active plans are in place to mitigate its effect on other services, as far as possible.

### Tertiary Hospitals

#### Changes to Planned Targets

No changes to planned targets.



## Performance Indicators

OUTCOME		The children of the Province have the health resilience to flourish				
Output		Child health services				
Output Indicator		Child under 5 years diarrhoea case fatality rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
0.4%		0.3%	0.2%	0.4%	0.4%	(0.1%)
N	5	4	2	4	6	(2)
D	1 376	1 184	828	1 092	1 408	(316)
<b>Reasons for Deviation</b> Target partially achieved. The Department cannot predict deaths with absolute accuracy. Deaths are impacted by the worsening socio-economic circumstances which occurred during the COVID-19, resulting in increased numbers of patients admitted with diarrhoea and with late presentations of very ill children. Both factors impacted adversely on performance.						
<b>Note</b> Figures before rounding off: Planned 0.37%, Actual 0.43%, Deviation 0.06%.						
Output Indicator		Child under 5 years pneumonia case fatality rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
0.5%		0.5%	0.1%	0.4%	0.3%	0.0%
N	13	11	2	7	6	1
D	2 495	2 225	1 630	1 983	1 940	43
<b>Reasons for deviation</b> Target achieved. Fewer deaths reported than anticipated, a positive outcome for the department.						
<b>Note</b> Figures before rounding off: Planned 0.35% Actual 0.31% Deviation 0.04%						
Output Indicator		Severe acute malnutrition deaths under 5 years rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
0.0%		0.0%	0.0%	0.0%	0.0%	0.0%
N	0	0	0	0	0	0
D	94	90	69	36	103	(67)
<b>Reasons for deviation</b> Target achieved. There is an increase in child deaths (29 days to 59 months), but no severe acute malnutrition deaths recorded. Overall child deaths are impacted by the worsening socio-economic circumstances that resulted from the COVID-19 and late presentation of very ill children.						
<b>Note</b> Indicator not previously reported with this definition therefore historical performance has not been audited but included for comparison to current year performance.						



Output Indicator		Deaths under 5 years against live birth rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>0.0%</b>		<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>N</b>	<b>123</b>	<b>124</b>	<b>99</b>	<b>136</b>	<b>127</b>	<b>9</b>
<b>D</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Reasons for deviation**

Target achieved. The Red Cross War Memorial Children's Hospital does not provide a maternity service as it is a paediatric hospital. There are therefore no births to report. The deaths (0-5 years) were also lower than the target which is a positive outcome.

**Note**

This indicator has a denominator of zero (0) as there are no obstetric services at the Tertiary hospital in the Western Cape.

**OUTCOME** A high-performance Provincial health system for people

**Output** Technically efficient Provincial health system

**Output Indicator** Complaint resolution within 25 working days rate

Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>92.2%</b>		<b>93.9%</b>	<b>100.0%</b>	<b>93.0%</b>	<b>100.0%</b>	<b>7.0%</b>
<b>N</b>	<b>106</b>	<b>124</b>	<b>59</b>	<b>119</b>	<b>135</b>	<b>16</b>
<b>D</b>	<b>115</b>	<b>132</b>	<b>59</b>	<b>128</b>	<b>135</b>	<b>7</b>

**Reasons for deviation**

Target achieved and a positive outcome considering the impact of the COVID-19.

**Output Indicator** Client satisfaction survey satisfaction rate

Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>86.0%</b>		<b>93.9%</b>	<b>0.0%</b>	<b>91.4%</b>	<b>89.4 %</b>	<b>(1.9%)</b>
<b>N</b>	<b>147</b>	<b>124</b>	<b>0</b>	<b>148</b>	<b>2 516</b>	<b>2 368</b>
<b>D</b>	<b>171</b>	<b>132</b>	<b>0</b>	<b>162</b>	<b>2 813</b>	<b>2 651</b>

**Reasons for deviation**

Target achieved and a positive outcome considering the deleterious impact of the COVID-19 on accessing hospital services.

**Note**

Figures before rounding off: Planned 91.36%, Actual 89.44%, Deviation 1.92%.

Output Indicator		Patient Safety Incident (PSI) case closure rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>86.8%</b>		<b>95.3%</b>	<b>98.2%</b>	<b>90.8%</b>	<b>98.4%</b>	<b>7.6%</b>
<b>N</b>	<b>158</b>	<b>201</b>	<b>218</b>	<b>178</b>	<b>185</b>	<b>7</b>
<b>D</b>	<b>182</b>	<b>211</b>	<b>222</b>	<b>196</b>	<b>188</b>	<b>8</b>

**Reasons for deviation**

Target exceeded. A higher performance is positive as it indicates a speedy intervention and follow-up.



Output Indicator		Severity assessment code (SAC) 1 incident reported rate within 24 hours rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>22.2%</b>		<b>100.0%</b>	<b>75.0%</b>	<b>40.0%</b>	<b>100.0%</b>	<b>60.0%</b>
<b>N</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>(1)</b>
<b>D</b>	<b>9</b>	<b>2</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>4</b>
<b>Reasons for deviation</b>						
Target exceeded. A higher performance is positive as it indicates a speedy intervention and follow-up.						
<b>OUTPUT</b>		<b>Accessible health services</b>				
<b>Indicator</b>		<b>Average length of stay</b>				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>3.8</b>		<b>3.9</b>	<b>4.6</b>	<b>3.9</b>	<b>4.3</b>	<b>(0.4%)</b>
<b>N</b>	<b>78 201</b>	<b>75 804</b>	<b>66 818</b>	<b>75 453</b>	<b>76 387</b>	<b>(934)</b>
<b>D</b>	<b>20 838</b>	<b>19 586</b>	<b>14 538</b>	<b>19 347</b>	<b>17 632</b>	<b>(1 715)</b>
<b>Reasons for deviation</b>						
Target partially achieved. Due to worsening socio-economic circumstances patients are presenting with more severe disease requiring a longer stay and because of the adverse home circumstances patients' discharge is often further delayed. Both of these factors then result in an increased average length of stay.						
Output Indicator		Inpatient bed utilization rate				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>78.8%</b>		<b>76.3%</b>	<b>67.3%</b>	<b>76.0%</b>	<b>74.9%</b>	<b>(1.1%)</b>
<b>N</b>	<b>78 201</b>	<b>75 804</b>	<b>66 818</b>	<b>75 453</b>	<b>76 387</b>	<b>(934)</b>
<b>D</b>	<b>99 291</b>	<b>99 291</b>	<b>99 291</b>	<b>99 291</b>	<b>102 029</b>	<b>2 738</b>
<b>Reasons for deviation</b>						
Target achieved and a positive outcome considering the impact of the COVID-19. This is a demand driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service. This was compounded by the admissions resulting from the COVID-19.						

### Strategies to Overcome Under-Performance

There was no significant under-performance for the year.

All targets were either achieved, partially achieved, or exceeded, except for those affected by COVID-19. With subsequent possible resurgence of COVID-19 pro-active plans are in place to mitigate its impact on other hospital services, as far as possible.

### Progress on Institutional Response to COVID-19

Budget Programme	Intervention	Geographic location (Province/ District/ local municipality) (Where Possible)	Total budget allocation per intervention (R'000)	Budget spent per intervention
Programme 5	Additional Capacitation	City of Cape Town	47 102	47 102
<b>Total</b>			<b>47 102</b>	<b>47 102</b>
<b>Immediate Outcomes</b>				
Additional Capacitation	Additional Goods & Services and staff capacity used in combatting COVID-19.			



## Linking Performance with Budgets

Sub-Programme	2021/22			2020/21		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Central Hospital Services	6 542 436	6 542 436	-	6 331 784	6 300 327	31 457
Provincial Tertiary Hospital Services	958 513	958 513	-	934 182	934 311	(129)
<b>TOTAL</b>	<b>7 500 949</b>	<b>7 500 949</b>	<b>-</b>	<b>7 265 966</b>	<b>7 234 638</b>	<b>31 328</b>

Programme 5 targets have largely been achieved or exceeded and thus positively contributed to the department's strategic objectives. There was an exact spend of the budget, as a result of a concerted effort to curb expenditure as much as possible, despite the pressure on expenditure due to the COVID-19.

## Programme 6: Health Sciences & Training

### Purpose

To create training and development opportunities for actual and potential employees of the Department of Health.

### Sub-Programme 6.1: Nurse Training College

Training of nurses at undergraduate and post-basic level, target group includes actual and potential employees.

### Sub-Programme 6.2: Emergency Medical Services (EMS) Training College

Training of rescue and ambulance personnel, target group includes actual and potential employees.

### Sub-Programme 6.3: Bursaries

Provision of bursaries for Health Science Training Programmes at undergraduate and postgraduate levels, target group includes actual and potential employees.

### Sub-Programme 6.4: Primary Health Care (PHC) Training

Provision of Primary Health Care related training for personnel, provided by the regions.

### Sub-Programme 6.5: Training (Other)

Provision of skills development interventions for all occupational categories in the Department, target group includes actual and potential employees.

### Changes to Planned Targets

\* Target changes are mostly attributable to definition changes clarified after the Annual Performance Plan was published. See below, the original targets before mid-year adjustment.



OUTCOME		A high-performance Provincial health system for people			
Output		A capable workforce			
Output Indicator		Bursaries awarded for scarce and critical skills			
Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	*Actual Achievement until Qtr. 2 of 2021/22	Deviation
1 875	2 090	1 503	1 491	N/A	N/A
<b>Reasons for deviation</b> This is an annual indicator, therefore by quarter 2 when the changes to the indicator were tabled, no performance had been reported. Please refer to the performance tables for the annual achievement.					
<b>Reasons for revisions to the Output/ Output Indicators/ Annual Targets</b> The Technical Indicator Description (TID) in Part D of the Annual Performance Plan (APP) defined the indicator as a quarterly indicator, however only an annual target was set. The reporting cycle was therefore aligned in the TID to reflect annual. This did not affect the annual target.					

### Performance Indicators

OUTCOME		A high-performance Provincial health system for people			
Output		A capable workforce			
Output Indicator		Bursaries awarded for scarce and critical skills			
Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
1 875	2 090	1 503	1 491	1 249	(242)
<b>Reasons for deviation</b> Performance is below target for the following reasons: Bursaries set aside for the training of the nurse specialties, a critical scarce skill need, could not be allocated due to the lack of course accreditation for these courses at Higher Education Institutions (HEIs). Accreditation of these courses at the HEIs and the Western Cape College of Nursing are dependent on external authorities and therefore outside the control of the Department.					

### Strategies to Overcome Under-Performance

The under-performance will be addressed by the following two strategies:

- The Higher Educational Institutions must meet the requirements for accreditation via the Council for Higher Education (CHE) and
- The bursary allocation must be reviewed.



## Linking Performance with Budgets

Sub-Programme	2021/22			2020/21		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Nursing Training College	79 378	83 539	(4 161)	73 523	61 870	11 653
Emergency Medical Services (EMS) Training College	33 597	31 633	1 964	32 572	31 955	617
Bursaries	63 301	56 368	6 933	57 535	53 824	3 711
Primary Health Care (PHC) Training	1	-	1	1	-	1
Training (Other)	190 681	172 300	18 381	193 521	170 165	23 356
<b>TOTAL</b>	<b>366 958</b>	<b>343 840</b>	<b>23 118</b>	<b>357 152</b>	<b>317 814</b>	<b>39 338</b>

Programme 6 recorded a total under expenditure of R23.118 million or 6.30 per cent which is attributed to:

- Compensation of Employees:
  - Relief staff appointments hampered due to delays in accreditation of post-graduate nursing courses by the Council for Higher Education (CHE).
  - Delays in filling of structured youth development intern posts due to COVID-19.
- Goods & Services:
 

Due to the ongoing COVID-19 concerns and regulations of social distancing, less face-to-face training occurred, which reduced costs related to training, travelling and accommodation, venue hire, catering etc.
- Transfers and Subsidies:
 

A surplus was realised within full-time bursaries due to fewer bursaries allocated, because of delays in course accreditation for nursing post-graduate specialties.
- Payments for Capital Assets:
 

The over expenditure is due to Emergency Rescue equipment procured for training purposes to meet essential accreditation criteria set for the College of Emergency Care.

#### Sub-Programme 6.1: Nurse Training College

The Nurse Training College recorded an over expenditure (deficit) of R4.161 million due to a funding shortfall for Compensation of Employees (CoE), which was absorbed within the Programme. The expenditure contributed to the achievement of outputs with 180 undergraduate students graduating. There was no output of post graduate students as the college is awaiting CHE accreditation to offer specialty post graduate nursing qualifications.

#### Sub-Programme 6.2: Emergency Medical Services (EMS) Training College

The Emergency Medical Services Training College showed under expenditure of R1.964 million due to the following reasons:

- Due to COVID-19, there was decrease in travel and accommodation of students. Lectures were conducted online,
- Lecturers were deployed to assist EMS with vaccination (VAXI-TAXI) project, which limited GMT costs and
- Due to a lack of suitable applicants, two vacant funded lecturer posts were not filled. This resulted in under expenditure in Compensation of Employees.



The expenditure contributed to the achievement of outputs with an enrolment of 57 students on the Emergency Diploma Programme and 60 students on the Rescue Training Courses.

#### Sub-Programme 6.3: Bursaries

Bursaries recorded an under expenditure (surplus) of R6.933million. The Department was not able to spend its projected bursary budget for 2020/21 due to the following reasons:

Part-time bursaries offered to nurses for the post-basic specialty courses could not be taken up, due to the Council for Higher Education (CHE) not accrediting the Higher Education Institutions for the course and fewer students than expected accepted bursary offers.

A rollover request was made to the Provincial Treasury to rollover the unspent funds to the 2021/22 financial year, as students who pass their 2021 academic year will be eligible to continue with their bursary in 2022. The expenditure contributed to the achievement of outputs with a total of 1,249 bursaries allocated for health and related professionals.

#### Sub-Programme 6.5: Training (Other)

Training Other reflected an under expenditure of R18.381 million which was mainly due to the following reasons:

- The continued COVID-19 social distancing regulations resulted in the postponement of most face-to-face training,
- The delayed start and filling of posts of the EPWP funded Premier Advancement of Youth (PAY) and Admin interns in the Department due to the pandemic and
- Relief staff appointments planned to cover for nurses on specialty training did not take place, due to course accreditation challenges.

The expenditure contributed to the achievement of outputs including the training of 5,181 health professionals on clinical skills development and the funding of 2,021 interns on the structured Youth Development Programmes including 68 graduate interns, an important pipeline of talent into the Department.

## Programme 7: Health Care Support Services

### *Purpose*

To render support services required by the Department to realize its aims.

#### *Sub-Programme 7.1. Laundry Services*

To render laundry and related technical support service to health facilities.

#### *Sub-Programme 7.2. Engineering Services*

Rendering routine, day-to-day and emergency maintenance service to buildings, engineering installations and health technology.



### Sub-Programme 7.3. Forensic Pathology Services

To render specialised forensic pathology and medico-legal services in order to establish the circumstances and causes surrounding unnatural death. It includes the provision of the Inspector of Anatomy functions, in terms of Chapter 8 of the National Health Act and its Regulations.

### Sub-Programme 7.4. Orthotic and Prosthetic Services

To render specialised orthotic and prosthetic services. Please note this service is reported in Sub-Programme 4.4.

### Sub-Programme 7.5. Cape Medical Depot

The management and supply of pharmaceuticals and medical supplies to health facilities.

## Engineering Services

### Changes to Planned Targets

No changes to planned targets.

### Performance Indicators

OUTCOME A high-performance Provincial health system for people						
Output		Technically efficient Provincial health system				
Output Indicator		Percentage of hospitals achieving Provincial benchmark for energy consumption				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>Not required to report</b>		<b>Not required to report</b>	<b>75.0%</b>	<b>73.1%</b>	<b>75%</b>	<b>1.9%</b>
<b>N</b>	Not required to report	Not required to report	39	38	39	1
<b>D</b>	Not required to report	Not required to report	52	52	52	-
<b>Reasons for deviation</b>						
Target achieved						

Output Indicator		Percentage of hospitals achieving Provincial benchmark for water utilisation				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>76.9%</b>		<b>75.0%</b>	<b>76.9%</b>	<b>75.0%</b>	<b>53.8%</b>	<b>(21.2%)</b>
<b>N</b>	40	39	40	39	28	(11)
<b>D</b>	52	52	52	52	52	-
<b>Reasons for deviation</b>						
Performance is below target. The main reason for the under-performance is that the target of 75% was set based on functional (defined as operational) beds instead of official (defined as actual) beds. Performance is now expressed in terms of official beds. In addition, the target was set based on municipal bills that were incorrect. Smart metering readings are now being used instead. Performance would have been at 61.5% if expressed in terms of functional (operational) beds.						



## Strategies to Overcome Under-Performance

In terms of utilities consumption, the Department remains committed to the following strategies:

- Continuous monitoring of utilities consumption, identification of problem areas and implementation of utility-saving interventions,
- Focus on completing installation of smart meters and stabilising monitoring system for facilities,
- Continuous engagement with municipalities to correct billing,
- Assist facility managers to reduce consumption of municipal water by identifying opportunities for recycling water, increased use of groundwater and eliminating water leaks,
- Sub-metering to enable closer monitoring of electricity and water consumption and to enable billing of other users e.g., leased areas,
- Behaviour change interventions for electricity and water consumption and awareness,
- Use available smart metering data to conduct energy efficiency audits of facilities and feasibility studies of energy management opportunities and interventions and
- Climate Change Champion and associated champions throughout the Department to give momentum to and realise utilities consumption savings.

## Forensic Pathology Services

### Changes to Planned Targets

\* Target changes are mostly attributable to definition changes clarified after the Annual Performance Plan was published. See below, the original targets before mid-year adjustment.

OUTCOME		A high-performance Provincial health system for people				
Output		Technically efficient Provincial health system				
Output Indicator		Percentage of child death cases reviewed by the child death review board				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	*Actual Achievement until Qtr. 2 of 2021/22	Deviation from planned target to actual achievement
75.2%		71.5%	82.4%	87.0%	79.9%	(7.1%)
N	1 365	1 058	996	1 713	602	(1 111)
D	1 815	1 479	1 209	1 970	753	(1 217)
<b>Reasons for deviation</b>						
The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
<b>Reasons for revisions to the Outputs/Output indicators /Annual Targets</b>						
In the Technical Indicator Description (TID) Part D of the APP, the calculation type for this indicator was set as Cumulative (Year to date), however the targets were set as Cumulative (Year-end). The calculation type was therefore aligned in the (Technical Indicator Description) TID to reflect Cumulative (Year-end).						



## Performance Indicators

OUTCOME: A high-performance Provincial health system for people						
Output		Technically efficient Provincial health system				
Indicator		Percentage of child death cases reviewed by the child death review board				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>75.2%</b>		<b>71.5%</b>	<b>82.4%</b>	<b>87.0%</b>	<b>78.8%</b>	<b>(8.2%)</b>
<b>N</b>	<b>1 365</b>	<b>1 058</b>	<b>996</b>	<b>1 713</b>	<b>1 124</b>	<b>(589)</b>
<b>D</b>	<b>1 815</b>	<b>1 479</b>	<b>1 209</b>	<b>1 970</b>	<b>1 426</b>	<b>(544)</b>
<b>Reasons for deviation</b>						
Performance partially achieved. Not all cases could be discussed and reviewed because they are still under investigation. Staffing pressures in the Metro and specifically the Eastern area have impacted performance.						
<b>Note</b>						
Mid-year adjustment made. Refer to Changes to Planned Targets.						

## Strategies to Overcome Under-Performance

78.8% of cases admitted during 2021/22 were reviewed, against the target of 87.0%. The Child Death Review process had initially also been impacted by the COVID-19 and had subsequently been moved to on-line platforms. This will continue in the 2022/23 fiscal year. Service pressures specifically within the Metro is impacting case review.

The reason for the major reduction in admission of sudden unexpected deaths in children to the Forensic Pathology Service is largely attributed to a reduction in the number deaths deemed to be due to natural causes the detail of which will require research.

## Changes to Planned Targets

No changes to planned targets.

## Medicine Supply

## Changes to Planned Targets

\* Target changes are mostly attributable to definition changes clarified after the Annual Performance Plan was published. See below, the original targets before mid-year adjustment.



OUTCOME		A high-performance Provincial health system for people				
OUTPUT		Technically efficient Provincial health system				
Output Indicator		Percentage of pharmaceutical stock available				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	*Actual Achievement until Qtr. 2 of 2021/22	Deviation
<b>89.4%</b>		<b>84.2%</b>	<b>89.8%</b>	<b>95.1%</b>	<b>94.7%</b>	<b>(0.4%)</b>
<b>N</b>	<b>634</b>	<b>583</b>	<b>693</b>	<b>694</b>	<b>731</b>	<b>37</b>
<b>D</b>	<b>709</b>	<b>692</b>	<b>772</b>	<b>730</b>	<b>772</b>	<b>42</b>
<b>Reasons for deviation</b>						
The actual achievement reflected in the table is performance achieved as at quarter 2. Please refer to the performance tables for the annual achievement.						
<b>Reasons for revisions to the Output/ Output Indicators/ Annual Targets</b>						
The Technical Indicator Description (TID) in Part D of the APP defined the indicator as Cumulative (Year to Date), however the targets were set as non-cumulative. The calculation type was therefore aligned in the TID to reflect non-cumulative. This did not affect the quarterly or annual targets.						

### Performance Indicators

OUTCOME		A high-performance Provincial health system for people				
Output		Technically efficient Provincial health system				
Output Indicator		Percentage of pharmaceutical stock available				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
<b>89.4%</b>		<b>84.2%</b>	<b>89.8%</b>	<b>95.1%</b>	<b>92.5%</b>	<b>(2.6%)</b>
<b>N</b>	<b>634</b>	<b>583</b>	<b>693</b>	<b>694</b>	<b>727</b>	<b>33</b>
<b>D</b>	<b>709</b>	<b>692</b>	<b>772</b>	<b>730</b>	<b>786</b>	<b>56</b>
<b>Reasons for deviation</b>						
Target achieved with a marginal deviation, despite the increasing number of stock items, this is an improvement on the past three years. The increase in stock items were to meet service delivery needs. Stock outs are because of COVID-19 related, poor contract supplier performance and part or no delivery by the supplier. This is a demand driven indicator which means it is not possible for the Department to predict with 100% accuracy the number of people that will require medication. The marginal deviation is therefore considered as having achieved the planned target.						
<b>Note</b>						
Mid-year adjustment made. Refer to Changes to Planned Targets.						

### Strategies to Overcome Under-Performance

In terms of medicine supply, the strategies engaged include, but are not limited to:

- The exact, close and focused contract management of contracted suppliers which includes performance penalties for part or non-delivery of orders,
- The placement of orders against contracted suppliers for poor delivery performance,
- The active engagement with the National Department of Health with respect to poor supplier performance and



- The substitution once clinical expertise from the Provincial Pharmaceutical and Therapeutics Committee is gained and where possible, of items which are not available on contract.

### Progress on Institutional Response to COVID-19

Budget Programme	Intervention	Geographic location (Province/ District/local municipality) (Where Possible)	Total budget allocation per intervention (R'000)	Budget spent per intervention
Programme 7	Forensic Services	City of Cape Town	3 561	3 561
Total			3 561	3 561
Immediate outcomes				
Forensic Services	Continuation of a Temporary Mass Fatality Centre, additional Goods & Services and staff capacity, used in combatting COVID-19.			

### Linking Performance with Budgets

Sub-Programme	2021/22			2020/21		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Laundry Services	119 179	122 025	(2 846)	116 195	123 696	(7 501)
Engineering Services	126 175	121 651	4 524	120 560	113 566	6 994
Forensic Services	235 186	228 457	6 729	224 237	214 615	9 622
Orthotic and Prosthetic Services	1	-	1	1	-	1
Cape Medical Depot	79 089	74 013	5 076	86 928	81 084	5 844
<b>TOTAL</b>	<b>559 630</b>	<b>546 146</b>	<b>13 484</b>	<b>547 921</b>	<b>532 961</b>	<b>14 960</b>

Programme 7 recorded an under expenditure of R13.484 million or 2.41 per cent in the 2021/22 financial year, mainly due to the following:

- Compensation of Employees:
  - Saving due to slower than anticipated rate for filling of posts because of the difficulty to find suitable qualified technical staff at the engineering workshops.
  - Saving due to a delay in the conclusion of the organizational development investigation and conclusion of job evaluation process of posts of the Observatory Forensic Pathology Institute (OFPI).
- Goods & Services:
  - Saving in various Goods & Services' items due to a delay in the commissioning and operationalisation.
  - Saving in Medical supplies at the Cape Medical Depot, due to bulk purchases at the end of the previous financial year.
  - Reduction in courier services expenditure under Operating Payments of Personal Protective Equipment as well as non-pharmaceutical items that are now supplied by the new Western Cape Warehouse facility instead of the Cape Medical Depot.



The Programme 7 budget allocation facilitated the rendering of health care support services to support health care services. This was achieved by consistently providing health services with linen and laundry services, maintenance to buildings, engineering installations and health technology, specialised forensic pathology and medico-legal services, specialised orthotic and prosthetic services and the management and supply of pharmaceuticals and medical supplies. Efficient and effective health care support services positively contribute towards the output to ensure a technically efficient Provincial health system and thereby to the Departmental Outcome to provide a high-performance Provincial health system for people.

## Programme 8: Health Facilities Management

### *Purpose*

The provision of new health facilities and the refurbishment, upgrading and maintenance of existing facilities, including health technology.

### *Sub-Programme 8.1. Community Health Facilities*

Planning, design, construction, upgrading, refurbishment, additions and maintenance of community health centres, community day centres and clinics.

### *Sub-Programme 8.2. Emergency Medical Rescue Services*

Planning, design, construction, upgrading, refurbishment, additions and maintenance of emergency medical services facilities.

### *Sub-Programme 8.3. District Hospital Services*

Planning, design, construction, upgrading, refurbishment, additions and maintenance of District Hospitals.

### *Sub-Programme 8.4. Provincial Hospital Services*

Planning, design, construction, upgrading, refurbishment, additions and maintenance of Provincial Hospitals.

### *Sub-Programme 8.5. Central Hospital Services*

Planning, design, construction, upgrading, refurbishment, additions and maintenance of Central Hospitals.

### *Sub-Programme 8.6. Other Facilities*

Planning, design, construction, upgrading, refurbishment, additions and maintenance of other health facilities, including Forensic Pathology Facilities.



### Changes to Planned Targets

\* Target changes are mostly attributable to definition changes clarified after the Annual Performance Plan was published. See below, the original targets before mid-year adjustment.

OUTCOME		A high-performance Provincial health system for people				
Output		Technically efficient Provincial health system				
Output Indicator		Percentage of health facilities with major refurbishment				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	*Actual Achievement until Qtr. 2 of 2021/22	Deviation
Not required to report		Not required to report	66.7%	100.0%	N/A	N/A
N	Not required to report	Not required to report	2	4	N/A	N/A
D	Not required to report	Not required to report	3	4	N/A	N/A
<b>Reasons for deviation</b> This is an annual indicator, therefore by quarter 2 when the changes to the indicator were tabled, no performance had been reported. Please refer to the performance tables for the annual achievement.						
<b>Reasons for revisions to the Output/ Output Indicators/ Annual Targets</b> The Technical Indicator Description (TID) in Part D of the APP defined the indicator as a quarterly indicator, however only an annual target was set. The reporting cycle was therefore aligned in the TID to reflect annual. This did not affect the annual target.						

### Performance Indicators

OUTCOME		A high-performance Provincial health system that is for people				
Output		Technically efficient Provincial health system				
Output Indicator		Percentage of health facilities with major refurbishment				
Audited Actual Performance 2018/19		Audited Actual Performance 2019/20	Actual Achievement 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to actual achievement
Not required to report		Not required to report	66.7%	100.0%	50%	(50%)
N	Not required to report	Not required to report	2	4	2	(2)
D	Not required to report	Not required to report	3	4	4	-
<b>Reasons for deviation</b> Performance is below target. The following projects achieved Practical Completion: <ul style="list-style-type: none"> <li>Replacement of Observatory FPL</li> <li>Replacement of De Doorns' Ambulance Station</li> </ul> Projects not achieving Practical Completion: <ul style="list-style-type: none"> <li>Replacement of Sandy Point Satellite Clinic, due to tender process delays related to COVID-19.</li> <li>Replacement of Cape Medical Depot was incorrectly included in the target. This project comprises only Professional Services in respect of planning and management of a Design and Construct Contracting Strategy for the replacement project.</li> </ul> The Department commits to continuously monitor Contractor performance and projects implemented by Implementing Agents as well as manage and mitigate risks and issues to enable timeous resolutions.						
<b>Note</b> Mid-year adjustment made. Refer to changes to planned targets.						



## Strategies to Overcome Under-Performance

Performance continues to be consistently monitored and the Department remains focused on the following overall strategies with respect to infrastructure planning and delivery:

- Continue the implementation of a 20% over commitment of the project list. Unforeseen circumstances impact projects in construction, this buffer will contribute towards ensuring the budget is spent,
- Prioritising the already established pipeline of projects in planning, which assists with cashflow planning,
- Utilising alternative implementing strategies e.g., Framework Agreements and Management Contractor for infrastructure projects,
- Use of standard designs to shorten design processes,
- Continue with the implementation of the Infrastructure Delivery Management System (IDMS) through the Framework for Infrastructure Delivery and Procurement Management (FIDPM) and One IDMS and
- Reallocation of infrastructure budget to Health Technology and Engineering as soon as the risk of under expenditure is raised.

## Linking Performance with Budgets

Sub-Programme	2021/22			2020/21		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Community Health Facilities	128 074	104 599	23 475	137 968	111 890	26 078
Emergency Medical Rescue Services	15 740	6 834	8 906	26 437	21 155	5 282
District Hospital Services	133 580	127 893	5 687	214 544	192 514	22 030
Provincial Hospital Services	87 237	52 899	34 338	92 406	106 704	(14 298)
Central Hospital Services	461 058	448 317	12 741	232 622	220 762	11 860
Other Facilities	259 786	218 179	41 607	412 929	445 864	(32 935)
<b>TOTAL</b>	<b>1 085 475</b>	<b>958 721</b>	<b>126 754</b>	<b>1 116 906</b>	<b>1 098 889</b>	<b>18 017</b>

Programme 8 recorded an under expenditure of 126.754 million or 11.68 per cent in the 2021/22 financial year. The variances in the Programme can mainly be attributed to:

- Compensation of Employees: Savings due to delay in the appointment of key engineering and technical staff and
- Goods & Services:

Delayed implementation of maintenance projects linked to Supply Chain Management (SCM) limitations being experienced, slow progress on projects and scope amendments to existing projects, as well as global logistics network delays caused by the COVID-19.

The Programme 8 budget allocation made it possible to render support to health care services by consistently providing it with good quality, fit-for-purpose infrastructure and health technology, albeit in a challenging and changing environment. Good quality infrastructure and health technology directly links to the output to ensure a technically efficient Provincial health system and thereby contributes to the Departmental outcome of providing a high-performance Provincial health system that is for people.



## 2.5 Transfer Payments

### Transfer payments made

The total transfer payments made and spent equates to R1, 503,799,000 for the year 2021/22, see tables below for a breakdown of the payments.

Transfers to Municipalities						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
City of Cape Town						
Municipality	Rendering of personal Primary Health Care, including maternal child and infant health care, antenatal care, STI treatment, tuberculosis treatment and basic medical care. Also, nutrition and HIV/AIDS.	Yes	657 225	657 225	N/A	City of Cape Town District
Municipality	Vehicle Licences	Yes	15	15	N/A	Emergency Medical Group

Transfers to Departmental Agencies and Accounts						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
Health & Welfare SETA						
Statutory body	People Development	Yes	6 601	6 601	N/A	Departmental
Radio & Television						
Licensing Authorities	Television, Radio, aerodrome Licences	Yes	506	506	N/A	Departmental

Transfers to Non-Profit Institutions						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
Various Institutions						
Community Based Programmes	E vision and ICT development Project	Yes	2 403	2 403	N/A	City of Cape Town District
Various Institutions						
Non-profit institutions	Community Health Clinics: Vaccines and Tuberculosis treatment	Yes	192	192	N/A	Central Karoo District
Various Institutions						
Non-profit Institutions	Tuberculosis Treatment	TOTAL	1 714	1 714	N/A	
		Yes	956	956	N/A	Cape Winelands District
		Yes	565	565	N/A	Garden Route District
		Yes	193	193	N/A	West Coast District
Aquarius Healthcare						
Chronic Care	Intermediate care facility: adult & children	Yes	48 134	48 134	N/A	City of Cape Town District
Booth Memorial						



Transfers to Non-Profit Institutions						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
Various Institutions						
Provincially Aided hospital	Intermediate care facility – adult	Yes	29 907	29 907	N/A	City of Cape Town District
St Joseph						
Provincially Aided hospital	Intermediate care facility – children	Yes	11 298	11 298	N/A	City of Cape Town District
Various Institutions						
Non-profit Institutions	Chronic Care: Caring for elderly patients in assisting with wound care, feeding etc. after being discharged.	TOTAL	8 456	8 456	N/A	
		Yes	1 416	1 416	N/A	Garden Route District
		Yes	3 532	3 532	N/A	West Coast District
		Yes	3 508	3 508	N/A	Overberg District
Various Institutions						
Non-Profit Institutions	TB Adherence and Counselling	TOTAL	3 544	3 544	N/A	
		Yes	324	324	N/A	Khayelitsha/Eastern SS Area
		Yes	285	285	N/A	Northern/Tygerberg SS Area
		Yes	2 935	2 935	N/A	West Coast District
Various Institutions						
Non-Profit Institutions	Home Based care	TOTAL	18 175	18 175	N/A	
		Yes	6 044	6 044	N/A	Khayelitsha/Eastern SS
		Yes	5 357	5 357	N/A	Klipfontein/M Plain SS
		Yes	1 394	1 394	N/A	Northern/Tygerberg SS
		Yes	5 380	5 380	N/A	Western/Southern SS
Various Institutions						
Non-Profit Institutions	Mental Health	TOTAL	66 483	66 483	N/A	
		Yes	3 776	3 776	N/A	Cape Winelands District
		Yes	432	432	N/A	Central Karoo District
		Yes	430	430	N/A	Garden Route District
		Yes	5 313	5 313	N/A	Overberg District
		Yes	21 108	21 108	N/A	Khayelitsha/Eastern SS Area
		Yes	14 702	14 702	N/A	Klipfontein/M Plain SS Area
		Yes	11 502	11 502	N/A	Northern/Tygerberg SS Area
		Yes	9 220	9 220	N/A	Western/Southern SS
Various Institutions						
Non-Profit Institutions	Anti-retroviral treatment, home-based care, step-down care, HIV counselling and testing, etc.	TOTAL	351 637	351 637	N/A	
		Yes	45 107	45 107	N/A	Cape Winelands District
		Yes	11 325	11 325	N/A	Central Karoo District
		Yes	46 794	46 794	N/A	Garden Route District
		Yes	24 625	24 625	N/A	Overberg District



Transfers to Non-Profit Institutions						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
Various Institutions						
		Yes	31 209	31 209	N/A	West Coast District
		Yes	48 368	48 368	N/A	Khayelitsha/Eastern SS Area
		Yes	39 966	39 966	N/A	Klipfontein/M Plain SS Area
		Yes	76 282	76 282	N/A	Northern/Tygerberg SS Area
		Yes	27 961	27 961	N/A	Western/Southern SS Area
Chief Director: Metro DHS [Emergency Fund-COVID-19]						
Non-Profit Institutions	Appointment of additional Community Health Care Workers (CHW's) and Outreach Team Leaders (OTL's) for COVID-19 response activities	Yes	1 744	1 744	N/A	City of Cape Town District
Lentegeur Field Hospital [Emergency Fund: COVID-19]						
Non-Profit Institutions	To provide an Isolation Intermediate Care service for COVID-19 positive patients	Yes	15 000	15 000	N/A	City of Cape Town District
Chief Director: Metro DHS [Vaccine COVID-19 Programme]						
Non-Profit Institutions	Demand generation to increase vaccination awareness and to assist with the registering process	Yes	3 910	3 910	N/A	City of Cape Town District
Chief Director: Metro DHS [Vaccine COVID-19 Programme]						
Non-Profit Institutions	Safety Officer contracted via NPO as a requirement for the use of Athlone Stadium	Yes	204	204	N/A	City of Cape Town District
Various Institutions						
Nutrition	Rendering of a Nutrition intervention service to address malnutrition in the Western Cape	TOTAL	3 061	3 061	N/A	
		Yes	149	149	N/A	Central Karoo District
		Yes	727	727	N/A	Garden Route District
		Yes	687	687	N/A	Khayelitsha/ Eastern SS Area
		Yes	862	862	N/A	Northern/ Tygerberg SS Area
		Yes	636	636	N/A	Western/Southern SS Area
Carel Du Toit & Philani						
Non-Profit Institutions	Hearing Screening Rehab Workers and mentoring in Speech-Language and Audiology Services for children	Yes	1 822	1 822	N/A	Klipfontein/ Mitchell's Plain SS area
Open Circle & Hurdy Gurdy						
Non-Profit Institutions	Residential care for people with autism or intellectual disability and with challenging behaviour	Yes	3 610	3 610	N/A	City of Cape Town District
Maitland Cottage						
Step-down Care	Paediatric orthopaedic care	Yes	14 159	14 159	N/A	City of Cape Town District
Various Institutions						
Non-Profit Institutions	Expanded Public Works Programme (EPWP) funding used for training and Home-Based Care	Yes	62 065	62 065	N/A	Various
Various Institutions						



Transfers to Non-Profit Institutions						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
Various Institutions						
Non-Profit Institutions	Wellness strategy focused on healthy lifestyle choices to prevent and control chronic diseases of lifestyle. Promote safe and healthy pregnancies and child rearing and a reduction of harmful personal behaviours	TOTAL	9 808	9 808	N/A	
		Yes	2 452	2 452	N/A	Khayelitsha/ Eastern SS Area
		Yes	2 452	2 452	N/A	Klipfontein/ Mitchell's Plain SS Area
		Yes	2 452	2 452	N/A	Northern/ Tygerberg SS Area
		Yes	2 452	2 452	N/A	Western/Southern SS Area
Chief Director: Metro DHS (Priority Funding)						
Non-Profit Institutions	Improve CDU Home Delivery services by strengthening the Community Health Workers for this purpose	Yes	2 511	2 511	N/A	City of Cape Town District

Transfers to Households						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
Employee Social Benefits – cash residents						
Various Claimants	Injury on duty, Leave Gratuity, Retirement Benefit, Severance Package	Yes	77 799	77 799	N/A	Departmental
Various Claimants						
Various Claimants	Claims against the state: households	Yes	64 433	64 433	N/A	Departmental
Various Claimants						
Tertiary Institutions	Bursaries	Yes	37 255	37 255	N/A	Departmental
Various Claimants						
Various Claimants	Payment made as act of grace	Yes	48	48	N/A	Departmental
Western Cape on Wellness (WoW)						
Community Based Programmes	Cash donation made to the Health Foundation for the WCGH WOW healthy lifestyles initiatives within communities	Yes	80	80	N/A	City of Cape Town District



Transfer Payments Not Made					
Type of Organisation	Purpose for which the funds were used	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
Chief Director: Rural District Health Services (Priority funding)					
Non-Profit Institutions	Part of the project of the roll out for the delivery of chronic medicine in the community	50	-	Unable to get a suitable candidate for the post that became vacant during the year.	Garden Route District
Chief Director: Health Programmes					
Non-Profit Institutions	DG Murray Trust: Establishing a stunting baseline survey on the nutritional status in the Western Cape Province	1200	-	Funds was not spent due to changes made to the MOA and completion of the Service Level Agreement (SLA). The amended submission was signed by the Head of Department during April 2022.	City of Cape Town District



## 2.6 Conditional Grants

### HIV, TB, Malaria and Community Outreach

The Western Cape Department of Health has successfully implemented the Programmes under this grant and met most of the targets.

Transferring Department	National Department of Health		
Grant Purpose	<ul style="list-style-type: none"> <li>To enable the health sector to develop an effective response to HIV and AIDS including universal access to HIV Counselling and Testing.</li> <li>To support the implementation of the National operational plan for comprehensive HIV and AIDS treatment and care.</li> <li>To subsidise in-part funding for the antiretroviral treatment plan.</li> <li>To provide financial resources to accelerate the effective implementation of a Programme that has been identified as a priority in the 10-point plan of the NDoH.</li> <li>The grant is used in line with the National Operational Plan for HIV and AIDS Care, Management and Treatment in South Africa, the National and Provincial.</li> <li>HIV/AIDS/ STI Strategic Plans 2007-2011 and Healthcare 2030.</li> </ul>		
Expected Outputs	<b>Performance Indicators</b>	<b>Annual Target</b>	<b>Actual Achieved</b>
	No. of male condoms distributed	1 16 896 655	72 031 600
	No. of female condoms distributed	2 148 504	1 152 900
	No. of HTA intervention sites	180	180
	No. of peer educators receiving stipends	100	100
	Male urethritis syndrome treated - new episode	40 600	48 090
	No. of individuals who received an HIV service or referral at high transmission area sites	106 316	85 666
	No. of Individuals from key populations reached with individual/ small group HIV prevention interventions designed for the target population	56	144
	No. of active lay counsellors on stipend	705	705
	No. of clients tested (including antenatal)	2 000 000	1 531 145
	No. of health facilities offering MMC	74	74
	No. of MMC performed	20 668	11 477
	No. of sexual assault cases offered ARV prophylaxis	3 004	3 217
	No. of antenatal clients initiated on ART	6 184	3 256
	No. of babies, PCR tested at 10 weeks	0	70
	No. of new patients started on treatment	44 160	29 851
	No of patients on ART remaining in care	318 793	308 008
	No of HIV positive clients screened for TB	0	33 008



	No of HIV positive clients started on IPT	0	13 642
	No of Doctors trained on HIV/AIDS, TB, STIs and other chronic diseases	120	167
	No of Nurses trained on HIV/AIDS, TB, STIs and other chronic diseases	1000	1 580
	No of Non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases	1000	1 032
	Number of CHWs receiving a stipend	3 414	3 865
	Number of CHWs trained	2 794	0
	Number of OTIs trained	111	0
	Number of HIV defaulters traced	31 198	16 496
	Number of TB defaulters traced	2 425	1 113
	TB symptom clients screened in facility rate (under 5yrs and 5 years and older)	60%	73.8%
	Number of patients tested for TB using Xpert	287 708	238 084
	Clients 5years and older start on treatment rate	85%	92%
	TB Rifampicin Resistant confirmed treatment start rate	80%	85%
	Number of eligible clients initiated on Delamanid containing regimen	20	226
Amount per amended DORA (R'000)	R 1 953 761		
Amount received (R'000)	R 1 953 761		
Reasons if amount per DORA was not received	N/A		
Amount spend by the Department (R'000)	R 1 953 761		
Reasons for under-expenditure	N/A		
Reasons for target deviation and measures taken to improve performance	<p>Male &amp; Female Condoms Distributed:</p> <p>In 2021/22 the annual target was not reached for both male and female condoms. The number of condoms distributed during lockdown dropped sharply. The impact of COVID-19 and the diversion and focus to other services influenced the performance. The PUSH system remains in place. The explanation for this drastic decrease in condom distribution is linked to fewer people accessing health services for preventative services both in facilities and at the community level. The Province is in the process of investigating the decline in condom distribution. Alternative ways of ensuring access to condoms are being explored in the current environment of COVID-19. For example, a circular was drafted that speaks to the change in the distribution of female condoms. Limited access to condoms is a major concern because it has an impact on other services such as contraception and the use of dual barrier methods. A NDoH Condom distribution Standard Operating Procedure workshop was conducted with the Province in the 3rd quarter as a way of trying to revitalise the Condom Programme after COVID-19.</p>		



Condom and Sexual Reproductive Health (SRH) training's is being planned with NDoH for the Province in the new financial year targeting Health promotors and Counsellors.

#### Total Number of New Patients Started on Art:

- A total number of 29 261 eligible clients were enrolled on the HIV Treatment Programme (ART), this is a decline from the previous financial year and accounts for 60% of the annual target. There appeared to be data issues and the Metro numbers particularly seem to be low. The Provincial team is still investigating the issues above. The decline in numbers could also be attributed to COVID-19 service restrictions across various lockdown levels but has been mitigated by active recovery plans. As a mitigating factor, the Province has been compliant monthly with all submissions of catch up/recovery plans.
- The new enrolment was affected by a new HIV positive diagnosis linked to HIV Testing Services (HTS). The Province also picked up data capturing concerns and has requested support with the Provincial Health Data Centre data.
- Focused on maintaining retention in care by maintaining club enrolments and expansion of differentiated models of care to include home deliveries and establishment of pick-up points for medication issuing. Active follow up of defaulters combined with multi month dispensing to achieve 300 706 adults and children remaining in care, which is 94% of the annual target.
- Implemented expanded ART Clubs in both the Metro and the Rural Districts to decongest health facilities and support patient adherence. Differentiated models of care for medicine issuing have expanded to include Quick Pick Ups and Home Deliveries. Further modalities were implemented such as the use of eLockers. During the 2021/22 financial year, a total number of 1 14 890 clients were enrolled into ART clubs.
- The implementation of Universal Test & Treat (UTT) guidelines had an impact on clients having access to ART thus ensuring that more clients are remaining in care. The implementation of Dolutegravir regime had a significant impact on the Viral load suppression rate.

#### Number of Antenatal Care (ANC) Clients Initiated on Life-Long Art:

- Managed to achieve a PMTCT transmission rate of 0.5% around 10 weeks of PCR testing however the birth PCR was a challenge with 0.8 % at the end of March 2022.
- Achieved 138% on ANC clients initiated on ART while 84% of women who are HIV positive were on ART at delivery.
- The analysis of the data will indicate a significant number of positive cases missed due to case management limitations in Sub-Districts. Staffing issues was a main contributor especially in the Cederberg Sub-District.

#### HIV Testing Services:

- Rendered HTS services at all PHC facilities through the provision of transfer payments to Non-Profit Organisations (Professional Nurses x 23, HIV Counsellors X 705, Co-ordinators and Admin Managers).
- HTS Quality Assurance (Rapid Testing Continuous Quality Improvement Initiative (RTCQII)) workshops were conducted with Metro & Rural with assistance from the national coordinator placed in the Province.
- Districts were given training on additional HTS modalities, i.e., HIV self-screening and HIV index case testing.
- HTS services were also negatively impacted by lockdown restrictions – health facilities were mainly seeing sick people but numbers accepting HTS services gradually increased throughout the year.
- The number of tests done at the community level dropped during the lockdown – normally this is about 30% of all tests done in the Province.



	<p>Number of Medical Male Circumcisions Performed:</p> <ul style="list-style-type: none"> <li>Services available at 30 identified sites throughout the Province and routinized at all PHC facilities, meaning that facilities either perform, refer to the appropriate site or do follow up care for circumcised clients.</li> <li>Transitional problems were experienced in Rural Districts when the new tender came into effect. Two new service providers commenced work in May in three rural Districts. The transition to new services providers resulted in a break in services for a short period.</li> <li>Under the guidance of NDoH Provinces have been asked to continue with low volume (50-60) circumcisions per day at dedicated MMC sites (facility/camp). Due to this communication, many Districts suspended services. The suspension of MMC services as an elective procedure during lockdown made it difficult to maintain momentum and even when the suspension was lifted by NDoH, sites that had potential were finding it difficult to gain momentum.</li> <li>Collaborated with NDoH in conducting an external quality assurance exercise throughout the Province.</li> <li>Some Rural Districts experienced serious challenges in getting doctors to render the service – planned MMC camps had to be cancelled due to the non-availability of doctors. Initial agreements with support partners were changed on two occasions due to supply chain and tender issues. The inception of services was thus delayed apart from restrictions in doing the MMC procedures whereby numbers were limited due to COVID-19 restrictions.</li> <li>There was a significant progress in performance by the end of the year despite the above challenges.</li> </ul>
	<p>Community Health Workers Receiving Stipends:</p> <p>Number of NPO funded community health workers is 3 981 in 2021/22.</p>

## Statutory Human Resources, Training & Development Grant

Transferring Department	National Department of Health		
Grant Purpose	Support Provinces to fund service costs associated with clinical teaching and training of health science trainees on the public service platform		
Expected Outputs	Performance indicators	Annual Target	Actual Achievement
	Number of Registrars	144	144
	Number of Medical Specialists	38	38
	Number of Medical Interns	384	384
	Number of Clinical Supervisors: Professional Nurses	412	412
	Number of Clinical Supervisors: Radiographers	53	53
Amount per amended DORA (R'000)	R 795,929		
Amount received (R'000)	R 795,929		
Reasons if amount per DORA was not received	N/A		
Amount spend by the Department (R'000)	R 795,929		



Reasons for under-expenditure	N/A
Reasons for target deviation and measures taken to improve performance	N/A
Monitoring mechanism by the receiving Department	Quarterly reports and Annual reports, as prescribed by the DORA, are submitted to the National Department of Health, the National Treasury and the Provincial Treasury. Financial management of the grant aligns with Public Finance Management Act principles.
Note	<ul style="list-style-type: none"> <li>Target reflected demonstrates the number of staff partially supported by the Human Resources, Training &amp; Development Grant (HPTDG) that are providing clinical training on the service platform. This number reported does not represent all the staff providing grant related activities in the WCGH.</li> <li>The actual outputs reflect the status at the end of the financial year (31 March 2022). The academic year follows a calendar year while the grant follows a financial year cycle. This results in the financial year spanning two enrolment cycles.</li> <li>There was an intake of Medical Interns for the 2022 Annual Cycle during the fourth quarter of the 2021/22 financial year. The placement of Medical Interns is concluded after the submission of the business plan for the subsequent financial year. Therefore, additional funding is required when the National Department of Health requests Provinces to accommodate Medical Interns additional to the annual target of the business plan.</li> <li>All grant supported targets were achieved. The growth in the grant funding has not kept up with inflation or ICS over the last few years which resulted in a significant funding gap. A significant contribution by the equitable share is required to bridge this funding gap.</li> <li>In the management of the Human Resources, Training &amp; Development Grant (HPTDG), the Western Cape complied with the Division of Revenue Act requirements and submitted all the required reports as prescribed.</li> </ul>



## National Tertiary Services Grant

Transferring Department	National Department of Health			
Grant Purpose	<ul style="list-style-type: none"> <li>To ensure provision of tertiary health services for all South African citizens (including documented foreign nationals).</li> <li>To compensate tertiary facilities for the additional costs associated with provision of these services.</li> </ul>			
Expected Outputs	Performance Indicators	Annual Target	Actual Achieved 2020/21	Actual Achieved 2021/22
	Number of approved and funded tertiary services provided by the Western Cape Department of Health	45	45	45
	Day patient separations - Total	13,331	7,829	9,412
	Inpatient days - Total	637,660	1,156,209	1,240,065
	Inpatient separations - Total	99,051	99,842	103,486
	Outpatient first attendances	234,707	152,698	172,931
	Outpatient follow-up attendances - Total	604,823	376,454	481,641
Amount per amended DORA (R'000)	R 3,272,981			
Amount received (R'000)	R 3,272,981			
Reasons if amount per DORA was not received	N/A			
Amount spend by the Department (R'000)	R 3,272,981			
Reasons for under-expenditure	N/A			
Reasons for target deviation and measures taken to improve performance	N/A			
Monitoring mechanism by the receiving Department	N/A			
Note	<ul style="list-style-type: none"> <li>As a schedule 4 grant the service outputs are subsidised by the NTSG, as the grant funding is insufficient to fully compensate for the service outputs. Deviation from targets therefore does not necessarily reflect an underperformance in terms of the grant funding received. Similarly, when service outputs exceed the expected outputs, it does not mean that funding levels are adequate as the levels of support from the equitable share to fund deficits varies.</li> <li>In the management of the NTSG, the Western Cape complied with the Division of Revenue Act requirements and submitted all the required reports as prescribed.</li> <li>The performance achieved is reflective of the COVID-19 waves over the past 2 years. While inpatients performance numbers have increased, due to COVID-19 waves and inter-wave recovery, the outpatient numbers remain below target due to COVID-19 restrictions of access and de-escalation of services.</li> </ul>			



## Health Facility Revitalisation Grant

The funding allocation for infrastructure was mainly provided through the Health Facility Revitalisation Grant, as stipulated in the Division of Revenue Act, Act No. 9 of 2021 and the relevant Grant Framework, with a small portion emanating from the Provincial equitable share.

The strategic goal of the grant is "To enable Provinces to plan, manage and transform health infrastructure in line with national and Provincial policy objectives". In the 2021/22 financial year, the Department continued to use the Health Facility Revitalisation Grant in line with its Healthcare 2030.

Transferring Department	National Department of Health		
Grant Purpose	<ul style="list-style-type: none"> <li>To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance.</li> <li>To enhance capacity to deliver health infrastructure.</li> <li>To accelerate the fulfilment of the requirements of occupational health and safety.</li> </ul>		
Expected Outputs	Performance Indicators	Annual Target	Actual Achievement
	Number of PHC facilities constructed or revitalised <sup>6</sup>	2	0
	Number of hospitals constructed or revitalised <sup>7</sup>	0	0
	Number of facilities maintained, repaired and/or refurbished <sup>8</sup>	63	80
Amount per amended DORA (R'000)	R 714 865		
Amount received (R'000)	R 714 865		
Reasons if amount per DORA was not received	N/A		
Amount spend by the Department (R'000)	R 658 365		
Reasons for under-expenditure	<ul style="list-style-type: none"> <li>Knock-on effect of COVID-19 and the impact it continues to have on the local and international market operations, supply chains, cash flow and workforce continuity,</li> <li>Slow progression and scope amendments to existing projects,</li> <li>Global logistical challenges related to material required by service providers,</li> <li>SCM delays and limitations experienced,</li> <li>Delivery delays of additional Health Technology items and</li> <li>Extended commissioning periods of high value equipment.</li> </ul>		

<sup>6</sup> This figure refers to PHC facilities where projects, categorised as new or replaced infrastructure assets, achieved Practical Completion in the year under review.

<sup>7</sup> This figure refers to hospitals where projects, categorised as new or replaced infrastructure assets, achieved Practical Completion in the year under review.

<sup>8</sup> This figure includes facilities where projects categorised as Renovations, Rehabilitation or Refurbishments were in construction in the year under review plus facilities where expenditure was incurred on Scheduled Maintenance projects in that year.



Reasons for target deviation	<p>Number of PHC facilities constructed or revitalised<sup>1</sup></p> <p>The reasons for Practical Completion not being achieved at the two facilities targeted are:</p> <ul style="list-style-type: none"> <li>▪ Avian Park Clinic – Due to design oversight issues, poor quality of local labour work requiring remedial work and extensions of time and</li> <li>▪ Sandy Point Satellite Clinic – Practical Completion not achieved due to tender process delays related to COVID-19.</li> </ul> <p>Number of facilities maintained, repaired and/or refurbished<sup>3</sup></p> <p>During 2021/22:</p> <ul style="list-style-type: none"> <li>▪ Projects categorised as Renovations, Rehabilitation or Refurbishments were in construction at seven facilities, namely: Nyanga CDC, Groote Schuur, Helderberg, Karl Bremer, Otto du Plessis, Swartland, Tygerberg Hospitals and</li> <li>▪ Expenditure was incurred on Scheduled Maintenance projects at a further 73 facilities.</li> </ul>
Measures taken to improve performance	<p>There is no scientific method to accurately forecast expenditure for capital and scheduled maintenance infrastructure projects. The following measures will continue in 2021/22:</p> <ul style="list-style-type: none"> <li>▪ Implementation of a 20% over commitment of the project list. Due to the fact that unforeseen circumstances impact projects in construction, this buffer will contribute towards ensuring the budget is spent,</li> <li>▪ Use of standard designs to shorten design processes,</li> <li>▪ Continue with the implementation of the Infrastructure Delivery Management System (IDMS) through the Framework for Infrastructure Delivery and Procurement Management (FIDPM) and One IDMS and</li> <li>▪ Reallocation of infrastructure budget to Health Technology and Engineering as soon as the risk of under expenditure is raised.</li> </ul>
Monitoring mechanism by the receiving Department	<p>Monthly infrastructure projects progress review and maintenance management review meetings with Western Cape Government Transport and Public Works (WCGTPW) as the Implementing Agent, project meetings and site meetings. In addition to this, monthly Cash Flow Meetings continue to ensure that cash flows on a project level are monitored. The Implementing Agent also records progress on BizProjects and provides project documents on MyContent. In addition to this, the Department uses the Patient Master Index System or Project Management Information System (also referred to as PPO) to update project information and progress, with some of the information being integrated from BizProjects.</p>

It is important to note that expected output is the project phase as at the beginning of the financial year and the achieved output is the project phase as at the end of the financial year.

Provincial Treasury confirmed that all transfers were deposited into the accredited bank account of the Provincial Treasury. In the management of the Health Facility Revitalisation Grant, the Western Cape complied with the Division of Revenue Act requirements and submitted all the required reports to the National Treasury and the National Department of Health as stipulated.



## EPWP Integrated Grant for Provinces

The strategic goal of the grant is "To provide funding for job creation efforts in specific areas, where labour intensive delivery methods can be optimised".

Transferring Department	National Department of Public Works		
Grant Purpose	<p>To incentivise Provincial Departments to expand work creation efforts using labour intensive delivery methods in the following identified focus areas, in compliance with the Expanded Public Works Programme (EPWP) guidelines:</p> <ul style="list-style-type: none"> <li>• Road maintenance and the maintenance of buildings</li> <li>• Low traffic volume roads and rural roads</li> <li>• Other economic and social infrastructure</li> <li>• Tourism and cultural industries</li> <li>• Sustainable land-based livelihoods</li> <li>• Waste management</li> </ul>		
Expected Outputs	Performance indicators	Annual target	Actual achievement
	Number of people employed and receiving income through the EPWP	46	33
	Increased average duration of the work opportunities created	Average duration of 1 year (with option to extend for an additional year)	12 months
	Number of full-time equivalents (FTEs) to be created through the grant	13	10
Amount per amended DORA (R'000)	R 2 041		
Amount received (R'000)	R 2 041		
Reasons if amount per DORA was not received	N/A		
Amount spend by the Department (R'000)	R 2 041		
Reasons for under-expenditure	N/A		
Reasons for target deviation and measures taken to improve performance	<p>Although 47 people were appointed at the beginning of the financial year, there were some shifts in these positions during the financial year. The reduction at the end of the financial year is due to 4 people appointed in permanent positions and 10 resignations (to accept positions in private sector). People are appointed for the financial year. Attempts were made to fill vacant posts during the year but this was not successful.</p>		
Monitoring mechanism by the receiving Department	<p>Projects are monitored at various levels:</p> <p>One project manager (not EPWP appointment) and two supervisors (EPWP appointees) oversee projects.</p> <p>Written feedback received from facilities.</p> <p>Attendance registers maintained daily.</p> <p>Weekly and monthly progress reports submitted by Team Leaders.</p> <p>Reporting on EPWP Reporting System (EPWPRS) on all activities e.g., attendance, training.</p>		



No administration costs were incurred by the Department with respect to the EPWP Integrated Grant for Provinces. Provincial Treasury confirmed that all transfers were deposited into the accredited bank account of the Provincial Treasury. In the management of the EPWP Integrated Grant for Provinces, the Department complied with the Division of Revenue Act requirements and submitted all the required reports as prescribed.

### National Health Insurance Grant

Transferring Department	National Department of Health		
Grant Purpose	To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers.		
Expected Outputs	Performance Indicators	Annual Target	Actual Achievement
	Health Professionals appointed for number of sessions per week	899	Ranged monthly between 782 and 1 018 sessions. Average: 850.5
	Number of patients treated within Comprehensive Package of care per session	3	2.65
Amount per amended DORA (R'000)	R 17 779 000		
Amount received (R'000)	R 17 779 000		
Reasons if amount per DORA was not received	NA		
Amount spend by the Department (R'000)	R 17 779 000 (Select Health Professional sessions was journalised for an amount of R1,138,982.34, as savings occurred during the year because certain Health Professional sessions could not be filled)		
Reasons for under-expenditure	NA		
Reasons for target deviation and measures taken to improve performance	Not all the Health Professional sessions were filled, especially for Dentists and Dental Assistants: Re-advertised Health Professional sessions where needed		
	Less patients at PHC facilities due to COVID -19 lockdown, especially for Dental services: Returned to normal PHC services (including dental service provision) as COVID-19 lockdown was phased out		
Monitoring mechanism by the receiving Department	Monthly Financial Reports, Quarterly Progress Reports and Annual Performance Evaluation Report		



## Social Sector EPWP Incentive Grant for Provinces

Transferring Department	Western Cape Government Treasury		
Grant Purpose	To incentivise Provincial Social Sector Departments to increase job creation by focusing on the strengthening and expansion of social sector Programmes that have employment potential.		
Expected Outputs	Performance Indicators	Annual Target	Actual Achievement
	Number of Emergency Care Officers receiving stipends	105	105
	Number of Forensic Pathology Assistants receiving stipends	100	100
Amount per amended DORA (R'000)	R 10 122		
Amount received (R'000)	R 10 122		
Reasons if amount per DORA was not received	N/A		
Amount spend by the Department (R'000)	R 10 122		
Reasons for under-expenditure	N/A		
Reasons for target deviation and measures taken to improve performance	N/A		
Monitoring mechanism by the receiving Department	N/A		



## COVID-19 Grant

Transferring Department	National Department of Health	
Grant Purpose	To enable the health sector to develop and implement an effective response to the COVID-19	
Expected Outputs	Performance Indicators	Actual Achievement
	Number of Medical masks N95 (units) procured	Not in DORA
	Number of Surgical masks (units) procured	Not in DORA
	Number of Goggles/Face-Shields/Visors (units) procured	Not in DORA
	Number of Sanitizer (litres) procured	Not in DORA
	Number of new ventilators procured and installed	Not in DORA
	Number of new low care beds purchased and equipped for isolation	Not in DORA
	Number of new standard care hospital beds purchased and equipped	Not in DORA
	Number of new critical care beds purchased and equipped	Not in DORA
	Number of field (semi-permanent) hospitals erected	16
	Number of healthcare workers funded through the grant broken down by category	TOTAL: 357 Professional Nurses: 119 Staff Nurse: 95 Nursing comm serve: 2 Pharmacists: 9 Pharmacist Assistants: 8 Data Capturers: 54 Admin Support Clerk: 70
	Number of hospital admissions of COVID-19 patients in standard care	24 226
	Number of hospital admissions of COVID-19 patients in critical care	1 330
	Number of quarantine beds activated	Not in DORA
	Number of admissions into quarantine sites	Not in DORA
	Number of persons screened for COVID-19 by field workers	Not in DORA
	Number of COVID-19 tests conducted	714 343
	Number of confirmed COVID-19 cases	169 228
	Inpatient Case Fatality Ratio	23.9%
	Inpatient Case Recovery Ratio	76.1%
Amount per amended DORA (R'000)	R156 690	
Amount received (R'000)	R156 690	
Reasons if amount per DORA was not received	N/A	



Amount spend by the Department (R'000)	R156 690
Reasons for under-expenditure	N/A
Reasons for target deviation and measures taken to improve performance	N/A
Monitoring mechanism by the receiving Department	Submission of Monthly In-Year Monitoring (IYM) and Finance Variance Reports as well as Quarterly Reports to various spheres of government including NDoH in terms of section 11(4)(b) and section 12(2)(c) in respect of schedule 4, 5, or 7 allocations of DoRA. The 2020/21 financial year will be the first year an Annual Evaluation Report will be submitted to various spheres of government including NDoH as the grant came into effect in the 2020/21 financial year.
Note	COVID-19 Grant is new and most of the data required for the outputs is not readily available at the moment. Information has been requested.



## 2.7 Donor Funds

Public Service Improvement Fund – WCGH: Patient Master Index Integration with the National Health Patient Register System (HPRS)

Name of Donor	EU-Primcare SPS
Full amount of the fund	R 369 360
Period of the commitment	Once off commitment from April 2017
Purpose of the fund	<ul style="list-style-type: none"> <li>The National Department of Health in conjunction with the Council for Scientific &amp; Industrial Research (CSIR) have developed a National Health Patient Registration System. The purpose of this system is to be able to store and track patients across all the Provinces. The benefit of this is that patients will only need to be registered once, even if they cross Provincial boundaries. A patient will therefore consistently be identified regardless of the Province at which they present.</li> <li>The WCGH is the only Province in the country that has developed and implemented a Patient Master Index (PMI) that spans all hospitals, many of the Provincial clinics and local government clinics. As a result, the National Department of Health has requested this Province to enhance the CLINICOM Patient Administration System to enable the integration with the National Health Patient Registration System.</li> </ul>
Expected Outputs	Development of an interface between the CLINICOM Patient Master Index (PMI) used in the Western Cape and the Health Patient Registration System.
Actual Achievement	<p>The development is ongoing after an official order has been generated and issued to Health System Technologies (HST). HST has managed to conclude the phase 1 milestone namely establishing a direct data feed of the PMI records to HPRS.</p> <p>Phase 2 will focus on a bi-directional data feed from HPRS to update the WCGH: PMI with the unique HPRS number.</p>
Amount received in current period (R'000)	R 0
Amount spent by the Department (R'000)	R 139
Reasons for under-expenditure	<p>There was initially a delay in obtaining a signed copy of the Non-Disclosure Agreement (NDA). The next challenge relates to the development effort and the associated time. Monies not spent have been rolled over to the next period.</p> <p>The COVID-19 pandemic has been disruptive resulting in the unavailability of key technical resources at the National Department of Health who were more focussed on the development/maintenance and support of the Electronic Vaccination Data System (EVDS).</p>
Monitoring mechanisms by the donor	Via the office of Chief Director, Milani Wolmarans
Funds received in cash or in kind?	Cash
Name of Donor	USAID - G2G DONOR FUNDS
Full amount of the fund	R 151 480 000 (\$ 10 million)
Period of the commitment	1 August 2021 - 31 July 2026



Purpose of the fund	<p>Overall Objective:</p> <p>Implementation of the G2G Programmes in the Western Cape Department of Health that support the identification, initiation and retention of patients on HIV, TB and COVID-19 treatment and prevention in ways that integrate with the Western Cape's community-orientated primary care program.</p> <p>Specific Objectives:</p> <ul style="list-style-type: none"> <li>• Strengthening health service delivery and implementing an efficient and well-coordinated response to infectious conditions such as HIV/AIDS, TB and COVID-19 in the Western Cape Province,</li> <li>• Meaningfully addressing barriers confronting client and health worker behaviours to promote long lasting Health outcomes and sustainable health care systems and</li> <li>• Operationalizing innovative public health best practices that are based on community-oriented care, draws from market-based solutions and holistically addresses the social determinants of health.</li> </ul>
Expected Outputs	The Programme Outcome is the uptake, adoption or use of outputs by the project beneficiaries
Actual Achievement	<p>To complete the Milestones as listed in G2G workplan:</p> <p>Milestone 1: Develop 14-month Work Plan</p> <p>Milestone 2: Proof of implementing G2G cross-level initiative to promote the program priorities</p> <p>Milestone 3: Integration of HIV and TB case finding, back-to-care and screening services as part of innovation in vaccine delivery</p> <p>Milestone 4: Adoption of differentiated models of care program</p> <p>Milestone 5: Implementation of a telehealth program to reach patients outside of facilities with services</p> <p>Milestone 6: Semi-Annual Performance Report</p> <p>Milestone 7: 14-month Performance Report</p>
Amount received in current period (R'000)	R 379 for Milestone 1
Amount spent by the Department (R'000)	R 5 389
Reasons for under expenditure	<p>Over-expenditure:</p> <p>Delay in transfer of funds from National Treasury</p>
Monitoring mechanisms by the donor	Via the office of Chief Directorate ECSS: Directorate Service Priority Coordination
Funds received in cash or in kind?	Cash



## 2.8 Capital Investments

### Progress made on implementing capital investment

Expenditure on capital investment during 2021/22 was 81%. Attempts to improve the delivery of capital infrastructure projects and health technology projects, which are key to increasing expenditure, therefore continue. Factors that still hamper infrastructure delivery and which are being addressed include: the knock-on effect of COVID-19 and the impact it continues to have on the local and international market operations, supply chains, cash flow and workforce continuity and slow progression and scope amendments to existing projects.

Health Technology achieved a planned over-expenditure to mitigate the expected Programme under expenditure.

The table below reflects the capital expenditure versus the appropriation for 2020/21 and 2021/22. In comparing the two financial years, expenditure decreased in 2021/22. Under expenditure for 2020/21 was below 2%, whilst it was at 12% for 2021/22.

*Capital Expenditure versus the appropriation for 2020/21 and 2021/22*

Project category	2021/22			2020/21		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
New and Replacement Assets	81 067	70 236	10 831	94 604	81 937	12 667
Existing Infrastructure Assets	573 364	460 073	113 291	629 054	555 273	73 781
Upgrades and Additions	41 897	48 912	-7 015	123 522	108 560	14 962
Rehabilitation, Renovations and Refurbishments	91 646	96 313	-4 667	149 263	148 335	928
Maintenance and Repairs	439 821	314 848	124 973	356 269	298 378	57 891
Infrastructure Transfer Capital	-	-	-	10 000	10 000	-
Non-Infrastructure	431 044	428 412	2 632	383 248	451 678	(68 430)
<b>TOTAL</b>	<b>1 085 475</b>	<b>958 721</b>	<b>126 754</b>	<b>1 116 906</b>	<b>1 098 889</b>	<b>18 017</b>



## Infrastructure projects completed in 2021/22 compared to target

The table below reflects the capital infrastructure projects that were planned to achieve completion in 2021/22 and reasons for deviations.

*Capital infrastructure projects that were planned to achieve completion in 2021/22 and reasons for deviations.*

Projects scheduled for Practical Completion in 2021/22	Practical Completion (or equivalent) Achieved / Not Achieved in 2021/22	Comments / Reasons for Deviations
Belhar - Tygerberg Regional Hospital - Fencing to secure new site	No	Alternative procurement was considered which resulted in SCM delays and limitations being experienced.
Bellville - Bellville Engineering Workshop - New Store	No	Alternative procurement was considered which resulted in SCM delays and limitations being experienced.
Bellville - Karl Bremer Hospital - Nurses Home Repairs and Renovations Ph2	No	Project delayed due to flooring and additional fire requirements.
Bredasdorp - Otto du Plessis Hospital - Acute Psychiatric Ward	Yes	Practical Completion was achieved on 2 June 2021.
Ceres - Ceres Hospital - New Acute Psychiatric Ward	No	Project delays related to COVID-19.
De Doorns - De Doorns Ambulance Station – Replacement	Yes	Practical Completion was achieved on 21 June 2021.
Gansbaai - Gansbaai Clinic - Upgrade and Additions (Alpha)	No	Delays due to professional service provider performance. Construction delays, with extension of time requests are under review.
Hanover Park - Hanover Park CHC - Demolitions	No	Local community engagement delayed due to the inability to meet with all stakeholders. Local municipality approval delayed due to consolidation finalisation.
Laingsburg - Laingsburg Clinic - Upgrade and Additions	Yes	Practical Completion was achieved on 11 April 2021.
Nyanga - Nyanga CDC - Pharmacy Compliance and General Maintenance	No	Expansion of scope due to additional repairs to the roof as a result of the condition of the roof.
Observatory - Groote Schuur Hospital - BMS Upgrade	No	Construction delays.
Observatory - Observatory FPL - Replacement	Yes	Practical Completion was achieved on 18 June 2021.
Paarl - Paarl CDC - Enabling work including fencing to secure new site	No	Tender delays.
Parow - Tygerberg Hospital - 11kV Generators Replacement	No	Project was delayed due to long lead times for materials, import of equipment and coordination with other projects.
St Helena Bay - Sandy Point Satellite Clinic – Replacement	No	Practical Completion was not achieved due to tender process delays related to COVID-19.
Worcester - Avian Park Clinic – New	No	Project was delayed due to design oversight issues, poor quality of local labour work requiring remedial work,- and extensions of time.
Wynberg - Victoria Hospital - New EC	Yes	Practical Completion was achieved on 14 July 2021.



## Current Infrastructure Projects

The table below lists the capital infrastructure projects per Sub-Programme that are currently in progress (including projects in planning, design and construction) and the expected date of Practical Completion. The start date is the date when the strategic brief was issued and the finish date is the estimated Practical Completion (or equivalent) date.

*Performance Measures for Capital Infrastructure Programme per Sub-Programme*

Performance Measures for Capital Infrastructure Programme per Sub-Programme					
No.	District	SP	Project	Start	Finish
1	Cape Winelands	8.1	CI810032: Gouda - Gouda Clinic - Replacement	01-Mar-17	30-Apr-23
2	Cape Winelands	8.1	CI810074: Paarl - Paarl CDC - New	28-Feb-17	28-Feb-25
3	Cape Winelands	8.1	CI810101: Worcester - Avian Park Clinic - New	01-Jul-15	31-Mar-22
4	Cape Winelands	8.1	CI810314: Ceres - Ceres Clinic - Acquisition of building	01-Feb-22	20-Mar-23
5	Cape Winelands	8.1	CI810013: De Doorns - De Doorns CDC - Upgrade and Additions	09-Apr-14	30-Nov-23
6	Cape Winelands	8.1	CI810074-0001: Paarl - Paarl CDC - Enabling work including fencing to secure new site	28-Feb-17	30-Nov-22
7	Cape Winelands	8.1	CI810162: Paarl - Windmeul Clinic - Upgrade and Additions (Alpha)	01-Jun-16	31-Aug-23
8	Cape Winelands	8.2	CI820002: De Doorns - De Doorns Ambulance Station - Replacement	01-Sep-14	21-Jun-21
9	Cape Winelands	8.3	CI830044: Robertson - Robertson Hospital - Acute Psychiatric Ward and New EC	02-Oct-18	31-Mar-25
10	Cape Winelands	8.3	CI830114: Ceres - Ceres Hospital - New Acute Psychiatric Ward	01-Jun-16	30-Nov-22
11	Cape Winelands	8.3	CI830034: Montagu - Montagu Hospital - Rehabilitation	01-Mar-19	31-Mar-27
12	Cape Winelands	8.3	CI830120 : Ceres - Ceres Hospital - Hospital and Nurses Home Repairs and Renovation	28-Feb-18	31-Dec-24
13	Cape Winelands	8.3	CI830122: Stellenbosch - Stellenbosch Hospital - Hospital and Stores Repairs and Renovation	26-Oct-17	31-Dec-23
14	Cape Winelands	8.4	CI840089: Paarl - Paarl Hospital - New Obstetric Theatre in Maternity Unit	04-Nov-19	31-May-23
15	Cape Winelands	8.4	CI840053: Worcester - Worcester Hospital - Fire Compliance	01-Apr-15	30-Apr-23
16	Cape Winelands	8.4	CI840061: Worcester - Worcester Hospital - Relocation of MOU	14-Feb-18	30-Jun-23
17	Cape Winelands	8.6	CI860025: Worcester - WCCN Boland Overberg Campus - Training Facility at Keerom	01-Apr-12	31-Jan-27
18	Central Karoo	8.2	CI820011: Laingsburg - Laingsburg Ambulance Station - Upgrade and Additions (Alpha)	15-Jul-19	31-Dec-22
19	Central Karoo	8.2	CI820042: Murraysburg - Murraysburg Ambulance Station - Upgrade and Additions including wash bay	01-Sep-19	31-Oct-22
20	Central Karoo	8.3	CI830002: Beaufort West - Beaufort West Hospital - Rationalisation	09-Oct-18	31-Jul-27
21	Central Karoo	8.6	CI860003: Beaufort West - Beaufort West FPL - Replacement	01-Apr-09	31-Mar-12
22	Central Karoo	8.6	CI860051: Nelspoort - Nelspoort Hospital - Repairs to Wards	22-Aug-17	31-Oct-21
23	City of Cape Town	8.1	CI810016: Delft - Symphony Way CDC - New	26-Jan-11	06-Jul-15
24	City of Cape Town	8.1	CI810021 : Elsie River - Elsie River CHC - Replacement	25-May-16	31-Jul-28



Performance Measures for Capital Infrastructure Programme per Sub-Programme					
No.	District	SP	Project	Start	Finish
25	City of Cape Town	8.1	CI810038 : Hanover Park - Hanover Park CHC - Replacement	30-Jun-16	31-Dec-26
26	City of Cape Town	8.1	CI810055 : Maitland - Maitland CDC - Replacement	13-Dec-17	31-Jul-26
27	City of Cape Town	8.1	CI810062 : Philippi - Weltevreden CDC - New	30-Nov-17	31-May-25
28	City of Cape Town	8.1	CI810080 : Parow - Ravensmead CDC - Replacement	01-Aug-15	31-Dec-24
29	City of Cape Town	8.1	CI810021-0001 : Elsies River - Elsies River CHC - Enabling work including fencing	01-Feb-22	31-Mar-27
30	City of Cape Town	8.1	CI810048 : Bothasig - Bothasig CDC - Upgrade and Additions	26-Apr-17	30-Sep-23
31	City of Cape Town	8.1	CI810055-0001 : Maitland - Maitland CDC - Fencing to secure new site	01-Feb-22	31-Mar-26
32	City of Cape Town	8.1	CI810060-0001 : Mfuleni - Mfuleni CDC - Fencing to secure new site	14-Apr-22	31-Mar-26
33	City of Cape Town	8.1	CI810071-0001 : Lotus River - Lotus River CDC - Fencing to secure new site	14-Apr-22	31-Aug-28
34	City of Cape Town	8.1	CI810146-0001 : Gugulethu - Gugulethu 2 CDC - Fencing to secure new site	15-Apr-22	31-Mar-27
35	City of Cape Town	8.1	CI810279 : Hanover Park - Hanover Park CHC - Demolitions	30-Jun-16	31-Jan-23
36	City of Cape Town	8.1	CI810161 : Nyanga - Nyanga CDC - Pharmacy Compliance and General Maintenance	01-Jun-16	31-Mar-22
37	City of Cape Town	8.1	CI810240 : Khayelitsha - Nolungile CDC - Rehabilitation (Alpha)	01-Mar-21	31-Dec-24
38	City of Cape Town	8.1	CI810248 : Green Point - Green Point CDC - Pharmacy refurbishment and general maintenance	21-Dec-18	31-Oct-25
39	City of Cape Town	8.2	CI820057 : Maitland - EMS Head Office (Repl) - Replacement	01-Mar-22	31-Mar-23
40	City of Cape Town	8.3	CI830031 : Mitchells Plain - Mitchells Plain Hospital - New	01-Apr-05	18-Feb-13
41	City of Cape Town	8.3	CI830015 : Eerste River - Eerste River Hospital - Acute Psychiatric Unit	23-Feb-15	28-Feb-25
42	City of Cape Town	8.3	CI830021 : Khayelitsha - Khayelitsha Hospital - Acute Psychiatric Unit	23-Feb-15	28-Feb-25
43	City of Cape Town	8.3	CI830032 : Mitchells Plain - Mitchells Plain Hospital - Acute Psychiatric Unit	01-Mar-13	30-Sep-14
44	City of Cape Town	8.3	CI830052 : Wynberg - Victoria Hospital - New EC	01-Apr-12	31-Jul-21
45	City of Cape Town	8.3	CI830131 : Atlantis - Wesfleur Hospital - Record Room extension	24-Dec-18	30-Jun-24
46	City of Cape Town	8.3	CI830142 : Eerste River - Eerste River Hospital - Upgrade of Linen Bank and Waste Management Area	14-Oct-19	31-May-24
47	City of Cape Town	8.3	CI830045 : Somerset West - Helderberg Hospital - EC Upgrade and Additions	01-Apr-13	15-Mar-21
48	City of Cape Town	8.3	CI830119 : Bellville - Karl Bremer Hospital - Hospital Repairs and Renovation	19-Dec-17	31-Mar-27
49	City of Cape Town	8.3	CI830121 : Somerset West - Helderberg Hospital - Repairs and Renovation (Alpha)	30-Nov-17	30-Sep-24



## Performance Measures for Capital Infrastructure Programme per Sub-Programme

No.	District	SP	Project	Start	Finish
50	City of Cape Town	8.3	CI830124 : Fish Hoek - False Bay Hospital - Fire Compliance Completion and changes to internal spaces	24-Dec-18	31-Jan-25
51	City of Cape Town	8.3	CI830127 : Bellville - Karl Bremer Hospital - Demolitions and parking	19-Dec-17	30-Jun-25
52	City of Cape Town	8.3	CI830144 : Mitchells Plain - Mitchells Plain Hospital - Fire doors	13-Aug-19	30-Apr-23
53	City of Cape Town	8.4	CI840016 : Observatory - Valkenberg Hospital - Forensic Precinct Enabling Work	01-Apr-10	31-May-25
54	City of Cape Town	8.4	CI840055 : Manenberg - Klipfontein Regional Hospital - Replacement Ph1	03-Dec-18	28-Feb-31
55	City of Cape Town	8.4	CI840010 : Green Point - New Somerset Hospital - Acute Psychiatric Unit	23-Feb-15	31-Jul-24
56	City of Cape Town	8.4	CI840019 : Observatory - Valkenberg Hospital - Forensic Precinct - Admission, Assessment, High Security	13-Aug-09	31-Jan-28
57	City of Cape Town	8.4	CI840008 : Green Point - New Somerset Hospital - Upgrading of theatres and ventilation	22-May-15	31-Oct-24
58	City of Cape Town	8.4	CI840022 : Observatory - Valkenberg Hospital - Renovations to Historical Admin Building Ph2	13-Aug-09	29-May-17
59	City of Cape Town	8.4	CI840067 : Maitland - Alexandra Hospital - Repairs and Renovation (Alpha)	18-Mar-18	30-Dec-26
60	City of Cape Town	8.4	CI840070 : Maitland - Alexandra Hospital - Wards renovations to enable Valkenberg Hospital Forensic Precinct decanting	01-Mar-18	31-Aug-24
61	City of Cape Town	8.4	HCI840007 : Brooklyn - Brooklyn Chest Hospital - Rehabilitation (Alpha)	31-Mar-23	29-Feb-28
62	City of Cape Town	8.5	HCI850002 : Parow - Tygerberg Hospital - Replacement (PPP)	01-Apr-12	30-Jun-30
63	City of Cape Town	8.5	CI850075 : Parow - Tygerberg Hospital - Balance of 11kV (MV), 400V (LV) network upgrade , including earthing, lightning protection	29-Mar-19	31-Mar-26
64	City of Cape Town	8.5	CI850079 : Parow - Tygerberg Hospital - Consolidated Security Control Centre	12-Dec-19	31-Jul-25
65	City of Cape Town	8.5	CI850088-0001 : Parow - Tygerberg Hospital - Perimeter security upgrade - Southern boundary	15-Apr-19	31-Mar-24
66	City of Cape Town	8.5	CI850092 : Parow - Tygerberg Hospital - Repurposing of Bank and Post Office Building	13-Nov-20	30-Sep-24
67	City of Cape Town	8.5	CI850102 : Parow - Tygerberg Hospital - 11kV Generators Replacement	18-Dec-19	30-Apr-22
68	City of Cape Town	8.5	CI850116 : Observatory - Groote Schuur Hospital - NMB lift upgrade H1 and Hoist	30-Sep-21	31-May-27
69	City of Cape Town	8.5	CI850117 : Observatory - Groote Schuur Hospital - NMB lift upgrade H2 and H3	30-Sep-21	31-May-27
70	City of Cape Town	8.5	CI850118 : Observatory - Groote Schuur Hospital - OMB SL16 and SL19, New Workshop lift upgrade and Hoist	30-Sep-21	31-May-27
71	City of Cape Town	8.5	CI850005 : Observatory - Groote Schuur Hospital - EC Upgrade and Additions	03-Jul-10	31-Mar-27
72	City of Cape Town	8.5	CI850047 : Parow - Tygerberg Hospital - 11kV Generator Panel Upgrade	01-Oct-16	21-Jun-21
73	City of Cape Town	8.5	CI850048 : Parow - Tygerberg Hospital - Medical Gas Upgrade	02-May-17	30-Nov-25
74	City of Cape Town	8.5	CI850052 : Parow - Tygerberg Hospital - 11kV Main Substation Upgrade	01-Oct-16	21-Jun-21



Performance Measures for Capital Infrastructure Programme per Sub-Programme					
No.	District	SP	Project	Start	Finish
75	City of Cape Town	8.5	CI850054 : Observatory - Groote Schuur Hospital - BMS Upgrade	01-Jun-16	30-Sep-21
76	City of Cape Town	8.5	CI850056 : Observatory - Groote Schuur Hospital - R and R to OPD (Alpha)	09-Feb-21	31-Jul-27
77	City of Cape Town	8.5	CI850074 : Parow - Tygerberg Hospital - Hot water system upgrade	28-Feb-19	31-Dec-24
78	City of Cape Town	8.5	CI850078-0001 : Parow - Tygerberg Hospital - Rehabilitation of various wards (Alpha) - Block A	02-Jun-19	30-Apr-31
79	City of Cape Town	8.5	CI850078-0002 : Parow - Tygerberg Hospital - Rehab of various wards - Block C Adult EC and Trauma	30-Nov-21	31-Dec-27
80	City of Cape Town	8.5	CI850078-0007 : Parow - Tygerberg Hospital - Rehab of various wards - Block A (LG) Psychiatry OPD	02-Jun-19	31-May-24
81	City of Cape Town	8.5	CI850081-0002 : Parow - Tygerberg Hospital - Enabling work ward decanting (exist building) - Minor work various ward	05-Jun-19	31-Dec-25
82	City of Cape Town	8.5	CI850082-0003 : Parow - Tygerberg Hospital - External and Internal Logistics - Signage	14-May-19	29-Feb-24
83	City of Cape Town	8.5	CI850083 : Parow - Tygerberg Hospital - Fire Safety	15-Apr-19	30-Jun-28
84	City of Cape Town	8.5	CI850083-0001 : Parow - Tygerberg Hospital - Fire Safety - South-eastern Block including mechanical work	15-Apr-19	01-Mar-25
85	City of Cape Town	8.5	CI850103 : Observatory - Groote Schuur Hospital - Ventilation and AC refurb including mech installation (Alpha)	25-Jul-17	30-Jun-28
86	City of Cape Town	8.5	CI850104 : Observatory - Groote Schuur Hospital - Ventilation and AC refurb including mech installation (Beta)	25-Jul-17	28-Feb-27
87	City of Cape Town	8.5	CI850111 : Observatory - Groote Schuur Hospital - Emergency stabilisation work to Creche	25-Mar-21	30-Nov-22
88	City of Cape Town	8.5	HCI850013 : Parow - Tygerberg Hospital - Repair and remedial works to Theatres Block C	30-Apr-22	31-Mar-24
89	City of Cape Town	8.6	CI860012 : Observatory - Observatory FPL - Replacement	12-Sep-14	04-Jun-21
90	City of Cape Town	8.6	CI860094 : Observatory - Observatory FPL - Completion Works	18-Nov-21	30-Jun-22
91	City of Cape Town	8.6	HCI860001 : Parow - Cape Medical Depot - Replacement	21-Sep-18	31-Mar-22
92	City of Cape Town	8.6	CI860010 : Mitchells Plain - Lentegeur Laundry - Upgrade	01-Apr-05	20-Jun-13
93	City of Cape Town	8.6	CI860016 : Thornton - Orthotic and Prosthetic Centre - Upgrade	17-Dec-14	31-Mar-24
94	City of Cape Town	8.6	CI860057 : Mitchells Plain - Lentegeur Laundry - Upgrade and Additions to Dirty Linen Area	15-Oct-19	31-Jan-24
95	Garden Route	8.1	CI810052 : Ladismith - Ladismith Clinic - Replacement	16-Mar-17	28-Feb-23
96	Garden Route	8.1	CI810068 : Mossel Bay - George Road Sat Clinic - Replacement	15-Feb-21	30-Jun-23
97	Garden Route	8.1	HCI810004 : Knysna - Hornlee Clinic - Replacement	27-Sep-21	31-Dec-23
98	Garden Route	8.1	CI810307 : Calitzdorp - Calitzdorp Clinic - R, R and R (Alpha)	30-Jul-18	30-Apr-23
99	Garden Route	8.1	CI810308 : Zoar - Amalienstein Clinic - R, R and R (Alpha)	30-Jul-18	28-Apr-23
100	Garden Route	8.3	CI830067 : Mossel Bay - Mossel Bay Hospital - Entrance, Admissions and EC	15-Oct-18	30-Jun-25



## Performance Measures for Capital Infrastructure Programme per Sub-Programme

No.	District	SP	Project	Start	Finish
101	Garden Route	8.3	CI830176 : Ladismith - Ladismith (Alan Blyth) Hospital - R, R and R (Beta)	30-Jul-18	30-Dec-23
102	Garden Route	8.4	CI840083 : George - George Hospital - Wards R, R and R (Alpha)	10-Jul-19	31-Mar-26
103	Garden Route	8.6	CI860007 : Knysna - Knysna FPL - Replacement	01-Nov-14	31-Mar-23
104	Overberg	8.1	CI810095 : Villiersdorp - Villiersdorp Clinic - Replacement	30-Jun-17	31-Dec-22
105	Overberg	8.1	CI810022 : Gansbaai - Gansbaai Clinic - Upgrade and Additions (Alpha)	31-Jul-14	31-Mar-22
106	Overberg	8.1	CI810271 : Grabouw - Grabouw CHC - Entrance and Records upgrade	30-Aug-19	30-Jun-24
107	Overberg	8.2	CI820027 : Villiersdorp - Villiersdorp Ambulance Station - Replacement	26-Jun-17	30-Sep-23
108	Overberg	8.3	CI830115 : Hermanus - Hermanus Hospital - New Acute Psychiatric Ward	01-Jun-16	25-Aug-21
109	Overberg	8.3	CI830117 : Swellendam - Swellendam Hospital - Acute Psychiatric Ward	01-Jun-16	30-Apr-23
110	Overberg	8.3	CI830118 : Bredasdorp - Otto du Plessis Hospital - Acute Psychiatric Ward	30-Apr-16	02-Jun-21
111	Overberg	8.3	CI830123 : Caledon - Caledon Hospital - Acute Psychiatric Unit and R & R	03-Jul-17	30-Jun-23
112	Various	8.1	CI810130 : Various Facilities 8.1 - HT - Pharmacies rehabilitation	30-Jun-15	30-Sep-24
113	Various	8.3	CI830145 : Various Facilities 8.3 - Fencing	02-May-19	28-Feb-23
114	Various	8.3	CI830073 : Various Pharmacies upgrade 8.3	30-Jun-15	30-Sep-24
115	Various	8.4	CI840086 : Various Facilities 8.4 - Fencing	02-May-19	31-Oct-24
116	West Coast	8.1	CI810086 : Saldanha - Diazville Clinic - Replacement	21-Nov-17	31-Mar-27
117	West Coast	8.1	CI810088 : St Helena Bay - Sandy Point Satellite Clinic - Replacement	05-May-15	30-Sep-22
118	West Coast	8.1	CI810096 : Vredenburg - Vredenburg CDC - New	30-Nov-17	31-Jul-26
119	West Coast	8.2	CI820033 : Darling - Darling Ambulance Station - Upgrade and Additions including wash bay	01-Jun-16	28-Feb-23
120	West Coast	8.3	CI830080 : Vredenburg - Vredenburg Hospital - Upgrade Ph2B Completion	31-Mar-15	23-May-19
121	West Coast	8.3	CI830116 : Piketberg - Radie Kotze Hospital - Hospital layout improvement	01-Jun-16	31-May-24



## Facilities that were Closed or Downgraded in 2021/22

No facility was permanently closed or downgraded in 2021/22.

## Current State of Capital Assets

As stipulated in the Government Immovable Asset Management Act, the Department annually prepares a User Asset Management Plan. According to the department's 2022/23 User Asset Management Plan, the current state of the department's capital assets is as below.

### Current condition of State-owned facilities

Current Condition of State-owned Facilities		
Condition Status	Number of Facilities	Percentage
C5	18	5%
C4	120	33%
C3	192	54%
C2	24	7%
C1	3	1%

Condition ratings are determined based on the condition rating index below.

### Condition rating of State-owned facilities

Current Condition of State-owned Facilities		
Condition Status	General Description	Rating
Excellent	The appearance of building/accommodation is brand new. No apparent defects. No risk to service delivery.	C5
Good	The building is in good condition. It exhibits superficial wear and tear, with minor defects and minor signs of deterioration to surface finishes. Slight risk to service delivery. Low cost implication.	C4
Fair	The condition of building is average, deteriorated surfaces require attention, services are functional, but require attention. Backlog of maintenance work exists. Medium cost implications.	C3
Poor	The general appearance is poor, building has deteriorated badly. Significant number of major defects exists. Major disruptions to services are possible, high probability of health risk. High cost to repair.	C2
Very Poor	The accommodation has failed, is not operational and is unfit for occupancy.	C1



## Maintenance

### Progress made on the maintenance of infrastructure

The table below provides a summary of the budget and expenditure, per maintenance category, for 2021/22.

*Summary of the budget and expenditure, per maintenance category 2021/22.*

Maintenance Per Category	2021/22		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
<b>Maintenance – Day-to-Day</b>			
Health Facilities Revitalisation Grant	50,096	-	50,096
PES: Infrastructure	42,378	35,739	6,639
PES: Tygerberg	15,379	21,801	-6,422
<b>Maintenance – Day-to-Day (Management Contract)</b>			
PES: Infrastructure	4,000	2,600	1,400
PES: Tygerberg	39,000	44,233	-5,233
<b>Maintenance – Emergency</b>			
PES: Infrastructure	39,519	16,356	23,163
PES: Tygerberg	2,001	1,456	545
<b>Maintenance – Routine</b>			
PES: Infrastructure	48,358	26,848	21,510
PES: Tygerberg	18,975	2,280	16,695
<b>Maintenance – Scheduled</b>			
Health Facility Revitalisation Grant	77,548	71,964	5,584
PES: Infrastructure	17,518	8,385	9,133
PES: Tygerberg	85,049	83,185	1,864
<b>Total</b>	<b>439,821</b>	<b>314,848</b>	<b>124,973</b>

### Scheduled Maintenance projects completed in 2021/22

The following Scheduled Maintenance projects achieved Practical Completion in 2021/22:

- Beaufort West - Kwamandlenkosi Clinic - General upgrade and maintenance (Alpha),
- Bellville - Karl Bremer Hospital - Fire compliance - Diesel storage tanks,
- Bellville - Stikland Hospital - Fire compliance - Diesel storage tanks,
- Bredasdorp - Elim Satellite Clinic - General upgrade and maintenance (Alpha),
- Brooklyn - Brooklyn Chest Hospital - Fire compliance - Diesel storage tanks,
- Eerste River - Eerste River Hospital - Fire compliance - Diesel storage tanks,
- Genadendal - Genadendal Clinic - General upgrade and maintenance (Alpha),
- Hermanus - Hermanus Hospital - Electrical compliance,



- Khayelitsha - Michael Mapongwana CDC - General maintenance (Alpha),
- Knysna - Knysna Hospital - Lift upgrade (Alpha),
- Maitland - Alexandra Hospital - Fire compliance - Diesel storage tanks,
- Mowbray - Mowbray Maternity Hospital - Fire compliance - Diesel storage tanks,
- Observatory - Groote Schuur Hospital - Cooling tower replacement of 6 units,
- Observatory - Groote Schuur Hospital - Lift upgrade OMB (1444, 1445, 0035, 0036) and NMB (3439, 3440),
- Observatory - Groote Schuur Hospital - Old Main Building lift upgrade 1440, 1441,
- Parow - Tygerberg Hospital - Fire Compliance, Detection and Alarm System for Protea Court and Doctors Residence,
- Parow - Tygerberg Hospital - Resurfacing of roads Ph2,
- Parow - Tygerberg Hospital - Roof waterproofing (Alpha),
- Parow - Tygerberg Hospital - Security fence maintenance (Alpha),
- Rondebosch - Red Cross War Memorial Childrens Hospital - Fire compliance - Diesel storage tanks and
- Wynberg - Victoria Hospital - Fire compliance - Diesel storage.

### Processes in place for the Procurement of Infrastructure Projects

Procurement of all construction related projects is governed by the Construction Industry Development Board Act (No. 38 of 2000). The delivery of the majority Capital Infrastructure and all Scheduled Maintenance projects is conducted by Western Cape Government Transport and Public Works, as the Implementing Agent of WCGH. Accordingly, procurement for these projects is conducted by Supply Chain Management (SCM) in Western Cape Government Transport and Public Works (WCGTPW). The implementation of Day-to-day, Professional Day-to-day Routine and Emergency Maintenance at health facilities is the responsibility of WCGH and procurement thereof is through WCGH. During the 2021/22 financial year, procurement of these three forms of maintenance was conducted as follows:

- Routine Maintenance: Utilisation of Term Service Contracts procured through the Directorate: SCM in WCGH,
- Day-to-day Maintenance: Utilisation of a Framework Agreement, procured by Directorate: SCM in WCGH,
- Prof Day-to-day Maintenance: Continuation of works already contracted via a Framework Contract for a Management Contractor procured by WCG: Education and
- Emergency Maintenance: Procured by WCGH (Directorate: Engineering and Technical Services), in alignment with the procedure outlined in the Maintenance Protocol.



## Maintenance Backlog & Planned Measures to reduce the Backlog

The current maintenance backlog is reflected in the table below, which has been extracted from the Department's 2022/23 User Asset Management Plan (U-AMP). The U-AMP is the primary strategic document used by the Department with respect to health infrastructure planning.

Health Facilities Maintenance Backlog			
Backlog	2022/23	2023/24	2024/25
Estimated Value of Buildings	64 100 987 250	64 100 987 250	70 511 085 975
Estimated Value of Buildings Escalated @10% P.A.	64 100 987 250	70 511 085 975	77 562 194 573
Cost of Maintenance Required @ 3.5% P.A.	2 243 534 554	2 467 888 009	2 714 676 810
Actual Maintenance Budget including Rehabilitation, Renovations & Refurbishments and Scheduled, Routine, Emergency and Day-To-Day Maintenance of health facilities	698 042 000	790 851 000	884 440 000
Estimated Total Backlog as at March 2022 and increased year-upon-year as result of backlogs not addressed	1 545 492 554	3 222 529 563	5 052 766 373
<b>Note</b> <ul style="list-style-type: none"> <li>Replacement value based on existing building areas. Areas not used are to be relinquished to reduce maintenance required per year.</li> <li>Bidding amounts are not included.</li> <li>Ideally the maintenance allocation should be at least R1 billion per year.</li> </ul>			

While the above figures are only estimations, they do indicate a sharp increase in the maintenance budget required by WCGH to address the maintenance backlog, thereby ensuring that all facilities are returned to optimal condition. Such budget is not currently available and the Chief Directorate: Facilities and Infrastructure Management, therefore, analyses the situation annually. Further refinement of the life cycle approach to render a more scientific process is underway, including investigating the possibility to use Western Cape Government Transport and Public Works' asset management system and assessing its current data quality.

To improve service efficiency and better utilisation of scarce skills in the delivery of maintenance services, Maintenance Hub and Spoke Blueprints<sup>9</sup> for both infrastructure and clinical engineering have been prepared. Phased implementation of the Engineering Maintenance Hub and Spoke has commenced with further roll-out to Garden Route/Central Karoo, followed by Cape Winelands/Overberg and thereafter to West Coast. Implementation of the Health Technology Hub and Spoke is planned to commence in 2022.

Scheduled Maintenance projects are currently being prioritised using Facility Condition Assessments undertaken by Western Cape Government Transport and Public Works and end-user inputs. These assessment reports have cost estimates and condition ratings to assist in determining budget allocation for maintenance needs. For further information in this regard, please refer to the department's User Asset Management Plan<sup>10</sup>.

<sup>9</sup> Blueprint: Organisation and Establishment for the Provisioning of Day-to-day, Routine and Emergency Building Maintenance Services and the Blueprint on the Organisation and Establishment for the Provision of Health Technology Maintenance Services by the Department of Health.

<sup>10</sup> Western Cape Government Health's 2022/23 User Asset Management Plan is available at:

[https://www.westerncape.gov.za/assets/wcgh\\_uamp\\_2022\\_2023.pdf](https://www.westerncape.gov.za/assets/wcgh_uamp_2022_2023.pdf)



## Development relating to capital investment and maintenance that potentially will impact on expenditure

The following developments relating to capital investment and maintenance will potentially impact on expenditure:

- The continuation of the Performance Based Incentive System with its major focus on performance, governance and planning.









# PART C

## GOVERNANCE









## 3 PART C: Governance

### 3.1 Introduction

The Department is committed to maintaining the highest standards of governance in managing public finances and resources.

### 3.2 Risk Management

#### Risk Management Policy & Strategy

The Accounting Officer (AO) for Western Cape Government: Health (WCGH) takes responsibility for implementing Enterprise Risk Management (ERM) in accordance with the National Treasury Public Sector Risk Management Framework (PSRMF) and the Chief Director: Strategy has been appointed as the risk champion for the Department.

In compliance with the PSRMF and to further embed risk management within the Department, WCGH has adopted an ERM Policy Statement which sets out its overall intention with regards to ERM. The Department adopted an ERM Policy and Strategy for the period 2021-2025. The ERM Implementation Plan gives effect to the departmental ERM Policy and Strategy and outlines the roles and responsibilities of management and staff in embedding risk management in the Department.

#### Risk Assessments

The Department assessed quarterly the significant risks that could have an impact on the achievement of its objectives, at a strategic level, on a quarterly basis. Risks were prioritised based on likelihood and impact (inherently and residually) and additional mitigations were agreed upon to reduce risks to acceptable levels. New/emerging risks were identified during the quarterly review processes.

#### Risk Management Committee

The Department has an established Departmental Risk Management Committee to assist the Accounting Officer in executing his responsibilities relating to risk management. The Department finalized and signed off the Enterprise Risk Management Policy and Strategy for 2021/22 to 2024/25 and the Implementation Plan. The Departmental Risk Management Committee in the main evaluated the effectiveness of the mitigating strategies implemented to address the risks of the Department and recommended further action where relevant. Material changes in the risk profile of the Department are escalated to the Accounting Officer and Top Executive Management (TEXCO) where appropriate.

#### Role of the Audit Committee

The Health Audit Committee monitors the internal controls and risk management process independently as part of its quarterly review of the Department.



## Progress with the Management of Risk

Risk management has become embedded in the day-to-day management practices within the Department. In 2021/22, there were 11 departmental strategic risks identified. The quality of the conversations around risks has significantly improved.

The following table lists the 11 strategic risks with their residual ratings as at 31 March 2022.

Strategic Risk	Residual Rating
Inability to mobilise the necessary financial, human and other resources	Low
Fragmented PHC services in the city of Cape Town	Moderate
Medicine supply interruptions	Low
Inadequate models of care	High
Load shedding	Moderate
Water restrictions	Moderate
Built environment does not enable high performance	High
Workforce physical security compromises the responsiveness of the health system and the morale of employees	High
Staff Burn-out (Safety)	High
Disease Outbreak	High
Fraud, Corruption and Theft	Low

During the 2021/22 period the Department identified 4 emergent risks. The following table lists the 4 emergent risks with their residual ratings as of 31 March 2022.

### *Emerging risks and residual rating as of 31 March 2022*

Emerging Risk	Residual Rating
Medico legal	High
Vaccine roll out	High
POPIA	High
ICT	High

Over and above being compliant with prescripts, risk management is an important part of modern management. Risk Management is also contextualized against the backdrop of the Resurgence, Recovery and Reset over the next decade towards our vision of Healthcare 2030 and major lessons we have learnt in relation to Risk Management from COVID-19. There are important capabilities related to foresight, health intelligence and surveillance and combined assurance that we need to strengthen to enable a robust, more proactive and a meaningful Risk Management approach.



### 3.3 Fraud & Corruption

Fraud and corruption represent significant potential risks to the Department's assets and can negatively impact on service delivery efficiency and the Department's reputation.

The WCG adopted an Anti-Fraud and Corruption Strategy which confirms the Province's zero-tolerance stance towards fraud, theft and corruption. In line with this strategy the Department is committed to zero-tolerance with regard to corrupt, fraudulent or any other criminal activities, whether internal or external and vigorously pursues and prosecutes by all legal means available, any parties who engage in such practices or attempt to do so.

The Department has an approved Fraud and Corruption Prevention Plan and a concomitant Implementation Plan which gives effect to the Prevention Plan.

Various channels for reporting allegations of fraud, theft and corruption exist and these are described in detail in the Provincial Anti-Fraud and Corruption Strategy, the WCG Whistle-blowing Policy and the Departmental Fraud and Corruption Prevention Plan. Each allegation received by the Provincial Forensic Services (PFS) Unit is recorded in a Case Management System which is used as a management tool to report on progress made with cases relating to the Department and to generate statistics for the WCG and the Department.

Employees and workers who blow the whistle on suspicions of fraud, corruption and theft are protected if the disclosure is a protected disclosure (i.e., meets statutory requirements of the Protected Disclosures Act, No. 26 of 2000 e.g., if the disclosure was made in good faith). The WCG Whistle-blowing Policy provides guidelines to employees and workers on how to raise concerns with the appropriate line management, specific designated persons in the WCG or external institutions, where they have reasonable grounds for believing that offences or improprieties have been or are being perpetrated in the WCG. The opportunity to remain anonymous is afforded to any person who would like to report acts of fraud, theft and corruption and, should they do so in person, their identities are kept confidential by the person to whom they are reporting.

If, after investigation, fraud, theft or corruption is confirmed, the employee who participated in such acts is subjected to a disciplinary hearing. The WCG representative initiating the disciplinary proceedings is required to recommend dismissal of the employee concerned. Where *prima facie* evidence of criminal conduct is detected, a criminal matter is reported to the South African Police Services.

For the year under review, PFS issued a Case Movement Certificate for the Department noting the following:

Cases	Number of cases
Open cases as at 1 April 2021	4
New cases (2021/22)	3
Closed cases (2021/22)	(5)
Open cases as at 31 March 2022	2



The following table further analyses the closed cases indicated above:

Nature and investigation outcomes of 5 cases closed
<p>Allegations were substantiated in the following 5 cases:</p> <ul style="list-style-type: none"> <li>• 1 case of fraud and irregularities (a criminal case was reported to SAPS)</li> <li>• 1 case of fraud, corruption and non-compliance (a criminal case was reported to SAPS)</li> <li>• 1 case of irregularity and non-compliance</li> <li>• 1 case of fraud and non-compliance (a criminal case was reported to SAPS)</li> <li>• 1 case of corruption, irregularities and non-compliance (a criminal case was reported to SAPS)</li> </ul>

### 3.4 Minimising Conflict of Interest

All officials in Supply Chain Management (SCM) are required to sign the following documents annually:

- The Code of Conduct document as issued by National Treasury,
- The Departmental Non-Disclosure Agreement (NDA) and
- Electronic disclosure of financial interest by all officials as per Public Service Regulations (PSR) 2016.

All members of the Bid Specification Committee (BSC), Bid Evaluation Committee (BEC) and Bid Adjudication Committee (BAC) are compelled to sign a declaration of interest prior to their involvement in each bid process. All SCM officials are required to sign the same declaration per bid as well as an annual declaration. In instances where officials have declared an interest, they need to excuse themselves from the process or be replaced by a new member.

The Provincial Treasury quarterly provides the Department with surveillance and monitoring reports which highlights potential conflict of interest in the Electronic Purchasing System (ePS) to be followed up and resolved. The Central Supplier Database (CSD) runs a real-time check on the Companies and Intellectual Property Commission's website to determine any conflict of interest. Conflict will be indicated on the CSD Report to be followed up.

### 3.5 Code of Conduct

All Public Servants occupy a position of trust. With this trust comes a high level of responsibility which is The Public Service Regulations issued in 2016 expects all employees to comply with its standards. Chapter 2, Part 1 addresses the employee behaviour in the workplace, encourages the employee to report any maladministration and corrupt activities and it promotes the department's determination to uphold the strong ethics and integrity, the eradication of corruption as part of the governance framework, which is fundamental to good organisational performance. The primary purpose of the Code of Conduct is to promote exemplary conduct and avert unacceptable conduct. All employees are sensitised on a yearly basis about the Code of Conduct through information sessions and it is available on the WCG website. New appointees are made aware of the Code of Conduct during induction phase and they receive a copy thereof. An employee who



contravenes any provision of the Code of Conduct if found guilty of misconduct, may be subject to disciplinary action. During the current reporting period the Department sensitised 1449 employees by conducting various awareness sessions of the expected standard of conduct and to encourages ethical conduct in the workplace. The Department established an Ethics Committee in line with Chapter 2, Part 3 of the Public Service Regulations of 2016 and the role of the Ethics Committee is to provide oversight on ethics management in the Department. The Ethics Committee concluded an Ethics and Integrity Management Strategy and Ethics Management Implementation Plan which was approved by the Head of Department. The Ethics Management Implementation Plan outline steps to be followed by the Department in promoting ethical conduct. No Ethics Committee meeting were held for this reporting period.

## 3.6 Health Safety & Environmental Issues

Refer to section Employee Health and Wellness Programme in part D under "Safety, Health, Environment, Risk & Quality (SHERQ)".

## 3.7 Portfolio Committees

Not applicable.

## 3.8 SCOPA Resolutions

No SCOPA resolutions as per the report of the Public Accounts Committee on the Annual Report of the Department of Health for the year ended 31 March 2021, dated 28 March 2022.

## 3.9 Prior Modifications to Audit Reports

### Finance

No matters to report.

### Information Management

No matters to report.

### Human Resources

No matters to report.



## 3.10 Internal Control Unit

### Finance

Currently the Department makes use of the Compliance Assessment (CA) and Internal Assessment (IA) to monitor the levels of compliance with the applicable policies and regulatory frameworks. The CA is a tool used to monitor adherence to relevant internal control requirements and departmental policies. The CA tool addresses areas other than those covered in the IA, for example assets and inventory management.

The IA is a batch audit instrument mainly used for evaluating compliance of transactions to relevant procurement prescripts. The instrument consists of a number of tests to determine whether the procurement process which was followed is regular, as well as whether the batch is complete and audit ready.

A sample of payments are selected monthly using an application that generates a predetermined quantity from a number of expenditure items, which were selected based on the probable risk associated with the specific item. These items are re-assessed every year to ensure that changing risk profiles are addressed. Non-compliance with all the tests relating to the procurement process may result in Irregular Expenditure.

As a result of the pandemic a portion of the Internal Control staff was redeployed to assist in facilities during the first five months of the 2021/22 financial year to alleviate pressures on the health system. During this time a limited amount of testing was done by remaining staff, with the focus shifted mainly towards assessment of expenses relating to the procurement processes. Internal Control testing resumed at full capacity during September 2021.

The Department uses Irregular Expenditure (IE) as an indicator to determine whether controls implemented have had the desired effect.

For 2020/21 the Department will report R 7.046 million Irregular Expenditure which equates to only 0.08 per cent of the Goods & Services budget and confirms that the department's compliance controls are predominantly working effectively.

### Information Management

The Department collects and collates performance information from numerous service points within facilities ranging from mobile PHC (Primary Health Care) Facilities to large Central Hospitals, Forensic Pathology Laboratories, Emergency Medical Stations as well as all the schools where school health services are provided. We also receive information from municipally managed primary health care facilities in the Cape Town Metropole and some private facilities. Although it is the responsibility of each Facility Manager, Sub-District Manager, District Manager, Budget and Health Programme Manager to ensure compliance with Information Management Prescripts and ensure accurate data is reported, it is the Accounting Officer's responsibility to ensure these prescripts are adhered to and data reported is of excellent quality.

To ensure this, the Performance Information Compliance Unit (ICU) was established at the Provincial Office in 2013 consisting of a manager supported by a team of twelve people to focus on data management. During 2021/22, a new team manager was appointed. In addition, six Records Management Support Unit (RMSU) staff



were employed in 2014/15. These teams are deployed to Districts to perform internal assessments, identify shortcomings and develop remedial actions to mitigate these shortcomings.

The teams are responsible for ensuring the facilities comply with information management and records management guidelines, policies, standard operating procedures other departmental prescripts to ensure valid, verifiable data, safe and secure records. Due to the limited capacity, multiple facilities and broad scope of performance information, the focus is on public health facilities and support offices in the Districts and Sub-Districts.

Facilities are selected for assessment based on previous audit and assessment findings, special requests from Districts and facilities for interventions and those identified through routine data monitoring as substantial risk. Standardised assessment tools are used to identify compliance issues that are a risk for the Department. After the assessment, remedial actions are developed or revised and implemented in collaboration with the facility and Sub-District. The pandemic hampered the processes the team performed especially during the 3<sup>rd</sup> and 4<sup>th</sup> wave. The unit also supports the health facilities in preparation for internal and external audits and acts as a liaison between the auditor and the entity being audited. This support, together with the assessments, is instrumental in the resultant clean audit for the 2020/21 fiscal year.

## Human Resources

The Department intends to maintain its track record of a clean audit report in respect of PM compliance.

The purpose of the People Management, Compliance and Training sub-directorate is to render an efficient and effective client/consultancy support service to people management offices and line managers at institutions, Districts and Regions, with specific reference to the application of the Public Service Regulatory Framework: Conditions of Service.

In order to achieve the above-mentioned, continuous monitoring and follow up of compliance through utilization of specific developed reports, compliance investigations, informal- and formal functional training as well as continuous evaluation of required capacity in terms of the current and newly created organisational structures are conducted.

Challenges and gaps still exist as a result of lack of capacity as well as individual, institutional and system and institutional weaknesses. There is still a crucial need to improve collaboration with internal clients (outreach) and to achieve functional training and relief functions where capacity constraints are experienced. Training needs are being identified on an on-going basis during HR investigations and where there is a dire need, customised training is provided. Formal PM training to HR offices is planned and provided in a more structured format.

The State of Emergency and lockdown measures hampered investigations but with the easing of the COVID-19 alert lockdown levels, this sub-directorate has steadily increased their on-site PM investigations at the institutions. Training commenced with PM. The pandemic severely hampered the normal duties and functions of the People Management, Compliant and Training sub-directorate and necessitated that the normal working conditions and functions be revised, adapted and amended. During the period under review an ongoing PM COVID-19 Helpdesk Client Service staffed by a dedicated team to provide guidance and assistance to WCGH managers



was established. This helpdesk focussed on advice on PM related issues and enquiries pertaining to the COVID-19 and PM processes on a daily basis. For this purpose, a PM COVID-19 registry is kept recording all enquiries for statistical purposes as well as a frame of reference.

- Compliance Investigations  
Investigations with regard to Cost Containment Strategies as identified in the Internal Audit Report, as well as other HR compliance reports were performed to establish the level of compliance to PM matters. Certain aspects were performed remotely and with the easing of the Lockdown levels some investigations were performed on-site.
- i. PM compliance investigations performed remotely:  
Information was retrieved from the PERSAL exception Reports and documentary proof was obtained from PM offices within the WCGH, on PM aspects listed below. All the PERSAL transactions on the system were checked and verified against the information received in order to ascertain whether the correct policies and procedures were followed. Where applicable, the leave transactions were also checked on the PERSAL system for the correct capturing thereof and the recovery of all salary overpayments. Where irregularities were identified, written reports were submitted to the PM offices whereby they were requested to implement corrective measures and to ensure that the correct Debt processes are followed.
  - a) Leave Without Pay application Processes,
  - b) Maternity Leave and Commuted Overtime reductions,
  - c) Probation Processes : follow-up investigations and monitoring and
  - d) Long periods of Procedure Incapacity Leave and ill Health Retirement (PILIR) processes.
- ii. PM compliance investigations performed at institutions:  
Comprehensive PM investigations were performed at the institutions listed below. Many shortcomings were identified and written notes, on the irregularities that were identified on the specific PM aspects, were placed on each individual employee's file for corrections. Summary sheets of the audit findings were compiled for discussions with the HR managers. Training needs were also identified and structured Training Programmes are being compiled.
  - a) Tygerberg Hospital – HR Audit Action Plan,
  - b) Red Cross War Memorial Children's Hospital – Full audit investigation,
  - c) Karl Bremer Hospital – HR Audit Action Plan and
  - d) Paarl Hospital – HR Audit Action Plan.
- iii. Retirement Files:  
Leave audits on files of staff aged between 60 and 65 years and imminent retirees, were performed at selected institutions where a need was identified. This was initiated pro-actively to enable PM offices to correct any leave discrepancies, prevent leave over-grants and in order expedite the payments of leave gratuities.
- iv. Pension Administration/ Service Terminations:  
PMCT officials responsible for managing the service termination processes of PM offices within the WCGH, to enhance the timeous and correct submission of pension related matters to the Government Employees Pension Fund (GEPF). Great successes are being achieved, creating a



positive impact in preventing of late pay outs and saving the State on interest claims. This includes:

- a) Provide quarterly reports to HR Managers and regular monitoring and evaluation w.r.t to the timeous auditing of files and processing of pension documents,
- b) Assisted HR clerks and managers with correct completion of documents, problem solving and general pension queries,
- c) Assisted internal and external clients as well as pensioners with complex pension cases,
- d) Provided regular follow-up and status of pension cases where members have not received their pension or funeral benefits and
- e) Assisted the officials of the Government Pension Administration Agency (GPAA) with information for cases prior to 1 May 1996 and staging interventions with long outstanding cases (s-cases) e.g., death cases where additional information/documents are required.

- **Training**

Formal structured functional PM training was presented to a total of 33 People Management officials and PM Managers in the Garden Route/Central Karoo District. The training sessions were well received and requests for ongoing training for PM officials were made by the respective managers. PM officials also indicated that Line Manager training would be of value in order to define the role clarification. PM officials of the following institutions attended the training sessions:

- i. George District Office,
- ii. Harry Comay Hospital,
- iii. Knysna Hospital,
- iv. Oudsthoorn Hospital,
- v. Riversdale Hospital,
- vi. Mosselbay Hospital,
- vii. Beaufort West Hospital,
- viii. Laingsburg Hospital,
- ix. Prince Albert Hospital and
- x. Nelspoort Hospital.

- **Special / Ad hoc Investigations**

The PMCT sub-directorate was also tasked to investigate numerous HR related grievances and complaints lodge to the Public Service Commissioner and HOD, Dr K Cloete. We also assisted the Special Investigation Unit in their investigations related to DOH employees.

- **PM Circulars**

Regular inputs were provided for various PM circulars as well as Finance Instructions and Standard Operating Procedures (SOP's) on Debt Management and Travel & Subsistence Allowances.

- Emanating from findings during PM compliance investigations, Standard Operating Procedures (SOPs) pertaining to PM processes e.g., Leave without Pay Administration, the 8-week rule and COT & maternity were compiled and still to be rolled out to assist PM offices.

- Ongoing People Management Client Service support and assistance are provided on a daily basis to PM officials, Managers and DICU'S at the various institutions in the Metro Health Services, academic hospitals and Rural Health Services.



- Two DICU's of PMCT component are currently providing relief functions at two Institutions performing all the related PM functions attached to the post.

### 3.11 Internal Audit & Audit Committees

Internal Audit provides management with independent, objective assurance and consulting services designed to add value and to continuously improve the operations of the Department. It should assist the Department to accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of Governance, Risk Management and Control Processes. The following key activities are performed in this regard:

- Assess and make appropriate recommendations for improving the governance processes in achieving the department's objectives,
- Evaluate the adequacy and effectiveness and contribute to the improvement of the risk management process and
- Assist the Accounting Officer in maintaining efficient and effective controls by evaluating those controls to determine their effectiveness and efficiency and by developing recommendations for enhancement or improvement.

Internal Audit work completed during the year under review for the Department included one assurance engagement, one consulting engagement and eight follow-up areas. The details of these engagements are included in the Audit Committee Report.

The Audit Committee is established as an oversight body, providing independent oversight over governance, risk management and control processes in the Department, which include oversight and review of the following:

- Internal Audit Function,
- External Audit Function (Auditor-General of South Africa - AGSA),
- Departmental Accounting and Reporting,
- Departmental Accounting Policies,
- Review of the AGSA Management Report,
- Review of the AGSA Audit Report,
- Departmental In-Year-Monitoring,
- Departmental Risk Management,
- Internal Control,
- Pre-determined Objectives and
- Ethics, Fraud and Corruption.



The table below discloses relevant information on the audit committee members:

Name	Qualifications	Internal or external	If internal, position in the Department	Date appointed	Date Resigned	No. of Meetings attended
Mr Ronnie Kingwill (Chairperson)	BCOM CTA, CA(SA)	External	N/A	01 Jan 2019 (2 <sup>nd</sup> term)	Contract expired 31 December 2021	5
Dr Gilbert Lawrence (Chairperson from 1 January 2022)	M.Med, MB.ChB	External	N/A	01 Jan 2020 (1 <sup>st</sup> term)	N/A	7
Mr Francois Barnard	BProc BCompt (Honours), CTA, Postgrad Dip Audit, MCom (Tax), CA (SA)	External	N/A	01 Jun 2021 (2 <sup>nd</sup> term)	N/A	7
Ms Maresce Geduld-Jefftha	BCompt, BCompt Honours, Professional Accountant (SA), FCCA, M.Inst.D	External	N/A	01 Jan 2020 (1 <sup>st</sup> term)	N/A	7
Ms J Gunther	CIA, AGA, Masters in Cost Accounting, BCompt, CRMA	External	N/A	01 Jan 2022 (1 <sup>st</sup> term)	N/A	2

## Audit committee report

We are pleased to present our report for the financial year ended 31 March 2022.

## Audit Committee Responsibility

The Audit Committee reports that it has complied with its responsibilities arising from Section 38 (1) (a) (ii) of the Public Finance Management Act and Treasury Regulation 3.1. The Audit Committee also reports that it has adopted appropriate formal terms of reference as its Audit Committee Charter and has regulated its affairs in compliance with its charter.

## The Effectiveness of Internal Control

The Department is required to develop and maintain systems of internal control that would improve the likelihood of achieving its objectives, to adapt to changes in the environment it operates in and to promote efficiency and effectiveness of operations, supports reliable reporting and compliance with laws and regulations. The WCG adopted a Combined Assurance Framework which identifies and integrates assurance providers. The first line of assurance is management assurance, requiring of line management to maintain effective internal controls and execute those procedures on a day-to-day basis by means of supervisory controls and taking remedial action where required. The second line of assurance is internal assurance provided by functions separate from direct line management, entrusted with assessing adherence to policies, procedures, norms, standards and frameworks. The third level of assurance is independent assurance providers that are guided by professional standards requiring the highest levels of independence.

A risk-based Combined Assurance Plan was developed for the Department, facilitated by Internal Audit, who is also an independent assurance provider. Internal Audit provides the Audit Committee and Management with



reasonable assurance that the internal controls are adequate and effective. This is achieved by an approved risk-based internal audit plan, Internal Audit assessing the adequacy of controls mitigating the risks and the Audit Committee monitoring implementation of corrective actions.

The following internal audit engagements were approved by the Audit Committee for the year under review:

#### Assurance Engagements:

Vaccine Rollout

#### Consulting Engagements:

Rationalisation of Internal Assurance Providers

The areas for improvements, as noted by internal audit during performance of their work, were agreed to by management. The Audit committee continues to monitor the current actions and previously reported actions on an on-going basis.

#### In-Year Monitoring Monthly/Quarterly Report

The Audit Committee is satisfied with the content and quality of the quarterly in-year monitoring and performance reports issued during the year under review by the Accounting Officer of the Department in terms of the National Treasury Regulations and the Division of Revenue Act.

#### Evaluation of Financial Statements

The Audit Committee has:

- reviewed the Audited Annual Financial Statements to be included in the Annual Report,
- reviewed the AGSA's Management Report and Management's responses thereto,
- reviewed changes to accounting policies and practices as reported in the Annual Financial Statements and
- reviewed adjustments resulting from the audit of the Department.

#### Compliance

The Audit Committee has reviewed the Department's processes for compliance with legal and regulatory provisions. Feedback on new provisions that has an impact on the Department are provided quarterly by the Department to the Audit Committee.

#### Performance Information

The Audit Committee has reviewed the information on predetermined objectives as reported in the Annual Report.

#### Report of the Auditor-General South Africa

We have on a quarterly basis reviewed the Department's implementation plan for audit issues raised in the prior year. The Audit Committee has met with the AGSA to ensure that there are no unresolved issues that emanated from the regulatory audit. Corrective actions on the detailed findings raised by the AGSA will continue to be monitored by the Audit Committee on a quarterly basis.



The Audit Committee concurs and accepts the Auditor-General of South Africa's opinion regarding the Annual Financial Statements and proposes that these Audited Annual Financial Statements be accepted and read together with their report.

Despite challenging circumstances and the severe increase in demand on resources, the Audit Committee commends the Department on maintaining an unqualified audit report with no findings.

The Audit Committee wishes to express their appreciation to the management of the Department, the AGSA and the WCG Corporate Assurance Branch for the information and cooperation that they provided to enable us to compile this report.

A handwritten signature in black ink, appearing to be 'G. Lawrence', written over a horizontal line.

**Dr Gilbert Lawrence**

**Chairperson of the Department of Health Audit Committee**

**Date: 27 July 2022**



### 3.12 B-BBEE Compliance Performance Information

#### *B-BBEE Compliance Report: Department of Health (2021-2022)*

The Department of Health utilizes the departmental expenditure in conjunction with the Western Cape Supplier Evidence Bank (WCSEB) and Central Supplier Database (CSD) to compile its annual spend analysis on Broad-Based Black Economic Empowerment (B-BBEE) compliance and performance. The BAS expenditure report is used to verify supplier detail. In addition, the Department receives quarterly input from the Provincial Treasury on B-BBEE compliance and performance.

The 2021-2022 financial year had the additional challenges of industry shortages, stock-outs on critical PPE and critical clinical consumables due to the COVID-19. This situation requires that critical needs must be balanced against compliance requirements. The overall performance is illustrated in the table below:

B-BBEE Compliance Report: Department of Health (2021-2022)

BEE Level	2021/22	
	%	Total R'000
Level 1	18.23	1,566,619
Level 2	8.66	743,912
Level 3	4.10	352,106
Level 4	4.11	353,428
Level 5	0.37	32,067
Level 6	0.07	5,877
Level 7	2.07	178,046
Level 8	1.59	136,214
Non-Compliant Contributor	25.99	2,233,240
Other	34.57	2,970,504
Not Disclosed	0.23	19,774
<b>TOTAL</b>	<b>100.00</b>	<b>8,591,792</b>

The above table reflects the percentage and total expenditure respectively per B-BBEE level. The total spent on Goods & Services was R8,5 bn for the Department of Health. Thirty-four per cent (34%) of the total spend was on "Other" Government Departments, Municipalities, NGO's and NPO's. These entities are duly registered as suppliers on our various systems. The Department also verifies the B-BBEE contribution levels on the CSD per supplier versus the actual evidence on the WCSEB. A total quantity of 214 883 purchasing transactions were verified on B-BBEE compliance.



### COVID-19 Personal Protective Equipment (PPE): Percentages & Amounts spend as per B-BBEE scorecard

B-BBEE Compliance Report: Department of Health (2021-2022) PPE related

BEE Level	2021/22	
	%	Total R'000
Level 1	20.11	130,599
Level 2	1.40	9,073
Level 3	0.46	2,975
Level 4	1.87	12,165
Level 5	0.07	428
Level 6	0.00	7
Level 7	0.41	2,664
Level 8	0.04	289
Non-Compliant Contributor	30.22	196,263
Other	45.21	293,576
Not Disclosed	0.21	1,338
<b>TOTAL</b>	<b>100.00</b>	<b>649,382</b>

The Western Cape Department of Health spend R 649m on COVID-19 PPE. It should be noted that the scarcity of supplies dictated the selection of suppliers for PPE, therefore the Non-compliant B-BBEE percentage is higher. The above table illustrates the analysis done for B-BBEE contributions for COVID-19 PPE related expenditure during the 2021/2022 financial year.

### Covid19 Vaccinations Project: Percentages & Amounts spend as per B-BBEE scorecard

B-BBEE Compliance Report: Department of Health (2021-2022) Vaccination Project related

BEE Level	2021/22	
	%	Total R'000
Level 1	66.02	13,415
Level 2	6.69	1,360
Level 3	1.92	390
Level 4	2.57	521
Non-Compliant Contributor	3.50	710
Other	14.15	2,875
Not Disclosed	5.16	1,047
<b>TOTAL</b>	<b>100.00</b>	<b>20,320</b>



The Western Cape Department of Health spend R 20.3m on the Covid-19 Vaccination project. The table above illustrates the analysis done for B-BBEE contributions for COVID-19 Vaccination related expenditure during the 2021/2022 financial year.

B-BBEE Non-Contributor, Percentage Spend as per Enterprise Classification

Enterprise Classification	2021/22	
	%	Total R'000
Exempted Micro Enterprise Annual turnover (<R10million)	24.58	548,869
Large Enterprise Annual turnover (>R50million)	23.85	532,530
Qualifying small enterprise Annual turnover(>R10million & <R50million)	9.14	204,113
Not Disclosed	42.44	947,727
<b>TOTAL</b>	<b>100</b>	<b>2,233,240</b>

B-BBEE Non-Contributor, Percentage spends as Black Owned Suppliers

Enterprise Classification	2021/22	
	%	Total R'000
100% Black owned	25.52	570,025
At least 51% Black owned	19.79	441,936
Less than 51% Black owned	53.74	1,200,240
Not Disclosed	0.94	21,037
<b>TOTAL</b>	<b>100</b>	<b>2,233,240,402</b>

The tables above are illustrative of B-BBEE Non-Contributors Expenditure per Enterprise Classification and Black Owned Suppliers.





# PART D

## HUMAN RESOURCE MANAGEMENT









## 4 PART D: Human Resources

### 4.1 Legislation that governs People Management

The information provided in this part is prescribed by Public Service Regulation 31(1). In addition to the Public Service Regulations, 2016, the following prescripts direct Human Resource Management within the Public Service:

#### *Occupational Health and Safety Act (85 of 1993)*

To provide for the health and safety of persons at work and for the health and safety of persons in connection with the use of plant and machinery, the protection of persons other than persons at work against hazards to health and safety arising out of or in connection with the activities of persons at work, to establish an advisory council for occupational health and safety and to provide for matters connected therewith.

#### *Public Service Act 1994, as amended by Act (30 of 2007)*

To provide for the organisation and administration of the public service of the Republic, the regulation of the conditions of employment, terms of office, discipline, retirement and discharge of members of the public service and matters connected therewith.

#### *Labour Relations Act (66 of 1995)*

To regulate and guide the employer in recognising and fulfilling its role in effecting labour peace and the democratisation of the workplace.

#### *Basic Conditions of Employment Act (75 of 1997)*

To give effect to the right to fair labour practices referred to in section 23(1) of the Constitution by establishing and making provision for the regulation of basic conditions of employment and thereby to comply with the obligations of the Republic as a member state of the International Labour Organisation and to provide for matters connected therewith.

#### *Skills Development Act (97 of 1998)*

To provide an institutional framework to devise and implement national, sector and workplace strategies to develop and improve the skills of the South African workforce, to integrate those strategies within the National Qualifications Framework contemplated in the South African Qualifications Authority Act, 1995, to provide for learnerships that lead to recognised occupational qualifications, to provide for the financing of skills development by means of a levy-grant scheme and a National Skills Fund to provide for and regulate employment services and to provide for matters connected therewith.

#### *Employment Equity Act (55 of 1998)*

To promote equality, eliminate unfair discrimination in employment and - ensure the implementation of employment equity measures to redress the effects of discrimination, to achieve a diverse and efficient workforce broadly representative of the demographics of the Province.



*Public Finance Management Act (1 of 1999,)*

To regulate financial management in the national government and Provincial governments, to ensure that all revenue, expenditure, assets and liabilities of those governments are managed efficiently and effectively, to provide for the responsibilities of persons entrusted with financial management in those governments and to provide for matters connected therewith.

*Skills Development Levy Act (9 of 1999)*

To provide any public service employer in the national or Provincial sphere of Government with exemption from paying a skills development levy and for exemption from matters connected therewith.

*Promotion of Access to Information Act (2 of 2000)*

To give effect to the constitutional right of access to any information held by the State and any information that is held by another person and that is required for the exercise or protection of any rights and to provide for matters connected therewith.

*Promotion of Administrative Justice Act (PAJA) (3 of 2000)*

To give effect to the right to administrative action that is lawful, reasonable and procedurally fair and to the right to written reasons for administrative action as contemplated in section 33 of the Constitution of the Republic of South Africa, 1996 and to provide for matters incidental thereto.

## 4.2 Introduction

People Management (PM) fulfils both a strategic and tactical role in supporting healthcare service delivery in the Department. The PM response remains focussed on the key strategic imperatives of the Healthcare 2030 strategy, aimed at addressing person-centred quality health service, of which employees are the most critical enabler. Universal Health Coverage (UHC), aimed at realising the constitutional right to healthcare promoted through four fundamental principles of i) service delivery capability, ii) governance capability iii) workforce and systems capability and iv) learning capability. The Departmental Strategic Plan 2020 – 2025 stipulates a capacitated workforce is a key enabler that will contribute to population outcomes and the achievement of the Healthcare 2030.

More recently, the PM support was geared towards ensuring adequate workforce capacity, policies and practices were in place to deal with the COVID-19 during Waves 3 and 4 respectively. Staff safety and wellness has become one of the uppermost priorities in the Department. A further requirement for PM was to review its approach to better align with the Departmental Reset & Recovery Agenda with emerging priorities for health service re-design, knowledge creation and management, organisational culture, strategic purchasing and re-design of management controls.



The contribution of PM is evident in the provision of a workforce that is capable, enabled and well-developed for the health system of the future. At the same time, PM also supports leaders and managers to create a supportive environment, innovative PM processes and progressive organisational culture where employees are cared for and engaged, whilst ensuring performance and delivery outcomes.

## 4.3 Value of Human Capital in the Department

### The Status of Human Resources in the Department

The Department employs 33 612 staff members who are comprised of 65% health professionals and 35% administrative support staff. 88% of the employees are employed in a permanent capacity.

### Overview of the workforce

#### Departmental Overview

72% are Females and 28% are Males.

37% are Black, 12 % are White, 49% are Coloured and 2% are Indian.

56% of Senior Management positions are held by Females.

232 persons are classified as Disabled.

88% of the staff is employed on a full-time permanent basis.

The length of service ranges from newly appointed staff to forty years.

The age profile of the workforce is:

- 3% under 25 years
- 45% aged 25 to 40 years
- 39% aged 41 to 55 years
- 10%-aged 56 to 60 years
- 3% aged 61 to 65 years

#### SMS Overview

- 4 % African Female
- 8% African Male
- 29% Coloured Female
- 18% Coloured Male
- 3% Indian Female
- 4% Indian Male
- 20% White Female
- 14% White Male

PM in the main is a line function responsibility that is enabled and supported by PM practitioners and policies at various levels. The People Management roles and responsibilities include the following:

- Head office (centralised level) provides for policy development, strategic coordination, monitoring and evaluation and Provincial oversight of people management.
- Regional/District Offices (decentralised level) provide for decentralised oversight and implementation support of PM policies and prescripts.



- Local institutional level (i.e., District, Regional, Specialised, Tertiary and Central Hospitals) is where the majority of the staff is managed and where the implementation of PM policies occurs.

## People Management Priorities for 2021/22 & the Impact of these Priorities

WCGH has a staff establishment of 33 612 employees that attend to millions of patients annually within a stressful, busy and resource-constrained environment. Given the strategic imperatives, the PM impact and contribution will continue to focus on workforce planning and fostering a progressive organisational culture that contributes to the strategic direction, talent attraction and retention, employee growth and development, performance, delivery and diligence as well as proactively engaging employees in terms of resilience, personal health and wellbeing.

Therefore, the core PM delivery areas of the Department are:

- People Strategy (PS),
- People Practices & Administration (PA),
- People Development (PD),
- Employee Relations (ER),
- Employee Wellness (EW) and
- Change Management (CM).

The task of PM will be to ensure that optimal PM direction, guidance and support (strategic and operational) with regard to these areas mentioned above are provided at each level of the organisation.

### Scarce Skills

The reasons for challenges in filling certain posts, the projected attrition and resignations and retirements, are analysed to determine scarce skills. This analysis informs PM Management-Planning and the allocation of bursary funding and the implementation of the Occupation Specific Dispensation (OSD), to ensure that there is a continuous supply of skills to meet service delivery requirements. The scarce skills identified during 2021/22 are nursing specialties, radiography specialties (sonography and nuclear medicine), forensic pathology specialists, technicians and engineers. There are increasing challenges to recruit highly skilled staff like software and programme developers, data engineers, data scientists, actuaries and statisticians.

### Clean HR Audit

The Department achieved a clean audit report in 2021/22.

### Labour Relations

The Directorate: Labour Relations effectively managed and coordinated the collective bargaining process as well as misconduct cases, disputes and grievances. A devoted team of Presiding and Investigating Officers assists in improving timelines in dealing with disciplinary matters. Training interventions are in place to improve the capacity of people managers to deal with labour related issues proactively.



Disciplinary transgressions of a serious nature, such as sexual harassment, discrimination and financial misconduct cases emanating from external stakeholders reports such as Provincial Forensic Services, Public Service Commission National Corruption Hotline and so forth are being dealt with by the Directorate: Employee Relations, to ensure efficiency and consistency in the handling of such cases. There is continuous capacity building of managers and employees which aims to enable productive and peaceful working environments and to effectively deal with labour related matters.

The Western Cape Public Health and Social Development Sectoral Bargaining Chamber had 5 meetings and 4 Task Team meetings for the reporting period, where negotiations and consultations with organised labour took place. The Department held 3 multilateral meetings with the Provincial leadership of organised labour to discuss strategic matters related to the Micro Design Process. Moreover, the Department has 62 active Institutional Management Labour Committees which allows parties at their institutional level to deal with workplace issues in a constructive and meaningful manner.

### Employment Equity

The Department has an approved Employment Equity (EE) Plan for the period September 2017 - August 2022. For the reporting period, the quarterly EE Consultative Forum meetings have taken place. The Annual EE Report has been submitted to the Department of Labour, indicating progress in addressing policy and practices to enable the attainment of EE targets. In terms of targets departmentally, there is an under-representation of Coloured Males, African Males and White Males. Some contextual factors to note with the pandemic, staff were appointed on short-term contracts and selected based on availability to assume duty immediately and/or requisite skillsets in order to provide workforce capacity rather than focusing on targets.

A new EE plan is in the process of being developed, that will look at achievements from the current plan as well as emerging areas that need to be addressed. Substantive matters that remain and that needs attention are succession planning and retention, work environment and workplace flexibility practices. Considering the strategic impetus of workforce capability and capacity, the new EE Plan must be responsive to these to not only meet numerical and sector targets, but also to achieve a diverse, capable workforce.

### Organisational Culture

The organisational culture of WCGH is strongly influenced by the Departmental Transformation Agenda and the strategic imperatives such as HC 2030, Universal Health Coverage (UHC) and the Reset & Recovery Strategy. Over many years, the intentional focus on organisational culture through impactful interventions and processes has put the Department in good standing to not only rally the workforce during the COVID-19 but also to cultivate resilience and a workplace that cares for, supports and develops people. Organisational culture is monitored and measured via two organisational surveys, the Barrett Values Survey and the Staff Satisfaction Survey which are conducted every alternate year in the Department.



## Barrett Values Survey

This survey measures the values alignment (how cohesive) the organisation is by measuring personal values, current culture, and desired culture. The survey produces an analysis of the number of values that are consistently showing up in the personal values, current culture values and desired values as staff experience it in the Department. If the values align, this is known as a values match indicating the degree of alignment within the organisational culture. Culture alignment is indicated through the degree of cultural entropy (A measure of the internal dysfunction/ discord that causes internal challenges within the organisation). The most recent Barrett Values Survey conducted in 2019/20 indicated that cultural entropy has dropped from 18% to 15%. The lower the entropy score, the better, more aligned and efficient the organisation and therefore the Department is seen as a healthy, functioning organisation.

## Staff Satisfaction Survey

For this reporting period, the Staff Satisfaction Survey was conducted. The survey is based on the National Core Standards as well as the DPSA Wellbeing Framework and is aimed at assessing the organisational climate among employees. Based on the approved engagement model, the four-primary dimensions assessed in the survey were *Engagement, Organisational Capability, Leadership & Goals & Strategy*.

This survey comprises of 57 structured questions posed to gauge staff perception and satisfaction of the Department, their job roles and the work environment. The survey was technologically enabled, making it more accessible and innovative by using QR codes to complete via mobile phone as well as support via telephonic interviews and online questionnaires.

A total of 4 415 responses were received, noting that the survey was administered during a pandemic. The findings indicated that the workforce engagement rate is at 67%, which is a strength according to the survey methodology and guidelines. The Department fared quite well across almost all four -- factors in the engagement model i.e. The Department fared quite well across almost all four factors in the engagement model i.e., *Engagement, Organisational Capability & Goals & Strategy*. An area of improvement is *Leadership* as staff indicated a need for better communication with managers, improved operating environments and resources as well as a more trusting, collaborative work environment.

## Employee Health & Wellness Programme

The Employee Health and Wellness Programme (EHWP) in the Department is a dedicated service for person-centred quality care of its employees. The Employee Health and Wellness Programme is well-positioned to retain health care workers' expertise and look after their wellbeing within the public health sector.



Employees' psycho-social need to be taken care of to enable employees to remain productive and resilient in the challenging health system they are working in. EHWP's can assist in the well-being of the employee and their ability to render a responsive service (Leonard & Terblanche, 2020). The EHWP is designed to help and reduce absenteeism and mental health challenges in the workplace which can lead to staff presenteeism and malaise in the workplace (Zofia & Kinder, 2017). The Employee Health and Wellness Programme (EHWP) seeks to address the challenges that HCWs face in their personal and work environment and are implemented to ensure that HCW's can remain productive in the workplace and lastly to improve the morale in the Department.



Picture 6: EHWP partnership with Metropolitan

### Employee Health and Wellness Programme (EHWP)

EHWP has evolved, with the services available to all employees and their immediate household members, Support to managers is available through the use of formal referrals, conflict mediation, managerial consultancy and leadership coaching services. This integrated approach to Employee Health and Wellness recognises the importance of individual health, wellness and safety and its linkages to organisational wellness and productivity in the Public Service. The Employee Health and Wellness Programme (EHWP) encompasses the following:

- Individual wellness (physical and psycho-social),
- Organisational Wellness,
- Work-life Balance Interventions,
- Group Therapy for Specific Occupations,
- Occupational Therapeutic Services,
- Psychiatric Assessments,
- Strategic Leadership Development (Individual and Group Coaching) and
- Occupational Health Risk Assessments.

The overall total engagement rate for the 2021/22 financial year, which includes uptake of all services provided, amounted to 29.47% during the period under review.

The overall Programme Engagement is showing a slight decline from 2020 (29.79%) to 2021 (29.47%) with a consistent rate in 2022 (29.48%). However, the uptake across each contributor has remained constant. This, therefore, suggests that the WCGH EHWP is robust since each point of access has been utilised in nearly every quarter of the past financial year.

The focus of the psycho-social interventions was on boosting coping skills and other practical skills as well as boosting competencies for managers based on the emerging



Picture 7: Staff Wellness Day, drumming session

workplace risks. This suggests that the EHWP is responsive to the unique risks and thus customises its solutions accordingly. The risk profile remained largely unchanged from the previous financial year as work-related issues (conflict with teams/management, absenteeism), trauma stemming from the loss of loved ones, child behavioural problems and disruption of family dynamics, conflict in primary intimate relationships as well as



depressive and anxiety disorders (Mental health) remained among the top 5 problems. The problem with the most significant decline was the COVID-19 related issues. This is encouraging and aligned with the decline in the global and national risk associated with the pandemic. In addition, this points to the EHWP proactive approach in managing the risks that were posed by the pandemic and adapting to change in a proactive manner. The latter was done mostly during the myriad of training interventions that encouraged embracing change positively.

The Department also engaged in intentional healing and grieving sessions for employees in a response to the COVID-19. These sessions were aimed to enable employees to process their experiences offering an opportunity for mourning, grieving, forgiving and healing. A total number of 36 sessions were facilitated across the Department.

### HIV and AIDS, STIs & TB

The Department's HIV workplace Programme is guided by the National Strategic Plan (NSP) for HIV, TB and STIs: 2017 – 2022 and the Transversal Workplace Policy on HIV/AIDS, TB and STIs. It is aimed at minimising the impact of HIV and AIDS in the workplace and subsequently minimising the prevalence of HIV and AIDS in the Province. The HIV testing services (HTS) Programme in the workplace was strengthened by not only catering for HIV testing but also testing for other lifestyle diseases such as hypertension and diabetes, monitoring cholesterol and body mass index. This package of services provided by the HTS Programme, therefore, offers an integrated approach to well-being.

A total number of 1 652 employees were tested during 2021/22, compared to a total number of 1 602 employees in the previous comparable period. The Provincial Employee AIDS Programme (PEAP) was negatively affected by the COVID19 pandemic as there were limited testing opportunities. Employees that tested positive for HIV are immediately provided with on-site counselling and referred to the medical aid schemes HIV/AIDS Programme as well as the Employee Wellness.

### Safety, Health, Environment, Risk & Quality (SHERQ)

The department's Safety, Health, Environment, Risk and Quality (SHERQ) Programme is guided by the Provincial SHERQ Policy (2016). The policy ensures that the WCGH is committed to the provision and promotion of a healthy and safe environment for its employees and clients.

The WCGH conducted a SHERQ survey during 2021/22 of the 410 facilities, 201 facilities responded to the survey. 76% of the facilities have appointed the 16.2 appointments.<sup>11</sup> and 68% of facilities have established functional Occupational Health and Safety (OHS) Committees. 752 Occupational Health and Safety Representatives have been appointed and 74% of Health and Safety Representative Monthly Inspections have been conducted.

<sup>11</sup> The appointment as a 16.2 as per the Occupational Health and Safety Act No 85 of 1993 as per section 16(2); that the 16.1 (Head of Department) has appointed a senior staff member in the Department to ensure the OHS Act is complied with and meets all legal requirements. This is usually a managerial position, for example, Chief Director, Director, CEO of a hospital, operational manager of a PHC clinic etc.



The WCGH has appointed the training service providers to provide Occupational Health and Safety Training services to its employees. The new contract service period is 1 February 2022 to 31 January 2025. The following Training Programmes are provided to employees:

- Perform Basic Life Support and First Aid Procedures Level,
- Provide Risk-Based Primary Emergency Care First Aid Workplace Level 2,
- Fire Fighting Level 1,
- Fire Fighting Level 2,
- Incident Investigation Training,
- Emergency Evacuation Training,
- Managerial Occupational Health & Safety Management and Responsibilities Training,
- Occupational Health & Safety Representative Training and
- Occupational Health & Safety (OHS): Health Risk Assessment (HRA) Training.



Picture 8: OHS training being conducted

The WCGH over the period of (2021/2022) has provided support with regards to the following upon request:

- TableTop MIMMS training – 10 sessions and
- Fire Drills – 9 Health Care Facilities.

The WCGH provides support and guidance to health facilities in terms of Major Incident Medical Management and Support Planning, tabletop training and fire drills. The Provincial team assists facilities upon request.

Health/Hazard Identification and Risk Assessments (HIRA) are one of the essential tasks to be undertaken by the employer to ensure a safe working environment. A risk assessment is simply a careful examination of what could cause harm to employees in your workplace, it also helps decide what precautions, training and skills need to be implemented to reduce workplace incidents, injuries and fatalities.

In 2021/22 194 Health/Hazard Identification Risk Assessments were completed in Rural Districts and 64 in the Metro Districts.

## Diversity Management

The Department acknowledges the need to engage on matters of diversity in the workplace to leverage diversity as a strength. There are measures which have been put in place to create awareness, build capacity, strengthen accessibility and accommodation to embrace diversity inclusive of race, gender, disability, culture and language among others.

## Disability

The WCGH subscribes to the national JOBACCESS Strategic Framework on the Retention and Employment of persons with disabilities. The Department acknowledges that there are many challenges with employees with disabilities. The Department endeavours to provide guidance and assistance through disability management. The ultimate aim is to ensure that all employees with disabilities, irrespective of race, sex, or creed, are able to enjoy their fundamental freedoms and human rights.



During the 2021/2022 reporting period, the number of employees with a disability has increased to 232 towards the numerical target of 2% of the employment of persons with disabilities.

The Department continues with the implementation of the JOBACCESS Strategic Framework for disability.

There is a marginal increase in the numerical target for disability. There has been significant progress in breaking down the stereotypical understanding of disability employment within the Department. The change in mindset has caused a shift in the occupational categories of OSD and Non-OSD. Non-OSD was reported at 78% whilst OSD was at 22% of the current disability workforce profile. A further breakdown in the occupational category of Non-OSD, only 30% reported at health and support service staff such as cleaners, food service aids, porters, messengers and general workers while 68% of positions are administrative, supervisory and middle management and 2% of positions are in engineering and related. The impact towards achieving the 2% employment target (to date) can be attributed to continuous advocacy, awareness and disability management of employees who report temporary or permanent impairments thus contributing to positive change in the employee's perception of disability.

The strategic framework is focused on creating an enabling environment, to providing equal opportunity and mainstreaming disability into all projects and Programmes of the Department to attain a barrier free workplace by implementing key initiatives such as:

- Disability sensitisation and awareness,
- Advocating for disability disclosure in the working environment,
- Facilitating return-to-work due to injury, illness and accident that resulted in disability,
- Provide reasonable accommodation in the form of devices or services when it is required using the allocated budget,
- The mainstreaming of disability into the skills development programmes such as EPWP, bursary and other training and development initiatives of the Department,
- Policy adjustment to be inclusive of disability and
- Development of guidelines and implementation of workplace accessibility assessments.

## Gender

The WCGH Transformation journey provides the roadmap towards an endearing, inclusive culture within the WCGH where the Gender Equality Strategic Framework (GESF) outlines key strategic areas to mobilise for gender transformation and empowerment. The key strategic areas that drive gender equality are encapsulated in four critical pillars namely creating an enabling environment, equal opportunities, a barrier free workplace and gender mainstreaming. These align with the Department's Transformation Strategy, Leadership Development Strategy and the vision of Healthcare 2030 where person centred care of both patients and employees is the core driving force. This further aligns with the WCGH 2020 - 2025 Strategic Plan where Gender Equality and Women's Empowerment are among other priorities.

The implementation of the GESF is ongoing. Notable shifts are evident in the culture change and leadership journey evolving the approach to embracing diversity.

During the 2021/22 reporting period the WCGHW achieved 56% women in Senior Management. Measures have been implemented to sustain the target achieved and promote an organisational culture that embraces diversity as a strength promoting inclusivity.



These include among others:

- Diversity and Inclusion sensitisation, advocacy and awareness at all levels,
- Diversity Management,
- Diversity Mainstreaming which includes mainstreaming of gender into policy, processes and Programmes,
- Leadership Development initiatives aiming to strengthen the leadership pipeline and dispersed leadership,
- Monitoring and evaluation of Gender at all levels and Youth at MMS level and
- Continued departmental audits in respect of Gender and Youth.

The WCGH has further embedded the 365 Days of Activism for no violence to ensure a sustained approach in providing support and raising awareness on gender-based violence, human trafficking and Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/questioning, Asexual + (LGBTIQA+) sensitisation, further aligning to the Provincial Gender-Based Violence Implementation Plan activities for the WCGH.

Furthermore, commitment to ensuring that continuous efforts and initiatives are strengthened in addressing gender-related intersectional ties and supporting the institutionalisation of gender transformation, empowerment and inclusion.

### Change Management (CM)

Given that change is a continuous endeavour in the life cycle of any organisation, the Department has a dedicated component that focuses on change management support and guidance. This service includes the advice and guidance to managers on the impact of changes on staff and teams under their leadership and how best to communicate, engage and give feedback to staff on the changes affecting them. There are toolkits, guides as well as ongoing upskilling / support from the change management team and it is an embedded practice in the Department.

Changes taking place in the Department range from the introduction of technology or systems, organisational re-alignment (structure and process) changes, infrastructure projects as well as organisational culture change. During this reporting period, the following initiatives that took place in the Department received change management support:

#### Organisational Re-alignment Projects :

- Micro Design Process

#### Infrastructure Projects:

- Commissioning of Observatory Forensics Pathology Institute (OFPI) facility
- Tygerberg Laundry Revitalisation Project

#### Technology-Led Change Projects:

- My Portal People Management Information Systems
- CARES – Clinical Appointment Referral Electronic System

#### Organisational Culture Initiatives:

- Organisational Culture Initiative for Tygerberg Hospital



## Nursing

### *Nursing Information Management System (NIMS)*

The Nursing Information Management System (NIMS) has three modules namely: nursing agency module, staff module and Internal overtime pool module.

#### *The NIMS Nursing Agency Module*

The NIMS Nursing Agency module is an electronic booking system utilized to request and order supplementary nursing staff from private nursing agencies on contract with the Western Cape Government Health facilities. NIMS assists in managing Nursing Agency expenditure.

The NIMS Staff Module standardizes the capturing of all staff information, streamlining and regulating all processes for capturing staff information per facility, allocations and all types of leave.

On-going support in terms of new training, activations, desktop support and upskilling in the various NIMS Modules is provided to the WCGH facilities and the nursing agencies. A generic email was set up [nims@westerncape.gov.za](mailto:nims@westerncape.gov.za). Training manuals, pamphlets and step-by-step guides was developed to facilitate the training on these modules.

QR codes on all new NIMS pamphlets enable access to NIMS via your mobile device or computer through <http://nims.westerncape.gov.za>

Training continued during all levels of the COVID-19 lockdown. A new nursing agency contract was implemented in September 2020 and all nursing agencies and health facilities continue to receive online NIMS training.

### *Formal Nursing – Utilization of Clinical Platform*

During the 2021 academic year, 2013 nursing students, enrolled in Undergraduate Nursing Programmes were placed for clinical learning experiences across the accredited health facilities in the Province using the Provincial coordinated clinical placement system.

Due to the changing landscape of nursing education and practice in South Africa as a result of the implementation of the new nursing qualifications aligned to the National Qualifications Framework (NQF) Act, 2008 and Higher Education Act 1997 (as amended) and a delay in the accreditation of Higher Education Institutions and Western Cape College of Nursing (WCCN) with South Africa Nursing Council (SANC) and Council of Higher Education (CHE), there was no post-graduate specialty nursing training in 2021 academic year.

Stellenbosch University and Cape Peninsula University received accreditation for some of the Postgraduate Diploma Nursing Programmes. Forty Three postgraduate diploma students commenced with specialty training in 2022 and funding was made available from Programme 6.1 for 39 relief posts.

The Western Cape College of Nursing had a second intake for a 3-year Diploma in Nursing of 150 students on 24 February 2022.

During the period under review, 366 community service nurses were placed in health facilities to fulfil their community nursing service obligations.



### Nursing Practice

The authorisation to prescribe and dispense medicines by Clinical Nurse Practitioners (CNP's) and Professional Nurses are ongoing to comply with the legislative requirements and to promote access to service delivery.

A database of authorised Nurse Practitioners has been developed and is monitored for compliance on an annual basis by the Sub-Directorate Nursing Practice. Staffing levels (nurse-patient ratios) are monitored to ensure proper planning, allocation and utilisation of nurses in the clinical areas and to optimise the provisioning of quality patient care.

The Nursing Practice Sub-Directorate participated in Inter-professional clinical governance structures such as Provincial Clinical Governance Committees (PCGCs) and played a critical role in the development of clinical service standards to improve the quality of service delivery.

The management of commencement and completion process of nursing community service was done. Monitoring the competence of the Community Service Nurse Practitioners was done to ensure readiness to practice independently. The scope of Practice of Advance Psychiatric Nurse, Midwifery and Clinical Forensic nurses were evaluated and recommendations were made for improvement.

The Integrated Nursing Strategy for Nursing and Midwifery 2020/21 - 2025/26 was completed. The clinical governance implementation plan was developed and aligned with the National Annual Performance Plan (APP).

### Workforce Planning Framework & Key Strategies to Attract & Recruit a Skilled & Capable Workforce

Workforce planning for the health services remains a complex exercise as it needs to be responsive to the healthcare platform in the short and longer term, to deliver optimal health care. A dedicated team currently has this function as its focus. The workforce planning framework has been mandated by the Department of Public Service and Administration (DPSA) and provides a baseline for the HR planning. An analysis is conducted of the external and internal environment, the strategic direction of the Department, workforce trends and changes in the macro environment and what is available in the existing workforce. A gap analysis is done to determine the workforce priorities that would have the greatest impact. These are reflected in the HR Plan submitted to the DPSA, the Workplace Skills Plan and influences the talent management and development processes in the Department.

### Employee Performance Management Framework

A Performance Management and Development System (PMDS), prescribed by the DPSA, has been operational since 2003. The system is managed on a decentralised basis where each District is responsible for the completion of its processes. The Head Office (HO) component oversees the process and concludes the final report by ensuring the correctness of all moderating processes. The HO component also plays a policy management and oversight role in this regard. The new Directive's from DPSA for salary levels 1-12 and SMS members were successfully implemented with effect from 1 April 2018. The Department has introduced PERMIS on 1 April 2020 and it is still a phased in process. Grade progression for OSD and Non-OSD employees is decentralized but HO has an oversight role and implements for HO staff. Grievances regarding the processes linked to performance are dealt with by the Head Office component for the Department.



## Employee Wellness

Refer to section Employee Health and Wellness Programme under "People Management Priorities".

## Policy Development

Policy development has been designated as a transversal function with the Department of the Premier as the custodian. The transversal nature of policy development also means that department-specific inputs are often not included in the final product. Policies, therefore, need to be accompanied by department-specific guidelines that must be drafted separately and issued in conjunction with the transversal policy. department-specific guidelines are developed through a process of consultation with role-players in the Department to ensure wide participation and buy-in from managers. Topics that were addressed during the reporting period include:

- Delegations in terms of the Public Service Act, 1994 and Public Service Regulations, 2016
- Clarification of Employment Status with regard to Liability Issues
- Updated Leave and Work Arrangements during Quarantine and Isolation
- Input was provided to the following transversal draft policies:
  - I. WCG Transfer Policy,
  - II. WCG Resettlement Policy,
  - III. WCG Policy Instrument and
  - IV. WCG Harassment in the Workplace.

## Challenges Faced by the Department

### *Staff Safety and Wellness*

Staff safety has escalated to become one of the uppermost challenges during COVID-19. This includes infection by COVID-19 as well as other risks such as violence and crime in the community. Over and above the physical ill health from COVID-19, staff have suffered significant levels of anxiety and emotional turmoil from loss of colleagues as well as family and friends. Burnout and exhaustion from the high levels of stress at work has also been reported. Staff safety and Burnout has been identified as a strategic risk within the Department and several interventions, such as the healing sessions, employee counselling and visible and supportive leadership) mentioned elsewhere have been put in place. Staff Safety and Burnout has been identified as a strategic risk within the Department and several interventions, such as the healing sessions, employee counselling and visible and supportive leadership mentioned elsewhere have been put in place.



### Healthcare Workers<sup>12</sup>

Healthcare worker (HCW) infections follow a similar pattern to the epidemic experienced in the Western Cape overall. The third wave was somewhat attenuated in HCWs relative to the previous waves. This is likely due to a combination of vaccination (>60% of WCGH employees were vaccinated by the start of the third wave) and immunity from prior infection.

COVID-19 deaths in Western Cape HCWs by wave	
Wave	No. of HCW deaths
Wave 1	73
Wave 2	77
Wave 3	46
Wave 4	6

There was a very steep increase of infections in HCW in the fourth wave, with a very high peak. Despite this high case burden in HCW, there were very few HCW deaths in the fourth wave, again showing the decoupling of cases from severe outcomes (hospitalisation and death) in the fourth wave. However, the very high peak of HCW infections in the fourth wave did lead to a crisis in HCW availability in mid-December 2021 as a large number of HCWs were off work while quarantining or isolating. A combination of these staff shortages and a high burden of mild COVID-19 cases during the fourth wave meant that primary healthcare services in particular were under severe strain.

It is important to note that not all healthcare worker infections are acquired in the workplace and many may be acquired in communities due to widespread community transmission. Identifying the point of exposure is difficult, particularly in the context of community transmission.

### Financial Challenges

The greatest challenge is not with the design of an organisation and post structure itself, but rather the available budget to fund the post structure. The personnel budget is not sufficient to fund all posts on the approved organisation and post structure of the Department and is managed via the Approved Post List (APL) on an annual basis. The current funded approved staff establishment reflects a 7% vacancy rate.

Budget constraints are deemed to continue for the 2020/21 MTEF period given the state of the economy and other related factors. This means that the Department will have to do more with less. This includes improving the productivity and efficiency amongst staff in all functional areas and on all levels within the Department. To protect the core business of the Department, which is health service delivery and patient care, the impact of budget constraints needs to be minimised in clinical functional areas and optimised within the administrative areas.

- The Department has embarked on the Micro Design Process (which is the review of the functional and process alignment for the micro level in the WCGH in partnership with the Directorate Organisation Design at the Department of the Premier. This project unpacks the re-aligned functions as per the approved organisational structure from the Management Efficiency and Alignment Project (MEAP) that was concluded and its impact on the next level (micro) in the organisation. The OD methodology used in the

<sup>12</sup> Update of COVID-19 in the Western Cape , April 2022 Health Intelligence Internal Report



micro design process has evolved to take a business process lens as to how the organisational structure comes together i.e., articulating purpose, functions, role clarification between components, optimise work processes and prevent duplication across levels, thereby achieving organisational efficiency. The micro design process project is divided into two phases where specific components in the Department have been prioritised for investigation i) Phase 1 Rural Health Services, Metro Health Services, Emergency and Clinical Services Support and Chief Directorate Strategy and ii) Phase 2 Corporate Services, District Offices, Sub-Structure Office and Central Hospitals.

At the end of the reporting period, Phase 1 was addressed and Phase 2 was commissioned, starting with Corporate Services. The micro design process is therefore still underway and will continue into the new financial year.

### Competencies

The department's organisational culture journey has comprised many interventions, including executive coaching, leadership development, diversity, team cohesion and staff satisfaction over the years.

The Department has used co-creation processes, in collaboration with its higher education institution partners, to identify the leadership competencies that are being developed at a team and individual level to shift the challenging cultural attributes, as well as the systems capabilities that will need to be in place to allow effective leadership and the required organisational transformation. Developing and embedding capacity for organisational resilience and agile governance within a people-centric, trusted and equitable health system, fostering a human/person centred experience, enabling distributed leadership and innovation and connecting through teams across the WCGH and the whole of government to ensure effective seamless service delivery and greater impact are important considerations and integral to leadership development.

The WCGH must continue to make use of learning organisation platforms to reflect and share perspectives on the attainment of strategic priorities, its organisational culture and brand.

Current Leadership Training Programmes, including the Postgraduate Diplomas in Health Management at the University of Stellenbosch and the University of Cape Town (UCT) Oliver Tambo Fellowship Health Leadership Programme which targets the middle and senior managers, apply the Leadership Competency Framework to ensure that our leaders possess the required competencies to drive the change for a people-centred culture. They are designed to:

- Enable a learning organization approach, building resilience, adaptability and innovation,
- Pursue development primarily through teams, collectively and collaboratively, *learning together*, with real day to day situations,
- Develop dispersed leadership and fit-for-purpose functional capabilities and
- Cultivate leadership with a high sense of urgency towards an endearing inclusive, enabling, caring culture.

The Training Programmes, the Aurum Management Development Programme, Free to Grow and the Engaged Leadership Programme, focuses on building the capability and development of the facility and operational managers by providing technical and functional capabilities, mentorship, coaching and support. In addition, they embed a culture through fostering effective communication and listening with empathy.

The clinical capabilities of health and allied health professionals are coordinated through the People Development Centre. The training is based on the critical skills needs identified and continuous professional



development to deliver the various packages of care. Learning packages are clustered to promote a life course approach (children, adolescents, adults and the elderly life cycle). Content is integrated to include prevention, promotion, curative, rehabilitation and palliative aspects. Empathic skills and monitoring and evaluation are included as an element of all clinical training courses. Health professionals are capacitated to meet the more immediate service challenges. These include *inter alia* service pressures, first 1000 days, HIV/TB epidemic and non-communicable diseases, including mental health.

The COVID-19 resulted in a shift in focus toward COVID-19 training for all health professionals and the change toward an online training due to COVID-19 social distancing protocols. The emphasis has moved toward vaccinator training and vaccination awareness in preparation for and during the vaccine roll-out.

The Therapeutic Training Unit of the People Development Centre is responsible for the training of lay counsellors and community health workers.

The future role and functions of community health workers and lay counsellors within the WCGH are being reviewed. The current lack of clarity regarding the future role and function poses challenges in terms of the planning of appropriate training interventions for these categories.

Full-time bursaries address scarce skills to ensure the continuous availability of health and support professionals, while part-time bursaries are offered to existing staff to ensure they develop the critical competencies required. A total of 1249 bursaries, including full-time and part-time, were allocated, based on service needs and the availability of funding.

Full-time bursaries for prospective health occupations: 769 (221 newly awarded and 548 maintenance)

Part-time bursaries to develop competencies of existing staff: 480 (186 newly awarded and 294 maintenance)

Another focus area is the development of functional competencies in operational support services.

People Development (PD) also coordinates the Structured Youth Development Programme, stimulating internship, learnership and training opportunities for the young recent matriculants and unemployed graduates. The Programmes are based on WCGH need and the availability of interns and learners provide a pipeline of talent into entry level posts, dependent on the availability of funded posts and a formal competitive process.

PD is responsible for the coordination and placement of Medical Interns and Community Service health and allied health professionals.

During the 2022 cycle that commenced on 1 January 2022, a total of 842 medical interns were placed at our 11 health facility complexes as follows:

- First year medical interns 458
- Second year medical interns 384

In addition, 681 community service placements were facilitated through Metro and Rural Health Services. The breakdown is as follows:

- Allied Health Professions 149
- Medical Officers 187
- Nursing professionals 345



The College of Emergency Care (EMC) is in the accreditation phase of its Formal Training Programmes. They were involved extensively in clinical training, developing the competencies in basic, intermediate, advanced life support of emergency medical care personnel, the updates on Ambulance Emergency Technician and Emergency Care Practitioner Clinical Practice Guidelines.

### *Managing of Grade Progression & Accelerated Pay Progression*

With the implementation of all the occupational specific dispensation (OSD) categories, grade progression and pay progression as well as accelerated grade and pay progression was introduced. The management thereof still remains a significant challenge as individuals can be grade progressed monthly depending on their years of service and hospitals had to develop manual data systems to ensure compliance. Audits have been conducted at the Substructures of Metro Health Services and will be further rolled out within the WCGH. In terms of a DPSA directive no pay progression was implemented with effect from 1 July 2021.

### *Recruitment of Certain Health Professionals*

The recruitment of qualified and competent health professionals poses a challenge due to the scarcity of specialists in rural areas and the restrictive appointment measures that are imposed on certain occupations.

The limited number of funded medical intern and community service posts for health professionals is a challenge given that the need for posts exceeds the supply.

### *Age of Workforce*

45% of the workforce is between the ages 25 years to 40 years and 39% between the ages 41 years to 55 years. It is, therefore, necessary to recruit, train and develop younger persons and undertake succession planning. The average age of initial entry into the WCGH by professionals is 26 years, e.g., medical officers after completing their studies and compulsory in-service duties. The challenge remains to retain these occupational groups in a permanent capacity. The main reasons for resignations are for financial gain. Analysis indicates that the WCGH may experience a shortage of skilled staff in the near future due to a relatively high percentage (12%) nearing retirement (65 years) or early retirement age (55 years). However, retirees mainly fall into the 60 year – 64-year age group.

## Future Human Resource Plans/Priorities

The Departmental HR Plan is reviewed in line with the departmental Strategic Plan and the Annual Performance Plan. The following are key HR priorities:

- Development of an Organisational Culture Strategy aligned to a new strategic direction,
- Development of a People Management Strategy,
- Guidelines on the Reward and Recognition Practices,
- Leadership and Management Development (aligned to Dispersed Leadership Principles),
- Clinical Skills Development,
- Workforce forecasting and development to address the shortage of scarce and critical skills,
- Organisational Re-alignment of the Department,
- Employee Health and Wellness Programme,
- Address Staff Safety, Burnout and Wellbeing,
- Diversity and Inclusion Practices (inclusive of EE, Disability, Youth, Women & Gender),
- Occupational Health and Safety Capacity Building and Compliance,



- Dispute Management and Prevention,
- Building/transforming Workplace Relations,
- Managerial Capacity Building and outreach to effectively manage employee relations and
- Capacity Building to ensure sound people management practices.

## 4.4 Human Resource Oversight Statistics

### Personnel related Expenditure

The following tables summarises final audited expenditure by Budget Programme and by salary bands. In particular, it indicates the amount spent on personnel in terms of each of the Programmes or salary bands within the WCGH. The figures for expenditure per Budget Programme are drawn from the Basic Accounting System (BAS) and the figures for personal expenditure per salary band are drawn from the Personnel Salary (PERSAL) system. The two systems are not synchronised for salary refunds in respect of staff appointments and resignations and/or transfers to and from other departments. This means there may be a difference in total expenditure reflected on these systems. The key in the table below is a description of the Financial Programme's within the WCGH. Programmes will be referred to by their number from here on.

Programmes	Programme description
Programme 1	Administration
Programme 2	District Health Services
Programme 3	Emergency Medical Services
Programme 4	Provincial Hospital Services
Programme 5	Central Hospital Services
Programme 6	Health Sciences and Training
Programme 7	Health Care Support Services
Programme 8	Health Facilities Management



### Personnel Costs per Programme for 2021/22

Programmes	Total Expenditure R'000	Personnel Expenditure R'000	Training Expenditure R'000	Goods & Services R'000	Personnel Expenditure as a % of Total Expenditure	Average Expenditure per Employee R'000	No. of Employees
Programme 1	1 414 302	395 323	535	195	28%	556	711
Programme 2	11 641 741	6 309 815	11 549	354 482	54%	460	13 729
Programme 3	1 240 109	772 964	557	234	62%	393	1 968
Programme 4	4 270 446	3 061 817	3 141	86 441	72%	469	6 532
Programme 5	7 500 949	5 076 060	2 166	88 402	68%	539	9 417
Programme 6	343 840	158 887	343 840	-	46%	682	233
Programme 7	546 146	348 158	1 015	190	64%	428	813
Programme 8	958 721	56 897	312	-	6%	669	85
<b>TOTAL</b>	<b>27 916 254</b>	<b>16 179 921</b>	<b>363 115</b>	<b>529 944</b>	<b>58%</b>	<b>483</b>	<b>*33 488</b>

#### Note

- The number of employees refers to all individuals remunerated during the reporting period, including the Minister.
- \* The number is accumulative of the average number of employees per programme for the period 1 April 2021 to 31 March 2022 and not a snapshot at a specific date.
- Expenditure of sessional, periodical and extra-ordinary appointments are included in the expenditure, but their numbers are not included in the personnel totals which inflate the average personnel cost per employee by a small margin.
- The total number of employees is the average of employees that was in service for the period 1 April 2021 to 31 March 2022.
- The total number of employees is the average of employees that was in service for the period 1 April 2021 to 31 March 2022.
- The average is calculated using the number of staff as of the 15th of each month, April 2021-February 2022 and the 31 March 2022.
- Goods & Services: Consist of the SCOA items Agency and Outsourced Services: Admin and Support Staff, Nursing Staff and Professional Staff.

### Personnel Expenditure by Salary Band for 2021/22

Salary Bands	Personnel Expenditure R'000	% of Total Expenditure	Average Expenditure per Employee R'000	No. of Employees
Lower Skilled (Levels 1 - 2)	674 572	4.17%	222	3035
Skilled (Level 3 - 5)	3 594 355	22.22%	276	13036
Highly Skilled Production (Levels 6 - 8)	3 534 027	21.85%	412	8578
Highly Skilled Supervision (Levels 9 - 12)	8 290 173	51.25%	944	8777
Senior and Top Management (Levels 13 - 16)	83 181	0.51%	1360	61
<b>TOTAL</b>	<b>16 176 308</b>	<b>100.00%</b>	<b>483</b>	<b>* 33 488</b>

#### Note

- The number of employees refers to all individuals remunerated during the reporting period, excluding the Minister.
- \* The number is accumulative of the average number of employees per programme for the period 1 April 2021 to 31 March 2022 and not a snapshot at a specific date.
- Expenditure of sessional, periodical and extra-ordinary appointments are included in the expenditure, but their numbers are not included in the personnel totals which inflate the average personnel cost per employee by a small margin.
- The Senior Management cost includes commuted overtime of health professionals which inflates the average personnel cost per employee.



- The total number of employees is the average of employees that was in service for the period 1 April 2021 to 31 March 2022. The average is calculated using the number of staff as of the 15th of each month, April 2021 - February 2022 and 31 March 2022.
- The total number of employees is the average of employees that was in service for the period 1 April 2021 to 31 March 2022.

The following tables provide a summary per programme and salary bands of expenditure incurred as a result of salaries, overtime, housing allowance and medical assistance. In each case, the table indicates the percentage of the personnel budget that was used for these items.

Salaries, Overtime, Housing Allowance & Medical Assistance by Programme for 2021/22								
Programmes	Salaries		Overtime		Housing Allowance		Medical Assistance	
	Amount R'000	As a % of Personnel costs	Amount R'000	As a % of Personnel costs	Amount R'000	As a % of Personnel costs	Amount R'000	As a % of Personnel costs
Programme 1	351 039	2.17%	1 257	0.01%	8 963	0.06%	18 631	0.12%
Programme 2	5 560 037	34.37%	374 844	2.32%	154 094	0.95%	268 698	1.66%
Programme 3	658 462	4.07%	41 853	0.26%	26 826	0.17%	51 240	0.32%
Programme 4	2 604 976	16.10%	236 276	1.46%	82 834	0.51%	145 287	0.90%
Programme 5	4 142 380	25.60%	567 958	3.51%	112 302	0.69%	199 818	1.24%
Programme 6	150 053	0.93%	2 303	0.01%	2 787	0.02%	5 385	0.03%
Programme 7	290 985	1.80%	27 240	0.17%	11 313	0.07%	21 580	0.13%
Programme 8	54 909	0.34%	167	0.00%	557	0.00%	1 253	0.01%
<b>TOTAL</b>	<b>13 812 841</b>	<b>85.38%</b>	<b>1 251 899</b>	<b>7.74%</b>	<b>399 676</b>	<b>2.47%</b>	<b>711 892</b>	<b>4.40%</b>
<b>Note</b> <ul style="list-style-type: none"> <li>• Salaries, overtime, housing allowance and medical assistance are calculated as a percentage of the total personnel expenditure.</li> <li>• The table does not make provision for other expenditures such as Pensions, Bonuses and Other Allowances which make up the total personnel expenditure. Salaries, Overtime, Housing Allowances and Medical Assistance amount to R16 176 307 877 of the total personnel expenditure.</li> <li>• Expenditure of sessional, periodical and abnormal appointments is included in the expenditure.</li> <li>• Expenditure of the joint staff on the establishment of universities (on their conditions of service) is excluded in the above.</li> </ul>								



## Salaries, Overtime, Housing Allowance &amp; Medical Assistance by Salary Band for 2021/22

Salary Band	Salaries		Overtime		Housing Allowance		Medical Assistance	
	Amount R'000	As a % of Personnel costs	Amount R'000	As a % of Personnel costs	Amount R'000	As a % of Personnel costs	Amount R'000	As a % of Personnel costs
Lower Skilled (Levels 1 - 2)	556 612	3.44%	11 943	0.07%	40 369	0.25%	65 647	0.41%
Skilled (Level 3 - 5)	2 998 350	18.53%	108 259	0.67%	179 145	1.11%	308 601	1.91%
Highly Skilled Production (Levels 6 - 8)	3 137 066	19.39%	94 584	0.58%	109 556	0.68%	192 822	1.19%
Highly Skilled Supervision (Levels 9 - 12)	7 038 251	43.50%	1 037 044	6.41%	70 607	0.44%	144 270	0.89%
Senior and Top Management (Level 13 - 16)	82 561	0.51%	69	0.00%	0	0.00%	551	0.00%
<b>TOTAL</b>	<b>13 812 841</b>	<b>85.38%</b>	<b>1 251 899</b>	<b>7.74%</b>	<b>399 676</b>	<b>2.47%</b>	<b>711 892</b>	<b>4.40%</b>

## Note

- The totals in the table above do balance, however, due to the fact that the data is grouped by either programme or salary band and that it is rounded off to thousands, they reflect differently.
- Expenditure of sessional, periodical and abnormal appointments is included in the expenditure.
- Expenditure of the joint establishment (universities conditions of service) is excluded in the above.
- Commuted overtime is included in salary bands Highly Skilled Supervision (Levels 9 -12) and Senior Management (Levels 13 - 16).

## Employment &amp; Vacancies

## Employment &amp; Vacancies by Programme as at the 31 March 2022

Programmes	No. of Funded Posts	No. of Posts filled	Vacancy Rate %	No. of persons additional to the establishment
Programme 1	799	703	12.02%	38
Programme 2	15513	14315	7.72%	1843
Programme 3	2077	1961	5.58%	0
Programme 4	6855	6495	5.25%	436
Programme 5	9617	9029	6.11%	535
Programme 6	282	226	19.86%	40
Programme 7	883	799	9.51%	1
Programme 8	108	84	22.22%	5
<b>TOTAL</b>	<b>36134</b>	<b>*33612</b>	<b>6.98%</b>	<b>2898</b>

## Note

- The number of employees refers to all individuals remunerated during the reporting period, excluding the Minister.
- \* Number of staff as at 31 March 2022.
- Expenditure of sessional, periodical and extra-ordinary appointments are included in the expenditure, but their numbers are not included in the personnel totals which inflate the average personnel cost per employee by a small margin.
- The Senior Management cost includes commuted overtime of health professionals which inflates the average personnel cost per employee.



Employment & Vacancies by Salary Band as at 31 March 2022				
Salary bands	No. of Funded Posts	No. of Posts filled	Vacancy Rate %	No. of persons additional to the establishment
Lower Skilled (Levels 1 - 2)	3257	3145	8.18%	116
Skilled (Level 3 - 5)	14218	12745	6.60%	515
Highly Skilled Production (Levels 6 - 8)	9156	8746	5.20%	889
Highly Skilled Supervision (Levels 9 - 12)	9431	8921	5.43%	1145
Senior and Top Management (Levels 13 - 16)	72	58	17.14%	0
<b>TOTAL</b>	<b>36134</b>	<b>*33612</b>	<b>6.98%</b>	<b>2898</b>
<b>Note</b> <ul style="list-style-type: none"> <li>Nature of appointments periodical and abnormal is excluded.</li> <li>Vacancy rate is based on funded vacancies.</li> <li>* The number of employees refers to all individuals remunerated during the reporting period, excluding the Minister.* Number of staff as at 31 March 2022</li> </ul>				

Employment & Vacancies by Critical Occupations as at 31 March 2022				
Salary bands	No. of Funded Posts	No. of Posts filled	Vacancy Rate %	No. of persons additional to the establishment
Clinical Technologist	92	86	6.52%	0
Industrial Technician	80	64	20.00%	1
Medical Ort & Prosthetist	17	16	5.88%	0
Medical Physicist	14	12	14.29%	0
Pharmacists	462	445	3.68%	75
<b>TOTAL</b>	<b>665</b>	<b>623</b>	<b>6.32%</b>	<b>76</b>
<b>Note</b> <ul style="list-style-type: none"> <li>The information in this section is provided as a snapshot of the end of the financial year under review.</li> <li>Nature of appointments periodical and abnormal is excluded.</li> <li>Vacancy rate is based on funded vacancies.</li> </ul>				

## Job Evaluation

Job evaluation was introduced as a way of ensuring that work of equal value is remunerated equally. Within a nationally determined framework, executing authorities are required to evaluate each new post in his or her organisation or re-evaluate any post where the post mandate or content has significantly changed. This job evaluation process determines the grading and salary level of a post. It should be understood that Job Evaluation and Staff Performance Management differ in the sense that Job Evaluation refers to the value/weighting of the activities that are associated with the post.



Job Evaluations 2021/22							
Salary band	No. of posts	No. of jobs evaluated	% of posts evaluated	Posts upgraded		Posts downgraded	
				No.	% of Posts Evaluated	No.	% of Posts Evaluated
Lower Skilled (Levels 1 - 2)	3 047	0	0.00%	0	0.00%	0	0.00%
Skilled (Level 3 - 5)	13 167	3	0.02%	0	0.00%	0	0.00%
Highly Skilled Production (Levels 6 - 8)	8 510	0	0.00%	0	0.00%	0	0.00%
Highly Skilled Supervision (Levels 9 - 12)	8 822	3	0.03%	0	0.00%	0	0.00%
Senior Management Service Band A (Levels 13)	52	0	0.00%	0	0.00%	0	0.00%
Senior Management Service Band B (Levels 14)	9	0	0.00%	0	0.00%	0	0.00%
Senior Management Service Band C (Levels 15)	4	0	0.00%	0	0.00%	0	0.00%
Senior Management Service Band D (Levels 16)	1	0	0.00%	0	0.00%	0	0.00%
<b>TOTAL</b>	<b>33 612</b>	<b>6</b>	<b>0.02%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>
<b>Note</b> The majority of posts on the approved establishment were evaluated during previous reporting years and the job evaluation results are thus still applicable.							

Profile of Employees whose Salary Positions Were Upgraded due to their Posts Being Upgraded, in 2021/22					
Gender	African	Indian	Coloured	White	TOTAL
Female	0	0	0	0	0
Male	0	0	0	0	0
TOTAL	0	0	0	0	0
Employees with a disability	0	0	0	0	0
<b>Note</b> None for the reporting period.					

Employees who have been Granted Higher Salaries than those determined by Job Evaluation in 2021/22					
Major occupation	No. of employees	Job evaluation level	Remuneration on a higher salary level	Remuneration on a higher notch of the same salary level	Reason for deviation
Industrial Technician	1	7	7	12 <sup>th</sup> Notch	Retention of Services
Total number of employees whose salaries exceed the level determined by job evaluation (including awarding of higher notches)					1
% of total employed					0.01%



**Employees who have been Granted Higher Salaries than those determined by Job Evaluation per race group, for 2021/22**

Gender	African	Indian	Coloured	White	TOTAL
Female	0	0	0	0	0
Male	0	0	1	0	1
TOTAL	0	0	1	0	1
Employees with a disability	0	0	0	0	0

## Employment Changes

Turnover rates indicate trends in the employment profile of the WCGH during the year under review. The following tables provide a summary of turnover rates by salary band and by critical occupations.

**Annual Turnover Rates by Salary Band for 2021/22**

Salary band	No. of employees per band as at 31 March 2021	Turnover rate 2020/21	Appointments	Transfers into the Department	Terminations out of the Department	Transfers out of the Department	Turnover rate 2021/22
Lower Skilled (Levels 1 - 2)	3145	6.52%	318	0	183	3	5.91%
Skilled (Level 3 - 5)	12745	10.34%	1567	11	1139	46	9.30%
Highly Skilled Production (Levels 6 - 8)	8746	18.04%	1354	13	1590	26	18.48%
Highly Skilled Supervision (Levels 9 - 12)	8921	18.22%	1469	12	1741	27	19.82%
Senior Management Service Band A (Levels 13)	46	15.22%	6	0	3	0	6.52%
Senior Management Service Band B (Levels 14)	7	12.50%	0	1	1	0	14.29%
Senior Management Service Band C (Levels 15)	4	25.00%	0	0	0	0	0.00%
Senior Management Service Band D (Levels 16)	1	100.00%	0	0	0	0	0.00%
<b>TOTAL</b>	<b>33615</b>	<b>14.11%</b>	<b>4714</b>	<b>37</b>	<b>4657</b>	<b>102</b>	<b>14.16%</b>

**Note** Transfers refer to the lateral movement of employees from one Public Service Department to another (Both Provincially & Nationally).



Annual Turnover Rates by Critical Occupation for 2021/22							
Critical occupation	No. of employees per band as at 31 March 2021	Turnover rate 2020/21	Appointments	Transfers into the Department	Terminations out of the Department	Transfers out of the Department	Turnover rate 2021/22
Clinical Technologist	86	16.48%	24	0	22	2	27.91%
Industrial Technician	67	0.00%	3	0	6	0	8.96%
Medical Opt & Prosthetist	16	12.50%	3	0	2	0	12.50%
Medical Physicist	13	0.00%	2	0	2	1	23.08%
Pharmacists	443	20.55%	90	0	88	0	19.86%
<b>TOTAL</b>	<b>625</b>	<b>17.12%</b>	<b>122</b>	<b>0</b>	<b>120</b>	<b>3</b>	<b>19.68%</b>
<b>Note</b> Transfers refer to the lateral movement of employees from one Public Service Department to another (Both Provincially & Nationally).							

Staff leaving the employ of the Department in 2021/22			
Exit category	No.	% of Total Exits	No. of exits as a % of total No. of employees as at 31 March 2022
Contract Expiry	2227	47.82%	6.63%
Death Resignation	114	2.45%	0.34%
Dismissal: ill Health	87	1.87%	0.26%
Dismissal: Incapacity	2	0.04%	0.01%
Dismissal: Misconduct	53	1.14%	0.16%
Resignation	1618	34.74%	4.81%
Retirement	525	11.27%	1.56%
Other	31	0.67%	0.09%
<b>TOTAL</b>	<b>4657</b>	<b>100.00%</b>	<b>13.86%</b>
<b>Note</b> <ul style="list-style-type: none"> <li>The table identifies the various exit categories for those staff members who have left the employment of the department.</li> <li>1971 of the 2227 contract expiries were employees from the medical professions, pharmacy interns, community service and registrars.</li> </ul>			

Reasons Why Staff Resigned in 2021/22		
Termination types	No.	% of Total Terminations
Absconded	1	0.06%
Age	17	1.05%
Bad Health	11	0.68%
Better Remuneration	349	21.57%
Domestic Problems	5	0.31%
Emigration	1	0.06%
Further Studies	18	1.11%
Housewife	6	0.37%
Misconduct	4	0.25%
Nature of Work	40	2.47%
Other Occupation	237	14.65%



Personal Grievances	32	1.98%
Transport Problems	3	0.19%
No Reason Given	894	55.25%
<b>TOTAL</b>	<b>1 618</b>	<b>100.00%</b>
<b>Note</b>		
Reasons as reflected on PERSAL		

Different Age Groups of Staff Who Resigned in 2021/22		
Age group	No.	% of Total Resignations
Ages <20	0	0.00%
Ages 20 to 24	44	2.72%
Ages 25 to 29	289	17.86%
Ages 30 to 34	330	20.40%
Ages 35 to 39	282	17.43%
Ages 40 to 44	193	11.93%
Ages 45 to 49	137	8.47%
Ages 50 to 54	127	7.85%
Ages 55 to 59	114	7.05%
Ages 60 to 64	98	6.06%
Ages 65 >	4	0.25%
<b>TOTAL</b>	<b>1618</b>	<b>100.00%</b>

Granting of Employee Initiated Severance Packages by Salary Band for 2021/22				
Salary band	No. of applications received	No. of applications referred to the Minister of Public Service and Administration (MPSA)	No. of applications supported by the MPSA	No. of packages approved by Department
Lower Skilled (Levels 1 - 2)	0	0	0	0
Skilled (Level 3 - 5)	0	0	0	0
Highly Skilled Production (Levels 6 - 8)	0	0	0	0
Highly Skilled Supervision (Levels 9 - 12)	0	0	0	0
Senior & Top Management (Levels 13 - 16)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



Promotions by Salary Band for 2021/22					
Salary band	Employees as at 31 March 2021	Promotions to another salary level	Salary band promotions as a % of employees by salary level	Progressions to another notch within a salary level	Notch progression as a % of employees
Lower Skilled (Levels 1 - 2)	3145	0	0.00%	0	0.00%
Skilled (Level 3 - 5)	12745	308	2.42%	0	0.00%
Highly Skilled Production (Levels 6 - 8)	8746	411	4.70%	0	0.00%
Highly Skilled Supervision (Levels 9 - 12)	8921	438	4.91%	0	0.00%
Senior & Top Management (Levels 13 - 16)	58	6	10.34%	0	0.00%
<b>TOTAL</b>	<b>33615</b>	<b>1163</b>	<b>3.46%</b>	<b>0</b>	<b>0.00%</b>
<b>Note</b> No Notch Progression took place during the 2021/22 financial year.					

Promotions by Critical Occupation in 2021/22					
Critical occupation	No. of employees as at 31 March 2021	Promotions to another salary level	Salary level promotions as a % of employees	Progressions to another notch within a salary level	Notch progression as a % of employees
Clinical Technologist	86	1	1.16%	0	0.00%
Industrial Technician	67	3	4.48%	0	0.00%
Medical Ort & Prosthetist	16	0	0.00%	0	0.00%
Medical Physicist	13	0	0.00%	0	0.00%
Pharmacists	443	4	0.90%	0	0.00%
<b>TOTAL</b>	<b>625</b>	<b>8</b>	<b>1.28%</b>	<b>0</b>	<b>0.00%</b>



## Employment Equity

**Total Number of Employees per Occupational Band, including employees with disabilities, as at the 31 March 2022**

Occupational levels	Male				Female				Foreign nationals		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top management (levels 14-16)	1	3	1	1	1	4	2	1	0	0	14
Senior management (levels 13)	4	8	2	8	2	15	0	12	0	0	51
Professionally qualified/ Experienced Specialist/ Mid-management (Levels 11-12)	65	276	86	480	98	446	124	658	46	47	2326
Skilled technical/ Academically qualified workers/ Junior management, supervisors, foremen and superintendents (Levels 8- 10)	295	715	21	166	925	2982	67	784	10	14	5979
Semi-skilled and discretionary decision making (Level 4-7)	1391	2481	29	199	4622	5918	53	607	8	7	15315
Unskilled and defined decision making (Levels 1-3)	838	986	4	44	2627	1500	3	29	1	0	6032
Sub-total	2594	4469	143	898	8275	10865	249	2091	65	68	29717
Temporary employees	262	342	111	372	996	906	166	665	41	34	3895
<b>TOTAL</b>	<b>2856</b>	<b>4811</b>	<b>254</b>	<b>1270</b>	<b>9271</b>	<b>11771</b>	<b>415</b>	<b>2756</b>	<b>106</b>	<b>102</b>	<b>*33612</b>

**Note**

- Nature of appointments periodical and abnormal is excluded.
- Total number of employees includes employees additional to the establishment.
- Number of staff as at 31 March 2022.



## Total Number of Employees with Disabilities per Occupational Band, as at the 31 March 2022

Occupational levels	Male				Female				Foreign nationals		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top management (levels 14-16)	0	0	0	0	0	0	0	0	0	0	0
Senior management (levels 13)	0	0	0	0	0	0	0	0	0	0	0
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	0	2	0	1	0	4	1	6	0	0	14
Skilled technical / Academically qualified workers / Junior management/ supervisors, foremen and superintendents (Levels 8- 10)	1	6	0	4	0	9	4	9	0	0	33
Semi-skilled and discretionary decision making (Level 4-7)	13	39	0	11	15	31	0	19	1	0	129
Unskilled and defined decision making (Levels 1-3)	10	11	0	5	6	14	0	4	0	0	50
Sub-total	24	58	0	21	21	58	5	38	1	0	226
Temporary employees	0	1	1	1	1	1	0	0	0	1	6
<b>TOTAL</b>	<b>24</b>	<b>59</b>	<b>1</b>	<b>22</b>	<b>22</b>	<b>59</b>	<b>5</b>	<b>38</b>	<b>1</b>	<b>1</b>	<b>232</b>

## Note

- Nature of appointments periodical and abnormal is excluded.
- Total number of employees includes employees additional to the establishment.

## Recruitment in 2021/22

Occupational levels	MALE				FEMALE				FOREIGN NATIONALS		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14-16)	0	0	0	0	0	0	0	0	0	0	0
Senior Management (Levels 13)	2	0	0	0	1	0	0	1	0	0	4
Professionally qualified/ Experienced Specialists / Mid-management (Levels 11-12)	8	24	10	48	17	49	17	66	2	10	251
Skilled technical/ Academically qualified workers/ Junior management/ supervisors, foremen and superintendents (Levels 8- 10)	11	22	3	4	57	79	2	22		2	202
Semi-skilled and discretionary decision making (Level 4-7)	99	112	2	6	245	296	8	41	2	1	812
Unskilled and defined decision making (Levels 1-3)	79	69	1	2	230	100	0	3	0	0	484
SUB-TOTAL	199	227	16	60	550	524	27	133	4	13	1753



Temporary employees	212	253	55	193	890	784	103	440	11	20	2961
<b>TOTAL</b>	<b>411</b>	<b>480</b>	<b>71</b>	<b>253</b>	<b>1440</b>	<b>1308</b>	<b>130</b>	<b>573</b>	<b>15</b>	<b>33</b>	<b>4714</b>

**Note** Total number of employees includes employees additional to the establishment.

### Promotions in 2021/22

Occupational levels	Male				Female				Foreign nationals		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14-16)	0	0	0	0	0	1	1	0	0	0	2
Senior Management (Levels 13)	0	1	0	0	0	3	0	0	0	0	4
Professionally qualified/ Experienced Specialists/ Mid-management (Levels 11-12)	2	13	5	23	4	22	4	22	0	3	98
Skilled technical/ Academically qualified workers/ Junior management/ supervisors, foremen and superintendents (Levels 8- 10)	26	38	2	8	99	229	1	33	0	0	436
Semi-skilled and discretionary decision making (Level 4-7)	35	97	0	4	94	136	0	16	0	0	382
Unskilled and defined decision making (Levels 1-3)	35	78	0	5	28	26	0	0	0	0	172
SUB-TOTAL	98	227	7	40	225	417	6	71	0	3	1094
Temporary employees	0	8	2	3	12	30	4	10	0	0	69
<b>TOTAL</b>	<b>98</b>	<b>235</b>	<b>9</b>	<b>43</b>	<b>237</b>	<b>447</b>	<b>10</b>	<b>81</b>	<b>0</b>	<b>3</b>	<b>1163</b>

**Note**

- Total number of employees includes employees additional to the establishment.
- Promotions refer to the total number of employees who have advanced to a higher post level within the department.



## Terminations in 2021/22

Occupational levels	Male				Female				Foreign nationals		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14-16)	0	0	0	0	0	0	0	1	0	0	1
Senior Management (Levels 13)	0	0	0	0	0	1	0	0	0	0	1
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	10	26	9	51	5	30	10	91	7	1	240
Skilled technical / Academically qualified workers / Junior management/ supervisors, foremen and superintendents (Levels 8- 10)	24	52	2	16	91	230	2	97	1	0	515
Semi-skilled and discretionary decision making (Level 4-7)	88	141	3	24	238	427	1	73	1	0	996
Unskilled and defined decision making (Levels 1-3)	44	55	0	0	53	103	0	2	0	0	257
SUB-TOTAL	166	274	14	91	387	791	13	264	9	1	2010
Temporary employees	172	226	63	217	717	654	96	437	30	35	2647
<b>TOTAL</b>	<b>338</b>	<b>500</b>	<b>77</b>	<b>308</b>	<b>1104</b>	<b>1415</b>	<b>109</b>	<b>701</b>	<b>39</b>	<b>36</b>	<b>4657</b>

## Note

- Total number of employees includes employees additional to the establishment.
- Temporary employees reflect all contract appointments.

## Disciplinary Actions in 2021/22

Occupational levels	Male				Female				Foreign nationals		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
<b>TOTAL</b>	<b>29</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>17</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>106</b>

## Note

The disciplinary actions total refers to formal outcomes only and not headcount. For further information on the outcomes of the disciplinary hearings and types of misconduct addressed at disciplinary hearings.



Skills Development in 2021/22									
Occupational levels	Male				Female				TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management (Levels 14-16)	1	3	1	1	0	4	2	1	13
Senior Management (Levels 13)	1	6	2	6	1	15	0	11	42
Professionally qualified/ Experienced Specialists/ Mid-management (Levels 11-12)	23	102	19	96	32	148	28	152	600
Skilled technical/ Academically qualified workers/ Junior management/ supervisors, foreman and superintendents (Levels 8- 10)	79	205	6	43	302	958	22	262	1877
Semi-skilled and discretionary decision making (Level 4-7)	251	502	8	38	1001	1416	8	119	3343
Unskilled and defined decision making (Levels 1-3)	132	182	2	5	490	299	0	5	1115
SUB-TOTAL	487	1000	38	189	1826	2840	60	550	6990
Temporary employees	7	0	2	0	0	1	0	0	10
<b>TOTAL</b>	<b>494</b>	<b>1000</b>	<b>40</b>	<b>189</b>	<b>1826</b>	<b>2841</b>	<b>60</b>	<b>550</b>	<b>7000</b>

### Signing of Employment Agreements by SMS Members

All members of the SMS must conclude and sign performance agreements within specific timeframes. Information regarding the signing of performance agreements by SMS members, the reasons for not complying within the prescribed timeframes and disciplinary steps taken are presented here.

Signing of Performance Agreements per SMS Level as at the 31 May 2021				
SMS level	No. of funded SMS posts per level	No. of SMS Members per level	No. of signed performance agreements per level	Signed performance agreements as % of SMS members per level
Head of Department (hod)	1	1	1	100%
Salary Level 16 (Excl. Hod)	-	-	-	-
Salary level 15	4	4	4	100%
Salary level 14	10	7	7	100%
Salary level 13	55	47	44	94%
<b>TOTAL</b>	<b>70</b>	<b>59</b>	<b>56</b>	<b>95%</b>
<b>Note</b> The allocation of performance-related rewards (cash bonus) for Senior Management Service members is dealt with later in the report.				



## Reasons for Not Concluding the Performance Agreements of all SMS Members

Reason for staff not completing by 31 May 2021:

Approval was granted, from DPSA, for the deviation from the prescribed deadline for the signing of Performance Agreements in respect of the following 3 SMS members for the 2021/2022 performance cycle:

- Ms KE Ching – 1 July 2021
- Dr M Moodley – 08 June 2021
- Ms SM Roy – 29 June 2021

## Disciplinary Steps taken for Not Concluding Performance Agreements

N/A

## Filling of SMS Posts

## SMS Posts as at 30 September 2021

SMS level	Total No. of funded SMS posts per level	Total No. of SMS posts filled per level	% of SMS posts filled per level	Total No. of SMS posts vacant %	% of SMS posts vacant per level
Head of Department (HoD)	1	1	100.00%	0	0.00%
Salary Level 16 (Excl. HoD)	0	0	0.00%	0	0.00%
Salary Level 15	4	4	100.00%	0	0.00%
Salary Level 14	10	9	90.00%	1	10.00%
Salary Level 13	58	47	81.03%	11	18.97%
<b>TOTAL</b>	<b>73</b>	<b>61</b>	<b>83.56%</b>	<b>12</b>	<b>16.44%</b>
<b>Note</b> <ul style="list-style-type: none"> <li>• The number of funded SMS posts per level.</li> <li>• 61 SMS staff as 30 September 2021 and 66 as at 31 March 2022 as per guide.</li> </ul>					

## SMS Post Information as at the 31 March 2022

SMS level	Total No. of funded SMS posts per level	Total No. of SMS posts filled per level	% of SMS posts filled per level	Total No. of SMS posts vacant per level	% of SMS posts vacant per level
Head of Department (HoD)	1	1	100.00%	0	0.00%
Salary Level 16 (Excl. HoD)	0	0	0.00%	0	0.00%
Salary Level 15	4	4	100.00%	0	0.00%
Salary Level 14	9	9	100.00%	0	0.00%
Salary Level 13	58	52	89.66%	6	10.34%
<b>TOTAL</b>	<b>72</b>	<b>66</b>	<b>91.67%</b>	<b>6</b>	<b>8.33%</b>



Advertising and Filling of SMS Posts as at the 31 March 2022			
SMS level	Advertising	Filling Of posts	
	No. of vacancies per level advertised in 6 months of becoming vacant	No. of vacancies per level filled in 6 months after becoming vacant	No. of vacancies per level not filled in 6 months but filled in 12 months
Head of Department (HoD)	0	0	0
Salary Level 16 (Excl. HoD)	0	0	0
Salary Level 15	0	0	0
Salary Level 14	3	3	0
Salary Level 13	7	3	2
<b>TOTAL</b>	<b>10</b>	<b>6</b>	<b>2</b>

Reasons for Non-compliance with the timeframes for filling the vacant funded SMS Posts	
SMS level	Reasons for non-compliance
Head of Department (HoD)	N/A
Salary Level 16 (Excl. HoD)	N/A
Salary Level 15	N/A
Salary Level 14	N/A
Salary Level 13	<p>1 x Director: Information Management/Technology vacant since 1 March 2020. The Recruitment and Selection Process was followed during this reporting financial year, but the successful candidate declined the offer. The post was re-advertised in June 2021 and the successful candidate assumed duty 7 December 2021.</p> <p>1 x Director: Health Technology vacant since 1 April 2020. Advertised 13 November 2020. The successful candidate assumed duty on 3 May 2021.</p> <p>1 x Director: Project Office vacant since 1 September 2019. Was advertised in October 2019 but no suitable candidate could be recruited. The post was thus re-advertised in October 2020 and the successful candidate declined. Post re-advertised in October 2021, interviews took place in March 2022. In the process to complete competency assessments.</p> <p>1 x Director: EMS vacant since 1 June 2019. The post was advertised in November 2019 but due to the impact of COVID-19 on services the panel could not adhere to the timeframes to conclude the Recruitment and Selection process the 12 months after the post became vacant. It was decided to re-advertise the post. The post was re-advertised in August 2021 and the successful candidate assumed duty on 1 April 2022.</p> <p>1 x Chief Executive Office (Alexandra Hospital) vacant since 1 September 2020. Clarity on the role of this post as well as the management structure at the facility must be obtained and then the post will be advertised. The WCGH is busy with the Micro Design Process. The Chief Director: Metro Health Services has implemented a management arrangement to oversee this function to ensure service delivery.</p>

Disciplinary steps taken to deal with Non-compliance in meeting the prescribed timeframes for the filling of SMS Posts
N/A



## Employee Performance

Notch Progression per Salary Band for 2021/22			
Salary bands	Employees as at 31 March 2021	Progressions to another notch within a salary level	Notch progressions as a % of employees by salary band
Lower Skilled (Levels 1 - 2)	3 145	0	0.00%
Skilled (Level 3 - 5)	12 745	0	0.00%
Highly Skilled Production (Levels 6 - 8)	8 746	0	0.00%
Highly Skilled Supervision (Levels 9 - 12)	8 921	0	0.00%
Senior and Top Management (Levels 13 - 16)	58	0	0.00%
<b>TOTAL</b>	<b>33 615</b>	<b>0</b>	<b>0.00%</b>
<b>Note</b> <ul style="list-style-type: none"> <li>No notch progression took place during the 2021/22 financial year.</li> <li>Sessional and abnormal appointments are excluded in this table.</li> <li>Nurses have a 2 year pay progression cycle.</li> <li>All staff on the maximum notch cannot receive pay progression.</li> <li>All staff who are promoted and are not on the new notch for 12 months by 1 April – cannot receive pay progression.</li> <li>All staff who are newly appointed must be on the notch for 24 months to qualify for pay progression.</li> <li>To qualify for a notch progression there are certain criteria that is: newly appointees only qualify for the notch after completion of 24 months, nurses qualify biennial for a notch progression and other employees must be 12 months on a notch to qualify.</li> <li>Notch progression is awarded within accepted norms.</li> </ul>			

Notch Progression per Critical Occupation for 2021/22			
Critical occupation	Employees as at 31 March 2021	Progressions to another notch within a salary level	Notch progressions as a % of employees by salary band
Clinical Technologist	86	0	0.00%
Industrial Technician	67	0	0.00%
Medical Ort & Prosthetist	16	0	0.00%
Medical Physicist	13	0	0.00%
Pharmacists	443	0	0.00%
<b>TOTAL</b>	<b>625</b>	<b>0</b>	<b>0.00%</b>
<b>Note</b> <ul style="list-style-type: none"> <li>The nature of appointments periodical and abnormal is excluded.</li> <li>No notch progression took place-during the 2021/22 financial year.</li> </ul>			



Performance Reward by Race, Gender & Disability for 2021/22					
Race & gender	Beneficiary profile			Cost	
	No. of Beneficiaries	No. of employees in group	% of total group	Cost (R'000)	Per capita cost (R'000)
<b>African</b>					
Male	0	2870	0.00%	0	0
Female	0	9020	0.00%	0	0
<b>Indian</b>					
Male	0	272	0.00%	0	0
Female	0	408	0.00%	0	0
<b>Coloured</b>					
Male	0	4821	0.00%	0	0
Female	0	11920	0.00%	0	0
<b>White</b>					
Male	0	1374	0.00%	0	0
Female	0	2930	0.00%	0	0
Employees with Disabilities	0	223	0.00%	0	0
<b>TOTAL</b>	<b>0</b>	<b>33615</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>
<b>Note</b> <ul style="list-style-type: none"> <li>The above table relates to performance rewards for the performance year 2020/21 and payment effected in the 2021/22 reporting period.</li> <li>Decision was taken by the Department of the Premier that all WCG Department employees would not receive performance rewards for the 2020/21 performance cycle</li> <li>Nature of appointments periodical and abnormal is excluded.</li> <li>Employees with a disability are included in race and gender figures and "Total".</li> <li>Performance Awards are based on a forced distribution curve (Bell Curve). Only 20% of employees can be awarded a performance bonus.</li> <li>To remain within the budget and 20% restriction, the awards are allocated from the highest percentage allocated to the lowest until the cut off has been reached.</li> <li>The table is therefore not a reflection of all the above average performances within the Department but only in respect of those that received a performance bonus.</li> </ul>					

Performance Rewards per Salary Band for 2021/22 (excl. SMS Members)						
Salary bands	Beneficiary profile			Cost		
	No. of Beneficiaries	No. of employees in group	% of total per salary band	Cost (R'000)	Average cost per beneficiary	Cost as a % of the total personnel expenditure
Lower Skilled (Levels 1 - 2)	0	3145	0.00%	0	0	0.00%
Skilled (Level 3 - 5)	0	12745	0.00%	0	0	0.00%
Highly Skilled Production (Levels 6 - 8)	0	8746	0.00%	0	0	0.00%
Highly Skilled Supervision (Levels 9 - 12)	0	8921	0.00%	0	0	0.00%
<b>TOTAL</b>	<b>0</b>	<b>33557</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>
<b>Note</b> <ul style="list-style-type: none"> <li>Nature of appointments periodical and abnormal is excluded.</li> <li>Decision was taken by the Department of the Premier that all WCG Department employees would not receive performance rewards for 2020/21 performance cycle.</li> </ul>						



Performance Rewards, per Salary Band for SMS Members in 2021/22							
Salary bands	Beneficiary profile			Cost			
	No. of Beneficiaries	No. of employees in group	% of total per salary band	Cost (R'000)	Average cost per beneficiary	Cost as a % of the total personnel expenditure	Personnel expenditure per band (R'000)
Senior Management Service Band A (Level 13)	0	46	0.00%	0	0	0.00%	60 246
Senior Management Service Band B (Level 14)	0	7	0.00%	0	0	0.00%	13 661
Senior Management Service Band C (Level 15)	0	4	0.00%	0	0	0.00%	6 833
Senior Management Service Band D (Level 16)	0	1	0.00%	0	0	0.00%	2 441
<b>TOTAL</b>	<b>0</b>	<b>58</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>83 181</b>
<b>Note</b> <ul style="list-style-type: none"> <li>The cost is calculated as a percentage of the total personnel expenditure for salary levels 13-16.</li> <li>Decision was taken by the Department of the Premier that all WCG Department employees would not receive performance rewards for 2020/21 performance cycle.</li> </ul>							

Performance Rewards, per Salary Band for Critical Occupation in 2021/22							
Salary bands	Beneficiary profile			Cost			
	No. of Beneficiaries	No. of employees in group	% of total per salary band	Cost (R'000)	Average cost per beneficiary	Cost as a % of the total personnel expenditure	
Clinical Technologist	0	86	0.00%	0	0	0.00%	
Industrial Technician	0	67	0.00%	0	0	0.00%	
Medical Ort & Prosthetist	0	16	0.00%	0	0	0.00%	
Medical Physicist	0	13	0.00%	0	0	0.00%	
Pharmacists	0	443	0.00%	0	0	0.00%	
<b>TOTAL</b>	<b>0</b>	<b>625</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	
<b>Note</b> <ul style="list-style-type: none"> <li>Nature of appointments periodical and abnormal is excluded.</li> <li>Decision was taken by Department of the Premier that all Western Cape departments employees would not receive performance rewards for 2020/21 performance cycle.</li> </ul>							

## Foreign Workers

The tables below summarise the employment of foreign nationals in the Department in terms of salary bands and by major occupation. The tables also summarise changes in the total number of foreign workers in each salary band and by each major occupation.



Foreign Workers per Salary Band for 2021/22						
SALARY BANDS	31 March 2021		31 March 2022		Change	
	No.	% of Total	No.	% of Total	No.	% of Change
Lower Skilled (Levels 1 - 2)	0	0.00%	0	0.00%	0	0.00%
Skilled (Level 3 - 5)	5	2.12%	6	2.88%	1	20.00%
Highly Skilled Production (Levels 6 - 8)	30	12.71%	29	13.94%	-1	-3.00%
Highly Skilled Supervision (Levels 9 - 12)	201	85.17%	173	83.17%	-28	-14.00%
Senior and Top Management (Levels 13 - 16)	0	0.00%	0	0.00%	0	0.00%
<b>TOTAL</b>	<b>236</b>	<b>100.00%</b>	<b>208</b>	<b>100.00%</b>	<b>-28</b>	<b>-12.00%</b>
<b>Note</b> <ul style="list-style-type: none"> <li>Nature The table above excludes non-citizens with permanent residence in the Republic of South Africa.</li> <li>Nature of appointment sessional, periodical and abnormal is not included.</li> </ul>						

Foreign Workers by Major Occupation in 2021/22						
Salary bands	31 March 2021		31 March 2022		Change	
	No.	% of Total	No.	% of Total	No.	% of Change
Admin office workers	0	0.00%	0	0.00%	0	0.00%
Craft related workers	0	0.00%	0	0.00%	0	0.00%
Elementary occupations	0	0.00%	1	0.48%	1	0.00%
Professionals and managers	170	72.03%	149	71.63%	-21	-12.00%
Service workers	6	2.54%	6	2.88%	0	0.00%
Senior officials and managers	0	0.00%	0	0.00%	0	0.00%
Technical and associated professionals	60	25.42%	52	25.00%	-8	-13.00%
<b>TOTAL</b>	<b>236</b>	<b>100.00%</b>	<b>208</b>	<b>100.00%</b>	<b>-28</b>	<b>-12.00%</b>
<b>Note</b> <ul style="list-style-type: none"> <li>The table above excludes non-citizens with permanent residence in the Republic of South Africa.</li> <li>Nature of appointment sessional, periodical and abnormal is not included.</li> </ul>						

## Leave Utilisation

The Public Service Commission identified the need for careful monitoring of sick leave within the public service. The following tables indicate the use of sick leave and incapacity leave. In both cases, the estimated cost of the leave is also provided.



**Sick Leave from 1 January 2021 to 31 December 2021**

Salary bands	Total days	% of days with medical certification	No. of employees using sick leave	Total No. of employees 31-12-2021	% of total employees using sick leave	Average days per employee	Estimated cost (R'000)
Lower Skilled (Levels 1 - 2)	24148	87.51%	2643	3038	87.00%	8	10 237
Skilled (Level 3 - 5)	106710	84.96%	11703	13213	88.57%	8	69 099
Highly Skilled Production (Levels 6 - 8)	74877	85.32%	7720	8600	89.77%	9	77 478
Highly Skilled Supervision (Levels 9 - 12)	57224	83.61%	6466	8801	73.47%	7	115 575
Senior and Top Management (Levels 13 - 16)	208	81.73%	29	62	46.77%	3	672
<b>TOTAL</b>	<b>263 167</b>	<b>85.00</b>	<b>28 561</b>	<b>33 714</b>	<b>84.72</b>	<b>8</b>	<b>273 061</b>

**Note**

- The three-year sick leave cycle started in January 2019.
- Nature of appointment sessional, periodical and abnormal is not included.
- Annual leave cycle is from 1 January to 31 December of each year.
- Sick Leave reported in this table includes all categories of leave of 51, 52 and 53 (Incapacity).

**Incapacity Leave (incl. temporary & permanent) from 1 January 2021 to 31 December 2021**

Salary bands	Total days	% days with medical certification	No. of employees using incapacity leave	Total No. of employees	% of total employees using incapacity leave	Average days per employee	Estimated cost (R'000)
Lower Skilled (Levels 1 - 2)	5071	100.00%	234	3038	7.70%	22	2 202
Skilled (Level 3 - 5)	22948	100.00%	878	13213	6.64%	26	14 896
Highly Skilled Production (Levels 6 - 8)	21018	100.00%	699	8600	8.13%	30	21 544
Highly Skilled Supervision (Levels 9 - 12)	14573	100.00%	554	8801	6.29%	26	29 749
Senior and Top Management (Levels 13 - 16)	35	100.00%	2	62	3.23%	18	115
<b>TOTAL</b>	<b>63 645</b>	<b>100.00</b>	<b>2367</b>	<b>*33 714</b>	<b>7.02%</b>	<b>27</b>	<b>68 506</b>

**Note**

- The leave dispensation as determined in the "Leave Determination", together with the applicable collective agreements, provides for normal sick leave of 36 working days in a sick leave cycle of three years. If an employee has exhausted his or her normal sick leave, the employer must investigate the - nature and extent of the employee's incapacity. Such investigations must be conducted in accordance with item 10(1) of Schedule 8 of the Labour Relations Act (LRA).
- Incapacity leave is not an unlimited amount of additional sick leave days at an employee's disposal. Incapacity leave is additional sick leave granted conditionally at the employer's discretion, as provided for in the Leave Determination and Policy on Incapacity Leave and Ill-Health Retirement (PIHR).
- Annual leave cycle is from 1 January to 31 December of each year.
- A summary is provided in the table below of the utilisation of annual leave. The wage agreement concluded with trade unions in the Public Service Commission Bargaining Chamber in 2000 requires management of annual leave to prevent high levels of accrued leave from having to be paid at the time of termination of service.
- \* Staff as at 31 December 2021.



Annual Leave from the 1 January 2021 to 31 December 2021			
Salary bands	Total days taken	Total number of employees using annual leave	Average days per employee
Lower Skilled (Levels 1 - 2)	67826	3046	22
Skilled (Level 3 - 5)	308883	13529	23
Highly Skilled Production (Levels 6 - 8)	211395	9071	23
Highly Skilled Supervision (Levels 9 - 12)	215092	9156	23
Senior and Top Management (Levels 13 - 16)	1536	61	25
<b>TOTAL</b>	<b>804 732</b>	<b>34 863</b>	<b>23</b>
<b>Note</b> <ul style="list-style-type: none"> <li>Nature of appointment sessional, periodical and abnormal is not included.</li> <li>Annual leave cycle is from 1 January to 31 December of each year.</li> </ul>			

Capped Leave from 1 January 2021 to 31 December 2021						
Salary bands	Total capped leave available as at 31/12/20	Total days of capped leave taken	No. of employees using capped leave	Average No. of days taken per employee	No. of employees with capped leave as at 31/12/21	Total capped leave available as at 31/12/21
Lower Skilled (Levels 1 - 2)	149	0	0	0	13	121
Skilled (Level 3 - 5)	19228	2140	108	20	977	15963
Highly Skilled Production (Levels 6 - 8)	56109	8425	271	31	1587	46246
Highly Skilled Supervision (Levels 9 - 12)	51322	7455	239	31	1445	42320
Senior and Top Management (Levels 13 - 16)	697	17	2	9	16	599
<b>TOTAL</b>	<b>127 505</b>	<b>18 037</b>	<b>620</b>	<b>29</b>	<b>4038</b>	<b>105 248</b>
<b>Note</b> <ul style="list-style-type: none"> <li>It is possible for the total number of capped leave days to increase as employees who were promoted or transferred into the department, retain their capped leave credits, which form part of that specific salary band and ultimately the departmental total.</li> <li>Nature of appointment sessional, periodical and abnormal is not included.</li> <li>Annual leave cycle is from 1 January to 31 December of each year.</li> </ul>						



Leave Pay-Outs for 2021/22			
Reasons	Total amount (R'000)	No. of employees	Average per employee (R'000)
Leave pay-outs for 2021/22 due to non-utilisation of leave for the previous cycle	1 366	37	37
Capped leave pay-outs on termination of service for 2021/22	28 329	242	117
Current leave pay-outs on termination of service 2021/22	32 143	1857	17
<b>TOTAL</b>	<b>61 838</b>	<b>2136</b>	<b>29</b>
<b>Note</b> <ul style="list-style-type: none"> <li>Capped leave is only paid out in case of normal retirement, termination of services due to ill health and death.</li> <li>The average is calculated as per total amount (R'000) divide by no. of employees 61838/136 =29.</li> </ul>			

## HIV and AIDS & Health Promotion Programmes

Steps Taken to Reduce the Risk of Occupational Exposure, 1 April 2021 to 31 March 2022	
Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	
Only one employee was diagnosed with TB in this period.	
Key steps taken to reduce the risk	
Education and awareness sessions on HIV/AIDS, TB and STIs were taken into consideration in reducing the risk. The Department also released an Occupational TB Policy in December 2021.	

Details of Health Promotion and HIV and AIDS programmes 1 April 2021 to 31 March 2022		
HIV and AIDS & Health Promotion programmes		
Question	Yes	No
Has the Department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	X	
Mrs Bernadette Arries, Chief Director: People Management		
Does the Department have a dedicated unit, or has it designated specific staff members to promote the health and well-being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	X	



Health and Wellness within the Directorate: People Practices and Administration, Health and Wellness at Head Office level:	
Deputy Director	Ms Michelle Buis (Employee Wellness, Diversity & Disability Manager)
Assistant Director	Ms Londiwe Tsosane (Employee Health and Wellness)
Assistant Director	Mr Nabeel Ismail (SHERQ)
Practitioners	Ms Janice Andrews & Ms Caldine Van Willing Mr Marshall Engle Intern: Ms Bandile Ntshingila
Budget	R10 million for the Employee Health and Wellness Programme

<b>Has the Department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of this programme?</b>	<b>X</b>	
<p>The Department follows an integrated approach whereby internal and external services are used. An independent service provider, Metropolitan Health, has been appointed for the period 2020-2023.</p> <p>Programmes and Services offered are as follows:</p> <ol style="list-style-type: none"> <li>Counselling and Support Services: <ul style="list-style-type: none"> <li>24/7/365 Telephone Counselling. The service is available to all employees and their household members,</li> <li>Face to face counselling (6 session model) per issue,</li> <li>Case Management,</li> <li>Trauma/Critical Incident management and</li> <li>HIV and AIDS Counselling.</li> </ul> </li> <li>Life Management Services: <ul style="list-style-type: none"> <li>Family Care,</li> <li>Financial Wellness and</li> <li>Legal Information and Advice.</li> </ul> </li> <li>Managerial Consultancy and Referral Services: <ul style="list-style-type: none"> <li>Managerial Consultancy and</li> <li>Formal referral Programme.</li> </ul> </li> <li>Psychosocial Interventions <ul style="list-style-type: none"> <li>Targeted Psycho-Social Interventions based on identified needs and trends.</li> </ul> </li> <li>Electronic Wellness Information System (EWIS) <ul style="list-style-type: none"> <li>EWIS is an innovative online Healthcare Service to help improve Employee Health and Wellness.</li> </ul> </li> </ol>		

<b>Has the Department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.</b>	<b>X</b>	
<p>Health Departmental Committee:</p> <ul style="list-style-type: none"> <li>Ms Michelle Buis: Head Office,</li> <li>Ms Londiwe Tsosane: Head Office,</li> <li>Ms Caldine Van Willing: Head Office,</li> <li>Ms Janice Andrews: Head Office,</li> <li>Mr Nabeel Ismail: Head Office,</li> <li>Mr Marshall Engle: Head Office,</li> <li>Ms Mercy Lazarus &amp; Ms Lisl Mullins: Groote Schuur Hospital,</li> </ul>		



<ul style="list-style-type: none"> <li>• Ms Ziyanda Melane: Tygerberg Hospital,</li> <li>• Ms Galiema Haroun: Red Cross Hospital,</li> <li>• Ms P Solani, G Engelbrecht &amp; N Petersen: Associated Psychiatric Hospitals,</li> <li>• Ms Wendy Swart: Cape Winelands District,</li> <li>• Ms Lee-Anne Klink: Overberg District,</li> <li>• Ms Portia Kotze &amp; Mr Riaan Van Staden: West Coast District,</li> <li>• Ms Berenice Klein &amp; Ms Lindiwe Mguzulwa: Garden Route/Central Karoo Districts,</li> <li>• Mr Riaan Van Staaden: Metro District Health Services,</li> <li>• Ms Nuruh Davids: Rural Health Services,</li> <li>• Mr Allen Pretorius: Klipfontein/Mitchells Plain Sub-Structure,</li> <li>• Ms Michelle Page: Southern/Western Sub-Structure,</li> <li>• Ms Rozaan Schereka: Eastern Khayelitsha Sub-Structure,</li> <li>• Ms Zandile Ramaota: Northern Tygerberg Sub-Structure,</li> <li>• Ms Liesl Meter &amp; Ms Emma Hoffmeyer: Emergency Medical Services and</li> <li>• Ms Safia Samodien: Forensic Pathology Services.</li> </ul>		
<b>Has the Department reviewed its employment policies and practices to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.</b>	<b>X</b>	
HIV/AIDS, STIs and TB are transversal issues in the Western Cape Government. The WCGH have been appointed as the primary driver of the process and has a dual role to play (i.e., oversight and management of the Departmental Programme as well as managing and coordinating the Programme within the Province. The Transversal Employee Health and Wellness Policies were approved in April 2016.		
<b>Has the Department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.</b>	<b>X</b>	
<p>Key elements – HIV/AIDS/STI Programmes:</p> <ul style="list-style-type: none"> <li>• To ensure that every employee within the Department receives appropriate and accurate HIV and AIDS and STI risk-reduction education.</li> <li>• To create a non-discriminatory work environment via the workplace HIV and AIDS/STI policy.</li> <li>• To prevent occupational exposure to potentially infectious blood and blood products and to manage occupational exposures that occurred.</li> <li>• To provide HIV counselling and testing services for those employees who wish to determine their own HIV status.</li> <li>• To determine the impact of HIV and AIDS on the WCGH and to plan accordingly.</li> <li>• To promote the use of and to provide SABS approved male and female condoms.</li> <li>• Awareness raising of available services.</li> <li>• Education and training.</li> <li>• Counselling.</li> <li>• Critical incident stress debriefing .</li> <li>• Reporting and evaluating.</li> </ul>		
<b>Does the Department encourage its employees to undergo voluntary counselling and testing? If so, list the results that you have achieved.</b>	<b>X</b>	



Yes, the Department does encourage voluntary counselling and testing. For the period 1 April 2021 till the 30 March 2022– 1 652 employees underwent counselling and testing. There has been a slight increase in the number of employees tested 1 602 employees tested in 2020/2021.

The WCGH has appointed the following NGOs to render on-site HIV Testing Services (HTS) to all employees:

- Partners in Sexual Health: Metro East,
- Wola Nani: Metro West,
- Right to Care: West Coast District,
- Right to Care: Cape Winelands District,
- Right to Care: Overberg District,
- Piet Julies Action Aids Group: Garden Route District and
- Right to Care: Central Karoo District.

Results

Department of Health	No of employees tested		
	Tested	Positive	Negative
TOTAL	1652	2	1650

**Has the Department developed measures/indicators to monitor and evaluate the impact of its Health Promotion Programme? If so, list these measures/indicators?**

X

The Department has an annual monitoring and evaluation tool for the Workplace HIV and AIDS Programme. This information is submitted to the HOD, DG and DPSA.

Monthly statistics, quarterly reports and annual reports provided by HTS service providers serve - to monitor and evaluate the effectiveness of the Programme.

Quarterly and Annual reports provided by the Employee Health and Wellness service provider serves as a means to monitor and evaluate the effectiveness of this Programme and also to identify trends and challenges within WCGH to develop and implement tailor-made interventions to address the trends identified.

## Labour Relations

The following collective agreements were entered into with trade unions within the Department.

### Collective Agreements for 2021/22

None



Misconduct & Disciplinary Hearings finalised in 2021/22		
Outcomes of disciplinary hearings	No.	% of Total Hearings
Correctional counselling	0	0%
Verbal warning	0	0%
Written warning	0	0%
Final written warning	11	10%
Suspended without pay	0	0%
Demotion	0	0%
Dismissal	59	56%
Desertion	36	34%
Not guilty	0	0%
Case withdrawn	0	0%
<b>TOTAL</b>	<b>106</b>	<b>100%</b>
<b>% of total employment</b>		<b>0.32%</b>
<b>Note</b> Outcomes of disciplinary hearings refer to formal cases only.		

Types of Misconduct Addressed in Disciplinary Hearing for 2021/22		
Outcomes of disciplinary hearings	No.	% of Total
Absent from work without reason or permission	20	19%
Code of conduct (improper/unacceptable manner)	2	2%
Insubordination	1	1%
Fails to comply with or contravenes acts	4	4%
Negligence	1	1%
Misuse of WCG property	0	0%
Steals, bribes or commits fraud	28	26%
Substance abuse	1	1%
Sexual harassment	10	9%
Discrimination	0	0%
Assault or threatens to assault	3	3%
Desertions	36	34%
Protest Action	0	0%
Social grant fraud	0	0%
<b>TOTAL</b>	<b>106</b>	<b>100%</b>



Grievances Lodged in 2021/22		
Outcomes of disciplinary hearings	No.	% of Total
Number of grievances resolved	124	55%
Number of grievances not resolved	81	36%
Pending	19	9%
<b>TOTAL</b>	<b>224</b>	<b>100%</b>
NOTE <ul style="list-style-type: none"> <li>Number of grievances resolved means the grievance outcome was to the satisfaction of the employee.</li> <li>Number of grievance unresolved means the grievance outcome was not to the satisfaction of the employee.</li> <li>Pending means cases that are still being finalised.</li> </ul>		

Disputes Lodged with Councils in 2021/22		
Conciliations	No.	% of total
Deadlocked	55	93%
Settled	0	0%
Withdrawn	4	7%
<b>TOTAL NO. OF DISPUTES LODGED</b>	<b>59</b>	<b>100%</b>
Arbitrations	No.	% of total
Upheld in favour of employee	47	77%
Dismissed in favour of employer	7	11.5%
Settled	7	11.5%
<b>TOTAL NO. OF DISPUTES LODGED</b>	<b>61</b>	<b>100%</b>
NOTE <ul style="list-style-type: none"> <li>Councils refer to the Public Service Co-ordinating Bargaining Council (PSCBC) and General Public Service Sector Bargaining Council (GPSSBC).</li> </ul>		

Strike Action in 2021/22	
Total number of persons working days lost	Nil
Total cost of working days lost	Nil
Amount (R'000) recovered as a result of no work no pay	Nil

Precautionary Suspensions in 2021/22	
Number of people suspended	37
Number of people whose suspension exceeded 60 days	15
Average number of days suspended	55 days
Cost of suspension	R3 941 734.88
NOTE <p>Councils refer to the Public Service Co-ordinating Bargaining Council (PSCBC) and General Public Service Sector Bargaining Council (GPSSBC).</p>	



## Skills Development

This section highlights the efforts of WCGH with regards to skills development. The tables below reflect the training needs at the beginning of the period under review and the actual training provided.

Training Needs Identified for 2021/22						
Occupational category	Gender	No. Of employees as of 31 March 2021	Training needs identified at start of the reporting period			
			Learnerships	Skills Programmes and other short courses	Other forms of training	TOTAL
Legislators, senior officials and managers	Female	84	0	6	0	6
	Male	142	0	7	0	7
Professionals	Female	10510	3	9539	0	9542
	Male	3441	7	2315	0	2322
Technicians and associate professionals	Female	795	0	762	0	762
	Male	561	0	377	0	377
Clerks	Female	2655	0	2600	0	2600
	Male	1438	0	1302	0	1302
Service and sales workers	Female	7945	0	6833	0	6833
	Male	2002	0	1394	0	1394
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Plant and machine operators and assemblers	Female	10	0	8	0	8
	Male	162	0	100	0	100
Elementary occupations	Female	2279	0	1980	0	1980
	Male	1591	0	1184	0	1184
SUB-TOTAL	Female	24278	3	21728	0	21731
	Male	9337	7	6679	0	6686
TOTAL		33615	10	28407	*2226	28417
Employees with disabilities	Female	119	0	96	0	96
	Male	104	0	68	0	68
NOTES						
<ul style="list-style-type: none"> <li>The above table identifies the training needs at the start of the reporting period as per the Department's Workplace Skills Plan.</li> <li>Source: Quarterly Monitoring and Evaluation Reports.</li> </ul>						
* Other forms of training - (Interns, Adult Basic Education and Training, Home-based carers)						



Training Provided in 2021/22						
Occupational category	Gender	No. Of employees as of 31 March 2022	Training needs identified at start of the reporting period			
			Learnerships	Skills Programmes and other short courses	Other forms of training	TOTAL
Legislators, senior officials and managers	Female	97	0	192	0	192
	Male	144	0	221	0	221
Professionals	Female	10419	3	5423	0	5426
	Male	3348	7	1294	0	1301
Technicians and associate professionals	Female	825	0	275	0	275
	Male	576	0	124	0	124
Clerks	Female	2809	0	684	0	684
	Male	1508	0	417	0	417
Service and sales workers	Female	7916	0	3052	0	3052
	Male	1960	0	855	0	855
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Plant and machine operators and assemblers	Female	10	0	3	0	3
	Male	162	0	42	0	42
Elementary occupations	Female	2239	0	552	0	552
	Male	1599	0	365	0	365
<b>SUB-TOTAL</b>	<b>Female</b>	<b>24315</b>	<b>3</b>	<b>10181</b>	<b>0</b>	<b>10184</b>
	<b>Male</b>	<b>9297</b>	<b>7</b>	<b>3318</b>	<b>0</b>	<b>3325</b>
<b>TOTAL</b>		<b>33612</b>	<b>10</b>	<b>13499</b>	<b>*2204</b>	<b>13509</b>
Employees with disabilities	Female	125	0	49	0	49
	Male	107	0	35	0	35
NOTES						
<ul style="list-style-type: none"> <li>The above table identifies the number of training courses attended by individuals during the period under review.</li> <li>Source: Quarterly Monitoring and Evaluation Reports.</li> </ul>						
* Other forms of training reflect the training of non-employees (Interns, Adult Basic Education and Training, Community Health Workers).						



## Injury on Duty

The table below provides basic information on the injury on duty.

Injuries on Duty for 2021/22		
Nature of injury on duty	No.	% of total
Required basic medical attention only	678	58.4%
Temporary disablement	442	38.1%
Permanent disablement	39	3.3%
Fatal	2	0.2%
<b>TOTAL</b>	<b>1161</b>	<b>100%</b>
<b>% of total employed</b>		<b>3.5%</b>
NOTES		
<ul style="list-style-type: none"> <li>The information provided above is calculated and provided as per the Department of Labour definition of IOD (i.e., basic IOD equals no leave taken, temporary disablement is less than 14 days leave for occupational injuries and disease and permanent disablement more than 14 days for leave for occupational injuries and disease).</li> </ul>		



## Utilisation of consultants

Consultant/Contractor	Amount (R'000)	Purpose
Alexander Forbes Health (Pty) LTD	188	Evaluation of PILIR and Incapacity cases
Alloro Africa Enviro Services	137	Provision of services related to the NEWSTER 50 machine for medical waste pulp
Audit Committee	336	Monitoring of internal controls and risk management process independently as part of its quarterly review of the Department
BCX	2 100	PERSAL system data analysis
Break Through HR Solutions	393	Facilitating of a patient satisfaction survey, data analysis and feedback to Institution
Deloitte Consulting	8	Provision of an online recruiting system
Department of Cultural Affairs and Sport	39	The rendering of translation Services
Department of the Premier	4 707	Information Technology related services
Dots Africa	1 445	Conducting background screening and reference checks for Recruitment and Selection purposes as Directed by DPSA
Firewire System Solutions	115	Repairs/maintenance of Nurse Call System in wards/therapy areas
Folio Online	3 737	Telephonic and on-site interpretation services
Health System Technologies	734	Maintenance of computer systems like HIS / Assisted the Hospital Fees (Billing) Department with electronic submissions
Independent Health Complaints Committee	88	Address patient complaints in respect of the quality of care they received
Kantar Public/Kantar TNS	1 076	Market Research and consultancy services performed
Lentegeur Facilities Management	93 045	Provision of integrated management services for Western Cape Rehabilitation Centre and Lentegeur Psychiatric Hospital
Mental Health Review Board	2 818	Services rendered by the Board members of the mental health review board
Managed Integrity Evaluation (MIE) (Pty LTD)	533	Verification of personal credentials, qualifications and criminal records to minimise CV fraud
Mpower Consulting Services	140	Organisational Improvement, Change and Culture Transformation Project at Tygerberg Hospital
SABS Commercial	1 358	SABS payments for Dosimeter monitoring (Radiation Protection Fees)
Safenet Africa cc	13	Provision of Health and Safety Training
South African Medical Research Council	3	Foodfinder Web Based Dietary Analysis Software
The Assessment Toolbox	120	Competency Assessments for SMS members
Treetops Management and Development	25	Competency assessments for filling of posts level 9 and up
University Of Cape Town	4 108	Contract with UCT for rendering Pharmacovigilance, MIC Hotline service WCGHSC0152/2018 and COVID-19 related material
University Of Cape Town Lung Institute	574	Development of a wound care guide as well as the development of COVID-19 program-based material
Western Cape College of Nursing	24	Honorarium payment for Student Representative Council WCCN
<b>TOTAL</b>	<b>117 864</b>	









# PART E

## FINANCIAL INFORMATION









## Report of the auditor-general to the Western Cape Provincial Parliament on vote no. 6: Western Cape Department of Health

### Report on the audit of the financial statements

#### Opinion

1. I have audited the financial statements of the Western Cape Department of Health set out on pages 202 to 270 which comprise the appropriation statement, statement of financial position as at 31 March 2022, the statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, the financial statements present fairly, in all material respects, the financial position of the Western Cape Department of Health as at 31 March 2022, and its financial performance and cash flows for the year then ended in accordance with the Modified Cash Standard (MCS) as prescribed by the National Treasury and the requirements of the Public Finance Management Act 1 of 1999 (PFMA) and Division of Revenue Act 9 of 2021 (Dora).

#### Basis for opinion

3. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the auditor-general's responsibilities for the audit of the financial statements section of my report.
4. I am independent of the department in accordance with the International Ethics Standards Board for Accountants' *International code of ethics for professional accountants (including International Independence Standards)* (IESBA code) as well as other ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA code.
5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

#### Other matter

6. I draw attention to the matter below. My opinion is not modified in respect of this matter.

#### Unaudited supplementary schedules

7. The supplementary information set out on pages 271 to 297 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and accordingly, I do not express an opinion thereon.

#### Responsibilities of the accounting officer for the financial statements

8. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS as prescribed by the National Treasury and the requirements of the PFMA and Dora, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.



9. In preparing the financial statements, the accounting officer is responsible for assessing the department's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations, or has no realistic alternative but to do so.

### **Auditor-general's responsibilities for the audit of the financial statements**

10. My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.
11. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report.

### **Report on the audit of the annual performance report**

#### **Introduction and scope**

12. In accordance with the Public Audit Act 25 of 2004 (PAA) and the general notice issued in terms thereof, I have a responsibility to report on the usefulness and reliability of the reported performance information against predetermined objectives for the selected programme presented in the annual performance report. I performed procedures to identify material findings, but not to gather evidence to express assurance.
13. My procedures address the usefulness and reliability of the reported performance information, which must be based on the department's approved performance planning documents. I have not evaluated the completeness and appropriateness of the performance indicators included in the planning documents. My procedures do not examine whether the actions taken by the department enabled service delivery. My procedures do not extend to any disclosures or assertions relating to the extent of achievements in the current year or planned performance strategies and information in respect of future periods that may be included as part of the reported performance information. Accordingly, my findings do not extend to these matters.
14. I evaluated the usefulness and reliability of the reported performance information in accordance with the criteria developed from the performance management and reporting framework, as defined in the general notice, for the following selected programme presented in the department's annual performance report for the year ended 31 March 2022:

<b>Programme</b>	<b>Pages in the annual performance report</b>
Programme 2: District health services	41 to 58



15. I performed procedures to determine whether the reported performance information was properly presented and whether performance was consistent with the approved performance planning documents. I performed further procedures to determine whether the indicators and related targets were measurable and relevant, and assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.
16. I did not raise any material findings on the usefulness and reliability of the reported performance information for programme 2: District health services.

### Other matter

17. I draw attention to the matter below.

### Achievement of planned targets

18. Refer to the annual performance report on pages 41 to 58 for information on the achievement of planned targets for the year and management's explanations provided for the under/over achievement of targets.

## Report on the audit of compliance with legislation

### Introduction and scope

19. In accordance with the PAA and the general notice issued in terms thereof, I have a responsibility to report material findings on the department's compliance with specific matters in key legislation. I performed procedures to identify findings but not to gather evidence to express assurance.
20. I did not raise any material findings on compliance with the specific matters in key legislation set out in the general notice issued in terms of the PAA.

### Other information

21. The accounting officer is responsible for the other information. The other information comprises the information included in the annual report. The other information does not include the financial statements, the auditor's report and the selected programme presented in the annual performance report that have been specifically reported in this auditor's report.
22. My opinion on the financial statements and findings on the reported performance information and compliance with legislation does not cover the other information and I do not express an audit opinion or any form of assurance conclusion on it.
23. In connection with my audit, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements and the selected programme presented in the annual performance report, or my knowledge obtained in the audit, or otherwise appears to be materially misstated.
24. If, based on the work I have performed, I conclude that there is a material misstatement in this other information, I am required to report that fact. I have nothing to report in this regard.



## Internal control deficiencies

25. I considered internal control relevant to my audit of the financial statements, reported performance information and compliance with applicable legislation; however, my objective was not to express any form of assurance on it. I did not identify any significant deficiencies in internal control.

*Auditor General*

Cape Town

30 July 2022



AUDITOR - GENERAL  
SOUTH AFRICA

*Auditing to build public confidence*



## Annexure – Auditor-general’s responsibility for the audit

1. As part of an audit in accordance with the ISAs, I exercise professional judgement and maintain professional scepticism throughout my audit of the financial statements and the procedures performed on reported performance information for the selected programme and on the department’s compliance with respect to the selected subject matters.

### Financial statements

2. In addition to my responsibility for the audit of the financial statements as described in this auditor’s report, I also:
  - identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.
  - obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department’s internal control.
  - evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the accounting officer.
  - conclude on the appropriateness of the accounting officer’s use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists relating to events or conditions that may cast significant doubt on the ability of the Western Cape Department of Health to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor’s report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify my opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor’s report. However, future events or conditions may cause a department to cease operating as a going concern.
  - evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

### Communication with those charged with governance

3. I communicate with the accounting officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.
4. I also provide the accounting officer with a statement that I have complied with relevant ethical requirements regarding independence, and communicate with them all relationships and other matters that may reasonably be thought to bear on my independence and, where applicable, actions taken to eliminate threats or safeguards applied.



**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2022**

Appropriation per programme										
		2021/22						2020/21		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Voted funds and Direct charges										
Programme										
1	ADMINISTRATION	1 592 522	-	(77 474)	1 515 048	1 414 302	100 746	93.4%	1 282 376	1 183 351
2	DISTRICT HEALTH SERVICES	11 543 267	-	98 474	11 641 741	11 641 741	-	100.0%	11 384 719	11 384 719
3	EMERGENCY MEDICAL SERVICES	1 240 450	-	-	1 240 450	1 240 109	341	100.0%	1 173 082	1 154 636
4	PROVINCIAL HOSPITAL SERVICES	4 279 912	-	-	4 279 912	4 270 446	9 466	99.8%	4 085 431	4 056 532
5	CENTRAL HOSPITAL SERVICES	7 498 236	-	2 713	7 500 949	7 500 949	-	100.0%	7 265 966	7 234 638
6	HEALTH SCIENCES AND TRAINING	375 958	-	(9 000)	366 958	343 840	23 118	93.7%	357 152	317 814
7	HEALTH CARE SUPPORT SERVICES	574 343	-	(14 713)	559 630	546 146	13 484	97.6%	547 921	532 961
8	HEALTH FACILITIES MANAGEMENT	1 085 475	-	-	1 085 475	958 721	126 754	88.3%	1 116 906	1 098 889
Programme sub total		28 190 163	-	-	28 190 163	27 916 254	273 909	99.0%	27 213 553	26 963 540
Statutory Appropriation		-	-	-	-	-	-	-	-	-
TOTAL		28 190 163	-	-	28 190 163	27 916 254	273 909	99.0%	27 213 553	26 963 540
Reconciliation with Statement of Financial Performance										
Add:										
	Departmental receipts				29 627				14 655	
	NRF Receipts				-				-	
	Aid assistance				379				-	
Actual amounts per Statement of Financial Performance (Total)					28 220 169	5 388			27 228 208	140
Add:						-				-
	Aid assistance									
	Prior year unauthorised expenditure approved without funding									
Actual amounts per Statement of Financial Performance Expenditure						27 921 642				26 963 680



**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT**

**for the year ended 31 March 2022**

Appropriation per economic classification									
	2021/22					2020/21			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	25 588 242	-	55 615	25 643 857	25 393 374	250 483	99.0%	24 525 216	24 323 056
Compensation of employees	16 315 032	-	(35 259)	16 279 773	16 179 921	99 852	99.4%	15 456 826	15 338 438
Salaries and wages	14 462 909	-	(32 896)	14 430 013	14 330 918	99 095	99.3%	13 644 282	13 552 015
Social contributions	1 852 123	-	(2 363)	1 849 760	1 849 003	757	100.0%	1 812 544	1 786 423
Goods and services	9 273 210	-	90 874	9 364 084	9 213 453	150 631	98.4%	9 068 390	8 984 618
Administrative fees	309	-	-	309	246	63	79.6%	299	861
Advertising	20 219	-	-	20 219	25 034	(4 815)	123.8%	24 198	20 798
Minor assets	94 687	-	-	94 687	36 755	57 932	38.8%	81 251	65 920
Audit costs: External	24 253	-	-	24 253	22 572	1 681	93.1%	20 478	18 170
Bursaries: Employees	11 306	-	-	11 306	11 313	(7)	100.1%	11 306	11 738
Catering: Departmental activities	4 805	-	-	4 805	1 626	3 179	33.8%	6 098	1 777
Communication (G&S)	60 142	-	-	60 142	55 068	5 074	91.6%	55 500	47 745
Computer services	108 902	-	-	108 902	138 044	(29 142)	126.8%	107 440	135 630
Consultants: Business and advisory services	121 967	-	-	121 967	117 864	4 103	96.6%	128 219	115 074
Infrastructure and planning services	42 946	-	-	42 946	40 035	2 911	93.2%	32 449	26 075
Laboratory services	1 130 700	-	-	1 130 700	1 152 732	(22 032)	101.9%	956 647	924 443
Legal services	14 598	-	-	14 598	15 988	(1 390)	109.5%	19 940	12 260
Contractors	605 998	-	(1 148)	604 850	578 199	26 651	95.6%	610 251	606 435
Agency and support / outsourced services	559 447	-	48 418	607 865	681 754	(73 889)	112.2%	532 187	571 566
Entertainment	273	-	-	273	71	202	26.0%	235	19
Fleet services (including government motor transport)	211 366	-	(773)	210 593	182 726	27 867	86.8%	191 243	169 117
Inventory: Food and food supplies	65 331	-	2 000	67 331	70 593	(3 262)	104.8%	61 862	63 061
Inventory: Medical supplies	2 061 966	-	-	2 061 966	2 030 158	31 808	98.5%	2 108 869	2 023 102
Inventory: Medicine	1 816 761	-	-	1 816 761	1 762 680	54 081	97.0%	1 702 212	1 800 646
Inventory: Other supplies	14 044	-	34	14 078	14 325	(247)	101.8%	15 160	10 117
Consumable supplies	522 070	-	23 309	545 379	592 030	(46 651)	108.6%	663 269	662 099
Consumable: Stationery, printing and office supplies	103 088	-	4 041	107 129	111 201	(4 072)	103.8%	102 814	99 032
Operating leases	32 018	-	-	32 018	22 667	9 351	70.8%	69 160	104 390
Property payments	1 466 503	-	20 788	1 487 291	1 392 076	95 215	93.6%	1 346 345	1 337 475
Transport provided: Departmental activity	1 919	-	-	1 919	23 381	(21 462)	1218.4%	2 072	2 041
Travel and subsistence	53 419	-	(5 174)	48 245	31 857	16 388	66.0%	102 469	73 480
Training and development	57 064	-	-	57 064	34 468	22 596	60.4%	49 658	19 648



**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2022**

Appropriation per economic classification									
	2021/22					2020/21			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Operating payments	34 571	-	(621)	33 950	33 538	412	98.8%	34 353	28 474
Venues and facilities	2 491	-	-	2 491	1 007	1 484	40.4%	2 486	45
Rental and hiring	30 047	-	-	30 047	33 445	(3 398)	111.3%	29 920	33 380
<b>Transfers and subsidies</b>	<b>1 612 523</b>	-	<b>(66 447)</b>	<b>1 546 076</b>	<b>1 503 799</b>	<b>42 277</b>	<b>97.3%</b>	<b>1 573 062</b>	<b>1 541 555</b>
Provinces and municipalities	660 129	-	-	660 129	657 240	2 889	99.6%	630 957	629 037
Provinces	18	-	-	18	15	3	83.3%	18	25
Provincial agencies and funds	18	-	-	18	15	3	83.3%	18	25
Municipalities	660 111	-	-	660 111	657 225	2 886	99.6%	630 939	629 012
Municipal agencies and funds	660 111	-	-	660 111	657 225	2 886	99.6%	630 939	629 012
Departmental agencies and accounts	7 210	-	-	7 210	7 107	103	98.6%	6 980	7 258
Departmental agencies	7 210	-	-	7 210	7 107	103	98.6%	6 980	7 258
Higher education institutions	-	-	-	-	-	-	-	10 000	10 000
Non-profit institutions	697 100	-	-	697 100	659 837	37 263	94.7%	689 828	661 615
Households	248 084	-	(66 447)	181 637	179 615	2 022	98.9%	235 297	233 645
Social benefits	72 805	-	-	72 805	77 799	(4 994)	106.9%	69 723	61 360
Other transfers to households	175 279	-	(66 447)	108 832	101 816	7 016	93.6%	165 574	172 285
<b>Payments for capital assets</b>	<b>989 398</b>	-	-	<b>989 398</b>	<b>1 008 249</b>	<b>(18 851)</b>	<b>101.9%</b>	<b>1 106 740</b>	<b>1 090 394</b>
Buildings and other fixed structures	214 610	-	-	214 610	215 501	(891)	100.4%	394 889	356 177
Buildings	214 610	-	-	214 610	215 501	(891)	100.4%	394 889	356 177
Machinery and equipment	774 369	-	-	774 369	790 889	(16 520)	102.1%	710 851	733 388
Transport equipment	198 150	-	-	198 150	214 255	(16 105)	108.1%	193 851	203 517
Other machinery and equipment	576 219	-	-	576 219	576 634	(415)	100.1%	517 000	529 871
Software and other intangible assets	419	-	-	419	1 859	(1 440)	443.7%	1 000	829
<b>Payment for financial assets</b>	<b>28 190 163</b>	-	<b>10 832</b>	<b>10 832</b>	<b>10 832</b>	<b>-</b>	<b>100.0%</b>	<b>8 535</b>	<b>8 535</b>
				<b>28 190 163</b>	<b>27 916 254</b>	<b>273 909</b>	<b>99.0%</b>	<b>27 213 553</b>	<b>26 963 540</b>



**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2022**

**Programme 1: ADMINISTRATION**

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme 1 OFFICE OF THE MEC 2 MANAGEMENT	9 071	-	-	9 071	8 673	398	95.6%	8 881	8 084
	1 583 451	-	(77 474)	1 505 977	1 405 629	100 348	93.3%	1 273 495	1 175 267
	1 592 522	-	(77 474)	1 515 048	1 414 302	100 746	93.4%	1 282 376	1 183 351
Economic classification	1 407 758	-	(19 128)	1 388 630	1 291 634	96 996	93.0%	1 125 718	1 025 970
	412 838	-	(12 806)	400 032	395 323	4 709	98.8%	386 607	369 242
	363 192	-	(12 806)	350 386	344 122	6 264	98.2%	338 148	321 139
	49 646	-	-	49 646	51 201	(1 555)	103.1%	48 459	48 103
	994 920	-	(6 322)	988 598	896 311	92 287	90.7%	739 111	656 728
	305	-	-	305	246	59	80.7%	295	252
	10 640	-	-	10 640	9 979	661	93.8%	11 301	11 662
	6 405	-	-	6 405	4 321	2 084	67.5%	2 262	2 053
	24 253	-	-	24 253	22 572	1 681	93.1%	20 478	18 170
	745	-	-	745	144	601	19.3%	745	141
	10 344	-	-	10 344	10 020	324	96.9%	6 825	4 875
	99 197	-	-	99 197	124 961	(25 764)	126.0%	93 986	122 302
	11 221	-	-	11 221	12 955	(1 734)	115.5%	16 764	6 399
	341 000	-	-	341 000	279 885	61 115	82.1%	-	-
	14 598	-	-	14 598	15 988	(1 390)	109.5%	19 940	12 260
	158 009	-	(1 148)	156 861	142 098	14 763	90.6%	194 131	192 381
	198	-	-	198	201	(3)	101.5%	-	556
	83	-	-	83	14	69	16.9%	83	4
	4 605	-	-	4 605	3 878	727	84.2%	4 458	3 527
	279 305	-	-	279 305	239 417	39 888	85.7%	248 611	202 170
	-	-	-	-	2	(2)	-	-	-
	6 238	-	-	6 238	5 302	936	85.0%	47 229	21 447
	5 044	-	-	5 044	5 159	(115)	102.3%	6 972	2 949
	1 565	-	-	1 565	919	646	58.7%	1 515	462
	2 384	-	-	2 384	7 905	(5 521)	331.6%	372	824
	-	-	-	-	-	-	-	-	-
	11 489	-	(5 174)	6 315	5 650	665	89.5%	59 933	53 461
	1 814	-	-	1 814	535	1 279	29.5%	1 755	361



Accounting to build public confidence

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Western Cape Department of Health



**WESTERN CAPE DEPARTMENT OF HEALTH**  
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## APPROPRIATION STATEMENT

for the year ended 31 March 2022

	2021/22						2020/21		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
Operating payments	4 560	-	-	4 560	3 218	1 342	70.6%	542	235
Venues and facilities	789	-	-	-	812	(23)	102.9%	789	-
Rental and hiring	129	-	-	129	130	(1)	100.8%	125	237
<b>Transfers and subsidies</b>	<b>134 522</b>	-	<b>(58 647)</b>	<b>75 875</b>	<b>73 907</b>	<b>1 968</b>	<b>97.4%</b>	<b>131 849</b>	<b>135 578</b>
Departmental agencies and accounts	594	-	-	594	486	108	81.8%	575	854
Departmental agencies	594	-	-	594	486	108	81.8%	575	854
Households	133 928	-	<b>(58 647)</b>	75 281	73 421	1 860	97.5%	131 274	134 724
Social benefits	11 226	-	-	11 226	9 514	1 712	84.7%	10 867	3 190
Other transfers to households	122 702	-	<b>(58 647)</b>	64 055	63 907	148	99.8%	120 407	131 534
<b>Payments for capital assets</b>	<b>50 242</b>	-	-	<b>50 242</b>	<b>48 460</b>	<b>1 782</b>	<b>96.5%</b>	<b>24 809</b>	<b>21 803</b>
Machinery and equipment	50 242	-	-	50 242	48 446	1 796	96.4%	24 809	21 803
Transport equipment	11 242	-	-	11 242	14 707	<b>(3 465)</b>	130.8%	6 353	9 730
Other machinery and equipment	39 000	-	-	39 000	33 739	5 261	86.5%	18 456	12 073
Software and other intangible assets	-	-	-	-	14	<b>(14)</b>	-	-	-
<b>Payment for financial assets</b>	-	-	<b>301</b>	<b>301</b>	<b>301</b>	-	<b>100.0%</b>	-	-
	<b>1 592 522</b>	-	<b>(77 474)</b>	<b>1 515 048</b>	<b>1 414 302</b>	<b>100 746</b>	<b>93.4%</b>	<b>1 282 376</b>	<b>1 183 351</b>



**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2022**

**Programme 2: DISTRICT HEALTH SERVICES**

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme	420 542	-	(53)	420 489	399 037	21 452	94.9%	409 439	386 850
	1 586 072	-	53	1 586 125	1 587 192	(1 067)	100.1%	1 532 700	1 541 514
	2 677 090	-	-	2 677 090	2 638 871	38 219	98.6%	2 459 730	2 395 152
	249 526	-	-	249 526	244 181	5 345	97.9%	234 501	224 574
	1	-	-	1	-	1	-	1	-
	2 285 946	-	-	2 285 946	2 269 352	16 594	99.3%	2 520 573	2 513 764
	58 366	-	-	58 366	56 756	1 610	97.2%	55 306	52 622
	1	-	-	1	-	-	1	1	-
	4 265 722	-	98 474	4 364 196	4 446 352	(82 156)	101.9%	4 172 389	4 270 164
	1	-	-	1	-	1	-	79	79
	11 543 267	-	98 474	11 641 741	11 641 741	-	100.0%	11 384 719	11 384 719
Economic classification	10 109 941	-	97 662	10 207 603	10 247 298	(39 695)	100.4%	9 948 721	10 016 678
	6 365 952	-	(307)	6 365 645	6 309 815	55 830	99.1%	5 923 182	5 915 546
	5 657 705	-	(307)	5 657 398	5 590 856	66 542	98.8%	5 227 684	5 218 120
	708 247	-	-	708 247	718 959	(10 712)	101.5%	695 498	697 426
	3 743 989	-	97 969	3 841 958	3 937 483	(95 525)	102.5%	4 025 539	4 101 132
	8 865	-	-	8 865	14 921	(6 056)	168.3%	12 209	8 741
	20 478	-	-	20 478	10 641	9 837	52.0%	20 683	11 012
	2 427	-	-	2 427	991	1 436	40.8%	3 272	1 205
	28 544	-	-	28 544	24 931	3 613	87.3%	27 769	24 174
	3 318	-	-	3 318	4 186	(868)	126.2%	3 461	3 768
	6 987	-	-	6 987	5 956	1 031	85.2%	11 965	11 013
	471 401	-	-	471 401	549 461	(78 060)	116.6%	682 227	653 256
	115 558	-	-	115 558	126 896	(11 338)	109.8%	99 727	94 361
	342 537	-	47 831	390 368	432 595	(42 227)	110.8%	332 612	360 470
	103	-	-	103	24	79	23.3%	101	3
	35 731	-	-	35 731	29 933	5 798	83.8%	34 108	26 728
	44 861	-	2 000	46 861	50 210	(3 349)	107.1%	43 933	44 316
	539 909	-	-	539 909	546 728	(6 819)	101.3%	679 705	645 810
	1 391 467	-	-	1 391 467	1 344 296	47 171	96.6%	1 288 536	1 420 022



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WESTERN CAPE DEPARTMENT OF HEALTH  
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APPROPRIATION STATEMENT  
for the year ended 31 March 2022

	2021/22						2020/21		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
Inventory: Other supplies	554	-	-	554	-	554	-	528	-
Consumable supplies	158 152	-	23 309	181 461	187 722	(6 261)	103.5%	213 629	225 616
Consumable: Stationery, printing and office supplies	53 392	-	4 041	57 433	59 309	(1 876)	103.3%	51 103	53 371
Operating leases	14 355	-	-	14 355	9 681	4 674	67.4%	43 559	37 409
Property payments	442 193	-	20 788	462 981	485 151	(22 170)	104.8%	419 123	436 253
Transport provided: Departmental activity	1 241	-	-	1 241	1 339	(98)	107.9%	1 202	995
Travel and subsistence	20 379	-	-	20 379	15 840	4 539	77.7%	19 324	14 025
Training and development	17 922	-	-	17 922	11 549	6 373	64.4%	13 100	5 113
Operating payments	8 667	-	-	8 667	7 333	1 334	84.6%	8 609	6 008
Venues and facilities	192	-	-	192	125	67	65.1%	187	21
Rental and hiring	14 756	-	-	14 756	17 665	(2 909)	119.7%	14 847	17 442
<b>Transfers and subsidies</b>	<b>1 298 789</b>	-	-	<b>1 298 789</b>	<b>1 263 023</b>	<b>35 766</b>	<b>97.2%</b>	<b>1 261 496</b>	<b>1 229 676</b>
Provinces and municipalities	660 111	-	-	660 111	657 227	2 884	99.6%	630 939	629 012
Provinces	-	-	-	-	2	(2)	-	-	-
Provincial agencies and funds	-	-	-	-	2	(2)	-	-	-
Municipalities	660 111	-	-	660 111	657 225	2 886	99.6%	630 939	629 012
Municipal agencies and funds	660 111	-	-	660 111	657 225	2 886	99.6%	630 939	629 012
Non-profit institutions	617 181	-	-	617 181	580 003	37 178	94.0%	610 489	582 325
Households	21 497	-	-	21 497	25 793	(4 296)	120.0%	20 068	18 339
Social benefits	20 915	-	-	20 915	25 139	(4 224)	120.2%	19 471	18 187
Other transfers to households	582	-	-	582	654	(72)	112.4%	597	152
<b>Payments for capital assets</b>	<b>134 537</b>	-	-	<b>134 537</b>	<b>130 608</b>	<b>3 929</b>	<b>97.1%</b>	<b>170 288</b>	<b>134 151</b>
Buildings and other fixed structures	-	-	-	-	41	(41)	-	27 500	17 345
Buildings	-	-	-	-	41	(41)	-	27 500	17 345
Machinery and equipment	134 513	-	-	134 513	130 555	3 958	97.1%	142 788	116 350
Transport equipment	56 066	-	-	56 066	63 932	(7 866)	114.0%	56 870	64 763
Other machinery and equipment	78 447	-	-	78 447	66 623	11 824	84.9%	85 918	51 587
Software and other intangible assets	24	-	-	24	12	12	50.0%	-	456
<b>Payment for financial assets</b>	<b>-</b>	-	<b>812</b>	<b>812</b>	<b>812</b>	<b>-</b>	<b>100.0%</b>	<b>4 214</b>	<b>4 214</b>
	<b>11 543 267</b>	-	<b>98 474</b>	<b>11 641 741</b>	<b>11 641 741</b>	<b>-</b>	<b>100.0%</b>	<b>11 384 719</b>	<b>11 384 719</b>



**WESTERN CAPE DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2022**

**Programme 3: EMERGENCY MEDICAL SERVICES**

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 EMERGENCY TRANSPORT	1 132 191	-	773	1 132 964	1 142 402	(9 438)	100.8%	1 072 242	1 064 378
2 PLANNED PATIENT TRANSPORT	108 259	-	(773)	107 486	97 707	9 779	90.9%	100 840	90 258
	1 240 450	-	-	1 240 450	1 240 109	341	100.0%	1 173 082	1 154 636
Economic classification									
Current payments	1 132 001	-	(773)	1 131 228	1 113 527	17 701	98.4%	1 068 754	1 051 097
Compensation of employees	764 966	-	-	764 966	772 964	(7 998)	101.0%	727 724	729 515
Salaries and wages	651 262	-	-	651 262	660 604	(9 342)	101.4%	617 346	620 357
Social contributions	113 704	-	-	113 704	112 360	1 344	98.8%	110 378	109 158
Goods and services	367 035	-	(773)	366 262	340 563	25 699	93.0%	341 030	321 582
Minor assets	996	-	-	996	872	124	87.6%	1 400	358
Catering: Departmental activities	337	-	-	337	219	118	65.0%	337	5
Communication (G&S)	8 159	-	-	8 159	6 460	1 699	79.2%	7 900	6 276
Consultants: Business and advisory services	103	-	-	103	110	(7)	106.8%	100	147
Contractors	152 000	-	-	152 000	120 806	31 194	79.5%	144 634	142 134
Agency and support / outsourced services	737	-	-	737	724	13	98.2%	712	499
Entertainment	3	-	-	3	-	3	-	3	-
Fleet services (including government motor transport)	148 886	-	(773)	148 113	129 703	18 410	87.6%	132 214	119 717
Inventory: Medical supplies	11 115	-	-	11 115	16 029	(4 914)	144.2%	10 555	13 842
Inventory: Medicine	1 605	-	-	1 605	1 519	86	94.6%	1 523	937
Consumable supplies	18 179	-	-	18 179	23 388	(5 209)	128.7%	17 601	19 597
Consumable: Stationery, printing and office supplies	1 657	-	-	1 657	1 356	301	81.8%	1 606	1 318
Operating leases	1 117	-	-	1 117	259	858	23.2%	1 080	411
Property payments	16 002	-	-	16 002	15 505	497	96.9%	15 273	14 031
Transport provided: Departmental activity	-	-	-	-	21 223	(21 223)	-	-	467
Travel and subsistence	4 609	-	-	4 609	1 336	3 273	29.0%	4 609	1 122
Training and development	1 438	-	-	1 438	557	881	38.7%	1 392	634
Operating payments	57	-	-	57	61	(4)	107.0%	56	55
Venues and facilities	25	-	-	25	-	25	-	25	-
Rental and hiring	10	-	-	10	436	(426)	4360.0%	10	32



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**APPROPRIATION STATEMENT  
for the year ended 31 March 2022**

	2021/22					2020/21		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
<b>Economic classification</b>								
<b>Transfers and subsidies</b>								
Provinces and municipalities	880	-	-	880	1 082	(202)	123.0%	851
Provinces	18	-	-	18	13	5	72.2%	18
Provincial agencies and funds	18	-	-	18	13	5	72.2%	18
Departmental agencies and accounts	18	-	-	18	13	5	72.2%	18
Departmental agencies	-	-	-	-	20	(20)	-	-
Households	-	-	-	-	20	(20)	-	-
Social benefits	862	-	-	862	1 049	(187)	121.7%	833
	862	-	-	862	1 049	(187)	121.7%	833
<b>Payments for capital assets</b>	<b>107 569</b>	-	-	<b>107 569</b>	<b>124 727</b>	<b>(17 158)</b>	<b>116.0%</b>	<b>102 348</b>
Machinery and equipment	107 569	-	-	107 569	124 727	(17 158)	116.0%	102 348
Transport equipment	95 267	-	-	95 267	96 700	(1 433)	101.5%	92 904
Other machinery and equipment	12 302	-	-	12 302	28 027	(15 725)	227.8%	9 444
<b>Payment for financial assets</b>	<b>-</b>	-	<b>773</b>	<b>773</b>	<b>773</b>	<b>-</b>	<b>100.0%</b>	<b>1 129</b>
	<b>1 240 450</b>	-	-	<b>1 240 450</b>	<b>1 240 109</b>	<b>341</b>	<b>100.0%</b>	<b>1 173 082</b>
								<b>1 154 636</b>



**WESTERN CAPE DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2022**

**Programme 4: PROVINCIAL HOSPITAL SERVICES**

	2021/22					Expenditure as % of final appropriation	2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
<b>Sub programme</b>								
1 GENERAL (REGIONAL) HOSPITALS	2 407 585	-	225	2 407 810	2 392 886	14 924	2 294 126	2 288 523
2 TUBERCULOSIS HOSPITALS	369 170	-	-	369 170	368 662	508	360 109	333 775
3 PSYCHIATRIC/MENTAL HOSPITALS	1 051 252	-	-	1 051 252	1 073 505	(22 253)	992 678	1 013 801
4 SUB-ACUTE, STEP DOWN AND CHRONIC MEDICAL HOSPITALS	254 135	-	-	254 135	242 928	11 207	247 807	241 398
5 DENTAL TRAINING HOSPITALS	197 770	-	(225)	197 545	192 465	5 080	190 711	179 035
	<b>4 279 912</b>	<b>-</b>	<b>-</b>	<b>4 279 912</b>	<b>4 270 446</b>	<b>9 466</b>	<b>4 085 431</b>	<b>4 056 532</b>
<b>Economic classification</b>								
<b>Current payments</b>	<b>4 208 765</b>	<b>-</b>	<b>(312)</b>	<b>4 208 453</b>	<b>4 212 111</b>	<b>(3 658)</b>	<b>4 012 419</b>	<b>3 988 616</b>
Compensation of employees	3 066 839	-	(312)	3 066 527	3 061 817	4 710	2 921 615	2 925 263
Salaries and wages	2 703 296	-	(312)	2 702 984	2 698 111	4 873	2 564 908	2 574 506
Social contributions	363 543	-	-	363 543	363 706	(163)	356 707	350 757
Goods and services	1 141 926	-	-	1 141 926	1 150 294	(8 368)	1 090 804	1 063 353
Administrative fees	4	-	-	4	-	4	-	-
Advertising	162	-	-	162	32	130	144	156
Minor assets	9 860	-	-	9 860	4 696	5 164	10 754	7 447
Catering: Departmental activities	416	-	-	416	123	293	719	373
Communication (G&S)	4 992	-	-	4 992	4 970	22	5 173	4 441
Computer services	1 621	-	-	1 621	1 155	466	1 869	1 365
Consultants: Business and advisory services	99 479	-	-	99 479	96 633	2 846	96 240	95 221
Laboratory services	81 378	-	-	81 378	83 378	(2 000)	74 056	72 385
Contractors	39 782	-	-	39 782	39 869	(87)	35 903	35 708
Agency and support / outsourced services	90 974	-	-	90 974	110 845	(19 871)	83 899	93 778
Entertainment	18	-	-	18	14	4	16	11
Fleet services (including government motor transport)	6 157	-	-	6 157	4 968	1 189	5 649	5 190
Inventory: Food and food supplies	9 601	-	-	9 601	9 233	368	7 224	8 230
Inventory: Medical supplies	271 428	-	-	271 428	261 734	9 694	265 079	249 153
Inventory: Medicine	96 690	-	-	96 690	90 348	6 342	96 979	83 009
Inventory: Other supplies	1 130	-	-	1 130	686	444	1 262	553
Consumable supplies	128 883	-	-	128 883	134 623	(5 740)	122 754	134 941
Consumable: Stationery, printing and office supplies	17 127	-	-	17 127	16 839	288	16 594	16 744
Operating leases	6 015	-	-	6 015	4 584	1 431	6 096	4 149
Property payments	255 580	-	-	255 580	268 421	(12 841)	241 618	237 701
Transport provided: Departmental activity	656	-	-	656	818	(162)	849	579
Travel and subsistence	4 644	-	-	4 644	4 070	574	3 963	1 638
Training and development	5 653	-	-	5 653	3 141	2 512	5 032	1 586



WESTERN CAPE DEPARTMENT OF HEALTH  
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APPROPRIATION STATEMENT  
for the year ended 31 March 2022

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
Operating payments	1 516	-	-	1 516	1 096	420	72.3%	1 511	1 225
Venues and facilities	30	-	-	30	4	26	13.3%	30	4
Rental and hiring	8 130	-	-	8 130	8 014	116	98.6%	7 387	7 766
<b>Transfers and subsidies</b>	<b>20 557</b>	-	-	<b>20 557</b>	<b>17 534</b>	<b>3 023</b>	<b>85.3%</b>	<b>19 881</b>	<b>15 181</b>
Non-profit institutions	3 695	-	-	3 695	3 610	85	97.7%	3 577	3 528
Households	16 862	-	-	16 862	13 924	2 938	82.6%	16 304	11 653
Social benefits	16 862	-	-	16 862	13 924	2 938	82.6%	16 304	11 653
<b>Payments for capital assets</b>	<b>50 590</b>	-	-	<b>50 590</b>	<b>40 489</b>	<b>10 101</b>	<b>80.0%</b>	<b>52 815</b>	<b>52 419</b>
Machinery and equipment	50 590	-	-	50 590	40 388	10 202	79.8%	52 815	52 139
Transport equipment	10 982	-	-	10 982	11 725	(743)	106.8%	11 558	11 958
Other machinery and equipment	39 608	-	-	39 608	28 663	10 945	72.4%	41 257	40 181
Software and other intangible assets	-	-	-	-	101	(101)	-	-	280
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>312</b>	<b>312</b>	<b>312</b>	<b>-</b>	<b>100.0%</b>	<b>316</b>	<b>316</b>
	<b>4 279 912</b>	<b>-</b>	<b>-</b>	<b>4 279 912</b>	<b>4 270 446</b>	<b>9 466</b>	<b>99.8%</b>	<b>4 085 431</b>	<b>4 056 532</b>



**WESTERN CAPE DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2022**

**Programme 5: CENTRAL HOSPITAL SERVICES**

	2021/22					2020/21		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
<b>Sub programme</b>								
1 CENTRAL HOSPITAL SERVICES	6 539 784	-	2 652	6 542 436	6 542 436	-	100.0%	6 331 784
2 PROVINCIAL TERTIARY HOSPITAL SERVICES	958 452	-	61	958 513	958 513	-	100.0%	934 182
	<b>7 498 236</b>	<b>-</b>	<b>2 713</b>	<b>7 500 949</b>	<b>7 500 949</b>	<b>-</b>	<b>100.0%</b>	<b>7 265 966</b>
								<b>7 234 638</b>
<b>Economic classification</b>								
<b>Current payments</b>	<b>7 385 413</b>	<b>-</b>	<b>2 121</b>	<b>7 387 534</b>	<b>7 407 075</b>	<b>(19 541)</b>	<b>100.3%</b>	<b>7 120 257</b>
Compensation of employees	5 105 078	-	-	5 105 078	5 076 060	29 018	99.4%	4 928 771
Salaries and wages	4 559 554	-	-	4 559 554	4 538 438	21 116	99.5%	4 394 442
Social contributions	545 524	-	-	545 524	537 622	7 902	98.6%	534 329
Goods and services	2 280 335	-	2 121	2 282 456	2 331 015	(48 559)	102.1%	2 191 486
Advertising	39	-	-	39	-	39	-	38
Minor assets	11 277	-	-	11 277	11 832	(555)	104.9%	10 433
Catering: Departmental activities	90	-	-	90	2	88	2.2%	186
Communication (G&S)	3 770	-	-	3 770	5 401	(1 631)	143.3%	3 650
Computer services	1 637	-	-	1 637	4 751	(3 114)	290.2%	1 294
Consultants: Business and advisory services	2 498	-	-	2 498	2 088	410	83.6%	2 418
Laboratory services	235 825	-	-	235 825	239 258	(3 433)	101.5%	199 579
Contractors	122 958	-	-	122 958	128 455	(5 497)	104.5%	119 646
Agency and support / outsourced services	107 966	-	587	108 553	122 027	(13 474)	112.4%	93 230
Entertainment	2	-	-	2	2	-	100.0%	2
Fleet services (including government motor transport)	1 126	-	-	1 126	999	127	88.7%	1 187
Inventory: Food and food supplies	10 869	-	-	10 869	11 150	(281)	102.6%	10 705
Inventory: Medical supplies	949 882	-	1 500	951 382	959 359	(7 977)	100.8%	895 557
Inventory: Medicine	326 880	-	-	326 880	326 508	372	99.9%	315 060
Inventory: Other supplies	10 674	-	34	10 708	11 857	(1 149)	110.7%	12 056
Consumable supplies	155 414	-	-	155 414	177 404	(21 990)	114.1%	178 129
Consumable: Stationery, printing and office supplies	21 485	-	-	21 485	22 721	(1 236)	105.8%	21 982
Operating leases	2 339	-	-	2 339	3 443	(1 104)	147.2%	3 184
Property payments	304 073	-	-	304 073	295 649	8 424	97.2%	309 840
Transport provided: Departmental activity	22	-	-	22	1	21	4.5%	21
Travel and subsistence	1 358	-	-	1 358	857	501	63.1%	1 331
Training and development	3 817	-	-	3 817	2 166	1 651	56.7%	5 631
								<b>1 682</b>



WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6

APPROPRIATION STATEMENT  
for the year ended 31 March 2022

	2021/22						2020/21		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
Operating payments	1 206	-	-	1 206	859	347	71.2%	1 167	596
Venues and facilities	60	-	-	60	-	60	-	60	-
Rental and hiring	5 068	-	-	5 068	4 226	842	83.4%	5 100	5 212
<b>Transfers and subsidies</b>	<b>35 663</b>	-	-	<b>35 663</b>	<b>38 136</b>	<b>(2 473)</b>	<b>106.9%</b>	<b>34 524</b>	<b>39 139</b>
Non-profit institutions	14 159	-	-	14 159	14 159	-	100.0%	13 707	13 707
Households	21 504	-	-	21 504	23 977	(2 473)	111.5%	20 817	25 432
Social benefits	21 504	-	-	21 504	23 977	(2 473)	111.5%	20 817	25 260
Other transfers to households	-	-	-	-	-	-	-	-	172
<b>Payments for capital assets</b>	<b>77 160</b>	-	-	<b>77 160</b>	<b>55 146</b>	<b>22 014</b>	<b>71.5%</b>	<b>110 768</b>	<b>166 364</b>
Machinery and equipment	77 160	-	-	77 160	54 202	22 958	70.2%	109 768	166 364
Transport equipment	3 442	-	-	3 442	3 645	(203)	105.9%	3 701	3 904
Other machinery and equipment	73 718	-	-	73 718	50 557	23 161	68.6%	106 067	162 460
Software and other intangible assets	-	-	-	-	944	(944)	-	1 000	-
<b>Payment for financial assets</b>	<b>-</b>	-	<b>592</b>	<b>592</b>	<b>592</b>	<b>-</b>	<b>100.0%</b>	<b>417</b>	<b>417</b>
	<b>7 498 236</b>	-	<b>2 713</b>	<b>7 500 949</b>	<b>7 500 949</b>	<b>-</b>	<b>100.0%</b>	<b>7 265 966</b>	<b>7 234 638</b>



**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2022**

**Programme 6: HEALTH SCIENCES AND TRAINING**

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme 1 NURSE TRAINING COLLEGE 2 EMERGENCY MEDICAL SERVICES (EMS) TRAINING COLLEGE 3 BURSARIES 4 PRIMARY HEALTH CARE (PHC) TRAINING 5 TRAINING (OTHER)	79 376	-	2	79 378	83 539	(4 161)	105.2%	73 523	61 870
	33 597	-	-	33 597	31 633	1 964	94.2%	32 572	31 955
	63 301	-	-	63 301	56 368	6 933	89.0%	57 535	53 824
	1	-	-	1	-	1	-	1	-
	199 683	-	(9 002)	190 681	172 300	18 381	90.4%	193 521	170 165
	375 958	-	(9 000)	366 958	343 840	23 118	93.7%	357 152	317 814
Economic classification Current payments Compensation of employees Salaries and wages Social contributions Goods and services Advertising Minor assets Bursaries: Employees Catering: Departmental activities Communication (G&S) Computer services Consultants: Business and advisory services Contractors Agency and support / outsourced services Entertainment Fleet services (including government motor transport) Inventory: Medical supplies Inventory: Medicine Consumable supplies Consumable: Stationery, printing and office supplies Operating leases Property payments Travel and subsistence Training and development	248 421	-	(9 002)	239 419	217 958	21 461	91.0%	238 759	202 143
	171 614	-	(9 002)	162 612	158 887	3 725	97.7%	167 509	158 015
	155 479	-	(9 002)	146 477	146 436	41	100.0%	150 564	147 048
	16 135	-	-	16 135	12 451	3 684	77.2%	16 945	10 967
	76 807	-	-	76 807	59 071	17 736	76.9%	71 250	44 128
	513	-	-	513	102	411	19.9%	506	214
	746	-	-	746	369	377	49.5%	752	104
	11 306	-	-	11 306	11 313	(7)	100.1%	11 306	11 738
	597	-	-	597	37	560	6.2%	597	29
	841	-	-	841	658	183	78.2%	814	897
	1 401	-	-	1 401	1 247	154	89.0%	-	645
	443	-	-	443	31	412	7.0%	42	242
	1 144	-	-	1 144	1 951	(807)	170.5%	140	479
	5 876	-	-	5 876	7 154	(1 278)	121.7%	9 887	3 769
	3	-	-	3	-	3	-	3	-
	2 130	-	-	2 130	1 819	311	85.4%	1 965	1 816
	434	-	-	434	595	(161)	137.1%	412	181
	12	-	-	12	3	9	25.0%	12	1
	1 241	-	-	1 241	1 011	230	81.5%	1 009	823
	822	-	-	822	1 195	(373)	145.4%	796	581
	2 399	-	-	2 399	1 644	755	68.5%	453	228
	13 626	-	-	13 626	13 081	545	96.0%	10 110	11 137
	7 531	-	-	7 531	1 216	6 315	16.1%	9 678	887
24 129	-	-	24 129	15 193	8 936	63.0%	21 162	9 870	



WESTERN CAPE DEPARTMENT OF HEALTH  
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APPROPRIATION STATEMENT  
for the year ended 31 March 2022

	2021/22						Expenditure as % of final appropriation	2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance		Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000		R'000	R'000
<b>Economic classification</b>									
Operating payments	148	-	-	148	420	(272)	283.8%	143	447
Venues and facilities	1 395	-	-	1 395	-	1 395	-	1 395	20
Rental and hiring	70	-	-	70	32	38	45.7%	68	20
<b>Transfers and subsidies</b>	<b>121 272</b>	-	<b>(7 800)</b>	<b>113 472</b>	<b>107 216</b>	<b>6 256</b>	<b>94.5%</b>	<b>113 607</b>	<b>109 317</b>
Departmental agencies and accounts	6 616	-	-	6 616	6 601	15	99.8%	6 405	6 404
Departmental agencies	6 616	-	-	6 616	6 601	15	99.8%	6 405	6 404
Non-profit institutions	62 065	-	-	62 065	62 065	-	100.0%	62 055	62 055
Households	52 591	-	<b>(7 800)</b>	44 791	38 550	6 241	86.1%	45 147	40 858
Social benefits	596	-	-	596	1 295	(699)	217.3%	577	431
Other transfers to households	51 995	-	<b>(7 800)</b>	44 195	37 255	6 940	84.3%	44 570	40 427
<b>Payments for capital assets</b>	<b>6 265</b>	-	-	<b>6 265</b>	<b>10 864</b>	<b>(4 599)</b>	<b>173.4%</b>	<b>3 125</b>	<b>4 693</b>
Machinery and equipment	5 870	-	-	5 870	10 076	(4 206)	171.7%	3 125	4 693
Transport equipment	2 870	-	-	2 870	3 280	(410)	114.3%	2 779	3 130
Other machinery and equipment	3 000	-	-	3 000	6 796	(3 796)	226.5%	346	1 563
Software and other intangible assets	395	-	-	395	788	(393)	199.5%	-	-
<b>Payment for financial assets</b>	<b>-</b>	-	<b>7 802</b>	<b>7 802</b>	<b>7 802</b>	<b>-</b>	<b>100.0%</b>	<b>1 661</b>	<b>1 661</b>
	<b>375 958</b>	-	<b>(9 000)</b>	<b>366 958</b>	<b>343 840</b>	<b>23 118</b>	<b>93.7%</b>	<b>357 152</b>	<b>317 814</b>



**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2022**

**Programme 7: HEALTH CARE SUPPORT SERVICES**

	2021/22							2020/21		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
Sub programme										
	1 LAUNDRY SERVICES	119 176	-	3	119 179	122 025	(2 846)	102.4%	116 195	123 696
	2 ENGINEERING SERVICES	126 178	-	(3)	126 175	121 651	4 524	96.4%	120 560	113 566
	3 FORENSIC SERVICES	246 686	-	(11 500)	235 186	228 457	6 729	97.1%	224 237	214 615
	4 ORTHOTIC AND PROSTHETIC SERVICES	1	-	-	1	-	1	-	1	-
5 CAPE MEDICAL DEPOT	82 302	-	(3 213)	79 089	74 013	5 076	93.6%	86 928	81 084	
	574 343	-	(14 713)	559 630	546 146	13 484	97.6%	547 921	532 961	
Economic classification										
Current payments	546 415	-	(14 953)	531 462	518 882	12 580	97.6%	520 918	504 382	
Compensation of employees	366 281	-	(12 832)	353 449	348 158	5 291	98.5%	342 917	336 146	
Salaries and wages	316 875	-	(10 469)	306 406	301 370	5 036	98.4%	298 724	290 708	
Social contributions	49 406	-	(2 363)	47 043	46 788	255	99.5%	44 193	45 438	
Goods and services	180 134	-	(2 121)	178 013	170 724	7 289	95.9%	178 001	168 236	
Minor assets	2 380	-	-	2 380	1 010	1 370	42.4%	2 093	1 230	
Catering: Departmental activities	192	-	-	192	108	84	56.3%	232	21	
Communication (G&S)	3 286	-	-	3 286	2 463	823	75.0%	3 163	2 384	
Computer services	1 722	-	-	1 722	1 681	41	97.6%	1 667	1 706	
Consultants: Business and advisory services	1 202	-	-	1 202	57	1 145	4.7%	690	73	
Laboratory services	1 096	-	-	1 096	750	346	68.4%	785	359	
Contractors	16 543	-	-	16 543	18 120	(1 577)	109.5%	16 069	17 030	
Agency and support / outsourced services	11 159	-	-	11 159	8 208	2 951	73.6%	11 847	11 176	
Entertainment	9	-	-	9	9	-	100.0%	9	1	
Fleet services (including government motor transport)	12 731	-	-	12 731	11 426	1 305	89.7%	11 662	11 186	
Inventory: Medical supplies	9 679	-	(1 500)	8 179	5 738	2 441	70.2%	7 824	7 688	
Inventory: Medicine	107	-	-	107	4	103	3.7%	102	-	
Inventory: Other supplies	1 686	-	-	1 686	1 782	(96)	105.7%	1 314	2 961	
Consumable supplies	53 607	-	-	53 607	59 852	(6 245)	111.6%	60 917	52 754	
Consumable: Stationery, printing and office supplies	3 485	-	-	3 485	4 534	(1 049)	130.1%	3 421	3 330	
Operating leases	1 339	-	-	1 339	957	382	71.5%	1 092	498	
Property payments	35 768	-	-	35 768	31 551	4 217	88.2%	26 189	32 427	
Travel and subsistence	2 892	-	-	2 892	2 466	426	85.3%	3 039	1 108	
Training and development	1 373	-	-	1 373	1 015	358	73.9%	1 234	275	



Accounting to build public confidence  
30 July 2022

Western Cape Department of Health



WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6

APPROPRIATION STATEMENT  
for the year ended 31 March 2022

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
Operating payments	18 297	-	(621)	17 676	16 028	1 648	90.7%	22 291	19 738
Venues and facilities	-	-	-	-	66	(66)	-	-	-
Rental and hiring	1 581	-	-	1 581	2 899	(1 318)	183.4%	2 361	2 291
<b>Transfers and subsidies</b>	<b>840</b>	-	-	<b>840</b>	<b>2 649</b>	<b>(1 809)</b>	<b>315.4%</b>	<b>813</b>	<b>1 136</b>
Households	840	-	-	840	2 649	(1 809)	315.4%	813	1 136
Social benefits	840	-	-	840	2 649	(1 809)	315.4%	813	1 136
<b>Payments for capital assets</b>	<b>27 088</b>	-	-	<b>27 088</b>	<b>24 375</b>	<b>2 713</b>	<b>90.0%</b>	<b>25 392</b>	<b>26 645</b>
Machinery and equipment	27 088	-	-	27 088	24 375	2 713	90.0%	25 392	26 645
Transport equipment	18 281	-	-	18 281	20 266	(1 985)	110.9%	19 686	21 083
Other machinery and equipment	8 807	-	-	8 807	4 109	4 698	46.7%	5 706	5 562
<b>Payment for financial assets</b>	<b>-</b>	-	<b>240</b>	<b>240</b>	<b>240</b>	<b>-</b>	<b>100.0%</b>	<b>798</b>	<b>798</b>
	<b>574 343</b>	-	<b>(14 713)</b>	<b>559 630</b>	<b>546 146</b>	<b>13 484</b>	<b>97.6%</b>	<b>547 921</b>	<b>532 961</b>



**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2022**

**Programme 8: HEALTH FACILITIES MANAGEMENT**

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 COMMUNITY HEALTH FACILITIES	128 074	-	-	128 074	104 599	23 475	81.7%	137 968	111 890
2 EMERGENCY MEDICAL RESCUE SERVICES	15 740	-	-	15 740	6 834	8 906	43.4%	26 437	21 155
3 DISTRICT HOSPITAL SERVICES	133 580	-	-	133 580	127 893	5 687	95.7%	214 544	192 514
4 PROVINCIAL HOSPITAL SERVICES	87 237	-	-	87 237	52 899	34 338	60.6%	92 406	106 704
5 CENTRAL HOSPITAL SERVICES	461 058	-	-	461 058	448 317	12 741	97.2%	232 622	220 762
6 OTHER FACILITIES	259 786	-	-	259 786	218 179	41 607	84.0%	412 929	445 864
	1 085 475	-	-	1 085 475	958 721	126 754	88.3%	1 116 906	1 098 889
Economic classification									
Current payments	549 528	-	-	549 528	384 889	164 639	70.0%	489 670	505 452
Compensation of employees	61 464	-	-	61 464	56 897	4 567	92.6%	58 501	57 639
Salaries and wages	55 546	-	-	55 546	50 981	4 565	91.8%	52 466	51 780
Social contributions	5 918	-	-	5 918	5 916	2	100.0%	6 035	5 859
Goods and services	488 064	-	-	488 064	327 992	160 072	67.2%	431 169	447 813
Administrative fees	-	-	-	-	-	-	-	-	609
Minor assets	42 545	-	-	42 545	3 014	39 531	7.1%	32 874	33 806
Catering: Departmental activities	1	-	-	1	2	(1)	200.0%	10	3
Communication (G&S)	206	-	-	206	165	41	80.1%	186	151
Computer services	6	-	-	6	63	(57)	1050.0%	5 163	2 433
Consultants: Business and advisory services	34	-	-	34	34	-	100.0%	-	25
Infrastructure and planning services	42 946	-	-	42 946	40 035	2 911	93.2%	32 449	26 075
Contractors	4	-	-	4	4	-	100.0%	1	552
Entertainment	52	-	-	52	8	44	15.4%	18	-
Inventory: Medical supplies	214	-	-	214	558	(344)	260.7%	1 126	16 360
Consumable supplies	356	-	-	356	2 728	(2 372)	766.3%	22 001	34 649
Consumable: Stationery, printing and office supplies	76	-	-	76	88	(12)	115.8%	340	651
Operating leases	2 889	-	-	2 889	1 180	1 709	40.8%	12 181	58 940
Property payments	396 877	-	-	396 877	274 813	122 064	69.2%	323 820	272 304
Travel and subsistence	517	-	-	517	422	95	81.6%	592	578
Training and development	918	-	-	918	312	606	34.0%	352	127
Operating payments	120	-	-	120	4 523	(4 403)	3769.2%	34	170
Rental and hiring	303	-	-	303	43	260	14.2%	22	380



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APPROPRIATION STATEMENT  
for the year ended 31 March 2022

	2021/22						2020/21		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Transfers and subsidies</b>									
Higher education institutions	-	-	-	-	252	(252)	-	10 041	10 287
Households	-	-	-	-	-	-	-	10 000	10 000
Social benefits	-	-	-	-	252	(252)	-	41	287
<b>Payments for capital assets</b>	535 947	-	-	535 947	573 580	(37 633)	107.0%	617 195	583 150
Buildings and other fixed structures	214 610	-	-	214 610	215 460	(850)	100.4%	367 389	338 832
Buildings	214 610	-	-	214 610	215 460	(850)	100.4%	367 389	338 832
Machinery and equipment	321 337	-	-	321 337	358 120	(36 783)	111.4%	249 806	244 225
Other machinery and equipment	321 337	-	-	321 337	358 120	(36 783)	111.4%	249 806	244 225
Software and other intangible assets	-	-	-	-	-	-	-	-	93
	1 085 475	-	-	1 085 475	958 721	126 754	88.3%	1 116 906	1 098 889



**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2022**

**1. Detail of transfers and subsidies as per Appropriation Act (after Virement):**

Detail of these transactions can be viewed in the note on Transfers and subsidies, disclosure notes and Annexure 1 (A-E) to the Annual Financial Statements.

**2. Detail of specifically and exclusively appropriated amounts voted (after Virement):**

Detail of these transactions can be viewed in note 1 (Annual Appropriation) to the Annual Financial Statements.

**3. Detail on payments for financial assets**

Detail of these transactions per programme can be viewed in the note on Payments for financial assets to the Annual Financial Statements.

**4. Explanations of material variances from Amounts Voted (after Virement):**

4.1	Per programme:	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
		R'000	R'000	R'000	%
	<b>ADMINISTRATION</b>	1 515 048	1 414 302	100 746	6.6%
	The under-spending can mainly be attributed to: • <b>Goods and services</b> – The under-spending in the Management sub-programme can be attributed to savings under the COVID-19 fund due to a less severe 4th wave than anticipated, reduced levels of testing as well as a reduction in the price of COVID-19 tests. – Debt collection services were scaled down due to the impact of COVID-19 pandemic which resulted in debt collectors not operating fully thus leading to a surplus against the SCOA item: Contractors. – There was also a surplus on Inventory: medical supplies due to unpaid orders for Personal Protective Equipment (PPE) and other non-pharmaceutical items procured by the Western Cape Health Warehouse.				
	<b>DISTRICT HEALTH SERVICES</b>	11 641 741	11 641 741	-	0.0%
	This programme is within budget after the application of virements.				
	<b>EMERGENCY MEDICAL SERVICES</b>	1 240 450	1 240 109	341	0.0%
	The programme's level of under expenditure is within acceptable norms.				
	<b>PROVINCIAL HOSPITAL SERVICES</b>	4 279 912	4 270 446	9 466	0.2%
	The under-spending can be mainly attributed to: • <b>Payments for capital assets:</b> – The impact of the COVID-19 pandemic, which resulted in the delays in manufacturing of machinery and equipment items worldwide as well as delays in logistics which culminated in various orders for medical equipment not being fulfilled within the reporting period.				
	<b>CENTRAL HOSPITAL SERVICES</b>	7 500 949	7 500 949	-	0.0%
	This programme is within budget after the application of virements.				



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**WESTERN CAPE DEPARTMENT OF HEALTH  
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**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2022**

Per programme:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
<b>HEALTH SCIENCES AND TRAINING</b>	366 958	343 840	23 118	6.3%
<p>The under-spending in the following economic classifications can mainly be attributed to:</p> <ul style="list-style-type: none"> <li>• <b>Compensation of employees:</b> <ul style="list-style-type: none"> <li>– Despite budgeting for relief staff, these appointments did not take place. The relief staff were expected to cover for nurses in the service who were identified for post-graduate speciality training, a scarce skill in the Department. The Council for Higher Education (CHE) did not accredit the speciality training programme and therefore Higher Education Institutions (HEIs) were not able to deliver the training.</li> <li>– University of Stellenbosch has been accredited to offer Post Graduate Diplomas for Nursing specialties; 42 nurses have been registered in 2022. Relief nurses are in the process of being appointed to support services. It is anticipated that other Western Cape HEIs will be accredited to offer Post Graduate Diplomas in Nursing Specialties from 2023, when more students will be registered, with related appointment of relief staff to support service delivery.</li> <li>– In addition, due to the COVID-19 pandemic and social distancing protocols, there were delays in the recruitment and selection of the Structured Youth Development interns.</li> </ul> </li> <li>• <b>Goods and services:</b> <ul style="list-style-type: none"> <li>– Due to concerns over the COVID-19 pandemic, fewer face-to-face training occurred, which reduced training, travelling and accommodation, venue hire, catering etc. costs. Online training was used to ensure continuity of training programmes in the department.</li> </ul> </li> <li>• <b>Transfers and subsidies:</b> <ul style="list-style-type: none"> <li>– A surplus was realised within full-time bursaries due to fewer pay outs.</li> </ul> </li> </ul>				
<b>HEALTH CARE SUPPORT SERVICES</b>	559 630	546 146	13 484	2.4%
<p>The under-spending can mainly be attributed to:</p> <ul style="list-style-type: none"> <li>• <b>Compensation of employees:</b> <ul style="list-style-type: none"> <li>– Savings due to slower than anticipated rate for filling of posts as a result of the difficulty to find suitable qualified technical staff for the engineering workshops.</li> <li>– Savings due to a delay in the commissioning and therefore appointment of staff for the Observatory Forensic Pathology Institute (OFPI).</li> </ul> </li> <li>• <b>Goods and services:</b> <ul style="list-style-type: none"> <li>– Savings in various Goods and services items due to the delay in the commissioning and operationalisation of the OFPI.</li> <li>– Savings in Operating payments due to the reduction in courier services expenditure in respect of PPE as well as non-pharmaceutical items that are now supplied by the new Western Cape Health Warehouse instead of the Medical depot.</li> </ul> </li> </ul>				
<b>HEALTH FACILITIES MANAGEMENT</b>	1 085 475	958 721	126 754	11.7%
<p>The under-spending can mainly be attributed to:</p> <ul style="list-style-type: none"> <li>• <b>Compensation of employees:</b> <ul style="list-style-type: none"> <li>– Delays in the appointment of key engineering and technical staff due to scarcity of appropriately qualified staff.</li> </ul> </li> <li>• <b>Goods and services:</b> <ul style="list-style-type: none"> <li>– Delayed implementation of maintenance projects due amongst others to SCM limitations, slow progress on projects and scope amendments to existing projects, as well as global logistics network delays caused by the COVID-19 pandemic.</li> </ul> </li> </ul>				



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**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2022**

Per economic classification:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
<b>Current expenditure</b>				
Compensation of employees	16 279 773	16 179 921	99 852	0.6%
Goods and services	9 364 084	9 213 453	150 631	1.6%
<b>Transfers and subsidies</b>				
Provinces and municipalities	660 129	657 240	2 889	0.4%
Departmental agencies and accounts	7 210	7 107	103	1.4%
Non-profit institutions	697 100	659 837	37 263	5.3%
Households	181 637	179 615	2 022	1.1%
<b>Payments for capital assets</b>				
Buildings and other fixed structures	214 610	215 501	(891)	-0.4%
Machinery and equipment	774 369	790 889	(16 520)	-2.1%
Software and other intangible assets	419	1 859	(1 440)	-343.7%
<b>Payments for financial assets</b>	10 832	10 832	-	0.0%

The variance between the total budget and expenditure of R273.909m is equivalent to 1% of the Department's budget, which is within the acceptable norm of 2 per cent. Reasons for variances on economic classifications are extensively addressed under each programme. Economic classification variances not covered in the programmes above are as follows:

• **Compensation of employees:**

Under-spending can mainly be attributed to:

- Savings on Approved Post List (APL) due to delays in the filling of funded vacancies.
- Non-payment of the 1.5% pay progression to qualifying healthcare workers due to the delays in issuing of the implementation circular by the Department of Public Service and Administration (DPSA).

• **Transfers and subsidies**

Under-spending can mainly be attributed to Non-Profit Institutions (NPI), explained as follows:

- The Department of Health's core function is to provide accessible and quality health care to the communities in the Western Cape. Contracted NPI render mainly home and community-based care services with a number of interventions. Community Health Workers are appointed by the contracted NPI to render community-based district health services and the transfer payments to NPI include the cost of salaries for these categories of staff. The COVID-19 pandemic has impacted overall on health service delivery and various vacancies resulted in posts not filled for a full financial year, resulting in savings.
- During the second half of the financial year, the Department had a focused strategy to increase vaccine targets and a demand generation strategy was developed to enhance the uptake for vaccines. Contracted NPI in collaboration with the Department were appointed to support the vaccine demand generation project at community level. The project commenced late in the 2021 calendar year and most of the NPI activities slowed down over the festive period with limited access to communities. Although this resulted in an overall unplanned saving, the project deliverables with the NPI resulted in additional numbers of vaccination within focused communities of the Metro population.
- Savings within the HIV/Aids Grant Component (R17m) in the HIV and Testing Services (HTS), Medical Male Circumcision (MMC) and Community Outreach Services (COS) programmes as well as an additional savings within the 2.6 HIV/Aids Equitable Share allocation for Stepdown/ Palliative Care Services (R2m) within Metro & Rural districts and sub structures. Savings mainly due to vacancies in Lay Counsellors and Outreach Team Leaders (Nurse Coordinators) posts, COVID-19 restrictions on testing of clients at facilities, Medical Circumcision targets not reached within rural and over allocation of funds within the Stepdown/Palliative Care Services (adjustment budget allocation). Savings were used for over-expenditure in National Laboratory Services (NHLS), Nursing Agency Staff and Contractors: Medical Services (Medipost ARV script fees) due to services pressures.

• **Payments for capital assets**

- Over-expenditure in Machinery and equipment in Programme 8, mainly due to the replacement of aging equipment, which is critical to ensure successful service delivery.
- Over-expenditure in Software and other intangible assets mainly due to upgrade of software for a Patient Monitoring System at Red Cross War Memorial Children's Hospital.



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**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2022**

4.3	Per conditional grant	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
		R'000	R'000	R'000	%
	National Tertiary Services Grant	3 272 981	3 272 981	-	0.0%
	<b>Statutory Human Resources &amp; Training Grant of which</b>	<b>801 376</b>	<b>801 376</b>	-	0.0%
	Statutory Human Resources Component	271 646	271 646	-	0.0%
	Training and Development Component	529 730	529 730	-	0.0%
	<b>Comprehensive HIV, AIDS and TB Grant of which</b>	<b>2 170 876</b>	<b>2 170 876</b>	-	0.0%
	Community Outreach Services Component	186 830	186 830	-	0.0%
	HIV/AIDS Component	1 701 235	1 701 235	-	0.0%
	Tuberculosis Component	65 696	65 696	-	0.0%
	Mental Health Services Component	18 841	18 841	-	0.0%
	Human Papillomavirus (HPV)	21 584	21 584	-	0.0%
	Covid-19 Components	156 690	156 690	-	0.0%
	Oncology Component	20 000	20 000	-	0.0%
	Health Facility Revitalisation Grant	714 865	658 365	56 500	7.9%
	National Health Insurance Grant	17 779	17 779	-	0.0%
	Expanded Public Works Programme Integrated Grant for Provinces	2 041	2 041	-	0.0%
	Social Sector Expanded Public Works Programme Incentive Grant for Provinces	10 122	10 122	-	0.0%

**Health Facility Revitalisation Grant**

The under-expenditure within the Health Facility Revitalisation Grant is as a result of:

- Knock-on effect of COVID-19.
- Slow progression and scope amendments to existing projects.
- Global Logistical Network Delays.
- Supply Chain Management (SCM) delays and limitations.
- Delayed delivery of additional Health Technology items and conclusion of commissioning thereof only after year end.



**WESTERN CAPE DEPARTMENT OF HEALTH**  
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**STATEMENT OF FINANCIAL PERFORMANCE**  
*for the year ended 31 March 2022*

	Note	2021/22 R'000	2020/21 R'000
<b>REVENUE</b>			
Annual appropriation	1	28 190 163	27 213 553
Departmental revenue	2	29 627	14 655
Aid assistance	3	379	-
<b>TOTAL REVENUE</b>		<b>28 220 169</b>	<b>27 228 208</b>
<b>EXPENDITURE</b>			
<b>Current expenditure</b>			
Compensation of employees	4	16 179 921	15 338 438
Goods and services	5	9 213 453	8 984 618
Aid assistance	3	703	140
<b>Total current expenditure</b>		<b>25 394 077</b>	<b>24 323 196</b>
<b>Transfers and subsidies</b>			
Transfers and subsidies	7	1 503 799	1 541 555
<b>Total transfers and subsidies</b>		<b>1 503 799</b>	<b>1 541 555</b>
<b>Expenditure for capital assets</b>			
Tangible assets	8	1 011 075	1 089 565
Intangible assets	8	1 859	829
<b>Total expenditure for capital assets</b>		<b>1 012 934</b>	<b>1 090 394</b>
<b>Payments for financial assets</b>	6	10 832	8 535
<b>TOTAL EXPENDITURE</b>		<b>27 921 642</b>	<b>26 963 680</b>
<b>SURPLUS FOR THE YEAR</b>		<b>298 527</b>	<b>264 528</b>
<b>Reconciliation of Net Surplus for the year</b>			
Voted funds		273 909	250 013
Annual appropriation		217 409	250 013
Conditional grants		56 500	-
Departmental revenue and NRF Receipts	13	29 627	14 655
Aid assistance	3	(5 009)	(140)
<b>SURPLUS FOR THE YEAR</b>		<b>298 527</b>	<b>264 528</b>



**WESTERN CAPE DEPARTMENT OF HEALTH  
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**STATEMENT OF FINANCIAL POSITION  
as at 31 March 2022**

	Note	2021/22 R'000	2020/21 R'000
<b>ASSETS</b>			
<b>Current assets</b>		<b>461 456</b>	<b>338 219</b>
Cash and cash equivalents	9	375 780	241 312
Prepayments and advances	10	2 834	9 149
Receivables	11	77 833	87 758
Aid assistance receivable	3	5 009	-
<b>Non-current assets</b>		<b>1 111</b>	<b>1 864</b>
Receivables	11	1 111	1 864
<b>TOTAL ASSETS</b>		<b>462 567</b>	<b>340 083</b>
<b>LIABILITIES</b>			
<b>Current liabilities</b>		<b>452 953</b>	<b>327 367</b>
Voted funds to be surrendered to the Revenue Fund	12	273 909	250 013
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	13	27 110	9 264
Payables	14	151 705	67 861
Aid assistance unutilised	3	229	229
<b>TOTAL LIABILITIES</b>		<b>452 953</b>	<b>327 367</b>
<b>NET ASSETS</b>		<b>9 614</b>	<b>12 716</b>
<b>Represented by:</b>			
Recoverable revenue		9 614	12 716
<b>TOTAL</b>		<b>9 614</b>	<b>12 716</b>



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**STATEMENT OF CHANGES IN NET ASSETS  
for the year ended 31 March 2022**

	Note	2021/22 R'000	2020/21 R'000
<b>Recoverable revenue</b>			
Opening balance		12 716	13 929
Transfers:		<b>(3 102)</b>	<b>(1 213)</b>
Irrecoverable amounts written off	6.2	(10 098)	(6 714)
Debts revised		170	514
Debts recovered (included in departmental receipts)		1 063	3 828
Debts raised		5 763	1 159
Closing balance		<b>9 614</b>	<b>12 716</b>
<b>TOTAL</b>		<b>9 614</b>	<b>12 716</b>



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**CASH FLOW STATEMENT  
for the year ended 31 March 2022**

	Note	2021/22 R'000	2020/21 R'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts		<b>28 616 631</b>	<b>27 625 025</b>
Annual appropriated funds received	1.1	28 190 163	27 213 553
Departmental revenue received	2	422 235	408 797
Interest received	2.2	3 854	2 675
Aid assistance received	3	379	-
Net decrease / (increase) in working capital		100 084	(45 678)
Surrendered to Revenue Fund		(658 611)	(515 020)
Current payments		(25 394 077)	(24 323 196)
Payments for financial assets		(10 832)	(8 535)
Transfers and subsidies paid		(1 503 799)	(1 541 555)
<b>Net cash flow available from operating activities</b>	<b>15</b>	<b>1 149 396</b>	<b>1 191 041</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for capital assets	8	(1 012 934)	(1 090 394)
Proceeds from sale of capital assets	2.3	355	-
Decrease in non-current receivables	11	753	378
<b>Net cash flows from investing activities</b>		<b>(1 011 826)</b>	<b>(1 090 016)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Decrease in net assets		(3 102)	(1 213)
<b>Net cash flows from financing activities</b>		<b>(3 102)</b>	<b>(1 213)</b>
Net increase in cash and cash equivalents		134 468	99 812
Cash and cash equivalents at beginning of period		241 312	141 500
<b>Cash and cash equivalents at end of period</b>	<b>16</b>	<b>375 780</b>	<b>241 312</b>

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**NOTES TO THE ANNUAL FINANCIAL STATEMENTS**

*for the year ended 31 March 2022*

**Summary of significant accounting policies**

The financial statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. Management has concluded that the financial statements present fairly the department's primary and secondary information.

The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.

Where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the financial statements and to comply with the statutory requirements of the Public Finance Management Act (PFMA), Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the PFMA and the annual Division of Revenue Act.

<b>1</b>	<b>Basis of preparation</b> The financial statements have been prepared in accordance with the Modified Cash Standard.
<b>2</b>	<b>Going concern</b> The financial statements have been prepared on a going concern basis.
<b>3</b>	<b>Presentation currency</b> Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.
<b>4</b>	<b>Rounding</b> Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).
<b>5</b>	<b>Foreign currency translation</b> Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.
<b>6</b>	<b>Comparative information</b>
<b>6.1</b>	<b>Prior period comparative information</b> Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.
<b>6.2</b>	<b>Current year comparison with budget</b> A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.



**WESTERN CAPE DEPARTMENT OF HEALTH  
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**NOTES TO THE ANNUAL FINANCIAL STATEMENTS**

*for the year ended 31 March 2022*

<b>7</b>	<b>Revenue</b>
<b>7.1</b>	<p><b>Appropriated funds</b></p> <p>Appropriated funds comprise of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).</p> <p>Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective.</p> <p>The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.</p>
<b>7.2</b>	<p><b>Departmental revenue</b></p> <p>Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.</p> <p>Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.</p>
<b>7.3</b>	<p><b>Accrued departmental revenue</b></p> <p>Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:</p> <ul style="list-style-type: none"> <li>• it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and</li> <li>• the amount of revenue can be measured reliably.</li> </ul> <p>The accrued revenue is measured at the fair value of the consideration receivable.</p> <p>Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.</p> <p>Write-offs are made according to the department's debt write-off policy.</p>
<b>8</b>	<b>Expenditure</b>
<b>8.1</b>	<b>Compensation of employees</b>
<b>8.1.1</b>	<p><b>Salaries and wages</b></p> <p>Salaries and wages are recognised in the statement of financial performance on the date of payment.</p>
<b>8.1.2</b>	<p><b>Social contributions</b></p> <p>Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.</p> <p>Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.</p>

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**NOTES TO THE ANNUAL FINANCIAL STATEMENTS**

*for the year ended 31 March 2022*

<b>8.2</b>	<p><b>Other expenditure</b></p> <p>Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.</p>
<b>8.3</b>	<p><b>Accruals and payables not recognised</b></p> <p>Accruals and payables not recognised are recorded in the notes to the financial statements at cost at the reporting date.</p>
<b>8.4</b>	<p><b>Leases</b></p>
<b>8.4.1</b>	<p><b>Operating leases</b></p> <p>Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment. Operating lease payments received are recognised as departmental revenue.</p> <p>The operating lease commitments are recorded in the notes to the financial statements.</p>
<b>8.4.2</b>	<p><b>Finance leases</b></p> <p>Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment. Finance lease payments received are recognised as departmental revenue.</p> <p>The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions.</p> <p>Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of:</p> <ul style="list-style-type: none"> <li>• cost, being the fair value of the asset; or</li> <li>• the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.</li> </ul>
<b>9</b>	<p><b>Aid Assistance</b></p>
<b>9.1</b>	<p><b>Aid assistance received</b></p> <p>Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value.</p> <p>Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.</p>
<b>9.2</b>	<p><b>Aid assistance paid</b></p> <p>Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.</p>



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**NOTES TO THE ANNUAL FINANCIAL STATEMENTS**

*for the year ended 31 March 2022*

<b>10</b>	<p><b>Cash and cash equivalents</b></p> <p>Cash and cash equivalents are stated at cost in the statement of financial position.</p> <p>Bank overdrafts are shown separately on the face of the statement of financial position as a current liability.</p> <p>For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.</p>
<b>11</b>	<p><b>Prepayments and advances</b></p> <p>Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.</p> <p>Prepayments and advances are initially and subsequently measured at cost.</p>
<b>12</b>	<p><b>Loans and receivables</b></p> <p>Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy.</p>
<b>13</b>	<p><b>Investments</b></p> <p>Investments are recognised in the statement of financial position at cost.</p>
<b>14</b>	<p><b>Financial assets</b></p>
<b>14.1</b>	<p><b>Financial assets (not covered elsewhere)</b></p> <p>A financial asset is recognised initially at its cost, plus transaction costs that are directly attributable to the acquisition or issue of the financial asset.</p> <p>At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.</p>
<b>14.2</b>	<p><b>Impairment of financial assets</b></p> <p>Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the financial statements.</p>
<b>15</b>	<p><b>Payables</b></p> <p>Payables recognised in the statement of financial position are recognised at cost.</p>

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<b>16</b>	<b>Capital Assets</b>
<b>16.1</b>	<p><b>Immovable capital assets</b></p> <p>Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment.</p> <p>Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</p> <p>Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.</p>
<b>16.2</b>	<p><b>Movable capital assets</b></p> <p>Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition.</p> <p>Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1.</p> <p>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) will be recorded at R1.</p> <p>Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.</p>
<b>16.3</b>	<p><b>Intangible assets</b></p> <p>Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition.</p> <p>Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project.</p> <p>Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1.</p> <p>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) will be recorded at R1.</p> <p>Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</p>



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<b>16.4</b>	<p><b>Project Costs: Work-in-progress</b></p> <p>Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid.</p> <p>Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register.</p> <p>Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.</p>
<b>17</b>	<b>Provisions and Contingents</b>
<b>17.1</b>	<p><b>Provisions</b></p> <p>Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.</p>
<b>17.2</b>	<p><b>Contingent liabilities</b></p> <p>Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.</p>
<b>17.3</b>	<p><b>Contingent assets</b></p> <p>Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.</p>
<b>17.4</b>	<p><b>Capital commitments</b></p> <p>Capital commitments are recorded at cost in the notes to the financial statements.</p>



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<b>18</b>	<p><b>Unauthorised expenditure</b></p> <p>Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either:</p> <ul style="list-style-type: none"> <li>• approved by the Provincial Legislature with funding and the related funds are received; or</li> <li>• approved by the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or</li> <li>• transferred to receivables for recovery.</li> </ul> <p>Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.</p>
<b>19</b>	<p><b>Fruitless and wasteful expenditure</b></p> <p>Fruitless and wasteful expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred.</p> <p>Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables or written off.</p> <p>Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>
<b>20</b>	<p><b>Irregular expenditure</b></p> <p>Irregular expenditure is recorded in the notes to the financial statements when confirmed after its assessment. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefor are provided in the note.</p> <p>Irregular expenditure is reduced from the note when it is either condoned by the relevant authority, transferred to receivables for recovery, not condoned and removed or written-off.</p> <p>Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>
<b>21</b>	<p><b>Changes in accounting estimates and errors</b></p> <p>Changes in accounting estimates are applied prospectively in accordance with MCS requirements.</p> <p>Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.</p>



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<b>22</b>	<p><b>Events after the reporting date</b></p> <p>Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.</p>
<b>23</b>	<p><b>Principal-Agent arrangements</b></p> <p>The department is party to a principal-agent arrangement for [include details here]. In terms of the arrangement the department is the [principal / agent] and is responsible for [include details here]. All related revenues, expenditures, assets and liabilities have been recognised or recorded in terms of the relevant policies listed herein. Additional disclosures have been provided in the notes to the financial statements where appropriate.</p>
<b>24</b>	<p><b>Capitalisation reserve</b></p> <p>The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period, but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the Provincial Revenue Fund when the underlying asset is disposed, and the related funds are received.</p>
<b>25</b>	<p><b>Recoverable revenue</b></p> <p>Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.</p>
<b>26</b>	<p><b>Related party transactions</b></p> <p>Related party transactions within the MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.</p> <p>The number of individuals and the full compensation of key management personnel is recorded in the notes to the financial statements.</p>
<b>27</b>	<p><b>Inventories</b></p> <p>At the date of acquisition, inventories are recognised at cost in the statement of financial performance.</p> <p>Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition.</p> <p>Inventories are subsequently measured at the lower of cost and net realisable value or where intended for distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value.</p> <p>The cost of inventories is assigned by using the weighted average cost basis.</p>



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<b>28</b>	<p><b>Public-Private Partnerships</b></p> <p>Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies.</p> <p>A summary of the significant terms of the PPP agreement, the parties to the agreement, and the date of commencement thereof together with the description and nature of the concession fees received, the unitary fees paid, rights and obligations of the department are recorded in the notes to the financial statements.</p>
<b>29</b>	<p><b>Employee benefits</b></p> <p>The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the Employee benefits note.</p>



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**1. Annual Appropriation**

**1.1 Annual Appropriation**

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for National Departments (Voted funds) and Provincial Departments:

	<b>2021/22</b>		<b>2020/21</b>	
	<b>Final Appropriation R'000</b>	<b>Actual Funds Received R'000</b>	<b>Final Appropriation R'000</b>	<b>Appropriation received R'000</b>
Administration	1 515 048	1 515 048	1 282 376	1 282 376
District health Services	11 641 741	11 641 741	11 373 932	11 373 932
Emergency Medical services	1 240 450	1 240 450	1 183 869	1 183 869
Provincial Hospital Services	4 279 912	4 279 912	4 085 431	4 085 431
Central Hospital Services	7 500 949	7 500 949	7 265 966	7 265 966
Health Sciences and Training	366 958	366 958	357 152	357 152
Health Care Support	559 630	559 630	547 921	547 921
Health Facility Management	1 085 475	1 085 475	1 116 906	1 116 906
<b>Total</b>	<b>28 190 163</b>	<b>28 190 163</b>	<b>27 213 553</b>	<b>27 213 553</b>

**1.2 Conditional grants**

	<i>Note</i>	<b>2021/22 R'000</b>	<b>2020/21 R'000</b>
Total grants received	32	6 990 040	7 481 342
Provincial grants included in Total Grants received		<b>6 990 040</b>	<b>7 481 342</b>

**2. Departmental revenue**

	<i>Note</i>	<b>2021/22 R'000</b>	<b>2020/21 R'000</b>
Sales of goods and services other than capital assets	2.1	367 542	355 510
Interest, dividends and rent on land	2.2	3 854	2 675
Sales of capital assets	2.3	355	-
Transactions in financial assets and liabilities	2.4	38 570	16 796
Transfer received	2.5	16 123	36 491
Total revenue collected		<b>426 444</b>	<b>411 472</b>
Less: Own revenue included in appropriation	13	(396 817)	(396 817)
<b>Departmental revenue collected</b>		<b>29 627</b>	<b>14 655</b>

Departmental Revenue as per Cash Flow Statement is made up as follows:

	<b>2021/22 R'000</b>	<b>2020/21 R'000</b>
Total revenue collected	426 444	411 472
Less: Interest, dividends, rent on land	(3 854)	(2 675)
Sales of Capital Assets	(355)	-
<b>Departmental revenue received</b>	<b>422 235</b>	<b>408 797</b>





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**2.1 Sales of goods and services other than capital assets**

	Note	2021/22 R'000	2020/21 R'000
Sales of goods and services produced by the department		366 860	354 987
Sales by market establishment		5 519	4 807
Administrative fees		7 176	6 146
Other sales		354 165	344 034
Sales of scrap, waste and other used current goods		682	523
<b>Total</b>	<b>2</b>	<b>367 542</b>	<b>355 510</b>

**Other Sales**

This revenue item is primarily comprised of Patient Fees, Services to State Departments (e.g. Department of Justice), Medical Aid Claims and Road Accident Fund Claims. The increase is due to improved collections in individual patient fee debt and medical aid claims.

**2.2 Interest, dividends and rent on land**

	Note	2021/22 R'000	2020/21 R'000
Interest		3 854	2 675
<b>Total</b>	<b>2</b>	<b>3 854</b>	<b>2 675</b>

**2.3 Sale of capital assets**

	Note	2021/22 R'000	2020/21 R'000
<b>Tangible assets</b>		<b>355</b>	<b>-</b>
Machinery and equipment	28	355	-
<b>Total</b>	<b>2</b>	<b>355</b>	<b>-</b>

**2.4 Transactions in financial assets and liabilities**

	Note	2021/22 R'000	2020/21 R'000
Receivables		37 271	14 793
Other Receipts including Recoverable Revenue		1 299	2 003
<b>Total</b>	<b>2</b>	<b>38 570</b>	<b>16 796</b>

**2.5 Transfers received**

	Note	2021/22 R'000	2020/21 R'000
Higher education institutions		16 123	36 459
Public corporations and private enterprises		-	32
<b>Total</b>	<b>2</b>	<b>16 123</b>	<b>36 491</b>



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**2.6 Donations received in-kind (not included in the main note)**

	2021/22 R'000	2020/21 R'000
Computer Equipment	3 706	154
Consumables	84 402	95 199
Furniture & Office Equipment	1 476	101
Other Machinery & Equipment	82 969	72 128
<b>Total</b>	<b>172 553</b>	<b>167 582</b>

See Annexure 1F for more details of Donations received in kind.

**3. Aid assistance**

	2021/22 R'000	2020/21 R'000
Opening Balance	229	369
Transferred from statement of financial performance	(5 009)	(140)
<b>Closing Balance</b>	<b>(4 780)</b>	<b>229</b>

Transferred from Statement of Financial Performance is made up as follows:

	2021/22 R'000	2020/21 R'000
Donor Funding received during the year	379	-
Statement of Financial Performance (Current expenditure)	(703)	(140)
Capital Expenditure (Note 8.1)	(4 685)	-
<b>Closing Balance</b>	<b>(5 009)</b>	<b>(140)</b>

**3.1 Analysis of balance by source**

	2021/22 R'000	2020/21 R'000
Aid assistance from other sources	(4 780)	229
<b>Closing balance</b>	<b>(4 780)</b>	<b>229</b>

**3.2 Analysis of balance**

	2021/22 R'000	2020/21 R'000
Aid assistance receivable	(5 009)	-
Aid assistance unutilised	229	229
<b>Closing balance</b>	<b>(4 780)</b>	<b>229</b>
Aid assistance not received	5 311	-

**Aid assistance not received**

Relates to Government-to-Government funding from USAID, the expenditure of which is claimable by the department on achieving the pre-determined milestones.



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**3.3 Aid assistance expenditure per economic classification**

		2021/22	2020/21
	Note	R'000	R'000
Current		703	140
Capital	8	4 685	-
<b>Total aid assistance expenditure</b>	3	<b>5 388</b>	<b>140</b>

**4. Compensation of employees**

**4.1 Salaries and Wages**

	2021/22	2020/21
	R'000	R'000
Basic salary	10 209 604	10 047 516
Performance award	1 844	1 522
Service Based	13 366	15 149
Compensative/circumstantial	1 530 053	1 509 546
Periodic payments	28 349	47 253
Other non-pensionable allowances	2 547 702	1 931 029
<b>Total</b>	<b>14 330 918</b>	<b>13 552 015</b>

A cost-of-living adjustment of 1.5% as well as a non-pensionable monthly allowance for both Senior Manager Service and all other employer salary levels was the primary driver behind the increase in employee costs.

**4.2 Social contributions**

	2021/22	2020/21
	R'000	R'000
<b>Employer contributions</b>		
Pension	1 133 850	1 130 515
Medical	712 448	653 368
Bargaining council	2 520	2 468
Insurance	185	72
<b>Total</b>	<b>1 849 003</b>	<b>1 786 423</b>
<b>Total compensation of employees</b>	<b>16 179 921</b>	<b>15 338 438</b>
<b>Average number of employees</b>	<b>35 927</b>	<b>34 806</b>

Average number of employees is based on total number of employees at the end of each month per the PERSAL salary system.



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**5. Goods and services**

	Note	2021/22 R'000	2020/21 R'000
Administrative fees		246	861
Advertising		25 034	20 798
Minor assets	5.1	36 755	65 920
Bursaries (employees)		11 313	11 738
Catering		1 626	1 777
Communication		55 068	47 745
Computer services	5.2	138 044	135 630
Consultants: Business and advisory services	5.9	117 864	115 074
Infrastructure and planning services		40 035	26 075
Laboratory services		1 152 732	924 443
Legal services		15 988	12 260
Contractors		578 199	606 435
Agency and support / outsourced services		681 754	571 566
Entertainment		71	19
Audit cost – external	5.3	22 572	18 170
Fleet services		182 726	169 117
Inventory	5.4	3 877 756	3 896 926
Consumables	5.5	703 231	761 131
Operating leases		22 667	104 390
Property payments	5.6	1 392 076	1 337 475
Rental and hiring		33 445	33 380
Transport provided as part of the departmental activities		23 381	2 041
Travel and subsistence	5.7	31 857	73 480
Venues and facilities		1 007	45
Training and development		34 468	19 648
Other operating expenditure	5.8	33 538	28 474
<b>Total</b>		<b>9 213 453</b>	<b>8 984 618</b>

**Infrastructure and planning services**

Increase due to a larger proportion of spending on infrastructure projects at concept and design phase in the current financial year.

**Laboratory services**

Increased laboratory service expenditure within health facilities related to Integrated HIV & TB Services as well as increase in Laboratory services due to the reintroduction of comprehensive health programmes.

**Agency and support / outsourced services**

Additional procurement of outsourced medical doctors and nursing staff to mitigate impact of staff absence due to the pandemic. In addition, medical waste expenditure increased due disposal of vaccination related consumables.

**Transport provided as part of the departmental activities**

Procurement of private ambulance services for inter facility transfers during the peak of the pandemic as well as to mitigate staff absence as a result of covid infections.



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**5.1 Minor assets**

	Note	2021/22 R'000	2020/21 R'000
<b>Tangible assets</b>		<b>36 750</b>	<b>65 913</b>
Machinery and equipment		36 750	65 913
<b>Intangible assets</b>		<b>5</b>	<b>7</b>
Software		5	7
<b>Total</b>	5	<b>36 755</b>	<b>65 920</b>

**5.2 Computer services**

	Note	2021/22 R'000	2020/21 R'000
SITA computer services		23 443	20 962
External computer service providers		114 601	114 668
<b>Total</b>	5	<b>138 044</b>	<b>135 630</b>

**5.3 Audit cost – External**

	Note	2021/22 R'000	2020/21 R'000
Regularity audits		22 572	18 170
<b>Total</b>	5	<b>22 572</b>	<b>18 170</b>

**5.4 Inventory**

	Note	2021/22 R'000	2020/21 R'000
Food and food supplies		70 593	63 061
Medical supplies		2 030 158	2 023 102
Medicine		1 762 680	1 800 646
Laboratory supplies		14 325	10 117
<b>Total</b>	5	<b>3 877 756</b>	<b>3 896 926</b>

**5.5 Consumables**

	Note	2021/22 R'000	2020/21 R'000
Consumable supplies		<b>592 030</b>	<b>662 099</b>
Uniform and clothing		80 772	139 806
Household supplies		303 073	332 248
Building material and supplies		83 398	80 586
Communication accessories		802	396
IT consumables		1 375	2 687
Other consumables		122 610	106 376
Stationery, printing and office supplies		<b>111 201</b>	<b>99 032</b>
<b>Total</b>	5	<b>703 231</b>	<b>761 131</b>

**Other consumables**

This item comprises mainly Medical and Domestic Gas as well as other fuel products. Increased volumes of oxygen were required to treat Covid-19 patients.



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**5.6 Property payments**

	Note	2021/22 R'000	2020/21 R'000
Municipal services		400 678	376 268
Property management fees		669 837	617 987
Property maintenance and repairs		321 561	343 220
<b>Total</b>	5	<b>1 392 076</b>	<b>1 337 475</b>

**Property management fees**

Additional security expenditure for the mass vaccination sites as well as the impact of the new transversal security contract.

**5.7 Travel and subsistence**

	Note	2021/22 R'000	2020/21 R'000
Local		31 857	73 432
Foreign		-	48
<b>Total</b>	5	<b>31 857</b>	<b>73 480</b>

<b><u>Local – Travel and Subsistence</u></b>	<b><u>2021/22</u></b>	<b><u>2020/21</u></b>
Accommodation	16 350	11 873
Air Transport	610	191
Road & Rail Transport	12 430	59 449
Subsistence	2 467	1 919
	<b>31 857</b>	<b>73 432</b>

Travel required for the performance of various officials' duties outside of their normal place of work. Decrease in Road & Rail Transport due to the discontinuation of the Red Dot Taxi service following the relaxation of lockdown regulations.

**5.8 Other operating expenditure**

	Note	2021/22 R'000	2020/21 R'000
Professional bodies, membership and subscription fees		1 472	1 249
Resettlement costs		3 659	3 042
Other		28 407	24 183
<b>Total</b>	5	<b>33 538</b>	<b>28 474</b>

**Other**

Relates mainly to courier charges in respect of the distribution of pharmaceuticals by the Cape Medical Depot as well as the Chronic Dispensing unit.



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**6. Payments for financial assets**

	Note	2021/22 R'000	2020/21 R'000
Other material losses written off	6.1	734	1 821
Debts written off	6.2	10 098	6 714
<b>Total</b>		<b>10 832</b>	<b>8 535</b>

**6.1 Other material losses written off**

	Note	2021/22 R'000	2020/21 R'000
<b>Nature of losses</b>			
Government vehicle damages & losses		716	1 150
Redundant stock (CMD & HIV AIDS)		18	671
<b>Total</b>	6	<b>734</b>	<b>1 821</b>

**6.2 Debts written off**

	Note	2021/22 R'000	2020/21 R'000
<b>Other debt written off</b>			
Salary overpayment		1 687	2 389
Medical bursaries		8 012	1 659
Supplier debtors		11	2 399
Tax		145	211
Other minor incidents		243	56
<b>Total debt written off</b>	6	<b>10 098</b>	<b>6 714</b>

Increase primarily driven by a clean-up of medical bursaries debtors' book by focusing on aged/prescribed debt.

**7. Transfers and subsidies**

	Note	2021/22 R'000	2020/21 R'000
Provinces and municipalities	33	657 240	629 037
Departmental agencies and accounts	Annexure 1B	7 107	7 258
Higher education institutions	Annexure 1C	-	10 000
Non-profit institutions	Annexure 1D	659 837	661 615
Households	Annexure 1E	179 615	233 645
<b>Total</b>		<b>1 503 799</b>	<b>1 541 555</b>



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**8. Expenditure for capital assets**

	Note	2021/22 R'000	2020/21 R'000
<b>Tangible assets</b>		<b>1 011 075</b>	<b>1 089 565</b>
Buildings and other fixed structures	30	215 501	356 177
Machinery and equipment	28	795 574	733 388
<b>Intangible assets</b>		<b>1 859</b>	<b>829</b>
Software	29	1 859	829
<b>Total</b>		<b>1 012 934</b>	<b>1 090 394</b>

**8.1 Analysis of funds utilised to acquire capital assets – 2021/22**

	Voted funds R'000	Aid assistance R'000	Total R'000
<b>Tangible assets</b>	<b>1 006 390</b>	<b>4 685</b>	<b>1 011 075</b>
Buildings and other fixed structures	215 501	-	215 501
Machinery and equipment	790 889	4 685	795 574
<b>Intangible assets</b>	<b>1 859</b>	<b>-</b>	<b>1 859</b>
Software	1 859	-	1 859
<b>Total</b>	<b>1 008 249</b>	<b>4 685</b>	<b>1 012 934</b>

**8.2 Analysis of funds utilised to acquire capital assets – 2020/21**

	Voted funds R'000	Aid assistance R'000	Total R'000
<b>Tangible assets</b>	<b>1 089 565</b>	<b>-</b>	<b>1 089 565</b>
Buildings and other fixed structures	356 177	-	356 177
Machinery and equipment	733 388	-	733 388
<b>Intangible assets</b>	<b>829</b>	<b>-</b>	<b>829</b>
Software	829	-	829
<b>Total</b>	<b>1 090 394</b>	<b>-</b>	<b>1 090 394</b>

**8.3 Finance lease expenditure included in Expenditure for capital assets**

	2021/22 R'000	2020/21 R'000
<b>Tangible assets</b>		
Machinery and equipment	204 878	197 128
<b>Total</b>	<b>204 878</b>	<b>197 128</b>



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**9. Cash and cash equivalents**

	2021/22 R'000	2020/21 R'000
Consolidated Paymaster General Account	705 428	493 201
Disbursements	(331 303)	(253 544)
Cash on hand	1 655	1 655
<b>Total</b>	<b>375 780</b>	<b>241 312</b>

**10. Prepayments and advances**

	Note	2021/22 R'000	2020/21 R'000
Travel and subsistence		835	444
Advances paid (Not expensed)	10.1	1 999	8 705
<b>Total</b>		<b>2 834</b>	<b>9 149</b>

**10.1 Advances paid (Not expensed)**

	Note	Balance as at 1 April 2021	Less: Amount expensed in current year	Add or Less: Other	Add: Current Year advances	Balance as at 31 March 2022
		R'000	R'000	R'000	R'000	R'000
Other entities	10	8 705	(71 312)	-	64 606	1 999
<b>Total</b>		<b>8 705</b>	<b>(71 312)</b>	<b>-</b>	<b>64 606</b>	<b>1 999</b>

	Note	Balance as at 1 April 2020	Less: Amount expensed in current year	Add or Less: Other	Add: Current Year advances	Balance as at 31 March 2021
		R'000	R'000	R'000	R'000	R'000
Other entities	10	3 320	(75 915)	-	81 300	8 705
<b>Total</b>		<b>3 320</b>	<b>(75 915)</b>	<b>-</b>	<b>81 300</b>	<b>8 705</b>

Advances paid (Not expensed) primarily relates to transfers to Non-Profit institutions for which expenditure claims are still outstanding at year-end.

**10.2 Advances paid (Expensed)**

	Amount as at 1 April 2021	Less: Received in the current year	Add or Less: Other	Add: Current Year advances	Amount as at 31 March 2022
	R'000	R'000	R'000	R'000	R'000
Other Institutions	13 380	(5 085)	(6 000)	4 000	6 295
<b>Total</b>	<b>13 380</b>	<b>(5 085)</b>	<b>(6 000)</b>	<b>4 000</b>	<b>6 295</b>



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	Amount as at 1 April 2020	Less: Received in the current year	Add or Less: Other	Add: Current Year advances	Amount as at 31 March 2021
	R'000	R'000	R'000	R'000	R'000
Other entities	8 855	(960)	-	5 485	13 380
<b>Total</b>	<b>8 855</b>	<b>(960)</b>	<b>-</b>	<b>5 485</b>	<b>13 380</b>

Advances paid (expensed) relates to Motor Vehicles ordered from Government Motor Transport, but not received at year end. This amount is included in the Expenditure for Capital Asset: Machinery and Equipment (refer to Note 8).

## 11. Receivables

		Current	2021/22 Non- current	Total	Current	2020/21 Non- current	Total
		R'000	R'000	R'000	R'000	R'000	R'000
Claims recoverable	<i>Note 11.1</i>	11 033	-	11 033	43 990	-	43 990
Staff debt	<i>11.2</i>	8 154	31	8 185	7 907	-	7 907
Other receivables	<i>11.3</i>	58 646	1 080	59 726	35 861	1 864	37 725
<b>Total</b>		<b>77 833</b>	<b>1 111</b>	<b>78 944</b>	<b>87 758</b>	<b>1 864</b>	<b>89 622</b>

### 11.1 Claims recoverable

	<i>Note</i>	2021/22 R'000	2020/21 R'000
National departments		3 762	4 482
Provincial departments		3 647	23 861
Local governments		3 624	15 647
<b>Total</b>	<i>11</i>	<b>11 033</b>	<b>43 990</b>

### 11.2 Staff debt

	<i>Note</i>	2021/22 R'000	2020/21 R'000
Salary Reversal Control Account		682	439
Salary Tax Debt		178	291
Salary Deductions/Recalls		1	63
Debt Account		7 324	7 114
<b>Total</b>	<i>11</i>	<b>8 185</b>	<b>7 907</b>



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**11.3 Other receivables**

	Note	2021/22 R'000	2020/21 R'000
Disallowance Miscellaneous		292	-
Disallowance Damage and losses		1 879	1 198
Damage Vehicles		-	119
Supplier Debtors		5 902	7 598
Medical Bursaries		7 974	11 409
Depot Pharmaceutical Control Account		43 679	17 401
<b>Total</b>	11	<b>59 726</b>	<b>37 725</b>

The increase in the Depot Pharmaceutical Control Account is due to lower inventory levels on hand at year end at the Cape Medical Depot.

**11.4 Impairment of receivables**

	2021/22 R'000	2020/21 R'000
Estimate of impairment of receivables	1 806	2 580
<b>Total</b>	<b>1 806</b>	<b>2 580</b>

Impairment for the current year is based on percentage of debts written off in the previous financial reporting period, in addition all debts less than R2000 are also included in the impairment value as these would be deemed uneconomical to recover.

**12. Voted funds to be surrendered to the Revenue Fund**

	2021/22 R'000	2020/21 R'000
Opening balance	250 013	78 768
Transfer from statement of financial performance (as restated)	273 909	250 013
Paid during the year	(250 013)	(78 768)
<b>Closing balance</b>	<b>273 909</b>	<b>250 013</b>

**13. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund**

	2021/22 R'000	2020/21 R'000
Opening balance	9 264	34 044
Transfer from Statement of Financial Performance (as restated)	29 627	14 655
Own revenue included in appropriation	396 817	396 817
Paid during the year	(408 598)	(436 252)
<b>Closing balance</b>	<b>27 110</b>	<b>9 264</b>



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**14. Payables – current**

	Note	2021/22 R'000	2020/21 R'000
Advances received	14.1	144 148	44 803
Clearing accounts	14.2	6 958	8 593
Other payables	14.3	599	14 465
<b>Total</b>		<b>151 705</b>	<b>67 861</b>

**14.1 Advances received**

	Note	2021/22 R'000	2020/21 R'000
Other institutions		144 148	44 803
<b>Total</b>	14	<b>144 148</b>	<b>44 803</b>

Significant increase primarily relates to funds collected in respect of the Covid-19 vaccinations, of which the revenue share between National Department of Health and the Province is still to be finalised. Consequently, this amount is not included in the Departmental Revenue as per Note 2.

**14.2 Clearing accounts**

	Note	2021/22 R'000	2020/21 R'000
Patient Fee Deposits		218	1
Sal: Pension Fund		-	74
Sal: GEHS refunds control account		6 087	4 200
Sal: Income Tax		423	4 034
Sal: Bargaining Councils		-	3
Sal: ACB Recalls		230	-
Disallowance Miscellaneous: CA		-	281
<b>Total</b>	14	<b>6 958</b>	<b>8 593</b>

**14.3 Other payables**

	Note	2021/22 R'000	2020/21 R'000
Bursaries for Health workers		599	14 465
<b>Total</b>	14	<b>599</b>	<b>14 465</b>



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**15. Net cash flow available from operating activities**

	2021/22 R'000	2020/21 R'000
Net surplus as per Statement of Financial Performance	298 527	264 528
Add back non-cash/cash movements not deemed operating activities	<b>850 869</b>	<b>926 513</b>
Decrease/(increase) in receivables	9 925	(35 193)
Decrease/(increase) in prepayments and advances	6 315	(4 499)
Decrease/(increase) in payables – current	83 844	(5 986)
Proceeds from sale of capital assets	(355)	-
Expenditure on capital assets	1 012 934	1 090 394
Surrenders to Revenue Fund	(658 611)	(515 020)
Own revenue included in appropriation	396 817	396 817
<b>Net cash flow generated by operating activities</b>	<b>1 149 396</b>	<b>1 191 041</b>

**16. Reconciliation of cash and cash equivalents for cash flow purposes**

	2021/22 R'000	2020/21 R'000
Consolidated Paymaster General account	705 428	493 201
Disbursements	(331 303)	(253 544)
Cash on hand	1 655	1 655
<b>Total</b>	<b>375 780</b>	<b>241 312</b>

**17. Contingent liabilities and contingent assets**

**17.1 Contingent liabilities**

	Note	2021/22 R'000	2020/21 R'000
<b>Liable to</b>			
Claims against the department	Annex 2	86 770	151 558
<b>Total</b>		<b>86 770</b>	<b>151 558</b>

**17.2 Contingent assets**

	2021/22 R'000	2020/21 R'000
<b>Nature of contingent asset</b>		
Civil	199	199
<b>Total</b>	<b>199</b>	<b>199</b>

**Other Contingent Assets – not included in balance above**

At this stage the Department is not able to reliably measure the contingent asset in terms of the Government Employees Housing Scheme of the Individually Linked Savings Facility (ILSF), relating to resignations and termination of service. Furthermore, the Department is not able to reliably measure the contingent asset in terms of Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR) cases under investigation.



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**18. Capital commitments**

	2021/22 R'000	2020/21 R'000
Buildings and other fixed structures	113 930	182 827
Machinery and equipment	155 377	35 403
<b>Total</b>	<b>269 307</b>	<b>218 230</b>

**19. Accruals and payables not recognised**

**19.1 Accruals**

			2021/22 R'000	2020/21 R'000
<b>Listed by economic classification</b>				
	<b>30 Days</b>	<b>30+ Days</b>	<b>Total</b>	<b>Total</b>
Goods and services	151 102	15 714	166 816	161 665
Transfers and subsidies	88 207	-	88 207	54 378
Capital assets	2 603	937	3 540	7 345
<b>Total</b>	<b>241 912</b>	<b>16 651</b>	<b>258 563</b>	<b>223 388</b>

	2021/22 R'000	2020/21 R'000
<b>Listed by programme level</b>		
Administration	40 406	84
District Health Services	109 645	111 268
Emergency Health Services	18 153	6 371
Provincial Hospital Services	30 529	26 172
Central Hospital Services	56 366	75 013
Health Science and Training	1 482	373
Health Care Support Services	1 142	1 579
Health Facility Management	840	2 528
<b>Total</b>	<b>258 563</b>	<b>223 388</b>



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**19.2 Payables not recognised**

			2021/22 R'000	2020/21 R'000
<b>Listed by economic classification</b>				
	<b>30 Days</b>	<b>30+ Days</b>	<b>Total</b>	<b>Total</b>
Goods and services	124 002	8 892	132 894	178 745
Transfers and subsidies	6 351	-	6 351	35 462
Capital assets	1 193	65	1 258	9 492
Other	29 845	-	29 845	61 374
<b>Total</b>	<b>161 391</b>	<b>8 957</b>	<b>170 348</b>	<b>285 073</b>
			2021/22 R'000	2020/21 R'000
<b>Listed by programme level</b>				
Administration			40 062	91 198
District Health Services			50 473	121 984
Emergency Health Services			1 321	2 085
Provincial Hospital Services			19 630	17 098
Central Hospital Services			44 961	36 999
Health Science and Training			355	59
Health Care Support Services			12 577	15 453
Health Facility Management			969	197
<b>Total</b>			<b>170 348</b>	<b>285 073</b>
		<i>Note</i>	2021/22 R'000	2020/21 R'000
<b>Included in the above totals are the following:</b>				
Confirmed balances with other departments		<i>Annex 4</i>	2 162	30 874
<b>Total</b>			<b>2 162</b>	<b>30 874</b>



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**20. Employee benefits**

	2021/22 R'000	2020/21 R'000
Leave entitlement	501 244	511 884
Service bonus	322 352	324 066
Capped leave	148 137	180 353
Other	30 071	40 968
<b>Total</b>	<b>1 001 804</b>	<b>1 057 271</b>

	2021/22 R'000	2020/21 R'000
<b><u>Leave Entitlement</u></b>		
Leave Entitlement on PERSAL at year end	494 262	520 513
Add: Negative Leave credits included	21 885	22 869
Less: Leave captured after year end	(14 903)	(31 498)
<b>Recalculated</b>	<b>501 244</b>	<b>511 884</b>
<b><u>Other</u></b>		
Payables (Mainly overtime)	18 343	28 369
Long Service Awards	11 193	12 090
Provision for MEC exit gratuity	535	509
	<b>30 071</b>	<b>40 968</b>
At this stage the department is not able to reliably measure the long-term portion of the long service awards.		
Excluded from Other is accrued pay progression due to qualifying nurses as a result of a DPSA Circular issued during May 2022, which must be applied retrospectively to 1 July 2021. The impact of the circular is still being quantified.		

**21. Lease commitments**

**21.1 Operating leases**

	Machinery and equipment R'000	Total R'000
<b>2021/22</b>		
Not later than 1 year	20 412	20 412
Later than 1 year and not later than 5 years	19 646	19 646
<b>Total lease commitments</b>	<b>40 058</b>	<b>40 058</b>
<b>2020/21</b>		
Not later than 1 year	19 997	19 997
Later than 1 year and not later than 5 years	26 233	26 233
<b>Total lease commitments</b>	<b>46 230</b>	<b>46 230</b>

Predominantly relates to the leasing of multifunction printing office equipment at various facilities.



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**21.2 Finance leases**

<b>2021/22</b>	<b>Machinery and equipment R'000</b>	<b>Total R'000</b>
Not later than 1 year	207 467	207 467
Later than 1 year and not later than 5 years	283 646	283 646
Later than five years	363	363
<b>Total lease commitments</b>	<b>491 476</b>	<b>491 476</b>

<b>2020/21</b>	<b>Machinery and equipment R'000</b>	<b>Total R'000</b>
Not later than 1 year	191 581	191 581
Later than 1 year and not later than 5 years	201 961	201 961
Later than five years	718	718
<b>Total lease commitments</b>	<b>394 260</b>	<b>394 260</b>

Finance leases relates to motor vehicles leased from Government Motor Transport (GMT).

**22. Accrued departmental revenue**

	<b>2021/22 R'000</b>	<b>2020/21 R'000</b>
Sales of goods and services other than capital assets	791 379	627 059
<b>Total</b>	<b>791 379</b>	<b>627 059</b>

**22.1 Analysis of accrued departmental revenue**

	<b>2021/22 R'000</b>	<b>2020/21 R'000</b>
Opening balance	627 059	624 359
Less: amounts received	(313 321)	(299 883)
Add: amounts recorded	706 748	536 876
Less: amounts written-off/reversed as irrecoverable	(229 107)	(234 293)
<b>Closing balance</b>	<b>791 379</b>	<b>627 059</b>

**22.2 Accrued department revenue written off**

	<b>2021/22 R'000</b>	<b>2020/21 R'000</b>
<b>Nature of losses</b>		
Patient Fees	229 107	234 293
<b>Total</b>	<b>229 107</b>	<b>234 293</b>



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**22.3 Impairment of accrued departmental revenue**

	2021/22 R'000	2020/21 R'000
Estimate of impairment of accrued departmental revenue	262 000	200 000
<b>Total</b>	<b>262 000</b>	<b>200 000</b>

Estimated impairment of patient fees debt is attributable to the following main drivers:

	2021/22 R'000	2020/21 R'000
Road Accident Fund due to the rules for shared accountability	163 000	116 000
Individual Debt due to unaffordability	75 000	64 000
Debt older than 3 years	21 000	18 000
Medical Aid Debt due to depleted benefits	3 000	2 000
	<b>262 000</b>	<b>200 000</b>

The department calculates the impairment on the accrued departmental revenue based on the estimates of recoverability of the main drivers of patient debt (e.g. Private Patient Fees Debt, RAF debt etc) and utilising current events as well as historical data trends of the preceding 12 months.

The 2020/21 estimate has been restated from R270m to R200m as the department has assessed that a more prudent impairment percentage be used that excludes commissions payable on Road Accident Fund (RAF) recoveries.

**23. Irregular expenditure**

**23.1 Reconciliation of irregular expenditure**

	Note	2021/22 R'000	2020/21 R'000
Opening balance		58 359	64 134
Prior period error	23.4	-	(2 282)
As restated		58 359	61 852
Add: Irregular expenditure – relating to prior year	23.2	1 768	-
Add: Irregular expenditure – relating to current year	23.2	7 046	23 405
Less: Prior year amounts condoned	23.3	(24 193)	(26 898)
<b>Closing balance</b>		<b>42 980</b>	<b>58 359</b>

**Analysis of closing balance**

Current year	7 046	23 405
Prior years	35 934	34 954
<b>Total</b>	<b>42 980</b>	<b>58 359</b>



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**23.2 Details of current and prior year irregular expenditure – added current year (under determination and investigation)**

<b>Incident</b>	<b>2021/22 R'000</b>
Award made to wrong bidder	445
Contract extended/expanded without approval	56
Emergency delegation incorrectly applied	1
Incorrect bidding process followed < R 500 000	660
Incorrect delegatee making award	44
Items on contract procured via IPS/ Item purchased not on contract	102
Local Content	227
Made use of Brand Names	14
No declaration of interest	1 014
Petty Cash purchase above R2000	29
Quantity on invoice more than approved order	14
Supplier not registered on relevant database/ No valid CSD Tax status	4 206
Used invalid contract/ No quotations attached	234
<b>Total current year</b>	<b>7 046</b>
Contract extended/expanded without approval	143
Emergency delegation incorrectly applied	1 497
Incorrect bidding process followed < R 500 000	11
Items on contract procured via IPS/ Item purchased not on contract	51
Petty Cash purchase above R2000	55
Quantity on invoice more than approved order	11
<b>Total prior year</b>	<b>1 768</b>
<b>Total</b>	<b>8 814</b>

Disciplinary steps taken/criminal proceedings to be confirmed by relevant Institutional Managers in respect of each incident of Irregular Expenditure.



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<b>23.3</b>	<b>Details of irregular expenditure condoned</b>	
	<b>Incident</b>	<b>2021/22 R'000</b>
	Award made to wrong bidder	653
	Brand name - incorrect specs	17
	Contract expanded without approval	3
	Contract extended without approval	97
	Incorrect bidding process followed < R 500 000	273
	Invalid/No quotations attached	6
	Items on contract procured via IPS without valid reasons	46
	Local Content not applied	292
	Made use of Brand Names	2
	No declaration of interest	3 226
	No formal bidding process followed for awards >500 000	5
	No valid tax clearance certificate/ CSD Tax Status	3 154
	Quantity on invoice more than approved order	26
	Supplier not registered on relevant database	16 246
	Used invalid contract	147
	<b>Total</b>	<b>24 193</b>

Incidents of irregular expenditure were condoned by Provincial Treasury.

<b>23.4</b>	<b>Details of irregular expenditure under assessment (not included in the main note)</b>	
	<b>Incident</b>	<b>2021/22 R'000</b>
	No Procurement Process followed - Procurement of PPE	5 000
	<b>Total</b>	<b>5 000</b>

<b>23.5</b>	<b>Prior period error</b>	
		<b>2021/22 R'000</b>
	<b>Nature of prior period error</b>	
	Relating to prior years (affecting the opening balance)	(2 282)
	Condoned in prior years	(108)
	Duplication	(262)
	Prior year error not Irregular Expenditure	(2 236)
	Irregular Expenditure relating to pre 2020/21	324
	<b>Total</b>	<b>(2 282)</b>



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**24. Fruitless and wasteful expenditure**

**24.1 Reconciliation of fruitless and wasteful expenditure**

	2021/22 R'000	2020/21 R'000
Opening balance	2	-
Prior period error	-	2
<b>As restated</b>	<b>2</b>	<b>2</b>
Fruitless and wasteful expenditure – relating to current year	12	-
Less: Amounts written off	(2)	-
<b>Closing balance</b>	<b>12</b>	<b>2</b>
<b>Analysis of awaiting resolution per economic classification</b>		
Current	12	2
<b>Total</b>	<b>12</b>	<b>2</b>

**24.2 Details of current and prior year fruitless and wasteful expenditure – added current year (under determination and investigation)**

Incident	Disciplinary steps taken/criminal proceedings	2021/22 R'000
Brackets installed were not compatible with equipment	In Progress	5
PPE invoiced, but not received	In Progress	1
Payment for printer trays, though it was included in the original quoted price	In Progress	6
<b>Total</b>		<b>12</b>

**24.3 Details of fruitless and wasteful expenditure written off**

Incident	2021/22 R'000
Software purchased incompatible with WCG network	2
<b>Total</b>	<b>2</b>

**24.4 Prior period error**

	2020/21 R'000
<b>Nature of prior period error</b>	
<b>Relating to 2019/20 [affecting the opening balance]</b>	<b>2</b>
Software purchased incompatible with WCG network	2
<b>Total</b>	<b>2</b>



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**24.5 Details of Fruitless and wasteful expenditure under assessment (not included in the main note)**

Incident	2020/21 R'000
Gansbaai Clinic – Upgrade and additions – Project Delays *	327
Vredenburg Hospital: Phase 2B replacement buildings – Project Delays **	4 343
<b>Total</b>	<b>4 670</b>

Possible incidents were highlighted in the 2019/20 Audit Report. Due to the late finalisation of this audit there has not been sufficient time to investigate the particular incidents and report within the 2020/21 Annual Financial Statements. Incident still under assessment as clarification required as to which department should report if confirmed to be Fruitless & wasteful expenditure.

\* Additional cost were incurred as result of the late issuing of construction information regarding procurement of the electrical mini sub-station.

\*\* Additional expenses incurred which resulted from delays caused by the nominated sub-contractor

**25. Related party transactions**

The Department of Health occupies a building free of charge managed by the Department of Transport and Public Works. Parking space is also provided for government officials at an approved fee that is not market related.

The Department of Health received corporate services from the Corporate Services Centre of the Department of the Premier in the Western Cape Province with effect from 1 November 2010 in respect of the following service areas:

- Information and Communication Technology
- Organisation Development
- Provincial Training (transversal)
- Enterprise Risk Management
- Internal Audit
- Provincial Forensic Services
- Legal Services
- Corporate Communication

The Department of Health make use of government motor vehicles managed by Government Motor Transport (GMT) based on tariffs approved by the Department of Provincial Treasury.

The Department of Health received Security Advisory Services and Security Operations from the Department of Community Safety in the Western Cape.



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**26. Key management personnel**

	No. of Individuals	2021/22 R'000	2020/21 R'000
Member of the Executive Council (MEC)	1	1 978	1 978
Officials (Management)	18	22 344	18 964
<b>Total</b>		<b>24 322</b>	<b>20 942</b>

**27. Provisions**

	2021/22 R'000	2020/21 R'000
Medical Legal Claims	426 535	351 185
Infrastructure Retentions	24 896	85 488
<b>Total</b>	<b>451 431</b>	<b>436 673</b>

**Medical Legal Claims**

The above amount relates to claims instated against the Department where merits have been conceded to the claimant. The amount represents the best estimate of the value that will possibly be settled once the matter has been resolved through the courts or a negotiated settlement.

**Infrastructure Retentions**

Progress billings related to infrastructure projects that will be paid once conditions specified in the contract are met.

**27.1 Reconciliation of movement in provisions – 2021/22**

	Infrastructure Retentions R'000	Medico Legal Claims R'000	Total provisions R'000
Opening balance	85 488	351 185	436 673
Increase in provision	18 561	186 032	204 593
Settlement of provision	(79 153)	(47 642)	(126 795)
Unused amount reversed	-	(17 890)	(17 890)
Change in provision due to change in estimation of inputs	-	(45 150)	(45 150)
<b>Closing balance</b>	<b>24 896</b>	<b>426 535</b>	<b>451 431</b>

**Reconciliation of movement in provisions – 2020/21**

	Infrastructure Retentions R'000	Medico Legal Claims R'000	Total provisions R'000
Opening balance	19 461	305 900	325 361
Increase in provision	2 585	151 225	153 810
Settlement of provision	(4 899)	(31 990)	(36 889)
Unused amount reversed	-	(1 900)	(1 900)
Change in provision due to change in estimation of inputs	68 341	(72 050)	(3 709)
<b>Closing balance</b>	<b>85 488</b>	<b>351 185</b>	<b>436 673</b>



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**28. Movable Tangible Capital Assets**

**MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2022**

	Opening balance R'000	Additions R'000	Disposals R'000	Closing Balance R'000
<b>MACHINERY AND EQUIPMENT</b>	<b>4 264 824</b>	<b>619 841</b>	<b>(202 791)</b>	<b>4 681 874</b>
Transport assets	4 612	2 394	(1 476)	5 530
Computer equipment	437 200	69 008	(15 235)	490 973
Furniture and office equipment	142 375	14 936	(6 863)	150 448
Other machinery and equipment	3 680 637	533 503	(179 217)	4 034 923
<b>TOTAL MOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>4 264 824</b>	<b>619 841</b>	<b>(202 791)</b>	<b>4 681 874</b>

**Movable Tangible Capital Assets under investigation**

	Number	Value R'000
Included in the above total of the movable tangible capital assets per the asset register are assets that are under investigation:		
Machinery and equipment	7 264	180 687

**28.1 MOVEMENT IN TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2021**

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing Balance R'000
<b>MACHINERY AND EQUIPMENT</b>	<b>3 738 730</b>	<b>58 565</b>	<b>535 895</b>	<b>(68 366)</b>	<b>4 264 824</b>
Transport assets	5 912	(2 262)	1 128	(166)	4 612
Computer equipment	382 326	14 121	51 358	(10 605)	437 200
Furniture and office equipment	139 278	(10 260)	15 320	(1 963)	142 375
Other machinery and equipment	3 211 214	56 966	468 089	(55 632)	3 680 637
<b>TOTAL MOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>3 738 730</b>	<b>58 565</b>	<b>535 895</b>	<b>(68 366)</b>	<b>4 264 824</b>



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**28.1.1 Prior period error**

	2021/22 R'000
<b>Nature of prior period error</b>	
<b>Relating to 2019/20 (affecting the opening balance)</b>	<b>58 565</b>
Incorrect Classifications	58 565
<b>Relating to 2020/21</b>	<b>8 484</b>
Additions understated	8 484
<b>Total prior period errors</b>	<b>67 049</b>

**28.2 Minor assets**

	<b>Machinery and equipment R'000</b>	<b>Total R'000</b>
Opening balance	631 011	631 011
Additions	36 420	36 420
Disposals	(30 102)	(30 102)
<b>TOTAL MINOR ASSETS</b>	<b>637 329</b>	<b>637 329</b>
	<b>Machinery and equipment</b>	<b>Total</b>
Number of minor assets at cost	371 070	371 070
<b>TOTAL NUMBER OF MINOR ASSETS</b>	<b>371 070</b>	<b>371 070</b>

**Minor Capital Assets under investigation**

	Number	Value R'000
<b>Included in the above total of the minor capital assets per the asset register are assets that are under investigation:</b>		
Machinery and equipment	7 333	32 718

**MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED AS AT 31 MARCH 2021**

	<b>Machinery and equipment R'000</b>	<b>Total R'000</b>
Opening balance	584 726	584 726
Prior period error	(3 158)	(3 158)
Additions	66 560	66 560
Disposals	(17 117)	(17 117)
<b>TOTAL MINOR ASSETS</b>	<b>631 011</b>	<b>631 011</b>
	<b>Machinery and equipment</b>	<b>Total</b>
Number of minor assets at cost	377 502	377 502
<b>TOTAL NUMBER OF MINOR ASSETS</b>	<b>377 502</b>	<b>377 502</b>



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**28.2.1 Prior period error**

	2020/21 R'000
<b>Nature of prior period error</b>	
<b>Relating to 2019/20 (affecting the opening balance)</b>	<b>(3 158)</b>
Incorrect Classification	(3 158)
<b>Relating to 2020/21</b>	<b>2 664</b>
Additions understated	2 664
<b>Total</b>	<b>(494)</b>

**29. Intangible Capital Assets**

	Opening balance R'000	Additions R'000	Disposals R'000	Closing Balance R'000
SOFTWARE	20 325	1 859	(1 066)	21 118
<b>TOTAL INTANGIBLE CAPITAL ASSETS</b>	<b>20 325</b>	<b>1 859</b>	<b>(1 066)</b>	<b>21 118</b>

**29.1 Movement for 2020/21**

**MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED  
31 MARCH 2021**

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing Balance R'000
SOFTWARE	19 920	(65)	470	-	20 325
<b>TOTAL INTANGIBLE CAPITAL ASSETS</b>	<b>19 920</b>	<b>(65)</b>	<b>470</b>	<b>-</b>	<b>20 325</b>

**29.1.1 Prior period error**

	Note	2020/21 R'000
<b>Nature of prior period error</b>		
<b>Relating to 2019/20 (affecting the opening balance)</b>		<b>(65)</b>
Incorrect Classification	29.1	(65)
<b>Total</b>		<b>(65)</b>



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**30. Immovable Tangible Capital Assets**

	Opening balance R'000	Additions R'000	Disposals R'000	Closing Balance R'000
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>	<b>1 592 428</b>	<b>501 031</b>	<b>(46 442)</b>	<b>2 047 017</b>
Non-residential buildings	1 577 791	499 453	(46 415)	2 030 829
Other fixed structures	14 637	1 578	(27)	16 188
<b>TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>1 592 428</b>	<b>501 031</b>	<b>(46 442)</b>	<b>2 047 017</b>

**30.1 Movement for 2020/21**

**MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE  
YEAR ENDED 31 MARCH 2021**

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing Balance R'000
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>	<b>1 326 390</b>	<b>(223)</b>	<b>266 440</b>	<b>(179)</b>	<b>1 592 428</b>
Non-residential buildings	1 311 420	-	266 371	-	1 577 791
Other fixed structures	14 970	(223)	69	(179)	14 637
<b>TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>1 326 390</b>	<b>(223)</b>	<b>266 440</b>	<b>(179)</b>	<b>1 592 428</b>

**30.1.1 Prior period error**

	2020/21 R'000
<b>Nature of prior period error</b>	
Relating to 2019/20 (affecting the opening balance)	(223)
Other fixed structures: Incorrect Classification	(223)
<b>Relating to 2020/21</b>	<b>176 851</b>
Other fixed structures: Additions overstated	(140)
Non-residential buildings: Incorrect Classification	176 991
<b>Total</b>	<b>176 628</b>



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**30.2 Capital Work-in-progress**

**CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2022**

	Opening balance 1 April 2021	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2022
	R'000	R'000	R'000	R'000
Buildings and other fixed structures	725 099	191 834	(476 160)	440 773
<b>TOTAL</b>	<b>725 099</b>	<b>191 834</b>	<b>(476 160)</b>	<b>440 773</b>

**Payables not recognised relating to Capital WIP**

	2021/22 R'000	2020/21 R'000
Payables	-	-
<b>Total</b>	<b>-</b>	<b>-</b>

**CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2021**

	Opening balance 1 April 2020 R'000	Prior period error R'000	Current Year WIP R'000	Ready for use (Assets to the AR) / Contracts terminated R'000	Closing balance 31 March 2021 R'000
Buildings and other fixed structures	688 686	(1 215)	352 343	(314 715)	725 099
<b>TOTAL</b>	<b>688 686</b>	<b>(1 215)</b>	<b>352 343</b>	<b>(314 715)</b>	<b>725 099</b>

**30.2.1 Prior period error**

**Nature of prior period error**

Relating to 2019/20 (affecting the opening balance)

Projects cancelled

2020/21  
R'000

(1 215)

(1 215)

Relating to 2020/21

Incorrect Classification

Projects cancelled

(193 552)

(176 991)

(16 561)

**Total**

**(194 767)**



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**31. Prior period errors**

**Correction of prior period errors**

	<i>Note</i>	<b>Amount bef error correction 2020/21 R'000</b>	<b>Prior period error 2020/21 R'000</b>	<b>Restated Amount 2020/21 R'000</b>
<b>Assets:</b>				
Movable tangible capital assets	28.1.1	4 197 775	67 049	4 264 824
Minor tangible Assets	28.2.1	631 505	(494)	631 011
Intangible Assets	29.1.1	20 390	(65)	20 325
Immovable tangible capital assets	30.1.1	1 415 800	176 628	1 592 428
Capital Work in Progress	30.2.1	919 866	(194 767)	725 099
<b>Net effect</b>		<b>7 185 336</b>	<b>48 351</b>	<b>7 233 687</b>

	<i>Note</i>	<b>Amount bef error correction 2020/21 R'000</b>	<b>Prior period error 2020/21 R'000</b>	<b>Restated Amount 2020/21 R'000</b>
<b>Other:</b>				
Irregular Expenditure	23	60 641	(2 282)	58 359
Fruitless and wasteful expenditure	24	-	2	2
<b>Net effect</b>		<b>60 641</b>	<b>(2 280)</b>	<b>58 361</b>



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### 32. STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF GRANT	GRANT ALLOCATION					SPENT			2020/21		
	Division of Revenue Act/Provincial Grants	Roll Overs	DORA Adjustments	Other Adjustments	Total Available	Amount received by department	Amount spent by department	Under / (overspending)	% of available funds spent by dept	Division of Revenue Act	Amount spent by department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
National Tertiary Services Grant	3 272 981	-	-	-	3 272 981	3 272 981	3 272 981	-	100%	3 396 608	3 396 608
<b>Human Resources &amp; Training Grant of which</b>	<b>795 929</b>	-	<b>5 447</b>	-	<b>801 376</b>	<b>801 376</b>	<b>801 376</b>	-	<b>100%</b>	<b>869 856</b>	<b>869 856</b>
Statutory Human Resources Component	266 199	-	5 447	-	271 646	271 646	271 646	-	100%	245 023	245 023
Training and Development Component	529 730	-	-	-	529 730	529 730	529 730	-	100%	624 833	624 833
<b>Comprehensive HIV, AIDS and TB Grant of which</b>	<b>2 147 742</b>	-	<b>23 134</b>	-	<b>2 170 876</b>	<b>2 170 876</b>	<b>2 170 876</b>	-	<b>100%</b>	<b>2 429 118</b>	<b>2 429 118</b>
Community Outreach Services Component	186 830	-	-	-	186 830	186 830	186 830	-	100%	178 106	178 106
Presidential Employment Initiative (PEI): Community Outreach Services Component	-	-	-	-	-	-	-	-	-	-	-
HIV/AIDS Component	1 701 235	-	-	-	1 701 235	1 701 235	1 701 235	-	100%	29 148	29 148
Tuberculosis Component	65 696	-	-	-	65 696	65 696	65 696	-	100%	1 550 034	1 550 034
Mental Health Services Component	15 707	-	3 134	-	18 841	18 841	18 841	-	100%	65 911	65 911
Human Papillomavirus (HPV)	21 584	-	-	-	21 584	21 584	21 584	-	100%	-	-
Covid-19 Component	156 690	-	-	-	156 690	156 690	156 690	-	100%	21 835	21 835
Oncology Component	-	-	20 000	-	20 000	20 000	20 000	-	100%	584 084	584 084
Health Facility Revitalisation Grant	724 865	-	-10 000	-	714 865	714 865	658 365	56 500	92%	698 793	698 793
National Health Insurance Grant	17 779	-	-	-	17 779	17 779	17 779	-	100%	19 480	19 480
Expanded Public Works Programme Integrated Grant for Provinces	2 041	-	-	-	2 041	2 041	2 041	-	100%	2 000	2 000
Social Sector Expanded Public Works Programme Incentive Grant for Provinces	10 122	-	-	-	10 122	10 122	10 122	-	100%	12 195	12 195
Provincial Disaster Relief Grant	-	-	-	-	-	-	-	-	-	53 292	53 292
	6 971 459	-	18 581	-	6 990 040	6 990 040	6 933 540	56 500	-	7 481 342	7 481 342

Please

- The Statutory Human Resources & Training and Development Grant name changed to Human Resources & Training Grant.

- The HIV, TB, Malaria and Community Outreach Grant name changed to Comprehensive HIV, AIDS and TB Grant.



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**33. STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES**

NAME OF MUNICIPALITY	2021/22					2020/21				
	GRANT ALLOCATION					TRANSFER				
	DoRA and other transfers R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Funds Withheld R'000	Re-allocations by National Treasury or National Department R'000	Division of Revenue Act R'000	Actual Transfer R'000	
City of Cape Town	659 361	-	750	660 111	657 225	-	-	630 939	629 012	
PD: Vehicle Licences	18	-	-	18	15	-	-	18	25	
	659 379	-	750	660 129	657 240	-	-	630 957	629 037	



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**34. BROAD BASED BLACK ECONOMIC EMPOWERMENT PERFORMANCE**

Information on compliance with the B-BBEE Act is included in the annual report under the section titled B-BBEE Compliance Performance Information.

**35. COVID 19 Response Expenditure**

	<i>Note</i>	<b>2021/22</b>	<b>2020/21</b>
	<i>Annexure 7</i>	<b>R'000</b>	<b>R'000</b>
Compensation of employees		481 863	329 229
Goods and services		763 509	1 111 454
Transfers and subsidies		23 638	48 086
Expenditure for capital assets		22 355	140 789
<b>Total</b>		<b><u>1 291 365</u></b>	<b><u>1 629 558</u></b>

The above relates to expenditure incurred against the various funding specifically allocated in response to the Covid-19 Pandemic.

Western Cape Department of Health

  
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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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**ANNEXURE 1A  
STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES**

NAME OF MUNICIPALITY	GRANT ALLOCATION				TRANSFER			SPENT				2020/21	
	DoRA and other transfers	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department	Amount received by Municipality	Amount spent by municipality	Unspent funds	% of available funds spent by municipality	Division of Revenue Act	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
City of Cape Town	659 361	-	750	660 111	657 225	-	-	657 225	657 225	2 886	100%	630 939	629 012
PD : Vehicle Licences	18	-	-	18	15	-	-	15	15	3	100%	18	25
<b>Total</b>	<b>659 379</b>	<b>-</b>	<b>750</b>	<b>660 129</b>	<b>657 240</b>	<b>-</b>	<b>-</b>	<b>657 240</b>	<b>657 240</b>	<b>2 889</b>		<b>630 957</b>	<b>629 037</b>

  
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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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**ANNEXURE 1B  
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS**

DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2020/21 Final Appropriation
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	
	R'000	R'000	R'000	R'000	R'000	%	R'000
Health&Welfare Seta	6 616	-	-	6 616	6 601	99.8%	6 405
COM:Licences & Aerodrome Licences	594	-	-	594	506	85%	575
<b>Total</b>	<b>7 210</b>	<b>-</b>	<b>-</b>	<b>7 210</b>	<b>7 107</b>		<b>6 980</b>



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**ANNEXURE 1C  
STATEMENT OF TRANSFERS TO HIGHER EDUCATION INSTITUTIONS**

INSTITUTION NAME	TRANSFER ALLOCATION				TRANSFER		2020/21 Final Appropriation
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	Amount not transferred	
	R'000	R'000	R'000	R'000	R'000	%	R'000
University of Cape Town	-	-	-	-	-	-	10 000
<b>Total</b>	-	-	-	-	-	-	10 000

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
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**ANNEXURE 1D**  
**STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS**

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION			EXPENDITURE		2020/21 Final Appropriation
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	
	R'000	R'000	R'000	R'000	%	R'000
<b>Transfers</b>						
District Management	2 403	-	-	2 403	100%	2 110
COPC Wellness	9 808	-	-	9 808	100%	9 495
Community Health Clinics	192	-	-	192	100%	186
Tuberculosis	2 271	-	-	2 271	75%	2 199
Aquaries Healthcare (Chronic Care)	49 714	-	-	49 714	97%	48 126
Booth Memorial (Chronic Care)	29 877	-	-	29 877	100%	28 923
Garden Route District Office (Chronic Care)	1 480	-	-	1 480	96%	1 451
Overberg District Office (Chronic Care)	2 700	-	-	2 700	130%	-
West Coast District Office (Chronic Care)	4 400	-	-	4 400	80%	-
ST Joseph (Chronic Care)	11 298	-	-	11 298	100%	10 937
TB Adherence Support	3 666	-	-	3 666	97%	4 088
Home Base Care	35 524	-	-	35 524	51%	28 080
Mental Health	56 351	-	-	56 351	118%	60 300
HIV and AIDS	371 142	-	-	371 142	95%	362 934
Chief Director: Metro DHS [COVID-19 Component Fund]	-	-	-	-	-	24 000
Lentegour Field Hospital [Emergency Fund: COVID-19]	15 000	-	-	15 000	100%	19 000
Chief Director: Metro DHS [Emergency Fund: COVID-19]	1 744	-	-	1 744	100%	3 165
Chief Director: Metro DHS [Vaccine COVID-19 Programme]	10 000	-	-	10 000	39%	-
Athlone Stadium Vaccine Centre [Vaccine COVID-19 Programme]	173	-	-	173	118%	-
Nutrition	3 779	-	-	3 779	81%	3 658
Klipfontein/Mitchells Plain substructure	1 898	-	-	1 898	96%	1 837
Alexandra Hospital	3 695	-	-	3 695	98%	3 577
Maitland Cottage	14 159	-	-	14 159	100%	13 707
EPWP	62 065	-	-	62 065	100%	62 055
Chief Director: Metro DHS (Priority Funding)	2 511	-	-	2 511	100%	-
Chief Director: Rural DHS (Priority Funding)	50	-	-	50	0%	-
Chief Director: Health Programme	1 200	-	-	1 200	0%	-
	697 100	-	-	697 100		689 828

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
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**ANNEXURE 1E**  
**STATEMENT OF TRANSFERS TO HOUSEHOLDS**

HOUSEHOLDS	TRANSFER ALLOCATION			EXPENDITURE		2020/21
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	Final Appropriation
	R'000	R'000	R'000	R'000	R'000	R'000
<b>Transfers</b>						
Employee social benefits-cash residents	72 805	-	-	72 805	77 799	69 723
Claims against the state: households	123 080	-	(58 647)	64 433	64 433	120 612
Bursaries	51 995	-	(7 800)	44 195	37 255	44 570
Payments made as an act of grace	124	-	-	124	48	312
Donations and gifts: cash	80	-	-	80	80	80
	248 084	-	(66 447)	181 637	179 615	235 297

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
**for the year ended 31 March 2022**

**ANNEXURE 1F**  
**STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED**

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
<b>Received in cash</b>			
Tygerberg Hospital	Donation iro refreshments to TBH healthcare workers during Covid-19 pandemic	-	2
ATICC	Donation bequeathed by late Mr. Herbert Hirsch	-	30
Mfuleni Community Health centre (TB clinic)	Donation received from ZAA engineering projects	-	5
<b>Received in cash Subtotal</b>		<b>-</b>	<b>37</b>

**Received in kind**

Gifts & Donations sponsorships received for the year ending 31 March 2021

Alan Blyth Hospital	Other Machinery & Equipment	95	167 582
Alan Blyth Hospital (Pharmacy)	Other Machinery & Equipment	63	
Alexandra Hospital	Computer Equipment	2	
Alexandra Hospital	Consumables	1	
Beaufort West Cdc	Other Machinery & Equipment	5	
Beaufort West Hospital	Other Machinery & Equipment	120	
Beaufort West Hospital	Consumables	1	
Beaufort West Hospital (Hillside Clinic)	Other Machinery & Equipment	63	
Beaufort West Hospital (Murraysburg Hospital)	Other Machinery & Equipment	63	
Beaufort West Hospital (Nelspoort Hospital)	Other Machinery & Equipment	63	
Beaufort West Hospital (Prins Albert Hospital)	Other Machinery & Equipment	80	
Brewelskloof Hospital (Cape Winelands District Office)	Other Machinery & Equipment	153	
Brewelskloof Hospital (Orchard Clinic)	Other Machinery & Equipment	29	
Brewelskloof Hospital (Touwsrivier Clinic)	Other Machinery & Equipment	29	
Brooklyn Chest Hospital	Computer Equipment	9	
Brooklyn Chest Hospital (District Six Chc)	Furniture & Office Equipment	2	
Brooklyn Chest Hospital (District Six Chc)	Other Machinery & Equipment	21	
Brooklyn Chest Hospital (Dp Marais Hospital)	Other Machinery & Equipment	40	

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
**for the year ended 31 March 2022**

**Annexure 1F (Continued-1)**

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
<b>Received in kind</b>			
Brooklyn Chest Hospital (Du Noon Chc)	Furniture & Office Equipment	12	
Brooklyn Chest Hospital (Du Noon Chc)	Other Machinery & Equipment	37	
Brooklyn Chest Hospital (Green Point Chc)	Furniture & Office Equipment	12	
Brooklyn Chest Hospital (Green Point Chc)	Other Machinery & Equipment	70	
Brooklyn Chest Hospital (Vanguard Chc)	Computer Equipment	8	
Brooklyn Chest Hospital (Vanguard Chc)	Furniture & Office Equipment	16	
Brooklyn Chest Hospital (Vanguard Chc)	Other Machinery & Equipment	385	
Brooklyn Chest Hospital (Vanguard Chc)	Other Machinery & Equipment	335	
Brooklyn Chest Hospital (Vanguard Chc)	Computer Equipment	17	
Caledon Hospital	Consumables	59 800	
Cape Medical Depot	Other Machinery & Equipment	230	
Cape Medical Depot - Oudtshoorn	Other Machinery & Equipment	76	
Citrusdal Hospital	Other Machinery & Equipment	63	
Drakenstein Sub-Structure (Gouda Clinic)	Other Machinery & Equipment	34	
Drakenstein: Sub-District Simondium	Other Machinery & Equipment	34	
Drakenstein: Sub-District Mbekweni	Other Machinery & Equipment	34	
Drakenstein: Sub-District Patriot Plein	Computer Equipment	43	
Eerste River Hospital	Consumables	85	
Eerste River Hospital	Other Machinery & Equipment	723	
Eerste River Hospital	Consumables	11	
Emergency Medical Services	Consumables	2	
Emergency Medical Services - Pinelands	Furniture & Office Equipment	176	
Emergency Medical Services - Pinelands	Other Machinery & Equipment	64	
Emergency Medical Services (Oudtshoorn)	Other Machinery & Equipment	799	
False Bay Hospital	Other Machinery & Equipment	7 295	
Forensic Pathology (George)	Other Machinery & Equipment	7 271	
Forensic Pathology (Tygerberg)	Other Machinery & Equipment		

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
**for the year ended 31 March 2022**

**Annexure 1F (Continued-2)**

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
<b>Received in kind</b>			
Garden Route District Office	Other Machinery & Equipment	5	
George Hospital	Consumables	12	
George Hospital	Consumables	2	
George Hospital	Other Machinery & Equipment	5 215	
Groote Schuur Hospital	Other Machinery & Equipment	101	
Groote Schuur Hospital	Computer Equipment	17	
Groote Schuur Hospital	Consumables	396	
Groote Schuur Hospital	Furniture & Office Equipment	653	
Groote Schuur Hospital	Other Machinery & Equipment	21 112	
Groote Schuur Hospital	Other Machinery & Equipment	12	
Harry Comay Hospital	Other Machinery & Equipment	67	
Harry Comay Hospital (Thembaletu Clinic)	Other Machinery & Equipment	63	
Harry Comay Hospital (Uniondale Hospital)	Other Machinery & Equipment	8	
Head Office	Consumables	15 696	
Head Office - Western Cape Health Warehouse	Consumables	21	
Head Office Pharmacy Services	Computer Equipment	330	
Head Office: Information Management	Computer Equipment	16	
Head Office: Cd Health Programmes	Computer Equipment	1 633	
Helderberg Hospital	Other Machinery & Equipment	2	
Hermanus Hospital	Other Machinery & Equipment	1	
Hermanus Hospital (Hermanus Cdc)	Other Machinery & Equipment	7	
Karl Bremer Hospital	Consumables	2 078	
Karl Bremer Hospital	Other Machinery & Equipment	74	
Karl Bremer Hospital (Bishop Lavis Chc)	Other Machinery & Equipment	74	
Karl Bremer Hospital (Delft Chc)	Other Machinery & Equipment		

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
**for the year ended 31 March 2022**

**Annexure 1F (Continued-3)**

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
<b>Received in kind</b>			
Karl Bremer Hospital (Durbanville Chc)	Other Machinery & Equipment	74	
Karl Bremer Hospital (Mdhs - Ntss)	Other Machinery & Equipment	13	
Karl Bremer Hospital (Ruyterwacht Chc)	Other Machinery & Equipment	74	
Karl Bremer Kraaifontein Chc	Other Machinery & Equipment	1 651	
Khayelitsha Hospital	Other Machinery & Equipment	195	
Khayelitsha District Hospital	Other Machinery & Equipment	295	
Khayelitsha Eastern Sub-District	Other Machinery & Equipment	46	
Khayelitsha Hospital	Computer Equipment	3 737	
Khayelitsha Hospital	Consumables	5 927	
Khayelitsha Site B Cdc	Other Machinery & Equipment	335	
Knysna Hospital	Other Machinery & Equipment	999	
Knysna Hospital (Kranshoek Clinic)	Other Machinery & Equipment	63	
Knysna Hospital (Kwanokuthula Clinic)	Other Machinery & Equipment	5	
Metro Health Services	Other Machinery & Equipment	366	
Mitchells Plain Hospital	Computer Equipment	1	
Mitchells Plain Hospital	Consumables	2 078	
Mitchells Plain Hospital (Gugulethu Chc)	Other Machinery & Equipment	144	
Mitchell'S Plain Hospital (Gugulethu Clinic)	Other Machinery & Equipment	63	
Mitchells Plain Hospital (Heideveld Chc)	Other Machinery & Equipment	6	
Mitchell'S Plain Hospital (Heideveld Clinic)	Other Machinery & Equipment	63	
Mitchell'S Plain Hospital (Inzame Zabantu Clinic)	Other Machinery & Equipment	63	
Mitchell'S Plain Hospital (Klipfontein Mitchells Plain Ss)	Other Machinery & Equipment	29	
Mitchells Plain Hospital (Kmpso)	Other Machinery & Equipment	68	
Mitchellsplain Cross Roads Cdc	Other Machinery & Equipment	335	
Montagu Hospital	Other Machinery & Equipment	2	
	Consumables		

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
**for the year ended 31 March 2022**

**Annexure 1F (Continued-4)**

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
<b>Received in kind</b>			
Montagu Hospital	Furniture & Office Equipment	5	
Montagu Hospital	Other Machinery & Equipment	261	
Montagu Hospital (Montagu Hospital)	Consumables	1	
Montagu Hospital (Nkqubela Clinic)	Other Machinery & Equipment	29	
Montagu Hospital (Zolani Clinic)	Other Machinery & Equipment	29	
Mossel Bay (Eyethu Clinic)	Other Machinery & Equipment	63	
Mossel Bay (Groot Brak Clinic)	Other Machinery & Equipment	63	
Mossel Bay Hospital	Other Machinery & Equipment	73	
Mowbray Hospital	Consumables	3	
Mowbray Hospital	Other Machinery & Equipment	1 063	
New Somerset Hospital	Consumables	69	
New Somerset Hospital	Furniture & Office Equipment	24	
New Somerset Hospital	Other Machinery & Equipment	73	
Northern Tygerberg Sub Structure	Consumables	10	
Oudtshoorn Clinic	Consumables	3	
Oudtshoorn Hospital	Other Machinery & Equipment	74	
Oudtshoorn Hospital (Deyseidorp Clinic)	Other Machinery & Equipment	63	
Paarl Hospital	Consumables	39	
Paarl Hospital	Other Machinery & Equipment	4	
Red Cross Hospital	Consumables	1 996	
Red Cross Hospital	Furniture & Office Equipment	544	
Red Cross Hospital	Other Machinery & Equipment	3 510	
Riversdal Hospital	Other Machinery & Equipment	5	
Riversdal Hospital	Other Machinery & Equipment	113	
Riversdal Hospital (Heidelberg Clinic)	Other Machinery & Equipment	63	

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**Annexure 1F (Continued-5)**

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
<b>Received in kind</b>			
Stellenbosch Hospital	Consumables	3	
Stellenbosch Hospital	Other Machinery & Equipment	66	
Stellenbosch Hospital - Klapmuts Clinic	Computer Equipment	1	
Stellenbosch Hospital (Cloetesville Cdc)	Other Machinery & Equipment	126	
Stellenbosch Hospital (Kylemore Clinic)	Other Machinery & Equipment	63	
Stikland Hospital	Computer Equipment	6	
Swartland Hospital	Consumables	308	
Swartland Hospital	Other Machinery & Equipment	241	
Swartland Hospital (Piketberg Clinic)	Other Machinery & Equipment	63	
Swartland Hospital (Radie Kotze Hospital)	Other Machinery & Equipment	13	
Swellendam Hospital (Bredasdorp Clinic)	Other Machinery & Equipment	1	
Swellendam Hospital (Elim Satellite Clinic)	Other Machinery & Equipment	1	
Swellendam Hospital (Swellendam Chc)	Other Machinery & Equipment	126	
Tygerberg Hospital	Consumables	2 046	
Tygerberg Hospital	Furniture & Office Equipment	12	
Tygerberg Hospital	Other Machinery & Equipment	4 291	
Tygerberg Hospital (A1 West)	Furniture & Office Equipment	1	
Tygerberg Hospital (A5 East)	Other Machinery & Equipment	541	
Tygerberg Hospital (A6 West)	Other Machinery & Equipment	258	
Tygerberg Hospital (A9 Nicu)	Other Machinery & Equipment	874	
Tygerberg Hospital (C1B Resus)	Other Machinery & Equipment	170	
Tygerberg Hospital (C1D Resus)	Other Machinery & Equipment	141	
Tygerberg Hospital (C2A Family Planning Clinic)	Other Machinery & Equipment	38	
Tygerberg Hospital (C2B West)	Other Machinery & Equipment	73	
Tygerberg Hospital (C3B East)	Furniture & Office Equipment	2	

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
**for the year ended 31 March 2022**

**Annexure 1F (Continued-6)**

NAME OF ORGANISATION		NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
			R'000	R'000
Received in kind				
Tygerberg Hospital (C3B Theatre)	Other Machinery & Equipment		38	
Tygerberg Hospital (C3B West)	Other Machinery & Equipment		117	
Tygerberg Hospital (C4B East)	Computer Equipment		2 354	
Tygerberg Hospital (C5B East)	Other Machinery & Equipment		38	
Tygerberg Hospital (C7B)	Other Machinery & Equipment		38	
Tygerberg Hospital (C7Bp Theatre)	Other Machinery & Equipment		194	
Tygerberg Hospital (C8A)	Other Machinery & Equipment		184	
Tygerberg Hospital (C8B West)	Other Machinery & Equipment		298	
Tygerberg Hospital (Cba)	Consumables		6	
Tygerberg Hospital (Clinical Engineering)	Other Machinery & Equipment		296	
Tygerberg Hospital (Covid Stores)	Consumables		12	
Tygerberg Hospital (Covid)	Consumables		66	
Tygerberg Hospital (D1)	Other Machinery & Equipment		120	
Tygerberg Hospital (G2)	Other Machinery & Equipment		73	
Tygerberg Hospital (Information Technology Management)	Computer Equipment		460	
Tygerberg Hospital (J3)	Other Machinery & Equipment		476	
Tygerberg Hospital (Main Theatre)	Other Machinery & Equipment		432	
Tygerberg Hospital (Procurement Specialist)	Consumables		9	
Tygerberg Hospital (Protea Hostel 4Th Floor)	Consumables		1	
Tygerberg Hospital (Protea Hostel 4Th Floor)	Other Machinery & Equipment		6	
Tygerberg Hospital (Puco Theatre)	Consumables		10	
Tygerberg Hospital (Workshop Radiology Imaging)	Other Machinery & Equipment		900	
Tygerberg Hospital (X & W Theatre)	Other Machinery & Equipment		5	
Tygerberg Hospital (X-Block)	Consumables		38	
Valkenberg Hospital	Furniture & Office Equipment		10	
Victoria Hospital	Furniture & Office Equipment		7	
Victoria Hospital	Consumables		17	
Victoria Hospital	Other Machinery & Equipment		5 740	



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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
**for the year ended 31 March 2022**

**Annexure 1F (Continued-7)**

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
<b>Received in kind</b>			
Victoria Hospital (Grassy Park Chc)	Other Machinery & Equipment	99	
Victoria Hospital (Retreat Chc)	Consumables	4	
Vredenburg Hospital	Other Machinery & Equipment	76	
Vredendal Hospital	Other Machinery & Equipment	76	
Vredendal Hospital	Computer Equipment	3	
West Coast District Office	Computer Equipment	7	
<b>Received in kind Subtotal</b>		<b>172 553</b>	<b>167 582</b>
<b>TOTAL</b>		<b>172 553</b>	<b>167 619</b>



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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
for the year ended 31 March 2022

ANNEXURE 1G  
STATEMENT OF AID ASSISTANCE RECEIVED

NAME OF DONOR	PURPOSE	OPENING	REVENUE	EXPENDI-	PAID BACK	CLOSING
		BALANCE		TURE	ON/BY 31	BALANCE
		R'000	R'000	R'000	MARCH	R'000
Received in cash						
EU Donor Fund	HEALTH PATIENT REGISTRATION SYSTEM - HPRS	229	-	-	-	229
USAID Donor Fund	HEALTH SERVICE DELIVERY	-	379	(5 388)	-	(5 009)
<b>TOTAL</b>		<b>229</b>	<b>379</b>	<b>(5 388)</b>	<b>-</b>	<b>(4 780)</b>



**WESTERN CAPE DEPARTMENT OF HEALTH**  
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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
**for the year ended 31 March 2022**

**ANNEXURE 1H**  
**STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE**

NATURE OF GIFT, DONATION OR SPONSORSHIP (Group major categories but list material items including name of organisation)	2021/22	2020/21
	R'000	R'000
<b>Made in kind</b>		
Gifts & Donations sponsorships made for the year ending 31 March 2021		-
Bredasdorp Kindersorg: Furniture & Office Equipment	38	
Bredasdorp Kindersorg: Other Machinery & Equipment	1	
City Of Cape Town: Other Machinery & Equipment	49	
Dennemere Primary School: Furniture & Office Equipment	96	
Elim Home: Furniture & Office Equipment	2	
Elim Home: Other Machinery & Equipment	63	
Ems & Forensic Pathology Services: Consumables	162	
Eric Miles Cheshire: Other Machinery & Equipment	12	
Gift of the Givers: Other Machinery & Equipment	39	
Helen'S Care Centre: Other Machinery & Equipment	34	
Kensington Soccer Club: Consumables	1	
Kensington Soccer Club: Furniture & Office Equipment	17	
Kraaifontein Tehuis: Other Machinery & Equipment	88	
Loeriehof Old Age Home: Furniture & Office Equipment	84	
Maitland Cottage Home: Other Machinery & Equipment	2	
Mikes Helping Hand: Furniture & Office Equipment	18	
Mispah School: Furniture & Office Equipment	1	
Mispah School: Other Machinery & Equipment	1	
Mr. Jacobus Pretorius: Other Machinery & Equipment	15	
Rina De Beer: Other Machinery & Equipment	15	
Sinethemba Swartland NPO: Furniture & Office Equipment	7	
Tahilla: Furniture & Office Equipment	13	
Tahilla: Other Machinery & Equipment	272	
Vermont Old Age Home: Furniture & Office Equipment	48	
<b>TOTAL</b>	<b>1 078</b>	

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
*for the year ended 31 March 2022*

**ANNEXURE 2**  
**STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2022**

Nature of Liability	Opening Balance 1 April 2021	Liabilities incurred during the year	Liabilities paid/cancelled/red uced during the year	Liabilities recoverable (Provide details hereunder)	Closing Balance 31 March 2022
	R'000	R'000	R'000	R'000	R'000
<b>Claims against the department</b>					
Medico Legal	80 400	500	(80 400)	-	500
Civil & Legal Claims including Labour Relations Claims	71 158	19 190	(4 078)	-	86 270
<b>Subtotal</b>	<b>151 558</b>	<b>19 690</b>	<b>(84 478)</b>	<b>-</b>	<b>86 770</b>
<b>TOTAL</b>	<b>151 558</b>	<b>19 690</b>	<b>(84 478)</b>	<b>-</b>	<b>86 770</b>



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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
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**ANNEXURE 3**  
**CLAIMS RECOVERABLE**

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2021/22	
							Receipt date up to six (6) working days after year end	Amount
	31/03/2022	31/03/2021	31/03/2022	31/03/2021	31/03/2022	31/03/2021		
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
<b>DEPARTMENT</b>								
<b>PROVINCE OF THE WESTERN CAPE</b>								
Department of Transport & Public Works	-	-	2 092	2 160	2 092	2 160		
Department of Community Safety	-	-	40	48	40	48		
Department of the Premier	8	-	8	11	16	11		
Department of Social Development	-	-	671	611	671	611		
Department of Cultural Affairs and Sport	-	-	-	10	-	10		
Department of Local Government	-	-	-	4	-	4		
Department of Provincial Treasury	-	-	40	20 674	40	20 674		
Department of the Education	26	-	-	-	26	-		
<b>PROVINCE OF THE EASTERN CAPE</b>								
Department of Health	-	-	181	47	181	47		
<b>GAUTENG PROVINCE</b>								
Department of Health	-	-	185	86	185	86		
<b>NORTHERN CAPE PROVINCE</b>								
Department of Health	-	-	60	73	60	73		

  
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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
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**ANNEXURE 3 (CONTINUED)**  
**CLAIMS RECOVERABLE**

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2021/22	
	31/03/2022		31/03/2022		31/03/2022		Receipt date up to six (6) working days after year end	
	R'000	R'000	R'000	R'000	R'000	R'000		Amount R'000
<b>DEPARTMENT</b>								
<b>NORTH-WEST PROVINCE</b>								
Department of North-West Health	-	-	44	25	44	25		
<b>KWAZULU NATAL</b>								
Department of Health	265	-	-	85	265	85		
<b>MPUMALANGA PROVINCE</b>								
Department of Mpumalanga	-	-	27	27	27	27		
<b>NATIONAL DEPARTMENTS</b>								
Department of Correctional Services	-	-	27	52	27	52		
South African Social Security Agency	-	-	3 220	4 407	3 220	4 407		
Justice and Constitutional Development	-	-	411	-	411	-		
National Health Department	-	-	23	23	23	23		
Department of Defence Force	-	-	81	-	81	-		
	<b>299</b>	<b>-</b>	<b>7 110</b>	<b>28 343</b>	<b>7 409</b>	<b>28 343</b>		
<b>OTHER GOVERNMENT ENTITIES</b>								
City of Cape Town (Cape Medical Depot)	-	-	3 624	15 647	3 624	15 647		
	<b>-</b>	<b>-</b>	<b>3 624</b>	<b>15 647</b>	<b>3 624</b>	<b>15 647</b>		
<b>Total</b>	<b>299</b>	<b>-</b>	<b>10 734</b>	<b>43 990</b>	<b>11 033</b>	<b>43 990</b>		

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
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**ANNEXURE 4**  
**INTER-GOVERNMENT PAYABLES**

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL		Cash in transit at year end 2021/22	
	31/03/2022 R'000	31/03/2021 R'000	31/03/2022 R'000	31/03/2021 R'000	31/03/2022 R'000	31/03/2021 R'000	Payment date up to six (6) working days before year end	Amount R'000
<b>DEPARTMENTS</b>								
<b>Current</b>								
<b>WESTERN CAPE GOVERNMENT</b>								
Government Motor Transport	-	12 148	-	-	-	12 148		
Department of the Premier	186	605	-	-	186	605	31/03/2022	361
Department of Transport and Public Works	-	18 120	-	-	-	18 120	31/03/2022	2 394
Department of Cultural Affairs and Sport	65	1	-	-	65	1		
<b>FREE STATE PROVINCE</b>								
Department of Health	1 911	-	-	-	1 911	-		
<b>Subtotal</b>	<b>2 162</b>	<b>30 874</b>	<b>-</b>	<b>-</b>	<b>2 162</b>	<b>30 874</b>		<b>2 755</b>
<b>TOTAL INTERGOVERNMENT PAYABLES</b>	<b>2 162</b>	<b>30 874</b>	<b>-</b>	<b>-</b>	<b>2 162</b>	<b>30 874</b>		<b>2 755</b>

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
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**ANNEXURE 5**  
**INVENTORIES**

**Inventories for the year ended 31 March 2022**

Opening balance	
Add/(Less): Adjustments to prior year balances	
Add: Additions/Purchases – Cash	
Add: Additions - Non-cash	
(Less): Disposals	
(Less): Issues	
Add/(Less): Adjustments	
<b>Closing balance</b>	

Medical Supplies	TOTAL
R'000	R'000
820 249	820 249
5 347	5 347
4 629 816	4 629 816
181 624	181 624
(22 786)	(22 786)
(1 281 138)	(1 281 138)
(3 447 336)	(3 447 336)
<b>885 776</b>	<b>885 776</b>

**Inventories for the year ended 31 March 2021**

Opening balance	
Add/(Less): Adjustments to prior year balances	
Add: Additions/Purchases – Cash	
Add: Additions - Non-cash	
(Less): Disposals	
(Less): Issues	
Add/(Less): Adjustments	
<b>Closing balance</b>	

Medical Supplies	TOTAL
R'000	R'000
508 027	508 027
133 539	133 539
5 356 178	5 356 178
1 194 159	1 194 159
(12 651)	(12 651)
(6 657 866)	(6 657 866)
298 863	298 863
<b>820 249</b>	<b>820 249</b>

Western Cape Department of Health



ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
for the year ended 31 March 2022

ANNEXURE 6A  
INTER-ENTITY ADVANCES PAID (note 10)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2022 R'000	31/03/2021 R'000	31/03/2022 R'000	31/03/2021 R'000	31/03/2022 R'000	31/03/2021 R'000
<b>OTHER INSTITUTIONS</b>						
ACVV	-	-	3	-	3	-
Aquirius	-	-	389	6 957	389	6 957
Athlone YMCA	-	-	65	343	65	343
Baphumelele	-	-	11	-	11	-
Bergvliet Motivated Women	-	-	1	-	1	-
Cape Flats YMCA	-	-	47	2	47	2
Caring Network (Wallacedene)	-	-	69	61	69	61
Courage to Care	-	-	61	31	61	31
Etafeni	-	-	10	5	10	5
In the Public Interest	-	-	2	-	2	-
Kheth Impilo Tb Enhanced	-	-	158	361	158	361
La Leche	-	-	8	-	8	-
Lifeline Childline	-	-	42	32	42	32
Masincadane	-	-	53	99	53	99
Mfesane	-	-	1	-	1	-
Omega	-	-	-	(1)	-	(1)
Opportunities to Serve Ministries	-	-	6	-	6	-
Partners in Sexual Health NT	-	-	105	57	105	57
Philani	-	-	177	219	177	219
Reliable Action	-	-	21	9	21	9
Sacla	-	-	1	63	1	63
Spades Yda	-	-	251	251	251	251
St Lukes	-	-	184	(15)	184	(15)
Tb/Hiv Care Association	-	-	24	53	24	53
Tehillah	-	-	82	99	82	99
Touch	-	-	49	-	49	-
Touching Nations	-	-	125	32	125	32
Tygerberg Hospice	-	-	7	-	7	-
Wolanani	-	-	47	47	47	47
<b>TOTAL</b>	<b>-</b>	<b>-</b>	<b>1 999</b>	<b>8 705</b>	<b>1 999</b>	<b>8 705</b>



**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
for the year ended 31 March 2022**

**ANNEXURE 6B  
INTER-ENTITY ADVANCES RECEIVED (note 14)**

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2022	31/03/2021	31/03/2022	31/03/2021	31/03/2022	31/03/2021
	R'000	R'000	R'000	R'000	R'000	R'000
<b>OTHER ENTITIES</b>						
<b>Current</b>						
Spectramed	8	8	-	-	8	8
Fishmed	8	8	-	-	8	8
Golden Arrow	12	12	-	-	12	12
Discovery (Management Accounting)	80	80	-	-	80	80
Vaccination Payments	88 744	-	-	-	88 744	-
RAF Unknown (Management Accounting)	-	-	37 847	28 781	37 847	28 781
COVID/WCA Unknown	-	-	10 558	8 679	10 558	8 679
Vericred Unknown	-	-	247	247	247	247
State Departments/Unknown	-	-	6 644	6 988	6 644	6 988
<b>TOTAL</b>	<b>88 852</b>	<b>108</b>	<b>55 296</b>	<b>44 695</b>	<b>144 148</b>	<b>44 803</b>

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
*for the year ended 31 March 2022*

**ANNEXURE 7**  
**COVID 19 RESPONSE EXPENDITURE**

Expenditure per economic classification Per quarter and in total	2021/22					2020/21	
	Q1	Q2	Q3	Q4	Total	Total	Total
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
<b>Compensation of employees</b>	<b>88 797</b>	<b>140 244</b>	<b>150 824</b>	<b>101 998</b>	<b>481 863</b>		<b>329 229</b>
<b>Goods and services</b>	<b>128 639</b>	<b>246 419</b>	<b>186 471</b>	<b>201 980</b>	<b>763 509</b>		<b>1 111 454</b>
Advertising	-	-	1 268	(1 267)	1		3 113
Minor Assets	485	1 322	1 896	6	3 709		2 089
Catering: Departmental Activities	1	(1)	879	(879)	-		719
Communication	3	25	32	9	69		262
Computer Services	-	26	1	-	27		186
Consult: Business & Advisory Services	37	185	355	-	577		4 351
Laboratory Services	39 225	125 945	62 495	53 445	281 110		240 988
Contractors	1	1 302	1 046	90	2 439		43 423
Agency&Suprt/Outsourced Services	3 255	17 184	8 214	71 267	99 920		78 521
Fleet Services(F/Ser)	22	57	81	78	238		419
Inventory: Food & Food Supplies	15	95	73	103	286		305
Inventory: Medical Supplies	71 085	84 314	91 107	52 069	298 575		456 006
Inv: Medicine	285	3 486	945	1 354	6 070		15 917
Cons Supplies	5 170	5 997	7 315	4 879	23 361		123 236
Cons: Stationery, Print & Office Supplies	37	969	63	254	1 323		2 544
Operating Leases	5	(4)	-	-	1		28 911
Property Payments	2 940	4 878	9 638	15 471	32 927		44 605
Transport Provided Dept Activity	-	-	-	-	-		228
Travel And Subsistence	5 529	1 134	959	2 488	10 110		59 495
Training & Development	5	-	-	-	5		2
Operating Payments	529	(525)	8	2 578	2 590		5 214
Rental & hiring	10	25	93	32	160		920
Venues and Facilities	-	5	3	3	11		-



**WESTERN CAPE DEPARTMENT OF HEALTH**  
**VOTE 6**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
*for the year ended 31 March 2022*

**ANNEXURE 7**  
**COVID 19 RESPONSE EXPENDITURE**

Expenditure per economic classification Per quarter and in total	2021/22						2020/21	
	Q1 R'000	Q2 R'000	Q3 R'000	Q4 R'000	TOTAL R'000		TOTAL R'000	TOTAL R'000
<b>Transfers and subsidies</b>	<b>1 711</b>	<b>6 921</b>	<b>9 514</b>	<b>5 492</b>	<b>23 638</b>	<b>48 086</b>		
H/H: Employee Social Benefits	1 711	274	522	274	2 781	857		
H/H: Other Transfers (Cash)	-	-	-	-	-	17		
NPI: Other Non- Profit Institutions	-	6 647	8 992	5 218	20 857	47 212		
<b>Expenditure for capital assets</b>	<b>7 620</b>	<b>13 282</b>	<b>1 703</b>	<b>(250)</b>	<b>22 355</b>	<b>140 789</b>		
Buildings	-	-	-	-	-	17 345		
Other Machinery & Equipment	7 509	13 190	1 340	(186)	21 853	523		
Transport Equipment	111	92	363	(64)	502	122 921		
<b>TOTAL COVID 19 RESPONSE EXPENDITURE</b>	<b>226 767</b>	<b>406 866</b>	<b>348 512</b>	<b>309 220</b>	<b>1 291 365</b>	<b>1 629 558</b>		

Western Cape Department of Health



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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
*for the year ended 31 March 2022*

**ANNEXURE 8**  
**TRANSPORT ASSETS AS PER FINANCE LEASE REGISTER:**

**Movable Tangible Capital Assets**

**Transport assets as per finance lease register year ended 31 March 2022:**

	Opening balance R'000	Current year adjustments to prior year balances R'000	Additions R'000	Disposals R'000	Closing balance R'000
GG Motor vehicles	536 214	-	95 928	(54 553)	577 589

**Transport assets as per finance lease register year ended 31 March 2021:**

	Opening balance R'000	Current year adjustments to prior year balances R'000	Additions R'000	Disposals R'000	Closing balance R'000
GG Motor vehicles	511 638	-	50 676	(26 099)	536 215

The Western Cape Department of Health utilised 1718 Government motor vehicles during the period ended 31 March 2022, and 1728 Government motor vehicles during the previous financial year ended 31 March 2021. The motor vehicles are leased under a finance agreement unique to the Western Cape Government and the annexure aims to improve the minimum reporting requirements as per the Modified Cash Standard.

Western Cape Department of Health



30 July 2022



**WESTERN CAPE DEPARTMENT OF HEALTH**  
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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
**for the year ended 31 March 2022**

**ANNEXURE 9**  
**IRREGULAR EXPENDITURE (Note 23)**

Description	Stage of completion	No. of cases	Total R'000
<b>Alleged irregular expenditure - identified by Institution</b>			
Current year occurrences	Stage 1	-	-
Prior year occurrences		-	-
<b>Alleged irregular expenditure - identified by Auditors</b>			
Current year occurrences	Stage 1	-	-
Prior year occurrences		1	5 000
<b>Total Alleged irregular expenditure</b>		<b>1</b>	<b>5 000</b>
<b>Total confirmed irregular expenditure</b>			
IE - no losses incurred	Stage 2	-	-
IE - resulted in losses	Stage 3	983	31 349
IE - determination in-progress	Stage 3	-	-
IE - recovered/referred for recovery	Stage 3	-	-
IE - irrecoverable and written-off	Stage 5	-	-
IE - referred to PFS for further investigation	Stage 5	-	-
IE - referred to HRF for disciplinary process	Stage 4	-	-
IE - referred for condonation/ condoned	Stage 6	-	-
IE - not condoned and removed by AO/AA	Stage 7	365	11 631
	Stage 7	-	-

The bulk of the irregular expenditure is as a result of supply chain procedures not being followed. At year end, there were 1 348 cases outstanding, totalling R42,980m. These cases are in various stages of investigation and report.



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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
**for the year ended 31 March 2022**

**ANNEXURE 9 (continued)**  
**IRREGULAR EXPENDITURE (Note 23)**

<b>Notes</b>
"irregular expenditure" means expenditure, other than unauthorised expenditure, incurred in contravention of or that that is not in accordance with a requirement of any applicable legislation, including-
(a) this Act; or
(b) the State Tender Board Act, 1968 (Act No. 86 of 1968), or any regulations made in terms of that Act; or
(c) any provincial legislation providing for procurement procedures in that provincial government.
Stage 1 - Discovery
Stage 2 - Assessment
Stage 3 - Determination
Stage 4 - Investigation
Stage 5 - Recovery of Losses
Stage 6 - Disciplinary
Stage 7 - Condonement/ Removal



Western Cape Department of Health



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