Western Cape Government

Health

Annual Report
2016 - 2017


SPES BONA

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PART A:
GENERAL INFORMATION

PART A: General Information

Department's General Information

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PR247/2017
ISBN: 978-0-621-45722-3
Title of Publications: Western Cape Government Health, Annual Report 2016/2017

List of Abbreviations / Acronyms

ABET	Adult basic education and training
AGSA	Auditor-General of South Africa
AIDS	Acquired immune deficiency syndrome
AO	Accounting officer
APP	Annual performance plan
ARV	Anti-retroviral
ATA	Assistant to artisan
BAS	Basic Accounting System
C^2AIR^2	Competence, Caring, Accountability, Integrity, Respect, Responsiveness
CBS	Community-based district health services
CDC	Community day centre
CEO	Chief executive officer
CHC	Community health centre
CMI	Compliance monitoring instrument
CoCT	City of Cape Town
DHS	District Health System
DICU	Devolved internal control unit
DORA	Division of Revenue Act
DPSA	Department of Public Service Administration
EE	Employment Equity
EHWP	Employee health and wellness programme
EMC	Emergency medical care
EMS	Emergency medical services
EPWP	Expanded public works programme
ERM	Enterprise Risk Management
EWP	Employee wellness programme
FCA	Facility Condition Assessment
FPL	Forensic pathology laboratory
FPS	Forensic pathology services
GEMS	Government Employees Medical Scheme
GSH	Groote Schuur Hospital
HCBC	Home community-based care
HCT	HIV counselling and testing
HH	Household
HIV	Human immunodeficiency virus
HoD	Head of Department
HPCSA	Health Professions Council of South Africa
HPTDG	Health Professions Training and Development Grant
HR	Human resources
HRM	Human resource management
ICAS	Independent Counselling and Advisory Services
ICT	Information and communication technology
ICU	Information Compliance Unit
IDMS	Infrastructure Delivery Management System
IDU	Infectious Disease Unit
IMLC	Institutional management labour committees
JAC	Pharmaceutical management system

LBC	Leadership Behaviours Charter
LCF	Leadership Competency Framework
LDS	Leadership Development Strategy
LOGIS	Logistic Information System
M & E	Monitoring and evaluation
M & M	Morbidity and mortality
MCWH	Maternal, child and women's health
MDHS	Metro District Health Services
MDR	Multi-drug resistant
MEAP	Management Efficiencies and Alignment Projects
MEC	Member of the executive council
MMC	Medical male circumcision
MMS	Middle management service
MPAT	Management Performance Assessment Tool
MPSA	Minister of Public Service and Administration
MTEF	Medium-term expenditure framework
N/A	Not applicable / Not available / No answer
NCS	National Core Standards
NDA	Non-Disclosure Agreement
NDoH	National Department of Health
NDP	National Development Plan
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NIMS	Nursing Information Management System
NPO	Non-profit organisation
NTSG	National tertiary services grant
OHC	Oral health centre
OHSC	Office of Health Standards Compliance
OPC	Orthotic and Prosthetic Centre
OPD	Outpatient department
OSD	Occupation specific dispensation
PCV	Pneumococcal conjugate vaccine
PD	People Development
PDE	Patient day equivalent
PERSAL	Personnel and Salary Information System
PFS	Provincial Forensic Services
PFMA	Public Finance Management Act
PHC	Primary health care
PHCIS	Primary Health Care Information System
PPP	Public private partnership
PSCBC	Public Service Co-ordinating Bargaining Council
PSRMF	Public Sector Risk Management Framework
RAF	Road Accident Fund
RCWMCH	Red Cross War Memorial Children's Hospital
RIS	Radiology information system
RMSU	Records Management Support Unit
RTC	Regional training centre
SABS	South African Bureau of Standards

SANC	South African Nursing Council
SCM	Supply chain management
SCOA	Standard chart of accounts
SCOPA	Standing Committee on Public Accounts
SDIP	Service delivery improvement plan
SHERQ	Safety, health, environment, risk and quality management
SINJANI	Standard Information Jointly Assembled by Networked infrastructure
SITA	State Information Technology Agency
SLA	Service level agreement
SMS	Senior management service
SPMS	Staff performance management system
SSS	Staff satisfaction survey
StatsSA	Statistics South Africa
STI	Sexually transmitted infection
SYSPRO	Software package used by central hospitals for supply chain management and asset management
TB	Tuberculosis
UTT	Universal Test and Treat
WCCN	Western Cape College of Nursing
WCG	Western Cape Government
WCGH	Western Cape Government: Health
WCGTPW	Western Cape Government Transport and Public Works
WCRC	Western Cape Rehabilitation Centre
WCSD	Western Cape Supplier Database
WHO	World Health Organisation
WISN	Workload Indicators for Staffing Norms
WOW	Western Cape on Wellness


SPES BONA

Foreword by the Minister

In the past financial year our focus as the Department was strengthening patient voice, Public Private Partnerships, patient centred care and Home and Community based care. On Patient voice we worked tirelessly to re-invigorate all health statutory bodies which include, the Provincial Health Council, District Health Councils and Hospital Boards.

Our clients are the centre of the health system, and any health system must be primarily responsive to the needs of clients. Central to our vision is making communities an integral part in the provision of healthcare services rather than being mere recipients. We were pleased to finally publish the Western Cape Health Facility Boards and Clinic Committees Act Regulations for public comment. The goal is to begin appointment and training of these structures in 2017/18.

As the Department, we acknowledge that we cannot deliver quality healthcare without the help of our private partners. Therefore, strengthening Public Private Partnerships is crucial in ensuring that we receive assistance to deliver the much needed services required by our clients which we would not be able to afford. We established the Public Private Health Forum (PPHF) for that reason. The PPHF aims to build the relationship between the Western Cape Department of Health and bring about solutions that will alleviate service pressures in the public health system.

The Department worked tirelessly in building on our Home and Community based care services. We have equipped our community healthcare workers with IT skills by bringing technology in order to improve health outcomes. Now, our Community care workers can link data of patients through their mobile phones. This has brought relief to Community Care Workers from writing patient information on paper but the data is captured and linked on a mobile phone. These pilot projects will be rolled out, after evaluation, and within available resources.

We have also introduced the Catch and Match project; as a direct response to patient experience that seeks to promote patient centred care. Catch and Match brings selected services to the people by 'Catch'-ing those that are a greater risk and also 'Match'-ing citizens to appropriate services with other departments. This is piloted in Nyanga, Delft and Khayelitsha.

As part of our eVision we intend introducing the following;

- e-prescribing
- e-patient record,
- e-referrals

The Department embarked on a project that seeks to address patient flow and improve efficiency of primary health care clinical processes. This project is piloted in our Rural Primary Healthcare Facilities. This is over and above our strategies to reduce waiting times such as establishing Chronic Dispensing Units (CDUs).

While audit outcomes mean very little to our communities if they do not translate in real tangible change, we should be proud of the Department for maintaining a 12-year unqualified audit streak and most recently the only clean finance audit in the country.

All of this could not have been achieved without our dedicated staff members. At the centre of our priorities is the safety of our staff, a big challenge for the department. As a result, the Provincial Cabinet took a resolution to dedicate resources from the Department of Community Safety to aid with this challenge.

Finally, as we are ready to face the challenges of the year ahead of us, let us remember that we carry the hopes of millions of people that we serve in the Western Cape. Let us not disappoint them, let's live our values of caring, responsiveness, integrity, competence, accountability and innovation. I would like to thank you for your hard work and dedication.

I am pleased to table the 2016/17 Annual Report.

Dr Nomafrench Mbombo
Western Cape Health Minister

78 933

Children under 1 year, immunised

230 931

Patients on ART

0.8 %

Mother-to-Child HIV transmission rate

Report of the Accounting Officer

Name: Dr Beth Engelbrecht

Title: Head of Department
Western Cape Government: Health

Overview of Operations at the Department

Results & Challenges of the Last Year

In the last 20 years the population in the province has nearly doubled and our primary health care headcount has grown exponentially from 1.6 million in 1994/95 to 14.4 million in 2016/17. There have been 3 waves of health service reform, 1995 Health Plan, the 2010 Comprehensive Service Plan and now Healthcare 2030. As a Department we have achieved amongst the best health outcomes in the country and have established a track record of unqualified audits for the past 12 years, with a clean finance and human resource audit in 2015/16.

Provincial Health System's Performance in 2016/17

In the Western Cape we have already achieved and in some instances exceeded the national 2019/20 MTSF outcome targets for life expectancy at birth, under 5 mortality rate, infant mortality and maternal mortality ratio. In 2016/17 there were;

- 14.4 million primary care contacts (this does not include contacts in home and community based care setting)
- 91 322 babies delivered
- 78 933 children under 1 year, immunised
- 512 256 patients transported, of which 44 per cent were priority 1
- 529 708 patients admitted to acute hospitals
- 8 050 cataract operations performed
- 230 931 patients on ART
- 59 per 100 000 in facility maternal mortality ratio
- 7 per 1 000 live births early neonatal mortality rate
- 83.5 per cent TB treatment success rate
- 0.8 per cent mother to child HIV transmission rate

In 2016/17, 188 fixed PHC facilities conducted Ideal Clinic Status Determination assessments and 51 hospitals conducted NCS self-assessments with 47 subsequent improvement plans. In 2016/17 we received 6 535 complaints of which 92.4 per cent were resolved within 25 days. The Western Cape Health Facility Boards and Committee Act was promulgated in 2016 and the regulations are being finalised for publication in the first quarter of the new year.

The demand for health care services continues to grow and this is unlikely to change in the short to medium term, given the trends in the social determinants of health and wellbeing. The quadruple burden of disease places enormous strain on the health system, this is particularly worrying as increasingly people present with multiple, interacting and compounding health problems. The emergency centres at acute hospitals remain key pressure points. The burden of acutely decompensated psychiatric patients in general hospitals is a significant ongoing challenge.

People Management

In 2016/17 the Department had 31 463 employees of which:

- 93 per cent of employees are appointed in a permanent capacity.
- 65 per cent are health professionals
- 35 per cent administrative support staff
- 73 per cent are female and 27 per cent are male.
- 30 per cent are Black; 14 per cent are White, 54 per cent are Coloured and 2 per cent are Indian.
- 52 per cent of senior management positions are held by females.
- 179 persons are classified as disabled.

A scarce skills analysis in the 2016/17 financial year has yielded a scarcity in all the Nursing Specialty categories which will be addressed through the Nurse Training Plan.

Infrastructure Developments

Infrastructure plays an integral part in the delivery of health services, both from a staff as well as a patient perspective. For the first time, the Department has managed to spend almost 100 per cent of its programme 8 budget within a financial year. This is viewed as a major achievement. In 2016/17 numerous capital and health technology projects were completed, most notable amongst these being:

- The new Acute Psychiatric Unit at Paarl Hospital,
- Renovations to the Historic Administrative Core at Valkenberg Hospital (Phase 1),
- The new Piketberg Ambulance Station (replacement),
- Worcester Hospital Revitalisation (Phase 5, final phase),
- The upgrading of the Erica Hostel for the Worcester Nurse College,
- PACS / RIS (Picture Archiving and Communication System / Radiology Information System) installations at Khayelitsha, Mitchell's Plain and Karl Bremer Hospitals, and
- The Replacement of the Catheterization Laboratory (Cath-Lab) at Tygerberg Hospital.

In addition, extensive maintenance was carried out on facilities and equipment throughout the province. The Department continued its energy saving initiative at all facilities in 2016/17, which brought the total number of smart meters installed for measuring electricity usage at various hospitals to 137. A number of other energy saving initiatives were implemented in 2016/17, which ranged from the decommissioning of boilers to the installation of heat pumps and energy efficient lighting at some facilities. In light of the need to reduce energy consumption and the serious water shortage in the Western Cape, the Department has appointed a Utilities Champion who analyses utilisation of utilities (water and electricity) with the aim to highlight and address problem areas by introducing utility-saving mechanisms. A response plan has also been developed to address the serious water shortage in the province.

Regretfully Swartland Hospital suffered from a major fire in the financial year. However, the staff from the hospital, district, EMS and other sections and the local community need to be congratulated on the responsiveness to this major incident where no patients or staff were injured. All the patients were safely transferred to other facilities or home if deemed appropriate.

Good Governance

As part of the drive for good governance, the Management Efficiency and Alignment Project (MEAP) was developed as one of our initiatives to improve efficiencies. It has seen us engage with over 1 500 staff members in 2016/17, on how we can enhance the way in which we do business. It was heartening to hear all the stories of how employees put the citizens of the province first, overcoming many administrative obstacles in trying to meet health needs.

The participatory process, joint problem solving and co-creation of solutions was a powerful unleashing of positive energy in the department. This will impact on the organizational culture fostering vertical and horizontal collaboration going forward. Relationships with our external partners have also emerged as a key leverage in managing the several interfaces within the organization and enhancing the functioning of the Department. With MEAP we hope to lighten the administrative cost of doing business by streamlining processes and structures in line with the principles of Healthcare 2030.

Information and Communication Technology (ICT) has emerged as a major enabler to ensuring greater efficiencies by reduce the manual administrative burden. The Department has developed an IT vision that has been endorsed by top management. It, together with a roadmap for implementation, will be tabled at Cabinet in the near future.


MEAP engagement session

Overview of the Financial results of the Department

Departmental Receipts

Patient Fees remains the main source of revenue for the department. The tariffs charged at the applicable health facilities are derived from the Uniformed Patient Fees Schedule (UPFS) which is determined by the National Department of Health (NDOH). The annual increase in UPFS tariffs is also determined by the NDOH and implemented by Provincial Departments across the country at the beginning of each financial year.

The table below provides a breakdown of the sources of revenue and performance for 2016/17.

Departmental Receipts	2016/2017			2015/2016		
	Final Appropriation R'000	Actual Receipts R'000	(Over)/Under Collection R'000	Final Appropriation R'000	Actual Receipts R'000	(Over)/Under Collection R'000
Sale of goods and services other than capital assets	394 880	465 716	(70 836)	372 990	459 230	(86 240)
Transfers received	45 382	54 279	(8 897)	91 922	103 913	(11 991)
Interest, dividends & rent on land	1 400	2 598	(1 198)	1 225	2 576	(1 351)
Sale of capital assets	1	0	1	1	0	1
Financial transactions in assets & liabilities	12 379	21 029	(8 650)	10 512	20 023	(9 511)
TOTAL	**454 042**	**543 622**	**(89 580)**	**476 650**	**585 742**	**(109 092)**

The Department ended the 2016/17 financial year with a revenue surplus of R89.580 million. The surplus is as a result of an over collection registered at the majority of Western Cape Health Facilities. The Provincial Treasury will be approached to retain the surplus funds to the Department.

Sales of Goods and Services

The surplus (R70.836 million) is primarily due to claims paid by medical aid schemes and the Road Accident Fund in respect of patient fees. The tariffs for patient fees are based on the uniform patient fee schedule as determined and annually adjusted by the National Department of Health. The tariffs are applied across all provinces accordingly.

Transfers Received

The surplus (R8.897 million) is primarily due to the surplus recorded at Transfers from Universities which is attributed to the increased recovery for the expenditure related to the joint-staff establishment.

Interest

The surplus (R1.198 million) resulted through the levying of interest in respect of patient fee accounts. The surplus is also a result of the writing off of departmental debt which yielded no results after 3 years.

Sales of Capital Assets

The deficit (R1 000) is a nominal budget amount and as is customary, if no income was generated during that financial year, no provision is made for this source of income in the following financial year.

Financial Transactions

The surplus (R8.650 million) resulted primarily through the recovery of previous years' expenditure amongst others and the allocation of unallocated credits yielded from unknown or unallocated RAF payments of past financial years.

Programme Expenditure

The Department recorded an under-expenditure of R66.361million in the 2016/17 financial year with under-spending per programme at 0.3 per cent after application of virements. The only exceptions were:

- Programme 1: Administration, where an underspending of 2 per cent was recorded mainly due to lower spending on advertising, as well as savings achieved against SITA computer related services;
- Programme 6: Health Sciences and Training, where an underspending of 8 per cent was achieved mainly due to savings with respect to the Nursing Training College, as well as delayed bursary payments, due to the "Fees Must Fall" campaign.

In 2015/16 the under-spending per programme is equal to 1,6 per cent after application of virements, except for:

- Programme 1: Administration, where an underspending of 10 per cent was recorded mainly due to mainly due to savings on Claims Against the State;
- Programme 6: Health Sciences and Training, where an underspending of 5 per cent was achieved, mainly in EPWP. These funds were re-allocated and rolled over to 2016/17;
- Programme 8: Health facilities Management, recorded an under expenditure of 13 per cent in 2015/16 due to delays with respect to maintenance and construction projects.

Please refer to Notes to the Appropriation Statements on page 219 to 223 for reasons.

Budget Programme	2016/2017			2015/2016		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Programme 1: Administration	647 585	635 774	11 811	680 435	614 141	66 294
Programme 2: District Health Services	7 971 073	7 953 437	17 636	7 401 881	7 352 880	49 001
Programme 3: Emergency Medical Services	985 092	984 923	169	937 872	931 132	6 740
Programme 4: Provincial Hospital Services	3 186 982	3 179 214	7 768	2 998 855	2 955 353	43 502
Programme 5: Central Hospital Services	5 701 443	5 701 407	36	5 369 744	5 360 411	9 333
Programme 6: Health Sciences and Training	349 232	320 291	28 941	336 966	319 793	17 173
Programme 7: Health Care Support Services	425 700	425 700	-	422 980	422 977	3
Programme 8: Health Facilities Management	877 438	877 438	-	892 339	780 431	111 908
TOTAL	**20 144 545**	**20 078 184**	**66 361**	**19 041 072**	**18 737 118**	**303 954**

The Department ended the 2016/17 financial year with a revenue surplus of R89.580 million. The surplus is the net effect of the over recoveries for the year.

Virements / Roll Overs

All virements applied are depicted on page 195 to 218 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.

Roll overs were requested amongst other for the following conditional grant and equitable share:

National Health Insurance grant, Expanded Public Works Programme (EPWP), Global Fund and Households: Bursaries.

Unauthorised, Fruitless & Wasteful Expenditure

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

R7000 fruitless and wasteful expenditure was incurred in the current financial year, while the 2015/16 brought forward balance of R133 000 was written off. This is further explained in Part E on page 258.

Future Plans of the Department

The 5-year strategic plan of the Department was tabled at the beginning of March 2015. The Plan is a start to implementing the vision of Healthcare 2030 over the medium term and a transformation strategy has been developed to this effect. There has been incremental progress on many aspects of Healthcare 2030. The 5-year plan has been distributed widely and is also available on the intranet and the internet, see website links below:

Intranet: http://intrawp.pgwc.gov.za/health/

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

Public Private Partnerships

Existing Public Private Partnerships

Western Cape Rehabilitation Centre (WCRC) and Lentegeur Psychiatric Hospital

The Public Private Partnership (PPP) between the Western Cape Department of Health and Mpilisweni Consortium is a 12-year agreement for the provision of estate maintenance, medical and non-medical equipment, hard and soft facilities management and related services in respect of the Western Cape Rehabilitation Centre (WCRC) and Lentegeur Psychiatric Hospital. The contract was signed in 2006 and the 2016/17 financial year concludes the 10th year of implementation and operation. The monitoring of the PPP continued through the governance structures ensuring the contractual obligations were met.

The Department's main objective with this project was the establishment of centres of excellence in the Western Cape that support improvement of the quality of care, efficiency and cost effectiveness of the health service by enabling staff to focus solely on their core responsibilities of patient care. The PPP enabled this through the transfer of all non-core functions in respect of integrated facilities management through the PPP.

On-going maintenance of the infrastructure at WCRC via the PPP added value, following the Department's capital expenditure of R100.000 million in constructing the WCRC in 2003/04.

The PPP project continued during the reporting financial year to achieve the needs of the Department through output specifications that enabled the Department to deliver quality specialized clinical rehabilitation services (WCRC) and psychiatric services (LGH). Services were delivered against appropriate and measurable output specifications which were monitored by the Department.

The Department was committed to build a good working relationship, founded on the agreed partnership principles and managing the PPP Agreement proactively. Obligations of Government included the mandatory payment within 20 business days of all invoices tendered by the Private Party. Only the Help Desk was used to log calls for all communication with the Private Party in respect of faults/ non-performance/poor performance. The Department has made sufficient provision for and implemented measures to manage and mitigate the potential risks associated with the fiscal obligations over which it has direct control.

The Private Party provided soft-and hard facilities management, as well as the procurement and maintenance of all medical and therapeutic equipment, as well as non-medical equipment at the WCRC. In addition, certain facilities management services were provided to both the WCRC and Lentegeur Hospital. The Private Party had to comply with the BEE requirements of the contract, and scheduled audits and reports.

Disclosure Notes for projects signed in terms of Treasury Regulation 16	
Project name	Western Cape Rehabilitation Centre & Lentegeur Hospital Public Private Partnership
Brief description	Provision of equipment, facilities management and all associated services at the Western Cape Rehabilitation Centre and the Lentegeur Hospital.
Date PPP Agreement signed	8 December 2006. Full service commencement date was 1 March 2007
Duration of PPP Agreement	12 Years
Escalation Index for Unitary fee	CPI (6.27762% for 2016/2017 increase)
Net present value of all payment obligations discounted at appropriate duration government bond yield	R 51 694 704[1] fixed and index component (01/04/2016 to 31/03/2017) as approved in terms of Treasury Approval III
Variations/amendments to PPP agreement	None during this period
Cost implications of variations/amendments	See above comment
Significant contingent fiscal obligations including termination payments, guarantees, warranties, and indemnities and maximum estimated value of such liabilities	These contingent fiscal obligations and its estimated value will be determined in accordance with the PPP Agreement and will depend on the type of obligation and the impact that it has on the concession period.

Notes:
1. Variable component = R 13 627 456.66

New Public Private Partnerships

Tygerberg Hospital Redevelopment Project

Tygerberg Hospital was commissioned in 1972 as an academic hospital for Stellenbosch University. Built with an Apartheid design, it is functionally and operationally inefficient in terms of current service requirements and strategy. Due to poor design and inadequate maintenance over a prolonged period, the condition of the facility is poor, resulting in a severely compromised service environment. The redevelopment of Tygerberg Hospital has long been envisaged and forms part of Health's strategy to improve infrastructure for the people of the Western Cape.

A Transaction Advisor was appointed in October 2013. In order to determine the suitable procurement route, the feasibility study for the redevelopment project, as required by National Treasury, has been completed and the Project Office is in the consultation process with NDoH, WCG Provincial Treasury (WCGPT) and National Treasury in order to finalise the preparations for the Treasury Approval-1 submission as stipulated in Treasury Regulation 16 to the Public Finance Management Act of 1999.

The feasibility study has taken into consideration clinical, financial, technical, legal and socio-economic aspects of the project. This feasibility study includes an assessment of potential re-uses of the existing main hospital building and staff accommodation.

Changes to Activities in 2016/17

Discontinued Activities / Activities to be Discontinued

Primary Care

Primary health care services in the Drakenstein Sub-district in Cape Winelands were consolidated by amalgamating **Klein Nederberg** and **J Du Pre Le Roux Clinic**s with **TC Newman CDC** at the end of the financial year.

Conditional Grants

The National Health Insurance (NHI) conditional grant came to an end on 31 March 2017. The National Department of Health provided funding to Eden District for a 5-year period (starting in 2012) to test innovations in health service delivery, relevant to the district's specific context, with the view of implementing National Health Insurance. Whilst the grant has come to an end, the portion used for contracting health professionals will continue on a year-to-year basis.

New / Proposed Activities

Home and Community Based Care

This year saw the first intake of 788 rural community health workers (CHWs) on the accredited learning programme based on the HCBC service package for Rural District Health Services (RDHS). Learners will achieve an Ancilliary Health Care Level 1 Qualification at the end of the one-year training programme that consists of 70 per cent practical and 30 per cent theory hours. The main focus areas of the service package are health screening, referrals and wellness support. The rural CHWs conduct door-to-door visits in designated geographic areas, linked to specific primary health care facilities, to provide pro-active health interventions. Basic care and support is aimed at self-management, i.e. training a family member in the home to support the client. The final result for HWSETA verification and endorsement will only be released by the end of May 2017, however, preliminary results show that 684 learners (87 per cent) completed the training and 533 (81 per cent) are evaluated as competent. Remedial assignments are still in the process of being assessed for the 131 learners that are evaluated as "not yet competent".

Primary Care

The management of **Bothasig Clinic** in the Northern Sub-district no longer resides with the City of Cape Town, as the Department has taken over this responsibility from August 2016. The services offered by the Retreat Clinic (previously managed by the City of Cape Town) in the Southern Sub-district has been merged with Retreat CHC, from July 2016. The Retreat primary care services now reside under a single authority.

2016/17 was the first year that the Western Cape participated in the National Department of Health's ideal clinic programme. Some challenges were experienced with different interpretations of the questions/data elements that had to be assessed, which has been addressed with the National Department of Health. All facilities conducted status determination (self-assessments) during May 2016. Subsequently, 44 rural and 16 Cape Metro facilities were identified for "scale up", i.e. these facilities were elected to achieve at least silver status on the ideal clinic dashboard. By the end of the year, 29 rural and 9 Cape Metro facilities achieved silver, gold or platinum status.

Acute Hospital Care

Donor funding from the Japanese Embassy and Samsung enabled the West Coast District to establish the Eye Care Centre at **Vredendal Hospital** which was officially opened on 28th October 2016. Cataract surgery can now be performed in the Matzikama Sub-district. Previously patients had to be referred to Paarl Hospital for eye care services.

In 2016 **George Hospital** opened a new Lodger's Room, which can accommodate 8 mothers who need to be at hospital to help with regularly feeding and care of their neonates. The Lodger's Room is specifically for mothers who live in rural areas with poor transport access to hospital. Historically these mothers were accommodated in a hospital bed which is now freed up for other post-natal mothers. While the Lodger's Room provides much needed relief, bed occupancy in the maternity and neonatal wards remains extremely high. Expansion of neonatal capacity in Eden and Central Karoo remains a priority for the future.

A psychiatric unit was commissioned at **Paarl Hospital** during 2016 with 10 new beds. The newly built unit has been classified by the Mental Health Review Board as exceptional.

Tygerberg Hospital commissioned a bed stroke unit in February 2017.

A new interventional bronchoscopy service, was initially piloted and has now been fully established at the **Groote Schuur Hospital** respiratory clinic. Services include performance of ultrasound-guided biopsy of mediastinal lymph nodes and lesions. This has substantially cut down the mediastinoscopy rate thus saving valuable resources, and also providing a same-day discharge for patients.

Specialised Hospital Care

An out-patient assessment and treatment programme for children (neuro-developmental clinic) was implemented at **Alexandra Hospital**.

Supply Chain Management (SCM)

Unsolicited Bid Proposals for the Year Under Review

No unsolicited bids were considered during the reporting period.

SCM Processes & Systems to Prevent Irregular Expenditure

SCM consistently ensures the implementation of Institutional Quotation Committees as well as Bid Specification & Evaluation Committees (appointed per bid). The constitution of such 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.

Additional processes and systems include:

- Contract Registers at Institutional & Head Office level.
- The Essential Supplies List (ESL), a database of transversal contract items, has been in use since 2014 and currently includes approximately 19 200 items.
- The ESL enables the use of semi-automated requisitions for contracted products.
- Development and implementation of tools to measure SCM compliance and performance, such as procurement templates (below R10 000, R10 000 – R499 000, Limited bidding, Consultants).
- Ongoing refinement of tools to identify Irregular Expenditure after occurrence which mitigates the recurrence of similar actions in future: Internal Assessment & Compliance Assessment.
- Ongoing deployment of Devolved Internal Control Units (DICUs) at Institutional level to ensure compliance throughout the process.
- Increased frequency & delivery of SCM training related to the appropriate use of Delegations.
- Annually revised Accounting Officer's System (AOS), including Standard Operating Procedures (SOPs) and Delegations to assist decentralised Institutions with day-to-day procurement processes.

Challenges Experienced in SCM

- Increasingly complex nature compliance requirements applicable to all facets of SCM, e.g. Local Content, asset classification & recognition, reporting of inventory & consumables, use of eProcurement systems, e.g. IPS, Central Supplier Database (CSD), eTender Portal.
- Lack of integration between Western Cape Supplier Database (WCSD) and the national CSD causes duplication of effort for buyers and suppliers, as not all info held on WCSD in available on CSD.
- Amendment of Preferential Procurement Regulations (2011) with effect from 1 April 2017 will result in increased expenditure for contracts in excess of R1.000 million due to increase of the minimum threshold to which the 80:20 preferential procurement system applies (now R50.000 million).
- Additional compliance requirements emanating from the new Regulations also include a mandatory feasibility study to be undertaken to determine the extent to which contracts valued in excess of R30.000 million can be subcontracted, in order to meet the minimum subcontracting target of 30 per cent of the contract value.
- The ongoing devaluation of the rand has increased the cost of imported products and the value of Rate of Exchange claims continues to impact on available budget.

Gifts & Donations

The Department received gifts and donations to the value of R29 740 million in kind which is disclosed in the Annual Financial Statements, page 279 to 280.

Exemptions & Deviations received from National Treasury

No exemptions requested or granted.

Events after the Reporting Date

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

Other

On 18 March 2017 significant damage was caused by a fire at the Swartland Hospital in Malmesbury. The Department and Provincial Treasury are exploring options with respect to financial assistance.

Acknowledgements

I would like to thank each and every employee for the sterling work they have done in 2016/17. The continued success of the Department is as a consequence of everything you do on a daily basis to make a difference in the wellbeing of the citizens we serve.

Conclusion

The 2016/17 financial year has certainly been a challenge, the economic realities of the country have placed significant budgetary pressures on the Department with an ever increasing demand for health care services. In attempting to protect service provision top management has focused significant energy on creating efficiencies in the management and administrative processes of the Department; through the Management Efficiencies and Alignment Project (MEAP). Good governance, both internally and with our external partners, has also emerged, through MEAP, as a key leverage point in enhancing the Department's management of the multiple interfaces involved in doing business.

MEAP with its participatory approach to problem solving and the crafting of solutions; has ignited a burst of positive energy within the Department; which is hoped will act as a catalyst for shifts in our organisational culture. Creating an organisational environment that enables the Department to continually learn and thus innovate, is key to our ongoing success.

The Department is on a trajectory to achieve the strategic vision of Healthcare 2030. This involves a combination of maintaining the operations of service delivery on a daily basis and at the same time targeting innovative efforts to transform the service and build health system resilience.

Approval & Sign-off

The Annual Financial Statements set out on pages 195 to 292 have been approved by the Accounting Officer.

DR BETH ENGELBRECHT
Head: Health Western Cape
31st May 2017

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 31st March 2017.

Yours faithfully

DR BETH ENGELBRECHT
Head: Health Western Cape
31st May 2017

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

Legislative & Other Mandates

National Legislation

1. Allied Health Professions Act, 63 of 1982 as amended
2. Atmospheric Pollution Prevention Act, 45 of 1965
3. Basic Conditions of Employment Act, 75 of 1997
4. Births and Deaths Registration Act, 51 of 1992
5. Broad Based Black Economic Empowerment Act, 53 of 2003
6. Children's Act, 38 of 2005
7. Chiropractors, Homeopaths and Allied Health Service Professions Act, 63 of 1982
8. Choice on Termination of Pregnancy Act, 92 of 1996
9. Compensation for Occupational Injuries and Diseases Act, 130 of 1993
10. Constitution of the Republic of South Africa, 1996
11. Constitution of the Western Cape, 1 of 1998
12. Construction Industry Development Board Act, 38 of 2000
13. Correctional Services Act, 8 of 1959
14. Council for the Built Environment Act, 43 of 2000
15. Criminal Procedure Act, 51 of 1977
16. Dental Technicians Act, 19 of 1979
17. Division of Revenue Act (Annually)
18. Domestic Violence Act, 116 of 1998
19. Drugs and Drug Trafficking Act, 140 of 1992
20. Employment Equity Act, 55 of 1998
21. Environment Conservation Act, 73 of 1998
22. Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972
23. Government Immovable Asset Management Act, 19 of 2007
24. Hazardous Substances Act, 15 of 1973
25. Health Professions Act, 56 of 1974
26. Higher Education Act, 101 of 1997
27. Human Tissue Act, 65 of 1983
28. Inquests Act, 58 of 1959
29. Intergovernmental Relations Framework, Act 13 of 2005
30. Institution of Legal Proceedings against Certain Organs of State Act, 40 of 2002
31. International Health Regulations Act, 28 of 1974
32. Labour Relations Act, 66 of 1995
33. Local Government: Municipal Demarcation Act, 27 of 1998
34. Local Government: Municipal Systems Act, 32 of 2000
35. Medical Schemes Act, 131 of 1998
36. Council for Medical Schemes Levies Act, 58 of 2000
37. Medicines and Related Substances Act, 101 of 1965
38. Medicines and Related Substances Control Amendment Act, 90 of 1997
39. Mental Health Care Act, 17 of 2002
40. Municipal Finance Management Act, 56 of 2003
41. National Building Regulations and Building Standards Act,103 of 1977
42. National Environmental Management Act, 107 of 1998
43. National Health Act, 61 of 2003
44. National Health Amendment Act, 2013
45. National Health Laboratories Service Act, 37 of 2000
46. Non Profit Organisations Act, 71 of 1977
47. Nursing Act, 33 of 2005
48. Occupational Diseases in Mines and Works Act, 78 of 1973
49. Occupational Health and Safety Act, 85 of 1993
50. Older Persons Act, 13 of 2006
51. Pharmacy Act, 53 of 1974, as amended
52. Preferential Procurement Policy Framework Act, 5 of 2000
53. Prevention and Combating of Corrupt Activities Act 12 of 2004
54. Prevention and Treatment of Drug Dependency Act, 20 of 1992
55. Promotion of Access to Information Act, 2 of 2000
56. Promotion of Administrative Justice Act, 3 of 2000
57. Promotion of Equality and Prevention of Unfair Discrimination Act, 4 of 2000
58. Protected Disclosures Act, 26 of 2000
59. Protection of Personal Information Act, 4 of 2013
60. Public Audit Act, 25 of 2005
61. Public Finance Management Act, 1 of 1999
62. Public Service Act, 1994
63. Road Accident Fund Act, 56 of 1996
64. Sexual Offences Act, 23 of 1957
65. Skills Development Act, 97 of 1998
66. Skills Development Levies Act, 9 of 1999

67. South African Medical Research Council Act, 58 of 1991
68. South African Police Services Act, 68 of 1978
69. State Information Technology Agency Act, 88 of 1998
70. Sterilisation Act, 44 of 1998
71. Tobacco Products Control Act, 83 of 1993
72. Traditional Health Practitioners Act, 35 of 2004

Provincial Legislation

1. Draft Regulations Relating to the Functioning of the District Health Councils in terms of the Western Cape District Health Councils Act, 2010
73. Exhumation Ordinance, 12 of 1980. Health Act, 63 of 1977
74. Regulations Governing the Financial Prescripts in terms of Western Cape Health Facility Boards and Committees Act, 2016
75. Regulations Governing Private Health Establishments. Published in PN 187 of 2001
76. Regulations relating to the Criteria and Process for the Clustering of Primary Health Care Facilities in terms of the Western Cape Health Facility Boards and Committees Act, 2017
77. Regulations Governing the Procedures for the Nomination of Members for Appointment to Health Facility Boards in terms of the Western Cape Health Facility Boards and Committees Act, 2017
78. Training of Nurses and Midwives Ordinance 4 of 1984
79. Western Cape Ambulance Services Act, 3 of 2010
2. Western Cape District Health Councils Act, 5 of 2010
3. Western Cape Health Care Waste Management Act, 7 of 2007
4. Western Cape Health Facility Boards Act, 7 of 2001
5. Western Cape Health Facility Boards Amendment Act, 7 of 2012
6. Western Cape Health Facility Boards and Committees Act, 2016
7. Western Cape Health Services Fees Act, 5 of 2008
8. Western Cape Independent Health Complaints Committee Act, 2 of 2014
9. Western Cape Land Administration Act, 6 of 1998
10. Western Cape Independent Health Complaints Committee Regulations, 2014.

Government Policy Framework that governs the Department

1. Millennium Development Goals
11. Twelve Outcomes of National Government
12. National Development Plan
13. Negotiated Service Delivery Agreement
14. National Health Systems Priorities: The Ten Point Plan
15. National Health Insurance
16. Human Resources for Health
17. Provincial Strategic Objectives
18. Western Cape Infrastructure Delivery Management System (IDMS)
19. Healthcare 2030: The Road to Wellness (Western Cape Government: Health)
20. National Environmental Health Policy (GN 951 in GG 37112 of 4 December 2013)
21. National Health Act: Publication of Health Infrastructure Norms and Standards Guidelines (No R116 of 17 February 2014)
22. National Health Act: Policy on Management of Public Hospitals (12 August 2011)

Organisational Structure

The organisational structure (organogram) reflects the senior management service (SMS) members as at 31st March 2017, see organogram on the following page. The budget programme managers are as follow:

Programme 1: Administration & **Sub-Programme 7.5:** Cape Medical Depot
Dr K Vallabhjee Chief Director: Strategy and Health Support

Programme 2: District Health Services & **Sub-Programme 4.2:** Tuberculosis Hospitals
Dr R Crous (Chief Director: Rural District Health Services) & Dr G Perez (Chief Director: Metro District Health Services

Programme 3: Emergency Medical Services, **Programme 4:** Provincial Hospital Services (excluding Sub-programme 4.2) & **Sub-programme 7.3:** Forensic Pathology Services
Dr S Kariem (Chief Director: General Specialist and Emergency)

Programme 5: Central Hospital Services
Dr D Erasmus (CEO: Tygerberg Hospital)

Programme 6: Health Sciences and Training
Mrs B Arries (Chief Director: Human Resources)

Sub-programme 7.1: Laundry Services, **Sub-programme 7.2**: Engineering Services & **Programme 8:** Health Facilities Management
Dr L Angeletti-du Toit (Chief Director: Infrastructure and Technical Management)

Entities reporting to the Minister/MEC

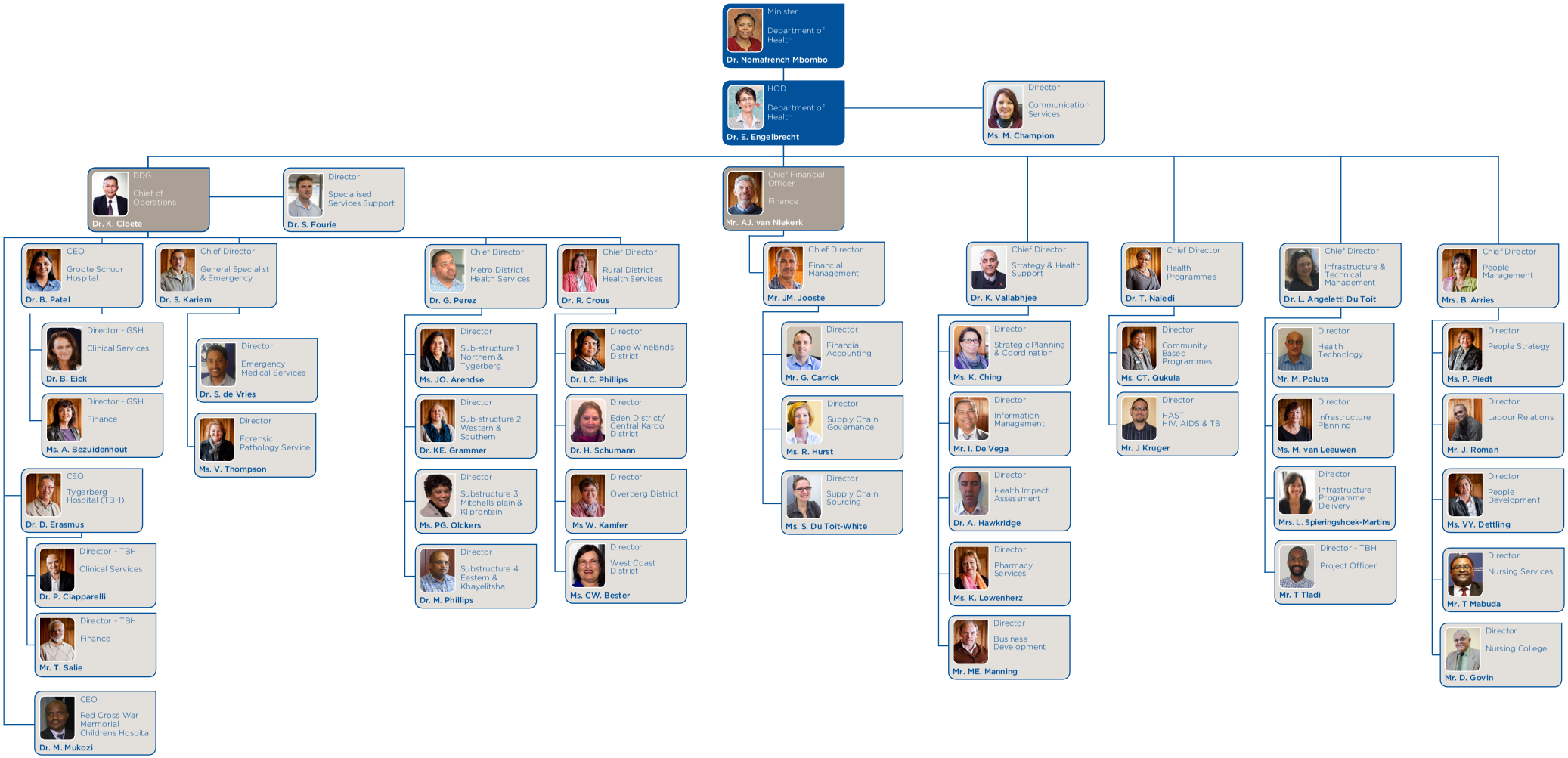
There are no entities reporting to the Minister/MEC.

Western Cape Government

BETTER TOGETHER.

Organisational Organogram

Structure as from 31 March 2017.



PART B:
PERFORMANCE INFORMATION

PART B: Performance Information

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 pages 191 to 194 of the Report of the Auditor-General, published in Part E: Financial Information.

Overview of Departmental Performance

Service Delivery Environment

Services Delivered Directly to the Public

Western Cape Government (WCG): Health provides the following health services to a population of 6 279 731 (Community Survey 2016 estimates) of which 4 693 543 are uninsured (General Household Survey 2015).

Primary Health Care (PHC) Services

Primary Health Care services take place in 3 distinct but interdependent care settings as follows:

Home and Community Based Care (HCBC) is embedded in the local context and is rendered in the living, learning, working, social and/or play spaces of the people we serve. It is innately designed to foster stable, long-term personal relationships, with households, that builds understanding, empathy and trust; pivotal to continuity and person centeredness of the health system. HCBC recognises people's capacity for self-help and involves a comprehensive array of context sensitive interventions that positively influences environmental and personal factors such as psychosocial abilities, coping abilities, lifestyle issues, behaviour patterns and habits. It is a collection of activities that supports the actions people take to maintain health and well-being; prevent illness and accidents; care for minor ailments and long-term conditions; and recover from periods of acute illness and hospitalisation. This is complimented by capacity for rehabilitative and palliative care being introduced into HCBC to further enhance the comprehensiveness of the care provided in this setting. There are approximately 3 398 community care workers employed by NPOs in the province that render the services in this setting.

Primary Care is ambulatory in nature and provides a comprehensive range of curative and preventative interventions with a complementary capacity for rehabilitative and palliative care. Clinical nurse practitioners (CNPs) provide child and adult curative care, preventive services, antenatal care, postnatal care, family planning, mental health, TB, HIV and AIDS, and chronic disease management at fixed and non-fixed facilities. There are 273 PHC facilities across the Province, 206 fixed clinics, 58 community day centres and 9 community health centres. Of these facilities, 79 clinics are under the authority of the City of Cape Town (CoCT).

Intermediate Care refers to in-patient transitional care for children and adults, which facilitates optimal recovery from an acute illness or complications of a long-term condition; enabling users to regain skills and abilities in daily living, with the ultimate discharge destination being home or an alternate supported living environment. It involves post-acute, rehabilitative and end-of-life care, which includes comprehensive assessment, structured care planning, active therapy, treatment and/or an opportunity to recover. It allows for a seamless transition between acute care and the living environment; particularly where the person's ability to self-care is significantly compromised, a supported discharge thus becomes crucial to a successful recovery process. The focus of this service element is on improving people's functioning so that they can resume living at home and enjoy the best possible quality of life. There are 31 Intermediate Care facilities in the province which equate to 1 111 beds of which 82.7 per cent reside in the Metro.

Acute District Hospital Services

Emergency centres, adult and child inpatient and outpatient care, obstetric care as well as a varying quantum of general specialist services are provided at the Department's 34 district hospitals, a total of 2 939 beds. In 2016/17 there were 280 580 inpatient separations, 725 801 outpatient contacts and 645 015 emergency centre contacts at district hospitals.

Emergency Medical Services (EMS) & Planned Patient Transport

Ambulance, rescue and patient transport services are provided from 49 stations (excluding seven satellite bases) in 5 rural district and 4 Cape Town divisions with a fleet of 226 ambulances, 1 417 operational personnel, 151 emergency call centre agents and 109 operational supervisors and managers. A total of 696 530 emergency cases were attended to in 2016/17.

Regional & Specialised Hospital Services

The full package of general specialist services is rendered by four acute hospitals (New Somerset, Paarl, Worcester and George) whilst Mowbray Maternity Hospital provides a maternal and neonatal health service, a total of 1 393 beds. In 2016/17 there were 114 099 inpatient separations, 242 074 outpatient contacts and 165 383 emergency centre contacts at regional hospitals.

There are six specialised TB hospitals (1 026 beds) in the Province and an infectious disease palliative centre at Nelspoort Hospital. Three of the hospitals (Brewelskloof, Harry Comay and Brooklyn Chest) are designated drug-resistant tuberculosis (DR-TB) units. Brooklyn Chest and DP Marais Hospitals form the Metro TB Complex while Malmesbury ID and Sonstraal Hospitals form the West Coast TB Complex. During 2016/17 there were 4 316 inpatient separations and 6 467 outpatient contacts.

Four psychiatric hospitals, 1 700 beds (Alexandra, Lentegeur, Stikland and Valkenberg Hospitals) and three sub-acute facilities, 150 beds (New Beginnings, William Slater and Lentegeur Intermediate Care), all of which are located in the Cape Town Metro District, provide a provincial psychiatric service. These facilities collectively attended to 6 386 inpatient separations and there were 432 admissions to the in the sub-acute facilities, with 41 518 outpatient contacts across the platform.

The Western Cape Rehabilitation Centre (WCRC) provides specialised rehabilitation services including orthotics and prosthetics for people with physical disabilities. It has 156 beds and in 2016/17 the WCRC had 776 inpatient separations and 3 922 outpatient contacts. The Orthotics and Prosthetic Centre had 6 058 outpatient contacts.

The oral health centres provides primary, secondary, tertiary and quaternary dental services at Tygerberg Oral Health Centre, Groote Schuur Hospital, Red Cross War Memorial Children's Hospital and the Mitchells Plain Oral Health Centre. There were 124 103 oral health patient visits during 2016/17.

Tertiary & Quaternary Health Services at Central Hospitals

Highly specialised tertiary and quaternary services are rendered on a national basis at the Department's two central hospitals, Groote Schuur and Tygerberg and the tertiary hospital, Red Cross War Memorial Children's Hospital, 2 631 beds across the platform. In 2016/17 there were 135 029 patient separations, 767 284 outpatient contacts and 120 138 emergency centre contacts; in these hospitals. It must be noted that 25 per cent of activities in these hospitals form part of the generalist specialist platform of the province.

Forensic Pathology Services

Specialised Forensic Pathology services are rendered via 16 Forensic Pathology Laboratories across the Province in order to establish the circumstances and causes surrounding unnatural/undetermined death. During the 2016/17 financial year the Forensic Pathology Service logged 11 196 incidents; 10 935 medico-legal cases were admitted, resulting in 10 859 post mortem examinations in the Western Cape.

For more detail on the health services rendered by the Department and the number of patients seen, refer to the section pertaining to Performance Information, of this report.

Problems Encountered & Corrective Steps Taken

Patient Flow in Primary Care Facilities

Rural District Health Services (RDHS), in conjunction with Metro District Health Services (MDHS), Health Programmes and Health Impact Assessment (HIA), embarked on a pilot project in a number of rural and Metro PHC facilities to improve the efficiency of primary care clinical processes. The mechanism for achieving this is multi-pronged. The pilot focuses on improving registry hygiene, standardising patient flow, introducing one version of integrated clinical stationery (ICS) for all clinical visits, using that stationery as the primary source for digitisation of clinical encounter-specific information, and using the subsequent information to gain further insight into daily clinic operations.

The ICS has been successfully rolled out to various rural and Metro PHC facilities and is used and liked by all the clinical staff working with it. The corresponding software that will be used to capture information related to the clinical encounter has been developed on PHCIS and is undergoing final testing prior to introduction at specific pilot sites.

Patient Folder Management

Registries within health facilities are generally under pressure, often congested with implications for retrieving the patient folder and waiting times of patients. A multi-pronged strategy has been developed and is being incrementally implemented. A warehouse at Stikland Hospital has been commissioned that is being used to decongest facilities of inactive folders that have to be retained or disposed.

Medicine Supplies

There was a global shortage of Hexavalent vaccine during the year and measles vaccine was also periodically out of stock. This has had a negative impact on the number of children who received the full immunisation schedule by the time they are one-year-old.

Fire at Swartland Hospital

A fire at Swartland Hospital in Malmesbury on the 18th March 2017 destroyed two general wards, theatres, the emergency centre, the radiology unit and the kitchen. As a result, the number of beds at the hospital available has been reduced from 85 to 41. The following interim arrangements have been made until Swartland Hospital is restored to full functionality:

- 41 beds are available for general admissions at Swartland Hospital. Where there is not sufficient capacity, patients have been diverted to surrounding hospitals.
- The outpatient department at Swartland Hospital is now functioning as the emergency centre and all outpatient functions have been performed at Malmesbury CDC.
- All day theatre and radiology patients have been diverted to Radie Kotze Hospital.
- All maternity and emergency surgical patients have been diverted to Paarl Hospital.
- Where necessary, staff has been temporarily redeployed.

Safety of EMS Employees

The number and severity of attacks on ambulance personnel has been on the rise year-on-year. Incidents are mostly located within the Cape Metro and are related to both opportunistic and organised crime. Areas with high safety risk have been demarcated as "Red Zones" in conjunction with SAPS and the community. Staff required to respond to emergencies within these zones must be escorted by SAPS, which unfortunately affect both EMS performance and quality of care. Various other staff safety initiatives have been implemented, or are due to be implemented (such as personnel tracking, body cameras and panic buttons) to minimise the safety risk.

Sudden Unexplained Deaths in Infants

The expansion of the Child Death Review process to the rural districts has led to improvement in the clinical management and revision of the protocol for "sudden unexplained deaths in infants".

Budget Constraints

As a result of the budget constraints, posts that became vacant during the year could not be filled. This has had a significant impact on service delivery across the Department. The impact on clinical services was reduced by focussing on the non-filling of admin posts.

External Developments that impact on the Demand for Services

Population

The population in the Western Cape has increased exponentially, at an annual rate of 1.5 per cent, from 5 822 734 (Census 2011 estimates) to 6 279 731 in 2016 (Community Survey 2016 estimates). Community Survey population estimates were slightly lower than those projected for 2016 from the Census 2011. (Please note that the Performance Indicators use population figures provided by the National Department of Health)

Population increases have occurred across all age groups except 20-29 year olds, with the largest increase in 5-14 year olds and 30-49 year olds. District distribution of the population remains relatively unchanged, with approximately 64 per cent of the provincial population residing in the Metro, followed by about 14 per cent in the Cape Winelands District and 10 per cent in the Eden District.

Measles outbreak

A measles outbreak occurred in the last quarter of the financial year and 32 confirmed cases were reported; the majority from a school in Stellenbosch. In response to the outbreak, a mass measles vaccination campaign was conducted. In the Cape Winelands District and the Northern and Eastern Sub-districts in the City of Cape District all children under 15 years were targeted by the campaign while all other sub-districts only targeted immunised children under 5 years.

Service Delivery Improvement Plans

The department has completed a Service Delivery Improvement Plan (SDIP). The tables below highlight the service delivery plan and the achievements to date.

Main Services & Standards

Beneficiaries	Current / Actual Standard of Service	Desired Standard of Service	Actual Achievement
Main Service: Reducing long patient waiting time at Pharmacy (Mitchells Plain Community Health Centre)			
Community of Mitchells Plain	Waiting time at the Pharmacy: 223 minutes	Waiting time at the Pharmacy: 200 minutes	• Waiting time at the Pharmacy: 150 minutes. • Pharmacy conducted 2 waiting time surveys recently. (5-9/12/2017 and 30/1-3/2/2017)
Main Service: Implementation of Appointment System at the Mitchells Plain Service Points			
Community of Mitchells Plain	70% implementation of patients on the Appointment System	80% implementation of patients on the Appointment System	• 91% Implementation of patients on the Appointment System. • Appointed System is implemented at 91% of service points.

Batho Pele Arrangements with Beneficiaries

Reducing long patient waiting time at Pharmacy (Mitchells Plain Community Health Centre)		
Current / Actual Arrangements	**Desired Arrangements**	**Actual Achievement**
Consultation		
Consultation with Health Committee	Consultation with Health Committee	• Meeting held March 2017, next meeting scheduled for May 2017. • Heads of Department meetings held monthly discussing SDIP • Community Questions and Answers Session: November 2016. Video recording of the session was done. • Meetings dates (HOD/staff meetings/Health Committee) for 2017 communicated to stakeholders. Written correspondence as required. • Minutes of meetings in place. Communication conducted as required • Patient satisfaction Survey conducted in June 2016. Results were analysed and a quality improvement plan developed and monitored over the coming year.
Consultation and planning meetings with staff	Consultation and planning meetings with staff	
Consultation and planning meetings with Local Community and stakeholders	Consultation and planning meetings with Local Community and stakeholders	
Written Correspondence	Written Correspondence	
Communication	Communication	
Patient Satisfaction Survey Results	Patient Satisfaction Survey Results	
Access		
1st Ave, Eastridge, Mitchell's Plain	1st Ave, Eastridge, Mitchell's Plain	• 1st Ave, Eastridge, Mitchell's Plain. • Poster developed displays fast tracking of vulnerable groups. Standard Operation Procedure developed by Facility for fast tracking of vulnerable patients.
Fast-tracking of specifically vulnerable client groups	Fast-tracking of specifically vulnerable client groups	
Courtesy		
Pharmacy help desk	Pharmacy help desk	• Two available help desks, at pharmacy and general help desk. • Dedicated query window available in reception
Dedicated query window	Dedicated query window	
Openness and Transparency		
Consultation/planning engagements platforms staff, stakeholders and local communities	Consultation/planning engagements platforms staff, stakeholders and local communities	• Meetings held with Health Committee. • Meetings dates (HOD/staff meetings/Health Committee) for 2017 communicated to stakeholders. Written correspondence as required. • Waiting Time Survey conducted in January 2017, next scheduled for May 2017. • Data from reports are analysed to monitor the waiting time of persons at the pharmacy.
Written correspondence communication	Written correspondence communication	
Waiting Time Survey Report	Waiting Time Survey Report	
Value for Money		
Yes, access to Pharmacy services	Yes, access to Pharmacy services	Yes, access to Pharmacy services in place.

Implementation of Appointment System at the Mitchells Plain Service Points		
Current / Actual Arrangements	**Desired Arrangements**	**Actual Achievement**
Consultation		
Consultation with Health Committee	Consultation with Health Committee	• Meeting held March 2017, next meeting scheduled for May 2017. • Staff meetings and HOD meetings held. • Community Questions and Answers Session: November 2016. Video recording of the session was done. • Meetings dates (HOD/staff meetings/Health Committee) for 2017 communicated to stakeholders. Written correspondence as required. • Meeting Minutes. Communication as required. • Patient satisfaction Survey conducted in June 2016. Results were analysed and a quality improvement plan developed and monitored over the coming year.
Consultation and planning meetings with staff	Consultation and planning meetings with staff	
Consultation and planning meetings with Local Community and stakeholders	Consultation and planning meetings with Local Community and stakeholders	
Written Correspondence	Written Correspondence	
Communication	Communication	
Patient Satisfaction Survey Results	Patient Satisfaction Survey Results	
Access		
1st Ave, Eastridge, Mitchell's Plain	1st Ave, Eastridge, Mitchell's Plain	• 1st Ave, Eastridge, Mitchell's Plain. • Poster developed displays fast tracking of vulnerable groups. Standard Operation Procedure developed by Facility for fast tracking of vulnerable patients.
Fast-tracking of specifically vulnerable client groups	Fast-tracking of specifically vulnerable client groups	
Courtesy		
Pharmacy help desk	Pharmacy help desk	• Two available help desks, at pharmacy and general help desk. • Dedicated query window available in reception.
Dedicated query window	Dedicated query window	
Openness and Transparency		
Consultation/planning engagements platforms staff, stakeholders and local communities	Consultation/planning engagements platforms staff, stakeholders and local communities	• Meetings held with Health Committee. • Meetings dates (HOD/staff meetings/Health Committee) for 2017 communicated to stakeholders. • Written correspondence as required. • Waiting Time Survey conducted in January 2017, next scheduled for May 2017. • Data from reports are analysed to monitor the waiting time of persons at the pharmacy.
Written correspondence communication	Written correspondence communication	
Waiting Time Survey Report	Waiting Time Survey Report	
Value for Money		
Yes, access to the facility's services	Yes, access to the facility's services	Yes, access to the facility's services are in place

Service Delivery Information Tool

Reducing long patient waiting time at Pharmacy (Mitchells Plain Community Health Centre)		
Current / Actual Information Tools	**Desired Information Tools**	**Actual Achievement**
Posters	Posters	• Average waiting times Poster is displayed. • Pharmacy leaflets developed. • Published - Cape Argus and Cape Times: 2016. • Radio broadcasting not achieved due to austerity measures. • Waiting Time Survey Conducted in January 2017, next scheduled for May 2017. • Data from reports are analysed to monitor the waiting time of persons at the pharmacy.
Pamphlets	Pamphlets	
Newspaper articles	Newspaper articles	
Radio broadcasting, announcements regarding services	Radio broadcasting, announcements regarding services	
Waiting Time Survey Report	Waiting Time Survey Report	

Implementation of Appointment System at the Mitchells Plain Service Points		
Current / Actual Information Tools	**Desired Information Tools**	**Actual Achievement**
Posters	Posters	• E-Reception Posters are displayed at the entrance. • Appointment System Pamphlets developed. • General information given via news articles. • Radio broadcasting not achieved due to austerity measures. • Waiting Time Survey Conducted in January 2017, next scheduled for May 2017. Results will be analysed by management and to be incorporated into improvement plans.
Pamphlets	Pamphlets	
Newspaper articles	Newspaper articles	
Radio broadcasting, announcements regarding services	Radio broadcasting, announcements regarding services	
Waiting Time Survey Report	Waiting Time Survey Report	

Complaints Mechanism

Reducing long patient waiting time at Pharmacy (Mitchells Plain Community Health Centre)		
Current / Actual Complaints Mechanisms	**Desired Complaints Mechanism**	**Actual Achievement**
Waiting Time Survey Report	Waiting Time Survey Report	• Conducted in January 2017, next scheduled for May 2017. Results will be analysed by management and to be incorporated into improvement plans. • Complaint System operational with regular data reviews and forum discussions. • Patient Satisfaction Survey conducted in June 2016. Results were analysed and a quality improvement plan developed and monitored over the coming year.
Complaint System	Complaint System	
Patient Satisfaction Survey	Patient Satisfaction Survey	

Implementation of Appointment System at the Mitchells Plain Service Points		
Current / Actual Information Tools	**Desired Information Tools**	**Actual Achievement**
Waiting Time Survey Report	Waiting Time Survey Report	• Conducted in January 2017, next scheduled for May 2017. Results will be analysed by management and to be incorporated into improvement plans. • Complaint System operational with regular data reviews and forum discussions. • Patient Satisfaction Survey conducted in June 2016. Results were analysed and a quality improvement plan developed and monitored over the coming year.
Complaint System	Complaint System	
Patient Satisfaction Survey	Patient Satisfaction Survey	

Organisational Environment

Resignations &/or Appointments in Senior Management Service

The following changes occurred in the senior management service (SMS) during 2016/17 as a result of attrition:

Retirements at the end of the previous financial year

- FP Africa, Director, Nursing Services, 31 March 2016.

Terminations and transfers out of WCG: Health

- NM Crookes, Director, Professional Support Service, 31 July 2016.
- MJH Ross, Senior Manager Nursing, Groote Schuur, 31 March 2016.
- BMA Blackburn, Director, Infrastructure Programme Delivery, 1 April 2016.

New appointments

- L Spieringshoek-Martins, Director, Infrastructure Programme Delivery, 07 December 2016.

Promotions and transfers

- CJ Trauernicht, Deputy Manager Medical Physics, Tygerberg, 3 February 2017.
- A Mohamed, Deputy Manager Nursing, Groote Schuur, 1 November 2016.
- FCG Baartman, Senior Manager Nursing, Tygerberg, 1 March 2017.
- JA Kruger, Manager HAST, HIV/AIDS & TB Cape Winelands, 1 May 2016.
- T Mabuda, Director, Nursing Services, 1 July 2016.

Restructuring Realignment

The Department in August 2016 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.

In addition to the above, the Department is also busy with a clean-up process which includes correcting all out of adjustment cases, addressing incorrect utilisation and ensuring that the same job titles and occupational classification codes are being used for similar posts. This will ensure a more reliable staff establishment and will reduce the number of unnecessary job titles substantively.

Strike Action

There was no strike action during the period under review.

Significant System Failures

There were no significant system failures during the period under review.

Key Policy Developments & Legislative Changes

National Policy & Legislative Changes

The World Health Organisation (WHO) Test and Treat HIV Guidelines were adopted by South Africa in May 2016. Universal Test and Treat (UTT) means that all South Africans who test positive will get ARVs regardless of their CD4 count, with more people on treatment and virally suppressed, transmissions rates are expected to decline.

Provincial Policy & Legislative Changes

There are three policies that were submitted to the Provincial Executive/Cabinet in 2016/17 for approval:

- Provincial Youth Development Strategy 2016
- Draft Food Security Strategic Framework 2016
- Draft Alcohol Harms Reduction Policy Green paper 2016

Strategic Outcome Oriented Goals for 2014/15 – 2019/20

Promote Health & Wellness

Life Expectancy

Life expectancy in the Western Cape population is the highest in the country and has increased over the last 15 years. Life expectancy at birth for men has risen from 58.3 years in 2001-2006 to 64.2 years in 2011-2016 and for women from 61.9 to 69.0 years over the same period.

WoW! (Western Cape on Wellness) Healthy Lifestyles Initiative

The prevalence of non-communicable diseases (NCDs) such as diabetes and cardiovascular disease is increasing globally (Murray et al 2012) and was recognized as one of the main barriers to achieving the Millennium Development Goals (UN, 2011). The burden of NCDs has been estimated to be two to three times higher in South Africa than in developed countries and predicted to rise even further in the absence of effective approaches to counteract the rise (NCD Alliance 2016). NCDs accounted for 51 per cent of deaths in South Africa in 2013 (Statistics South Arica 2015). In the Western Cape Province, NCDs accounted for approximately 60 per cent of deaths for both males and females from 2009 to 2013 (Morden et al 2016).

The Western Cape Government Health (WCGDoH) is committed to address these adverse health outcomes through the development, expansion and evaluation of the novel WoW! (Western Cape on Wellness) healthy lifestyles initiative. WoW! represents a novel transversal and cross-sectoral partnering approach to prevent, reduce and better self-manage the burden of NCDs (including obesity) at population level. This long-term outcome will be achieved by co-creating a healthy lifestyles movement across multiple settings; including school, community, health facility and worksite. Accordingly, the WoW! initiative promotes healthy lifestyles through self-management and through an inclusive communication platform; healthy eating and healthy weight management through promoting food awareness, food safety and food gardens; and increased health-related physical activity or fitness through awareness promotion and activations.

WoW! was tested and evaluated with approximately 800 voluntary participants during 2015/16. The promising results reveal positive changes in health risk behaviours and health outcomes. There were marked improvements in both systolic and diastolic blood pressure at 3 months, and systolic blood pressure at 6 months; the proportion of participants presenting with hypertension at 3 months was halved. There were statistically significant reductions in waist circumference at 6 months; and significant improvements in self-reported healthy eating, physical activity, quality of life, general health status and reduction in time spent sitting. Self-reported smoking changed from 10 per cent at baseline to 0 per cent at 6 months.

The *WoW!* initiative is evolving and reflects best practice in comprehensive, community-based health promotion programmes. The next phase will apply the resulting recommendations from the testing phase with strengthened focus on the broader social determinants of healthy lifestyles, and on incrementally systematising, scaling and sustaining this healthy lifestyles initiative across the Western Cape.

First 1000 Days Initiative

The first 1000 days Initiative was conceptualised in 2015 and implemented as one of the PSG3 projects in 2016/17. The overarching goal of the First 1000 Days initiative is to ensure that every pregnant woman and child is nurtured; parents and care-givers are supported from conception onwards, especially the most vulnerable, through a whole of society approach, so that children can achieve their full potential throughout their life course.

The Department of Health has identified the first 1000 days as a key priority to improve maternal, neonatal and child health outcomes. A comprehensive first 1000 days situation analysis using the 'survive' (ending preventable deaths), 'thrive' (ensure health and wellbeing) and 'transform' (expand enabling environments) framework was completed and adopted in 2016. This situational analysis provided a reasonably detailed assessment of the current state of the need for health services during the first 1000 days, the degree of provision of those services and the outcomes derived from providing those services within the current socio-economic context. Several ongoing successes have been highlighted, shortcomings and challenges were identified.

To improve outcomes, the 'survive', 'thrive' and 'transform' systematic intervention framework with accountability assignment will be implemented from 2017/18. Project management plans have been aligned with the framework with following key components and deliverables in 4 identified areas:

Survive

- Health systems interventions addressing avoidable causes of deaths related to patient factors, health worker factors, health system factors and community factors.
- Monitoring, evaluation and response system across the care continuum.

Thrive

- Develop a service design framework for the 1st 1000 days including wellness maps and Package of Care for the 1st 1000 days.

Transform

- Communication and engagement strategy
- Identify and support at risk households in the 4 prioritised geographic areas with inter-sectoral support, via PSG3.

Integrated Service Delivery Model: Drakenstein

During the 2016/17 Financial Year, the Intergovernmental working group, continued to work on strengthening local co-ordination towards the delivery of more effectively co-ordinated projects. The model was implemented and evaluated as per the 2015/16 planning. In November 2016, the naming convention was changed to Drakenstein Better Spaces. The evaluation of the project included interviews with key stakeholders and some of the recommendations formed the basis for further roll-out of the model into three additional geographies, namely Gunya, Khayelitsha Town 2 and Saldanha Bay Municipality. A governance framework has been developed provincially based on the learnings in Drakenstein. The proposal is that a meso-Level governance be developed to include all provincial line departments and the local government partners in the specific geographies.

Embed Good Governance & Values-Driven Leadership Practices

Caring for the Carer

The Employee Health and Wellness (EH&W) programme aims to address the psycho-social stressors which employees and their families face on a day to day basis in their personal and work lives. In doing so, the programme further aims to make the values of the Department a living reality for each staff member. It seeks to represent an integrated, needs-driven, participative, and holistic approach to Employee Health and Wellness in the Western Cape Government: Health.

Healthy, engaged, and productive employees, who are committed to improving the patient experience, are key to providing patient centred care and living the departmental values of innovation, caring, competence, accountability, integrity, responsiveness and respect. It is acknowledged that employees working in the public health sector are faced with challenges that may include long working hours, a highly pressurised working environment and limited resources, amongst others. Over and above this, employees also experience emotional, financial, family and other psycho-social problems that impact on their performance in the workplace on a daily basis. This programme takes cognisance of the reality that HIV & AIDS; STI and TB, physical and mental wellness, chronic conditions and diseases, occupational injuries, environmental risks, and quality management are some of the health and wellness challenges facing employees.

The integrated employee health and wellness programme also recognises the importance of individual health, wellness and safety and its linkages to organisational wellness and productivity. Research shows that the health status (physical and physiological wellness) of employees directly influences their work behaviour, attendance job performance and quality of life. Improving employee wellbeing will result in a productive workforce and return on investment.

Care for the carer initiatives for 2016/17 had a strong focus on building resilience amongst healthcare workers who are often faced with trauma, shortage of staff and lack of resources in the workplace. Four key areas are considered:

- training interventions
- managerial support
- individual engagement
- senior management coaching

Organisational Culture

The Barrett Value Survey was conducted in 2011, 2013 and 2015; it measures the alignment of personal values to that of the organisation, from the perspective of the employee. The current culture in the Department reflects a focus on meeting targets and fulfilling its obligations. Employees are working together, demonstrating concern and consideration for each other. The alignment between the personal values and current culture values therefore indicates that the department has a highly aligned culture, with people who are committed and able to perform to a high degree and that employees feel a strong connection between their personal values and their professional work. It is evident that employees have confidence in the direction in which the Department is heading although some changes are desired and they want to focus on building a strong internal community.

The 2015 survey saw a significant decline of 2 per cent in cultural entropy levels. Cultural entropy is the amount of energy in an organisation that is consumed in unproductive work. It is a measure of the conflict, friction and frustration that exists within an organisation. The following opportunities for improvement exist:

- Employees feel frustrated by rigid systems, processes and structures
- Employees are calling for more direction, through open communication and co-operation
- Employees feel overworked and unappreciated
- Spending restrictions are stifling employees' creativity and ability to be innovative.

Leadership and Management Development

To deliver on the Healthcare 2030 vision of equitable access to integrated quality of care for all, the Department needs to rethink and rebuild the way we work within the challenges of an ever increasing burden of disease, population growth, growing levels of complexity, and ever diminishing budgets. In order to achieve the required organisational transformation, the Department has identified three focus areas: the development of a facilitative values-aligned culture and the development of leaders; the redesign of the organisational operating model (geographic focus, service design, support services); and redesigning the governance framework.

The Department has used co-creation processes and drawn on local and international best practice to develop a Leadership Development Strategy [LDS] which has been approved by top management,

Two key components of the LDS are the Leadership Behaviours Charter (LBC) and a Leadership Competency Framework (LCF).

The LBC was co-created as part of a collaborative process in which managers across the entire organisation identified the behaviours that they believe a leader should possess. These were then collated into a common set of behaviours that make up the Leadership Behaviours Charter. This is being institutionalized in the Department.

The LCF was developed through engagement workshops with more than 600 managers to identify relevant behavioural competencies and capabilities in three competence clusters identified as "Individual Competencies," Team Competencies" and "System Capabilities" that will support the WCGH mission and vision to work towards a resilient health system and achieve the person-centred quality care. This has not yet been implemented.

The profile of the ideal leader – our leadership persona – will support us to get to person-centred Healthcare 2030.

In 2016/17 approximately 1 781 employees participated in the 18 core leadership and management development interventions, see table below. Much of the focus on leadership development has been on the individual mid-level facility manager. The future focus has to be on the relational way of working within cross-functional and cross-level teams. This implies paying attention to competencies in team leadership development through group leadership and coaching, and action learning around system capabilities.

Leadership & Management Development Interventions	Number Trained
Advanced Management Development Programme	111
Post graduate Diploma in Health Care Management	13
Oliver Tambo Fellowship Programme in Health Management	3
Engagement session for improving management efficiencies	537
Engaging Leadership	40
Finance for Non-Financial Managers	32
Innovative Health Master Class	26
Junior Management Development Programme	163
Leadership in Healthcare Congress 2016	65
Leadership Development Workshop	227
Medical Negligence and Mediation Training for Health Managers	2
Mentoring and Coaching for Middle Managers	198
Middle Management Development Programme	40
Project Management	167
Project Management Intermediate	19
Strategic Leadership, Management and Planning	35
Supervisory Practices for Junior Managers	79
Women in Management	24
TOTAL	**1781**

Basic Coverage of Core ICT systems

ICT has been recognised as a critical enabler of good service delivery. Modern ICT systems and innovations will play a central role in enabling various aspects of Healthcare 2030 including, inter-alia, the electronic integrated patient record that allows for the continuity of care and the life course profile of the patient being easily accessible to various service providers at all times, the availability of integrated information to management at all levels to efficiently and effectively make decisions, automated systems that reduce the manual workload on staff of data collection and reporting, and allow for the complex manipulation of vast amounts of data within the health service for effective monitoring and evaluation of the health service and patient outcomes and the easy availability of data for research purposes.

The Department has developed an IT vision that has been endorsed by the Top management of the Department. This is an important development in providing a coherent framework within which we develop our IT systems and projects to enable service delivery. It will be tabled with the provincial cabinet shortly. The Department is in the process of identifying priorities and developing a roadmap to start to give effect to the vision. Funds have been earmarked for this purpose.

The Department has made a decision to continue to roll out the basic IT systems in health to obtain optimal coverage amongst facilities. To date 98 per cent or 53 of WCG Health's 54 hospitals have a Hospital Information System that allows these hospitals to capture patient related data such as demographics and administrative data, including the billing details in order to aid patients to receive information about their amounts due to the department for timeous payments. The Department is also incrementally building enhancements to the hospital system that will enable bed status functionality and electronic discharge summaries of patients that can be communicated to the receiving facilities for follow up.

WCG Health has further implemented information systems such as the home grown PHCIS and eKapa to all fixed Primary Healthcare facilities. JAC Pharmacy system has also been implemented at 98 facilities to make the pharmacy dispensing process seamless and ensure that stock count data of medicine is readily available as and when required. A process of implementing the Picture Archiving and Communication System and Radiology Information System (PACS / RIS) at

Central, Tertiary, Regional and District Hospitals to improve efficiencies in the diagnostic capability of the service is also underway. WCG Health has to date implemented 11 sites with PACS / RIS and 10 sites with PACS Only Solution.

All the above-mentioned systems record patient related data which includes demographics, appointments and important data about patients accessing WCG Health facilities. The PHCIS, PREHMIS which is the COCT information system, Clinicom, JAC Pharmacy system, the NHLS laboratory system are all connected through a unique patient number so that all the relevant patient data from these various systems can be accessed at any of the facilities on the network. This has major advantages for the improved clinical management of patients as well as information for management and research.

The referral and discharge processes are also key opportunities in the patient's journey where health care providers can contribute to continuity of care, as well the recording and capturing of vital information about the patient encounter, such as the ICD codes. The department has developed a standardised electronic continuity care record (eCCR) for discharging and referring patients from hospitals. This project was successfully piloted at 10 facilities in 2016/17 with further rollout to 43 hospitals and 187 clinics in 2017/18. This is seen as a key ICT opportunity to promote patient centred care.

The Emergency Medical Service (EMS) Business Solution has been implemented at all EMS stations and ambulances and has a state of the art computer aided dispatch system to improve efficiencies in the dispatch of ambulances, improve response time to incidents and improving the ability to find emergency incidents by making use of technological advances.

WCG Health has also implemented an Enterprise Content Management system in the clinical environment to improve access to electronic folders thereby decreasing patient waiting times and increasing collaboration of health care workers by making it easy to share critical clinical information electronically. The ECM has been implemented at Tygerberg, Khayelithsha, Mitchells Plain and George Hospitals as well as in the Forensic Pathology Service, and within certain functions at the Khayelitsha Sub-structure office and Head office.

As part of an ongoing process WCG Health is refreshing its IT equipment in order to ensure that it continues to support IT users with up to date technology. To date 3 390 computers have been replaced with 555 to be replaced in the 2017/18 financial year. In addition, Information Managements e-Waste initiative has been a critical part of the technology refresh. To date 3 950 computers have been disposed of via the eWaste initiative.

The Department is also developing a range of tools in Business Intelligence to access information to better manage the service. The initiative introduces a number of opportunities for the Department. These include improved continuity of care, more efficient care through less duplication of services and more timely information access, less reliance on any one source system and the ability to gradually refresh the source system environment while maintaining functionality, less vendor reliance, and improved internal expertise for managing internal development or external procurement of related services.

Create an Enabling Built environment

This strategic goal – specifically, Outcome 2.4: Build health facilities that are conducive to healing and service excellence at the same time being sustainable, flexible, energy efficient, environmentally friendly and affordable. This goal is being met through what is termed the 5Ls Agenda[1] as outlined in Healthcare 2030 – The Road to Wellness in line with:

- Long Life (Sustainability)
- Loose Fit (Flexibility and adaptability)
- Low Impact (Reduction of the carbon footprint)
- Luminous Healing Space (Enlightened Healing Environment)
- Lean Design and Construction (Collaborative and integrated)

During 2016/17 various capital projects were completed, most notable amongst these being:

- New Acute Psychiatric Unit at Paarl Hospital
- Renovations to the Historic Administrative Core at Valkenberg Hospital (Phase 1)
- New Piketberg Ambulance Station (replacement)
- Worcester Hospital Revitalisation (Phase 5, final phase)
- Upgrading of the Erica Hostel for the Worcester Nurse College

1 Sir Alex Gordon RIBA President coined the 3Ls Agenda – Low Energy, Loose Fit, and Long Life – in 1971

The following are the most significant Scheduled Maintenance projects completed in 2016/17:

- Bellville – Karl Bremer Hospital – Replacement of air handling units, Pharmacy upgrade, and General Repairs
- Bonteheuwel – Vanguard Drive Clinic – Main Entrance refurshished
- Brooklyn Chest TB Hospital – General Repairs
- Green Point – New Somerset Hospital – Main building area – Replacement of transformers and provision of Uninterruptible Power Source (UPS)
- Gugulethu MOU – Electrical and Fire Detection Upgrade
- Hanover Park CHC – General Repairs of Electrical and Mechanical installations
- Parow – Tygerberg Hospital – Replace Chillers and Resurfacing Roads (Phase 1)
- Paarl – Klein Drakenstein Clinic – General Repairs
- Robertson – Bergsig Clinic – General Repairs
- Piketberg – Radie Kotze Hospital – Acute Psychiatric Unit Upgrade
- Stellenbosch – Idas Valley Clinic – General Repairs
- Velddrift Clinic – General Repairs
- Vredendal Hospital – Replacement of fencing
- Wynberg – Victoria Hospital – General maintenance and fire compliance

The most notable Health Technology projects completed and funded through the Health Facility Revitalisation Grant (HFRG) during this period are:

- Brewelskloof Hospital – Radiology – Upgrade of PACS / RIS
- Groote Schuur Hospital – Radiography upgrade and anaesthetic machines
- Karl Bremer Hospital – PACS / RIS
- Khayelitsha Hospital – PACS / RIS
- Khayelitsha Hospital – Health Care Risk Waste Management equipment
- Lentegeur Hospital – Conference Centre
- Mitchell's Plain Hospital – PACS / RIS
- Oudtshoorn Hospital – Digital X-Ray system
- Paarl Hospital – Acute Psychiatric Unit
- Riviersonderend Clinic – HT for various upgraded areas
- Valkenberg Hospital – Historic Administrative Core (Phase 1)
- Velddrift Clinic – HT for extensions and various upgraded areas
- Vredendal Hospital – EC, Calming Room, Opthalmology Room and clinical areas
- Worcester Hospital Revitalisation (Phase 5, final phase)
- Upgrading of the Erica Hostel for the Worcester Nurse College

Unqualified Audit

Over the past 12 years the department has managed to establish a track record for unqualified financial statements, which it hopes to continue during 2016/17. The financial management systems employed have been continually refined and improved over the years. The under expenditure in the 2016/17 financial year was about 0,33 per cent of the budget. To achieve this result, in view of the budget challenge, the department had to initiate saving initiatives and maintain fiscal discipline.

Performance Information by Programme

The activities of Department are organised in the following budget programmes:

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

Where indicated expenditure figures were converted to the values of the latest audited year at the time when planned targets were set in the APP, which is the year 2014/15 for the 2016/17 APP. The purpose is to be able to compare the reported costs from year to year.

The Department provides a demand driven service which is affected by a multitude of variables influencing the health seeking behaviour of the public. It is therefore not possible for the Department to predict with 100 per cent certainty the likely demand for health care services and consequently the targets for service driven performance indicators. As a result, the Department has opted to accept a marginal deviation of 5 per cent as having achieved the target.

Programme 1: Administration

Purpose

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

Sub-Programmes

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 regions and institutions within the Department.

To make limited provision for maintenance and accommodation needs.

Strategic Objectives

- Promote efficient use of financial resources
- Develop and implement a comprehensive Human Resource Plan
- Transform organisational culture

Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation	Comment On Deviation
Strategic Objective: Promote efficient use of financial resources				
Indicator: Percentage of the annual equitable share budget allocation spent				
98.6%	100.0%	99.6%	0.4%	A marginal deviation from the performance target is considered by the Department as having achieved the target.
N: 13 735 431 000	N: 14 801 115 000	N: 14 831 612 000	N: (30 497 000)	
D: 13 928 107 000	D: 14 801 115 000	D: 14 897 973 000	D: (96 858 000)	
Strategic Objective: Develop and implement a comprehensive Human Resource Plan				
Indicator: Timeous submission of a Human Resource Plan for 2015 – 2019 to DPSA				
Yes	Yes	Yes	None	Target achieved.
Strategic Objective: Transform the Organisational Culture				
Indicator: Cultural entropy level for WCG: Health				
20.9%	Survey conducted every 2nd year		None	Not required to report in the 2016/17 financial year as a Barret Survey is conducted every second/alternate year. Previous survey was conducted in 2015/16.
N: 15 261				
D: 72 980				
Indicator: Number of value matches in the Barrett survey				
3	Survey conducted every 2nd year		None	Not required to report in the 2016/17 financial year as a Barret Survey is conducted every second/alternate year. Previous survey was conducted in 2015/16.

Performance Indicators

Programme 1: Administration					
Actual Achievement 2013/14	**Actual Achievement 2014/15**	**Actual Achievement 2015/16**	**Planned Target 2016/17**	**Actual Achievement 2016/17**	**Deviation**
Sector Specific Indicators					
Indicator: Audit opinion from Auditor-General of South Africa					
Unqualified	Unqualified	Unqualified	Unqualified	Unqualified	None
Comment On Deviation Target achieved.					
Indicator: Percentage of hospitals with broadband access					
New indicator		48.1% N: 26 D: 54	46.3% N: 25 D: 54	69.2% N: 37 D: 54	22.9% N: 12 D: 0
Comment On Deviation Target exceeded. More hospitals were rolled out with broadband access of minimum 2 Mbps than anticipated during the financial year. This was due to conservative target setting based on challenges experienced during the previous financial year. However, with the Premier's "game changer" initiative, performance has improved significantly.					
Indicator: Percentage of fixed PHC facilities with broadband access					
New indicator		61.4% N: 172 D: 280	25.3% N: 70 D: 277	84.2% N: 230 D: 273	58.9% N: 160 D: (4)
Comment On Deviation Target exceeded. However, this is due to a combination of incorrect target set in the Annual Performance Plan (APP) as well as more fixed PHC facilities that were rolled out with broadband access of minimum 512 Kbps than anticipated during the financial year. There was conservative target setting based on challenges experienced during the previous financial year, but with the Premier's "game changer" initiative, in collaboration with the fast tracking of projects by the City of Cape Town (CoCT) and the Director-General's office, performance has improved significantly.					
Additional Provincial Indicators					
Indicator: Percentage of selected pharmacies where JAC roll-out has been completed					
New indicator		86.0% N: 86 D: 100	96.0% N: 96 D: 100	98.0% N: 98 D: 100	2.0% N: 2 D: 0
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target					

Strategies to Overcome Under-Performance

No strategies were required, as there was no under-performance during the financial year that required intervention.

Changes to Planned Targets

None

Link Performance with Budgets

The under-spending in programme 1 was mainly due to lower spending on advertising, as well as savings achieved against SITA computer related services.

Sub-Programme	2016/2017			2015/2016		
	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	7 596	6 935	661	7 062	6 208	854
Management	639 989	628 839	11 150	673 373	607 933	65 440
TOTAL	**647 585**	**635 774**	**11 811**	**680 435**	**614 141**	**66 294**

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-Programmes

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/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

Note: Tuberculosis (TB) hospitals are funded from Programme 4.2 but are managed as part of the District Health System (DHS) and are the responsibility of the district directors. The narrative and tables for TB hospitals are in Sub-programme 4.2.

District Health Services

Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

Performance on District Health Services targets are set out below.

Strategic Objectives

No provincial strategic objectives specified for District Health Services

Performance Indicators

District Health Services					
Actual Achievement 2013/14	**Actual Achievement 2014/15**	**Actual Achievement 2015/16**	**Planned Target 2016/17**	**Actual Achievement 2016/17**	**Deviation**
Sector Specific Indicators					
Indicator: Number of districts piloting NHI interventions					
These elements were removed from the final format for Annual Performance Plans of Provincial Departments of Health for MTEF 2016/17 – 2018/19, dated 19 February 2016. (Ref page 59 of APP 16-17.)					
Indicator: Establish NHI consultation fora					
These elements were removed from the final format for Annual Performance Plans of Provincial Departments of Health for MTEF 2016/17 – 2018/19, dated 19 February 2016. (Ref page 59 of APP 16-17.)					
Indicator: Percentage of fixed PHC facilities scoring above 70% on the ideal clinic dashboard					
New indicator			14.6%	43.1%	28.5%
			N: 24	N: 81	N: 57
			D: 165	D: 188	D: 23
Comment On Deviation This was a new indicator, a modest target was set, and performance exceeded expectations because of a strong focus on service quality across all levels of management					
Indicator: Client satisfaction survey rate (PHC facilities)					
New indicator		59.6%	84.4%	97.4%	13.0%
		N: 167	N: 228	N: 266	N: 38
		D: 280	D: 270	D: 273	D: 3
Comment On Deviation Increased participation by City of Cape Town facilities has improved performance above expectation					
Indicator: Client satisfaction rate (PHC facilities)					
New indicator	81.7%	84.5%	81.6%	82.9%	1.3%
	N: 38 510	N: 35 521	N: 53 550	N: 45 065	N: (8 485)
	D: 47 120	D: 42 051	D: 65 589	D: 54 350	D: (11 239)
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target.					
Indicator: OHH registration visit coverage (annualised)					
Not applicable to the Western Cape.					
Indicator: Number of districts with fully fledged district clinical specialists' teams (DCSTs)					
Not applicable to the Western Cape.					
Indicator: PHC utilisation rate (annualised)					
2.4	2.3	2.3	2.3	2.3	0
N: 14 336 969	N: 14 250 244	N: 14 150 180	N: 14 409 207	N: 14 413 350	N: 4 143
D: 5 998 164	D: 6 130 791	D: 6 245 836	D: 6 362 257	D: 6 362 257	D: 0
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target.					
Indicator: Complaint resolution rate (PHC facilities)					
New Indicator		96.5%	92.4%	98.1%	5.8%
		N: 3 371	N: 2 663	N: 3 320	N: 657
		D: 3 492	D: 2 883	D: 3 383	D: 500
Comment On Deviation A positive performance as a result of improved Quality Assurance process through the year.					

Indicator: Complaint resolution within 25 working days rate (PHC facilities)					
87.0%	96.2%	95.5%	95.3%	95.6%	0.4%
N: 1 354	N: 2 600	N: 3 220	N: 2 537	N: 3 175	N: 638
D: 1 557	D: 2 702	D: 3 371	D: 2 663	D: 3 320	D: 657
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target.					

Additional Provincial Indicators					
Indicator: PHC utilisation rate under 5 years (annualised)					
3.82	4.0	4.0	4.1	4.1	0
N: 2 147 046	N: 2 123 134	N: 2 108 253	N: 2 104 555	N: 2 149 814	N:45 259
D: 562 219	D: 528 578	D: 523 745	D: 518 727	D: 518 727	D: 0
Comment On Deviation 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 a health service. The Department therefore considers the marginal deviation as having achieved the target.					
Indicator: Provincial PHC expenditure per uninsured person in 2014/15 Rand[1]					
New indicator	R573	R 598	R632	R632	R0
	N: 2 628 024 431	N: 2 793 841 067	N: 3 007 467 932	N: 3 008 376 737	N: (908 805)
	D: 4 585 791	D: 4 671 844	D: 4 758 926	D: 4 758 926	D: 0
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target.					
Indicator: Provincial PHC expenditure per uninsured person					
R 511	R 657	R 701	R750	R750	R0
N: 2 393 395 790	N: 3 013 693 387	N: 3 273 471 701	N: 3 568 751 000	N: 3 569 829 415	N: (1 078 415)
D: 4 679 521	D: 4 585 791	D: 4 671 844	D: 4 758 926	D: 4 758 926	D: 0
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target.					
Notes					
1. For the years 2014/15 and 2015/16, the expenditure per PDE is not in 2014/15 Rands.					

Strategies to Overcome Under-Performance

There were no under performances in this section.

Changes to Planned Targets

No targets were changed during this financial year for this section.

District Hospitals

Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

Performance on District Hospital targets and actions to address under performance are set out below.

Strategic Objectives

No provincial strategic objectives specified for District Health Services

Performance Indicators

District Hospitals					
Actual Achievement 2013/14	**Actual Achievement 2014/15**	**Actual Achievement 2015/16**	**Planned Target 2016/17**	**Actual Achievement 2016/17**	**Deviation**
Sector Specific Indicators					
Indicator: National core standards self-assessment rate (district hospitals)					
47.1%	64.7%	85.3%	100.0%	94.1%	(5.9%)
N: 16	N: 22	N: 29	N: 34	N: 32	N: (2)
D: 34	D: 34	D: 34	D: 34	D: 34	D: 0
Comment On Deviation Two facilities were assessed by the Office of Health Standards Compliance and could therefore not, by definition, count towards the numerator of this indicator.					
Indicator: Quality improvement plan after self-assessment (district hospitals)					
New Indicator		69.0%	97.1%	93.8%	(3.3%)
		N: 20	N: 33	N: 30	N: (3)
		D: 29	D: 34	D: 32	D: (2)
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target.					
Indicator: Percentage of hospitals compliant with all extreme and vital measures of the national core standards (district hospitals)					
New indicator	4.5%	0.0%	8.8%	0.0%	(8.8%)
	N: 1	N: 0	N: 3	N: 0	N: (3)
	D: 22	D: 29	D: 34	D: 32	D: (2)
Comment On Deviation The results of the NCS assessment reports are not necessarily a true reflection of the actual performance as there are technical errors in the reporting tool (webDHIS). These errors were registered with the National Department of Health but have not been corrected at the time of submission. Despite these errors, none of the WCG: Health hospitals are able to comply with the extreme and vital measures in their current format as a result of criteria that cannot be practically and/or ethically implemented. Until the criteria are corrected, the department will continue to underperform on this indicator. These limitations have been registered with the National Department of Health and Office of Health Standards Compliance. The department is however committed to continuous quality improvement and strives to meet achievable criteria for increasing compliance with the National Core Standards.					
Indicator: Client satisfaction survey rate (district hospitals)					
New Indicator		85.3%	100.0%	100%	0%
		N: 29	N: 34	N: 34	N: 0
		D: 34	D: 34	D: 34	D: 0
Comment On Deviation Target achieved.					
Indicator: Client satisfaction rate (district hospitals)					
New indicator	87.6%	88.9%	88.9%	87.3%	(1.6%)
	N: 6 631	N: 9 024	N: 9 912	N: 8 892	N: (1 020)
	D: 7 568	D: 10 155	D: 11 145	D: 10 182	D: (963)
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target.					

Indicator: Average length of stay (district hospitals)					
3.2 days	3.2 days	3.3 days	3.3 days	3.2 days	0.1 days
N: 863 755	N: 908 493	N: 931 177	N: 964 941	N: 909 891	N: 55 050
D: 271 963	D: 287 071	D: 281 849	D: 294 815	D: 280 580	D: 14 235
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target.					
Indicator: Inpatient bed utilisation rate (district hospitals)					
88.7%	89.4%	87.5%	90.4%	84.8%	(5.6%).
N: 863 755	N: 908 493	N: 931 177	N: 964 941	N: 909 891	N: (55 050)
D: 973 562	D: 1 016 119	D: 1 063 909	D: 1 067 742	D: 1 072 731	D: 4 989
Comment On Deviation The diarrhoea and pneumonia seasons were less severe than in previous seasons, resulting in fewer admissions and thus a lower than expected bed utilisation rate. Primary and secondary prevention strategies contributed to this achievement.					
Indicator: Expenditure per PDE (district hospitals)					
R 1506	R 1 838	R 1 954	R 2 015	R2 139	(R124)
N: 1 951 461 161	N: 2 512 440 894	N: 2 731 832 162	N: 2 872 373 000	N: 2 923 677 427	N: (51 304 427)
D: 1 296 142	D: 1 366 684	D: 1 397 974	D: 1 425 461	D: 1 366 830	D: 58 631
Comment On Deviation Improved administrative processes and data reconciliation, improved the reliability of the data and more accurately reflecting patient throughput at District Hospitals. Furthermore start-up costs at various hospitals resulted in a higher than expected expenditure. These relate to the commissioning, and planned commissioning of additional services at Karl Bremer Hospital (Emergency Centre), Wesfleur Hospital (Emergency Centre), Eerste River Hospital (New Ward and new store), Helderberg Hospital (new overnight ward – Emergency Centre expansion).					
Indicator: Complaint resolution rate (district hospitals)					
New Indicator		93.1%	93.2%	99.4%	6.2%
		N: 1 763	N: 1 516	N: 1 661	N: 145
		D: 1 894	D: 1 627	D: 1 671	D: 44
Comment On Deviation A strong focus on service quality and improving the patient experience resulted in this improved performance.					
Indicator: Complaint resolution within 25 working days rate (district hospitals)					
85.0%	90.1%	90.2%	92.4%	90.4%	(2.0%)
N: 883	N: 1 192	N: 1 590	N: 1 401	N: 1 501	N: 100
D: 1 039	D: 1 323	D: 1 763	D: 1 516	D: 1 661	D: 145
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target.					
Additional Provincial Indicators					
Indicator: Expenditure in PDE in 2014/15 Rand (district hospitals)[1]					
New indicator	R 1 603	R 1 668	R 1 698	R1 803	(R105)
	N:2 190 918 320	N: 2 331 562 802	N: 2 420 614 295	N: 2 463 849 707	N: (43 235 412)
	D: 1 366 684	D: 1 397 974	D: 1 425 461	D: 1 366 830	D: 58 631
Comment On Deviation Improved administrative processes and data reconciliation, improved the reliability of the data and more accurately reflecting patient throughput at District Hospitals.Furthermore, start-up costs at various hospitals resulted in a higher than expected expenditure. These relate to the commissioning, and planned commissioning of additional services at Karl Bremer Hospital (Emergency Centre), Wesfleur Hospital (Emergency Centre), Eerste River Hospital (New Ward and new store), Helderberg Hospital (new overnight ward – Emergency Centre expansion).					

Indicator: Mortality and morbidity review rate (district hospitals)					
93.8%	86.5%	78.0%	80.4%	88.0%	7.6%
N: 319	N: 294	N: 301	N: 328	N: 359	N: 31
D: 340	D: 340	D: 386	D: 408	D: 408	D: 0
Comment On Deviation A strong focus on service quality and improving the patient experience resulted in this positive performance.					
Notes					
1. For the years 2014/15 and 2015/16, the expenditure per PDE is not in 2014/15 Rands.					

Strategies to Overcome Under-Performance

We will await a response from the National Department of Health and Office of Health Standards Compliance on technical errors in the reporting tool (webDHIS) and the criteria that cannot be practically and/or ethically implemented. We will then respond accordingly to improve performance on compliance with national core standards.

The definition of national core standards assessment rate needs to take into account that hospitals assessed by the Office of Health Standards Compliance do not need to do a self-assessment. This will be taken up with the National Department of Health

Changes to Planned Targets

No targets were changed during this financial year for this section.

HIV/AIDS, STIs & Tuberculosis (HAST)

Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

The 90 90 90 strategy has been adopted by the Department to address the TB and HIV/AIDS epidemics. Performance on HAST targets and actions to address under performance are set out below.

Strategic Objectives

- Improve the TB programme success rate
- Improve the proportion of ART clients who remain in care

Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation	Comment On Deviation
Strategic Objective: Improve the TB programme success rate				
Indicator: TB programme success rate				
82.3%	83.7%	80.4%	(3.3%)	A marginal deviation from the performance target is considered by the Department as having achieved the target
N: 35 756	N: 37 344	N:34 651	N: (2 693)	
D: 43 445	D: 44 628	D:43 099	D: (1 529)	
Strategic Objective: Improve the proportion of ART clients who remain in care				
Indicator: ART retention in care after 12 months				
68.9%	74.8%	72.2%	(2.6%)	A marginal deviation from the performance target is considered by the Department as having achieved the target
N: 24 586	N: 27 705	N: 33 307	N: 5 602	
D: 35 683	D: 37 046	D: 46 120	D: 9 074	
Indicator: ART retention in care after 48 months				
57.3%	63.4%	60.7%	(2.7%)	A marginal deviation from the performance target is considered by the Department as having achieved the target
N: 13 073	N: 17 091	N: 19 700	N: 2 609	
D: 22 809	D: 26 963	D: 32 455	D: 5 492	

Performance Indicators

HIV/AIDS, STIs & Tuberculosis (HAST)					
Actual Achievement 2013/14	**Actual Achievement 2014/15**	**Actual Achievement 2015/16**	**Planned Target 2016/17**	**Actual Achievement 2016/17**	**Deviation**
Sector Specific Indicators					
Indicator: Total adults remaining on ART					
149 052	172 856	195 661	214 978	222 876	7 898
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target .					
Indicator: Total children remaining on ART					
7 651	7 913	7 904	8 521	8 055	(466)
Comment On Deviation The ongoing success of the PMTCT program has contributed to less children requiring ART than projected.					
Indicator: TB/HIV co-infected client on ART rate					
New indicator			88.3%	89.6%	1.3%
			N: 15 574	N: 14 902	N: (672)
			D: 17 639	D: 16 637	D: (1 002)
Comment On Deviation 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 a health service.					
Indicator: Client tested for HIV (including ANC)					
New Indicator		1 384 563	1 247 532	1 379 375	131 843
Comment On Deviation There has been an emphasis on infectious disease screening at PHC level, resulting in better than planned HIV and TB screening performance					
Indicator: TB symptom 5 years and older screened rate					
New Indicator		16.4%	14.6%	30.5%	15.9%
		N: 1 971 968	N: 1 779 657	N: 3 736 391	N:1 956 734
		D: 12 041 927	D: 12 199 694	D: 12 263 536	D: 63 842
Comment On Deviation There has been an emphasis on infectious disease screening at PHC level, resulting in better than planned HIV and TB screening performance					
Indicator: Male condom distribution rate (annualised)					
59.3	55.7	50.2	42.9	48.9	6.0
N: 127 606 318	N: 123 416 309	N: 114 157 641	N: 100 000 000[1]	N: 113 913 868	N: 13 913 868
D: 2 152 485	D: 2 216 129	D: 2 272 522	D: 2 330 401	D: 2 330 401	D: 0
Comment On Deviation The complexity of setting the target for 16/17 was complicated by a number of factors, namely uncertainty regarding the integrity of the historical data used as the baseline, fluctuating and uncertain donation stock and a certain percentage stock in facilities at year start brought forward and at year end carried over that is not monitored centrally. In addition, the budget was also affected by the exit of the Global Fund, unfulfilled promised donations and no additional funding in the conditional grant. Management therefore adjusted the target to align with the NDOH target and related budget. The adjustment was made in October 2016 in anticipation of reduced performance.					
Indicator: Medical male circumcision performed - total					
New indicator	15 498	13 310	23 560[2]	11 687	(11 873)
Comment On Deviation Poor performance due to lack of social marketing, minimal buy-in from target population, loss of partner organisations in rural areas and over-ambitious targets in general.					
Indicator: TB new client treatment success rate					
87.1%	82.7%	84.4%	86.0%	83.5%	(2.5%)
N: 11 860	N: 37 049	N: 10 657	N: 11 011	N: 10 393	N: (618)
D: 13 614	D: 44 805	D: 12 631	D: 12 796	D: 12 452	D: (344)
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target					

Indicator: TB client lost to follow up rate					
7.5%	8.3%	9.0%	7.9%	9.6%	(1.7%)
N: 1 025	N: 1 086	N: 1 134	N: 1 012	N: 1 195	N: (183)
D: 13 614	D: 13 006	D: 12 631	D: 12 796	D: 12 452	D: 343
Comment On Deviation TB is recognised as a disease whose origins lie in poor socio-economic conditions, which are arguably worsening. TB disproportionately affects the poorest strata of society. High rates of unemployment, substance abuse and migration contribute to the difficulty in maintaining such patients in care. This is further hampered by the operational difficulty of retrieving patients who've been identified as lost to care. Seasonal workers pose a particular challenge.					
Indicator: TB death rate					
New Indicator		2.6%	2.7%	3.0%	(0.3%)
		N: 331	N: 343	N: 368	N: (25)
		D: 12 631	D: 12 796	D: 12 452	D: 344
Comment On Deviation HIV positive people are at much higher risk of death due to TB, even if on ART. In addition, the comments related to lost to follow up rate, above, are also applicable to this indicator.					
Indicator: TB MDR confirmed treatment initiation rate					
Not required to report	-	76.6%	84.2%	66.7%	(17.5%)
	N: 1 063	N: 1 002	N: 1 207	N: 940	N: 267
	D[3]	D: 1 308	D: 1 433	D: 1 409	D: 24
Comment On Deviation MDR TB outcomes are recorded and monitored in an electronic database. Definitions of patient categories were changed, by the National Department of Health, to more stringent criteria, between this year and last year. Unfortunately, the target was set based on last year's definitions. If those definitions are used, the initiation rate improves to 80%.					
Indicator: TB MDR treatment success rate					
New Indicator		39.4%	44.3%	44.6%	0.3%
		N: 604	N: 587	N: 738	N: 151
		D: 1 532	D: 1 326	D: 1 653	D: 327
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target					
Notes 1. The target for male condoms was adjusted down from 107 105 693 to 100 000 000, to align with budget. 2. The target for medical male circumcisions was adjusted down from 33 741 to 23 560, by agreement with the NDoH, to align with the business plan funding and target. 3. Data system to be established with NHLS for the TB MDR confirmed treatment initiation rate, denominator.					

Strategies to Overcome Under-Performance

For medical male circumcisions, less ambitious targets have been set and the assistance of partner organisations (non-profit organisations) has been enlisted to assist with motivating the choice of circumcision and improve performance.

There will be an increased focus on ensuring that patients with MDR TB eligible to be put on treatment are followed up.

TB loss to follow up rate and TB death rate – the Department is engaged in inter-sectoral activities to address upstream factors influencing these performance indicators.

Changes to Planned Targets

The target for condoms was adjusted down from 107 105 693 to 100 000 000, to align with budget.

Male medical circumcisions: There was a mid-year adjustment to target from 33 741 to 23 560, by agreement with the NDoH, to align with business plan funding and target.

Maternal, Child & Women's Health (MCWH) & Nutrition

Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

It is not possible to predict with complete accuracy the number of children under-5 that will die in a given year, nor the number of children that will be born in a given year. This indicator's performance is regarded as being in line with the set target (A rate per 1000 that is only 1 more than predicted, but an absolute reduction in deaths of about 60). The Department is thus satisfied with current performance.

Strategic Objectives

Reduce mortality in children under 5 years

Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation	Comment On Deviation
Strategic Objective: Reduce mortality in children under 5 years				
Indicator: Under 5 mortality rate (Stats SA)				
23.8	22.7	22.1	0.6	A marginal deviation from the performance target is considered by the Department as having achieved the target
N: 2 309	N: 2 323	N: 2 167	N:156	
D: 97.074	D: 102.528	D: 98.292	D: (4.24)	

Performance Indicators

Maternal, Child & Women's Health (MCWH) & Nutrition					
Actual Achievement 2013/14	**Actual Achievement 2014/15**	**Actual Achievement 2015/16**	**Planned Target 2016/17**	**Actual Achievement 2016/17**	**Deviation**
Sector Specific Indicators					
Indicator: Antenatal 1st visit before 20 weeks rate					
61.0%	**65.8%**	**67.7%**	**66.9%**	**69.6%**	**2.7%**
N: 60 384	N: 64 604	N: 60 521	N: 64 101	N: 63 901	N: (200)
D: 99 069	D: 98 136	D: 89 431	D: 95 848	D: 91 849	D: (3 999)
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target.					
Indicator: Mother postnatal visit within 6 days rate					
New Indicator		**67.8%**	**77.4%**	**60.0%**	**(17.4%)**
		N: 63 971	N: 74 962	N: 54 816	N: (20 146)
		D: 94 342	D: 96 840	D: 91 322	D: (5 518)
Comment On Deviation The target was based on inaccurate data in the Metro due to double counting of postnatal visits. Recent efforts to correct these data has led to an apparent large decline in postnatal visits reported in the Metro. Community based services also perform follow up visits at home and these have not yet been incorporated into the data. Targets for next year are based on more reliable data. However, the Department notes that performance with corrected data is still not satisfactory.					

Indicator: Antenatal client initiated on ART rate				
New Indicator	**77.5%**	**77.2%**	**90.8%**	**13.7%**
	N: 6 070	N: 7 311	N: 7 009	N: (302)
	D: 7 834	D: 9 472	D: 7 715	D: (1 757)
Comment On Deviation Although an over performance, there have been challenges with the information system that records this indicator and further investigation is required to ensure reliability of reported performance.				
Indicator: Infant 1st PCR test positive around 10 weeks rate[1]				
New Indicator		**1.3%**	**0.8%**	**0.5%**
		N: 178	N: 95	N: 83
		D: 13 871	D: 12 013	D: (1 858)
Comment On Deviation Fewer children are testing positive because of a good PMTCT program. In addition, clinical guidelines changing the test from 6 weeks to 10 weeks may still be influencing the cohort and monitoring is ongoing. In addition, birth PCR are now performed routinely for high-risk children and those testing positive are not included in the numerator (0.9%, 117 pos/ 12 449 tested).				
Indicator: Immunisation coverage under 1 year (annualised)				
80.4%	**90.1%**	**88.8%**	**98.3%**	**79.9%**	**(18.4%)**
N: 89 202	N: 93 542	N: 89 942	N: 97 156	N: 78 933	N: (18 223)
D: 110 889	D: 103 781	D: 101 299	D: 98 837	D: 98 837	D: 0
Comment On Deviation National vaccine shortages and the deferring of vaccines scheduled after the measles vaccine, including those administered during the catch-up campaign, as the measles vaccine cannot be administered with other childhood vaccines, has resulted in some children only being fully immunised after turning 1 years old.					
Indicator: Measles 2nd dose coverage (annualised)					
New Indicator	**85.9%**	**79.9%**	**91.1%**	**11.3%**	
	N: 88 873	N: 81 405	N: 92 898	N: 11 493	
	D: 103 498	D: 101 918	D: 101 918	D: 0	
Comment On Deviation Immunisation age for measles second dose changed from 18 months to 12 months thereby increasing the number of children eligible for this immunisation. Thus an above average performance has been experienced but it is expected that this will decrease as the new schedule stabilises. Measles 2nd dose reports on doses administered to children aged 12-23 month					
Indicator: DTaP-IPV/Hib 3 – Measles 1st dose dropout rate					
New Indicator	**(11.7%)**	**2.6%**	**(13.8%)**	**(16.4%)**	
	N: (11 529)	N: 2 626	N: (11 506)	N: (14 132)	
	D: 98 720	D: 101 167	D: 83 132	D: (18 035)	
Comment On Deviation Performance initially impacted by clinical guideline changes for the provision of measles 1st dose (from 9months to 6 months), and later by Hexavalent shortage (denominator) A transcription error for the numerator in target setting has resulted in a greater disparity between performance and planned targets (should align with Measles 1st dose indicator below, 99 870). The overall target would have been 1.3% resulting in a lower (15.1%) deviation. Validation checks will be implemented in our target setting tool going forward.					
Indicator: Child under 5 years diarrhoea case fatality rate					
New indicator	**0.2%**	**0.1%**	**0.2%**	**0.2%**	**(0.0%)**
	N: 12	N: 13	N: 13	N: 17	N: (4)
	D: 7 704	D: 8 685	D: 8 113	D: 6 992	D: 1 121
Comment On Deviation Diarrhoea, pneumonia and malnutrition are known to exist co-morbidly (along with HIV and TB). Therefore, despite fewer admissions, those who are being admitted are at higher risk for mortality. This is a possible indicator of poor, and worsening, social conditions amongst the most vulnerable.					
Indicator: Child under 5 years pneumonia case fatality rate					
New indicator	**0.4%**	**0.3%**	**0.3%**	**0.4%**	**(0.1%)**
	N: 32	N: 36	N: 33	N: 29	N: 4
	D: 7 445	D: 10 726	D: 11 014	D: 7 943	D: 3 071
Comment On Deviation Diarrhoea, pneumonia and malnutrition are known to exist co-morbidly (along with HIV and TB). Therefore, despite fewer admissions, those who are being admitted are at higher risk for mortality. This is a possible indicator of poor, and worsening, social conditions amongst the most vulnerable.					

Indicator: Child under 5 years severe acute malnutrition case fatality rate					
New indicator	**1.8%**	**0.9%**	**1.7%**	**0.6%**	**1.1%**
	N: 18	N: 11	N: 23	N: 5	N: 18
	D: 986	D: 1 254	D: 1 382	D: 841	D: 541
Comment On Deviation Given the worsening mortality for pneumonia and diarrhoea in children, it is heartening that mortality due to severe acute malnutrition was better than expected. It should be pointed out though that malnutrition co-exists with diseases such as pneumonia and diarrhoea and this indicator may not give the full picture of the state of malnutrition in the Province.					
Indicator: School grade 1 – learners screened[2]					
New indicator	**44 271**	**54 107**	**45 890**	**55 171**	**9 281**
Comment On Deviation Strengthening of the school health program (by addition of staff) has resulted in a better than expected performance.					

Indicator: School grade 8 – learners screened[2]					
New indicator	**439**	**7 657**	**7 845**	**9 364**	**1 519**
Comment On Deviation Strengthening of the school health program (by addition of staff) has resulted in a better than expected performance					
Indicator: Couple year protection rate (annualised)					
73.0%	**59.2%**	**58.9%**	**58.4%**	**57.2%**	**(1.2%)**
N: 1 072 570	N: 1 008 850	N: 1 020 105	N: 1 029 264	N: 1 008 848	N: (20 416)
D: 1 470 176	D: 1 704 472	D: 1 733 187	D: 1 762 676	D: 1 762 676	D: 0
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target					
Indicator: Cervical cancer screening coverage (annualised)					
63.6%	**57.2%**	**54.4%**	**57.6%**	**54.9%**	**(2.7%)**
N: 87 397	N: 89 162	N: 87 169	N: 94 881	N: 90 454	N: (4 427)
D: 137 341	D: 155 833	D: 160 334	D: 164 764	D: 164 764	D: 0
Comment On Deviation 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 a health service. The Department therefore considers the marginal deviation as having achieved the target.					
Indicator: HPV 1st dose[2]					
New Indicator	**33 644**	**33 537**	**33 613**	**36 182**	**2 569**
Comment On Deviation Performance better than expected due to improved planning.					
Indicator: HPV 2nd dose[2]					
New Indicator			**32 497**	**34 941**	**2 444**
Comment On Deviation Performance better than expected due to improved planning.					
Indicator: Vitamin A dose 12-59 months coverage (annualised)					
42.7%	**47.3%**	**47.3%**	**48.1%**	**50.7%**	**2.6%**
N: 378 972	N: 402 264	N: 399 480	N: 404 160	N: 425 757	N: 21 597
D: 887 562	D: 849 594	D: 844 892	D: 839 779	D: 839 779	D: 0
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target					
Indicator: Infant exclusively breastfed at HepB 3rd dose rate					
New Indicator			**28.2%**	**31.7%**	**3.5%**
			N: 28 533	N: 25 972	N: (2 561)
			D: 101 167	D: 81 884	D: (19 283)
Comment On Deviation HepB was previously administered separately however it is now a component of the Hexavalent vaccine. Hexavalent stock shortage (denominator) was a challenge, and instruction from National Department of Health was to only record whether exclusively breastfed at the time the child receives Hexavalent (HepB) 3rd dose. The over-performance is largely a result of a considerably reduced denominator.					

Indicator: Maternal mortality in facility ratio (annualised)					
68.6 per 100 000	**55.39 per 100 000**	**71 per 100 000**	**42 per 100 000**	**59 per 100 000**	**(17)**
N: 66	N: 54	N: 67	N: 41	N: 54	N: (13)
D: 0.96	D: 0.975	D: 0.949	D: 0.969	D: 0.918	D: 0.051
Comment On Deviation An overly ambitious target was set. There was nevertheless a 19% reduction compared to the previous year's number of deaths.					

Indicator: Inpatient early neonatal death rate				
New Indicator	**4 per 1000**	**5 per 1000**	**7 per 1000**	**(2)**
	N: 421	N: 500	N: 656	N: (156)
	D: 94.855	D: 96.909	D: 91.798	D: (5.111)
Comment On Deviation Reporting has been expanded to reflect all neonatal deaths in facility and not just in the MOU. Thus, higher numbers of neonatal deaths are reported because of this expanded reporting mechanism rather than an actual increase in neonatal death				

Additional Provincial Indicators					
Indicator: Measles 1st dose under 1-year coverage (annualised)					
83.6%	**93.3%**	**108.8%**	**101.0%**	**95.8%**	**(5.3%)**
N: 92 674	N: 96 806	N: 110 249	N: 99 870	N: 94 638	N: (5 232)
D: 110 889	D: 103 781	D: 101 299	D: 98 837	D: 98 837	D: 0
Comment On Deviation A vaccine shortage in the middle of the year and a catch-up campaign in the final quarter influenced the number of children vaccinated in health facilities. The vaccinations given during that campaign were provided in the community and do not feature in these numbers (35 624, ages 6-11mnths).					
Indicator: Pneumococcal vaccine (PCV) 3rd dose coverage (annualised)					
82.9%	**92.8%**	**92.4%**	**100.6%**	**85.8%**	**(14.8%)**
N: 91 952	N: 96 296	N: 93 593	N: 99 422	N: 84 766	N: (14 656)
D: 110 889	D: 103 781	D: 101 299	D: 98 837	D: 98 837	D: 0
Comment On Deviation Vaccines shortages of other vaccines have negatively affected the administration of these specific vaccines					
Indicator: Rotavirus (RV) 2nd dose coverage (annualised)					
83.6%	**94.4%**	**95.6%**	**102.0%**	**90.8%**	**(11.2%)**
N: 92 665	N: 97 956	N: 96 825	N: 100 768	N: 89 735	N: (11 033)
D: 110 889	D: 103 781	D: 101 299	D: 98 837	D: 98 837	D: 0
Comment On Deviation Vaccines shortages of other vaccines have negatively affected the administration of these specific vaccines.					
Notes					
1. This indicator was previously reported at 6 weeks, due to different clinical guidelines 2. Prior to 2016/17, these indicators were reported as percentages, with numerators and denominators.					

Strategies to Overcome Under-Performance

With respect to postnatal visits within six days, targets for next year are based on more reliable data.

Antenatal clients on antiretroviral treatment: data systems will be investigated to improve data quality.

Immunised fully under 1 year and dropout rate from DPT3 to measles first dose were affected by vaccine shortages – vaccine supplies have improved and it is hoped that the data in the next financial year will not be affected by such shortages.

Measles first and second dose – the effect of the change in schedule is now no longer expected to influence data trends. A further measles campaign is scheduled for July 2017 but the extent of the campaign will determine to what extent performance against targets will be affected – a target adjustment may be necessary.

Rotavirus and pneumococcal vaccine coverage were indirectly affected by vaccine shortages and the measles campaign. It is hoped that this will be limited in the next year.

Maternal mortality rate – a more realistic target has been set for the next financial year.

Diarrhoea, pneumonia and severe acute malnutrition performance indicators - the Department is engaged in inter-sectoral activities to address upstream factors influencing these performance indicators.

Changes to Planned Targets

Grade 1 and grade 8 screening and HPV first and second dose campaign targets were adjusted to only reflect the numerator and not the denominator to align with NDoH APP. The risk is the denominator is obtained from Department of Education.

A mid-year adjustment to Couple year protection rate was made, from 61.1per cent to 58.4 per cent. This reflects a change is a change in the numerator from 1 077 217 to 1 029 264.

Disease Prevention & Control

Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

Performance on Disease Prevention and Control targets are set out below.

Strategic Objectives

No provincial strategic objectives specified for District Health Services

Performance Indicators

Disease Prevention[1] & Control					
Actual Achievement 2013/14	**Actual Achievement 2014/15**	**Actual Achievement 2015/16**	**Planned Target 2016/17**	**Actual Achievement 2016/17**	**Deviation**
Sector Specific Indicators					
Indicator: Cataract surgery rate in uninsured population (annualised)					
New indicator	1 729	1 645	1 661	1 692	31
	N: 7 929	N: 7 684	N: 7 906	N: 8 050	N: 144
	D: 5	D: 4.672	D: 4.759	D: 4.759	D: 0
Comment On Deviation More surgeries performed than planned. 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 a health service. The Department therefore considers the marginal deviation as having achieved the target"					
Indicator: Malaria case fatality rate					
0.8%	1.6%	0.0%	2.3%	0.7%	1.6%
N: 1	N: 3	N: 0	N: 4	N: 1	N: 3
D: 123	D: 186	D: 110	D: 176	D: 139	D: 37
Comment On Deviation This is a nationally mandated indicator and cannot really be interpreted in the Western Cape. Malaria does not usually transmit in Mediterranean climates and all cases seen in this Province are imported from malaria-endemic areas of the North-Eastern parts of the country, and neighbouring territories. It is thus impossible to predict the number of expected cases.					
Notes					
1. The following prevention Indicators have been removed in accordance with the mid-year amendments as detailed in the FY2017/18 APP (see page 188): Client screened for hypertension, Client screened for diabetes, and Client screened for mental health.					

Strategies to Overcome Under-Performance

There were no underperformances in this section

Changes to Planned Targets

Targets for hypertension, diabetic and mental health screening were removed, on the advice of the AG.

Link Performance with Budgets

Compensation of employees

- Vacant funded posts were not always filled for the entire financial year due to recruitment and selection processes.
- Delays in the commissioning of new Community Day Centres e.g. Nomzamo and Du Noon Community Day Centres resulted in posts not filled for the entire financial year.
- National Health Insurance Grant: Not all Health Professionals (HP) sessions were filled from the beginning of the financial year; and all HP's could not be appointed on a Level 3 salary scale as budgeted for. The late filling of these positions also lead to reduced personnel related administrative expenditure.

Transfers and Subsidies

- The attrition rate of community care workers employed by Non-Profit Institutions (NPI) was extensively high.
- Delays in the procurement process for Social Impact Bonds for the provision of home and Community based Services to pregnant women and children in the 1st 1000 days of life, attributed to savings as this will only be implemented in the 2017/18 financial year.
- The late signing and implementation of the new Global Fund agreement attributed to under-expenditure in this regard.

Sub-Programme	2016/2017			2015/2016		
	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	344 875	344 875	-	316 842	317 524	(682)
Community Health Clinics	1 181 773	1 180 111	1 662	1 102 756	1 079 406	23 350
Community Health Centres	1 846 888	1 846 888	-	1 708 262	1 679 765	28 497
Community Based Services	197 956	197 956	-	193 090	196 777	(3 687)
Other Community Services	1	-	1	1	-	1
HIV and AIDS	1 389 104	1 387 801	1 303	1 209 001	1 208 872	129
Nutrition	47 060	47 060	-	40 320	41 305	(985)
Coroner Services	1	-	1	1	-	1
District Hospitals	2 928 243	2 928 243	-	2 732 261	2 735 939	(3 678)
Global Fund	35 172	20 503	14 669	99 347	93 292	6 055
TOTAL	**7 971 073**	**7 953 437**	**17 636**	**7 401 881**	**7 352 880**	**49 001**

Programme 3: Emergency Medical Services

Purpose

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

Sub-Programmes

Sub-programme 3.1: Emergency Medical Services

Rendering emergency medical services including ambulance services, rescue operations, communications and air ambulance services

Emergency medicine is reflected as a separate objective within Sub-programme 3.1: Emergency Medical Services

Sub-programme 3.2: Planned patient transport (PPT) – HealthNET

Rendering 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)

Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

Strategic Objectives

Ensure registration and licensing of ambulances as per the statutory requirements.

Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation	Comment On Deviation
Strategic Objective: Ensure registration and licensing of ambulances as per the statutory requirements.				
Indicator: Number of WCG: Health operational ambulances registered and licensed.				
New Indicator	248	246	(2)	A marginal deviation from the performance target is considered by the Department as having achieved the target.

Performance Indicators

Programme 3: Emergency Medical Services					
Actual Achievement 2013/14	Actual Achievement 2014/15	Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation
Sector Specific Indicators					
Indicator: EMS P1 urban response under 15 minutes rate					
70.9%	**61.0%**	**61.7%**	**67.0%**	**58.0%**	**(9.0%)**
N: 130 899	N: 112 100	N: 138 444	N: 92 894	N: 121 339	N: 28 445
D: 184 584	D: 183 694	D: 224 462	D: 138 648	D: 209 107	D: 70 459
Comment On Deviation This indicator included Inter Facility Transfer (IFT) response for Priority (P) 1 cases, which EMS currently targets at 30 minutes, but is reflected in this metric as under 15 minutes. Actual Emergency P1 under 15 minutes performance is 65.3% with IFT performance under 15 minutes at 36.4% and IFT performance under 30 minutes equalling 65.3%. The definition will be revised in the new financial year to accommodates the 30 minute target for IFT cases. Safety concerns resulted in delays to allow SAPS to accompany vehicles in the dangerous areas of the metro.					
Indicator: EMS P1 rural response under 40 minutes rate					
85.3%	**83.1%**	**80.6%**	**84.0%**	**79.0%**	**(5.0%)**
N: 25 234	N: 23 972	N: 15 713	N: 18 626	N: 13 874	N: (4 752)
D: 29 588	D: 28 844	D: 19 497	D: 22 174	D: 17 570	D: (4 604)
Comment On Deviation Rural response has remained similar to the previous Financial Year, but is still below target. Long distances and geographically diverse terrain remain a challenge in achieving this target.					
Indicator: EMS inter-facility transfer rate					
23.0%	**22.5%**	**40.4%**	**40.0%**	**39.8%**	**0.2%**
N: 169 450	N: 176 945	N: 210 116	N: 221 807	N: 203 699	N: 18 108
D: 739 981	D: 786 726	D: 520 113	D: 554 519	D: 512 256	D: 42 263
Comment On Deviation This represents a significant portion of overall workload due to Inter Facility Transfers. The workload, as a percentage of overall work, remains largely static, but given the longer times required to service IFTs, its impact on resource utilisation (and subsequently performance) is exaggerated.					

Additional Provincial Indicators					
Indicator: EMS operational ambulance coverage					
0.41	**0.40**	**0.37**	**0.40**	**0.35**	**(0.05)**
N: 248	N: 253	N: 228	N: 253	N: 226	N: (27)
D: 600	D: 613.079	D: 624.584	D: 636.226	D: 636	D: 0
Comment On Deviation A decision not to procure additional fleet to generate savings has resulted in a marginal reduction in fleet size. Fortunately, this could be mitigated through careful planning and coordination and thus has not had an impact on overall vehicles available to respond.					
Indicator: Rostered ambulances per 10 000 people					
0.28	**0.26**	**0.25**	**0.26**	**0.22**	**0.04**
N: 166	N: 158	N: 155	N: 165	N: 142	N: (23)
D: 600	D: 613.079	D: 625	D: 636.226	D: 636	D: 0
Comment On Deviation The rostered fleet remains on target and reflects the focus on staff retention and recruitment during the financial year, in order to maintain a suitable presence required for response. This has however required an increased dependency in overtime.					
Indicator: Total number of EMS emergency cases					
514 901	**515 237**	**520 113**	**554 519**	**512 256**	**42 263**
Comment On Deviation Total number of EMS cases is lower than the previous financial year.					
Indicator: EMS P1 call response under 60 minutes rate					
96.5%	**95.0%**	**96.1%**	**98.0%**	**94.7%**	**(3.3%)**
N: 206 626	N: 201 841	N: 234 439	N: 157 605	N: 214 611	N: 57 006
D: 214 172	D: 212 538	D: 243 959	D: 160 821	D: 226 677	D: 65 856
Comment On Deviation The marginal reduction in performance can predominantly be attributed to service challenges in the metropole, where safety concerns have increased mission times and hence relative fleet availability. The safety of EMS staff has become paramount and has seen a sustained effort and focus by all stakeholders concerned.					
Indicator: EMS all calls response under 60 minutes rate					
78.2%	**72.7%**	**66.5%**	**70.0%**	**66.1%**	**(3.9%)**
N: 482 035	N: 452 379	N: 474 329	N: 456 699	N: 460 718	N: 4 019
D: 616 645	D: 622 297	D: 713 144	D: 652 428	D: 696 530	D: 44 102
Comment On Deviation Similar to the previous FY performance, this target has not been achieved this FY. The high number of P2 cases competing for ambulance resources remains difficult to achieve.					

Strategies to Overcome Under-Performance

The question of safety within the Emergency Medical Services has assumed far greater importance than ever before and has seen a sustained effort and focus by all stakeholders concerned. It should be noted that these incidents of violence against our staff are symptomatic of deeper societal challenges within the communities we serve. As a result, the incidents are both sporadic and unpredictable, rendering them resistant to most initiatives. It is for this reason that the department, together with our colleagues from the department of Community Safety (DoCS), have embarked on an intensive engagement with various safety role-players and community forums. These engagements are aimed at fostering stronger and more collaborative efforts against these challenges. Some of these additional measures do compromise the response time of ambulances in high risk areas.

Continued discussion with the Department of Community Safety and SAPS is aimed at improving the safety of staff and ideally addressing root causes of "red zones" that are difficult to manage and respond to. EMS has started a dedicated "call back" desk to alert callers to the potential of delays in these areas, and whilst this does not improve response times per se, it does impact on client relationships, and tempers expectations when safety is a concern.

The review of how Planned Patient Transport operates within the metropole and its relationship to the inter-facility transport demand, should enable a far more efficient and effective operating model. In so doing it will assist in freeing up much needed capacity and allow ambulances to focus on meeting the demand for pre-hospital emergency medical care

Link Performance with Budgets

Sub-Programme	2016/2017			2015/2016		
	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	902 355	893 938	8 417	865 865	850 341	15 524
Planned Patient Transport	82 737	90 985	(8 248)	72 007	80 791	(8 784)
TOTAL	**985 092**	**984 923**	**169**	**937 872**	**931 132**	**6 740**

- Programme 3's annual expenditure reflects a saving of R169 000. Whilst the majority of planned savings were achieved in the previous financial year, focus was put on streamlining EMS operations and optimising the use of overtime to prevent any overspending. A strategic emphasis was placed on the recruitment of new staff within the budgetary envelope to reduce the need for unplanned overtime and improve consistency of the service.
- Sub-Programme 3.1: Emergency Transport shifted approximately R8.500 million to HealthNET in an effort to improve capacity within this service and improve waiting facilities for clients in rural areas.
- Sub-programme 3.2: Planned Patient Transport showed a reciprocal over-expenditure when compared to Sub-Programme 3.1: Emergency Transport under expenditure. This has been mostly in the allocation of human resources to further keep pace with growing demand and address capacity issues in some of the districts to ensure more equitable service delivery throughout the province.

Programme 4: Provincial Hospital Services

Purpose

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

Sub-Programmes

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 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 standardised multi-drug and extreme drug-resistant protocols.

Sub-programme 4.3: Psychiatric/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 & 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.

General (Regional) Hospitals

Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

The hospitals operated 1 393 beds as was reflected in the annual performance plan. The combined bed occupancy rate was 89.4 per cent reflecting the pressure on the health system. The patient satisfaction rate was measured at 93.0 per cent.

This sub-programme funded regional hospital services in New Somerset and Mowbray Maternity hospitals in the Cape Town Metro District, and Paarl, Worcester and George hospitals in the rural districts. The hospitals focused on the provision of general specialist services with continued outreach and support to district hospitals. George Hospital opened a new lodger's room for up to eight (8) mothers whose neonates are being cared for in the neonatal unit. Many of these mothers live in rural sub-districts with poor transport access to a hospital.

The Psychiatric unit was commissioned at Paarl Hospital during 2016 with 10 new beds opened, providing an excellent service in a newly built facility which has been rated as exceptional by the Mental Health Review Board.

Improving the quality, safety, equity and access to health services remained a key strategy for this sub-programme. The rising cost of healthcare remained a reality and managers implemented savings measures and strategies to target the areas of high cost and ensured that resources were equitably allocated to improve the overall value in the package of health care delivered.

The performance standards within the National Core Standards continue to be used to:

- Create reliable and comparative performance information to make informed decisions;
- Ensure hospital management teams are held accountable for the quality and efficiency of their performance; and
- Support quality improvement activities.

The increase from 1 389 Regional hospital beds from 2015/16 to 1 393 in 2016/17, is as follows:

- Paarl Hospital received additional 10 Psychiatric beds; and
- Worcester Hospital decreased with 6 Paediatric beds.

Strategic Objectives

Provide quality general / regional hospital services.

Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation	Comment On Deviation
Strategic Objective: Provide quality general / regional hospital services.				
Indicator: Actual (usable) beds in regional hospitals				
1389	**1393**	**1393**	**0**	Target achieved, zero deviation.

Performance Indicators

General (Regional) Hospitals

Actual Achievement 2013/14	Actual Achievement 2014/15	Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation
Sector Specific Indicators					
Indicator: National core standards self-assessment rate (regional hospitals)					
New Indicator	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**
	N: 5	N: 5	N: 5	N: 5	N: 0
	D: 5	D: 5	D: 5	D: 5	D: 0
Comment On Deviation Target achieved – no deviation.					
Indicator: Quality improvement plan after self-assessment rate (regional hospitals)					
New Indicator	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**
	N: 5	N: 5	N: 5	N: 5	N: 0
	D: 5	D: 5	D: 5	D: 5	D: 0
Comment On Deviation Target achieved – no deviation.					
Indicator: Percentage of hospitals compliant with all extreme and vital measures of the national core standards (regional hospitals)					
New Indicator	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**(100.0%)**
	N: 0	N: 0	N :5	N: 0	N: (5)
	D: 5	D: 5	D: 5	D: 5	D: 0
Comment On Deviation The results of the NCS assessment reports are not necessarily a true reflection of the actual performance as there are technical errors in the reporting tool (webDHIS). These errors were registered with the National Department of Health but have not been corrected at the time of submission. Despite these errors, none of the WCG: Health hospitals are able to comply with the extreme and vital measures in their current format as a result of criteria that cannot be practically and/or ethically implemented. Until the criteria are corrected, the department will continue to underperform on this indicator. These limitations have been registered with the NDOH and OHSC. The department is however committed to continuous quality improvement and strives to meet achievable criteria for increasing compliance with the National Core Standards.					
Indicator: Patient satisfaction survey rate (regional hospitals)					
New Indicator		**100.0%**	**100.0%**	**100.0%**	**0.0%**
		N: 5	N: 5	N: 5	N: 0
		D: 5	D: 5	D: 5	D: 0
Comment On Deviation Target achieved- no deviation.					
Indicator: Patient satisfaction rate (regional hospitals)					
89.2%	**89.5%**	**85.0%**	**91.9%**	**89.0%**	**(2.9%)**
N: 3 115	N: 2 579	N: 2 983	N: 2 850	N: 3 143	N: 293
D: 3 491	D: 2 883	D: 3 510	D: 3 100	D: 3 532	D: 432
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target.					

Indicator: Average length of stay (regional hospitals)					
3.7 days	**3.8 days**	**3.9 days**	**3.9 days**	**4.0 days**	**(0.1days)**
N: 438 392	N: 425 987	N: 451 758	N: 430 760	N: 454 770	N: (24 010)
D: 117 015	D: 112 650	D: 116 499	D: 110 560	D: 114 099	D: (3 539)
Comment On Deviation Target achieved – no deviation					
Indicator: Inpatient bed utilisation rate (regional hospitals)					
87.6%	**84.3%**	**89.1%**	**84.7%**	**89.4%**	**4.7%**
N: 438 392	N: 425 987	N: 451 758	N: 430 760	N:454 770	N:2 4010
D: 500 226	D: 505 337	D: 507 041	D: 508 501	D:508 501	D:0
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target.					
Indicator: Expenditure per patient day equivalent (PDE) (regional hospitals)					
R 2 046	**R 2 645**	**R 2 717**	**R 3 039**	**R 2 925**	R115
N: 1 179 437 376	N: 1 492 758 409	N: R 1 602 371 869	N: 1 729 614 000	N: 1 725 945 856	N: 3 668 144
D: 576 489	D: 564 442	D: 589 797.17	D: 569 078	D: 590 126	D: (21 048)
Comment On Deviation Patient day equivalents (PDE) 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 a health service. The expenditure per PDE was slightly less than anticipated.					
Indicator: Complaint resolution rate (regional hospitals)					
New Indicator		**100.0%**	**99.3%**	**99.3%**	0.0%
		N: 383	N: 303	N:293	N:(10)
		D: 383	D: 305	D:295	D: (10)
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target.					
Indicator: Complaint resolution within 25 working days rate (regional hospitals)					
91.57%	**93.6%**	**97.1%**	**98.3%**	**97.6%**	(0.7%)
N: 380	N: 294	N: 372	N: 298	N: 286	N: (12)
D: 415	D: 314	D: 383	D: 303	D: 293	D: (10)
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target.					
Additional Provincial Indicators					
Indicator: Expenditure per PDE in 2014/15 Rand (regional hospitals)					
R 2 046[1]	**R 2 306**	**R 2 319**[1]	**R 2 561**	**R2 465**	**R97**
N: 1 179 437 376	N: 1 301 726 840	N: 1 367 591 576	N: 1 457 585 200	N: 1 454 493 971	N: 30 991 229
D: 576 489	D: 564 442	D: 589 797	D: 569 078	D: 590 126	D: (21 048)
Comment On Deviation Patient day equivalents (PDE) 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 a health service. The expenditure per PDE was slightly less than anticipated.					
Indicator: Mortality and morbidity review rate (regional hospitals)					
133.5%	**104.7%**	**83.8%**	**83.3%**	**83.3%**	0.0%
N: 227	N: 178	N: 171	N: 170	N:170	N:0
D: 170	D: 170	D: 204	D: 204	D:204	D:0
Comment On Deviation Target achieved – no deviation					

Notes

1. For the years 2013/14 and 2015/16 the expenditure per PDE is not in 2014/15 Rands.

Strategies to Overcome Under-Performance
No material underperformance was recorded.

Changes to Planned Targets
No targets were changed during the financial year.

Tuberculosis Hospitals
Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

Strategic Objectives
Provide quality tuberculosis hospital services.

Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation	Comment On Deviation
Strategic Objective: Provide quality tuberculosis hospital services.				
Indicator: Actual (usable) beds in tuberculosis hospitals				
1026	**1026**	**1026**	**0**	Target achieved – no deviation

Performance Indicators

Tuberculosis Hospitals					
Actual Achievement 2013/14	**Actual Achievement 2014/15**	**Actual Achievement 2015/16**	**Planned Target 2016/17**	**Actual Achievement 2016/17**	**Deviation**
Sector Specific Indicators					
Indicator: National core standards self-assessment rate (TB hospitals)					
New Indicator	**66.7%**	**100.0%**	**83.3%**	**100.0%**	16.7%
	N: 4	N: 6	N: 5	N:6	N:1
	D: 6	D: 6	D: 6	D:6	D:0
Comment On Deviation All TB hospitals were successfully able to complete National Core Standards assessments this year.					
Indicator: Quality improvement plan after self-assessment rate (TB hospitals)					
New Indicator		**50.0%**	**100.0%**	**66.7%**	(33.3%)
		N: 3	N: 5	N:4	N: (1)
		D: 6	D: 5	D:6	D: 1
Comment On Deviation 2 hospitals did not manage to complete and sign off quality improvement plans. This will be brought to the hospital managers attention to address in the new year.					
Indicator: Percentage of hospitals compliant with all extreme and vital measures of the national core standards (TB hospitals)					
New Indicator	**0.0%**	**16.7%**	**0.0%**	**0.0%**	0.0%
	N: 0	N: 1	N: 0	N:0	N:0
	D: 4	D: 6	D: 5	D:6	D:1
Comment On Deviation The results of the NCS assessment reports are not necessarily a true reflection of the actual performance as there are technical errors in the reporting tool (webDHIS). These errors were registered with the National Department of Health but have not been corrected at the time of submission. Despite these errors, none of the WCG:Health hospitals are able to comply with the extreme and vital measures in their current format as a result of criteria that cannot be practically and/or ethically implemented. Until the criteria are corrected, the department will continue to underperform on this indicator. These limitations have been registered with the NDOH and OHSC. The department is however committed to continuous quality improvement and strives to meet achievable criteria for increasing compliance with the National Core Standards.					
Indicator: Patient satisfaction survey rate (TB hospitals)					
New Indicator	**100.0%**	**100.0%**	**100.0%**	**100.0%**	0.0%
	N: 6	N: 6	N: 6	N: 6	N: 0
	D: 6	D: 6	D: 6	D: 6	D: 0
Comment On Deviation Target achieved – no deviation					
Indicator: Patient satisfaction rate (TB hospitals)					
89.6%	**91.0%**	**92.0%**	**91.4%**	**95.0%**	3.7%
N: 398	N: 523	N: 447	N: 463	N: 441	N: (22)
D: 444	D: 575	D: 486	D: 507	D: 464	D: (43)

Comment On Deviation
A marginal deviation from the performance target is considered by the Department as having achieved the target

Indicator: Average length of stay (TB hospitals)					
73.7 days	**66.7 days**	**63.9 days**	**69.3 days**	**63.8 days**	**5.6 days**
N: 270 148	N: 271 847	N: 280 871	N: 283 800	N: 275 206	N:8 594
D: 3 664	D: 4 077	D: 4 395	D: 4 092	D:4 316	D: (224)

Comment On Deviation
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 a health service.

Indicator: Inpatient bed utilisation rate (TB hospitals)					
72.3%	**72.6%**	**75.0%**	**75.8%**	**73.5%**	(2.3%)
N: 270 148	N: 271 847	N: 280 871	N: 283 800	N: 275 206	N: (85 594)
D: 373 466	D: 374 531	D: 374 531	D: 374 531	D:374 531	D:0

Comment On Deviation
A marginal deviation from the performance target is considered by the Department as having achieved the target

Indicator: Expenditure per PDE (TB hospitals)					
R 729	**R 907**	**R 939**	**R 1 011**	**R1 042**	(R31)
N: 198 807 605	N: 249 138 376	N: 265 747 521	N: 289 269 000	N: 289 080 864	N: 188 136
D: 272 789	D: 274 719	D: 282 993	D: 286 048	D: 277 362	D: 8 686

Comment On Deviation
A marginal deviation from the performance target is considered by the Department as having achieved the target.

Indicator: Complaint resolution rate (TB hospitals)					
New Indicator	**100.0%**	**100.0%**	**100.0%**	0.0%	
	N: 46	N: 49	N:55	N:6	
	D: 46	D: 49	D:55	D:6	

Comment On Deviation
Target achieved – no deviation

Indicator: Complaint resolution within 25 working days rate (TB hospitals)					
100.0%	**100.0%**	**97.8%**	**100.0%**	**94.5%**	(5.5%)
N: 44	N: 44	N: 45	N: 49	N:52	N:3
D: 44	D: 44	D: 46	D: 49	D:55	D:6

Comment On Deviation
It is not always possible to resolve every complaint within the allotted time period.

Additional Provincial Indicators

Indicator: Expenditure per PDE in 2014/15 Rand (TB hospitals)					
R 729[1]	**R 835**	**R 801**[1]	**R 852**	**R878**	(R26)
N: 198 807 605	N: 229 349 445	N: 226 810 067	N: 243 773 589	N: 243 615 043	N:158 546
D: 272 789	D: 274 719	D: 282 993	D: 286 048	D: 277 362	D: 8 686

Comment On Deviation
A marginal deviation from the performance target is considered by the Department as having achieved the target.

Indicator: Mortality and morbidity review rate (TB hospitals)					
132.0%	**134.0%**	**88.9%**	**93.1%**	**95.8%**	2.7%
N: 66	N: 67	N: 64	N: 67	N:69	N:2
D: 50	D: 50	D: 72	D: 72	D:72	D:0

Comment On Deviation
A marginal deviation from the performance target is considered by the Department as having achieved the target

Notes

1. For the years 2013/14 and 2015/16 the expenditure per PDE is not in 2014/15 Rands.

Strategies to Overcome Under-Performance

TB hospital managers will be reminded of the need for the timeous submission of quality improvement plans

Changes to Planned Targets

No changes were made to targets for TB hospitals.

Psychiatric Hospitals

This sub-programme funded the four psychiatric hospitals, two sub-acute facilities and the Mental Health Review Board located in the Cape Town Metro District. These facilities supported the integration of mental health services into general care settings in line with the Mental Health Care Act 17 of 2002 and provided access to the full package of psychiatric hospital services. The four hospitals are Alexandra, Lentegeur, Stikland and Valkenberg. The sub-acute facilities are New Beginnings, supported by Stikland hospital and William Slater, supported by Valkenberg hospital.

Acute and chronic intellectual disability services for patients with intellectual disability and mental illness or severe challenging behaviour were provided at Lentegeur and Alexandra hospitals. Acute psychiatric services were provided at Lentegeur, Stikland and Valkenberg hospitals including a range of specialised therapeutic programmes. Forensic psychiatric services included observation services for awaiting trial prisoners at Valkenberg hospital only, and state patient services for people who have been found unfit to stand trial at Valkenberg and Lentegeur hospitals.

Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

The hospitals operated 1 700 beds as was reflected in the annual performance plan. The combined bed occupancy rate was 89.8 per cent reflecting the pressure on the acute psychiatric services. The patient satisfaction rate was measured at 89.0 per cent.

The acute adult psychiatric services remained under significant pressure as the year on year number of patients accessing the overall health service platform has increased.

An Out-patient assessment and treatment programme for children (neuro-developmental clinic) was implemented at Alexandra Hospital.

In 2016/17 the total number of Psychiatric hospital beds increased by 20 to 1 700, when compared to 2015/16. This is a result of the additional 20 Forensic beds allocated to Valkenberg Hospital.

The increase from 130 Stepdown beds in 2015/16 to 150 in 2016/17 was as a result of the opening of Lentegeur Hospital Intermediate Care facility with 20 stepdown beds.

Strategic Objectives

Provide quality psychiatric hospital services.

Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation	Comment On Deviation
Strategic Objective: Provide quality psychiatric hospital services				
Indicator: Actual (usable) beds in psychiatric hospitals				
1 680	**1 700**	**1 700**	**0**	Target achieved, zero deviation.
Indicator: Actual (usable) beds in step-down facilities				
130	**150**	**150**	**0**	Target achieved, zero deviation.

Performance Indicators

Psychiatric Hospitals					
Actual Achievement 2013/14	**Actual Achievement 2014/15**	**Actual Achievement 2015/16**	**Planned Target 2016/17**	**Actual Achievement 2016/17**	**Deviation**
Sector Specific Indicators					
Indicator: National core standards self-assessment rate (psychiatric hospitals)					
New Indicator	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**
	N: 4	N: 4	N: 4	N: 4	N: 0
	D: 4	D: 4	D: 4	D: 4	D: 0
Comment On Deviation Target achieved – no deviation					
Indicator: Quality improvement plan after self-assessment rate (psychiatric hospitals)					
New Indicator		**100.0%**	**100.0%**	**100.0%**	**0.0%**
		N: 4	N: 4	N: 4	N: 0
		D: 4	D: 4	D: 4	D: 0
Comment On Deviation Target achieved – no deviation					
Indicator: Percentage of hospitals compliant with all extreme and vital measures of the national core standards (psychiatric hospitals)					
New Indicator		**0%**	**100.0%**	**0.0%**	**(100.0%)**
		N: 0	N: 4	N: 0	N: (4)
		D: 4	D: 4	D:4	D: 0
Comment On Deviation The results of the NCS assessment reports are not necessarily a true reflection of the actual performance as there are technical errors in the reporting tool (webDHIS). These errors were registered with the National Department of Health but have not been corrected at the time of submission. Despite these errors, none of the WCG:Health hospitals are able to comply with the extreme and vital measures in their current format as a result of criteria that cannot be practically and/or ethically implemented. Until the criteria are corrected, the department will continue to underperform on this indicator. These limitations have been registered with the NDOH and OHSC. The department is however committed to continuous quality improvement and strives to meet achievable criteria for increasing compliance with the National Core Standards.					
Indicator: Patient satisfaction survey rate (psychiatric hospitals)					
New Indicator		**100.0%**	**100.0%**	**100.0%**	**0.0%**
		N: 4	N: 4	N: 4	N: 0
		D: 4	D: 4	D: 4	D: 0
Comment On Deviation Target achieved – no deviation					
Indicator: Patient satisfaction rate (psychiatric hospitals)					
84.5%	**85.8%**	**84.3%**	**91.9%**	**85.8%**	(6.1%)
N: 631	N: 685	N: 768	N: 570	N: 819	N: 249
D: 747	D: 798	D: 911	D: 620	D: 954	D: 334
Comment On Deviation More patients participated in the survey than planned. Overall the satisfaction was positive, except for a small portion of patients not satisfied with treatment. This is evaluated against the mental health environment.					

Indicator: Average length of stay (psychiatric hospitals)					
91.4 days	92.4 days	89.1 days	89.9 days	87.3 days	2.6 days
N: 555 745	N: 549 227	N: 561 920	N: 561 850	N:557 511	N:4 339
D: 6 080	D: 5 944	D: 6 304	D: 6 250	D: 6 386	D: (136)
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target					
Indicator: Inpatient bed utilisation rate (psychiatric hospitals)					
89.7%	88.9%	91.6%	90.5%	89.8%	(0.7%)
N: 555 745	N: 549 227	N: 561 920	N: 561 850	N: 557 511	N: (4 339)
D: 619 838	D: 617 648	D: 613 267	D: 620 568	D: 620 568	D: 0
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target					
Indicator: Expenditure per PDE (psychiatric hospitals)					
R 1 106	R 1 303	R 1 367	R 1 483	R1 495	(R12)
N: 629 874 490	N: 733 459 979	N: 787 877 536	N: 854 290 200	N: 853 890 103	N: 400 097
D: 569 423	D: 562 696	D: 576 560	D: 576 053	D: 571 354	D: 4 699
Comment On Deviation Patient day equivalents (PDE) 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 a health service. The cost per PDE is slightly more than anticipated.					
Indicator: Complaint resolution rate (psychiatric hospitals)					
New Indicator		100.0%	99.0%	100.0%	1.0%
		N: 82	N: 102	N: 113	N: 11
		D: 82	D: 103	D: 113	D: 10
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target					
Indicator: Complaint resolution within 25 working days rate (psychiatric hospitals)					
92.1%	98.2%	93.9%	99.0%	98.2%	(0.8%)
N: 93	N: 112	N: 77	N: 101	N: 111	N: 10
D: 101	D: 114	D: 82	D: 102	D: 113	D: 11
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target					

Additional Provincial Indicators					
Indicator: Expenditure per PDE in 2014/15 Rand (psychiatric hospitals)					
R 1 106[1]	R 1 137	R 1 166[1]	R 1 250	R 1 259	(R9)
N: 629 874 490	N: 639 597 496	N: 672 437 337	N: 719 929 853	N: 719 592 681	N:33 7172
D: 569 423	D: 562 696	D: 576 560	D: 576 053	D: 571 354	D: 4 699
Comment On Deviation Patient day equivalents (PDE) 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 a health service. The cost per PDE is slightly more than anticipated.					
Indicator: Mortality and morbidity review rate (psychiatric hospitals)					
120.0%	115.0%	95.8%	91.7%	91.7%	0.0%
N: 48	N: 46	N: 46	N: 44	N:44	N: 0
D: 40	D: 40	D: 48	D: 48	D:48	D: 0
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target					
Indicator: Inpatient bed utilisation rate (step-down facilities)					
82.2%	89.0%	83.3%	88.1%	84.2%	3.9%
N: 43 504	N: 47 125	N: 40 663	N: 48 250	N: 46 089	N: 2 161
D: 52 931	D: 52 931	D: 48 824	D: 54 756	D: 54 756	D: 0
Comment On Deviation The bed utilisation rate in step down facilities was marginally lower than anticipated. The marginal deviation from the performance target is considered by the department as having achieved the target.					

Notes

1. For the years 2013/14 and 2015/16 the expenditure per PDE is not in 2014/15 Rands.

Strategies to Overcome Under-Performance

No material under-performance was identified. However, acute psychiatric services continued to remain under pressure, particularly as a result of the high rate of substance abuse, acuity of patients and other social factors. This sub-programme continue to focus on the de-institutionalisation of clients and the strengthening of acute, inpatient and outpatient services as well as the district and community based services.

Changes to Planned Targets

No targets were changed during the year.

Sub-Acute, Step down & Chronic Medical Hospitals

This sub-programme funded the activities of the Western Cape Rehabilitation Centre (WCRC), which provides specialised rehabilitation services for people with physical disabilities. This includes the provision of a wide variety of assistive technology / assistive devices, including custom-made Orthotics, Prosthetics and Orthopaedic Footwear.

The Orthotic and Prosthetic Centre (OPC) (situated in Pinelands) resorts under the management of the WCRC.

The Public Private Partnership (PPP) between the Department of Health and Empilisweni Consortium is a 12-year contract which has now entered the final Exit Phase and will be concluded on 28 February 2019. The PPP procurement methodology has proved to be efficient and effective in the past year and continued to be regarded by the clinical staff as demonstrating excellent value for money, allowing clinical staff to focus on their core responsibilities of patient care.

Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

The WCRC, a 156-bed facility, provided a specialised, comprehensive, multi-disciplinary inpatient rehabilitation service to persons with physical disabilities. Specialised outpatient clinics provided services at Urology, Orthopaedics, Plastic surgery and specialised Seating Clinics.

WCRC continued to provide consultancy support to the district health services, especially in the rural areas, to facilitate the development of quality rehabilitation services for persons with physical disabilities through a variety of training- and support mechanisms.

The OPC rendered on-site, off-site and outreach orthotic and prosthetic services to all the hospitals in the Metro and rural districts in the Western Cape, with the exception of the Eden and Central Karoo Districts, where services are outsourced.

The outputs of the PPP were monitored and evaluated through the various governance structures ensuring compliance with contractual obligations, and best value for money. The PPP Project was and continues to be monitored by both the Provincial and National Treasuries, especially during the Exit Phase.

Strategic Objectives

Provide quality rehabilitation hospital services.

Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation	Comment On Deviation
Strategic Objective: Provide quality rehabilitation hospital services.				
Indicator: Actual (usable) beds in rehabilitation hospitals				
156	**156**	**156**	**0**	Target achieved, zero deviation.

Performance Indicators

Rehabilitation Hospital					
Actual Achievement 2013/14	**Actual Achievement 2014/15**	**Actual Achievement 2015/16**	**Planned Target 2016/17**	**Actual Achievement 2016/17**	**Deviation**
Sector Specific Indicators					
Indicator: National core standards self-assessment rate (rehabilitation hospitals)					
New Indicator	100.0%	100.0%	100.0%	100.0%	0.0%
	N: 1	N: 1	N: 1	N:1	N:0
	D: 1	D: 1	D: 1	D:1	D:0
Comment On Deviation Target achieved – no deviation					
Indicator: Quality improvement plan after self-assessment rate (rehabilitation hospitals)					
New Indicator	100.0%	100.0%	100.0%	100.0%	0.0%
	N: 1	N: 1	N:1	N:0	
	D: 1	D: 1	D:1	D:0	
Comment On Deviation Target achieved – no deviation					
Indicator: Percentage of hospitals compliant with all extreme and vital measures of the national core standards (rehabilitation hospitals)					
New Indicator	0.0%	0.0%	0.0%	0.0%	
	N: 0	N: 0	N: 0	N:0	
	D: 1	D: 1	D: 1	D:0	
Comment On Deviation The results of the NCS assessment reports are not necessarily a true reflection of the actual performance as there are technical errors in the reporting tool (webDHIS). These errors were registered with the National Department of Health but have not been corrected at the time of submission. Despite these errors, none of the WCG:Health hospitals are able to comply with the extreme and vital measures in their current format as a result of criteria that cannot be practically and/or ethically implemented. Until the criteria are corrected, the department will continue to underperform on this indicator. These limitations have been registered with the NDOH and OHSC. The department is however committed to continuous quality improvement and strives to meet achievable criteria for increasing compliance with the National Core Standards.					
Indicator: Patient satisfaction survey rate (rehabilitation hospitals)					
New Indicator	100.0%	100.0%	100.0%	100.0%	0.0%
	N: 1	N: 1	N: 1	N: 1	N:0
	D: 1	D: 1	D: 1	D: 1	D:0
Comment On Deviation Target achieved – no deviation					
Indicator: Patient satisfaction rate (rehabilitation hospitals)					
93.1%	93.5%	92.8%	95.2%	97.8%	2.6%
N: 230	N: 203	N: 194	N: 200	N: 225	N: 25
D: 247	D: 217	D: 209	D: 210	D: 230	D: 20
Comment On Deviation The marginal deviation from the performance target is considered by the department as having achieved the target. More patients participated in the patient survey than planned. Target were 210 and 230 patients participated. Overall the satisfaction was positive.					
Indicator: Average length of stay (rehabilitation hospitals)					
50.8 days	58.5 days	52.6 days	53.7 days	56.8 days	(3.1 days)
N: 44 176	N: 44 188	N: 42 651	N: 43 195	N:44 111	N: (916)
D: 56 940	D: 755	D: 811	D: 805	D:776	D:99
Comment On Deviation Patients admitted medically unstable, or developed problems during admission – these patients are treated rather than being referred back to acute hospital. Placement problems, as well as patients admitted from other facilities with pressure sores, this delays the onset or interrupts rehabilitation and increase in the length of stay.					
Indicator: Inpatient bed utilisation rate (rehabilitation hospitals					
77.6%	77.6%	74.9%	75.9%	77.5%	1.6%
N: 44 176	N: 44 188	N: 42 651	N: 43 195	N:44 111	N:916
D: 56 946	D: 56 946	D: 56 946	D: 56 946	D: 56 946	D: 0
Comment On Deviation The bed utilisation rate in rehabilitation hospital, as a result of the acuity level of patients was marginally higher than anticipated. Bed utilisation varies significantly between acute level 0 patients, placement problems and admitting patients from other hospitals with pressure sores. The marginal deviation from the performance target is considered by the department as having achieved the target.					

Indicator: Expenditure per PDE (rehabilitation hospitals)					
R 1 951	R 2 687	R 2 800	R 2 702	R 2 606	R96
92 843 113	N: 127 562 817	N: 127 563 003	N: 120 492 800	N: 118 365 535	N: 2 127 265
47 589	D: 47 483	D: 45 555	D: 44 587	D: 45 418	D: (831)
Comment On Deviation Patient day equivalents (PDE) 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 a health service. The expenditure per PDE was slightly less than anticipated.					
Indicator: Complaint resolution rate (rehabilitation hospitals)					
New Indicator		100.0%	100.0%	100.0%	0.0%
		N: 22	N: 42	N: 32	N: 0
		D: 22	D: 42	D: 32	D: 0
Comment On Deviation Target achieved – no deviation					
Indicator: Complaint resolution within 25 working days rate (rehabilitation hospitals)					
100.0%	93.9%	100.0%	95.2%	93.8%	(1.4%)
N: 43	N: 31	N: 22	N: 40	N: 30	N: (10)
D: 43	D: 33	D: 22	D: 42	D: 32	D: (10)
Comment On Deviation Fewer complaints received as anticipated and better resolution rates. A more active complaints management approach. The marginal deviation from the performance target is considered by the department as having achieved the target.					
Additional Provincial Indicators					
Indicator: Expenditure per PDE in 2014/15 Rand (rehabilitation hospitals)					
R 1 951[1]	**R 2 473**	**R 2 390**[1]	**R 2 277**	**R 2 196**	R 81
N: 92 843 113	N: 117 430 570	N: 108 872 413	N: 101 542 033	N:99 749 338	N: 1 792 695
D: 47 589	D: 47 483	D: 45 555	D: 44 587	D: 45 418	D: (831)
Comment On Deviation Patient day equivalents (PDE) 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 a health service. The expenditure per PDE was slightly less than anticipated.					
Indicator: Mortality and morbidity review rate (rehabilitation hospitals)					
120.0%	**120.0%**	**100.0%**	**100.0**	**91.7%**	(8.3%)
N: 12	N: 12	N: 12	N: 12	N: 11	N: (1)
D: 10	D: 10	D: 12	D: 12	D: 12	D: 0
Comment On Deviation Fewer meetings were conducted than planned. No M&M were conducted in December 2016. The marginal deviation from the performance target is considered by the department as having achieved the target.					
Notes					
1. For the years 2013/14 and 2015/16 the expenditure per PDE is not in 2014/15 Rands.					

Strategies to Overcome Under-Performance

No material under-performance was identified.

The high average length of stay is due to increased acuity levels and complexity of patients admitted to WCRC, complicated cases that require a longer stay and the admission of long-term ventilated patients. Social factors resulting in placement problems and patients from foreign countries requiring repatriation still remains a challenge and has been raised continuously.

Changes to Planned Targets

No targets were changed during the year.

Dental training Hospitals

Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

This sub-programme funded oral health services based at the Dental faculty of the University of the Western Cape (UWC), also referred to as the Oral Health Centre (OHC), and was mostly responsible for the training of certain categories of oral health professionals namely dentists, dental specialists and oral hygienists. The service in this sub-programme is mostly student driven and the student vacations and examination periods impacted on service outputs, reducing the output for dentures, especially over the December and January holiday period. The "fees-must-fall" campaign also impacted on the expected deliverables

The OHC provided dental services to the community of the Western Cape. This service included primary, secondary, tertiary and quaternary levels of oral health care 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.

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, and special prosthesis), crown and bridgework, root canal treatment, orthodontics (fixed band ups), surgical procedures (for management of tumours and facial deformities) and maxilla-facial procedures (related to injuries sustained in trauma and motor vehicle accident cases). Distrcit level oral health services are included as part of the primary healthcare package and funded through Programme 2.

Strategic Objectives

Provide quality dental training hospital services

Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation	Comment On Deviation
Strategic Objective: Provide quality dental training hospital services.				
Indicator: Oral health patient visits at dental training hospitals				
122 373	**122 250**	**124 103**	**1 853**	The number of oral health patient visits 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 a health service. This is mainly a student driven service, supported by service rendering staff and this indicator will stay more or less the same due to the number of student intake being controlled.

Performance Indicators

Dental Training Hospitals					
Actual Achievement 2013/14	**Actual Achievement 2014/15**	**Actual Achievement 2015/16**	**Planned Target 2016/17**	**Actual Achievement 2016/17**	**Deviation**
Additional Provincial Indicators					
Indicator: Number of removable oral health prosthetic devices manufactured (dentures)					
4 722	**3 883**	**4 315**	**3 890**	**4 581**	**601**
Comment On Deviation The overall prosthetic devices were higher than the target total for three quarters of the year. The prosthetic units take 5 - 6 weeks for completion. The outsource laboratory contract that was in place by the third quarter assisted with meeting the increase in the demand for the completion of prosthetic devices.					

Strategies to Overcome Under-Performance

Although this sub-program did not materially underperform, the mainly student-driven service will be strengthened by improving the filling of permanent posts and where appropriate, contract appointments will be made as an interim measure to address the service load while posts are in the process of being permanently filled, especially in view of the impact that the fees-must-fall campaign had on expected deliverables.

Changes to Planned Targets

No targets were changed during the year.

Link Performance with Budgets

Programme 4's annual expenditure reflects a saving of R7.768 million. This was mainly attributed to the impact of the savings plans of the various sectors within this Programme implemented during previous financial years and the continued efforts within the 2016/17 financial year to realise savings that could be redirected to other service priorities within the budget programme.

Underspending within Compensation of Employees was mostly due to expensive posts not filled for a full financial year and in sub-programme 4.5 the joint agreement payments have reduced to the fact that claims and payments were strictly made as per the agreement between the Department and the University for Staff on the Joint Agreement.

The savings initiatives impacted on the available Goods and Services budget and funds could be redirected to other much needed priorities. Additional capital acquisition has been approved within all the sub-programmes to address unforeseen capital needs which impacted directly on quality service delivery. Sound financial management principles have been applied in all the facilities which included financial compliance, budget planning, implemented and maintained internal controls and the application of principles of cost effectiveness, and budget constraints were highlighted at all management and relevant committees and meetings.

The priorities as funded within the Programme 4 budget envelope ensured that the full expected package of care rendered by a general specialist service was covered.

Sub-Programme	2016/2017			2015/2016		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
General (Regional) Hospitals	1 748 793	1 748 697	96	1 643 789	1 625 357	18 432
Tuberculosis Hospitals	289 300	289 081	219	268 103	265 748	2 355
Psychiatric/Mental Hospitals	818 745	818 818	(73)	768 009	755 887	12 122
Sub-acute, Step down and Chronic Medical Hospitals	181 573	179 407	2 166	174 795	166 601	8 194
Dental Training Hospitals	148 571	143 211	5 360	144 159	141 760	2 399
TOTAL	**3 186 982**	**3 179 214**	**7 768**	**2 998 855**	**2 955 353**	**43 502**

Programme 5: Central Hospital Services

Purpose

To provide specialist (tertiary and quaternary) health services and to create a platform for the training of health professionals and research activities.

Sub-Programmes

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

Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

The central hospitals operated 2 359 beds as was reflected in the annual performance plan. The combined bed occupancy rate was 86.2 per cent reflecting a full utilisation of services. The patient day equivalents (as a proxy for service volume provided) achieved was 992 677. The Hospital also provided access to the package of care for tertiary services funded by the National Tertiary Services Grant. The patient satisfaction rate was measured at 94.1per cent.

Strategic Objectives

Provide access to the full package of central hospital services

Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation	Comment On Deviation
Strategic Objective: Provide access to the full package of central hospital services				
Indicator: Actual (usable) beds in central hospitals				
2 359	2 359	2359	0	Target achieved – no deviation

Performance Indicators

Central Hospitals					
Actual Achievement 2013/14	**Actual Achievement 2014/15**	**Actual Achievement 2015/16**	**Planned Target 2016/17**	**Actual Achievement 2016/17**	**Deviation**
Sector Specific Indicators					
Indicator: National core standards self-assessment rate (central hospitals)					
New Indicator	Yes	**100.0%**	**100.0%**	**100.0%**	0.0%
		N: 2	N: 2	N: 2	N:0
		D: 2	D: 2	D: 2	D:0
Comment On Deviation Target achieved – no deviation.					
Indicator: Quality improvement plan after self-assessment rate (central hospitals)					
New Indicator		**100.0%**	**100.0%**	**100.0%**	0.0%
		N: 2	N: 2	N: 2	N:0
		D: 2	D: 2	D: 2	D:0
Comment On Deviation Target achieved – no deviation.					

Indicator: Percentage of hospitals compliant with all extreme and vital measures of the national core standards (central hospitals)				
	0.0%	**100.0%**	**0%**	(100%)
New Indicator	N: 0	N: 2	N: 0	N: 2
	D: 2	D: 2	D: 2	D: 0
Comment On Deviation The results of the NCS assessment reports are not necessarily a true reflection of the actual performance as there are technical errors in the reporting tool (webDHIS). These errors were registered with the National Department of Health but have not been corrected at the time of submission. Despite these errors, none of the WCG: Health hospitals are able to comply with the extreme and vital measures in their current format as a result of criteria that cannot be practically and/or ethically implemented. Until the criteria are corrected, the department will continue to underperform on this indicator. These limitations have been registered with the NDOH and OHSC. The department is however committed to continuous quality improvement and strives to meet achievable criteria for increasing compliance with the National Core Standards.				
Indicator: Patient satisfaction survey rate (central hospitals)				
	100.0%	**100.0%**	**100.0%**	**0.0%**
New Indicator	N: 2	N: 2	N: 2	N: 0
	D: 2	D: 2	D: 2	D: 0
Comment On Deviation Target achieved – no deviation.				

Indicator: Patient satisfaction rate (central hospitals)					
89.3%	**90.7%**	**90.1%**	**90.0%**	**94.1%**	**4.1%**
N: 2 791	N: 2 347	N: 2 636	N: 2 965	N: 3 158	N: 193
D: 3 127	D: 2 588	D: 2 926	D: 3 294	D: 3 356	D: 62
Comment On Deviation This is a positive deviation and as such the department considers that the target has been achieved. The target will be adjusted for future years.					

Indicator: Average length of stay (central hospitals)					
6.2 days	**6.2 days**	**6.3 days**	**6.2 days**	**6.4 days**	**(0.2 days)**
N: 729 091	N: 738 641	N: 745 141	N: 744 716	N: 742 396	N: 2 320
D: 118 351	D: 119 127	D: 117 668	D: 119 787	D: 115 448	D: 4 339
Comment On Deviation The marginal deviation from the performance target is considered by the department as having achieved the target.					

Indicator: Inpatient bed utilisation rate (central hospitals)					
85.1%	**85.8%**	**86.5%**	**86.5%**	**86.2%**	**(0.3%)**
N: 729 091	N: 738 641	N: 745 141	N: 744 716	N:742 396	N: (2320)
D: 856 566	D: 861 129	D: 861 129	D: 861 129	D:861 129	D: 0
Comment On Deviation The marginal deviation from the performance target is considered by the department as having achieved the target.					

Indicator: Expenditure per PDE (central hospitals)					
R 3 523	**R 4 284**	**R 4 602**	**R 4 870**	**R 4 987**	**(R117)**
N: 3 511 033 649	N: 4 325 098 494	N: 4 641 532 537	N: 4 953 125 000	N: 4 950 578 555	N: 2 54 6 445
D: 996 506	D:1 009 499	D: 1 008 606	D: 1 017 039	D: 992 677	D: 24 362
Comment On Deviation The marginal deviation from the performance target is considered by the department as having achieved the targ					

Indicator: Complaint resolution rate (central hospitals)				
	94.3%	**88.5%**	**99.6%**	**11.1%**
New Indicator	N: 737	N: 748	N: 807	N:59
	D: 781	D: 845	D: 810	D: (35)
Comment On Deviation Improvements to the processes for resolving complaints, weekly reviews of complaints received and implementing a tracking system for monitoring complaints, resulted in significant improvements in the complaint resolution rates at the hospitals.				

Indicator: Complaint resolution within 25 working days rate (central hospitals)					
84.4%	**83.9%**	**83.0%**	**86.6%**	**88.7%**	**2.1%**
N: 760	N: 773	N: 648	N: 648	N: 716	N: 68
D: 900	D: 921	D: 781	D: 748	D: 807	D: 59
Comment On Deviation This is a positive deviation and as such the department considers that the target has been achieved. The target will be adjusted for future years.					

Additional Provincial Indicators					
Indicator: Expenditure per PDE in 2014/15 Rand (central hospital)					
R 3 390[1]	**R 3 944**	**R 3 928**[1]	**R 4 104**	**R 4 202**	**(R98)**
N: 3 717 732 848	N: 3 981 588 190	N: 3 961 452 976	N: 4 174 111 503	N:4 171 965 556	N: 2 145 947
D: 1 096 565	D: 1 009 499	D: 1 008 606	D: 1 017 039	D: 992 677	D: 24 362
Comment On Deviation The marginal deviation from the performance target is considered by the department as having achieved the target.					
Indicator: Mortality and morbidity review rate (central hospital)					
94.3%	**95.6%**	**103.6%**	**94.0%**	**96.4%**	(2.4%)
N: 66	N: 86	N: 87	N: 79	N: 81	N: (2)
D: 70	D: 90	D: 84	D: 84	D: 84	D: 0
Notes					
1. For the years 2013/14 and 2015/16 the expenditure per PDE is not in 2014/15 Rands.					

Strategies to Overcome Under-Performance

No material underperformance was recorded.

Changes to Planned Targets

No targets were changed during the 2016/17 financial year. Targets with a positive deviation in 2016/17 noted in the table above will be adjusted for the 2017/18 financial year in line with the commitment to continual improvement

Groote Schuur

Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

Groote Schuur Hospital operated 975 beds as was reflected in the annual performance plan. The combined bed occupancy rate was 85.4 per cent reflecting a full utilisation of services. The patient day equivalents (as a proxy for service volume provided) achieved was 435 898. The Hospital also provided access to the package of care for tertiary services funded by the National Tertiary Services Grant. The patient satisfaction rate was measured at 93.4 per cent.

Strategic Objectives

Provide access to the full package of central hospital services.

Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation	Comment On Deviation
Strategic Objective: Provide access to the full package of central hospital services at Groote Schuur				
Indicator: Actual (usable) beds in Groote Schuur hospital				
975	975	975	0	Target achieved – no deviation

Performance Indicators

Groote Schuur Hospital					
Actual Achievement 2013/14	**Actual Achievement 2014/15**	**Actual Achievement 2015/16**	**Planned Target 2016/17**	**Actual Achievement 2016/17**	**Deviation**
Sector Specific Indicators					
Indicator: National core standards self-assessment rate (Groote Schuur hospital)					
New indicator	**Yes**	**Yes**	**Yes**	**Yes**	0
Comment On Deviation Target achieved – no deviation.					
Indicator: Quality improvement plan after self-assessment rate (Groote Schuur hospital)					
New indicator		**Yes**	**Yes**	**Yes**	0
Comment On Deviation Target achieved – no deviation.					
Indicator: Percentage of hospitals compliant with all extreme and vital measures of the national core standards (Groote Schuur hospital)					
New indicator		**No**	**Yes**	**No**	(100)
Comment On Deviation The results of the NCS assessment reports are not necessarily a true reflection of the actual performance as there are technical errors in the reporting tool (webDHIS). These errors were registered with the National Department of Health but have not been corrected at the time of submission. Despite these errors, none of the WCG: Health hospitals are able to comply with the extreme and vital measures in their current format as a result of criteria that cannot be practically and/or ethically implemented. Until the criteria are corrected, the department will continue to underperform on this indicator. These limitations have been registered with the NDOH and OHSC. The department is however committed to continuous quality improvement and strives to meet achievable for increasing compliance with the National Core Standards.					
Indicator: Patient satisfaction survey rate (Groote Schuur hospital)					
New indicator	**Yes**	**Yes**	**Yes**	**Yes**	**0**
Comment On Deviation Target achieved – no deviation.					
Indicator: Patient satisfaction rate (Groote Schuur hospital)					
88.2%	**89.7%**	**89.7%**	**90.0%**	**93.4%**	**3.4%**
N: 2 090	N: 1 568	N: 1 878	N: 2 196	N:2 276	N:80
D: 2 370	D: 1 748	D: 2 093	D: 2 440	D: 2 437	D: (3)
Comment On Deviation This is a positive deviation and as such the department considers that the target has been achieved. The target will be adjusted for future years.					
Indicator: Average length of stay (Groote Schuur hospital)					
6.1 days	**6.1 days**	**6.2 days**	**6.1 days**	**6.1 days**	**0.0 days**
N: 297 539	N: 302 322	N: 304 045	N: 303 206	N: 303 811	N: (605)
D: 49 012	D: 49 362	D: 49 259	D: 49 706	D: 49 862	D: (156)
Comment On Deviation Target achieved – no deviation.					
Indicator: Inpatient bed utilisation rate (Groote Schuur hospital)					
84.7%	**84.9%**	**85.4%**	**85.2%**	**85.4%**	**0.2%**
N: 297 539	N: 302 322	N: 304 045	N: 303 206	N:303 811	N: 605
D: 351 351	D: 355 914	D: 355 914	D: 355 914	D: 355 914	D:0
Comment On Deviation This is a positive deviation and as such the department considers that the target has been achieved. The target will be adjusted for future years.					
Indicator: Expenditure per PDE (Groote Schuur hospital)					
R 3 860	**R 4 630**	**R 4 961**	**R 5 255**	**R 5 368**	**(R 113)**
N: 1 679 680 074	N: 2 053 466 313	N: 2 190 311 487	N: 2 335 365 000	N: 2 340 259 795	N: (4 894 795)
D: 435 121	D: 443 542	D: 441 470	D: 444 421	D:435 898	D: (8 523)
Comment On Deviation The marginal deviation from the performance target is considered by the department as having achieved the target.					
Indicator: Complaint resolution rate (Groote Schuur hospital)					
New Indicator		**100.0%**	**96.0%**	**100.0%**	**4.0%**
		N: 428	N: 432	N: 500	N: 68
		D: 428	D: 450	D:500	D:50
Comment On Deviation This is a positive deviation and as such the department considers that the target has been achieved. The target will be adjusted for future years.					

Indicator: Complaint resolution within 25 working days rate (Groote Schuur hospital)					
89.1%	**90.2%**	**91.1%**	**90.0%**	**91.8%**	**1.8%**
N: 415	N: 489	N: 390	N: 389	N:459	N:70
D: 466	D: 542	D: 428	D: 432	D:500	D:68
Comment On Deviation This is a positive deviation and as such the department considers that the target has been achieved. The target will be adjusted for future years.					
Additional Provincial Indicators					
Indicator: Expenditure per PDE in 2014/15 Rand (Groote Schuur hospital)					
R 3 860[1]	**R 4 262**	**R 4 234**[1]	**R 4 428**	**R 4 524**	**(R96)**
N: 1 679 680 074	N: 1 890 360 561	N: 1 869 386 003	N: 1 968 065 395	N:1 972 190 351	N: (4 124 956)
D: 435 121	D: 443 542	D: 441 470	D: 444 421	D: 435 898	D: 8 523
Comment On Deviation The marginal deviation from the performance target is considered by the department as having achieved the target.					
Indicator: Mortality and morbidity review rate (Groote Schuur hospital)					
90.0%	**90.0%**	**108.3%**	**91.7%**	**91.7%**	**0.0%**
N: 27	N: 36	N: 39	N: 33	N: 33	N:0
D: 30	D: 40	D: 36	D: 36	D:36	D:0
Comment On Deviation Target achieved – no deviation.					
Notes					
1. For the years 2013/14 and 2015/16 the expenditure per PDE is not in 2014/15 Rands.					

Strategies to Overcome Under-Performance

No material underperformance was recorded.

Changes to Planned Targets

No targets were changed during the 2016/17 financial year. Targets with a positive deviation in 2016/17 noted in the table above will be adjusted for the 2017/18 financial year in line with the commitment to continual improvement.

Tygerberg Hospital

Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

Tygerberg Hospital operated 1384 beds as was reflected in the annual performance plan. The combined bed occupancy rate was 86.8 per cent reflecting a full utilisation of services. The patient day equivalents (as a proxy for service volume provided) achieved was 556 778. The Hospital also provided access to the package of care for tertiary services funded by the National Tertiary Services Grant. The patient satisfaction rate was measured at 96 per cent.

Strategic Objectives

Provide access to the full package of central hospital services.

Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation	Comment On Deviation
Strategic Objective: Provide access to the full package of central hospital services at Tygerberg Hospital				
Indicator: Actual (usable) beds in Tygerberg Hospital				
1 384	**1 384**	**1 384**	**0**	Target achieved – no deviation

Performance Indicators

Tygerberg Hospital					
Actual Achievement 2013/14	**Actual Achievement 2014/15**	**Actual Achievement 2015/16**	**Planned Target 2016/17**	**Actual Achievement 2016/17**	**Deviation**
Sector Specific Indicators					
Indicator: National core standards self-assessment rate (Tygerberg Hospital)					
New indicator	**Yes**	**Yes**	**Yes**	**Yes**	0
Comment On Deviation Target achieved – no deviation.					
Indicator: Quality improvement plan after self-assessment rate (Tygerberg Hospital)					
New indicator	**Yes**	**Yes**	**Yes**	**Yes**	0
Comment On Deviation Target achieved – no deviation.					
Indicator: Percentage of hospitals compliant with all extreme and vital measures of the national core standards (Tygerberg Hospital)					
New indicator		**No**	**Yes**	**No**	(100)
Comment On Deviation The results of the NCS assessment reports are not necessarily a true reflection of the actual performance as there are technical errors in the reporting tool (webDHIS). These errors were registered with the National Department of Health but have not been corrected at the time of submission. Despite these errors, none of the WCG: Health hospitals are able to comply with the extreme and vital measures in their current format as a result of criteria that cannot be practically and/or ethically implemented. Until the criteria are corrected, the department will continue to underperform on this indicator. These limitations have been registered with the NDOH and OHSC. The department is however committed to continuous quality improvement and strives to meet achievable criteria for increasing compliance with the National Core Standards.					
Indicator: Patient satisfaction survey rate (Tygerberg Hospital)					
New indicator	**Yes**	**Yes**	**Yes**	**Yes**	0
Comment On Deviation Target achieved – no deviation.					
Indicator: Patient satisfaction rate (Tygerberg Hospital)					
92.6%	**92.7%**	**91.0%**	**90.0%**	**96.0%**	6.0%
N: 701	N: 779	N: 758	N: 769	N:882	N: 124
D: 757	D: 840	D: 833	D: 854	D:919	D: 65
Comment On Deviation The patients' satisfaction with the services they received increased substantially in response to a commitment to a patient focussed ethos amongst staff.					
Indicator: Average length of stay (Tygerberg Hospital)					
6.2 days	**6.3 days**	**6.4 days**	**6.3 days**	**6.7 days**	(0.4 days)
N: 431 552	N: 436 319	N: 441 096	N: 441 510	N:438 585	N: 2 925
D: 69 339	D: 69 765	D: 68 409	D: 70 081	D:65 586	D: 4 495
Comment On Deviation The marginal deviation from the performance target is considered by the department as having achieved the target.					

Indicator: Inpatient bed utilisation rate (Tygerberg Hospital)					
85.4%	**86.4%**	**87.3%**	**87.4%**	**86.8%**	(0.6%)
N: 431 552	N: 436 319	N: 441 096	N: 441 510	N:438 585	N: (2 925)
D: 505 215	D: 505 215	D: 505 215	D: 505 215	D:505 215	D:0
Comment On Deviation The marginal deviation from the performance target is considered by the department as having achieved the target.					
Indicator: Expenditure per PDE (Tygerberg Hospital)					
R 3 262	**R 4 014**	**R 4 322**	**R 4 572**	**R 4 688**	(R116)
N: 1 831 353 574	N: 2 271 632 182	N: 2 451 221 050	N: 2 617 760 000	N:2 610 318 760	N: 7 441 240
D: 561 385	D: 565 956	D: 567 136	D: 572 617	D: 556 778	D: (15 839)
Comment On Deviation The marginal deviation from the performance target is considered by the department as having achieved the target.					
Indicator: Complaint resolution rate (Tygerberg Hospital)					
New Indicator		**87.5%**	**80.0%**	**99.0%**	19.0%
		N: 309	N: 316	N:307	N: (9)
		D: 353	D: 395	D: 310	D: (85)
Comment On Deviation Improvements to the processes for resolving complaints, weekly reviews of complaints resulted in significant improvements in the complaint resolution rates at the hospital.					
Indicator: Complaint resolution within 25 working days rate (Tygerberg Hospital)					
79.5%	**74.9%**	**73.1%**	**82.0%**	**83.7%**	1.7%
N: 345	N: 284	N: 258	N: 259	N: 257	N: (2)
D: 434	D: 379	D: 353	D: 316	D: 307	D: (9)
Comment On Deviation This is a positive deviation and as such the department considers that the target has been achieved. The target will be adjusted for future years					
Additional Provincial Indicators					
Indicator: Expenditure per PDE in 2014/15 Rand (Tygerberg Hospital)					
R 3 262[1]	**R 3 695**	**R 3 689**[1]	**R 3 853**	**R 3 951**	(R98)
N: 1 831 353 574	N: 2 091 197 629	N: 2 092 066 973	N: 2 206 046 108	N:2 199 775 205	N:6 270 903
D: 561 385	D: 565 956	D: 567 136	D: 572 617	D: 556 778	D: 15 839
Comment On Deviation The marginal deviation from the performance target is considered by the department as having achieved the target.					
Indicator: Mortality and morbidity review rate (Tygerberg Hospital)					
97.5%	**100.0%**	**100.0%**	**95.8%**	**100%**	4.2%
N: 39	N: 50	N: 48	N: 46	N:48	N:2
D: 40	D: 50	D: 48	D: 48	D:48	D:0
Comment On Deviation This is a positive deviation and as such the department considers that the target has been achieved. The target will be adjusted for future years.					
Notes					
1. For the years 2013/14 and 2015/16 the expenditure per PDE is not in 2014/15 Rands.					

Strategies to Overcome Under-Performance

No material underperformance was recorded.

Changes to Planned Targets

No targets were changed during the 2016/17 financial year. Targets with a positive deviation in 2016/17 noted in the table above will be adjusted for the 2017/18 financial year in line with the commitment to continual improvement.

Tertiary Hospitals

Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

Red Cross War Memorial Children's Hospital operated 272 beds as was reflected in the annual performance plan. The combined bed occupancy rate for the hospital for the period under review was 78.8 per cent. The patient day equivalents (as a proxy for service volume provided) achieved for the year was 123 748. The Hospital also provided access to the package of care for tertiary services funded by the National Tertiary Services Grant. A patient satisfaction rate of 92.5 per cent was achieved.

Strategic Objectives

Provide access to the full package of tertiary hospital services for children.

Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation	Comment On Deviation
Strategic Objective: Provide access to the full package of Tertiary hospital services at Red Cross War Memorial Children's Hospital				
Indicator: Actual (usable) beds in Red Cross War Memorial Children's Hospital				
272	**272**	**272**	**0**	Target achieved – no deviation

Performance Indicators

Red Cross War Memorial Children's Hospital					
Actual Achievement 2013/14	**Actual Achievement 2014/15**	**Actual Achievement 2015/16**	**Planned Target 2016/17**	**Actual Achievement 2016/17**	**Deviation**
Sector Specific Indicators					
Indicator: National core standards self-assessment rate (Red Cross War Memorial Children's Hospital)					
New indicator	**Yes**	**Yes**	**Yes**	**Yes**	0
Comment On Deviation Target achieved – no deviation.					
Indicator: Quality improvement plan after self-assessment rate (Red Cross War Memorial Children's Hospital)					
New indicator		**Yes**	**Yes**	**Yes**	0
Comment On Deviation Target achieved – no deviation.					
Indicator: Percentage of hospitals compliant with all extreme and vital measures of the national core standards (Red Cross War Memorial Children's Hospital)					
New indicator		**No**	**Yes**	**No**	(100)
Comment On Deviation The results of the NCS assessment reports are not necessarily a true reflection of the actual performance as there are technical errors in the reporting tool (webDHIS). These errors were registered with the National Department of Health but have not been corrected at the time of submission. Despite these errors, none of the WCG:Health hospitals are able to comply with the extreme and vital measures in their current format as a result of criteria that cannot be practically and/or ethically implemented. Until the criteria are corrected, the department will continue to underperform on this indicator. These limitations have been registered with the NDOH and OHSC. The department is however committed to continuous quality improvement and strives to meet achievable criteria for increasing compliance with the National Core Standards.					
Indicator: Patient satisfaction survey rate (Red Cross War Memorial Children's Hospital)					
New indicator	**Yes**	**Yes**	**Yes**	**Yes**	0
Comment On Deviation Target achieved – no deviation.					
Indicator: Patient satisfaction rate (Red Cross War Memorial Children's Hospital)					
93.1%	**92.1%**	**90.0%**	**90.0%**	**92.5%**	2.5
N: 1 411	N: 1 382	N: 511	N: 1 512	N: 968	N: (544)
D: 1 515	D: 1 500	D: 568	D: 1 680	D: 1 047	D: (633)
Comment On Deviation This is a positive deviation and as such the department considers that the target has been achieved. The target will be adjusted for future years.					
Indicator: Average length of stay (Red Cross War Memorial Children's Hospital)					
3.7 days	**3.9 days**	**4.0 days**	**4.0 days**	**4.0 days**	0.0 days
N: 82 503	N: 81 472	N: 79 852	N: 82 402	N:78 222	N:4 180
D: 22 101	D: 20 728	D: 20 166	D: 20 601	D:19 581	D: 1 020
Comment On Deviation Target achieved – no deviation.					

Indicator: Inpatient bed utilisation rate (Red Cross War Memorial Children's Hospital)					
83.6%	**82.1%**	**80.4%**	**83.0%**	**78.8%**	(4.2%)
N: 82 503	N: 81 472	N: 79 852	N: 82 402	N:78 222	N: (4 180)
D: 98 550	D: 99 291	D: 99 291	D: 99 291	D:99 291	D:0
Comment On Deviation The bed utilisation was lower due to the protective effect of Khayelitsha and Mitchell's Plain district hospitals, who were admitting ill children appropriately at their level of care.					
Indicator: Expenditure per PDE (Red Cross War Memorial Children's Hospital)					
R 3 760	**R 4 830**	**R 5 472**	**R 5 485**	**R 5 979**	(R494)
N: 511 063 961	N: 629 563 698	N: 708 917 790	N: 732 668 000	N: 739 990 486	N: (7 322 486)
D: 135 927	D: 130 349	D: 129 543	D: 133 587	D: 123 748	D: (9 839)
Comment On Deviation There was a marginal overspend (1%) on the hospital budget but the amount of PDEs produced was less than the original target by 7.4%, resulting in a slightly higher cost per PDE than was originally planned for.					
Indicator: Complaint resolution rate (Red Cross War Memorial Children's Hospital)					
New Indicator		**100.0%**	**96.0%**	**100.0%**	4.0%
		N: 141	N: 168	N: 176	N:8
		D: 141	D: 175	D:176	D:1
Comment On Deviation This is a positive deviation and as such the department considers that the target has been achieved. The target will be adjusted for future years.					
Indicator: Complaint resolution within 25 working days rate (Red Cross War Memorial Children's Hospital)					
72.4%	**72.1%**	**92.2%**	**82.7%**	**95.5%**	12.8%
N: 105	N: 145	N: 130	N: 139	N:168	N:29
D: 145	D: 201	D: 141	D: 168	D:176	D:8
Comment On Deviation Weekly reviews of complaints and the implementation of a tracking system for monitoring of the resolution time of complaints, resulted in quicker resolution of complaints.					
Additional Provincial Indicators					
Indicator: Expenditure per PDE in 2014/15 Rand (Red Cross War Memorial Children's Hospital)					
R 3 760[1]	**R 4 446**	**R 4 671**[1]	**R 4 622**	**R 5 039**	(R417)
N: 511 063 961	N: 579 557 784	N: 605 046 817	N: 617 436 048	N:623 606 874	N:(6 170 826)
D: 135 927	D: 130 349	D: 129 543	D: 133 587	D: 123 748	D: (9 839)
Comment On Deviation There was a marginal overspend (1%) on the hospital budget but the amount of PDEs produced was less than the original target by 7.4%, resulting in a slightly higher cost per PDE than was originally planned for.					
Indicator: Mortality and morbidity review rate (Red Cross War Memorial Children's Hospital)					
100.0%	**100.0%**	**91.7%**	**100.0%**	**100.0%**	0.0%
N: 10	N: 11	N: 11	N: 12	N:12	N:0
D: 10	D: 11	D: 12	D: 12	D:12	D:0
Comment On Deviation Target achieved – no deviation.					
Notes					
1. For the years 2013/14 and 2015/16 the expenditure per PDE is not in 2014/15 Rands.					

Strategies to Overcome Under-Performance

No material underperformance was recorded.

Changes to Planned Targets

No targets were changed during the 2016/17 financial year. Targets with a positive deviation in 2016/17 noted in the table above will be increased for the 2017/18 financial year in line with the commitment to continual improvement.

Link Performance with Budgets

Programme 5 recorded a net overspending of R 36 000, which is minimal cognisant that the total budget is R5.701 billion. Slight underspending occurred at Red Cross War Memorial Hospital due to a lower bed occupancy, a decrease in consumables and due to a migration to a new payment system which delayed certain payments. The delayed payments did not have a significant effect on service delivery and improvements were noticeable in the latter half of the year. The overspend by the Central Hospital Services was as a result of the burden of disease and service pressures. Measures have been put in place to ensure that the central hospitals remain within their allocated budgets. The central hospitals and tertiary hospital largely achieved their service output targets as reflected in the Annual Performance plan and contributed to the Departments strategic objectives.

Compensation of employees contributed to 67.1 per cent of the total expenditure. Due to the nature of tertiary and quaternary services rendered these hospitals required highly skilled specialist and subspecialist staff that attract higher than average remuneration. Expenditure savings were realised in the compensation of employees and the provision of goods and services, which were then used to offset over-expenditure in payments for capital assets and transfers and subsidies.

Sub-Programme	2016/2017			2015/2016		
	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	4 957 910	4 950 579	7 331	4 640 021	4 641 532	(1 511)
Provincial Tertiary Hospital Services	743 533	750 828	(7 295)	729 723	718 879	10 844
TOTAL	**5 701 443**	**5 701 407**	**36**	**5 369 744**	**5 360 411**	**9 333**

Programme 6: Health Sciences & Training

Purpose

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

Sub-Programmes

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 post graduate levels, target group includes actual and potential employees.

Sub-programme 6.4: Primary Health Care (PHC) Training

Provision of PHC 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.

Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

Healthcare 2030 represents the strategic framework and vision for health reform in the Western Cape. The main focus area is improving the quality of care. In this regard, the availability of competent and caring staff is important. Thus, the biggest challenge facing people management is the re-energising of staff and the building of renewed commitment to the principles, vision and values of Healthcare 2030 and the Western Cape Government (WCG): Provincial Government Health. In order to improve the access to patient-centred quality health care and health outcomes, the Directorate: People Development played an important role in facilitating the continued development of competencies of health and support professionals and workers.

Strategic Objectives

Implement a Human Resource Development (HRD) strategy.

The development, implementation, monitoring and evaluation of the Workplace Skills Plan was the mechanism through which the People Development (HRD) strategy and training plans, based on scarce and critical skills gaps of all categories of health care professionals and support staff, were determined for the financial year. Programme 6 funded the Nurse Training College and Emergency Medical Services Training College, through which the basic nurse students graduate and Emergency Medical Care practitioners achieve competence on the accredited HPCSA courses, respectively. Bursaries were offered to current and prospective employees based on critical and scarce skills needs.

The Expanded Public Works Programme (EPWP) funded the training of Community Health Workers (Home Community Based Carers) on formal accredited training leading to a qualification in Ancillary Health Care. EPWP also funded the service delivery component of the Community Based Services in the Metro District Health Services. In addition, EPWP played a significant role in creating job opportunities for the youth through internships, where interns received training and workplace experience. These internship opportunities relate to:

- Data capturer interns (220)
- Premier's Advancement of Youth Programme (PAY): Finance and HR interns (153)
- Learner Basic Pharmacists Assistant internship (123)
- Assistant to Artisan (ATA) project (119)
- Emergency Medical Care (EMC) Assistants (162)
- Forensic Pathology Services (FPS) Assistants (13)

Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation	Comment On Deviation
Strategic Objective: Implement a Human Resource Development (HRD) strategy.				
Indicator: Number of bursaries awarded for scarce and critical skills categories				
2 554	**2 472**	**2447**	**(25)**	A marginal deviation (1.0%) from the performance target is considered by the Department as having achieved the target.

Performance Indicators

Health Sciences & Training

Actual Achievement 2013/14	Actual Achievement 2014/15	Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation
Sector Specific Indicators					
Indicator: Number of bursaries awarded for first year medicine students					
New Indicator		**45**	**50**	**49**	**(1)**
Comment On Deviation A marginal deviation (2.0%) from the performance target is considered by the Department as having achieved the target.					
Indicator: Number of bursaries awarded for first year nursing students					
New Indicator		**288**	**195**	**195**	**0**
Comment On Deviation Target achieved.					
Additional Provincial Indicators					
Indicator: Intake of nurse students (1st to 4th year at HEIs and nursing college)					
2 243	**2 145**	**2 137**	**2 280**	**1970**	**(310)**
Comment On Deviation Performance is based on the number of applicants each year, training capacity of Higher Education Institutions (HEIs) and the financial resources available. The Department is however not in control of the afore-mentioned factors and targets were set based on previous years' base line/trend data available.					
Indicator: Basic professional nurse students graduating (at nursing college)					
238	**273**	**253**	**260**	**242**	**(18)**
Comment On Deviation Under-performance slightly less than anticipated due to student performance (drop outs/students having to re-do modules or complete their practical hours still in order to graduate) and fluctuation in student intakes for the year, which is outside the control of the Department.					
Indicator: Basic nurse students graduating (at HEIs and nursing college)					
411	**476**	**414**	**470**	**439**	**(31)**
Comment On Deviation Under-performance slightly less than anticipated due to student performance (drop outs/students having to re-do modules or complete their practical hours still in order to graduate) and fluctuation in student intakes for the year, which is outside the control of the Department.					
Indicator: EMC intake on accredited HPCSA courses					
159	**96**	**78**	**96**	**90**	**(6)**
Comment On Deviation Deviation (6.3%) in performance was due to a change in training capacity during the financial year. Maximum students per annum to be trained equals 90 due to training capacity at institution that has changed from 4 courses per annum of maximum 24 students, to 3 courses per annum of maximum 30 students. The maximum amount of students that could be accommodated was however trained.					
Indicator: Intake of home community based carers (HCBCs)					
1 400	**739**	**759**	**800**	**882**	**82**
Comment On Deviation Exceeded the target due to service needs.					
Indicator: Intake of data capturer interns					
163	**180**	**192**	**160**	**220**	**60**
Comment On Deviation Exceeded the target due to service needs.					

Indicator: Intake of pharmacy assistants					
96	**96**	**87**	**120**	**123**	**3**
Comment On Deviation A marginal deviation (2.5%) due to an over-performance from the performance target is considered acceptable by the Department and deemed as having achieved the target.					
Indicator: Intake of assistant to artisan (ATA) interns					
127	**110**	**124**	**120**	**119**	**(1)**
Comment On Deviation A marginal deviation (0.8%) from the performance target is considered by the Department as having achieved the target.					
Indicator: Intake of HR and finance interns					
130	**138**	**150**	**160**	**153**	**(7)**
Comment On Deviation A marginal deviation (4.4%) from the performance target is considered by the Department as having achieved the target.					
Indicator: Intake of emergency medical care (EMC) assistant interns					
New Indicator		**104**	**140**	**162**	**22**
Comment On Deviation Exceeded the target due to service needs.					
Indicator: Intake of forensic pathology service (FPS) assistant interns					
New Indicator		**15**	**20**	**13**	**(7)**
Comment On Deviation Under-performance due to difficulty in recruiting Forensic Pathology Service (FPS) assistant interns in rural areas, based on educational criteria and grotesque nature of the job					

Strategies to Overcome Under-Performance

- Basic nurse students graduating (at nursing college and HEIs)

The performance for this indicator is not within the direct control of the Department. The projected targets are set by the Nursing College and the HEI's. University of the Western Cape will be urged to provide reliable and valid data, with evidence, of the target, the registration of final fourth year basic nurse students.

- Intake of nurse students (1st to 4th year at HEIs and nursing college)

The intake of nurse students must be aligned to the WCG Health Human Resource Plan and the capacity of WCG Health to accommodate all the students on the clinical platform.

- EMC intake on accredited HPCSA courses

Targets will be set against courses accredited by the Health Professions Council of South Africa.

- Intake of Forensic Pathology Services (FPS) Assistants

The target for the intake of FPS Assistants interns must be based on service needs, the availability of funding and the appropriate candidates who meet the entrance requirements.

Changes to Planned Targets

No targets were changed during the year.

Link Performance with Budgets

Programme 6: Health Sciences and Training recorded a total under expenditure of R28.941 million which is mainly attributable to the following:

Goods and Services

Implementation of planned cost reduction measures in various Goods and Services items as a result of the pending transfer of the service to Cape Peninsula University of Technology (CPUT).

Delays in the implementation of the new NQF level 3 Health Promotions Officer (Community Health Worker) qualification, and the phasing out of the legacy NQF 1 to NQF level 4 qualifications, led to a reduced intake of Community Health Workers to be trained.

Delays in finalisation of Procurement Process and contract WCGHSC 0027/2016 Training of Community Health Workers has led to late commencement date of training in January 2017.

Transfers and Subsidies

Households (Bursaries) - due to the "Fees must Fall" campaign students' examinations were disrupted at the end of 2016 which caused registration of students for the new academic year in 2017 being delayed. These payments could not be made before 31 March 2017 as students were not able to provide the Department with the necessary documentation, e.g. 2016 results and the 2017 registration documents, on which payments are based.

Higher education institutions - Payment of Transfer to CPUT was not processed as the Department and CPUT was in the process of concluding a "Heads of Agreement" document to agree that CPUT would take responsibility for the operational management of the Western Cape College of Nursing (WCCN) as from 01 January 2017.

Sub-Programme	2016/2017			2015/2016		
	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	98 102	80 785	17 317	96 480	91 555	4 925
Emergency Medical Services Training College	28 311	28 562	(251)	32 283	30 664	1 619
Bursaries	84 294	73 945	10 349	83 573	83 470	103
Primary Health Care Training	1	-	1	1	-	1
Training Other	138 524	136 999	1 525	124 629	114 104	10 525
TOTAL	**349 232**	**320 291**	**28 941**	**336 966**	**319 793**	**17 173**

Programme 7: Health Care Support Services

Purpose

To render support services required by the Department to realise its aims

Sub-Programmes

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.

Note: This function has been transferred from Sub-programme 2.8.

Sub-programme 7.4: Orthotic and Prosthetic Services

To render specialised orthotic and prosthetic services

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

Note: Sub-programme 7.5 has been renamed since 2013, in line with the incorporation of the trading entity into the Department.

Laundry Services

Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

Good progress was made towards achieving the strategic objective in 2016/17 with the provision of efficient, effective and economical linen and laundry services in line with the National Core Standards.

Strategic Objectives

Provide an efficient and effective laundry service.

Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation	Comment On Deviation
Strategic Objective: Provide an efficient and effective laundry service.				
Indicator: Average cost per item laundered in-house				
R 4.49	R 4.89	R4.67	R0.21	This is a demand driven indicator which means it is not possible for the Department to predict with 100% accuracy the number of items to be laundered. The Department therefore considers a deviation of less than 5% as having achieved the target.
N: 58 486 645	N: 64 153 024	N: 58 696 958	N: 5 456 066	
D: 13 030 231	D: 13 132 536	D: 12 562 691	D: (569 845)	

Performance Indicators

Laundry Services					
Actual Achievement 2013/14	**Actual Achievement 2014/15**	**Actual Achievement 2015/16**	**Planned Target 2016/17**	**Actual Achievement 2016/17**	**Deviation**
Additional Provincial Indicators					
Indicator: Average cost per item laundered outsourced					
R 3.19	R 3.28	R 3.31	R 3.88	R 3.56	R 0.32
N: 22 685 064	N: 27 417 693	N: 27 376 128	N: 33 223 989	N: 28 471 463	N: 4 752 526
D: 7 118 224	D: 8 364 679	D: 8 266 131	D: 8 562 884	D: 7 991 134	D: (571 750)
Comment On Deviation Tenders for Worcester, Ceres, Robertson and Montagu Hospitals are still to be renewed; contracts have been extended on a three-monthly basis.					

Strategies to Overcome Under-Performance

Strategies introduced in 2016/17 with respect to the in-house laundry service e.g. rationalising of transport and the new maintenance approach to reduce downtime and increase efficiencies will continue in 2017/18.

Changes to Planned Targets

No targets were changed during the year.

Engineering Services

Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

The target for 2016/17 was not achieved. Reducing utilities consumption remains a focus area for the Department. Smart metering (energy) was rolled out to hospitals in 2015/16 and completed in 2016/17. A Utilities Champion was appointed to monitor and analyse utilities consumption (water and electricity) with the aim to identify and address problem areas by introducing utility-saving mechanisms.

Strategic Objectives

Provide an efficient and effective maintenance service.

Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation	Comment On Deviation
Strategic Objective: Provide an efficient and effective maintenance service.				
Indicator: Percentage reduction in energy consumption at provincial hospitals (compared to 2014/15 baseline)				
Not required to report	2.9%	2.7%	(0.2%)	Focus is on improving engineering installations. However, behaviour change is required at facilities – training and awareness campaign will be undertaken by Utilities Champion. Construction projects at some facilities impact on utilisation. Energy saving initiatives have been introduced at some facilities, which resulted in reduction in energy utilisation with initiatives identified for implementation at others. Utilities Champion has prepared project plan for 2017/18, which aims to bring about further reduction in utilisation.
	N: 4 402 964	N: 4 156 880	N: (246 084)	
	D: 153 279 246	D: 153 279 246	D: 0	

The target for 2016/17 was not achieved. Reducing utilities consumption remains a focus area for the Department. Smart metering (energy) was rolled out to hospitals in 2015/16 and completed in 2016/17. A Utilities Champion was appointed to monitor and analyse utilities consumption (water and electricity) with the aim to identify and address problem areas by introducing utility-saving mechanisms.

Performance Indicators

Engineering Services					
Actual Achievement 2013/14	**Actual Achievement 2014/15**	**Actual Achievement 2015/16**	**Planned Target 2016/17**	**Actual Achievement 2016/17**	**Deviation**
Additional Provincial Indicators					
Indicator: Percentage of engineering emergency cases addressed within 48 hours					
94.1%	87.6%	100.0%	97.9%	100.0%	2.1%
N: 190	N: 346	N: 459	N: 464	N: 366	N: (98)
D: 202	D: 395	D: 459	D: 474	D: 366	D: (108)
Comment On Deviation This is a demand driven indicator which means it is not possible for the Department to predict with 100% accuracy the number of engineering emergency cases. The Department therefore considers a deviation of less than 5% as having achieved the target.					
Indicator: Percentage of clinical engineering maintenance jobs completed					
95.0%	92.9%	91.9%	92.0%	98.4%	6.4%
N: 12 182	N:10 607	N: 11 568	N: 11 281	N: 14 090	N: 2 809
D: 12 820	D: 11 414	D: 12 586	D: 12 262	D: 14 325	D: 2 063
Comment On Deviation Target exceeded, which is to the benefit of the Department.					
Indicator: Percentage of engineering maintenance jobs completed					
82.0%	92.6%	85.9%	84.0%	85.9%	1.9%
N: 12 039	N: 12 664	N: 11 239	N: 12 008	N: 10 656	N: (1 352)
D: 14 677	D: 13 676	D: 13 078	D: 14 295	D: 12 400	D: (1 895)
Comment On Deviation This is a demand driven indicator which means it is not possible for the Department to predict with 100% accuracy the number of engineering maintenance jobs. The Department therefore considers a deviation of less than 5% as having achieved the target.					
Indicator: Percentage of selected hospitals utilising more water than the provincial benchmark					
Not required to report	37.0%	40.0%	50.0%	34.0%	16.0%
	N: 10	N: 14	N: 25	N: 17	N: 8
	D: 27	D: 35	D: 50	D: 50	D: 0
Comment On Deviation • Annual target states that a maximum of 25 hospitals will be utilising more water than the set benchmark. Utilisation at 17 hospitals was above the benchmark i.e. 8 less than targeted. Performance is thus below the benchmark. • Focus is on improving water reticulation and related infrastructure installations. However, behaviour change is required at facilities – training and awareness campaign will be undertaken by Utilities Champion. • Construction projects at some facilities impact on utilisation. Water saving initiatives have been introduced at some facilities, which resulted in reduction in water utilisation, with initiatives identified for implementation at others. Utilities Champion has prepared a project plan for 2017/18, which aims to bring about reduction in water utilisation.					

Strategies to Overcome Under-Performance

- Sub-programme 7.2 has performed well during 2016/17. The aim is to maintain the improved response time. Performance will continuously be monitored.
- Continuous monitoring of utilities consumption, identification of problem areas and implementation of utility-saving interventions. This has become all the more urgent given the water shortages in the province.

It is important to note that the Engineering budget for outsourced work (Professional Day-to-day) has moved to Programme 8 with effect from the beginning of the 2016/17 financial year.

Changes to Planned Targets

No targets were changed during the year.

Forensic Pathology Services

Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

The expansion of the Child Death review process to the rural districts led to improvement in clinical management and revision of the protocol on the management of Sudden Unexplained Deaths in Infants.

Our goal to strengthen toxicology practice progressed satisfactorily during 16/17 with the procurement of prioritised equipment and active review of cases

Strategic Objectives

Ensure access to a Forensic Pathology Service.

Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation	Comment On Deviation
Strategic Objective: Ensure access to a Forensic Pathology Service.				
Indicator: Percentage of FPS cases released within 5 days (excluding unidentified persons)				
73.3%	**72.4%**	**68.7%**	**(3.7%)**	• The cases having to be identified. As indicated there are issues in this aspect. • The knock on effect of the delay in post-mortem examination means that the cases were released later. • The metro which receives approximately 70% of the cases in the Province underperformed against the target due to service pressures as indicated. This has a knock on effect on the Provincial Performance.
N: 7 605	N: 7 591	N:7 163	N: (428)	
D: 10 382	D: 10 490	D:10 419	D: (71)	

Performance Indicators

Forensic Pathology Services					
Actual Achievement 2013/14	**Actual Achievement 2014/15**	**Actual Achievement 2015/16**	**Planned Target 2016/17**	**Actual Achievement 2016/17**	**Deviation**
Additional Provincial Indicators					
Indicator: Percentage of FPS cases responded to within 40 minutes					
77.8%	**77.0%**	**76.1%**	**76.0%**	**74.1%**	(1.9%)
N: 7 266	N: 7 418	N: 7 675	N: 7 845	N: 7 538	N: (307)
D: 9 340	D: 9 639	D: 10 081	D: 10 317	D: 10 168	D: (149)
Comment On Deviation • With reference to the Winelands/Overberg it should be noted that there are vast geographic areas that have to be serviced, which has historically placed a burden on the Directorate in terms of service to the public. • The performance of the other Districts against their targets meant that the provincial average was raised. It should be noted that the performance is within statistically acceptable variance. • It should be further noted that due to the service pressures being experienced in the Metro the target has been lowered consistently year on year to accommodate service realities. As the Metro deals with approximately 70% of the Case Load Provincially this will result in the targets being lowered year on year to accommodate service realities with factors outside of the control of the Directorate.					
Indicator: Percentage of FPS cases examined within 3 days					
72.3%	**73.9%**	**71.4%**	**71.6%**	**67.7%**	(3.9%)
N: 7 217	N: 7 559	N: 7 671	N: 7 818	N: 7 290	N: (528)
D: 9 984	D: 10 229	D: 10 750	D: 10 913	D: 10 771	D: (142)
Comment On Deviation • There are extreme service pressures within the Metro area which deals with approximately 70% of the case load. The deviation is due to both a staff shortage in terms of operational staff (FPO) and Pathologists, as well as an increase in the number of cases. This has resulted in a reduced performance against a target that has consistently been lowered year on year due to service pressures. The result of this is that there was a knock on in terms of the provincial performance. • The West Coast has historically lacked Pathologist support at Vredendal and Vredenburg and the cases were being transported to Malmesbury for examination. A Pathologist has been provisioned at Vredendal, with Vredenburg still transporting cases to Malmesbury for examination. This has resulted in an under performance against the target in the West Coast District and a knock on effect against the Provincial target.					
Indicator: Toxicology service commissioned					
New Indicator		**No**	**No**	No	0
Comment On Deviation Annual Performance Plan States, that although the full commissioning will occur with the opening of the new OFPI (Observatory Forensic Pathology Institute) in 2019/2020, the Department will in the meantime engage in the necessary preparation work of developing service standards and procurement of prioritised equipment					

Strategies to Overcome Under-Performance

Not relevant as these indicators are being replaced

There was a 0.21 per cent increase in the Case Load received during the 2016/17 financial year as compared to 2015/16. It should be further noted that there has been a 14.01 per cent increase in Case Load between the 2010/11 to 2016/17 period.

This coupled with an inequivalent growth in establishment led to a continued increase in pressure on the service and staff. This impacted on the Directorates ability to achieve its' service delivery objectives as above.

Changes to Planned Targets

The following indicators are being replaced:

- Percentage of FPS cases responded to within 40 minutes
- Percentage of FPS cases examined within 3 days
- Percentage of FPS cases released within 5 days (excluding unidentified persons)

The following indicators are being added:

- Post-mortem examinations per Full Time Equivalent (Pathologist). The target is 350 PM/FTE.
- Number of child death review boards established. The target is 5 for the province.

Orthotic & Prosthetic Services

Note the funding and managerial responsibility for Orthotic and Prosthetic Services has been transferred to Sub-programme 4.4.

Cape Medical Depot

Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

Strategic Objectives

Ensure optimum pharmaceutical stock levels to meet the demand.

Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation	Comment On Deviation
Strategic Objective: Ensure optimum pharmaceutical stock levels to meet the demand.				
Indicator: Percentage of pharmaceutical stock available				
93.8%	97.0%	93.8%	(3.2%)	A marginal deviation from the performance target is considered by the Department as having achieved the target.
N: 716	N: 744	N: 676	N: (68)	
D: 763	D: 767	D: 721	D: (46)	

Performance Indicators

Cape Medical Depot					
Actual Achievement 2013/14	**Actual Achievement 2014/15**	**Actual Achievement 2015/16**	**Planned Target 2016/17**	**Actual Achievement 2016/17**	**Deviation**
Additional Provincial Indicators					
Indicator: Percentage of pharmaceutical orders finalised (processed) within 3 working days					
Not required to report	94.9%	95.2%	80.0%	98.1%	18.1%
	N: 335 664	N: 333 208	N: 320 000	N: 354 761	N: 34 761
	D: 353 670	D: 350 159	D: 400 000	D: 361 534	D: (38 466)
Comment On Deviation This is a demand driven indicator which means it is not possible for the Department to predict with 100% accuracy the number of pharmaceutical orders. With effective management and processes more pharmaceutical orders were finalised within 3 working days than anticipated. The Department therefore considers the over-performance (deviation) as acceptable.					
Indicator: Percentage of pharmaceutical demander queries resolved within 2 working days					
Not required to report	97.5%	97.3%	81.1%	91.0%	9.9%
	N: 2 723	N: 3 266	N: 3 650	N: 3 229	N: (421)
	D: 2 793	D: 3 356	D: 4 500	D: 3 549	D: (951)
Comment On Deviation This is a demand driven indicator which means it is not possible for the Department to predict with 100% accuracy the number of pharmaceutical demander queries. With effective management and processes less pharmaceutical demander queries were received and more queries were resolved within 2 working days. The Department therefore considers the over-performance (deviation) as acceptable.					

Strategies to Overcome Under-Performance

No strategies were required, as there was no significant under-performance during the financial year that required intervention.

Changes to Planned Targets

None.

Link Performance with Budgets

- Programme 7 achieved a break-even scenario in 2016/17.
- Sub-programme 7.1: Laundry Services recorded an under spending of R4.751 million or 4.8 per cent of its final appropriation primarily due to delays in the finalisation of renewal contracts for outsourced laundry services and the related expected increase in cost to render the service.
- Sub-programme 7.2: Engineering Services registered an over expenditure of R4.649 million or 5.3 per cent to counter-balance the under expenditure in Laundry Services. This funding was utilised to undertake engineering jobs.

Sub-Programme	2016/2017			2015/2016		
	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	98 462	93 711	4 751	82 664	80 467	2 197
Engineering Services	88 533	93 182	(4 649)	115 840	117 814	(1 974)
Forensic Pathology Services	155 681	155 784	(103)	151 103	150 958	145
Orthotic and Prosthetic Services	1	-	1	1	-	1
Cape Medical Depot	83 023	83 023	-	73 372	73 738	(366)
TOTAL	**425 700**	**425 700**	**-**	**422 980**	**422 977**	**3**

Programme 8: Health Facilities Management

Purposes

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

Sub-Programmes

Sub-programme 8.1: Community Health Facilities

Plan, design, construction, upgrade, refurbishment, additions, and maintenance of community health centres, community day centres, and clinics

Sub-programme 8.2: Emergency Medical Rescue Services

Plan, design, construction, upgrade, refurbishment, additions, and maintenance of emergency medical services facilities

Sub-programme 8.3: District Hospital Services

Plan, design, construction, upgrade, refurbishment, additions, and maintenance of district hospitals

Sub-programme 8.4: Provincial Hospital Services

Plan, design, construction, upgrade, refurbishment, additions, and maintenance of provincial hospitals

Sub-programme 8.5: Central Hospital Services

Plan, design, construction, upgrade, refurbishment, additions, and maintenance of central hospitals

Sub-programme 8.6: Other Facilities

Plan, design, construction, upgrade, refurbishment, additions, and maintenance of other health facilities, including forensic pathology facilities and nursing colleges

Strategic Objectives, Performance Indicators, Planned Targets & Actual Achievements

Good progress was made in 2016/17 towards achieving the strategic objective with two new / replacement healthcare facilities completed, whilst various others were extended, upgraded and rehabilitated.

Strategic Objectives

Efficient and effective management of infrastructure.

Actual Achievement 2015/16	Planned Target 2016/17	Actual Achievement 2016/17	Deviation	Comment On Deviation
Strategic Objective: Efficient and effective management of infrastructure.				
Indicator: Percentage of Programme 8 capital infrastructure budget spent (excluding maintenance)				
81.0%	100.0%	105.5%	(5.5%)	Over-expenditure is mainly due to unforeseen Final Accounts and escalation of projects in construction.
N: 312 931 802	N: 346 999 000	N: 344 324 084	N: 2 674 915	
D: 386 357 000	D: 346 999 000	D: 326 399 000	D: 20 600 000	
Indicator: Percentage of Programme 8 capital infrastructure projects completed				
0.0%	100.0%	66.7%	(33.3%)	Delays experienced on the following projects: Beaufort West - Hill Side Clinic - Replacement (some delays experienced, project achieved Practical Completion in May 2017); • Bellville- Karl Bremer Hospital - New Bulk Store (extension of time granted due to underground services in initial stages of the project). • Khayelitsha - Khayelitsha Hospital - CT Scan and Ward Completion (delays due to late ordering of materials with long lead times, clinical operational requirements related to gas tie and incorrect glazing specification for radiologists control room). • Observatory - Groote Schuur Hospital - Central Kitchen - Floor Replacement (cancellation of contract).
N: 0	N: 12	N: 8	N: (4)	
D: 12	D: 12	D: 12	D: 0	

Performance Indicators

Health Facilities Management					
Actual Achievement 2013/14	**Actual Achievement 2014/15**	**Actual Achievement 2015/16**	**Planned Target 2016/17**	**Actual Achievement 2016/17**	**Deviation**
Sector Specific Indicators					
Indicator: Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District (Eden District)					
New indicator			6	5	(1)
Comment On Deviation Five facilities have undergone major or minor refurbishment in the Eden District. Delays, due to electrical issues, have been experienced on the Mossel Bay- Brandwacht and Eyethu Clinics – General building repairs and renovations project.					
Indicator: Number of health facilities that have undergone major and minor refurbishment (excl. facilities in the NHI pilot district)					
New indicator			52	58	6
Comment On Deviation Target exceeded which is to the benefit of the Department.					
Indicator: Establish service level agreements (SLAs) with Department of Public works (and any other implementing agent)					
New indicator		Not required to report	Yes	Yes	None
Comment On Deviation Target achieved.					
Additional Provincial Indicators					
Indicator: Percentage of Programme 8 scheduled maintenance budget spent					
New indicator			100.0%	82.7%	17.3%
			N: 235 572 000	N: 202 341 929	N: 33 230 071
			D: 235 572 000	D: 244 583 000	D: (9 011 000)
Comment On Deviation Under expenditure due to (i) poor quality condition assessments (ii) delays in the finalisation of project scopes (iii) delays in project procurement and lengthy implementation periods.					
Indicator: Percentage of routine and professional day-to-day maintenance budget spent					
New indicator			100.0%	91.4%	8.6%
			N: 100 592 000	N: 156 581 269	N: (55 989 269)
			D: 100 592 000	D: 171 240 000	D: (70 648 000)
Comment On Deviation Under-expenditure was mainly due to revisions to the Strategic Brief for Khayelitsha (Site B) CHC- Temporary IDU project and subsequent revisions to the design and costs.					
Indicator: Percentage of Programme 8 health technology budget spent					
111.8	96.1%	109.4%	100.0%	167.5%	(67.5%)
N: 245 750	N: 183 391 491	N: 119 789 046	N: 53 318 000	N: 113 359 879	N: (60 041 879)
D: 219 823	D: 190 859 000	D: 109 545 000	D: 53 318 000	D: 67 665 000	D: (14 347 000)
Comment On Deviation Over-expenditure is due to: (i) under-estimation of medical equipment needs at time of budget allocation; (ii) cost increases (due to inflation and rate of exchange) at time of procurement; (iii) changes in expenditure timeframes as a result of either earlier or later practical completion of infrastructure, (iv) additional projects allocated.					

Strategies to Overcome Under-Performance

- Creating a pipeline of projects ready to go to tender.
- Utilising contracting strategies aimed at engaging the contractor earlier to shorten the delivery of infrastructure e.g. Develop and Construct, Design and Construct etc.
- Standardisation of health facility designs in terms of standard floor plan layouts, materials, finishes and schedules of accommodation
- Institutionalisation of the IDMS and Infrastructure Gateway System (IGS) to ensure efficient project monitoring and control
- Reallocation of infrastructure budget to Health Technology and Engineering as soon as the risk of under expenditure is raised.

Changes to Planned Targets

No targets were changed during the year.

Link Performance with Budgets

- Programme 8 is overall within budget for 2016/17, however:
- Compensation of employees is underspent by R6.065 million as a result of Occupational Specific Dispensation (OSD) posts not filled, due to the specialised scarce skills requirements attached to these posts. A main contributor is the Director: Engineering and Technical Support post that was declined twice by the successful candidates.
- Goods and Services is underspent by R59.221 million mainly due to Scheduled Maintenance as a result of (i) poor quality condition assessments (ii) delays in the finalisation of project scopes (iii) delays in project procurement and lengthy implementation periods
- Payments for capital assets is overspent by R65.274 million mainly as a result of:
  - Health Technology (i) under-estimation of medical equipment needs at time of budget allocation; (ii) cost increases (due to inflation and rate of exchange) at time of procurement; (iii) changes in expenditure timeframes as a result of either earlier or later practical completion of infrastructure, (iv) additional projects allocated.
  - Infrastructure, mainly due to unforeseen final accounts and escalation of projects in construction.

The table below reflects that expenditure for Community Health Facilities, District Hospital Services, Provincial Hospital Services and Central Hospital Services improved significantly for 2016/17. In the Community Health Facilities Sub-programme, there were projects such as the Napier CDC Replacement where construction was ahead of schedule. Projects in the Central Hospital Services Sub-programme showed increased expenditure to ensure that maintenance work was undertaken on aging infrastructure.

Sub-Programme	2016/2017			2015/2016		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Community Health Facilities	238 483	240 119	(1 636)	188 900	180 130	8 770
Emergency Medical Rescue Services	24 621	18 228	6 393	21 146	18 611	2 535
District Hospital Services	248 902	251 651	(2 749)	198 942	145 995	52 947
Provincial Hospital Services	135 239	135 356	(117)	225 754	214 428	11 326
Central Hospital Services	130 640	152 372	(21 732)	144 137	145 503	(1 366)
Other Facilities	99 553	79 712	19 841	113 460	75 764	37 696
TOTAL	**877 438**	**877 438**	**-**	**892 339**	**780 431**	**111 908**

Transfer Payments

Transfer payments to Public Entities

The Department does not have any Public Entities.

Transfer payments to all Organisations other than public entities

Transfer Payments Made

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
Transfers to Municipalities						
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, HIV/AIDS and Global Fund.	Yes	461 878	461 878	N/A	City of Cape Town District
Transfers to Departmental Agencies & Accounts						
Health & Welfare SETA						
Statutory Body	People development	Yes	4 790	4 790	N/A	Departmental
Radio & Television						
Licensing Authorities	Licences	Yes	448	448	N/A	Departmental
Transfers to Non-Profit Institutions						
Health Programmes						
Non-profit Institutions	Alcohol Harms Reduction Game Changer	Yes	337	337	N/A	City of Cape Town District
Various Institutions						
Community based Programmes	For door-to-door surveillance to determine the burden of disease for two pilot sites (Delft and Philippi areas)	Yes	601	601	N/A	City of Cape Town District
Various Institutions						
Non-Profit institutions	Community Health Clinics: Vaccines and Tuberculosis treatment	Yes	143	143	N/A	Central Karoo District
Various Institutions						
Non-Profit Institutions	Tuberculosis treatment	Yes	839	839	N/A	Cape Winelands District
		Yes	788	788	N/A	Eden District
		Yes	138	138	N/A	West Coast District
Booth Memorial						
Provincially aided hospital	Intermediate care facility - adult	Yes	20 379	20 379	N/A	City of Cape Town District
Sarah Fox						
Provincially aided hospital	Intermediate care facility - children	Yes	10 178	10 178	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.	Yes	1 325	1 325	N/A	Eden District
Various Institutions						
Non-Profit Institutions	TB Adherence and Counselling	Yes	343	343	N/A	Khayelitsha/Eastern SS
		Yes	124	124	N/A	Klipfontein/M Plain SS
		Yes	229	229	N/A	Northern/Tygerberg SS
		Yes	279	279	N/A	Western/Southern SS
		Yes	2 245	2 245	N/A	West Coast District

Various Institutions						
Non-Profit Institutions	Home Based care	Yes	9 414	9 414	N/A	Khayelitsha/Eastern SS
		Yes	2 858	2 858	N/A	Klipfontein/M Plain SS
		Yes	2558	2558	N/A	Northern/Tygerberg SS
		Yes	4 418	4 418	N/A	Western/Southern SS
Various Institutions						
Non-Profit Institutions	Mental Health	Yes	2 911	2 911	N/A	Cape Winelands District
		Yes	359	359	N/A	Central Karoo District
		Yes	109	109	N/A	Eden District
		Yes	11 772	11 772	N/A	Khayelitsha/Eastern SS
		Yes	8 980	8 980	N/A	Klipfontein/M Plain SS
		Yes	7 191	7 191	N/A	Northern/Tygerberg SS
		Yes	4 047	4 047	N/A	Overberg District
		Yes	7 765	7 765	N/A	Western/Southern SS
Various Institutions						
Non-Profit Institutions	Anti-retroviral treatment, home-based care, step-down care, HIV counselling and testing, etc	Yes	31 402	31 402	N/A	Cape Winelands District
		Yes	7 436	7 436	N/A	Central Karoo District
		Yes	29 728	29 728	N/A	Eden District
		Yes	2 190	2 190	N/A	HIV/Aids &TB
		Yes	11 099	11 099	N/A	Khayelitsha/Eastern SS
		Yes	6 744	6 744	N/A	Klipfontein/M Plain SS
		Yes	36 183	36 183	N/A	Northern/Tygerberg SS
		Yes	15 534	15 534	N/A	Overberg District
		Yes	22 515	22 515	N/A	West Coast District
		Yes	10 583	10 583	N/A	Western/Southern SS
Various Institutions						
Non-Profit Institutions	Rendering of a Nutrition intervention service to address malnutrition in the Western Cape	Yes	110	110	N/A	Central Karoo District
		Yes	608	608	N/A	Eden District
		Yes	1 073	1 073	N/A	Khayelitsha/Eastern SS
		Yes	286	286	N/A	Klipfontein/M Plain SS
		Yes	572	572	N/A	Northern/Tygerberg SS
		Yes	386	386	N/A	Western/Southern SS
Carel Du Toit & Philani						
Non-Profit Institutions	Hearing Screening Rehab Workers and mentoring in Speech-Language and Audiology services for children	Yes	1 454	1 454	N/A	Klipfontein/M Plain SS
Various Institutions						
Non-Profit Institutions	Providing HIV and Aids and Tuberculosis treatments via Palliative Care and operational cost for Multi Sectoral Teams (Msats) for Community Dialogue (Global Fund)	Yes	38	38	N/A	Cape Winelands District
		Yes	56	56	N/A	Central Karoo District
		Yes	31	31	N/A	Eden District
		Yes	137	137	N/A	Health Programmes
		Yes	169	169	N/A	Community Based Programmes
		Yes	6 629	6 629	N/A	Klipfontein/M Plain SS
		Yes	7	7	N/A	Northern/Tygerberg SS
		Yes	99	99	N/A	Overberg District
		Yes	11	11	N/A	West Coast District
Open Circle & Hurdy Gurdy						
Non-Profit Institutions	Residential care for people with autism or intellectual disability and with challenging behaviour	Yes	2 823	2 823	N/A	City of Cape Town District

Maitland Cottage						
Step-down Care	Paediatric orthopaedic care	Yes	10 838	10 838	N/A	City of Cape Town District
Various Institutions						
Non-Profit Institutions	Extended Public Works Programme (EPWP) funding used for training and Home Based Care	Yes	61 353	61 353	N/A	Departmental
The Children's Hospital Trust						
Non-Profit Institutions	Funds for Groote Schuur Hospital upgrade of Neonatal and ultrasound in Maternity Ward and Red Cross War Memorial Children's Hospital Paediatric ICU Upgrade and Extension	Yes	15 000	15 000	N/A	City of Cape Town District
Transfers to Households						
Employee Social Benefits – cash residents						
Various Claimants	Injury on duty, Leave Gratuity, Retirement Benefit, Severance Package	Yes	50 120	50 120	N/A	Departmental
Various Claimants						
Various Claimants	Claims against the state: households	Yes	38 380	38 380	N/A	Departmental
Various Claimants						
Higher education Institutions	Bursaries	Yes	64 436	64 436	N/A	Departmental
Various Claimants						
Various Claimants	Payment made as act of grace.	Yes	116	116	N/A	Departmental
		Total Transfers	**995 592**	**995 592**		

Transfer Payments Not Made

Type of Organisation	Purpose for which the funds were to be used	Amount Budgeted	Amount Transferred	Reasons why funds were not transferred	Geographical Area
Transfers to Higher Education Institution					
Cape Peninsula University of Technology					
Higher education Institution	Nursing Training - Management (agency) fee and appointment of mentors in line with the Agency Agreement concluded between Western Cape Department of Health and Cape Peninsula University of Technology	4 192	-	Payment of Transfer to CPUT was not processed as the Department and CPUT was in the process of concluding a "Heads of Agreement" document to agree that CPUT would take responsibility for the operational management of the Western Cape College of Nursing (WCCN) as from 01 January 2017.	City of Cape Town District
Transfers to Non-Profit Institutions					
Various Institutions					
Non-Profit Institutions	Social Impact Bond for 1st 1000 days	3 000	-	Procurement of Social Impact Bond (SIB) took longer than anticipated. Services to start in May 2017	City of Cape Town District
Transfers to Households					
Western Cape on Wellness (WoW)					
Community Based Programmes	Cash Donation made to Department of Cultural affairs and Sports for the healthy lifestyles initiatives	69	-	Award ceremony only taking place in the 2017/18 financial Year	City of Cape Town District
Health Impact assessment	Cash Donation for the healthy lifestyles initiatives	78	-	Duplicated budget - was also budgeted under Community Based Programmes	City of Cape Town District

Conditional Grants

Health Facility Revitalisation Grant

Whilst a small portion of the infrastructure funding allocation emanates from the provincial equitable share, funding was primarily provided through the Health Facility Revitalisation Grant as stipulated in the Division of Revenue Act, Act No. 3 of 2016. The strategic goal of the grant is "to enable provinces to plan, manage, maintain and transform health infrastructure in line with national and provincial policy objectives". The Health Facility Revitalisation Grant was utilised during the 2016/17 financial year in line with Healthcare 2030.

Transferring Department	**National Department of Health**
Purpose of the Grant	To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance To enhance capacity to deliver health infrastructure
Expected Outputs of the Grant	Number of health facilities, planned, designed, constructed, equipped, operationalised and maintained
Actual Outputs Achieved	Refer to table below
Amount per amended DORA (R'000)	733 366
Amount Received (R'000)	733 366
Reasons if amount as per DORA was not Received	Not applicable
Amount spent by the Department (R'000)	733 366
Reasons for the funds Unspent by the entity	Not applicable. Funds were fully spent.
Reasons for Deviations on Performance	Refer to table below.
Measures taken to Improve Performance	Performance in 2016/17 was very good. Although there is not a scientific method to accurately forecast expenditure for capital and scheduled maintenance infrastructure projects, the Department succeeded in managing projects between the two components to effectively spend the budget. In 2017/18 the following will continue: • Developing the design of projects to tender stage to ensure a pipeline of projects • Standardisation of health facility designs in terms of standard floor plan layouts, materials, finishes and schedules of accommodation • Ongoing joint monitoring of progress on projects
Monitoring Mechanism by the receiving Department	Monthly infrastructure projects progress review meetings with WCGTPW as the Implementing Agent, project meetings and site meetings. In addition to this, monthly Cashflow Meetings have been implemented to ensure that cashflows on a project level are monitored. The Implementing Agent also records progress on Enterprise Project Management (EPM) and provides project documents on Enterprise Content Management. In addition to this, the Department utilises the PMIS (PPO) to update project information and progress, with some of the information being integrated from EPM and documents uploaded to the PMIS by WCGTPW.

Expected & Actual Outputs for the Health Facility Revitalisation Grant for 2016/17			
Output	**Expected**	**Achieved**	**Reason for Deviation**
Number of health facilities planned (projects being planned i.e. in Control Framework for Infrastructure Delivery Management Stage 0, 1, 2, 3 or 4).	7	58[1]	The expected output was understated as only projects for which strategic briefs were to be issued during 2016/17 were included in the forecast. The actual number of projects that were in planning at the end of the financial year – reported in line with the Control Framework for Infrastructure Delivery Management – was 58. The Department continues its strategy to create a pipeline of projects i.e. a large number of projects in planning (Stage 0, 1, 2, 3 or 4). Site identification and acquisition processes are also undertaken during this phase. All projects in planning at the end of 2016/17 are thus reported on.
Number of health facilities being designed i.e. projects in Control Framework for Infrastructure Delivery Management Stage 5 or 6	42	12	Some projects were cancelled or put on hold in 2016/17[2], whilst others progressed to construction.
Number of health facilities constructed (projects being constructed i.e. in Control Framework for Infrastructure Delivery Management Stage 7 or 8)	13	18	Various tenders were accepted and projects proceeded to construction. Twelve projects were targeted to achieve completion but, due to slower than expected progress, only eight of those achieved Practical Completion. However, a total of 13 projects achieved Practical Completion in 2016/17, this is mainly due to some projects being delayed in 2015/16.
Number of facilities equipped	17	27[3]	Equipping at two facilities, planned for completion in 2016/17, could not be completed in 2016/17 since some deliveries and associated payments could not be effected before the end of the financial year.
Number of health facilities operationalised[4]	17	23	Facilities / areas within facilities operationalised: • Beaufort West Hospital • Bothasig CDC • Brewelskloof Hospital • Citrusdal Clinic • Delft Symphony Way CHC • Eden Nurses College • Groote Schuur Hospital • Karl Bremer Hospital (PACS/RIS) • Khayelitsha Hospital (Medical Waste Treatment System & PACS/RIS) • Knysna Hospital • Lentegeur Hospital (Conference Centre) • Mitchells Plain Hospital (PACS/RIS) • Oudtshoorn Hospital (Digital X-Ray System) • Paarl Hospital • Piketberg Ambulance Station • Riviersonderend Clinic • Tygerberg Hospital • Valkenberg Hospital • Velddrif Clinic • Vredendal Hospital • Wesfleur Hospital • Western Cape College of Nursing (Erica Hostel) • Worcester Hospital

Notes

1. Projects with a budget allocation in 2017/18.
2. Projects cancelled e.g. Victoria Street Clinic – Rehabilitation, Riversdale FPL – Replacement. Projects put on hold e.g. De Doorns Ambulance Station – Replacement, WCCN York Hostel – Upgrade, Valkenberg Hospital – Forensic Village High Secure (duplicated project), Wynberg – Victoria Hospital EC – Enabling Works.
3. Facility / unit equipped means facilities (and not projects) where equipping has been completed and payments with respect thereto have been made. It is important to note that reference here is to facilities and not projects and that one facility counted can comprise of more than one project. Additional projects were taken on to mitigate the risk of under expenditure.
4. Facility / unit is typically operationalised three to six months after equipping has been complete; some facilities / units were equipped at the end of 2015/16 and became operational in 2016/17.

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 Treasury and the National Department of Health as stipulated.

Expected Outputs of the Grant & the Actual Outputs Achieved

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 at the end of the financial year.

EPWP Integrated Grant for Provinces

Transferring Department	**National Department of Public Works**	
Purpose of the Grant	To incentivise provincial departments to expand work creation efforts through the use of labour intensive delivery methods in the following identified focus areas, in compliance with the EPWP guidelines: • Road maintenance and the maintenance of buildings • Low traffic volume roads and rural roads • Other economic and social infrastructure • Tourism and cultural industries • Sustainable land based livelihoods • Waste management	
Expected Outputs of the Grant	**Indicator**	**Annual Target**
	Number of people employed and receiving income through the EPWP (as per approved Project Plan 2016/2017 EPWP Beneficiaries))	65
	Women*	55%
	Youth*	51%
	People with disabilities*	2%
	Increase income per EPWP beneficiary (as per Grant Agreement for the Integrated EPWP Grant to Provinces)	R 78.86 per day
	Increased average duration of the work opportunities created (as per approved Project Plan 2016/2017 EPWP Beneficiaries)	12 months

Actual Outputs Achieved	**Indicator**	**Actual Output**
	Increase number of people employed and receiving income through the EPWP	87
	Women	51%
	Youth	93%
	People with disabilities	7%
	Increase income per EPWP beneficiary	R 127.27 per day
	Increased average duration of the work opportunities created	12 months
Amount per amended DORA (R'000)	2 324	
Amount Received (R'000)	2 324	
Reasons if amount as per DORA was not Received	Not applicable.	
Amount spent by the Department (R'000)	2 324	
Reasons for the funds Unspent by the entity	Not applicable.	
Reasons for Deviations on Performance	The number of women appointed was below the target. Due to the operational nature of some of the positions, physical strength is a requirement (e.g. handling heavy loads of laundry items, working with chain saws), which poses a challenge to the Department to achieve this specific target. It is important to note that some of the women through the EPWP were permanently appointed within Government during the financial year. Income per EPWP beneficiary is exceeded This is due to: • National Department of Works EPWP Programme Managers reiterating at various meetings that, if affordable within the grant (or by the custodian Department subsidising the programme), a more market-related wage should be paid to beneficiaries. • The Directorate: Engineering and Technical Support is also the custodian of another skills development program i.e. the ATA (Assistant to Artisan). A discrepancy in the wages of ATAs and EPWPs resulted in some labour issues during the 2014/15. In order to circumvent a reoccurrence, the wages for the two programmes were aligned (the same procedure was followed in 2015/16).	
Measures taken to Improve Performance	In-house training and rotation of duties between the various institutions continues.	
Monitoring Mechanism by the receiving Department	• Projects are monitored at various levels: • One project manager (not EPWP appointment) and two supervisors (EPWP appointees) oversee projects. • Written feedback received from facilities. • Attendance registers maintained on a daily basis. • Weekly and monthly progress reports submitted by Team Leaders.	
Notes		

* Targets as stipulated in Guidelines for the Implementation of labour-intensive Infrastructure Projects under the Expanded Public Works Programme (EPWP), Third Edition 2015

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 Western Cape complied with the Division of Revenue Act requirements and submitted all the required reports as prescribed.

National Tertiary Services Grant

Transferring Department	**National Department of Health**	
Purpose of the Grant	Ensure provision of tertiary health services for all South African citizens (including documented foreign nationals) To compensate tertiary facilities for the additional costs associated with provision of these services	
Expected Outputs of the Grant	**Indicator**	**Annual Target**
	Day patient separations - Total	14 426
	Inpatient days - Total	594 212
	Inpatient separations - Total	94 094
	Outpatient first attendance - Total	219 382
	Outpatient follow-up attendances	581 186
Actual Outputs Achieved	**Indicator**	**Actual Output**
	Day patient separations - Total	13 627
	Inpatient days - Total	577 754
	Inpatient separations - Total	90 471
	Outpatient first attendances	214 982
	Outpatient follow-up attendances - Total	560 834
Amount per amended DORA (R'000)	2 706 888	
Amount Received (R'000)	2 706 888	
Reasons if amount as per DORA was not Received	Not applicable	
Amount spent by the Department (R'000)	2 706 888	
Reasons for the funds Unspent by the entity	Not applicable	
Reasons for Deviations on Performance	Service need varies according to the burden of disease. On average 96.4% of the service targets has been achieved.	
Measures taken to Improve Performance	Not applicable	
Monitoring Mechanism by the receiving Department	Expenditure and service delivery reports provided to National Department of Health and Provincial Treasury. WCG: Health fully complied with the measures and provincial responsibilities as stipulated in the grant framework.	

Notes

- As a schedule 4 grant the service outputs are subsidised by the Equitable Share, 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.
- Provincial Treasury confirmed that all transfers were deposited into the accredited bank account of the Provincial Treasury. 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.

Health Professionals Training & Development Grant

Transferring Department	**National Department of Health**	
Purpose of the Grant	Support provinces to fund service costs associated with clinical teaching and training of health science trainees on the public service platform	
Expected Outputs of the Grant	**Indicator**	**Annual Target**
	Number of Registrars	550
	Number of Medical Specialists	195
	Number of Clinical Supervisors	274
	Number of Grant Management	2
Actual Outputs Achieved	**Indicator**	**Actual Output**
	Number of Registrars	550
	Number of Medical Specialists	195
	Number of Clinical Supervisors	274
	Number of Grant Management	2
Amount per amended DORA (R'000)	510 716	
Amount Received (R'000)	510 716	
Reasons if amount as per DORA was not Received	Not applicable	
Amount spent by the Department (R'000)	510 716	
Reasons for the funds Unspent by the entity	Not applicable	
Reasons for Deviations on Performance	Not applicable	
Measures taken to Improve Performance	Not applicable	
Monitoring Mechanism by the receiving Department	Quarterly reports (reflecting expenditure and grant outputs) provided to the National Department of Health as well as Provincial Treasury.	

Notes

- Targets reflected demonstrates the number of staff partially supported by the HPTDG that are providing clinical training on the service platform.
- The actual outputs reflect the status at the end of the financial year (31 March 2017). 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.
- There was an intake of students for the academic year in the fourth quarter of the financial year. Student enrolment is concluded after the submission of the business plan. Students are subjected to a selection process by the higher education institutions before they can enrol. The additional student's enrolments align to national strategic intent but require additional funding to sustain.
- 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.
- Provincial Treasury confirmed that all transfers were deposited into the accredited bank account of the Provincial Treasury.
- In the management of the HPTDG, the Western Cape complied with the Division of Revenue Act requirements and submitted all the required reports as prescribed.

Comprehensive HIV & Aids Grant

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**	
Purpose of the Grant	To provide additional and targeted financial resources in order to accelerate the effective implementation of a programme that has been identified as a priority in the 10-point plan of the National Department of Health	
Expected Outputs of the Grant	**Indicator**	**Annual Target**
	ART: Number of facilities accredited as ART service points	285
	ART: Number of registered ART patients	219 000
	PMTCT: Number of antenatal clients tested for HIV	90 000
	PMTCT: Nevirapine dose to baby rate Numerator: Infants given Nevirapine within 72hrs after birth Denominator: Live births to HIV positive women	95%
	PMTCT: Transmission rate Numerator: Infants HIV PCR positive around 6 weeks Denominator: Infants PCR tested for HIV around 6 weeks	1.3%
	RTC: Number of monthly expenditure reports submitted in time	12
	RTC: Number of quarterly output reports submitted in time	4
	HCT: Number of lay counsellors receiving stipend	665
	HCT: Number of clients' HIV tested	1 106 848
	MMC: Number of males > 15 years circumcised	23 560
	HCBC: Number of Home Based Carers receiving stipends	3 700
	Step-down care: Number of step-down care facilities funded	No longer funded by the HIV Conditional Grant
Actual Outputs Achieved	**Indicator**	**Actual Output**
	ART: Number of facilities accredited as ART service points	280
	ART: Number of registered ART patients	230 931
	PMTCT: Number of antenatal clients tested for HIV	135 911
	PMTCT: Nevirapine dose to baby rate Numerator: Infants given Nevirapine within 72hrs after birth Denominator: Live births to HIV positive women	98.9%
	PMTCT: Transmission rate Numerator: Infants HIV PCR positive around 6 weeks Denominator: Infants PCR tested for HIV around 6 weeks	0.9%
	RTC: Number of monthly expenditure reports submitted in time	12
	RTC: Number of quarterly output reports submitted in time	4
	HCT: Number of lay counsellors receiving stipend	665
	HCT: Number of clients' HIV tested	1 379 375
	MMC: Number of males > 15 years circumcised	11 687
	HCBC: Number of Home Based Carers receiving stipends	3 413
	Step-down care: Number of step-down care facilities funded	No longer funded by the HIV Conditional Grant
Amount per amended DORA (R'000)	1 267 209	
Amount Received (R'000)	1 267 209	

Reasons if amount as per DORA was not Received	Not applicable
Amount spent by the Department	R 1 267 206 214
Reasons for the funds Unspent by the entity	Not applicable
Reasons for Deviations on Performance	**Number of facilities accredited as ART service points** Deviation is less 5%. We are dependent on the substructures and districts to open new services points, even with UTT implementation the services have struggled to expand on service points. **Number of males > 15 years circumcised** The target was not achieved. Programme performance continued to decline and this led to development of a MMC repositioning document. The aim was to encourage better buy-in from senior managers. **Number of Home Based Carers receiving stipends** SLAs with NPOs signed for 3 700 home-based carers. Target under-achieved by 287 carers due to staff attrition and delays in subsequent recruitment and selection processes.
Measures taken to Improve Performance	**Number of facilities accredited as ART service points** Engage districts on a plan to open more sites to render ART services. Districts will be taking a phased approach, starting with BANC sites initiating ANC clients. Districts have also mentioned that due to capacity constraints it is challenging to render ART at all service points. **Number of males > 15 years circumcised** Districts were asked to develop district micro plans and MMC performance schedules. These have started to show up gaps in the programme that require attention if progress is to be achieved. **Number of Home Based Carers receiving stipends** No intervention is required as this will fluctuate with operational requirements and within the allocated budget.
Monitoring Mechanism by the receiving Department	• Monthly Financial Reporting • Quarterly programme performance reporting • Bi-annual Conditional Grant review conducted by the National DoH • Annual HIV Conditional Grant Evaluation report

TB is recognised as a disease whose origins lie in poor socioeconomic conditions, which are arguably worsening. TB disproportionately affects the poorest strata of society. High rates of unemployment, substance abuse and migration contribute to the difficulty in maintaining such patients in care. This is further hampered by the operational difficulty of retrieving patients who've been identified as lost to care. TB client lost to follow up rate increased from 9.0 per cent in previous financial year to 9.6 per cent. The TB symptom 5 years and older screened rate was markedly improved from 16.4 per cent to 30.5 per cent in this financial year. An emphasis on infectious disease screening at PHC level, resulting in better than planned TB screening performance. The province saw a reduction in the TB programme success rate from 82.3 per cent to 80.4 per cent, which is a marginal deviation from the performance target and is considered by the Department as having achieved the target.

113 913 868 male condoms (mid-year adjustment to numerator target from 107 185 693 because of budget shortfall) were distributed and every effort has been made to ensure accurate recording and reporting of condoms. The total number of clients tested for HIV (including antenatal clients) was 1 379 375 against the provincial target of 1 247 532. There has been an emphasis on infectious disease screening at PHC level, resulting in better than planned HIV screening performance. The male medical circumcision targets underperformed and some of the reason for poor performance are due to lack of social marketing, minimal buy-in from target population and loss of partner organisations in rural areas and over-ambitious targets in general. The target was adjusted mid-year from 33 741 and only 11 687 was achieved.

The province improved the proportion of ART clients who remain in care from 68.9 per cent in 15/16 after 12 months to 72.2 per cent. The proportion of ART clients who remain in care after 48 months was improved from 57.3 per cent to 60.7 per cent and is considered by the Department as having achieved the target. By the end of 2016/17 there were 280 fully functional ART service points in the Western Cape Province, which was an under-achievement of the target of 285. A total of 222 876 patients were retained in care on ARV treatment which was above the set target of 214 978. A total of 70 237(31per cent) clients are retained in care in chronic clubs. The ongoing success of the PMTCT program has contributed to less children requiring ART than projected, the total children remaining on ART for this financial year was 8 055.

In 2016/17 training was implemented through the Peoples Development Centre (PDC) according to the business plan. Training schedules were revised to meet the needs of the districts, and all effort are made to consult districts about ensuring decentralized training. Every effort was made to standardize the training and to avoid duplication of training courses. Great effort was made to implement a comprehensive monitoring and evaluation system to ensure quality training outcomes and support to learners. The training centre also successfully reviewed several training packages to ensure that training is conducted in line with new health policies.

National Health Insurance Grant

Transferring Department	**National Department of Health**
Purpose of the Grant	• Test innovations in health service delivery and delivery for implementing NHI, allowing for each district to interpret and design innovations relevant to its specific context, in line with the vision of realising universal health coverage for all. • To undertake health system strengthening activities in identified focus and priority areas. • To assess the effectiveness of interventions/activities undertaken in the district funded through the grant.
Expected Outputs of the Grant	• Provide booklets and brochures on Woman's Health for usage by Community Care Workers • Provide booklets and brochures on Child Health for usage by Community Care Workers • Provide PACK booklets and brochures on Chronic Disease Management for usage by Community Care Workers • Implement an enhanced electronic Primary Health Care Information System (PHCIS) • Improve patient flow and patient experience in PHC facilities with the development of enhancements • Improve organisational functioning of PHC facilities within the Eco-system to reach Ideal Clinic status • Standardise Primary Health Care Administration and Information Management staff roles • Monitor and Evaluate antibiotic stewardship at Primary Health Care level by comparing practice to protocols and Standard Treatment Guidelines (STG) • Asses the role and impact of Pharmacists and Pharmacist Assistants in Integrated Management of Chronic Conditions, including patient self-management principles • Monitor and Evaluate Pharmacist clinical interventions within CDCs and extend it to Pharmacist Clinical ward rounds at remaining District Hospitals • Conduct an NHI Workshop, compile and implement action plans • Continued employment of a DD: Monitoring and Evaluation • Determine the impact of the roll-out of the rural model developed for Community Wellness Workers (CWWs), with enhancement of oral and mental health packages, and place within the eco-system • Assess and address gaps in current Contract Management processes, in particular, SLA and monitoring tools

Actual Outputs Achieved	**Provide booklets and brochures on Woman's Health for usage by Community Care Workers** • All Community Care Workers, now called Community Health Workers (CHWs) were trained on using the booklet and client brochures • Assessment done on the booklets and leaflets among 87 CHWs • 2 050 Woman's Health Booklets printed (English, Afrikaans and Xhosa) • 5 000 Client brochures with 140 leaflets each printed (English, Afrikaans and Xhosa) • Booklets and brochures distributed to all CHWs **Provide booklets and brochures on Child Health for usage by Community Care Workers** • All Community Care Workers, now called Community Health Workers (CHWs) were trained on using the booklet and client brochures • Assessment done on the booklets and leaflets among 69 CHWs • The final Xhosa translations and layout completed on the Child Health leaflets • 1 500 Woman's Health Booklets printed (English, Afrikaans and Xhosa) • 3 500 Client brochures with 140 leaflets each printed (English, Afrikaans and Xhosa) • Booklets and brochures distributed to all CHWs **Provide PACK booklets and brochures on Chronic Disease Management for usage by Community Care Workers** • All Community Care Workers, now called Community Health Workers (CHWs) were trained on using the booklet and client brochures • Updated templates received for the PACK booklets and brochures from UCT • 2 050 PACK Booklets printed (English, Afrikaans and Xhosa) • 5 000 Client brochures with 140 leaflets each printed (English, Afrikaans and Xhosa) • Booklets and brochures distributed to all CHWs **Implement an enhanced electronic Primary Health Care Information System (PHCIS)** • Rural GSA Workshop held with stakeholders, sharing findings and insights on a fully fledged PHCIS with enhancements on flow and patient experience. Resolutions taken on a number of aspects for roll-out • PHCIS '4.5' is in advanced stage of development • A register-less and automated data management system (for the Regular Monthly Report (RMR) in process of being developed • Revised patient sticker has been printed and implemented in a Registry Hygiene project in the George Sub-district. Patient label report compiled. New patient folder being investigated • Integrated Clinical stationary developed and tested • Pharmacy management electronic component (e-prescribing) developed; and aligned with the PHCIS system. (Pilot sites: initiated in 3 sites in Mosselbay and George). Upgraded the server in reaction to technical problems. Numerous smaller user interface upgrades done. **Improve patient flow and patient experience in PHC facilities with the development of enhancements** • Workshop conducted with key-stakeholders to obtain buy-in • Patient flow assessed at select clinics • Rural GSA Workshop held with all relevant stakeholders, sharing findings and insights on enhancements on flow and patient experience • Resolutions made on how to improve flow and patient care in the context of the Ideal Clinic **Improve organisational functioning of PHC facilities within the Eco-system to reach Ideal Clinic status** • Interventions implemented at 12 PHC facilities in order to achieve Ideal Clinic status • Purchased medical equipment in line with the Ideal Clinic requirements • Evaluation survey conducted at 12 select PHC facilities on the interventions implemented and constraints experienced • Report compiled that highlighted the impact of Ideal Clinic interventions between the baseline, follow-up and peer-review on Ideal Clinic status **Standardise Primary Health Care Administration and Information Management staff roles** • Workshop conducted with key-stakeholders to obtain buy-in • Final document completed for a standardised job-description for a Primary Health Care Admin Clerk • Rural GSA Workshop held with all relevant stakeholders, sharing the standardised job-description **Monitor and Evaluate antibiotic stewardship at Primary Health Care level by comparing practice to protocols and Standard Treatment Guidelines (STG)** • Collected data (249 patient scripts) at select Clinics • Medicine records reviewed of antibiotic scripts at select clinics • Literature review has been compiled and Report compiled that compares practice to protocols and Standard Treatment Guidelines (STG), with recommendations **Asses the role and impact of Pharmacists and Pharmacist Assistants in Integrated Management of Chronic Conditions, including patient self-management principles** • Obtained ethical clearance from FPD and conducted a Literature study • On-line training course developed that focuses on ICCM and patient self-management principles • Three pharmacists completed the online training course • Interventions implemented at three PHC facilities by pharmacists • The impact determined among select patients with Chronic Diseases **Monitor & evaluate pharmacist clinical interventions within CDCs and extend it to pharmacist clinical ward rounds at remaining District Hospitals** • Framework has been developed and implemented to monitor and evaluate Pharmacist clinical interventions within CDCs and extended to Pharmacist Clinical ward rounds at District Hospitals **Conduct an NHI Workshop, compile and implement action plans** • NHI Workshop has been conducted, with 86 representatives from a National, Provincial, District and Sub-district level that attended • A report has been written on the proceedings, outcomes and evaluation of the NHI Workshop • An Action plan has been developed, approved and implemented **Continued employment of a DD: Monitoring and Evaluation** • DD: Monitoring and Evaluation sourced and employed, fulfilling all project management duties **Determine the impact of the roll-out of the rural model developed for Community Wellness Workers (CWWs), with enhancement of oral and mental health packages, and place within the eco-system** • CHW model rolled-out to all sub-districts in the Eden District • The interface between the PHC and NGO platforms was managed by a project manager • Household Survey (N=759) with FPD Ethical Clearance, Pre-Post Knowledge quiz and survey among CWWs (N=100), and self-survey among 100 CHWs conducted. • All CHWs received training on a range of topics, e.g. Woman's & Child health, Chronic Diseases, etc. • The Interface report highlighted a number or advances, constraints and recommendations **Assess and address gaps in current Contract Management processes, in particular, SLA and monitoring tools.** • Baseline assessment conducted in all sub-districts on Contract Management focusing on SLA, monitoring tools, and possible gaps • Training manual compiled on Contract Management • Training workshop held with key-staff of all sub-districts focusing on Contract Management • Post assessment done to determine the impact of the training intervention on Contract Management
Amount per amended DORA (R'000)	7 546
Amount Received (R'000)	7 546
Reasons if amount as per DORA was not Received	Not Applicable
Amount spent by the Department	R 7 522 976
Reasons for the funds Unspent by the entity	A Public Health Specialist that was seconded to manage some PHC projects (that are highly inter-linked) have resulted in lower expenditure than budgeted for
Reasons for Deviations on Performance	The 2016/17 NHI CG Business Plan was revised during 2016 to include the purchasing of Medical Equipment in line with the Ideal Clinic requirements
Measures taken to Improve Performance	A Public Health Specialist that was seconded to manage some PHC projects and competent Project Managers were appointed to manage various activities

Monitoring Mechanism by the receiving Department	• A DD M&E was appointed. • Weekly progress reports were compiled, provided and discussed with the Eden District NHI team. • Monthly financial and quarterly progress reports were submitted to NDoH and Provincial Treasury. • Regular progress reports (e-mail or phone) from appointed service providers and project meetings took place.

Health Practitioners Contracted with the NHI Grant

Transferring Department	**National Department of Health**
Purpose of the Grant	To develop and implement innovative models for purchasing services from Health Professionals in the NHI pilot districts
Expected Outputs of the Grant	• Health Professionals (HPs) sourced and appointed. • All Patients treated within Comprehensive Package of Care by Health Professionals. • All new Health Professionals attend induction session. • Relevant development and monitoring meetings attended by Health professionals. • Relevant administrative duties completed by Health Professionals and support of them. • Admin clerk sourced, appointed and fulfilling administrative duties.
Actual Outputs Achieved	**Health Professionals sourced and appointed** • In total 30 Health Professionals have been contracted during the year, while 5 Health Professionals terminated their services • Between 278 and 320 of the 320 Medical Officer sessions per week were taken-up by doctors, that is between 86.9% and 100% of all doctor sessions. • Between 40 and 70 of the 70 Dentists sessions per week were taken-up, that is between 57.1% and 100% of all Dentists sessions. • Between 38 and 68 of the 70 Dental Assistant sessions per week were taken-up, that is between 54.3% and 97.1% of all Dental Assistant sessions **All Patients treated within Comprehensive Package of care by Health Professionals** • In total 70 074 patients have been seen by the Health Professionals during the year. Doctors treated 54 105 patients within the Comprehensive Package of Care, whilst Dentists have seen 7 918 patients and Dental Assistants 8 051 patients. Excluding Public holidays, leave, training and sessions used for meetings, on average 4.1 patients were treated per session (17 214.3 clinical sessions) during the year. **All new Health Professionals attend induction session** • In total 30 Health Professionals have been appointed during the year, whilst all of them have been inducted. **Relevant development and monitoring meetings attended by Health Professionals** • Four Health Professionals have been doing 35 sessions appointed during the year, of which three have attended at least 2 M&M, M&E or Clinical Meetings (75%) **Relevant administrative duties completed by Health Professionals and support of them** • 99.7% of timesheets received from Health Professionals **Admin clerk sourced, appointed and fulfilling administrative duties** • Sourced and appointed an Administrative Clerk • Captured 99.7% of timesheets compiled by Health Professionals, with monthly quality checks
Amount per amended DORA (R'000)	9 791
Amount Received (R'000)	9 791
Reasons if amount as per DORA was not Received	Not Applicable
Amount spent by the Department	R 8 152 499
Reasons for the funds Unspent by the entity	• Not all HP sessions were filled during the year, while some HPs terminated their services. • Not all HPs have been appointed on a Level 3, while the business plan has been worked out on Level 3 appointments. • Expenditure on the Admin clerk was lower than budgeted for
Reasons for Deviations on Performance	• The sourcing and appointment of Health Professionals for 460 sessions per week was difficult in certain rural sub-districts; whilst some also resigned during the year. • One of the four Health Professionals doing 35 sessions per week, worked only for a month before resigning- thus not enough time for that person to have attended such meetings • One timesheet of a Medical Officer was misplaced after her resignation, and could thus not be captured by the Admin Clerk.
Measures taken to Improve Performance	The following interventions were put in place to mitigate these risks and their consequences: • Re-advertised Health Professionals sessions for remaining sessions • Administrative Clerk ensured that Health Professionals doing 35 sessions per week were informed to attend, and to record meetings on their timesheets in future. • Processes have been put in place to ensure that timesheets are processed and captured timeously in the event of persons resigning
Monitoring Mechanism by the receiving Department	• A NHI administrative clerk was appointed to check and capture HP timesheets. • Weekly progress reports were compiled, and discussed with the Eden District NHI team. • Monthly financial and quarterly progress reports were submitted to NDoH and Provincial Treasury.

Social Sector EPWP Incentive Grant for Provinces

Transferring Department	**Western Cape Government Treasury**	
Purpose of the Grant	To increase job creation through the expansion of the Social Sector EPWP Programme. The grant is intended to subsidise the Emergency Care Officer (ECO) programme through the funding of Emergency Care Officer Internships Workers linked to formal training.	
Expected Outputs of the Grant	**Output as Per Framework**	**Annual Target**
	Fund internships of 150 Emergency Care Officers (ECOs) through payment of stipends	150
	Beneficiaries served by ECOs	1000
	Client visits by home based carers	n/a
	Non Profit Organisations supported	n/a
	Increase capacity ECOs receiving formal training	150

Actual Outputs Achieved	**Output as Per Framework**	**Actual Output**
	Fund internships of 150 Emergency Care Officers (ECOs) through payment of stipends	150
	Beneficiaries served by home based carers	1200
	Client visits by home based carers	n/a
	Non Profit Organisations supported	n/a
	Increase capacity ECOs receiving formal training	150
Amount per amended DORA (R'000)	3 732	
Amount Received (R'000)	3 732	
Reasons if amount as per DORA was not Received	All DORA payments received on time.	
Amount spent by the Department (R'000)	3 732	
Reasons for the funds Unspent by the entity	All DORA payments received on time.	
Reasons for Deviations on Performance	All DORA payments received on time.	
Measures taken to Improve Performance	N/A	
Monitoring Mechanism by the receiving Department	Quarterly Reporting/ Reviews	

Donor Funds

Global Fund – Investing for Impact against Tuberculosis and HIV Grant 2016-2019

Investing for Impact against Tuberculosis and HIV Grant 2016-2019	
Name of donor	**Global Fund (GF)**
Full amount of the funding	R 230 332 667 1st April 2016 – 31st March 2019
Period of the commitment	R 230 332 667 1st April 2016 – 31st March 2019
Purpose of the funding	To reduce new infections amongst key populations; strengthen, expand and sustain the Western Cape HIV & AIDS Prevention Programme through funding the following programmes and projects: **Toll-free national HIV and TB hotline** The hotline is for health care workers requiring expert operational level advice in pharmacovigilance. The objective of this programme is to improve the care/management of HIV- and /or tuberculosis-infected patients and to ensure the safe, effective and rational use of antiretroviral and anti-tuberculosis agents. In the previous GF funding this was a WC Hotline and in 2016/17 this has been expanded to be a National Hotline managed by UCT. The investment of the GF in the HIV/TB Hotline has resulted in an increase in number of calls made to the Hotline and adverse drug reactions minimised. **Young Women & Girls (YWG) Cash + Care** The YWG programme seeks to provide a comprehensive package of health, education and support services for young women and girls between the ages of 19-24 years. The aim of which is to implement life skills, enable behaviour change and support empowerment through the utilisation of peer-education in/out school youth club model. The objective of this programme is to reduce the incidence of HIV, teenage pregnancies, school drop-out rates as well as break the cycle of intergenerational and transactional sex as a key driver of HIV and pregnancy amongst young women and girls. The message is to know your status, own your health and build your future. The project also has a research arm of finding out whether incentivising the attendance of empowerment sessions work and this is targeting the 19-24 age group which is the group that no longer qualifies for the child grant and tend to be then involved in intergenerational sex. The investment of the GF in this project has resulted in a huge interest not only from the girls, but from the schools and communities. The project was only implemented in January 2017, but has already had an increase in the number of clubs registered and enrolment in the Incentive + Care research arm. **Community Dialogue Platforms (CDPs)** Multisectoral Action Teams (MSATs) are the nodal points of coordination for the Department of Health and community stakeholder interaction including the community dialogues which are necessary to ensure that the combination prevention approach is co-determined. The GF investment in the WC has been to ensure that MSATs continue to meet and discuss HIV/TB related issues and how they can contribute towards the curbing of the HIV/TB pandemic. This funding has made it possible for the Department to have a community dialogue platform and to engage community structures on various prevention programmes. **Hot Spot Mapping** Due to the HIV epidemic being heterogeneous there are pockets which account for the highest transmissions. Pockets are geographically and demographically determined and use is made of Geospatial Information Systems (GIS) mapping. GIS Mapping enables the selection of the correct prime hotspots and the understanding of how best to address the drivers of the epidemic, from both a biomedical and non-biomedical perspective. The GF investment in the WC has been to ensure that the 3 Hotspots areas – Khayelitsha, Klipfontein and Drakenstein are identified as well as the building of internal capacity for GIS and enhancing the various information systems to be able to do GIS mapping of not only HIV/TB, but any other condition. **Combination Prevention Package** The objective of the programme is that by rolling out a co-determined combination prevention package, which has government partnership with active community stakeholder buy-in, the intervention will have a higher likelihood of strategic and sustainable impact. The package will contain elements which: 1. Seek to address the barriers experienced by key populations when attempting to access health care as well as provide some of the prevention package such as HIV and TB testing at the community level 2. Provide Key and Vulnerable sensitisation training 3. Includes linkage to care and follow up process 4. Youth friendly services The Team is busy doing community profiles and community dialogues and this will ultimately culminate in the development of a co-determined package to be implemented in October 2017.
Expected outputs	
Actual outputs achieved	See table below
Amount received in current period (R'000)	35 172
Amount spent by the department (R'000)	20 503
Reasons for under/ over expenditure	**GF Young Women & Girls (YWG) Cash + Care** Savings incurred in compensation of employees and Goods & Service **GF Community Dialogue Platforms (CDPs)** Goods & Services **GF Hotspots Mapping** Most of the work done internally by the Public Health Specialist to the Chief Director Health Programmes

Monitoring mechanism by the donor	The Global Fund does not have a country-level presence outside of its offices in Geneva, Switzerland. Instead, it hires Local Fund Agents to oversee, verify and report on grant performance. In the case of the Western Cape Global Fund grant, KPMG is contracted by the Global Fund to monitor and evaluate the grant performance from time to time. The Global Fund Grant programme follows the principles of performance-based funding to ensure that the grant funding is managed and spent effectively on programmes stipulated in the grant agreement. In addition to this, the South African National AIDS Council (SANAC) has a Global Fund Country Coordinating Mechanism (CCM) Oversight Committee which undertakes quarterly review of all Global Fund grant performance in South Africa.
Was the funding received in cash or in-kind?	Cash

Global Fund

Strategic Objective	Target Apr - Sep 2016	Actual Outputs Achieved	Target Oct '16 - Mar '17	Actual Outputs Achieved	% Achieved	Comment on Deviation
No of young people aged 10–24 years reached by life skills–based HIV education in and out of schools	5 250	0	7 520	166	2%	Service Level Agreement (SLA) was signed 1st November 2016 and Implementation started on 30th January 2017. In order for learners to be counted they have to attend 3 lessons/meetings. This was not possible due to late entry to schools as well as implementation arrangements with participating schools. Various other reasons hindered the full implementation of programme like gang violence.
No of young women (aged 19-24 years) reached with cash plus care	0	0	2 500	0	0%	Programme was not rollout as planned due to de-layed approval of research protocol by research Ethics.
No of young people aged 10-24 years that have received an HIV test during the reporting period and know their results	0	4 500	10 250	1 819	18%	This target was not achieved due to delays, in the programme rollout.

Public Service Improvement Fund – Catch & Match

Catch & Match Funding		
Name of donor	**The Public Service Improvement Facility Grant Year 1 and 2**	
Full amount of the funding	R1 275 897 for Year 1 and 2	
Period of the commitment	Year 11: April 2016 – Sept 2016	
Purpose of the funding	The support, mentoring, capacity development and training services for the Non-Profit Organisations (NPOs) involved in the Catch and Match – Child and Maternal Community based model of care piloted in 3 sites (Delft, Nyanga and Khayelitsha), have been identified based on feasibility and need. The sub-recipient is responsible for the planning, coordination and implementation across the three sites in close consultation with the Community Based Programmes Directorate of the WCG Health Department. **Objective 1**: Improved community based frontline service delivery **Objective 2**: Improved health, wellness and developmental outcomes with a special focus on child maternal health **Objective 3**: Assess the viability of innovation and using mhealth (mobile phones) to document information and make referrals and at the same time building capacity within NPOs for this **Objective 4**: Service uptake with Monitoring and evaluation	
Expected outputs	• Use of Catch and Match paper based pilot tools • Training of Community Health Workers and Coordinators on the model of care • Piloting the developed mobile health solution • Household /Community surveillance • Screening of women, children and their caregivers (Catching part)	• Referral of at risk clients (Matching part) • Training of Community Health Workers and Coordinators on the mhealth tool • Development of a Catch and Match brochure • Implementation of a mobile health solution • Quarterly reports • Knowledge sharing
Actual outputs achieved	• Development of a Catch and Match Project Plan • Consultation with stakeholders in the 3 pilot sites • Development of Catch and Match paper based pilot tools • Training of Community Health Workers and Coordinators on the model of care • Development of a mobile health solution • Implementation of Catch and Match paper based pilot tools and M&E • Household /Community surveillance	• Screening of women, children and their caregivers (Catching part) • Referral of at risk clients (Matching part) • Training of Community Health Workers and Coordinators on the mhealth tool • Development of a Catch and Match brochure • Implementation of a mobile health solution • Quarterly reports • Knowledge sharing
Amount received in current period (R'000)	R 430	
Amount spent by the department (R'000)	R 430	
Reasons for under/over expenditure	N/A	
Monitoring mechanism by the donor	Quarterly reports and close out report by WCG Health to Dept of Public Service and Administration (DPSA). DPSA Monitoring visits and final evaluation visit	
Was the funding received in cash or in-kind?	Cash	

European Union – Workload Indicator Staffing Needs

Workload Indicator Staffing Need (WISN)	
Name of donor	**European Union via National Department of Health**
Full amount of the funding	R 7 909 600
Period of the commitment	2016/17 financial year
Purpose of the funding	Investigation/Research into the implementation of Workload Indicators for Staffing Norms (WISN). WISN is a National initiative coordinated by the NDoH. The NDoH is currently in the process to determine and develop staffing norms for District and Specialised Hospitals taking into account the activities performed by the various cadres at respective institutions that will be applied to all Provinces.
Expected outputs	N/A
Actual outputs achieved	Piloted the project in the Eden district. To date all rural districts have been bench marked. WCDoH initially appointed 8 Provincial Technical Support Officers to assist with the project (currently we have 6 PTSOs).
Amount received in current period (R'000)	R 0
Amount spent by the department	2016/17 - R2 025 938.96 (R6 007 274.06 spent since 2014/15 - The opening balance for 2017/18 is R1 902 325.94)
Reasons for the funds unspent	WISN is an on-going project with recurring expenditure. Monies not spent have been rolled over because the officials' salaries (PTSOs) must be paid from these funds. There currently is no end date to the project as yet.
Monitoring mechanism by the donor	Reporting to the donor is a responsibility of NDoH with input from Provinces when requested.
Was the funding received in cash or in-kind?	Cash

Capital Investment

Progress made on implementing capital investment

Expenditure of the capital appropriation during 2016/17 was 116.1 per cent, i.e. R457.684 million of the available R394.064 million. Attempts to improve the delivery of capital infrastructure projects as well as health technology projects – key to increasing expenditure – therefore continue. However, factors which are still hampering infrastructure delivery and which are being addressed include:

- An under-capacitated Implementing Agent (WCGTPW) due to challenges in attracting and retaining built-environmental professionals
- Inadequate contract and project management
- Delays on site due to a multitude of factors such as poor contractor performance, poor professional service provider performance, adverse weather, community action, work stoppages, site complications, construction challenges, poorly planned / poorly implemented / poorly coordinated decanting plans, scope changes, defective work
- Delay in appointment of Professional Service Providers.

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

It should be noted that, given the nature of construction projects, a delay in just one of the project stages – can create incremental delays in subsequent stages due to the inter-dependence of each stage. The table below reflects the capital expenditure versus the appropriation for both 2015/16 and 2016/17. In comparing the two financial years, it is evident that expenditure has significantly improved.

Budget Programme	2016/2017			2015/2016		
	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	136 992	147 102	(10 110)	165 188	139 595	25 593
Existing infrastructure assets	605 229	556 145	49 084	717 151	630 836	86 315
Upgrades and additions	68 822	57 558	11 264	65 325	40 836	24 489
Rehabilitation, renovations and refurbishments[1]	120 585	139 664	(19 079)	313 214	292 978	20 236
Maintenance and repairs	415 822	358 923	56 899	338 612	297 022	41 590
Infrastructure Transfer Capital	15 000	15 000	0	10 000	10 000	0
Non Infrastructure	120 217	159 191	(38 974)	0	0	0
TOTAL	**877 438**	**877 438**	**0**	**892 339**	**780 431**	**111 908**

Notes

1. 2015/16 figures include Non Infrastructure (i.e. Health Technology, Organisational Development and Quality Assurance projects as well as Capacitation, Commissioning and Project Support)

Infrastructure projects completed in 2016/17 compared to target

The table below reflects the Capital projects that were planned to achieve completion in 2016/17 and reasons for deviations.

Infrastructure Projects Scheduled for Completion in 2016/17		
Projects Scheduled for Practical Completion in 2016/17	**Practical Completion Achieved / Not Achieved in 2016/17**	**Comments / Reasons for Deviations**
Beaufort West – Hil Side Clinic – Replacement	Not achieved	Some delays experienced. Practical Completion achieved in May 2017.
Citrusdal – Citrusal Clinic – Upgrade and additions	Achieved	
Piketberg – Piketberg Ambulance Station – Replacement	Achieved	
Bellville – Karl Bremer Hospital – New Bulk Store	Not achieved	Extension of time granted due to underground services in initial stages of the project.
Khayelitsha – Khayelitsha Hospital – CT Scan & Ward Completion	Not achieved	Delays due to late ordering of materials with long lead times, clinical operational requirements related to gas tie and incorrect glazing specification for radiologists control room.
Vredenburg – Vredenburg Hospital – Ph2 Enabling Works	Achieved	
Citrusdal – Citrusdal Hospital – Upgrade and Additions to Childrens Ward, EC and Calming Room	Achieved	
Worcester – Worcester Hospital – Upgrade Ph5 (final phase)	Achieved	
Observatory – Groote Schuur Hospital – New Linear Accelerator Installation New Bunker Completion	Achieved	
Observatory – Groote Schuur Hospital – Central Kitchen Floor Replacement	Not achieved	Cancellation of the previous contract
Observatory – Groote Schuur Hospital – Hybrid Theatre	Achieved	
Worcester – WCCN Boland Campus – Nurses accommodation at Erica Hostel, upgrades	Achieved	

Current Infrastructure Projects

The table below lists the capital infrastructure projects that are currently in progress (including projects in planning, design and construction) and the expected date of practical completion.

Performance Measures for Capital Infrastructure Programme					
No.	District	SP	Project	Start	Finish
1	Cape Winelands	8.1	De Doorns CDC- Upgrade and Additions	09-Apr-14	30-Sep-22
2	Cape Winelands	8.1	Gouda Clinic- Replacement	30-Mar-17	31-Mar-20
3	Cape Winelands	8.1	Paarl- Mbekweni CDC- Replacement	28-Feb-17	31-Mar-21
4	Cape Winelands	8.1	Prince Alfred Hamlet Clinic- Replacement	20-Mar-12	30-Nov-17
5	Cape Winelands	8.1	Wellington CDC- Pharmacy additions and alterations	01-Apr-13	31-Mar-18
6	Cape Winelands	8.1	Wellington- Windmeul Clinic- Upgrade and Additions	01-Jun-16	30-Mar-19
7	Cape Winelands	8.1	Wolseley Clinic- Replacement	20-Mar-12	30-Nov-17
8	Cape Winelands	8.1	Worcester- Avian Park Clinic- New	01-Jul-15	30-Sep-20
9	Cape Winelands	8.2	Bonnievale Ambulance Station- Upgrade and Additions including wash bay	01-Jun-16	30-Mar-19
10	Cape Winelands	8.3	Ceres Hospital- Hospital and nurses home repairs and renovation	30-Jul-17	31-Mar-20
11	Cape Winelands	8.3	Ceres Hospital- New Acute Psychiatric Ward	01-Jun-16	30-Mar-19
12	Cape Winelands	8.3	Montagu- Montagu Hospital- Rehabilitation	30-May-17	31-Mar-20
13	Cape Winelands	8.3	Robertson Hospital- Acute Psychiatric Ward and New EC	31-May-17	31-May-20
14	Cape Winelands	8.3	Stellenbosch Hospital- Hospital and stores repairs and renovation	30-May-17	31-Mar-22
15	Cape Winelands	8.3	Stellenbosch Hospital- EC Upgrade and Additions	30-Nov-13	31-Oct-17
16	Cape Winelands	8.4	Worcester Hospital- Fire compliance	01-Apr-15	31-Mar-18
17	Cape Winelands	8.4	Worcester Hospital- MOU upgrade	30-Jan-18	30-Jun-22
18	Cape Winelands	8.1	Worcester- Empilisweni Clinic- R, R & R	31-Mar-18	31-Mar-22
19	Central Karoo	8.1	Beaufort West- Hill Side Clinic- Replacement	01-Nov-12	23-Mar-17
20	Central Karoo	8.1	Laingsburg Clinic- Upgrade and Additions	30-Apr-14	30-Jun-22
21	Central Karoo	8.1	Nelspoort Hospital- Repairs to wards	30-Apr-17	31-Mar-22
22	Central Karoo	8.1	Nelspoort Hospital- Electrical cable replacement	30-Apr-17	31-Mar-21
23	Central Karoo	8.2	Prince Albert Ambulance Station- Upgrade and Additions including wash bay	01-Jun-16	30-Mar-19
24	Central Karoo	8.3	Beaufort West Hospital- Rationalisation	01-Dec-17	30-Apr-24
25	City of Cape Town	8.3	Fish Hoek- False Bay Hospital- Fire Compliance completion and changes to internal spaces	31-Dec-17	31-Mar-21
26	City of Cape Town	8.1	Bothasig CDC- Upgrade and Additions	31-Mar-17	31-Mar-20
27	City of Cape Town	8.1	Cape Town- District Six CDC- New	11-Jan-12	23-Jul-17
28	City of Cape Town	8.1	Elsies River CHC- Replacement	25-May-16	31-Oct-22
29	City of Cape Town	8.1	Hanover Park CHC- Replacement	30-Jun-16	31-Mar-23
30	City of Cape Town	8.1	Kraaifontein- Bloekombos CHC- New	01-May-17	01-Apr-22
31	City of Cape Town	8.1	Maitland CDC- Replacement	01-Dec-17	30-Sep-23
32	City of Cape Town	8.1	Nyanga CDC- Pharmacy Compliance and General Maintenance	01-Jun-16	30-Mar-19
33	City of Cape Town	8.1	Parow- Ravensmead CDC- Replacement	01-Aug-15	30-Nov-20
34	City of Cape Town	8.1	Philippi- Weltevreden CDC- New	30-Aug-17	30-Nov-23
35	City of Cape Town	8.3	Bellville- Karl Bremer Hospital- Hospital and nurses home repairs and renovation	01-Jul-17	31-Mar-22
36	City of Cape Town	8.3	Bellville- Karl Bremer Hospital- New Bulk Store	10-Sep-13	09-May-17
37	City of Cape Town	8.3	Eerste River Hospital- Acute Psychiatric Unit	23-Feb-15	30-Dec-21
38	City of Cape Town	8.3	Khayelitsha Hospital- Acute Psychiatric Unit	23-Feb-15	31-Mar-20
39	City of Cape Town	8.3	Khayelitsha Hospital- CT Scan and Ward Completion	01-Aug-14	14-Feb-17
40	City of Cape Town	8.3	Somerset West- Helderberg Hospital- EC Upgrade and Additions	01-Apr-13	30-Apr-19
41	City of Cape Town	8.3	Somerset West- Helderberg Hospital- Hospital repairs and renovation	30-Jul-17	31-Mar-22

42	City of Cape Town	8.3	Wynberg- Victoria Hospital- New EC	01-Apr-12	13-Mar-19
43	City of Cape Town	8.4	Green Point- New Somerset Hospital- Acute Psychiatric Unit	23-Feb-15	31-Mar-20
44	City of Cape Town	8.4	Green Point- New Somerset Hospital- Repairs and renovation including stores upgrade	30-Jul-18	31-Mar-22
45	City of Cape Town	8.4	Green Point- New Somerset Hospital- Upgrading of theatres and ventilation	22-May-15	30-Mar-18
46	City of Cape Town	8.4	Maitland- Alexandra Hospital- Repairs and renovation	30-Aug-17	31-Mar-22
47	City of Cape Town	8.4	Mowbray Maternity Hospital- General maintenance	30-Nov-17	31-Mar-21
48	City of Cape Town	8.4	Observatory - Valkenberg Hospital- R, R & R	01-Mar-18	30-Mar-22
49	City of Cape Town	8.4	Observatory- Valkenberg Hospital- Forensic Precinct Enabling Work	01-Apr-10	31-Mar-18
50	City of Cape Town	8.4	Observatory- Valkenberg Hospital- Renovations to historical admin building Ph2	01-Apr-10	31-Mar-18
51	City of Cape Town	8.5	Observatory- Groote Schuur Hospital- BMS Upgrade	01-Jun-16	31-Mar-23
52	City of Cape Town	8.5	Observatory- Groote Schuur Hospital- Central Kitchen- Floor Replacement Completion	23-Jun-16	30-Apr-17
53	City of Cape Town	8.5	Observatory- Groote Schuur Hospital- EC upgrade and additions	03-Jul-10	30-Jun-22
54	City of Cape Town	8.5	Parow- Tygerberg Hospital- 11kV Generator Panel Upgrade	01-Oct-16	13-Dec-19
55	City of Cape Town	8.5	Parow- Tygerberg Hospital- 11kV Main Substation Upgrade	01-Oct-16	31-Mar-21
56	City of Cape Town	8.5	Parow- Tygerberg Hospital- C1D West EC Ph2	27-Aug-14	03-May-17
57	City of Cape Town	8.5	Parow- Tygerberg Hospital- Mechanical Upgrade	31-Mar-17	31-Mar-21
58	City of Cape Town	8.5	Parow- Tygerberg Hospital- Replacement (PPP)	01-Apr-12	31-Mar-23
59	City of Cape Town	8.5	Parow- Tygerberg Hospital- Sewerage Upgrade	01-Jan-17	30-Nov-18
60	City of Cape Town	8.6	Observatory- Observatory FPL- Replacement	01-Apr-12	30-Nov-20
61	City of Cape Town	8.6	Parow- Cape Medical Depot- Replacement	16-Feb-18	30-Sep-22
62	City of Cape Town	8.6	Thornton- Western Cape Rehabilitation Centre- Orthotic & Prosthetic Centre Upgrade	17-Dec-14	30-Sep-20
63	Eden	8.1	George- Thembalethu CDC- Replacement	16-Mar-15	31-Jan-18
64	Eden	8.1	Ladismith Clinic- Replacement	30-Mar-17	28-Mar-20
65	Eden	8.3	Mossel Bay Hospital- Entrance and Records Upgrade	15-Nov-17	31-Mar-21
66	Eden	8.4	George Hospital- Hospital repairs and renovation	30-Oct-17	31-Mar-22
67	Eden	8.6	Knysna FPL- Replacement	01-Nov-14	31-Aug-19
68	Overberg	8.1	Gansbaai Clinic- Upgrade and Additions	31-Jul-14	03-Dec-19
69	Overberg	8.1	Napier Clinic- Replacement	22-Oct-12	29-Sep-17
70	Overberg	8.1	Villiersdorp Clinic- Replacement	01-May-17	31-Mar-20
71	Overberg	8.2	Caledon Ambulance Station- Communications Centre extension	01-Aug-14	30-Mar-21
72	Overberg	8.2	Swellendam Ambulance Station- Upgrade and Additions	31-Mar-15	31-Jan-19
73	Overberg	8.2	Villiersdorp Ambulance Station- Replacement	01-May-17	31-Mar-20
74	Overberg	8.3	Bredasdorp- Otto du Plessis Hospital- Acute Psychiatric Ward	30-Apr-16	31-Mar-21
75	Overberg	8.3	Caledon Hospital- Acute Psychiatric Unit and R & R	31-Mar-17	31-Mar-22
76	Overberg	8.3	Hermanus Hospital- New Acute Psychiatric Ward	01-Jun-16	30-Mar-19
77	Overberg	8.3	Swellendam Hospital- Acute Psychiatric Ward	01-Jun-16	30-Mar-19
78	Various	8.1	Various Pharmacies upgrade 8.1- Pharmacies rehabilitation	30-Jun-15	30-Apr-19
79	Various	8.3	Various Pharmacies upgrade 8.3	30-Jun-15	30-Apr-19
80	West Coast	8.1	Malmesbury- Abbotsdale Satellite Clinic- Replacement	05-May-15	01-Apr-19
81	West Coast	8.1	Malmesbury- Chatsworth Satellite Clinic- Replacement	30-Mar-17	30-Mar-22
82	West Coast	8.1	Saldanha- Diazville Clinic- Replacement	01-Sep-17	31-Mar-23
83	West Coast	8.1	St Helena Bay- Sandy Point Satellite Clinic- Replacement	05-May-15	30-Dec-19
84	West Coast	8.1	Vredenburg CDC- New	31-Mar-17	30-Apr-20
85	West Coast	8.2	Darling Ambulance Station- Upgrade and Additions including wash bay	01-Jun-16	30-Mar-19
86	West Coast	8.3	Piketberg- Radie Kotze Hospital- Hospital layout improvement	01-Jun-16	30-Mar-19
87	West Coast	8.3	Vredenburg Hospital- Upgrade Ph2B Completion	31-Mar-15	30-Nov-18

Facilities that were Closed or Downgraded in 2016/17

Two facilities were closed down in 2016/17, namely JJ du Preez Clinic and Klein Nederburg Clinic. Klein Nederburg Clinic was closed for staff, patient safety and security reasons. JJ du Preez Clinic was closed for efficiency gain reasons. Both services were relocated to TC Newman CDC in Paarl.

Accommodation Identified for Disposal

No	Asset Description	Disposal Rationale	Disposal Year
1	Elsies River CHC	Relocate to newly built facility.	2019
2	Hanover Park CHC	Relocate to newly built facility.	2021
3	Karl Bremer Hospital prefab buildings	Demolitions of some of the buildings after the completion of the new office block (Bellville Health Park)	2017
4	Montagu Hospital site remainder	Portion of vacant site adjacent to hospital to be relinquished.	2015
5	Mossel Bay Hospital	New hospital to be built to replace the current facility.	2030
6	Nelspoort Hospital	The hospital is still being used, but will be rationalised and subsequently use of space will be reviewed.	2015
7	Paarl: JJ du Preez and Klein Nederburg Clinics	Facility closed in March 2017.	2017
8	Piketberg EMS	Replaced facility completed.	2016
9	Robbie Nurock CDC	To be relocated to new District Six CDC.	2017
10	Somerset Hospital Creche building and parking building	To be demolished to allow construction of the new psychiatric unit.	2017
11	Victoria Hospital Crèche building (Erf 67386)	No longer in use.	2017
12	Woodstock CDC	To be relocated to new District Six CDC.	2017

Maintenance

Committed Scheduled Maintenance Projects that are carried forward to 2017/18

The table below provides a list of the main committed Scheduled Maintenance projects (projects in construction) that are carried forward to 2017/18.

Committed Scheduled Maintenance Projects carried forward to 2017/18

No.	District	SP	Facility	Brief Description
1	Eden	8.1	George - Conville CDC	Extraction and Ventilation
2	Eden	8.1	Mossel Bay – Alma CDC	New Perimeter fencing
3	Eden	8.1	Mossel Bay - Brandwacht Satellite Clinic	General Building Repairs and Renovation
4	Eden	8.3	Outshoorn Hospital	New seclusion area
5	Eden	8.4	George – Harry Comay Hospital	Medical Risk Waste Disposal Area
6	City of Cape Town	8.1	Crossroads CDC	General Repairs
7	City of Cape Town	8.1	Heideveld CDC	Upgrade and Mechanical and Electrical Installations
8	City of Cape Town	8.4	Bellville- Stikland Hospital	Fire Compliance
9	City of Cape Town	8.4	Maitland – Alexandra Hospital	Kitchen Upgrade
10	City of Cape Town	8.4	Maitland- Alexandra Hospital	Fire compliance
11	City of Cape Town	8.4	Mitchells Plain- Lentegeur Hospital	Fire Compliance
12	City of Cape Town	8.4	Observatory - Valkenberg Hospital	Epoxy / Vinyl of ward floors
13	City of Cape Town	8.4	Retreat – DP Marais Hospital	New palisade fence
14	City of Cape Town	8.5	Observatory- Groote Schuur Hospital	Upgrading / Modernising of Lifts
15	City of Cape Town	8.5	Parow- Tygerberg Hospital	C-Block Plant room and AHU
16	City of Cape Town	8.5	Parow- Tygerberg Hospital	Replace water pipelines
17	City of Cape Town	8.5	Rondebosch- Red Cross Hospital	Fire compliance (detection etc.)
18	City of Cape Town	8.6	Athlone- Western Cape College of Nursing	R & R to kitchen
19	Overberg	8.2	Stanford Ambulance Station	Security upgrade and FCA maintenance

20	Overberg	8.6	Hermanus Nurses Home	General repairs and painting
21	Various	8.5	Western Cape Hospitals	Lift Maintenance
22	West Coast	8.1	Clanwilliam Clinic	General Repairs
23	West Coast	8.1	Piketberg – Koringberg Clinic	Maintenance
24	West Coast	8.1	Van Rhynsdorp Clinic	General Repairs and Painting
25	West Coast	8.1	Vredenburg - Louwville Clinic	Link library to clinic; convert library for clinic purposes
26	West Coast	8.2	Clanwilliam Ambulance Station	Civil Works including fencing
27	West Coast	8.3	Malmesbury - Swartland Hospital	General maintenance and fire detection
28	West Coast	8.6	Malmesbury FPL	Maintenance

Routine (Preventative) Maintenance

The table below provides a list of the main Routine (Preventative) Maintenance projects undertaken in 2016/17.

Routine (Preventative Maintenance) Projects undertaken during 2016/17				
No.	**District**	**SP**	**Facility**	**Brief Description**
1	Cape Winelands	8.1	Mbekweni CDC: MR: Generator Maintenance	Service and maintenance of power generators
2	Cape Winelands	8.1	Orchard Clinic: MR: Generators	Supply and delivery of 20kVA Cummins power generator with fuel tank and changeover panel
3	Cape Winelands	8.1	Vredenburg Clinic: MR: Generators	Supply and delivery of 15kVA power generator with fuel tank and changeover panel
4	Cape Winelands	8.1	Vredenburg: Hannah Coetzee Clinic: MR: Generator and Tank Enclosure Project	Building generator infrastructure for a 20kVA canopy type generator
5	Cape Winelands	8.2	Paarl EMS: MR: Generator and Tank Enclosure Project	Building generator infrastructure for a 10kVA open set type generator
6	Cape Winelands	8.3	Ceres Hospital: MR: Mechanical Maintenance	Maintenance, Service and repair of Mechanical systems and installation
7	Cape Winelands	8.4	Paarl Hospital	Maintenance, service, and repair of Daikin Chillers and ancillary equipment: servicing compressors, pumps, motors, cooling towers, fans, chilled water systems, electronic controls, and water treatment systems
8	Cape Winelands	8.4	Paarl Hospital	Service and maintenance of AC units and extraction units throughout the facility
9	Cape Winelands	8.4	Paarl Hospital: MR: Routine Maintenance	Maintenance, installation, and commissioning of one 70KW heat pump
10	Cape Winelands	8.4	Worcester Hospital: MR: Generator and Tank Enclosure Project	Building infrastructure for a 9000 litre diesel tank
11	Cape Winelands	8.4	Worcester Hospital: MR: Mechanical	Maintenance and service of York Chiller Plant
12	Cape Winelands	8.4	Worcester Hospital: MR: Mechanical	Service and maintenance of mechanical pumps, motors, cooling towers, evaporative coolers, air handling units, ducts and vent units (HVAC)
13	Central Karoo	8.2	Leeu-Gamka EMS: MR: Generators	Supply and delivery of 15kVA power generator with fuel tank and changeover panel
14	Central Karoo	8.3	Beaufort West Hospital: MR: Mechanical Maintenance	Replacement of broken Daikin hide away AC unit, air compressors (including rewiring), complete with commissioning units in West wing, pharmacy area, and children's ward
15	City of Cape Town	8.1	Elsies River CHC: MR: Generators	Supply and delivery of 200kVA power generator with fuel tank and changeover panel
16	City of Cape Town	8.1	Mamre CDC: MR: Generators	Supply and delivery of 15kVA power generator with fuel tank and changeover panel
17	City of Cape Town	8.2	Tygerberg EMS: MR: Generators	Supply, installation, and commissioning of standby generator
18	City of Cape Town	8.3	Atlantis: Westfleur Hospital	Maintenance, removal, installation of theatre AC unit complete with ducting, brackets, etc.
19	City of Cape Town	8.3	Helderberg Hospital	Supply, installation, and commissioning of standby generator
20	City of Cape Town	8.3	Karl Bremer Hospital Main Hospital: MR: Routine Maintenance	Maintenance, service, and repair of mechanical equipment: air handling units, split AC units, fridge and freezer room, fan coil units, evaporative coolers, fans, and various filters
21	City of Cape Town	8.3	Karl Bremer Hospital Main Hospital: MR: Routine Maintenance	Maintenance and repair of waterproofing to main kitchen roofs

22	City of Cape Town	8.3	Karl Bremer Hospital Main Hospital: MR: Routine Maintenance	External civil works comprising excavation work, levelling, compaction and laying of brick pavers for paved parking area
23	City of Cape Town	8.3	Khayelitsha Hospital: Mechanical Maintenance	Service and maintenance of mechanical equipment: AC units, air handling units, cold rooms, freezer room
24	City of Cape Town	8.4	Brookland Chest Hospital: MR: Generator and Tank Enclosure Project	Building generator infrastructure for a 450kVA canopy type generator
25	City of Cape Town	8.4	Lentegeur Hospital: MR: Routine Maintenance	Service and replacement of defective boiler fire tubes
26	City of Cape Town	8.4	Lentegeur Hospital: MR: Routine Maintenance	Maintenance and repair of building, including painting and fencing
27	City of Cape Town	8.4	Mowbray Maternity Hospital: MR: Maintenance to hospital façade	General building maintenance and painting to façade and parking area
28	City of Cape Town	8.4	Somerset Hospital	Emergency Supply, Commission of a Water Cooling Chiller
29	City of Cape Town	8.5	Groote Schuur Hospital Maternity: MR: Generators	Supply and delivery of 650kVA power generator with fuel tank and changeover panel
30	City of Cape Town	8.5	Groote Schuur Hospital OPD: MR: Generators	Supply and delivery of 350kVA power generator with fuel tank and changeover panel
31	City of Cape Town	8.5	Groote Schuur Hospital: MR: Mechanical Systems	Service and maintenance of Mechanical systems
32	City of Cape Town	8.5	Red Cross Hospital: MR: Generators	Supply and delivery of power generator with fuel tank and changeover panel
33	City of Cape Town	8.5	Red Cross Hospital: MR: Generators Maintenance	Service and maintenance of power generators
34	City of Cape Town	8.5	Red Cross Hospital: MR: Routine Maintenance	Maintenance, service, and repair of mechanical equipment: air handling units, split AC units, fridge and freezer room, fan coil units, evaporative coolers, fans, and various filters
35	City of Cape Town	8.5	Red Cross Sub-C Hospital: MR: Building Maintenance	Building maintenance of outbuildings comprising roofs repairs, waterproofing to flat roofs, painting, carpentry and joinery work, repairs to gutters and downpipes
36	City of Cape Town	8.5	Tygerberg Hospital	Maintenance, service, and repair of Daikin, servicing compressors, pumps, motors, cooling towers, fans, chilled water systems, electronic controls, and water treatment systems
37	City Of Cape Town	8.5	Tygerberg Hospital: MR: Mechanical Maintenance	Maintenance and service of York Chillers
38	City Of Cape Town	8.5	Tygerberg Hospital: MR: Mechanical Maintenance	Maintenance, installation, and commissioning of AC units for UPS area of hospital
39	City Of Cape Town	8.5	Tygerberg Hospital: MR: Mechanical Specialist	Maintenance, service, including cleaning of water reservoir
40	City Of Cape Town	8.6	Bellville Mobile Workshop: MR: Generators	Supply and delivery of 350kVA power generator with fuel tank and changeover panel
41	City Of Cape Town	8.6	Bellville Mobile Workshop: MR: Generators	Supply and delivery of power generator with fuel tank and changeover panel
42	Eden	8.1	Dysselsdorp Clinic: MR: Fire Maintenance	Maintenance, Service and repair of Mechanical systems and installation
43	Eden	8.2	EMS Eden	Supply, installation, and commissioning of standby generator
44	Eden	8.3	Knysna Hospital: MR: Mechanical Maintenance	Maintenance, service, and repair of mechanical equipment
45	Eden	8.3	Knysna Hospital: MR: Mechanical Maintenance	Maintenance, installation, and commissioning of 2 x50KW heat pump
46	Eden	8.3	Mossel Bay Hospital: MR: Generators	Supply, installation, and commissioning of 250kVA standby generator
47	Eden	8.3	Oudtshoorn Hospita: MR: Mechanical	Service and maintenance of chiller plant
48	Eden	8.3	Oudtshoorn Hospital	Maintenance, supply, install, and commission heat 55KW heat pumps
49	Eden	8.3	Oudtshoorn Hospital	Maintenance, Service and repair of Mechanical systems and installation
50	Eden	8.3	Riversdale Hospital: MR: Mechanical Maintenance	Maintenance, service, and repair of AC units, air handling units, extractor fans, compressor motor v-belts, and replacement of defective circulating pumps
51	Eden	8.3	Riversdale Hospital: MR: Mechanical Maintenance	Maintenance service and repair of Mechanical systems and Electrical infrastructure
52	Eden	8.4	George Hospital: MR: Mechanical Maintenance	Maintenance, service, repair of AC units, fridge thermostat, chilled water units, and heats pumps
53	Eden	8.4	George Hospital: MR: Routine Maintenance	Repairs and paving to new parking area

54	Eden	8.4	George Hospital: MR: Routine Maintenance	Maintenance to parking area
55	Eden	8.4	George Hospital: MR: Routine Maintenance	Routine Maintenance, Improved efficiency of light fittings
56	Overberg	8.1	Gansbaai Clinic: MR: Generators	Supply and delivery of 20kVA Cummins power generator with fuel tank and changeover panel
57	Overberg	8.2	EMS Overberg	Supply, installation, and commissioning of standby generator
58	Various	8.3	Asset Management for Khayelitsha, Mitchell's Plain and Vredenburg Hospitals	Routine building maintenance and General Repairs
59	Various	8.3	Various District Hospitals: MR: Testing of Pressure Vessels	Maintenance, testing, re-certification of various pressure vessels, namely, air receivers, autoclaves, steam jacketed cooking pots, and steam generators
60	Various	8.3	Various District Hospitals: Smart Meter Installation Roll-out	Installation and commissioning of smart meter equipment for the Western Cape for a 3-year period
61	Various	8.4	Asset Management for George, Worcester and Paarl Hospitals	Routine Building Maintenance and General Repairs
62	Various	8.4	Various Provincial Hospitals: MR: Testing of Pressure Vessels	Maintenance, testing, re-certification of various pressure vessels, namely, air receivers, autoclaves, steam jacketed cooking pots, and steam generators
63	Various	8.4	Various Provincial Hospitals: Smart Meter Installation Roll-out	Installation and commissioning of smart meter equipment for the Western Cape for a 3-year period
64	West Coast	8.1	Hannah Coetzee Clinic: MR: Generators	Supply and delivery of 20kVA Cummins power generator with fuel tank and changeover panel
65	West Coast	8.1	Klawer Clinic: MR: Generator and Tank Enclosure Project	Building generator infrastructure for a 20kVA canopy type generator
66	West Coast	8.1	Saron Clinic: MR: Routine Maintenance	Supply, delivery, and installation of two fully refurbished containers
67	West Coast	8.3	Vredendal Hospital: MR: Generators	Supply and delivery of 200kVA power generator with fuel tank and changeover panel
68	West Coast	8.3	Vredendal Hospital: MR: Routine Maintenance	Heat pump maintenance comprising installation and commissioning of one 17KW heat pump and one 50kW heat pump

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 Capital and Scheduled Maintenance projects is carried out by WCGTPW, as the Implementing Agent of WCGH. Accordingly, procurement for these projects is carried out by Supply Chain Management (SCM) in WCGTPW. However, the implementation of Day-to-day, Routine and Emergency Maintenance at health facilities is the responsibility of WCGH, and procurement thereof is thus through WCGH. During the 2016/17 financial year, procurement of these three forms of maintenance was carried out 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 WCGTPW
- Day-to-day Maintenance: Utilisation of a Framework Contract for a Management Contractor procured by WCG: Education
- Emergency Maintenance: Procured by WCGH (Directorate: Engineering and Technical Support), in alignment with procedure outlined in the Maintenance Protocol.

Maintenance Backlog & Planned Measures to reduce the Backlog

Health Facilities Maintenance Backlog		
Backlog	**2017/18**	**2018/19**
Estimated Value of Buildings	40 793 619 000	40 793 619 000
Estimated Value of Buildings Escalated @10% P.A.	40 793 619 000	44 872 980 900
Cost of Maintenance Required @ 3.5% P.A.	1 427 776 665	1 570 554 332
Actual Maintenance Including Rehabilitation, Renovations & Refurbishments, Scheduled, Routine and Day-To-Day Maintenance at Hospitals	513 232 000	501 823 000
Estimated Total Backlog as At February 2017 And Increased In Following Year According To Backlog Not Addressed Per Annum	914 544 665	1 983 275 997

Notes

- Replacement value as per existing building areas. Areas not used to be relinquished to reduce maintenance required per year
- Calculate replacement value every year and determine recommended 3.5% of this value for maintenance per year
- Add up the backlog maintenance to the next year maintenance required to get indicative cost required
- Bidding amounts for 2018/19 and beyond not included
- Building areas to be verified

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 is therefore required to analyse the situation annually with a view to adopting a more scientific life-cycle approach.

Implementation plans for the approved Hub and Spoke Maintenance Delivery Model are currently being prepared. Implementation will, however, be dependent on resource allocation.

The planned maintenance projects are currently being prioritised by means of FCAs undertaken by WCGTPW and inputs received from the end-user. These assessment reports have cost estimates and priority ratings to determine budget allocation for maintenance needs. The projects are to be prioritised as per the categories below to ensure that critical works are receiving urgent attention.

The Facility Condition Assessment Ratings Scale		
Priority Number	**Clarification**	**Examples**
CURRENTLY CRITICAL		
1 – Dangerous situation	Life threatening situations, condition which could lead to serious injury. Serious water damage to façades, roofs and finishes.	Sagging columns, beams, walls, unsafe and sagging roof structures, flooring. Loose and broken floor covering. Broken glazing. Bare or unearthed electrical installation. Dangerous building structure. Faulty or dangerous machinery and plant. Leaking gas or fuel pipes and connections etc. Blocked drainage and sewer, see page. Trees. Paving / walkways.
2 – Health hazards	Drains, water storage, airflow, toilets, sewers etc.	Asbestos removal. Cleaning of storage tanks and reservoirs. Cleaning of A/C ducts. Blocked and defective drainage and sewer systems. Inadequate or no airflow. See page.
3 – Occupational Health & Safety Act & regulations	Safety equipment and all regulations.	Fire-fighting equipment. Compliance certificates for electrical installations and lifts. Tests.
POTENTIALLY CRITICAL		
4 – Maintain essential services	To allow occupants to carry out their normal work.	V.I.R. wiring, overhead lines, service transformers, switch gear, water storage, pumps, generator sets, hot water installations, lifts, fire alarms, fire escapes, gas banks, piping & outlets.
5 – Prevent costly deterioration	Any part of the building elements, structure, façade, roofs.	Roofs, facias, plaster, brickwork, tree roots, maintain roads.
6 – Prevention of financial loss	Inefficient machinery / plant, installations.	Power factor correction, electricity and water metering, economy of plant, lagging of ducting.
NECESSARY BUT NOT CRITICAL		
7 – Maintain appearance of buildings to acceptable standard	Unsightliness, image of the Western Cape Government.	Painting, cladding, carpets, outside lights, building façades, site works.
8 – Maintain pleasant working environment	Grievances, nice to haves, wish list.	Air-conditioning units, parking, site works.

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 the major focus on performance, governance and planning.
- During the 2016/17 financial year, WCGH began the process of reviewing its infrastructure programme classification. This includes the alignment of maintenance classification with that of the National Immovable Asset Maintenance Management (NIAMM) Standard. Accordingly, the classification "Scheduled Maintenance" will fall away and those Scheduled Maintenance projects which are currently being implemented / planned for implementation by WCGTPW, and which can be considered to be more capital than maintenance in nature, will be re-classified as Capital projects. This process will take place over a period of time, ultimately resulting in all maintenance work being carried out by WCGH, while the work carried out by WCGTPW will be confined to that of Capital projects.

Asset Management Plan

All institutions have asset registers for minor and major assets which are maintained on a daily basis. The Department's assets are housed in the SYSPRO asset management system (for Central Hospitals) and LOGIS (for all other Institutions) and asset purchases on these systems are reconciled with BAS expenditure BAS on a monthly basis.

Departmental asset registers comply with the minimum requirements as determined by National Treasury. A strategy to address Asset Management has been introduced where high-value assets are checked more often and staff at various levels in the institution has been made responsible for certain categories of assets to ensure the regular monitoring of the existence of assets from the floor to the Asset Register and vice versa.

PART C:
GOVERNANCE

PART C: Governance

Introduction

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

Risk Management

Risk Management Policy & Strategy

The Accounting Officer (AO) for the Department of Health 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 and Health Support has been appointed as the risk champion for the Department.

In compliance with the PSRMF and to further embed risk management within the Department, the Western Cape Government (WCG) has adopted an ERM Policy Statement which sets out the WCG's overall intention with regard to ERM. The Department adopted an ERM Policy for the period 2016/17 – 2017/18, approved by the Accounting Officer on 5 September 2016; and an ERM Strategy and Implementation Plan for 2016/17, approved by the Accounting Officer on 5 September 2016. The ERM Implementation Plan gave 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 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 its 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 her responsibilities relating to risk management. The Committee operated under a Terms of Reference approved by the Accounting Officer on 27 September 2016. 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.

Role of the Audit Committee

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

Progress with the Management of Risk

There has been significant progress with the management of risks during the 2016/17 year, resulting in an improvement in the MPAT score from a maturity level 1 in 2015/16 to level 4 in 2016/17 respectively. In 2016/17, 7 departmental risks were identified through a rigorous process of engagement. The quality of the conversations around risks has improved. Risk management is also a standing item on the agenda of Top Management meetings, where the Department Risk Report is tabled quarterly.

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 Western Cape Government (WCG) adopted an Anti-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 Prevention Plan and a Fraud Prevention Implementation Plan which gives effect to the Fraud Prevention Plan.

Various channels for reporting allegations of fraud, theft and corruption exist and these are described in detail in the Provincial Anti-Corruption Strategy and the Departmental Fraud 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 Province and Department.

Employees 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 e.g. was made in good faith). In this regard a transversal Whistle-blowing Policy was approved on 24 February 2016 to provide guidelines to employees 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 within 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.

Once fraud, theft or corruption is confirmed after completion of an investigation, the relevant employee who participated in these acts is subjected to a disciplinary hearing. In all such instances, 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, the PFS issued a Case Movement Certificate for the Department noting the following:

Cases	No.
Open cases as at 1 April 2016	22
New cases (2016/17)	20
Closed cases (2016/17)	(17)
Referred cases (2016/17)	(9)
Incorporated cases (2016/17)	(3)
Open cases as at 31 March 2017	13

The following table further analyses the closed cases indicated above:

Outcomes of Cases Closed	No.
Allegations substantiated	6
Only preliminary investigation with no adverse findings	6
Only preliminary investigation with no findings but with recommendations	5

Minimising Conflict of Interest

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

- The Code of Conduct document as issued by National Treasury; and
- The Departmental Non-Disclosure Agreement (NDA)

Additionally, it is required that all SCM functionaries declare any business, commercial and financial interest or any activities undertaken for financial gain which may result in a possible conflict of interest, as prescribed by the Accounting Officer.

The integration of the Western Cape Supplier Database (WCSD) with PERSAL automatically identifies any overlap between a business interest and a government official, enabling SCM officials to determine the extent to which a business interest may adversely affect the outcome of an SCM process.

Code of Conduct

The Code of Conduct is to promote a high standard of professional standards in the workplace, encourage public servants to behave ethically and ensure acceptable behaviour. Training workshops were conducted to sensitise employees and raise awareness of the expected standard of behaviour and what behaviour is not acceptable as prescribed by the Public Service Code of Conduct. A total number of 583 employees attended the code of conduct workshops during 2016/17.

Breach of the code of conduct is immediately addressed in terms of the formal and informal disciplinary code and procedures. A total of 218 employees were disciplined for the breach of the code of conduct during 2016/17.

Health, Safety & Environmental Issues

The provision of a healthy workplace remains a focus area. Particular attention is being paid to adequate ventilation and space provision to prevent the spread of infectious diseases. In addition, the provision of alcohol-based hand sanitizers in health facilities is being considered.

A contract is in place for a specialist company to remove and process health care risk waste. The current contract stipulates compliance with the latest health care risk waste regulations. Alternative health care risk waste management technology has been installed at Khayelitsha Hospital in 2016/17, as a pilot project. This technology, deals predominantly with the treatment of infectious and sharps waste, shreds and sterilizes waste. Advantages range from reduction in volume of waste to reduction in costs and carbon footprint. The current health care risk waste storage areas at all health facilities are being reviewed with the aim to ensure adequate designated areas are provided.

A small number of reportable incidents were recorded in 2016/17, due to human error. This is a fair indication that infrastructure and engineering equipment complies with legislation. Compliance with the general machinery regulations and the "vessels under pressure" regulations is a focus point for engineering personnel and a three-year contract in this regard was entered into in February 2017. Maintenance contracts are also in place for other engineering equipment governed by legislation e.g. fire-fighting equipment, fire detection systems, electrical reticulation and switchgear.

The Department has made progress towards greater occupational safety and health of its employees, by improving the working environment and the quality of the occupational health services. A revised and updated Safety Health Environment Risk and Quality Policy (SHERQ), together with its implementation plan has been approved.

SCOPA Resolutions

No resolutions

Prior Modification to Audit Reports

Finance

No matters to report

Information Management

Finding	Nature of qualification, disclaimer, adverse opinion and matters of non-compliance	Financial year in which it first arose	Progress made in clearing / resolving the matter
Accuracy, Validity & Completeness School Health (No documented evidence could be provided to confirm that the learner screening has been performed.)	Matters affecting the auditor's report	2014-15	• Matter mitigated. • Agreement reached with WCED to store learner assessments at schools or district office where storage facilities were inadequate at schools. WCED district staff support schools to file appropriately. • Training and workshops were held where definitions, data collection and tools were reviewed, aligned with NDOH policy and clarified. This was then affirmed in a Circular. NDOH updated the NIDS 17-18 to provide more clarity. • Data quality checks conducted by district provincial Information Management staff (ICU's). • Districts developed school-visit plans and monitor system data against this plan for completeness. • Schools were linked to clinics on the data system (Sinjani) to facilitate easy monitoring and reporting according to responsibilities. • Signed off annual learner totals obtained from WCED.
Planned information not Useful: Indicators with no targets	Matters affecting the auditor's report	2012-13	• Matter resolved. NDOH agreed to remove these indicators from the 2017/18 APP as a result of lack of policy, protocols and clear definitions. As per the amendments in the 2017/18 APP (p188-192), they will also not be reported on in the 2016/17 annual report and will therefore not be audited. • All indicators in the 16/17 APP had targets set.
Reliability of the education statistical indicators not established	Matters affecting the auditor's report	2014-15	• Matter resolved. 2016-17 APP was amended during budget adjustment period to remove learner totals (denominators) from indicators after agreement from NDOH and DotP (p188-192 of 2017-18 APP).
Validity and Accuracy: Learner assessment forms not provided	Matters affecting the auditor's report	2014-15	• Matter mitigated. • Agreement reached with WCED to store learner assessments at schools or district office where storage facilities were inadequate at schools. WCED district staff support schools to file appropriately.
• Accuracy: 14 instances • Accuracy and validity: 14 instances • Accuracy, Validity and Completeness: 1 instance • Completeness: 8 instances • Control deficiency: 4 instances • Reliability: 1 instance Limitation of scope: 1 instance	Other important matters	2012-13 (41 instances) 2015-16 (2 instances)	• In the majority of these instances, the matters arise out folder management and data transcription issues that exist between the patient folder, the data collection tool (electronic and manual), the aggregate report and the central repository which houses the aggregate data. The root causes of these issues were investigated and an overarching strategy involving short, medium and long term interventions was developed. These include: • Folder management: • Monthly folder audits (CMI) are conducted by facilities in line with Ideal Clinic and National Core Standards to check accessibility of folders, folder content and alignment with reports of sampled folders. Facilities develop remedial action plans around arising issues. • Assessment and training conducted by Records Management Support Unit • Off-site folder storages for inactive records was established. De-cluttering of prioritised facility registries is in progress. • Improved filing processes and methods are being piloted. • Data transcription between folders, registers, systems and reports: • The department has initiated a number of long term projects to reduce the need for transcription: Reducing manual registers; Reducing the number of data elements collected; Transition to electronic systems and automation; e-Headcount project; Folder cycle intervention; Integrated stationery project, automation of data from source to report. These long term projects are currently in pilot phase. • Other transversal ongoing interventions to improve data quality: • Standardisation and regular training of staff on definitions, SOP's, data collection tools, data flow processes, data sources and systems • Regular monitoring by sub-district, district and provincial staff • Regular self-assessment using the compliance management instrument (CMI) which provides a guide and checks to determine how we are doing • Building an Information Management (IM) culture aligned with provincial values, Focus on data usage, Governance and Accountability and information management awareness at all levels. Besides these transcription and folder management findings, there were also 2 instances of completeness, namely Mental Health Admission rate at Red Cross Children's Hospital and TB MDR confirmed cases data from NHLS; 1 control deficiency, namely follow up procedure for complaints at Vanguard CHC and 1 limitation of scope instance, namely DHIS data matching Sinjani data. The department has put robust strategies in place to mitigate these findings and believe that they are unlikely to re-occur.

People Management

No matters to report

Internal Control Unit

Finance

Currently the Department makes use of the Internal Assessment (IA) to monitor the levels of compliance with the regulatory framework. The IA is a batch audit instrument, monitoring compliance, mainly in the procurement process, of the transaction relating to a specific batch. 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 is selected monthly of all payment batches, normally consisting of 10 per cent of all batches generated for the month. The batches are selected from a number of expenditure items, which were selected based on the probable risk associated with the specific item, for example maintenance, agency staff, etc. 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.

The Department uses Irregular Expenditure (IE) as the norm to determine whether controls implemented had the desired effect. For 2016/17 the Department will report R11.330 million IE which equates to a mere 0.1 per cent of the Good & Services Budget. This is in line with the prior year and confirms that the Department's compliance controls are working effectively.

Information Management

The Department collects and collates data from numerous service points within many facilities ranging from mobile PHC facilities to large central hospitals, forensic pathology laboratories, emergency medical stations as well as all the schools where school health visits are conducted. We also receive data from municipally managed primary health care facilities in the Metro and some private facilities. Each clinician generates multiple data elements at each service point which is recorded in the patient folder, data collection tools (manual registers and electronic systems) and aggregated on the central repository, Sinjani. Although it is the responsibility of each facility manager, sub-district manager, district manager and budget and health programme manager to ensure compliance with various information management prescripts and ensure accurate data is reported, the Accounting Officer is accountable for ensuring these prescripts are adhered to and data reported is of good quality.

In order to ensure this the Information Compliance Unit (ICU) was established at provincial office in 2013 consisting of twelve staff and a manager to focus on data management and six Records Management Support Unit (RMSU) staff were employed in 2014/15. These teams are allocated to districts to perform internal assessments, identify shortcomings and develop remedial actions to mitigate these shortcomings.

This ICU is responsible for ensuring these facilities comply with information management guidelines, policies, standard operating procedures and other departmental prescripts to enable good data quality, reliable reporting and audit compliance. With so many facilities and limited capacity, the focus is on health facilities and support offices in the districts and sub-districts. The RMSU is responsible for assessing records management in facilities, providing training and assisting in implementing appropriate controls like document loans, authorised record disposals, removals of records and regular checks for misfiling.

The ICU assesses the facilities using a standardised assessment tool which mimics the methodology used by the Auditor General as well as issues of compliance identified to be a risk. After the assessment, remedial actions are developed or revised and implemented with the facility and sub-district. The focus this year has been on implementation and less on coverage. Facilities were 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 having a concerning number of data quality issues. General outcomes of ICU assessments are fed back to the broader departmental structures to assist in, amongst other things, training and performance evaluations and to inform information management priorities.

Despite vacancies due to budget constraints within these units this year, these teams have been instrumental in improving records management and data quality in the facilities they have covered which ultimately reduces audit findings.

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 function goes a long way towards assisting facilities to reduce non-compliance findings during the AGSA audits.

People Management

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

In order to achieve the above-mentioned, 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.

Although there has been significant progress in terms of compliance, on-going challenges and gaps still exist as a result of system, individual and institutional weaknesses. There is a need to improve collaboration with internal clients (outreach) and achieve functional training and relief functions where capacity constraints are experienced.

During the period under review the following work was performed by the sub-directorate:

- During compliance investigations informal training was conducted at 24 institutions.
- Line managers at 25 institutions in the Metro and rural areas received PM Functional training. People Management responsibility training of line managers was conducted. PM Functional training was conducted at 21 institutions in the Metro and rural areas. Formal Training on how to audit leave was conducted at one of the rural hospitals.
- Training by DICU's regarding the Quarterly Action Plan and how to conduct compliance investigations took place at 3 of the rural district Offices as well as the CD: Metro District Health Services.
- Ad-hoc investigations were conducted that included alleged fraudulent activities as well as a grievance regarding Radiographers.

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;
- 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 four assurance engagements, four consulting engagements 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;
- AGSA management and audit report;
- Departmental In-year Monitoring;
- Departmental Risk Management;
- Internal Control;
- Pre-determined objectives;
- Ethics and Forensic Investigations.

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 Mervyn Burton[1]	BCOMPT, BCOMPT Hons, CA (SA),	External	N/A	01/06/15 (2nd term)	N/A	8
Mr Terence Arendse	CTA, CA (SA)	External	N/A	01/01/17 (2nd term)	N/A	8
Ms Bonita Petersen	BCOM, BCOM (Hons), CA (SA)	External	N/A	01/01/17 (2nd term)	N/A	6
Mr Ronnie Kingwill	BCOM CTA; CA(SA);	External	N/A	01 Jan 2016	N/A	8

Note:

1. Chairperson since 1 January 2016

Audit Committee Report

We are pleased to present our report for the financial year ended 31 March 2017.

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 (PFMA) and National Treasury Regulations 3.1.13.** The Audit Committee also reports that it has adopted an appropriate formal Terms of Reference, has regulated its affairs in compliance with these Terms and has discharged all its responsibilities as contained therein.

The Effectiveness of Internal Control

In line with the PFMA and the King III Report on Corporate Governance requirements, 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 and completed by Internal Audit during the year under review:

Assurance Engagements

- Transfer Payments
- Department of Public Service and Administration: Delegations Directive
- Securing Staff and Infrastructure at facilities
- Facility warehouse management

Consulting Engagements:

- Financial Statements
- Folder Management
- Infrastructure Delivery
- Corporate Governance – Enterprise Risk Management

Follow-ups:

- Equipment Maintenance
- Fire at Health Facilities
- Networks and Systems
- ICT Forensic Pathology Services
- Supply Chain Management: Bid Committees
- Commuted Overtime
- Emergency Medical Services
- Transfer Payments

The internal audit plan was completed for the year. 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 actions on an on-going basis.

The Provincial Forensic Services presented us with statistics. The Audit Committee Monitors the progress of the PFS reports on a quarterly basis. There were no matters brought to our attention that required further reporting by the Audit Committee.

In-Year management & Monthly/Quarterly Reports

The Audit Committee is satisfied with the content and quality of the quarterly in-year management 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 and discussed the Audited Annual Financial Statements to be included in the Annual Report, with the Auditor-General South Africa (AGSA) and the Accounting Officer;
- 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;
- reviewed material 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. We note their responses.

Performance Information

The Audit Committee has reviewed the information on predetermined objectives as reported in the Annual Report. We concur with the findings of the AGSA as reviewed and management's responses thereto.

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.

Mervyn Burton
Chairperson of the Health Audit Committee
Date: 8 August 2017

PART D:
PEOPLE MANAGEMENT

Part D: People Management

Legislation that governs People Management

The information provided in this part is prescribed by the Public Service Regulations (Chapter 1, Part III J.3 and J.4). In addition to the Public Service Regulations, 2001 (as amended on 30 July 2012), 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 to 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.

Introduction

People Management (PM) has a pivotal role in ensuring the success of the Healthcare 2030 strategy to address the requirements for a person-centred quality health service, as employees are the most critical enabler. The Human Resources for Health Strategy (HRH, 2011), in terms of the Public Service legislative framework, will significantly influence the strengthening of health systems toward an effective and person-centred health service that will contribute to population outcomes and the achievement of the Healthcare 2030 principles below:

- Person-centred quality of care
- Outcomes based approach
- The primary health care (PHC) philosophy
- Strengthening the district health services model
- Equity
- Cost effective and sustainable health service
- Developing strategic partnerships

Value of Human Capital in the Department

The Status of Human Resources in the Department

The Department employs 31 463 staff members who are comprised of 65 per cent health professionals and 35 per cent administrative support staff. 93 per cent of the employees are employed in a permanent capacity.

Overview of the workforce

- 73 per cent are females and 27 per cent are males.
- 30 per cent are Black; 14 per cent are White, 54 per cent are Coloured and 2 per cent are Indian.
- 52 per cent of senior management positions are held by females.
- SMS Breakdown:
  - 5 per cent African Female
  - 5 per cent African Male
  - 21 per cent Coloured Female
  - 21 per cent Coloured Male
  - 1 per cent Indian Female
  - 4 per cent Indian Male
  - 25 per cent White Female
  - 18 per cent White Male
- 179 persons are classified as disabled.
- 93 per cent 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 per cent under 25 years
  - 44 per cent aged 25 to 40 years
  - 41 per cent aged 41 to 55 years
  - 9 per cent aged 56 to 60 years
  - 3 per cent aged 61 to 65 years

People management 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 co-ordination, monitoring and evaluation, and provincial oversight of people management.
- Regional/district offices (decentralised level) provides 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 staff is managed and where the implementation of PM policies occurs.

People Management Priorities for 2016/17 & the Impact of these Priorities

WCG: Health has a staff establishment of 31 463 employees that attend to millions of patients annually within a stressful, busy and resource-constrained environment. It is easy to understand how staff working at the coalface can become mechanistic in the way they perform their tasks, slip into a mentality of clearing crowds and treating patients as cases on a daily basis. The biggest unintentional casualty is the human and caring factor in the service. To effectively address this there will be, amongst others, a greater focus on organisational culture including increased mindfulness of living the values of the Department on a daily basis. This requires the involvement of leadership at all levels and the incorporation of a values based system within all PM practices and processes.

The core focus of the Department will be on the following:

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

The task of PM will be to ensure that optimal PM direction, guidance and support (strategic and operational) with regard to PS, PA, PD, ER, EW and CM are provided at each level of the organisation.

Scarce Skills

Despite the implementation of various strategies such as the occupational specific dispensations and the use of bursaries to attract scarce skills; the recruitment and retention of scarce skills in many of the health and related fields, from medical officers, medicine and nursing specialty, radiography specialty to paramedics, engineers and forensic pathology specialists and technicians, remains a challenge. The new electronic exit interview system has become operational during 2016/17 and it is hoped that this will in future provide greater insight into the retention challenges we face.

Clean HR Audit

The Department achieved a clean audit report in 2015/16 in respect of PM matters. The implementation of the PM Compliance Monitoring Instrument (CMI) and Quarterly HR Audit Action Plan, including a focus on training and development in people management processes and practices, has proven to be effective in improving compliance with the PM regulatory framework.

The monthly CMI is utilised as a reporting tool to assist managers but also to hold managers accountable in executing their PM responsibilities. The Quarterly PM Audit Action Plan is utilised as a reporting tool by all PM offices at institutional level, district / regional offices and head office. The Western Cape Audit Committee is also informed on PM compliance based on the information obtained from the Quarterly PM Audit Action Plans. The Quarterly PM Audit Action Plan consists of all matters raised by the Auditor-General over the past years and is updated if necessary on an annual basis.

The PM CMI in conjunction with PERSAL reports are furthermore utilised by the Component PM Advisory Services to prioritise institutions for investigations. Information obtained from the aforementioned interventions is used to provide assistance and training in order to enhance compliance.

Labour Relations

There is an effective Provincial Public Health and Social Development Sectoral Bargaining Chamber where negotiations and consultation with organised labour were held throughout the reporting period. There were 6 ordinary chamber meetings, 1 special chamber meeting, 6 People Management task team meetings and 4 special task team meetings. Currently there are 62 fully functional Institutional Management Labour Committees (IMLCs) within the Department which ensure sound interaction with organised labour at institutional level.

Disciplinary transgressions related to fraud, theft, sexual harassment and discrimination have been centralised at head office level due to the seriousness thereof and also to ensure efficiency and consistency. There has been constant interaction with internal and external stakeholders on various labour related matters to ensure that we maintain sound labour relations and promote labour peace. There is continuous capacity building and outreach to managers to effectively manage Labour relations.

Employment Equity

The Department is in the process of developing an EE Plan for the period September 2017- August 2022. There is currently a need to increase representivity in the disability and MMS categories. These two categories have been identified as performance indicators at the quarterly Departmental Committee. The Department is committed to transformation and is in the process of developing an Employment Equity Strategy that will address various employment practices and programmes in order to reach the goals and objectives of the Employment Equity Plan.

Barret Values Survey

The Barrett Survey process was initiated by the Department of the Premier and aims to establish a set of organisational values that will promote a high-performance organisational culture that will facilitate improved service delivery. The Department of Health participated in their 4th Barrett Value Survey in July 2015, which was available to employees online. The response rate of the 2015 Barrett survey was 56 per cent which translates to 5610 more employees participating in the survey than in 2013.

The current culture of the department is driven by values that promote:

- Group efforts and people showing concern and consideration to others
- A conscientious approach, following through on their obligations
- Focus on meeting the needs of clients and being available to them

The top value is teamwork, a cooperative approach which indicates that employees want to experience this more as they move forward. There are four matches between those values that are most important to the employees and those values that they most experience at work. These values are accountability, caring, responsibility and respect. This indicates a clear sense of personal connection with the values promoted within the organisation. The potentially limiting values are controlling, red tape or bureaucracy, confusion and blame.

The level of entropy has decreased by 2 per cent which is defined as the energy in an organisation that is consumed by non-productive activities. Entropy levels are currently at 21 per cent and have decreased from 23 per cent in 2013. A reduction in cultural entropy enables a more optimal work environment that improves organisational performance, increases employee engagement and reduces employee turnover. Leadership plays a critical role in driving a values-driven culture within the organisation. The trend over recent years of decreasing entropy levels and increasing match between individual and organizational values is encouraging evidence of a positive cultural shift in the Department. However much work remains to be done in this area.

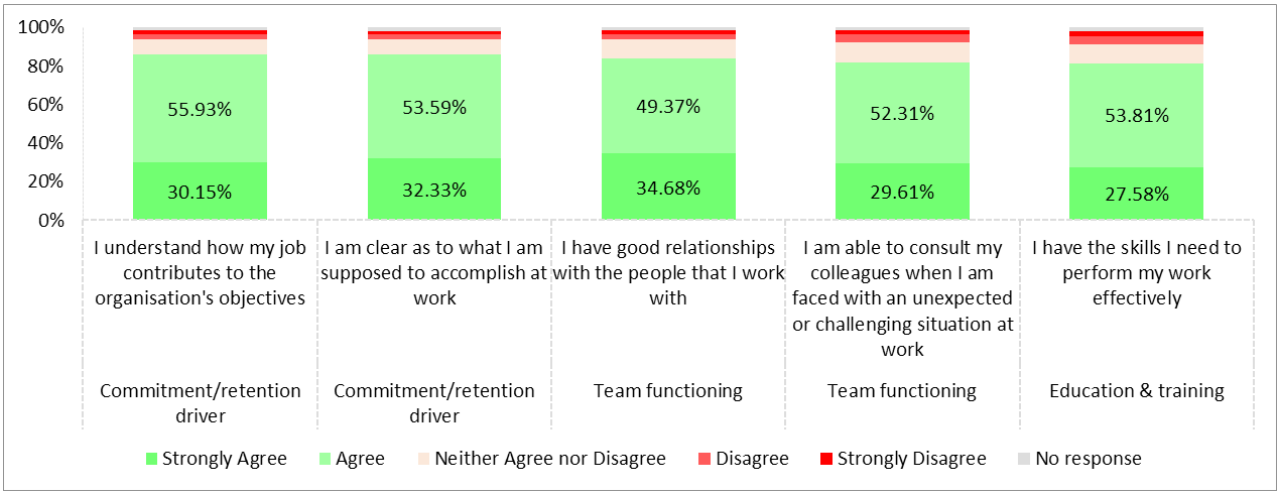
The Barret's Survey is administered every 2 years and is due in 2017.

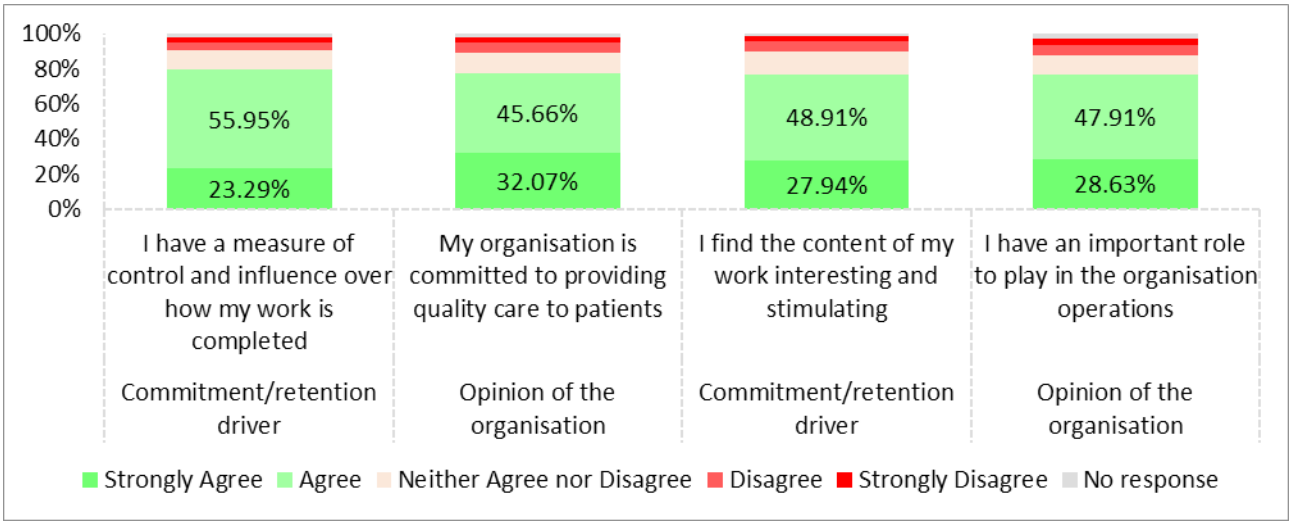
Staff Satisfaction Survey

WCG: Health conducted a staff satisfaction survey (SSS) in January 2016 throughout all districts, institutions and directorates within the Department. The survey was conducted by means of a self-administered questionnaire which was available in all three official languages. Provision was also made for employees with a disability to complete the survey telephonically, where appropriate. The Department piloted an online version of the survey. 11 972 responses were received and this represents a 38.3 per cent response rate.

The aim of the SSS was to assess the organisational climate among employees in terms of their thoughts and opinions of the organisation, their job and their work environment. The primary dimensions assessed in the survey were related to opinion of the organisation, communication, leadership, employee satisfaction with the organisation and organisational support structures, trust, team functioning, performance management, growth and development and coping style. The staff satisfaction survey comprised of 65 questions. The questionnaire is based on the national core standards as well the DPSA Wellbeing Framework. The overall areas of greatest satisfaction and dissatisfaction are depicted below.

Areas of Greatest Satisfaction





Areas of Greatest Dissatisfaction

Dimension	Item assessed	Disagree		Trend
		2016	2013	
Physical, safety & security	The restroom/tearoom facilities are adequate	40.32%	38.13%	↑
Commitment/retention driver	People in this organisation are transparent (no hidden agendas) and communicate openly	40.04%	40.42%	↓
Communication & consultation	The organisation puts employees' ideas into practice	39.09%	37.53%	↑
Communication & consultation	You receive feedback on your suggestions	38.25%	38.10%	↑
Leadership style	In the last 7 days I have received recognition or praise (for example, a thank you) for doing good work from my manager	37.17%	39.77%	↓
Communication & consultation	The organisation is open to employee's feedback and ideas	35.58%	31.94%	↑
Opinion of the organisation	The organisation treats its employees fairly	35.46%	29.02%	↑
Physical, safety & security	The ablution/cloakroom facilities are adequate	34.47%	30.71%	↑
Perceptions of change	I believe that senior management in this organisation have the best interests of employees at heart	34.34%	30.85%	↑
Team functioning	My colleagues are looking to leave the organisation within the next 6 months	33.93%	28.14%	↑
Communication & consultation	The organisation keeps employees informed about planned changes timeously	33.74%	31.19%	↑
Opinion of the organisation	The organisation values & cares for its employees	33.39%	27.45%	↑
Physical, safety & security	I have not experienced verbal and/or physical abuse from patients in the last year	33.16%	29.70%	↑
Physical, safety & security	My personal belongings are safe at work, e.g. car, bag, etc.	33.06%	32.14%	↑

The results of the survey will be used as a planning tool within the Department in order to attain person-centred care and strive towards achieving the outcomes as outlined in Healthcare 2030. The survey results were presented to top management as well as sub-structure/district management teams within the Province during July and August 2016.

The next Staff Satisfaction Survey will take place in 2018. The Staff and Barret Surveys alternate yearly.

Employee Health & Wellness Programme

Employee health and wellness programmes are increasingly being recognised as a strategic contributor towards departmental success. Given that employees spend a significant amount of time in the workplace, it may be hypothesised that the work environment may considerably influence employees' levels of health and wellbeing. In turn, employees' health and wellbeing may influence key departmental outcomes, such as its wellness culture and service delivery levels. The wellness concerns that employees are facing may further be exacerbated by broader community trends such as exposure to crime, substance abuse and trying socio-economic conditions. Managers who create a positive, appreciative atmosphere that promotes job satisfaction, strengthen resilience, increase mental alertness and accuracy, and keep the best employees strongly committed to the department (LMI Research Institute).

Employee Health and Wellness Programme (EHWP)

EHWP has evolved, with employees and managers being pro-active about their well-being. The services are available to all employees and their immediate household members and support to managers is available through the use of formal referrals, conflict mediation and managerial consultancy services. The Employee Health and Wellness Programme (EHWP) encompass the following:

- Individual wellness (physical);
- Individual wellness (psycho-social);
- Organisational wellness; and
- Work-life balance.

The overall engagement rate, which includes uptake of all services provided, amounted to 27 per cent during the period under review, which has increased slightly from 25.18 per cent in the 2015/16 financial year.

During the period under review and the preceding period, the most commonly utilised service was Professional Counselling, which constitutes 51.2 per cent of total engagement in the most recent period and 55.0 per cent during the previous period.

During the period under review problems relating to relationship issues constituted the most commonly presenting broad problem category, accounting for 16.9 per cent of all difficulties. This is unchanged from the previous comparable period, when the same problem category accounted for 17.2 per cent of all issues dealt with by the EHWP.

The formal referral process has the capacity to proactively identify and mitigate the impact of severely impacting problems on the well-being of employees. It is important that managers understand the importance of the EHWP in improving the productivity of their teams, maintaining team morale and mitigating behavioural risk to the organisation. 303 formal referrals and 186 assisted referrals were made in the year, higher than in the previous comparable period. The majority of referred employees were compliant to the process and the cases were resolved. Regular refresher training to managers on how they can use the EHWP resources to improve the well-being of their units is required.

The e-Care programme enables employees to manage their well-being online and sends employees a weekly e-mail with information on various health topics to promote physical and emotional well-being. Currently 670 employees profiled themselves on the e-Care service which is an increase from the 517 profiled users in the previous reporting period. The top three health concerns amongst users has remained constant and they are back pain, hay fever/allergic rhinitis and stress. Awareness of the e-Care service is needed amongst all employees as the profiling rate is below a comparable private sector average of 3.4 per cent.

HIV/AIDS, STI's & TB

The Department's HIV workplace programme is guided by the Provincial Strategic Plan on HIV and AIDS, STIs and TB 2012 - 2016 and the Transversal Workplace Policy on HIV and AIDS. 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, and monitoring cholesterol and body mass index. This package of services provided by the HCT programme therefore offers an integrated approach to well-being.

A total of 3 931 employees were tested during 2016/17, compared to a total of 4 944 employees in the previous financial year. There has been a decrease in the utilisation rate for HTS testing for the review period. The results revealed a decrease in the number of employees testing positive for HIV (43 employees tested positive during 2016/17 and 51 employees in 2015/16). Employees that tested positive are immediately provided with on-site counselling, are referred into the medical schemes HIV and AIDS programme and also referred to the Employee Wellness Programme, further supported with psychologists and social workers

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

The Department's Safety, Health, Environment, Risk and Quality (SHERQ) programme is guided by the Provincial SHERQ Policy which has been revised. The policy ensures that the Western Cape Government Health is committed to the provision and promotion of a healthy and safe environment for its employees and clients.

Health and safety committee audits are conducted annually. The audit determines whether facility committees are compliant with the OHS Act 1993 and its regulations. Compliance is measured whether facilities have regular committee minutes, chairperson nominated & appointed and members nominated & appointed. A total of 74 out of the 315 facilities have functional OHS committees. This translates to 23 per cent for the period 2016/17 compared to the previous period under of review of 16 per cent; facilities that are non-compliant are supported.

A two-day Occupational Health and Safety Act Training Programme has been initiated, it aims to develop and capacitate employees to be competent OHS representatives. The training programme was envisaged to be an interim measure, while formal training structures are developed within the Department. The learning outcome of the programme is to enable an understanding of the OHS Act and its relevance in the workplace with particular emphasis on:

- The Duty of the Employer (Managers, Supervisors (Section16 Sub-section 4)
- The Duty of the Employee
- The Duties and Function of the Safety Representative
- The Role and Function of the Safety Committee
- How to conduct Risk Assessments

A total of 65 sessions, over the period March – April 2017, were held throughout the Western Cape, 1 252 employees were trained. Attendees were from all levels of employees, including senior personnel (Medical and Deputy Medical Superintendents), nurses, doctors and administrative staff and a "Certificate of Attendance" was issued to each attendee.

Diversity Management

The Department acknowledges the need to engage on matters of diversity in the workplace. These include; race, gender, disability, culture and language. The increasing need to create awareness and ongoing educational initiatives has been identified. An Employment Equity Strategy is being developed and will address matters pertaining to diversity in the workplace.

Disability

During the 2016/17 financial year the number of employees with a disability has decreased (from 183 in 2015/16 to 179 in 2016/17) this was due to natural attrition and dismissal.

The implementation of the mainstreaming of disability in skills development during the 2016/2017 financial year exceeded the 2 per cent target of disability in skills development with the appointment of 13 interns.

The department will continue the implementation of the JOBACCESS strategic framework for disability management in the workplace. The strategic framework is focused on creating an enabling environment, provide equal opportunity and mainstreaming disability into all projects and programmes of the department to attain a barrier free workplace.

The department commit to achieve the 2 per cent target of employees with disabilities through strategies such as Skills development, disability management and the traditional recruitment and selection.

Gender

The Department has achieved 53 per cent females at Senior Management level during the 2016/17. In sustaining the target achieved the Department will continue to maintain established partnerships (National Departments, Civil Society Organisations) to address gender and to create equal opportunity for gender and women with disabilities.

The Department continues to implement the Gender Equality Strategic framework which strives to incorporate gender perspectives into all departmental work. In promoting women's empowerment and gender equality in the workplace ongoing strategies will be implemented to build capacity, advocate, create awareness and educate. This aims to encourage a conducive organisational culture and attitudes that is sensitive to diversity.

Change Management

The C²AIR² Club Programme

The C²AIR² Club programme was launched in August 2013 and is known as the C²AIR² Club Challenge. The C²AIR² Club Challenge focuses on living the departmental values, building leadership at local level, strengthening the relationships between facility and district levels, empowering frontline staff with positive communication training to better engage with patients and building innovative problem solving capacity at the institutional level. It is a unique and innovative change initiative to create satisfied patients, through healthy, caring and committed employees who provide quality health services. Phase 1 of the C²AIR² Club Challenge ended in November 2014 which included 38 health care facilities. In May 2015 Phase 2 commenced and increased to 82 facilities including all the District Health Services and 4 facilities within the General Specialist and Emergency Services (GENSES) Region.

The CAIR programme has garnered valuable learnings such as Leadership Development; Enabling Frontline Employees and Values Driven employees. To extrapolate the learnings from the CAIR programme and align it with the Transformation Strategy of the WCGH HC2030, the current format of the CAIR Club will cease to continue. It will transition into a Leadership and Organisational Culture Change Initiative. The proposed approach will be finalised later this year.

In addition, the WGCH is adopting a culture of co-creation; participatory accountability and continuous learning and improvement. To give effect to the aforementioned a structured Change Management approach is to be embedded in its transformation initiatives.

Nursing

The Nursing Information Management System (NIMS)

NIMS is inter alia an automated booking system linking WCG: Health and the currently contracted agencies. NIMS complies with the fair tendering process and allows all eight agencies a fair chance to nominate agency nurses against requests from the services for supplementary nurses. To date, 152 health facilities in the Metro and Rural Districts including regional, psychiatric and tertiary hospitals have been activated and trained on NIMS since its inception in 2011. On-going support to services is provided by the NIMS team located within the Directorate Nursing Services. Nursing agencies participating in the current contract have received training and are activated on NIMS.

Formal Nursing – Utilization of clinical platform

During the 2016 academic year, 4188 nursing students, enrolled in different nursing programmes were placed for clinical learning experiences across the accredited health facilities in the province. During the period under review, community service nurses were placed in health facilities to fulfil their community nursing service obligations as follows: 10 and 33 were placed in April and August 2016 respectively, whilst 347 were placed in January 2017. The placement of community service nurses is done in collaboration with the National Department of Health and the South African Nursing Council (SANC)

Nursing Practice

The authorisation of clinical nurse practitioners and the dispensing of medicines by professional nurses is being addressed in order to comply with the legislative requirements and to promote access to service delivery.

Workforce Planning Framework & Key Strategies to attract & recruit a skilled & capable workforce

Workforce planning for the health services is challenging and complex, however it is an important process to deliver optimal health care. A dedicated team has been constituted and is currently operational within the department. The workforce planning framework used by the Department is aligned to the HR planning template provided by the Department of Public Service and Administration. Annually an analysis is conducted of the external and internal environment, trends and changes of the macro environment and the workforce. This analysis together with the Department's strategic direction and Annual Performance Plan, informs a gap analysis to determine priorities that would have the greatest impact.

Employee Performance Management Framework

A Staff Performance Management System (SPMS/PMDS) has been operational since 2003. The system is managed on a decentralised basis where each district is responsible for the finalisation of its processes, while the head office component also plays a policy management and oversight role in this regard. Training is consistently provided to promote and ensure the smooth functioning of the system. The moderation phase is strictly managed to ensure that the performance cycle is concluded within the given timeframes.

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 in order to ensure wide participation and buy-in from managers. Achievements over the last year include:
- Input to the national policy on Commuted Overtime. The Department has since been asked by the National Department of Health to play a pivotal role on the task team that was constituted to formulate the national Standard Operating Procedure for Commuted Overtime.
- Review and sign-off of the People Management Delegations in terms of the Public Service Regulations, 2016.
- Implementation of an on-line Exit Interview System with a step-by-step guideline for users.
- A step-by-step guideline for People Managers and Line Managers on the use of Delegation Registers and Delegation Decision Registers.

Challenges faced by the Department

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. As the personnel budget is not sufficient to fund all posts on the approved organisation and post structure of the Department it has been decided to abolish all unfunded posts (27 per cent of the approved organisational and post structure of the Department). The current funded approved staff establishment reflects a 3.6 per cent vacancy rate.

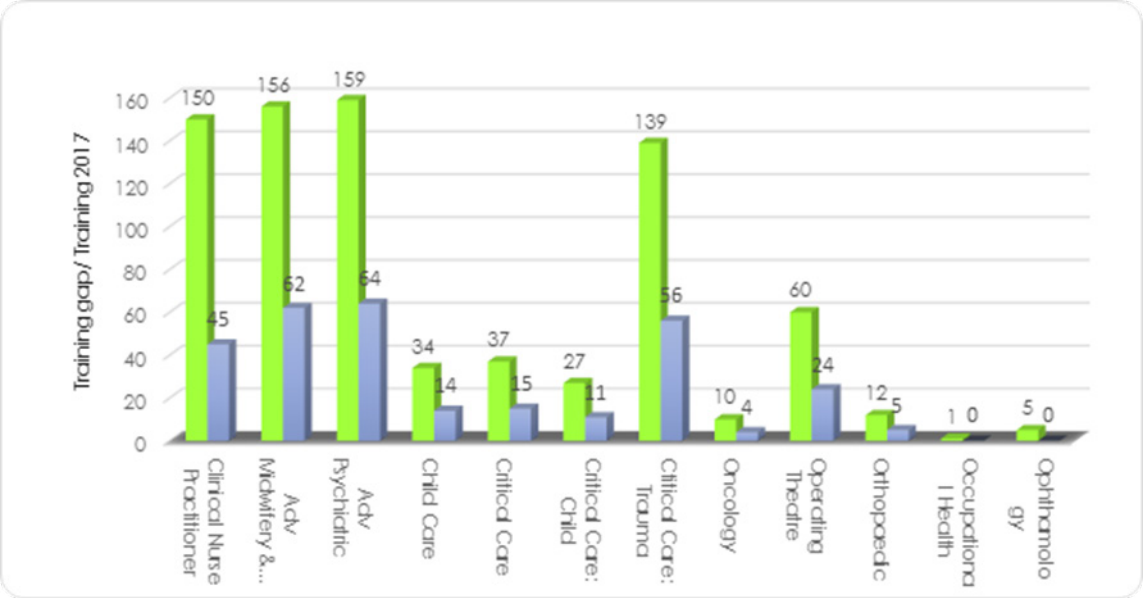
Budget constraints are deemed to continue for the MTEF period given the state of the economy and other related factors. This means that the Department will have to do more with less. This includes improving the productivity and efficiency amongst staff in all functional areas within the Department. To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

The Department is also busy with a project to re-assess the alignment and efficiency of the current managerial structures within the Department. This project will address functions, processes and structures across the Department. An important by product is going to be revising the methodology of addressing OD requests in the Department to ensure the resulting staff establishments are financially sustainable.

Competencies

The Department must maintain a proper skills mix to ensure quality of care and a patient centred experience. A scarce skills analysis in the 2016/17 financial year has yielded a scarcity in all the Nursing Specialty categories as reflected below. This training of nurse specialties is addressed through the Nurse Training Plan. The training gap (green bar) and training numbers planned (blue bar) are reflected in the following table.

- Clinical Nurse Practitioner
- Advanced Midwifery and Neonatal
- Advanced Psychiatric
- Child Care
- Critical Care
- Critical Care: Child
- Critical Care: Trauma
- Oncology
- Operating Theatre
- Orthopaedic
- Ophthalmological



The clinical skills development of health professionals aligned to Continuous Professional Development (CPD) is a strategy designed to address current critical skills gaps. The Department has also implemented internal and external bursary programmes, internships and learnerships in an effort to attract and retain scarce skills.

There are scarce skills in the medical specialities, in particular forensic medicine, while retention of certain categories of Clinical Technologists, in Pulmonology and Nephrology, is a challenge. The difficulties of filling Paramedic posts in rural districts is also a challenge. Engineers and Quantity Surveyors are also areas where the Department experiences difficulty in filling posts.

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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 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.

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 of the occupations.

Age of Workforce

44 Per cent of the workforce is between the ages 25 to 40 years and 41 per cent between the ages 41 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 Department 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. An analysis indicates that the Department may experience a shortage of skilled staff in the near future due to a relatively high percentage (12 per cent) nearing retirement (65) or early retirement age (55). However, retirees mainly fall in the 60 – 64 age groups.

Future Human Resource Plans/Priorities

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

- Engagement on Organisational Culture and Change Management
- Leadership and Management Development
- Address the shortage of scarce and critical skills in the Department
- Assist with the development and design of an organisational model for the Department (MEAP)
- Address Employment Equity to improve EE Statistics of Disability and MMS
- Occupational Health and Safety Capacity Building and Compliance
- Clinical Skills Development
- Capacity Building and On-boarding Toolkit
- Capacity building and outreach to managers to effectively manage employee relations
- Dispute Management and Prevention
- Building/transforming Workplace Relations
- Develop a Non-Financial Incentive System

Human Resource Oversight Statistics

Personnel related Expenditure

The following tables summarise final audited expenditure by budget programme and by salary bands. In particular, it provides an indication of the amount spent on personnel in terms of each of the programmes or salary bands within the Department. The figures for expenditure per budget programme are drawn from the Basic Accounting System (BAS) and the figures for personnel 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 Department. Programmes will be referred to by their number from here on out.

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 2016/17

Programmes	Total Expenditure R'000	Personnel Expenditure R'000	Training Expenditure R'000	Goods & Services R'000	Personnel Expenditure as a per cent of Total Expenditure	Average Expenditure per Employee R'000	No. of Employees
Programme 1	635 774	301 267	697	-	47%	432	698
Programme 2	7 953 437	4 385 145	9 611	198 826	55%	361	12 139
Programme 3	984 923	594 689	377	-	60%	303	1 963
Programme 4	3 179 214	2 274 739	3 256	46 140	72%	362	6 281
Programme 5	5 701 407	3 859 793	3 851	80 651	68%	422	9 156
Programme 6	320 291	133 785	320 291	-	42%	455	294
Programme 7	425 700	242 775	814	293	57%	316	769
Programme 8	877 438	41 671	1 477	100	5%	521	80
TOTAL	**20 078 184**	**11 833 864**	**340 374**	**326 010**	**59%**	**377**	**31 380**

Notes:
- The number of employees refers to all individuals remunerated during the reporting period, excluding the Minister.
- Expenditure of sessional, periodical and extra-ordinary appointments are included in the expenditure but not in the personnel totals which will inflate the average personnel cost per employee.
- Personnel expenditure: This excludes standard chart of accounts (SCOA) item Household (HH)/Employer Social Benefits on the Basic Accounting System (BAS).
- Goods and services: Consists of the Standard chart of accounts (SCOA) item Agency and Outsourced services: Admin and Support Staff, Nursing staff and Professional Staff.
- The total number of employees is the average of employees that was in service as on 1 April 2016 and 31 March 2017.

Personnel Expenditure by Salary Band for 2016/17

Salary Bands	Personnel Expenditure R'000	Per cent of Total Expenditure	Average Expenditure per Employee R'000	No. of Employees
Lower Skilled (Levels 1 - 2)	383 690	3.25	141	2716
Skilled (Level 3 - 5)	2 475 532	20.96	207	11971
Highly Skilled Production (Levels 6 - 8)	2 732 444	23.13	317	8611
Highly Skilled Supervision (Levels 9 - 12)	6 147 198	52.05	767	8019
Senior and Top Management (Levels 13 - 16)	72 428	0.61	1130	64
TOTAL	**11 811 292**	**100.00**	**376**	**31380**

Notes:
- The number of employees refers to all individuals remunerated during the reporting period, excluding the Minister.
- Expenditure of sessional, periodical and extraordinary appointments are included in the expenditure but not in the personnel totals which inflate the average personnel cost per employee.
- 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 employees that were in service for 12 months (April 2016 to March 2017).

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 provides an indication of the percentage of the personnel budget that was used for these items.

Salaries, Overtime, Housing Allowance & Medical Assistance by Programme for 2016/17

Programmes	Salaries		Overtime		Housing Allowance		Medical Assistance	
	Amount R'000	As a per cent of Personnel costs	Amount R'000	As a per cent of Personnel costs	Amount R'000	As a per cent of Personnel costs	Amount R'000	As a per cent of Personnel costs
Programme 1	273 269	2.31	1 307	0.01	6 988	0.06	11 616	0.10
Programme 2	3 869 462	32.76	257 349	2.18	117 242	0.99	163 354	1.38
Programme 3	494 020	4.18	47 308	0.40	21 658	0.18	35 837	0.30
Programme 4	1 954 914	16.55	168 932	1.43	62 517	0.53	91 261	0.77
Programme 5	3 151 286	26.68	429 124	3.63	88 088	0.75	122 980	1.04
Programme 6	145 067	1.23	1 700	0.01	3 095	0.03	5 503	0.05
Programme 7	204 489	1.73	19 004	0.16	8 474	0.07	13 664	0.12
Programme 8	40 959	0.35	26	0.00	209	0.00	589	0.00
TOTAL	**10 133 467**	**85.79**	**924 751**	**7.83**	**308 270**	**2.61**	**444 804**	**3.77**

Notes:
- Salaries, overtime, housing allowance and medical assistance are calculated as a per cent of the total personnel expenditure which appears in the table above. Furthermore, the table does not make provision for other expenditure such as Pensions, Bonus and other allowances which make up the total personnel expenditure. Therefore, Salaries, Overtime, Housing Allowance and Medical Assistance amount to R11 811 292 of the total personnel expenditure.
- 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 staff on the establishment of universities (on their conditions of service) is excluded in the above.

Salaries, Overtime, Housing Allowance & Medical Assistance by Salary Band for 2016/17

Salary Bands	Salaries		Overtime		Housing Allowance		Medical Assistance	
	Amount R'000	As a per cent of Personnel costs	Amount R'000	As a per cent of Personnel costs	Amount R'000	As a per cent of Personnel costs	Amount R'000	As a per cent of Personnel costs
Lower Skilled (Levels 1 - 2)	311 490	2.64	8 396	0.07	29 550	0.25	34 254	0.29
Skilled (Level 3 - 5)	2 072 273	17.54	89 293	0.76	135 277	1.15	178 688	1.51
Highly Skilled Production (Levels 6 - 8)	2 420 953	20.50	82 672	0.70	93 126	0.79	135 693	1.15
Highly Skilled Supervision (Levels 9 - 12)	5 256 986	44.51	744 378	6.30	50 317	0.43	95 517	0.81
Senior and Top Management (Levels 13 - 16)	71 764	0.61	12	0.00	0	0.00	652	0.01
TOTAL	**10 133 467**	**85.79**	**924 751**	**7.83**	**308 270**	**2.61**	**444 804**	**3.77**

Notes:
- 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 & Vacancies

Employment & Vacancies by Programme as at the 31st March 2017

Programmes	No. of Funded Posts	No. of Posts filled	Vacancy Rate per cent	No. of persons additional to the establishment
Programme 1	723	698	3.46	15
Programme 2	12466	12119	2.78	11
Programme 3	2114	1983	6.20	0
Programme 4	6549	6348	3.07	6
Programme 5	9522	9162	3.78	5
Programme 6	330	296	10.30	1
Programme 7	825	771	6.55	0
Programme 8	97	86	11.34	32
TOTAL	**32626**	**31463**	**3.56**	**70**

Notes:
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Vacancy rate is based on funded vacancies

Employment & Vacancies by Salary Band as at the 31st March 2017

Salary Bands	No. of Funded Posts	No. of Posts filled	Vacancy Rate per cent	No. of persons additional to the establishment
Lower Skilled (Levels 1 - 2)	2881	2742	4.82	3
Skilled (Level 3 - 5)	12480	12051	3.44	22
Highly Skilled Production (Levels 6 - 8)	8770	8510	2.96	18
Highly Skilled Supervision (Levels 9 - 12)	8424	8093	3.93	24
Senior and Top Management (Levels 13 - 16)	71	67	5.63	3
TOTAL	**32626**	**31463**	**3.56**	**70**

Notes:
- The information in each case reflects the situation as at 31 March 2017. For an indication of changes in staffing patterns over the year under review, please refer to section Employment Changes of this report.
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Vacancy rate is based on funded vacancies.

Employment & Vacancies by Critical Occupations as at the 31st March 2017				
Critical Occupations	No. of Funded Posts	No. of Posts filled	Vacancy Rate per cent	No. of persons additional to the establishment
Medical orthotist & prosthetist	15	14	6.67	0
Medical physicist	13	11	15.38	0
Clinical technologist	93	84	9.68	0
Pharmacist	443	433	2.26	0
Industrial technician	72	66	8.33	0
TOTAL	**636**	**608**	**4.40**	**0**

Notes:
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.

Job Evaluation

The Public Service Regulations, 2016 as amended, introduced post evaluation as a way of ensuring that work of equal value is remunerated equally. Within a nationally determined framework, executing authorities may evaluate or re-evaluate any post in his or her organisation. The tables below summarise the number of posts that were evaluated during the year under review. The table also provides statistics on the number of posts that were upgraded or downgraded.

Job Evaluations 2016/17							
Salary Bands	No. of posts	No. of jobs evaluated	Per cent of posts evaluated	Posts Upgraded		Posts Downgraded	
				No.	Per cent of Posts Evaluated	No.	Per cent of Posts Evaluated
Lower Skilled (Levels 1 - 2)	2881	0	0	0	0	0	0
Skilled (Level 3 - 5)	12480	0	0	0	0	0	0
Highly Skilled Production (Levels 6 - 8)	8770	34	0.39	0	0	0	0
Highly Skilled Supervision (Levels 9 - 12)	8424	25	0.30	5	20.00	0	0
Senior Management Service Band A (Levels 13)	56	0	0	0	0	0	0
Senior Management Service Band B (Levels 14)	10	0	0	0	0	0	0
Senior Management Service Band C (Levels 15)	4	0	0	0	0	0	0
Senior Management Service Band D (Levels 16)	1	0	0	0	0	0	0
TOTAL	**32626**	**59**	**0.2**	**5**	**8.47**	**0**	**0**

Notes:
- Existing Public Service policy requires departments to subject specifically identified posts (excluding Educator and OSD [occupation-specific dispensation] posts) to a formal job evaluation process. These include newly created posts, as well as posts where the job content has changed significantly. This job evaluation process determines the grading and salary level of a post
- The majority of posts on the approved establishment were evaluated during previous reporting years, and the job evaluation results are thus still applicable.
- Nature of appointment sessional is excluded

Profile of Employees whose Salary Positions Were Upgraded due to their Posts Being Upgraded, in 2016/17					
Gender	**African**	**Indian**	**Coloured**	**White**	**TOTAL**
Female	0	0	0	0	0
Male	1	0	0	0	1
Total	**1**	**0**	**0**	**0**	**1**
Employees with a disability	0	0	0	0	0

Notes:
- Nature of appointment sessional is excluded.

Employees who have been Granted Higher Salaries than those determined by Job Evaluation in 2016/17					
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**
Senior Admin Officer	1	8	9	2nd notch of 9	Retention
Administration Clerk	1	5	5	2nd notch of 5	Retention
Social Work Manager	1	11	11	9th notch of 11	Recruitment
Senior State Accountant	1	8	8	12th notch of 8	Recruitment
Total number of employees whose salaries exceed the level determined by job evaluation (including awarding of higher notches)					**4**
Percentage of total employed					**0.01**

Notes:
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.

Employees who have been Granted Higher Salaries than those determined by Job Evaluation per race group, for 2016/17					
Gender	**African**	**Indian**	**Coloured**	**White**	**TOTAL**
Female	0	0	3	0	3
Male	0	0	1	0	1
Total	**0**	**0**	**4**	**0**	**4**
Employees with a disability	0	0	0	0	0

Employment Changes

Turnover rates provide an indication of trends in the employment profile of the Department 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 2016/17

Salary Bands	No. of employees per band as at 31/03/16	Turnover rate 2015/16	Appointments	Transfers into the Department	Terminations out of the Department	Transfers out of the Department	Turnover rate 2016/17
Lower Skilled (Levels 1 - 2)	2711	6.21	306	2	126	3	4.76
Skilled (Level 3 - 5)	11948	9.22	1036	8	760	58	6.85
Highly Skilled Production (Levels 6 - 8)	8680	17.11	999	15	1215	20	14.23
Highly Skilled Supervision (Levels 9 - 12)	8027	18.82	1162	24	1285	26	16.33
Senior Management Service Band A (Levels 13)	51	8.33	1	0	3	1	7.84
Senior Management Service Band B (Levels 14)	10	0.00	0	0	0	0	0.00
Senior Management Service Band C (Levels 15)	4	0.00	0	0	0	0	0.00
Senior Management Service Band D (Levels 16)	1	50.00	0	0	0	0	0.00
TOTAL	**31432**	**13.68**	**3504**	**49**	**3389**	**108**	**11.13**

Notes:
- A transfer is when a Public Service official moves from one department to another, on the same salary level.
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Turnover rate is based on terminations and transfers out of the department divided by total number of employees.

Annual Turnover Rates by Critical Occupation for 2016/17

CRITICAL OCCUPATION	No. of employees per band as at 31/03/16	Turnover rate 2015/16	Appointments	Transfers into the Department	Terminations out of the Department	Transfers out of the Department	Turnover rate 2016/17
Clinical Technologist	85	24.71	22	0	23	0	27.06
Industrial Technician	64	7.81	4	0	2	0	3.13
Medical Ort & Prosthetist	12	28.57	5	0	3	0	25.00
Medical Physicist	11	18.18	2	0	2	0	18.18
Pharmacists	432	20.75	86	0	83	1	19.44
TOTAL	**604**	**20.07**	**119**	**0**	**113**	**1**	**18.87**

Notes:
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Any differences in numbers between 2016 and 2017 are as a result of the rectification of occupational classification and job title codes.
- Turnover rate is based on terminations and transfers out of the Department divided by total number of employees.

Staff leaving the employ of the Department in 2016/17			
EXIT CATEGORY	**No.**	**Per cent of Total Exits**	**No. of exits as a per cent of total No. of employees as at 31/03/17**
DEATH / DEMISE	86	2.54	0.27
RESIGNATION	1 234	36.41	3.93
CONTRACT EXPIRY	1 464	43.20	4.66
TRANSFER	0	0.00	0.00
DISMISSAL: OPERATIONAL	0	0.00	0.00
DISMISSAL: ILL HEALTH	56	1.65	0.18
DISMISSAL: INCAPACITY	2	0.06	0.01
DISMISSAL: MISCONDUCT	53	1.56	0.17
RETIREMENT	461	13.60	1.47
OTHER	33	0.97	0.10
TOTAL	**3 389**	**100.00**	**10.78**

Notes:
- The table identifies the various exit categories for those staff members who have left the employ of the Department.
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Number of exits as percentage of total number of employees as 31 March 2017 (31 463): Number of terminations divided by 31 463 (filled posts on 31 March 2017) multiplied by 100.
- 1 367 of the 1 464 contract expiries were people from the medical, pharmaceutical interns, community service and registrars

Reasons Why Staff Resigned in 2016/17		
Termination Types	**No.**	**Per cent of Total Terminations**
Age	6	0.49%
Bad health	20	1.62%
Better remuneration	285	23.10%
Breach: pdp	7	0.57%
Contract expired	3	0.24%
Domestic problems	12	0.97%
Emigration	1	0.08%
Further studies	53	4.29%
Housewife	16	1.30%
Insufficient progress possible	1	0.08%
Marriage	1	0.08%
Misconduct	1	0.08%
Nature of work	67	5.43%
Other education depart	1	0.08%
Other occupation	135	10.94%
Own business	3	0.24%
Personal grievances	63	5.11%
Prev/charge	1	0.08%
Resigning of position	536	43.44%
Transfer (spouse)	2	0.16%
Translation noa	2	0.16%
Translation temporary	1	0.08%
Transport problem	4	0.32%
No reason given	13	1.05%
TOTAL	**1234**	**100.00**

Notes:
- Reasons as reflected on PERSAL.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Nature of appointment sessional is excluded.

Different Age Groups of Staff Who Resigned in 2016/17		
Age Groups	**No.**	**Per cent of Total Resignations**
Ages <20	0	0.00%
Ages 20 to 24	27	2.19%
Ages 25 to 29	218	17.67%
Ages 30 to 34	232	18.80%
Ages 35 to 39	174	14.10%
Ages 40 to 44	167	13.53%
Ages 45 to 49	150	12.16%
Ages 50 to 54	93	7.54%
Ages 55 to 59	111	9.00%
Ages 60 to 64	58	4.70%
Ages 65 >	4	0.32%
TOTAL	**1234**	**100%**

Granting of Employee Initiated Severance Packages by Salary Band for 2016/17				
SALARY BAND	**No. of applications received**	**No. of applications referred to the MPSA**	**No. of applications supported by 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)	2	1	1	1
Highly Skilled Supervision (Levels 9 - 12)	1	0	0	0
Senior & Top Management (Levels 13 - 16)	0	0	0	0
TOTAL	**3**	**1**	**1**	**1**

Promotions by Salary Band for 2016/17

SALARY BAND	Employees as at the 31/03/16	Promotions to another salary level	Salary band promotions as a per cent of employees by salary level	Progressions to another notch within a salary level	Notch progression as a per cent of employees
Lower Skilled (Levels 1 - 2)	2711	35	1.29	1300	47.95
Skilled (Level 3 - 5)	11948	357	2.99	6658	55.72
Highly Skilled Production (Levels 6 - 8)	8680	357	4.11	2898	33.39
Highly Skilled Supervision (Levels 9 - 12)	8027	427	5.32	2640	32.89
Senior & Top Management (Levels 13 - 16)	66	4	6.06	44	66.67
TOTAL	**31432**	**1180**	**3.75**	**13540**	**43.08**

Notes:
- Nature of appointment sessional is excluded
- Nature of appointments periodical and abnormal is also excluded

Promotions by Critical Occupation in 2016/17

CRITICAL OCCUPATION	No. of employees as at 01/04/16	Promotions to another salary level	Salary level promotions as a per cent of employees	Progressions to another notch within a salary level	Notch progression as a per cent of employees
Clinical technologist	85	9	10.59	32	38
Industrial technician	64	1	1.56	44	69
Medical orthotist and prosthetist	12	3	25.00	7	58
Medical physicist	11	1	9.09	8	73
Pharmacists	432	25	5.79	188	43.52
TOTAL	**604**	**39**	**6.46**	**279**	**46.19**

Notes:
- Nature of appointment sessional is excluded. Nature of appointments periodical and abnormal is also excluded. No posts.

Employment Equity

Total Number of Employees per Occupational Band, including employees with disabilities, as at the 31st March 2017

OCCUPATIONAL LEVELS	MALE				FEMALE				FOREIGN NATIONALS		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14-16)	1	4	1	2	1	1	1	3	0	0	14
Senior Management (Levels 13)	1	9	2	9	1	13	0	14	0	0	49
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	64	257	87	491	77	383	108	665	43	43	2 218
Skilled technical / Academically qualified workers / Junior management,/ supervisors, foremen, and superintendents (Levels 8- 10)	223	700	17	188	714	2862	64	983	8	12	5 771
Semi-skilled and discretionary decision making (Level 4-7)	1169	2567	28	268	3515	6545	43	811	6	4	14 956
Unskilled and defined decision making (Levels 1-3)	802	1047	6	51	2350	1 901	4	35	0	1	6 197
SUB-TOTAL	**2 260**	**4584**	**141**	**1009**	**6 658**	**11705**	**220**	**2511**	**57**	**60**	**29 205**
Temporary Employees	131	192	79	362	310	451	111	526	49	47	2 258
TOTAL	**2 391**	**4 776**	**220**	**1 371**	**6 968**	**12 156**	**331**	**3 037**	**106**	**107**	**31 463**

Notes:
- The figures reflected per occupational levels include all permanent, part-time and contract employees. Furthermore the information is presented by salary level and not post level.
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Total number of employees includes employees additional to the establishment.
- For the number of employees with disabilities, refer to previous table.

Total Number of Employees with Disabilities per Occupational Band, as at the 31st March 2017

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	0	0	3	0	2	0	0	7
Skilled technical / Academically qualified workers / Junior management / supervisors, foremen, and superintendents (Levels 8- 10)	1	6	0	3	1	4	1	5	0	0	21
Semi-skilled and discretionary decision making (Level 4-7)	13	31	0	12	16	21	0	20	0	0	113
Unskilled and defined decision making (Levels 1-3)	9	8	0	4	3	7	0	1	0	0	32
SUB-TOTAL	**23**	**47**	**0**	**19**	**20**	**35**	**1**	**28**	**0**	**0**	**173**
Temporary Employees	1	0	0	2	1	0	0	2	0	0	6
TOTAL	**24**	**47**	**0**	**21**	**21**	**35**	**1**	**30**	**0**	**0**	**179**

Notes:

- The figures reflected per occupational level include all permanent, part-time and contract employees. Furthermore, the information is presented by salary level and not post level.
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Total number of employees includes employees additional to the establishment.
- Temporary employees are contract employees.

Recruitment in 2016/17

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	1	0	0	0	0	1
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	10	28	14	59	12	47	16	88	6	8	288
Skilled technical / Academically qualified workers / Junior management,/ supervisors, foremen, and superintendents (Levels 8- 10)	18	16	3	1	29	73	2	17	1	0	160
Semi-skilled and discretionary decision making (Level 4-7)	88	105	2	11	310	277	7	42		2	844
Unskilled and defined decision making (Levels 1-3)	92	90	1	1	341	126	1	9	0	0	661
SUB-TOTAL	**208**	**239**	**20**	**72**	**692**	**524**	**26**	**156**	**7**	**10**	**1 954**
Temporary Employees	106	134	34	145	290	412	61	329	18	21	1 550
TOTAL	**314**	**373**	**54**	**217**	**982**	**936**	**87**	**485**	**25**	**31**	**3 504**

Notes:
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Total number of employees includes employees additional to the establishment

Promotions in 2016/17

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	2	0	1	0	1	0	0	0	0	4
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	3	15	4	37	4	27	6	37	2	3	138
Skilled technical / Academically qualified workers / Junior management,/ supervisors, foremen, and superintendents (Levels 8- 10)	18	40	1	18	53	171	2	54	0	1	358
Semi-skilled and discretionary decision making (Level 4-7)	51	140	1	10	100	200	1	17	0	0	520
Unskilled and defined decision making (Levels 1-3)	12	26	0	0	21	45	0	3	0	0	107
SUB-TOTAL	**84**	**223**	**6**	**66**	**178**	**444**	**9**	**111**	**2**	**4**	**1 127**
Temporary Employees	6	8	5	7	7	10	1	7	1	1	53
TOTAL	**90**	**231**	**11**	**73**	**185**	**454**	**10**	**118**	**3**	**5**	**1 180**

Notes:
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Total number of employees includes employees additional to the establishment.

Terminations in 2016/17

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	1	0	1	0	0	2
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	2	20	8	68	12	29	15	67	2	4	227
Skilled technical / Academically qualified workers / Junior management,/ supervisors, foremen, and superintendents (Levels 8- 10)	22	36	2	15	43	159	9	77	2	0	365
Semi-skilled and discretionary decision making (Level 4-7)	94	130	1	13	181	432	3	72	0	0	926
Unskilled and defined decision making (Levels 1-3)	53	61	0	4	62	127	0	4	0	0	311
SUB-TOTAL	**171**	**247**	**11**	**100**	**298**	**748**	**27**	**221**	**4**	**4**	**1 831**
Temporary Employees	93	136	41	160	271	424	52	340	22	19	1 558
TOTAL	**264**	**383**	**52**	**260**	**569**	**1 172**	**79**	**561**	**26**	**23**	**3 389**

Notes:
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Total number of employees includes employees additional to the establishment.
- Temporary employees reflect all contract appointments (Nature of appointment 05).

Disciplinary Actions in 2016/17

DISCIPLINARY ACTIONS	MALE				FEMALE				FOREIGN NATIONALS		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
TOTAL	335	476	4	46	268	384	6	63	0	0	1 582

Notes:
- 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 2016/17									
OCCUPATIONAL LEVELS	MALE				FEMALE				TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management (Levels 14-16)	0	4	1	0	1	1	1	3	11
Senior Management (Levels 13)	1	8	2	8	1	12	0	13	45
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	52	137	53	213	60	233	69	337	1 154
Skilled technical / Academically qualified workers / Junior management,/ supervisors, foremen, and superintendents (Levels 8- 10)	142	433	8	98	425	1 629	45	617	3 397
Semi-skilled and discretionary decision making (Level 4-7)	613	1364	15	118	1681	3 080	19	355	7 245
Unskilled and defined decision making (Levels 1-3)	288	351	3	13	937	707	3	16	2 318
SUB-TOTAL	**1 096**	**2 297**	**82**	**450**	**3 105**	**5 662**	**137**	**1 341**	**14 170**
Temporary Employees	9	17	0	6	6	16	1	14	69
TOTAL	**1 105**	**2 314**	**82**	**456**	**3 111**	**5 678**	**138**	**1 355**	**14 239**

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 is presented here.

Signing of Performance Agreements per SMS Level as at the 31st May 2016

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 per cent of SMS members per level
Head of Department (HoD)	1	1	1	100
Salary Level 16 (Excl. HoD)	0	0	0	0
Salary Level 15	4	4	4	100
Salary Level 14	10	9	9	100
Salary Level 13	54	49	45	92
TOTAL	**69**	**63**	**59**	**94**

Notes:
- 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

Three employees finalised their PA's on PERMIS before 31 May 2016 but the hard copy was dated after said date. One employee was appointed with effect from 1 May 2016 and must complete a PA's within 3 months of date of appointment in terms of the Public Service Regulations

Disciplinary Steps taken for Not Concluding Performance Agreements

Corrective conversations took place with the three employees to ensure that the hard copy is also signed in future before 31 May 2016

Filing of SMS Posts

SMS Posts as at 30th September 2016

SMS LEVEL	Total No. of funded SMS posts per level	Total No. of SMS posts filled per level	per cent of SMS posts filled per level	Total No. of SMS posts vacant per level	per cent 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	10	100.00%	0	0.00%
Salary Level 13	56	48	85.71%	8	14.29%
TOTAL	**71**	**63**	**88.73%**	**8**	**11.27%**

Notes:
- The number of funded SMS posts per level excludes the de-activated (unfunded) posts.

SMS Post Information as at the 31st March 2017					
SMS LEVEL	Total No. of funded SMS posts per level	Total No. of SMS posts filled per level	per cent of SMS posts filled per level	Total No. of SMS posts vacant per level	per cent 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	10	100.00%	0	0.00%
Salary Level 13	56	52	92.86%	4	7.14%
TOTAL	71	67	94.37%	4	5.63%

Advertising and Filling of SMS Posts as at the 31st March 2017			
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	0	0	0
Salary Level 13	5	0	4
TOTAL	5	0	4

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	The filling of the post of Director: Engineering and Technical Support was concluded within 12 months but the nominated candidates declined the position as the Department could not match their salary. The Chief Directorate: Infrastructure and Technical Management are in the process of investigating the re-organisation of the Section.

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 2016/17

SALARY BAND	Employees as at 31 March 2016	Progressions to another notch within a salary level	Notch progressions as a per cent of employees by salary band
Lower Skilled (Levels 1 - 2)	2711	1300	47.95
Skilled (Level 3 - 5)	11948	6658	55.72
Highly Skilled Production (Levels 6 - 8)	8680	2898	33.39
Highly Skilled Supervision (Levels 9 - 12)	8027	2640	32.89
Senior & Top Management (Levels 13 - 16)	66	44	66.67
TOTAL	**31432**	**13540**	**43.08**

Notes:
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Nurses have a 2 year pay progression cycle.
- Nurses on the maximum notch cannot receive pay progression.
- Nurses who are promoted and are not on the new notch for 12 months by 1 April – cannot receive pay progression.
- Nurses who are newly appointed must be on the notch for 24 months to qualify for pay progression.
- In order 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.

Notch Progression per Critical Occupation for 2016/17

CRITICAL OCCUPATION	Employees as at 31 March 2016	Progressions to another notch within a salary level	Notch progressions as a per cent of employees by salary band
Clinical technologist	85	32	38
Industrial technician	64	44	69
Medical Orthotist & Prosthetist	12	7	58
Medical physicist	11	8	73
Pharmacists	432	188	43.52
TOTAL	**604**	**279**	**46.19**

Notes:
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- To encourage good performance, the Department has granted the following performance rewards allocated to personnel for the performance period 2015/16, but paid in the financial year 2015/16.

Performance Reward by Race, Gender & Disability for 2016/17

RACE &GENDER	Beneficiary Profile			Cost	
	No. of Beneficiaries	No. of employees in group	per cent of total group	Cost (R'000)	Per capita cost (R'000)
African					
Male	329	2 417	13.61%	2 163	7
Female	841	6 632	12.68%	6 075	7
Indian					
Male	32	227	14.10%	558	17
Female	49	334	14.67%	718	15
Coloured					
Male	968	4 793	20.20%	7 605	8
Female	2 534	12 419	20.40%	23 009	9
White					
Male	289	1 455	19.86%	5 038	17
Female	682	3 155	21.62%	10 026	15
Employees with Disabilities	31	179	17.32%	256	8
TOTAL	**5 724**	**31 432**	**18.21**	**55 194**	**10**

Notes:
- The above table relates to performance rewards for the performance year 2015/16 and payment effected in the 2016/17 reporting period.
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Employees with a disability are included in race and gender figures and in "Total".
- Senior Management and Senior Professionals are included.
- Performance Awards are based on a forced distribution curve (Bell Curve). Only 20% of employees can be awarded a performance bonus.
- In order 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.
- 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.

Performance Rewards per Salary Band for 2016/17 (excl. SMS Members)

SALARY BAND	Beneficiary Profile			Cost		
	No. of Beneficiaries	No. of employees in group	per cent of total per salary band	Cost (R'000)	Average cost per beneficiary	Cost as a per cent of the total personnel expenditure
Lower Skilled (Levels 1 - 2)	462	2 711	17.04	1 643	4	0.01
Skilled (Level 3 - 5)	2 009	11 948	16.81	10 867	5	0.09
Highly Skilled Production (Levels 6 - 8)	1 630	8 680	18.78	14 288	9	0.12
Highly Skilled Supervision (Levels 9 - 12)	1 608	8 027	20.03	27 963	17	0.24
TOTAL	**5 709**	**31 366**	**18.20**	**54 760**	**10**	**0.46**

Notes:
- The cost is calculated as a percentage of the total personnel expenditure for salary levels 1-12.
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.

Performance Rewards, per Salary Band for SMS Members in 2016/17

SALARY BAND	Beneficiary Profile			Cost			
	No. of Beneficiaries	No. of employees in group	per cent of total per salary band	Cost (R'000)	Average cost per beneficiary	Cost as a per cent of the total personnel expenditure	Personnel expenditure per band (R'000)
Senior Management Service Band A (Level 13)	10	51	20	214	21	0.002%	52 299
Senior Management Service Band B (Level 14)	3	10	30	73	24	0.001%	12 430
Senior Management Service Band C (Level 15)	1	4	25	29	29	0.000%	5 620
Senior Management Service Band D (Level 16)	1	1	100	118	118	0.001%	2 079
TOTAL	**15**	**66**	**23**	**434**	**29**	**0.004%**	**72 428**

Notes:
- The cost is calculated as a percentage of the total personnel expenditure for salary levels 13-16.

Performance Rewards, per Salary Band for SMS Members in 2016/17

CRITICAL OCCUPATION	Beneficiary Profile			Cost		
	No. of Beneficiaries	No. of employees per critical occupation	per cent of total per critical occupation	Cost (R'000)	Average cost per beneficiary	Cost as a per cent of the total personnel expenditure
Clinical technologist	19	85	22.35	277	15	0.002%
Industrial technician	15	64	23.44	207	14	0.002%
Medical Orthotist & Prosthetist	3	14	21.43	34	11	0.000%
Medical physicist	4	11	36.36	69	17	0.001%
Pharmacists	91	424	21.46	1 366	15	0.012%
TOTAL	**132**	**598**	**22.07**	**1,954**	**15**	**0.017%**

Notes:
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Performance awards includes merit awards and allowance 0228

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 2016/17

SALARY BAND	1 April 2015		31 March 2016		CHANGE	
	No.	Per cent of Total	No.	Per cent of Total	No.	Per cent of Change
Lower Skilled (Levels 1 - 2)	0	0.00	0	0.00	0	0
Skilled (Level 3 - 5)	6	2.86	7	3.29	1	33
Highly Skilled Production (Levels 6 - 8)	21	10.00	18	8.45	-3	-100
Highly Skilled Supervision (Levels 9 - 12)	183	87.14	188	88.26	5	167
Senior & Top Management (Levels 13 - 16)	0	0.00	0	0.00	0	0
TOTAL	**210**	**100.00**	**213**	**100.00**	**3**	**100**

Notes:
- The table above excludes non-citizens with permanent residence in the Republic of South Africa.
- Nature of appointment sessional, periodical and abnormal is not included.

Foreign Workers by major occupation in 2016/17

SALARY BAND	1 April 2016		31 March 2017		CHANGE	
	No.	Per cent of Total	No.	Per cent of Total	No.	Per cent 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	1	0.48	1	0.47	0	0.00
Professionals and managers	169	80.48	174	81.69	5	166.67
Service workers	7	3.33	7	3.29	0	0.00
Senior officials and managers	0	0.00	0	0.00	0	0.00
Technical and associated professionals	33	15.71	31	14.55	-2	-66.67
TOTAL	**210**	**100.00**	**213**	**100**	**3**	**100.00**

Notes:
- The table above excludes non-citizens with permanent residence in the Republic of South Africa.
- Nature of appointment sessional, periodical and abnormal is not included.

Leave Utilisation

The Public Service Commission identified the need for careful monitoring of sick leave within the public service. The following tables provide an indication of the use of sick leave and incapacity leave. In both cases, the estimated cost of the leave is also provided.

Sick Leave 1st January 2016 to 31st December 2016

SALARY BAND	Total days	per cent days with medical certification	No. of employees using sick leave	Total No. of employees 31-12-2016	per cent of total employees using sick leave	Average days per employee	Estimated cost (R'000)
Lower Skilled (Levels 1 - 2)	23 793	87.45%	2 421	2 741	88.33%	9	8
Skilled (Level 3 - 5)	106 122	84.77%	10 917	12 022	90.81%	9	55
Highly Skilled Production (Levels 6 - 8)	77 081	84.79%	7 963	8 591	92.69%	9	64
Highly Skilled Supervision (Levels 9 - 12)	52 391	82.17%	6 167	8 054	76.57%	7	86
Senior & Top Management (Levels 13 - 16)	259	66.02%	48	65	73.85%	4	1
TOTAL	**259 646**	**84.48%**	**27 516**	**31 473**	**87.43%**	**8**	**214**

Notes:
- The three-year sick leave cycle started in January 2016. The information in each case reflects the totals excluding incapacity leave taken by employees. For an indication of incapacity leave taken.
- Nature of appointment sessional, periodical and abnormal is not included.
- Annual leave cycle is from 1 January - 31 December of each year.
- Sick Leave reported in this table includes all categories of leave of 51, 52 and 53.

Incapacity Leave (incl. temporary & permanent) from the 1st January 2016 to the 31st December 2016							
SALARY BAND	Total days	per cent days with medical certification	No. of employees using incapacity leave	Total No. of employees	per cent of total employees using incapacity leave	Average days per employee	Estimated cost (R'000)
Lower Skilled (Levels 1 - 2)	1 375	100.00%	35	2 741	1.28%	39	0
Skilled (Level 3 - 5)	8 171	100.00%	198	12 022	1.65%	41	4
Highly Skilled Production (Levels 6 - 8)	8 472	100.00%	197	8 591	2.29%	43	7
Highly Skilled Supervision (Levels 9 - 12)	5 888	100.00%	126	8 054	1.56%	47	10
Senior & Top Management (Levels 13 - 16)	0	100.00%	0	65	0.00%	0	0
TOTAL	**23 906**	**100.00%**	**556**	**31 473**	**1.77%**	**43**	**21**

Notes:
- The leave dispensation as determined in the "Leave Determination", read 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 conduct an investigation into the nature and extent of the employee's incapacity. Such investigations must be carried out 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 (PILIR).
- Nature of appointment sessional, periodical and abnormal is not included.
- Annual leave cycle is from 1 January - 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 (PSCBC) in 2000 requires management of annual leave to prevent high levels of accrued leave having to be paid at the time of termination of service.

Annual Leave from the 1st January 2016 to 31st December 2016			
SALARY BAND	Total days taken	Total number of employees using annual leave	Average days per employee
Lower Skilled (Levels 1 - 2)	56 505	2 699	21
Skilled (Level 3 - 5)	269 961	12 232	22
Highly Skilled Production (Levels 6 - 8)	214 318	9 041	24
Highly Skilled Supervision (Levels 9 - 12)	196 619	8 428	23
Senior & Top Management (Levels 13 - 16)	1 620	68	24
TOTAL	**739 023**	**32 468**	**23**

Notes:
- Nature of appointment sessional, periodical and abnormal is not included.
- Annual leave cycle is from 1 January - 31 December of each year.

Capped Leave for the 1st January 2016 – 31st December 2016

SALARY BAND	Total capped leave available as at 31/12/15	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 31/12/16	Total capped leave available as at 31/12/16
Lower Skilled (Levels 1 - 2)	1 859	10	6	2	135	1 081
Skilled (Level 3 - 5)	43 464	2 821	142	20	1 939	38 202
Highly Skilled Production (Levels 6 - 8)	111 834	7 283	363	20	2 793	97 752
Highly Skilled Supervision (Levels 9 - 12)	88 662	5 125	252	20	2 209	80 014
Senior & Top Management (Levels 13 - 16)	1 005	74	4	19	19	909
TOTAL	**246 824**	**15 313**	**767**	**20**	**7 095**	**217 958**

Notes:
- 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.
- Nature of appointment sessional, periodical and abnormal is not included.
- Annual leave cycle is from 1 January - 31 December of each year.
- Number of employees as at 31 December 2016 is the total staff compliment and not only those with capped leave.

Leave Pay-Outs for 2016/17

REASONS	Total amount (R'000)	No. of employees	Average per employee (R'000)
Leave pay-outs for 2015/16 due to non-utilisation of leave for the previous cycle	455	34	13
Capped leave pay-outs on termination of service for 2016/17	28 057	477	59
Current leave pay-outs on termination of service 2016/17	12 790	1 284	10
TOTAL	41 302	**1 795**	**23**

Notes:
- Capped leave are only paid out in case of normal retirement, termination of services due to ill health and death.

HIV/Aids & Health Promotion Programmes

Reducing the Risk of Occupational Exposure in 2016/17
HIV and AIDS & Health promotion programmes

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
Employees in clinical areas, i.e. doctors, nurses, medical students, general workers and paramedics are more at risk of contracting HIV and related diseases communicable diseases such as TB. The table below depicts the nature of injuries reported by employees for 2016/17:	• The HIV and AIDS/STI/TB Policy and Safety, Health, Environment, Risk and Quality (SHERQ) policy within the Department identifies the prevention of occupational exposure to potentially infectious blood and blood products as a key focus area. The SHERQ policy has been revised to have a greater focus on infection control. • The WCGH has approved the strategic 5-year plan to formalise SHERQ management in the Department. For the next 5 years the following areas will be focused on: o Statuary appointments o Committee compliance o OHS Provincial forum o Risk Assessment and Management o OHS Training and o Medical Surveillance • Service providers have been appointed in the Districts and Substructures providing HIV Testing Services (HTS) as part of a basket of health screenings that also include testing for Blood Pressure, Diabetes, Cholesterol, and Body Mass Index as well as TB and STI screening. These services are provided to employees at no cost, in partnership with GEMS. • Infection control measures are implemented. • Responsive and educational programs targeting behavioural risks have been implemented. • There has been an increase in the number of needle pricks which can be attributed to high patient numbers, understaffing and the increasing burden of disease within the department. This could also be attributed to mental fatigue amongst health care workers. • There has been a decrease in TB cases reported this could be attributed to increased advocacy in terms of TB awareness in the workplace. TB management in the workplace is a high priority on the provincial quality improvement committee and various training was conducted with managers for the management of TB in the workplace. There was 1 case of multi-drug resistant TB.

Nature of injury on duty	Total no. of cases reported
Needle prick	171
Tuberculosis (TB)	26
Multi-drug resistant TB	1

Health Promotion & HIV/AIDS Programmes for 2016/17
HIV and AIDS & Health promotion programmes

Question	Yes	No	Details, if yes
(1) 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.	✓		Mrs Bernadette Arries Chief Director: People Management
(2) 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.	✓		Health and Wellness within the Directorate: People Practices and Administration, Health and Wellness at Head Office level: Deputy Director: Ms Sandra Newman (Wellness, Diversity & Disability) Assistant Director: Ms M Buis (Employee Health and Wellness Assistant Director: Mr Clive Cyster (SHERQ: Training) Practitioner: Ms Lisl Mullins Practitioner: Ms Caldine Van Willing (until the 31 March 2017. Cannot be filled due to lack of funding in terms of cost containment measures. Practitioner: Mr Nabeel Ismail Institutional and district level: • Groote Schuur Hospital: Ruth Halford • Tygerberg Hospital: Sayeeda Dhansay • Red Cross Hospital: Ntombozuko Ponono & Rene Usdin • Associated Psychiatric Hospitals: Jessica Minnaar, Anne Marie Basson, Valerie Nel • Cape Winelands District: BJ Vd Merwe • Overberg District: Nico Liebenberg • West Coast District: Ester van Ster • Eden/Central Karoo Districts: Berenice Klein • MDHS: Riaan Van Staden • RDHS: Nuruh Davids • EMS: Liesl Meter FPS: Deon Bruiners & Safia Samsodien Budget Allocation R2 million
(3) Has the Department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/ services of this programme.	✓		The Department follows an integrated approach whereby internal and external services are utilised. An independent service provider, ICAS, has been appointed for the period 2015-2018 to provide this confidential service and three institutions have an internal service in addition to the external service Programmes and services offered: (1) Counselling and support services: • 24/7/365 telephone counselling • The service is available to all employees and their household members. • Face to face counselling (6 session model) per issue • Case management • Trauma/critical incident management • HIV and AIDS counselling (2) Life management services: • Family care • Financial Wellness • Legal information and advice (3) Managerial consultancy and referral services: • Managerial consultancy • Formal Referral Programme (4) Training Services: • Targeted training interventions based on identified needs and trends. (5) E - Care • E-Care is an innovative online healthcare service to help improve Employee Health and Wellness.

Health Promotion & HIV/AIDS Programmes for 2016/17 HIV and AIDS & Health promotion programmes			
Question	**Yes**	**No**	**Details, if yes**
(4) 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.	✓		Employee Health and Wellness Departmental Committee: Ms Sandra Newman: Head Office Ms Ruth Halford: Groote Schuur Hospital Ms Sayeeda Dhansay: Tygerberg Hospital Ms Ntombozuko Ponono/ Dr R Usdin: Red Cross Hospital Ms M Marlie, Ms J Minnar: Associated Psychiatric Hospitals BJ Vd Merwe: Cape Winelands District Mr Nico Liebenberg: Overberg District Ms E van Ster: West Coast District Ms Berenice Klein: Eden/Central Karoo Districts Mr Riaan Van Staden: MDHS Ms L Meter: Emergency Medical Services Deon Bruiners & Safia Samsodien: FPS
(5) 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.	✓		HIV and AIDS, STI, and TB is seen as a transversal issue in the Western Cape Government. The WCG: Health has been appointed as the primary driver of the process and therefore has a dual role to play (i.e. to oversee and manage their departmental programme as well as to manage and co-ordinate the programme within the Province). The transversal Employee Health and Wellness Policies was approved in April 2016.
(6) 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.	✓		Key elements – HIV and AIDS/STI programmes: The Department has the following measures in place to protect HIV positive employees or those perceived to be HIV positive: • Employees living with HIV positive status shall not be dismissed on the grounds that they are HIV positive. • The employee's right to confidentiality regarding her/his status should be maintained during proceedings i.e. grievances and disputes. • No employee may refuse to work with a person living with HIV, nor will the fact that a colleague is living with HIV be accepted as a valid excuse for non-compliance with work requirements or other reasonable instructions. The employee well-being programme provides confidential HIV counselling and testing services for those employees who wish to determine their own HIV status. The Department on a regular basis provides: • Electronic messaging via the E-care programme which focuses on prevention of HIV and AIDS stigma & discrimination. • Education and training takes place with wellness champions, these champions are trained to assist employees in terms of HIV management. Champions are encouraged to refer employees into the Employee Well-Being Programme for psycho-social assistance.

Health Promotion & HIV/AIDS Programmes for 2016/17
HIV and AIDS & Health promotion programmes

<table>
<tr><th>Question</th><th>Yes</th><th>No</th><th>Details, if yes</th></tr>
<tr><td>(7) Does the Department encourage its employees to undergo voluntary counselling and testing? If so, list the results that you have you achieved.</td><td>✓</td><td></td><td>Yes, the department does encourage voluntary counselling and testing. For the period 1st April 2016 till the 30 March 2017 - 3954 employees underwent counselling and testing. There has been a decrease in the number of employees testing, 4944 employees tested in 2015/2016 this could be attributed to testing fatigued amongst employees as more testing opportunities were made available for this financial year. For the year 2017/ 2018 approval has been granted for the implementation of Health Risk Assessments which provides a holistic well-being screening for employee (Physical and Emotional Well-being) and also provides an electronic management system of data.
The Department of Health has appointed the following NGOs to render an on-site HIV Testing Service (HTS) to all employees:
• Partners in Sexual Health: Metro East
• Wolanani: Metro West
• Diakonale Dienste: West Coast District
• Right to Care: Cape Winelands District
• Right to Care: Overberg District
• Right to Care: Eden District
• Right to Care: Central Karoo District

<u>Results:</u>
<table>
<tr><th rowspan="2">Department of Health</th><th colspan="3">No of employees tested</th></tr>
<tr><th>Tested</th><th>Positive</th><th>Negative</th></tr>
<tr><td>TOTAL</td><td>3 931</td><td>43</td><td>3 888</td></tr>
</table>
Notes:
Employees who test positive are supported via the Employee Health and Wellness Programme. Employees are also encouraged to join GEMS in cases where they have not already joined a medical aid.
The Programme is currently aligned with national HTS initiative.</td></tr>
<tr><td>(8) Has the Department developed measures/ indicators to monitor and evaluate the impact of its health promotion programme? If so, list these measures/indicators.</td><td>✓</td><td></td><td>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 as a means to monitor and evaluate the effectiveness of this 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 the Department and develop and implement special interventions to address trends and challenges.</td></tr>
</table>

Labour Relations

The following collective agreements were entered into with trade unions within the Department.

Collective Agreements for 2016/17	
Nil	Nil

The table below summarises the outcome of disciplinary hearings conducted within the Department for the year under review.

Misconduct & Disciplinary Hearings finalised in 2016/17		
OUTCOMES OF DISCIPLINARY HEARINGS	No.	Per cent of total
Correctional counselling	368	23%
Verbal warning	304	19%
Written warning	518	33%
Final written warning	303	19%
Suspended without pay	0	0%
Demotion	0	0%
Dismissal	53	3%
Desertion	28	2%
Not guilty	8	0.50%
Case withdrawn	0	0%
TOTAL	1 582	100%
Percentage of total employment		5%
Notes: Outcomes of disciplinary hearings refer to formal cases only.		

Types of Misconduct Addressed in Disciplinary Hearing for 2016/17		
TYPES OF MISCONDUCT	No.	Per cent of total
Absent from work without reason or permission	694	44%
Code of conduct (improper/unacceptable manner)	145	9%
Insubordination	169	11%
Fails to comply with or contravenes acts	329	21%
Negligence	18	1.%
Misuse of WCG property	127	8%
Steals, bribes or commits fraud	29	2%
Substance abuse	22	1%
Sexual harassment	6	0.4%
Discrimination	2	0.12%
Assault or threatens to assault	13	0.8%
Desertions	28	2%
Protest Action	0	0%
Social grant fraud	0	0%
TOTAL	1 582	100%

Grievances Lodged in 2016/17

GRIEVANCES	No.	Per cent of total
Number of grievances resolved	152	72%
Number of grievances not resolved	59	28%
TOTAL No. OF GRIEVANCES LODGED	**211**	**100%**

Notes: Grievances lodged refer to cases that were finalised within the reporting period. Grievances not resolved refers to cases pending, but where the outcome was not in favour of the aggrieved and found to be unsubstantiated.

Disputes Lodged with Councils in 2016/17

CONCILIATIONS	No.	Per cent of total
Deadlocked	66	96%
Settled	2	3%
Withdrawn	1	1%
TOTAL NO. OF DISPUTES LODGED	**69**	**100%**

ARBITRATIONS	No.	Per cent of total
Upheld in favour of employee	5	8.06%
Dismissed in favour of employer	45	72.5%
Settled	12	19.3%
TOTAL No. OF DISPUTES LODGED	**62**	**100%**

Notes: Councils refer to the Public Service Co-ordinating Bargaining Council (PSCBC) and General Public Service Sector Bargaining Council (GPSSBC).

Strike Action in 2016/17

Total number of person working days lost	Nil
Total cost (R'000) of working days lost	Nil
Amount (R'000) recovered as a result of no work no pay	Nil

Precautionary Suspensions in 2016/17

Number of people suspended	38
Number of people whose suspension exceeded 60 days	0
Average number of days suspended	31
Cost of suspension (R'000)	R1 112 777

Notes: Precautionary suspensions refer to staff being suspended with pay whilst the case is being investigated.

Skills Development

This section highlights the efforts of the Department with regard to skills development. The tables below reflect the training needs as at the beginning of the period under review, and the actual training provided.

Training Needs Identified for 2016/17

OCCUPATIONAL CATEGORY	Gender	No. of employees as at 01/04/16	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	87	0	141	0	141
	Male	149	0	41	0	41
Professionals	Female	9 386	53	11 585	0	11 638
	Male	3 061	3	2 776	0	2 779
Technicians and associate professionals	Female	780	0	11 379	0	11 379
	Male	519	0	2 834	0	2 834
Clerks	Female	2 678	0	2 664	0	2 664
	Male	1 395	0	1 369	0	1 369
Service and sales workers	Female	7 309	0	1 683	0	1 683
	Male	1 941	0	2 480	0	2 480
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	5	0	5
	Male	0	0	28	0	28
Plant and machine operators and assemblers	Female	5	0	135	0	135
	Male	153	0	226	0	226
Elementary occupations	Female	2 295	0	2 392	0	2 392
	Male	1 674	0	1 621	0	1 621
SUB-TOTAL	**Female**	22 540	**53**	**29 984**	**0**	**30 037**
	Male	**8 892**	**3**	**11 375**	**0**	**11 378**
TOTAL		**31 432**	**56**	**41 359**	**1 903[1]**	**41 415**
Employees with disabilities	Female	95	0	27	0	27
	Male	88	0	22	0	22

Notes: The above table identifies the training needs at the start of the reporting period as per the Department's Work Place Skills Plan. [1] The total of 1 903 reflects training needs of non-employees (Interns, ABET, Home-based carers). Source: Quarterly Monitoring and Evaluation Reports

Training Provided in 2016/17

OCCUPATIONAL CATEGORY	Gender	No. of employees as at 31/03/17	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	87	0	145	0	145
	Male	153	0	214	0	214
Professionals	Female	9 440	0	10 468	0	10 468
	Male	3 047	0	3 007	0	3 007
Technicians and associate professionals	Female	774	0	484	0	484
	Male	520	0	361	0	361
Clerks	Female	2 632	44	2 686	0	2 730
	Male	1 392	8	1 479	0	1 487
Service and sales workers	Female	7 384	0	5 086	0	5 086
	Male	1 956	0	2 127	0	2 127
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	7	0	7	0	7
	Male	154	0	64	0	64
Elementary occupations	Female	2 275	0	1 230	0	1 230
	Male	1 642	0	879	0	879
SUB-TOTAL	**Female**	**22 599**	**44**	**20 106**	**0**	**20 150**
	Male	**8 864**	**8**	8 131	**0**	**8 139**
	TOTAL	**31 463**	**52**	**28 237**	**3 836[1]**	**28 289**
Employees with disabilities	Female	87	0	75	0	75
	Male	92	0	54	0	54

Notes: The above table identifies the number of training courses attended by individuals during the period under review. [1]Other forms of training reflect the training of non-employees (Interns, Adult Basic Education and Training (ABET), Community Health Workers). Source: Quarterly Monitoring and Evaluation Reports.

Injury on Duty

The table below provides basic information on injury on duty.

Injuries on Duty for 2016/17		
NATURE OF INJURY ON DUTY	**No.**	**Per cent of total**
Required basic medical attention only	557	84.7
Temporary total disablement	51	8
Permanent disablement	47	7
Fatal	2	0.3
TOTAL	**657**	**100**
PERCENTAGE OF TOTAL EMPLOYMENT		2.10

Note:
Temporary or Partial Disablement refers to Employees who are temporarily or partially disabled from the date of the accident or disease diagnosis until their condition is stabilised or they are fit to go back to work. Permanent Disablement refers to any impairment of function, loss of limb or any permanent defect as a result of the injury or disease.

Utilisation of Consultants

Utilisation of Consultants		
Consultant/Contractor	**Amount (R'000)**	**Purpose**
Alexander Forbes Health (Pty)Ltd	13	Payment for evaluation of PILIR and Incapacity cases.
Business Connexion (Pty)Ltd	2090	Assistance with data analysis on PERSAL.
Department of Cultural Affairs & Sport	18	Translation of the Health Facilities Board Bid.
Department of Premier	475	Call Centre - Complaints Hot Line.
Ernst & Young Advisory Services	4 155	Assistance with the CAIRE Project.
Evolution Strategies Cc	237	Used for the compulsory Client Satisfaction Survey as this process can't be done internally but outsourced to a 3rd party.
Firewire System Solutions	96	For repairs/maintenance of Nurse Call System in wards/therapy areas at Western Cape Rehab Centre.
Folio Online	632	Utilised for the verification of qualifications, credit and criminal checks in terms of DPSA policy.
Health System Technologies	393	Maintenance of computer systems like HIS. Assisted the Hospital Fees (Billing) department with the electronic submissions of medical aid accounts.
Kroll Mie (Pty) Ltd	63	Performance of staff verification checks.
Litha Lethu Man.Solutions	16	Used for the competency assessment of SMS members.
Managed Integrity Evaluation	1 511	Performance of staff verification checks.
Mie Resource Services Cc	17	Performance of staff verification checks.
Mpilisweni Facility Services	65 802	PPP payments to Mpilisweni Consortium.
Sabs Commercial	166	Relates to payments to SABS on a monthly basis for Dosimeter monitoring. (Radiation Protection Fees)
South African Bureau Of Standard (Sabs)	1 266	Test for all Radiographers to determine the effect of radiation; yearly registration of pharmacy services at each facility.
Tcs Testhouse/Sabs	85	Relates to payments to SABS on a monthly basis for Dosimeter monitoring. (Radiation Protection Fees)
The Assessment Toolbox	7	Qualification verification
The South African Pharmacy Council	7	Licence to be able to dispense medication.
University Of Cape Town	5 896	Electronic system and monitoring and evaulation for the reporting of the Provincial ARV treatment programme.
The Document Warehouse Coastal	342	The Document Warehouse assisted with the moving of the files.
Pc-Card Wc Nursing College	23	Client Satisfaction Survey.
Ca Du Toit Western Cape Pty(Ltd)	157	Technical document regarding Fire Policy.
Mogoma Research And Development	15	Technical document regarding Fire Policy.
Mi Business Services	199	Assistance with the Departmental Project to sanitise the Logis commodity database.
Alijac Investment	1	Removal of the corpses from Tygerberg Hospital.
Gijima Ast	8	Telephone switchboard maintenance.
Credifon Postage	96	Franking machine replenishment (postage costs).
L/State Attny: Legal Advice Serv	22 168	Legal services rendered.
Total Rand Value	**105 954**	
Consultant Total	**10 460**	
Contractor Total	**95 494**	
Total number of Projects	**33**	

PART E:
FINANCIAL INFORMATION

Part E: Financial Management

Report of the Auditor General

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 195 to 273, which comprise the appropriation statement, the statement of financial position as at 31 March 2017, and the statement of financial performance, statement of changes in net assets, and cash flow statement for the year then ended, as well as the 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 2017, and its financial performance and cash flows for the year then ended in accordance with the Modified Cash Standards (MCS) prescribed by National Treasury and the requirements of the Public Finance Management Act, 1999 (Act No. 1 of 1999) (PFMA) and the Division of Revenue Act of South Africa, 2015 (Act No. 3 of 2016) (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 this report.

4. I am independent of the department in accordance with the International Ethics Standards Board for Accountants' Code of ethics for professional accountants (IESBA code) and the 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.

Emphasis of matters

6. I draw attention to the matters below. My opinion is not modified in respect of these matters.

Material losses/impairments

7. As disclosed in note 22.2 to the financial statements, material losses to the amount of R269 million (2016: R290 million) were incurred as a result of a write-off of irrecoverable accrued departmental revenue.

8. As disclosed in note 22.3 to the financial statements, accrued departmental revenue was significantly impaired. The impairment allowance amounted to R238 million (2016: R228 million).

Other Matter

9. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Unaudited supplementary schedules

10. The supplementary information set out on pages 274 to 292 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

11. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS prescribed by National Treasury and the requirements of the PFMA, DoRA and for such internal control as the accounting officer determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

12. In preparing the financial statements, the accounting officer is responsible for assessing the Western Cape Department of Health'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 there is an intention either to liquidate the department or cease operations, or there is no realistic alternative but to do so.

Auditor-general's responsibilities for the audit of the financial statements

13. 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.

14. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this report

Report on the Audit of the Annual Performance Report

Introduction and Scope

15. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and the general notice issued in terms thereof I have a responsibility to report material findings on the reported performance information against predetermined objectives for selected programmes presented in the annual performance report. I performed procedures to identify findings but not to gather evidence to express assurance.

16. My procedures address the reported performance information, which must be based on the approved performance planning documents of the department. I have not evaluated the completeness and appropriateness of the performance indicators included in the planning documents. My procedures also did not extend to any disclosures or assertions relating to 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.

17. 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 programmes presented in the annual performance report of the department for the year ended 31 March 2017:

Programmes	Pages in the Annual Performance Report
Programme 2 – district health services	46 - 58
Programme 4 – provincial health services	64 - 74

18. 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.

19. The material findings in respect of the usefulness and reliability of the selected programmes are as follows:

Programme 2: District Health Services

Dtap-IPV/Hpv 3- Measles first dose drop-out rate

20. The department did not have an adequate performance management system to maintain records to enable reliable reporting on achievement of targets. Sufficient appropriate audit evidence could not be provided in some instances, while in other cases the evidence provided did not agree to the recorded achievements. This resulted in a misstatement of the target achievement reported as the evidence provided indicated that it was -11,5 per cent and not -13,8 per cent. I was also unable to confirm the reported achievement by alternative means. Consequently, I was unable to determine whether any further adjustments were required to the reported achievements as reported in the annual performance report.

Mother postnatal visit within six days rate

21. The reported achievement for the target mother postnatal visit within six days rate was misstated as the evidence provided indicated 51,4 per cent and not 60 per cent as reported in the annual performance report. This was due to postnatal visits after six days also being reported on.

22. I did not raise any material findings on the usefulness and reliability of the reported performance information for the following programme:
    - Programme 4: Provincial Hospital Services

Other matters

23. I draw attention to the matters below.

Achievement of planned targets

24. Refer to the annual performance report on pages 46 to 58; 64 to 74 for information on the achievement of planned targets for the year and explanations provided for the under or overachievement of a number of targets. This information should be considered in the context of the material findings raised on the reliability of the reported performance information in paragraphs 20 and 21 of this report.

Adjustment of material misstatements

25. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were on the reported performance information of programme 2: district health services and programme 4: provincial hospital services. As management subsequently corrected only some of the misstatements, I raised material findings on the reliability of the reported performance information.

Report on Audit of Compliance with Legislation

Introduction and scope

26. In accordance with the PAA and the general notice issued in terms thereof I have a responsibility to report material findings on the compliance of the department with specific matters in key legislation. I performed procedures to identify findings but not to gather evidence to express assurance.

27. I did not identify any instances of material non-compliance in respect of the compliance criteria for the applicable subject matters.

Other information

28. The Western Cape Department of Health's 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 those selected programmes presented in the annual performance report that have been specifically reported in the auditor's report.

29. My opinion on the financial statements and findings on the reported performance information and compliance with legislation do not cover the other information and I do not express an audit opinion or any form of assurance conclusion thereon.

30. 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 programmes presented in the annual performance report, or my knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work I have performed on the other information obtained prior to the date of this auditor's report, I conclude that there is a material misstatement of this other information, I am required to report that fact.

Internal control deficiencies

31. 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 thereon. The matters reported below are limited to the significant internal control deficiencies that resulted in the findings on the annual performance report included in this report.

32. 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 thereon. The matters reported below are limited to the significant internal control deficiencies that resulted in the findings on the annual performance report included in this report.

    - the actual information captured not being reviewed against supporting information in the patient files to ensure that only accurate and valid data is reported on
    - the information in patient folders not being properly recorded, filed and safeguarded
    - services provided to patient not being accurately captured into tick registers and patient information system
    - clinical officials and information officers not checking, during their daily counts, to ensure that only postnatal visits six days were captured.

Auditor-General

Cape Town
31 July 2017

AUDITOR-GENERAL
SOUTH AFRICA

Auditing to build public confidence

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

APPROPRIATION STATEMENT
for the year ended 31 March 2017

Annual Financial Statements

Appropriation per programme										
		2016/17						2015/16	
Voted funds and Direct charges		Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Programme										
1	ADMINISTRATION	703 585	-	(56 000)	647 585	635 774	11 811	98.2%	680 435	614 141
2	DISTRICT HEALTH SERVICES	7 919 237	-	51 836	7 971 073	7 953 437	17 636	99.8%	7 401 881	7 352 880
3	EMERGENCY MEDICAL SERVICES	997 888	-	(12 796)	985 092	984 923	169	100.0%	937 872	931 132
4	PROVINCIAL HOSPITAL SERVICES	3 199 583	-	(12 601)	3 186 982	3 179 214	7 768	99.8%	2 998 855	2 955 353
5	CENTRAL HOSPITAL SERVICES	5 701 370	-	73	5 701 443	5 701 407	36	100.0%	5 369 744	5 360 411
6	HEALTH SCIENCES AND TRAINING	349 232	-	-	349 232	320 291	28 941	91.7%	336 966	319 793
7	HEALTH CARE SUPPORT SERVICES	405 855	-	19 845	425 700	425 700	-	100.0%	422 980	422 977
8	HEALTH FACILITIES MANAGEMENT	867 795	-	9 643	877 438	877 438	-	100.0%	892 339	780 431
	Programme sub total	**20 144 545**	**-**	**-**	**20 144 545**	**20 078 184**	**66 361**	**99.7%**	**19 041 072**	**18 737 118**
	Statutory Appropriation	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
		-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-
	TOTAL	**20 144 545**	**-**	**-**	**20 144 545**	**20 078 184**	**66 361**	**99.7%**	**19 041 072**	**18 737 118**
Reconciliation with Statement of Financial Performance										
Add:										
	Departmental receipts				89 580				109 091	
	NRF Receipts				-				-	
	Aid assistance				294				4 631	
Actual amounts per Statement of Financial Performance (Total Revenue)					**20 234 419**				**19 154 794**	
Add:	Aid assistance					2 456				3 075
Actual amounts per Statement of Financial Performance Expenditure						**20 080 640**				**18 740 193**

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

APPROPRIATION STATEMENT
for the year ended 31 March 2017

Appropriation per economic classification	2016/17							2015/16	
	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	**18 409 126**	**-**	**(3 236)**	**18 405 890**	**18 291 347**	**114 543**	**99.4%**	**17 153 626**	**16 925 915**
Compensation of employees	11 848 746	-	-	11 848 746	11 833 864	14 882	99.9%	11 095 792	10 949 652
Salaries and wages	10 463 993	-	3 303	10 467 296	10 484 241	(16 945)	100.2%	9 846 820	9 702 893
Social contributions	1 384 753	-	(3 303)	1 381 450	1 349 623	31 827	97.7%	1 248 972	1 246 759
Goods and services	6 560 380	-	(3 236)	6 557 144	6 457 483	99 661	98.5%	6 057 834	5 976 263
Administrative fees	1 112	-	-	1 112	1 030	82	92.6%	1 021	1 106
Advertising	22 156	-	(1 739)	20 417	14 810	5 607	72.5%	34 369	26 645
Minor assets	61 697	-	(239)	61 458	45 741	15 717	74.4%	72 664	47 489
Audit costs: External	28 297	-	(8 498)	19 799	19 176	623	96.9%	27 081	23 701
Bursaries: Employees	9 542	-	-	9 542	9 509	33	99.7%	8 754	8 703
Catering: Departmental activities	7 561	-	-	7 561	4 743	2 818	62.7%	6 723	4 192
Communication (G&S)	86 659	-	-	86 659	72 022	14 637	83.1%	82 724	79 904
Computer services	91 652	-	(13 413)	78 239	68 760	9 479	87.9%	73 097	64 709
Consultants: Business and advisory services	97 069	-	(5 868)	91 201	81 533	9 668	89.4%	92 611	73 427
Infrastructure and planning services	42 402	-	-	42 402	23 779	18 623	56.1%	12 387	29 976
Laboratory services	598 920	-	(6 784)	592 136	557 112	35 024	94.1%	590 137	554 754
Legal services	16 475	-	-	16 475	22 168	(5 693)	134.6%	8 234	12 145
Contractors	500 667	-	(9 787)	490 880	485 974	4 906	99.0%	386 738	389 949
Agency and support / outsourced services	427 588	-	-	427 588	427 454	134	100.0%	425 535	431 294
Entertainment	336	-	-	336	58	278	17.3%	276	41
Fleet services (including government motor transport)	174 274	-	-	174 274	181 492	(7 218)	104.1%	167 891	166 292
Inventory: Food and food supplies	57 941	-	2 973	60 914	53 519	7 395	87.9%	53 805	49 496
Inventory: Materials and supplies	34 462	-	-	34 462	39 168	(4 706)	113.7%	33 548	31 016
Inventory: Medical supplies	1 324 783	-	-	1 324 783	1 344 775	(19 992)	101.5%	1 239 129	1 298 695
Inventory: Medicine	1 271 528	-	30 920	1 302 448	1 357 475	(55 027)	104.2%	1 127 203	1 136 188
Inventory: Other supplies	21 504	-	-	21 504	12 059	9 445	56.1%	41 491	36 301
Consumable supplies	367 272	-	-	367 272	358 650	8 622	97.7%	327 992	328 998
Consumable: Stationery, printing and office supplies	87 228	-	-	87 228	82 328	4 900	94.4%	80 561	79 370
Operating leases	28 284	-	-	28 284	22 047	6 237	77.9%	25 965	23 850
Property payments	1 070 681	-	9 010	1 079 691	1 064 555	15 136	98.6%	1 015 164	962 296
Transport provided: Departmental activity	2 596	-	-	2 596	2 003	593	77.2%	2 387	1 968
Travel and subsistence	43 459	-	-	43 459	37 241	6 218	85.7%	39 737	39 503
Training and development	43 129	-	189	43 318	31 737	11 581	73.3%	42 479	35 106
Operating payments	17 028	-	-	17 028	16 699	329	98.1%	15 716	15 835
Venues and facilities	2 511	-	-	2 511	1 204	1 307	47.9%	2 215	1 353
Rental and hiring	21 567	-	-	21 567	18 662	2 905	86.5%	20 200	21 961
Transfers and subsidies	**1 037 634**	**-**	**(11 303)**	**1 026 331**	**995 592**	**30 739**	**97.0%**	**1 121 127**	**1 057 614**
Provinces and municipalities	461 878	-	-	461 878	461 878	-	100.0%	436 215	432 972
Municipalities	461 878	-	-	461 878	461 878	-	100.0%	436 215	432 972
Municipal bank accounts	461 878	-	-	461 878	461 878	-	100.0%	436 215	432 972
Departmental agencies and accounts	5 490	-	-	5 490	5 238	252	95.4%	4 830	4 861
Departmental agencies (non-business entities)	5 490	-	-	5 490	5 238	252	95.4%	4 830	4 861
Higher education institutions	4 192	-	-	4 192	-	4 192	-	3 992	3 992
Non-profit institutions	384 813	-	-	384 813	375 424	9 389	97.6%	465 891	463 520
Households	181 261	-	(11 303)	169 958	153 052	16 906	90.1%	210 199	152 269
Social benefits	55 760	-	-	55 760	50 120	5 640	89.9%	50 482	49 229
Other transfers to households	125 501	-	(11 303)	114 198	102 932	11 266	90.1%	159 717	103 040
Payments for capital assets	**697 785**	**-**	**7 854**	**705 639**	**784 560**	**(78 921)**	**111.2%**	**759 794**	**747 064**
Buildings and other fixed structures	326 399	-	-	326 399	344 366	(17 967)	105.5%	386 357	312 853
Buildings	326 399	-	-	326 399	344 366	(17 967)	105.5%	386 357	312 853
Machinery and equipment	364 696	-	6 125	370 821	428 847	(58 026)	115.6%	373 068	428 026
Transport equipment	135 991	-	6 125	142 116	150 434	(8 318)	105.9%	127 975	153 817
Other machinery and equipment	228 705	-	-	228 705	278 413	(49 708)	121.7%	245 093	274 209
Software and other intangible assets	6 690	-	1 729	8 419	11 347	(2 928)	134.8%	369	6 185
Payment for financial assets	**-**	**-**	**6 685**	**6 685**	**6 685**	**-**	**100.0%**	**6 525**	**6 525**
Total	**20 144 545**	**-**	**-**	**20 144 545**	**20 078 184**	**66 361**	**99.7%**	**19 041 072**	**18 737 118**

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

APPROPRIATION STATEMENT
for the year ended 31 March 2017

Programme 1: ADMINISTRATION										
	2016/17							2015/16	
Sub programme	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
1 OFFICE OF THE MEC	7 596	-	-	7 596	6 935	661	91.3%	7 062	6 208
2 MANAGEMENT	695 989	-	(56 000)	639 989	628 839	11 150	98.3%	673 373	607 933
Total	**703 585**	**-**	**(56 000)**	**647 585**	**635 774**	**11 811**	**98.2%**	**680 435**	**614 141**

	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**637 140**	**-**	**(47 369)**	**589 771**	**579 613**	**10 158**	**98.3%**	**577 678**	**558 852**
Compensation of employees	312 669	-	(11 386)	301 283	301 267	16	100.0%	282 388	278 385
Salaries and wages	277 909	-	(11 386)	266 523	263 317	3 206	98.8%	250 943	244 532
Social contributions	34 760	-	-	34 760	37 950	(3 190)	109.2%	31 445	33 853
Goods and services	324 471	-	(35 983)	288 488	278 346	10 142	96.5%	295 290	280 467
Administrative fees	1 080	-	-	1 080	980	100	90.7%	991	1 040
Advertising	15 241	-	(1 739)	13 502	9 606	3 896	71.1%	28 049	19 804
Minor assets	1 394	-	-	1 394	465	929	33.4%	1 278	1 457
Audit costs: External	27 211	-	(8 498)	18 713	18 713	-	100.0%	25 927	23 258
Catering: Departmental activities	1 518	-	-	1 518	512	1 006	33.7%	1 391	817
Communication (G&S)	10 850	-	-	10 850	9 215	1 635	84.9%	9 036	8 545
Computer services	79 532	-	(13 413)	66 119	62 141	3 978	94.0%	61 920	58 297
Consultants: Business and advisory services	14 420	-	(5 679)	8 741	8 741	-	100.0%	16 882	6 710
Legal services	16 475	-	-	16 475	22 168	(5 693)	134.6%	8 234	12 145
Contractors	136 770	-	(6 654)	130 116	128 053	2 063	98.4%	123 348	131 752
Entertainment	171	-	-	171	36	135	21.1%	156	22
Fleet services (including government motor transport)	4 112	-	-	4 112	3 783	329	92.0%	3 772	3 850
Inventory: Materials and supplies	7	-	-	7	170	(163)	2428.6%	7	27
Inventory: Medical supplies	25	-	-	25	7	18	28.0%	5	-
Consumable supplies	185	-	-	185	642	(457)	347.0%	145	131
Consumable: Stationery, printing and office supplies	4 169	-	-	4 169	3 642	527	87.4%	3 825	3 250
Operating leases	962	-	-	962	1 318	(356)	137.0%	883	1 271
Property payments	238	-	-	238	333	(95)	139.9%	219	83
Travel and subsistence	8 027	-	-	8 027	6 081	1 946	75.8%	7 364	6 418
Training and development	752	-	-	752	697	55	92.7%	638	826
Operating payments	1 075	-	-	1 075	480	595	44.7%	985	498
Venues and facilities	90	-	-	90	426	(336)	473.3%	82	226
Rental and hiring	167	-	-	167	137	30	82.0%	153	40
Transfers and subsidies	**59 733**	**-**	**(11 303)**	**48 430**	**44 977**	**3 453**	**92.9%**	**93 607**	**35 008**
Departmental agencies and accounts	446	-	-	446	446	-	100.0%	7	5
Departmental agencies (non-business entities)	446	-	-	446	446	-	100.0%	7	5
Non-profit institutions	-	-	-	-	-	-	-	1 000	1 000
Households	59 287	-	(11 303)	47 984	44 531	3 453	92.8%	92 600	34 003
Social benefits	9 277	-	-	9 277	6 630	2 647	71.5%	8 398	6 479
Other transfers to households	50 010	-	(11 303)	38 707	37 901	806	97.9%	84 202	27 524
Payments for capital assets	**6 712**	**-**	**495**	**7 207**	**9 007**	**(1 800)**	**125.0%**	**6 310**	**17 441**
Machinery and equipment	6 694	-	-	6 694	8 494	(1 800)	126.9%	6 292	17 441
Transport equipment	5 089	-	-	5 089	5 926	(837)	116.4%	4 815	6 748
Other machinery and equipment	1 605	-	-	1 605	2 568	(963)	160.0%	1 477	10 693
Software and other intangible assets	18	-	495	513	513	-	100.0%	18	-
Payment for financial assets	**-**	**-**	**2 177**	**2 177**	**2 177**	**-**	**100.0%**	**2 840**	**2 840**
Total	**703 585**	**-**	**(56 000)**	**647 585**	**635 774**	**11 811**	**98.2%**	**680 435**	**614 141**

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

APPROPRIATION STATEMENT
for the year ended 31 March 2017

Subprogramme: 1.1: OFFICE OF THE MEC									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**7 223**	**-**	**-**	**7 223**	**6 579**	**644**	**91.1%**	**6 668**	**5 885**
Compensation of employees	5 770	-	-	5 770	6 014	(244)	104.2%	5 335	5 393
Goods and services	1 453	-	-	1 453	565	888	38.9%	1 333	492
Transfers and subsidies	**-**	**-**	**-**	**-**	**22**	**(22)**	**-**	**3**	**1**
Departmental agencies and accounts	-	-	-	-	-	-	-	3	-
Households	-	-	-	-	22	(22)	-	-	1
Payments for capital assets	**373**	**-**	**-**	**373**	**334**	**39**	**89.5%**	**391**	**322**
Machinery and equipment	373	-	-	373	334	39	89.5%	391	322
Total	**7 596**	**-**	**-**	**7 596**	**6 935**	**661**	**91.3%**	**7 062**	**6 208**

Subprogramme: 1.2: MANAGEMENT									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**629 917**	**-**	**(47 369)**	**582 548**	**573 034**	**9 514**	**98.4%**	**571 010**	**552 967**
Compensation of employees	306 899	-	(11 386)	295 513	295 253	260	99.9%	277 053	272 992
Goods and services	323 018	-	(35 983)	287 035	277 781	9 254	96.8%	293 957	279 975
Transfers and subsidies	**59 733**	**-**	**(11 303)**	**48 430**	**44 955**	**3 475**	**92.8%**	**93 604**	**35 007**
Departmental agencies and accounts	446	-	-	446	446	-	100.0%	4	5
Non-profit institutions	-	-	-	-	-	-	-	1 000	1 000
Households	59 287	-	(11 303)	47 984	44 509	3 475	92.8%	92 600	34 002
Payments for capital assets	**6 339**	**-**	**495**	**6 834**	**8 673**	**(1 839)**	**126.9%**	**5 919**	**17 119**
Machinery and equipment	6 321	-	-	6 321	8 160	(1 839)	129.1%	5 901	17 119
Software and other intangible assets	18	-	495	513	513	-	100.0%	18	-
Payment for financial assets	**-**	**-**	**2 177**	**2 177**	**2 177**	**-**	**100.0%**	**2 840**	**2 840**
Total	**695 989**	**-**	**(56 000)**	**639 989**	**628 839**	**11 150**	**98.3%**	**673 373**	**607 933**

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

APPROPRIATION STATEMENT
for the year ended 31 March 2017

Programme 2: DISTRICT HEALTH SERVICES

		2016/17							2015/16	
Sub programme		Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
1	DISTRICT MANAGEMENT	342 112	-	2 763	344 875	344 875	-	100.0%	316 842	317 524
2	COMMUNITY HEALTH CLINICS	1 174 100	-	7 673	1 181 773	1 180 111	1 662	99.9%	1 102 756	1 079 406
3	COMMUNITY HEALTH CENTRES	1 857 488	-	(10 600)	1 846 888	1 846 888	-	100.0%	1 708 262	1 679 765
4	COMMUNITY BASED SERVICES	193 785	-	4 171	197 956	197 956	-	100.0%	193 090	196 777
5	OTHER COMMUNITY SERVICES	1	-	-	1	-	1	-	1	-
6	HIV/AIDS	1 389 104	-	-	1 389 104	1 387 801	1 303	99.9%	1 209 001	1 208 872
7	NUTRITION	44 087	-	2 973	47 060	47 060	-	100.0%	40 320	41 305
8	CORONER SERVICES	1	-	-	1	-	1	-	1	-
9	DISTRICT HOSPITALS	2 883 387	-	44 856	2 928 243	2 928 243	-	100.0%	2 732 261	2 735 939
10	GLOBAL FUND	35 172	-	-	35 172	20 503	14 669	58.3%	99 347	93 292
Total		**7 919 237**	**-**	**51 836**	**7 971 073**	**7 953 437**	**17 636**	**99.8%**	**7 401 881**	**7 352 880**

	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**7 065 134**	**-**	**44 356**	**7 109 490**	**7 102 462**	**7 028**	**99.9%**	**6 531 000**	**6 479 222**
Compensation of employees	4 375 759	-	17 110	4 392 869	4 385 145	7 724	99.8%	4 083 643	4 032 421
Salaries and wages	3 848 348	-	18 707	3 867 055	3 869 447	(2 392)	100.1%	3 607 059	3 555 275
Social contributions	527 411	-	(1 597)	525 814	515 698	10 116	98.1%	476 584	477 146
Goods and services	2 689 375	-	27 246	2 716 621	2 717 317	(696)	100.0%	2 447 357	2 446 801
Administrative fees	28	-	-	28	-	28	-	26	17
Advertising	6 623	-	-	6 623	4 869	1 754	73.5%	5 958	6 534
Minor assets	17 255	-	-	17 255	14 297	2 958	82.9%	15 970	14 100
Audit costs: External	1 086	-	-	1 086	463	623	42.6%	1 154	443
Catering: Departmental activities	2 995	-	-	2 995	2 119	876	70.8%	2 324	1 363
Communication (G&S)	35 558	-	-	35 558	32 029	3 529	90.1%	32 987	33 394
Computer services	6 179	-	-	6 179	3 143	3 036	50.9%	5 704	2 898
Consultants: Business and advisory services	13 968	-	(189)	13 779	6 555	7 224	47.6%	11 111	6 262
Laboratory services	351 034	-	-	351 034	327 860	23 174	93.4%	340 746	319 559
Contractors	104 961	-	12 028	116 989	116 218	771	99.3%	50 205	48 591
Agency and support / outsourced services	246 885	-	-	246 885	243 156	3 729	98.5%	242 012	260 127
Entertainment	98	-	-	98	13	85	13.3%	89	12
Fleet services (including government motor transport)	30 067	-	-	30 067	29 372	695	97.7%	28 711	28 265
Inventory: Food and food supplies	38 635	-	2 973	41 608	38 827	2 781	93.3%	36 017	34 463
Inventory: Materials and supplies	2 627	-	-	2 627	3 553	(926)	135.2%	2 407	3 130
Inventory: Medical supplies	388 321	-	-	388 321	399 848	(11 527)	103.0%	359 016	376 035
Inventory: Medicine	944 812	-	12 245	957 057	1 015 043	(57 986)	106.1%	840 055	837 734
Inventory: Other supplies	13 489	-	-	13 489	706	12 783	5.2%	26 039	23 199
Consumable supplies	100 073	-	-	100 073	101 838	(1 765)	101.8%	91 044	98 906
Consumable: Stationery, printing and office supplies	45 050	-	-	45 050	41 023	4 027	91.1%	40 456	41 224
Operating leases	13 767	-	-	13 767	11 393	2 374	82.8%	12 593	11 991
Property payments	272 792	-	-	272 792	280 982	(8 190)	103.0%	254 234	251 755
Transport provided: Departmental activity	1 303	-	-	1 303	1 173	130	90.0%	1 198	1 128
Travel and subsistence	15 932	-	-	15 932	12 840	3 092	80.6%	14 189	13 569
Training and development	13 898	-	189	14 087	9 611	4 476	68.2%	12 953	11 605
Operating payments	5 308	-	-	5 308	5 146	162	96.9%	5 051	4 487
Venues and facilities	452	-	-	452	423	29	93.6%	222	110
Rental and hiring	16 179	-	-	16 179	14 817	1 362	91.6%	14 886	15 900
Transfers and subsidies	**772 588**	**-**	**-**	**772 588**	**762 015**	**10 573**	**98.6%**	**788 010**	**782 741**
Provinces and municipalities	461 878	-	-	461 878	461 878	-	100.0%	436 215	432 972
Municipalities	461 878	-	-	461 878	461 878	-	100.0%	436 215	432 972
Municipal bank accounts	461 878	-	-	461 878	461 878	-	100.0%	436 215	432 972
Departmental agencies and accounts	-	-	-	-	2	(2)	-	130	136
Departmental agencies (non-business entities)	-	-	-	-	2	(2)	-	130	136
Non-profit institutions	294 820	-	-	294 820	285 410	9 410	96.8%	337 262	335 177
Households	15 890	-	-	15 890	14 725	1 165	92.7%	14 403	14 456
Social benefits	15 422	-	-	15 422	14 407	1 015	93.4%	13 962	14 382
Other transfers to households	468	-	-	468	318	150	67.9%	441	74
Payments for capital assets	**81 515**	**-**	**6 125**	**87 640**	**87 605**	**35**	**100.0%**	**81 821**	**89 867**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	69
Buildings	-	-	-	-	-	-	-	-	69
Machinery and equipment	81 461	-	6 125	87 586	87 586	-	100.0%	81 619	89 711
Transport equipment	36 273	-	6 125	42 398	43 590	(1 192)	102.8%	39 398	46 808
Other machinery and equipment	45 188	-	-	45 188	43 996	1 192	97.4%	42 221	42 903
Software and other intangible assets	54	-	-	54	19	35	35.2%	202	87
Payment for financial assets	**-**	**-**	**1 355**	**1 355**	**1 355**	**-**	**100.0%**	**1 050**	**1 050**
Total	**7 919 237**	**-**	**51 836**	**7 971 073**	**7 953 437**	**17 636**	**99.8%**	**7 401 881**	**7 352 880**

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

APPROPRIATION STATEMENT
for the year ended 31 March 2017

Subprogramme: 2.1: DISTRICT MANAGEMENT									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**325 264**	**-**	**565**	**325 829**	**328 721**	**(2 892)**	**100.9%**	**305 427**	**304 755**
Compensation of employees	280 891	-	565	281 456	285 687	(4 231)	101.5%	264 152	265 688
Goods and services	44 373	-	-	44 373	43 034	1 339	97.0%	41 275	39 067
Transfers and subsidies	**5 250**	**-**	**-**	**5 250**	**2 533**	**2 717**	**48.2%**	**1 517**	**1 133**
Departmental agencies and accounts	-	-	-	-	-	-	-	9	1
Non-profit institutions	4 026	-	-	4 026	937	3 089	23.3%	397	281
Households	1 224	-	-	1 224	1 596	(372)	130.4%	1 111	851
Payments for capital assets	**11 598**	**-**	**1 410**	**13 008**	**12 833**	**175**	**98.7%**	**9 671**	**11 409**
Machinery and equipment	11 598	-	1 410	13 008	12 833	175	98.7%	9 671	11 409
Payment for financial assets	**-**	**-**	**788**	**788**	**788**	**-**	**100.0%**	**227**	**227**
Total	**342 112**	**-**	**2 763**	**344 875**	**344 875**	**-**	**100.0%**	**316 842**	**317 524**

Subprogramme: 2.2: COMMUNITY HEALTH CLINICS									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**872 480**	**-**	**7 245**	**879 725**	**877 554**	**2 171**	**99.8%**	**813 753**	**790 711**
Compensation of employees	516 821	-	-	516 821	510 554	6 267	98.8%	478 409	473 994
Goods and services	355 659	-	7 245	362 904	367 000	(4 096)	101.1%	335 344	316 717
Transfers and subsidies	**280 487**	**-**	**-**	**280 487**	**279 927**	**560**	**99.8%**	**268 406**	**264 580**
Provinces and municipalities	276 703	-	-	276 703	276 703	-	100.0%	264 688	261 821
Departmental agencies and accounts	-	-	-	-	-	-	-	12	18
Non-profit institutions	1 899	-	-	1 899	1 908	(9)	100.5%	2 000	1 844
Households	1 885	-	-	1 885	1 316	569	69.8%	1 706	897
Payments for capital assets	**21 133**	**-**	**349**	**21 482**	**22 551**	**(1 069)**	**105.0%**	**20 561**	**24 079**
Machinery and equipment	21 133	-	349	21 482	22 551	(1 069)	105.0%	20 561	24 079
Payment for financial assets	**-**	**-**	**79**	**79**	**79**	**-**	**100.0%**	**36**	**36**
Total	**1 174 100**	**-**	**7 673**	**1 181 773**	**1 180 111**	**1 662**	**99.9%**	**1 102 756**	**1 079 406**

Subprogramme: 2.3: COMMUNITY HEALTH CENTRES									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**1 839 649**	**-**	**(10 769)**	**1 828 880**	**1 827 628**	**1 252**	**99.9%**	**1 693 241**	**1 662 463**
Compensation of employees	1 054 638	-	(27 797)	1 026 841	1 025 252	1 589	99.8%	958 039	927 985
Goods and services	785 011	-	17 028	802 039	802 376	(337)	100.0%	735 202	734 478
Transfers and subsidies	**3 793**	**-**	**-**	**3 793**	**4 367**	**(574)**	**115.1%**	**3 445**	**4 104**
Departmental agencies and accounts	-	-	-	-	2	(2)	-	11	-
Households	3 793	-	-	3 793	4 365	(572)	115.1%	3 434	4 104
Payments for capital assets	**14 046**	**-**	**80**	**14 126**	**14 804**	**(678)**	**104.8%**	**11 397**	**13 019**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	69
Machinery and equipment	14 046	-	80	14 126	14 804	(678)	104.8%	11 397	12 950
Payment for financial assets	**-**	**-**	**89**	**89**	**89**	**-**	**100.0%**	**179**	**179**
Total	**1 857 488**	**-**	**(10 600)**	**1 846 888**	**1 846 888**	**-**	**100.0%**	**1 708 262**	**1 679 765**

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APPROPRIATION STATEMENT
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Subprogramme: 2.4: COMMUNITY BASED SERVICES									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**95 034**	**-**	**4 036**	**99 070**	**99 519**	**(449)**	**100.5%**	**44 860**	**48 962**
Compensation of employees	39 340	-	4 036	43 376	46 302	(2 926)	106.7%	38 934	43 241
Goods and services	55 694	-	-	55 694	53 217	2 477	95.6%	5 926	5 721
Transfers and subsidies	**98 127**	**-**	**-**	**98 127**	**97 665**	**462**	**99.5%**	**147 629**	**146 971**
Departmental agencies and accounts	-	-	-	-	-	-	-	2	-
Non-profit institutions	97 848	-	-	97 848	97 484	364	99.6%	147 374	146 873
Households	279	-	-	279	181	98	64.9%	253	98
Payments for capital assets	**624**	**-**	**135**	**759**	**772**	**(13)**	**101.7%**	**594**	**837**
Machinery and equipment	624	-	135	759	772	(13)	101.7%	594	837
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**7**	**7**
Total	**193 785**	**-**	**4 171**	**197 956**	**197 956**	**-**	**100.0%**	**193 090**	**196 777**

Subprogramme: 2.5: OTHER COMMUNITY SERVICES									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**1**	**-**	**-**	**1**	**-**	**1**	**-**	**1**	**-**
Goods and services	1	-	-	1	-	1	-	1	-
Total	**1**	**-**	**-**	**1**	**-**	**1**	**-**	**1**	**-**

Subprogramme: 2.6: HIV/AIDS									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**1 038 574**	**-**	**-**	**1 038 574**	**1 037 573**	**1 001**	**99.9%**	**913 087**	**913 710**
Compensation of employees	515 569	-	-	515 569	499 393	16 176	96.9%	458 993	455 860
Goods and services	523 005	-	-	523 005	538 180	(15 175)	102.9%	454 094	457 850
Transfers and subsidies	**350 295**	**-**	**-**	**350 295**	**350 002**	**293**	**99.9%**	**294 108**	**293 966**
Provinces and municipalities	176 059	-	-	176 059	176 059	-	100.0%	133 515	133 515
Non-profit institutions	174 236	-	-	174 236	173 414	822	99.5%	160 593	159 620
Households	-	-	-	-	529	(529)	-	-	831
Payments for capital assets	**235**	**-**	**-**	**235**	**226**	**9**	**96.2%**	**1 806**	**1 196**
Machinery and equipment	235	-	-	235	226	9	96.2%	1 806	1 196
Total	**1 389 104**	**-**	**-**	**1 389 104**	**1 387 801**	**1 303**	**99.9%**	**1 209 001**	**1 208 872**

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APPROPRIATION STATEMENT
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Subprogramme: 2.7: NUTRITION	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**35 975**	**-**	**2 973**	**38 948**	**38 803**	**145**	**99.6%**	**32 746**	**34 164**
Compensation of employees	9 105	-	-	9 105	8 843	262	97.1%	7 798	8 225
Goods and services	26 870	-	2 973	29 843	29 960	(117)	100.4%	24 948	25 939
Transfers and subsidies	**8 105**	**-**	**-**	**8 105**	**8 252**	**(147)**	**101.8%**	**7 568**	**7 134**
Provinces and municipalities	5 208	-	-	5 208	5 208	-	100.0%	4 904	4 528
Non-profit institutions	2 897	-	-	2 897	3 035	(138)	104.8%	2 664	2 593
Households	-	-	-	-	9	(9)	-	-	13
Payments for capital assets	**7**	**-**	**-**	**7**	**5**	**2**	**71.4%**	**6**	**7**
Machinery and equipment	7	-	-	7	5	2	71.4%	6	7
Total	**44 087**	**-**	**2 973**	**47 060**	**47 060**	**-**	**100.0%**	**40 320**	**41 305**

Subprogramme: 2.8: CORONER SERVICES	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**1**	**-**	**-**	**1**	**-**	**1**	**-**	**1**	**-**
Goods and services	1	-	-	1	-	1	-	1	-
Total	**1**	**-**	**-**	**1**	**-**	**1**	**-**	**1**	**-**

Subprogramme: 2.9: DISTRICT HOSPITALS	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**2 839 737**	**-**	**40 306**	**2 880 043**	**2 883 403**	**(3 360)**	**100.1%**	**2 684 574**	**2 687 056**
Compensation of employees	1 951 842	-	40 306	1 992 148	2 003 024	(10 876)	100.5%	1 844 195	1 827 894
Goods and services	887 895	-	-	887 895	880 379	7 516	99.2%	840 379	859 162
Transfers and subsidies	**10 132**	**-**	**-**	**10 132**	**8 131**	**2 001**	**80.3%**	**9 305**	**8 964**
Departmental agencies and accounts	-	-	-	-	-	-	-	96	117
Non-profit institutions	1 456	-	-	1 456	1 455	1	99.9%	1 338	1 229
Households	8 676	-	-	8 676	6 676	2 000	76.9%	7 871	7 618
Payments for capital assets	**33 518**	**-**	**4 151**	**37 669**	**36 310**	**1 359**	**96.4%**	**37 781**	**39 318**
Machinery and equipment	33 464	-	4 151	37 615	36 291	1 324	96.5%	37 579	39 231
Software and other intangible assets	54	-	-	54	19	35	35.2%	202	87
Payment for financial assets	**-**	**-**	**399**	**399**	**399**	**-**	**100.0%**	**601**	**601**
Total	**2 883 387**	**-**	**44 856**	**2 928 243**	**2 928 243**	**-**	**100.0%**	**2 732 261**	**2 735 939**

Subprogramme: 2.10: GLOBAL FUND	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**18 419**	**-**	**-**	**18 419**	**9 261**	**9 158**	**50.3%**	**43 310**	**37 401**
Compensation of employees	7 553	-	-	7 553	6 090	1 463	80.6%	33 123	29 534
Goods and services	10 866	-	-	10 866	3 171	7 695	29.2%	10 187	7 867
Transfers and subsidies	**16 399**	**-**	**-**	**16 399**	**11 138**	**5 261**	**67.9%**	**56 032**	**55 889**
Provinces and municipalities	3 908	-	-	3 908	3 908	-	100.0%	33 108	33 108
Non-profit institutions	12 458	-	-	12 458	7 177	5 281	57.6%	22 896	22 737
Households	33	-	-	33	53	(20)	160.6%	28	44
Payments for capital assets	**354**	**-**	**-**	**354**	**104**	**250**	**29.4%**	**5**	**2**
Machinery and equipment	354	-	-	354	104	250	29.4%	5	2
Total	**35 172**	**-**	**-**	**35 172**	**20 503**	**14 669**	**58.3%**	**99 347**	**93 292**

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for the year ended 31 March 2017

Programme 3: EMERGENCY MEDICAL SERVICES									
	2016/17							2015/16	
Sub programme	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
1 EMERGENCY TRANSPORT	915 151	-	(12 796)	902 355	893 938	8 417	99.1%	865 865	850 341
2 PLANNED PATIENT TRANSPORT	82 737	-	-	82 737	90 985	(8 248)	110.0%	72 007	80 791
Total	**997 888**	**-**	**(12 796)**	**985 092**	**984 923**	**169**	**100.0%**	**937 872**	**931 132**

	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**898 442**	**-**	**(15 100)**	**883 342**	**878 936**	**4 406**	**99.5%**	**811 978**	**791 628**
Compensation of employees	590 602	-	-	590 602	594 689	(4 087)	100.7%	550 658	540 269
Salaries and wages	504 713	-	-	504 713	509 814	(5 101)	101.0%	470 621	459 325
Social contributions	85 889	-	-	85 889	84 875	1 014	98.8%	80 037	80 944
Goods and services	307 840	-	(15 100)	292 740	284 247	8 493	97.1%	261 320	251 359
Minor assets	2 358	-	-	2 358	1 888	470	80.1%	663	647
Catering: Departmental activities	216	-	-	216	37	179	17.1%	200	86
Communication (G&S)	8 091	-	-	8 091	7 439	652	91.9%	10 422	6 656
Computer services	62	-	-	62	-	62	-	57	-
Consultants: Business and advisory services	37	-	-	37	96	(59)	259.5%	34	44
Contractors	128 840	-	(15 100)	113 740	102 592	11 148	90.2%	91 261	87 398
Agency and support / outsourced services	659	-	-	659	443	216	67.2%	604	500
Entertainment	3	-	-	3	1	2	33.3%	3	2
Fleet services (including government motor transport)	120 592	-	-	120 592	130 550	(9 958)	108.3%	117 456	116 822
Inventory: Materials and supplies	1 714	-	-	1 714	3 082	(1 368)	179.8%	1 571	2 104
Inventory: Medical supplies	10 131	-	-	10 131	9 419	712	93.0%	9 740	10 801
Inventory: Medicine	919	-	-	919	729	190	79.3%	399	524
Inventory: Other supplies	-	-	-	-	6	(6)	-	-	10
Consumable supplies	16 094	-	-	16 094	11 796	4 298	73.3%	11 283	10 116
Consumable: Stationery, printing and office supplies	2 931	-	-	2 931	2 889	42	98.6%	2 688	2 523
Operating leases	3 790	-	-	3 790	1 022	2 768	27.0%	3 478	1 647
Property payments	8 126	-	-	8 126	8 964	(838)	110.3%	8 454	8 034
Travel and subsistence	2 092	-	-	2 092	2 831	(739)	135.3%	1 919	2 672
Training and development	1 015	-	-	1 015	377	638	37.1%	931	714
Operating payments	80	-	-	80	61	19	76.3%	74	51
Venues and facilities	89	-	-	89	7	82	7.9%	82	-
Rental and hiring	1	-	-	1	18	(17)	1800.0%	1	8
Transfers and subsidies	**659**	**-**	**-**	**659**	**707**	**(48)**	**107.3%**	**52 927**	**52 789**
Departmental agencies and accounts	-	-	-	-	-	-	-	13	16
Departmental agencies (non-business entities)	-	-	-	-	-	-	-	13	16
Non-profit institutions	-	-	-	-	-	-	-	52 317	52 144
Households	659	-	-	659	707	(48)	107.3%	597	629
Social benefits	659	-	-	659	707	(48)	107.3%	597	629
Payments for capital assets	**98 787**	**-**	**-**	**98 787**	**102 976**	**(4 189)**	**104.2%**	**71 190**	**84 938**
Machinery and equipment	98 787	-	-	98 787	102 976	(4 189)	104.2%	71 190	84 938
Transport equipment	67 357	-	-	67 357	72 166	(4 809)	107.1%	57 699	71 249
Other machinery and equipment	31 430	-	-	31 430	30 810	620	98.0%	13 491	13 689
Payment for financial assets	**-**	**-**	**2 304**	**2 304**	**2 304**	**-**	**100.0%**	**1 777**	**1 777**
Total	**997 888**	**-**	**(12 796)**	**985 092**	**984 923**	**169**	**100.0%**	**937 872**	**931 132**

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Subprogramme: 3.1: EMERGENCY TRANSPORT									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**824 068**	**-**	**(15 100)**	**808 968**	**799 630**	**9 338**	**98.8%**	**748 504**	**721 171**
Compensation of employees	556 994	-	-	556 994	559 063	(2 069)	100.4%	526 186	510 054
Goods and services	267 074	-	(15 100)	251 974	240 567	11 407	95.5%	222 318	211 117
Transfers and subsidies	**587**	**-**	**-**	**587**	**596**	**(9)**	**101.5%**	**52 862**	**52 743**
Departmental agencies and accounts	-	-	-	-	-	-	-	13	16
Non-profit institutions	-	-	-	-	-	-	-	52 317	52 144
Households	587	-	-	587	596	(9)	101.5%	532	583
Payments for capital assets	**90 496**	**-**	**-**	**90 496**	**91 408**	**(912)**	**101.0%**	**62 722**	**74 650**
Machinery and equipment	90 496	-	-	90 496	91 408	(912)	101.0%	62 722	74 650
Payment for financial assets	**-**	**-**	**2 304**	**2 304**	**2 304**	**-**	**100.0%**	**1 777**	**1 777**
Total	**915 151**	**-**	**(12 796)**	**902 355**	**893 938**	**8 417**	**99.1%**	**865 865**	**850 341**

Subprogramme: 3.2: PLANNED PATIENT TRANSPORT									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**74 374**	**-**	**-**	**74 374**	**79 306**	**(4 932)**	**106.6%**	**63 474**	**70 457**
Compensation of employees	33 608	-	-	33 608	35 626	(2 018)	106.0%	24 472	30 215
Goods and services	40 766	-	-	40 766	43 680	(2 914)	107.1%	39 002	40 242
Transfers and subsidies	**72**	**-**	**-**	**72**	**111**	**(39)**	**154.2%**	**65**	**46**
Households	72	-	-	72	111	(39)	154.2%	65	46
Payments for capital assets	**8 291**	**-**	**-**	**8 291**	**11 568**	**(3 277)**	**139.5%**	**8 468**	**10 288**
Machinery and equipment	8 291	-	-	8 291	11 568	(3 277)	139.5%	8 468	10 288
Total	**82 737**	**-**	**-**	**82 737**	**90 985**	**(8 248)**	**110.0%**	**72 007**	**80 791**

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APPROPRIATION STATEMENT
for the year ended 31 March 2017

Programme 4: PROVINCIAL HOSPITAL SERVICES

	2016/17							2015/16	
Sub programme	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
1 GENERAL (REGIONAL) HOSPITALS	1 753 932	-	(5 139)	1 748 793	1 748 697	96	100.0%	1 643 789	1 625 357
2 TUBERCULOSIS HOSPITALS	289 300	-	-	289 300	289 081	219	99.9%	268 103	265 748
3 PSYCHIATRIC/MENTAL HOSPITALS	820 393	-	(1 648)	818 745	818 818	(73)	100.0%	768 009	755 887
4 SUB-ACUTE, STEP DOWN AND CHRONIC MEDICAL HOSPITALS	182 827	-	(1 254)	181 573	179 407	2 166	98.8%	174 795	166 601
5 DENTAL TRAINING HOSPITALS	153 131	-	(4 560)	148 571	143 211	5 360	96.4%	144 159	141 760
Total	**3 199 583**	**-**	**(12 601)**	**3 186 982**	**3 179 214**	**7 768**	**99.8%**	**2 998 855**	**2 955 353**

	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**3 149 397**	**-**	**(14 111)**	**3 135 286**	**3 126 646**	**8 640**	**99.7%**	**2 944 847**	**2 901 827**
Compensation of employees	2 282 425	-	(7 321)	2 275 104	2 274 739	365	100.0%	2 138 921	2 119 313
Salaries and wages	2 002 615	-	(5 575)	1 997 040	2 006 875	(9 835)	100.5%	1 889 969	1 872 565
Social contributions	279 810	-	(1 746)	278 064	267 864	10 200	96.3%	248 952	246 748
Goods and services	866 972	-	(6 790)	860 182	851 907	8 275	99.0%	805 926	782 514
Administrative fees	4	-	-	4	48	(44)	1200.0%	4	49
Advertising	54	-	-	54	42	12	77.8%	50	126
Minor assets	10 853	-	(239)	10 614	10 001	613	94.2%	10 743	8 422
Catering: Departmental activities	302	-	-	302	470	(168)	155.6%	277	170
Communication (G&S)	18 593	-	-	18 593	15 909	2 684	85.6%	17 468	17 220
Computer services	2 309	-	-	2 309	604	1 705	26.2%	2 133	468
Consultants: Business and advisory services	64 635	-	-	64 635	63 987	648	99.0%	60 125	58 347
Laboratory services	69 078	-	(6 551)	62 527	58 564	3 963	93.7%	67 907	62 531
Contractors	28 125	-	-	28 125	27 970	155	99.4%	25 088	21 919
Agency and support / outsourced services	67 661	-	-	67 661	66 582	1 079	98.4%	62 173	57 237
Entertainment	10	-	-	10	4	6	40.0%	10	2
Fleet services (including government motor transport)	5 957	-	-	5 957	5 326	631	89.4%	5 491	5 350
Inventory: Food and food supplies	5 974	-	-	5 974	4 988	986	83.5%	5 509	5 241
Inventory: Materials and supplies	8 566	-	-	8 566	11 240	(2 674)	131.2%	7 905	7 938
Inventory: Medical supplies	205 529	-	-	205 529	211 992	(6 463)	103.1%	195 950	202 393
Inventory: Medicine	74 741	-	-	74 741	75 226	(485)	100.6%	63 005	61 376
Inventory: Other supplies	1 741	-	-	1 741	1 316	425	75.6%	3 589	3 370
Consumable supplies	82 312	-	-	82 312	82 913	(601)	100.7%	76 645	75 469
Consumable: Stationery, printing and office supplies	16 419	-	-	16 419	13 538	2 881	82.5%	15 160	12 327
Operating leases	5 221	-	-	5 221	4 523	698	86.6%	4 826	4 713
Property payments	186 804	-	-	186 804	186 853	(49)	100.0%	170 299	168 380
Transport provided: Departmental activity	1 107	-	-	1 107	818	289	73.9%	1 016	840
Travel and subsistence	4 432	-	-	4 432	4 239	193	95.6%	4 094	3 644
Training and development	4 699	-	-	4 699	3 256	1 443	69.3%	4 388	2 885
Operating payments	1 427	-	-	1 427	870	557	61.0%	1 312	1 448
Venues and facilities	14	-	-	14	1	13	7.1%	13	2
Rental and hiring	405	-	-	405	627	(222)	154.8%	746	647
Transfers and subsidies	**15 926**	**-**	**-**	**15 926**	**12 275**	**3 651**	**77.1%**	**14 575**	**12 170**
Departmental agencies and accounts	-	-	-	-	-	-	-	69	52
Departmental agencies (non-business entities)	-	-	-	-	-	-	-	69	52
Non-profit institutions	2 802	-	-	2 802	2 823	(21)	100.7%	2 616	2 505
Households	13 124	-	-	13 124	9 452	3 672	72.0%	11 890	9 613
Social benefits	12 853	-	-	12 853	9 175	3 678	71.4%	11 635	9 520
Other transfers to households	271	-	-	271	277	(6)	102.2%	255	93
Payments for capital assets	**34 260**	**-**	**1 234**	**35 494**	**40 017**	**(4 523)**	**112.7%**	**38 913**	**40 836**
Machinery and equipment	34 260	-	-	34 260	38 783	(4 523)	113.2%	38 865	40 748
Transport equipment	8 113	-	-	8 113	10 148	(2 035)	125.1%	8 176	9 253
Other machinery and equipment	26 147	-	-	26 147	28 635	(2 488)	109.5%	30 689	31 495
Software and other intangible assets	-	-	1 234	1 234	1 234	-	100.0%	48	88
Payment for financial assets	**-**	**-**	**276**	**276**	**276**	**-**	**100.0%**	**520**	**520**
Total	**3 199 583**	**-**	**(12 601)**	**3 186 982**	**3 179 214**	**7 768**	**99.8%**	**2 998 855**	**2 955 353**

WESTERN CAPE GOVERNMENT HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2017

Subprogramme: 4.1: GENERAL (REGIONAL) HOSPITALS									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**1 730 364**	**-**	**(6 476)**	**1 723 888**	**1 722 318**	**1 570**	**99.9%**	**1 614 514**	**1 596 771**
Compensation of employees	1 221 868	-	-	1 221 868	1 223 803	(1 935)	100.2%	1 142 779	1 139 361
Goods and services	508 496	-	(6 476)	502 020	498 515	3 505	99.3%	471 735	457 410
Transfers and subsidies	**4 088**	**-**	**-**	**4 088**	**3 700**	**388**	**90.5%**	**3 720**	**3 727**
Departmental agencies and accounts	-	-	-	-	-	-	-	19	19
Households	4 088	-	-	4 088	3 700	388	90.5%	3 701	3 708
Payments for capital assets	**19 480**	**-**	**1 234**	**20 714**	**22 576**	**(1 862)**	**109.0%**	**25 184**	**24 488**
Machinery and equipment	19 480	-	-	19 480	21 342	(1 862)	109.6%	25 136	24 400
Software and other intangible assets	-	-	1 234	1 234	1 234	-	100.0%	48	88
Payment for financial assets	**-**	**-**	**103**	**103**	**103**	**-**	**100.0%**	**371**	**371**
Total	**1 753 932**	**-**	**(5 139)**	**1 748 793**	**1 748 697**	**96**	**100.0%**	**1 643 789**	**1 625 357**

Subprogramme: 4.2: TUBERCULOSIS HOSPITALS									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**283 171**	**-**	**(75)**	**283 096**	**283 381**	**(285)**	**100.1%**	**263 053**	**260 707**
Compensation of employees	191 713	-	-	191 713	191 491	222	99.9%	178 526	177 318
Goods and services	91 458	-	(75)	91 383	91 890	(507)	100.6%	84 527	83 389
Transfers and subsidies	**2 294**	**-**	**-**	**2 294**	**706**	**1 588**	**30.8%**	**2 116**	**800**
Departmental agencies and accounts	-	-	-	-	-	-	-	30	16
Households	2 294	-	-	2 294	706	1 588	30.8%	2 086	784
Payments for capital assets	**3 835**	**-**	**-**	**3 835**	**4 919**	**(1 084)**	**128.3%**	**2 926**	**4 233**
Machinery and equipment	3 835	-	-	3 835	4 919	(1 084)	128.3%	2 926	4 233
Payment for financial assets	**-**	**-**	**75**	**75**	**75**	**-**	**100.0%**	**8**	**8**
Total	**289 300**	**-**	**-**	**289 300**	**289 081**	**219**	**99.9%**	**268 103**	**265 748**

Subprogramme: 4.3: PSYCHIATRIC/MENTAL HOSPITALS									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**805 199**	**-**	**(1 746)**	**803 453**	**803 186**	**267**	**100.0%**	**754 914**	**741 960**
Compensation of employees	651 445	-	(1 746)	649 699	648 388	1 311	99.8%	610 759	601 178
Goods and services	153 754	-	-	153 754	154 798	(1 044)	100.7%	144 155	140 782
Transfers and subsidies	**7 787**	**-**	**-**	**7 787**	**6 848**	**939**	**87.9%**	**7 148**	**6 447**
Departmental agencies and accounts	-	-	-	-	-	-	-	19	15
Non-profit institutions	2 802	-	-	2 802	2 823	(21)	100.7%	2 616	2 505
Households	4 985	-	-	4 985	4 025	960	80.7%	4 513	3 927
Payments for capital assets	**7 407**	**-**	**-**	**7 407**	**8 686**	**(1 279)**	**117.3%**	**5 806**	**7 339**
Machinery and equipment	7 407	-	-	7 407	8 686	(1 279)	117.3%	5 806	7 339
Payment for financial assets	**-**	**-**	**98**	**98**	**98**	**-**	**100.0%**	**141**	**141**
Total	**820 393**	**-**	**(1 648)**	**818 745**	**818 818**	**(73)**	**100.0%**	**768 009**	**755 887**

WESTERN CAPE GOVERNMENT HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2017

Subprogramme: 4.4: SUB-ACUTE, STEP DOWN AND CHRONIC MEDICAL HOSPITALS									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**181 081**	**-**	**(1 254)**	**179 827**	**177 547**	**2 280**	**98.7%**	**172 975**	**164 754**
Compensation of employees	95 066	-	(1 254)	93 812	93 812	-	100.0%	93 034	89 439
Goods and services	86 015	-	-	86 015	83 735	2 280	97.3%	79 941	75 315
Transfers and subsidies	**629**	**-**	**-**	**629**	**766**	**(137)**	**121.8%**	**569**	**554**
Departmental agencies and accounts	-	-	-	-	-	-	-	-	1
Households	629	-	-	629	766	(137)	121.8%	569	553
Payments for capital assets	**1 117**	**-**	**-**	**1 117**	**1 094**	**23**	**97.9%**	**1 251**	**1 293**
Machinery and equipment	1 117	-	-	1 117	1 094	23	97.9%	1 251	1 293
Total	**182 827**	**-**	**(1 254)**	**181 573**	**179 407**	**2 166**	**98.8%**	**174 795**	**166 601**

Subprogramme: 4.5: DENTAL TRAINING HOSPITALS									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**149 582**	**-**	**(4 560)**	**145 022**	**140 214**	**4 808**	**96.7%**	**139 391**	**137 635**
Compensation of employees	122 333	-	(4 321)	118 012	117 245	767	99.4%	113 823	112 017
Goods and services	27 249	-	(239)	27 010	22 969	4 041	85.0%	25 568	25 618
Transfers and subsidies	**1 128**	**-**	**-**	**1 128**	**255**	**873**	**22.6%**	**1 022**	**642**
Departmental agencies and accounts	-	-	-	-	-	-	-	1	1
Households	1 128	-	-	1 128	255	873	22.6%	1 021	641
Payments for capital assets	**2 421**	**-**	**-**	**2 421**	**2 742**	**(321)**	**113.3%**	**3 746**	**3 483**
Machinery and equipment	2 421	-	-	2 421	2 742	(321)	113.3%	3 746	3 483
Total	**153 131**	**-**	**(4 560)**	**148 571**	**143 211**	**5 360**	**96.4%**	**144 159**	**141 760**

WESTERN CAPE GOVERNMENT HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2017

Programme 5: CENTRAL HOSPITAL SERVICES

	2016/17							2015/16	
Sub programme	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
1 CENTRAL HOSPITAL SERVICES	4 957 910	-	-	4 957 910	4 950 579	7 331	99.9%	4 640 021	4 641 532
2 PROVINCIAL TERTIARY HOSPITAL SERVICES	743 460	-	73	743 533	750 828	(7 295)	101.0%	729 723	718 879
Total	**5 701 370**	**-**	**73**	**5 701 443**	**5 701 407**	**36**	**100.0%**	**5 369 744**	**5 360 411**

	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**5 604 274**	**-**	**(233)**	**5 604 041**	**5 598 758**	**5 283**	**99.9%**	**5 280 905**	**5 268 274**
Compensation of employees	3 861 447	-	-	3 861 447	3 859 793	1 654	100.0%	3 645 272	3 606 404
Salaries and wages	3 453 296	-	-	3 453 296	3 465 102	(11 806)	100.3%	3 277 891	3 242 945
Social contributions	408 151	-	-	408 151	394 691	13 460	96.7%	367 381	363 459
Goods and services	1 742 827	-	(233)	1 742 594	1 738 965	3 629	99.8%	1 635 633	1 661 870
Administrative fees	-	-	-	-	2	(2)	-	-	-
Advertising	183	-	-	183	57	126	31.1%	168	105
Minor assets	12 270	-	-	12 270	7 740	4 530	63.1%	11 288	7 019
Catering: Departmental activities	70	-	-	70	34	36	48.6%	64	3
Communication (G&S)	9 085	-	-	9 085	3 982	5 103	43.8%	8 357	10 520
Computer services	1 045	-	-	1 045	838	207	80.2%	966	451
Consultants: Business and advisory services	2 214	-	-	2 214	2 017	197	91.1%	2 032	1 910
Laboratory services	178 193	-	(233)	177 960	170 060	7 900	95.6%	180 892	172 183
Contractors	89 775	-	-	89 775	96 796	(7 021)	107.8%	82 606	85 335
Agency and support / outsourced services	96 173	-	-	96 173	108 256	(12 083)	112.6%	101 835	98 273
Entertainment	2	-	-	2	-	2	-	2	-
Fleet services (including government motor transport)	1 290	-	-	1 290	1 022	268	79.2%	1 184	1 010
Inventory: Food and food supplies	13 332	-	-	13 332	9 704	3 628	72.8%	12 279	9 792
Inventory: Materials and supplies	10 318	-	-	10 318	7 730	2 588	74.9%	9 472	7 903
Inventory: Medical supplies	715 680	-	-	715 680	716 337	(657)	100.1%	667 912	702 257
Inventory: Medicine	242 128	-	-	242 128	236 645	5 483	97.7%	203 925	211 475
Inventory: Other supplies	5 312	-	-	5 312	9 185	(3 873)	172.9%	10 965	8 805
Consumable supplies	120 986	-	-	120 986	115 108	5 878	95.1%	110 318	110 333
Consumable: Stationery, printing and office supplies	14 248	-	-	14 248	17 424	(3 176)	122.3%	13 595	15 888
Operating leases	3 080	-	-	3 080	2 296	784	74.5%	2 834	2 914
Property payments	215 547	-	-	215 547	224 602	(9 055)	104.2%	204 006	203 877
Transport provided: Departmental activity	186	-	-	186	-	186	-	173	-
Travel and subsistence	2 053	-	-	2 053	1 501	552	73.1%	1 886	1 646
Training and development	4 392	-	-	4 392	3 851	541	87.7%	4 043	3 845
Operating payments	1 017	-	-	1 017	1 112	(95)	109.3%	934	1 268
Venues and facilities	49	-	-	49	-	49	-	45	-
Rental and hiring	4 199	-	-	4 199	2 666	1 533	63.5%	3 852	5 058
Transfers and subsidies	**27 252**	**-**	**-**	**27 252**	**28 362**	**(1 110)**	**104.1%**	**24 864**	**27 355**
Departmental agencies and accounts	-	-	-	-	-	-	-	42	71
Departmental agencies (non-business entities)	-	-	-	-	-	-	-	42	71
Non-profit institutions	10 838	-	-	10 838	10 838	-	100.0%	9 961	9 961
Households	16 414	-	-	16 414	17 524	(1 110)	106.8%	14 861	17 323
Social benefits	16 414	-	-	16 414	17 524	(1 110)	106.8%	14 861	16 783
Other transfers to households	-	-	-	-	-	-	-	-	540
Payments for capital assets	**69 844**	**-**	**-**	**69 844**	**73 981**	**(4 137)**	**105.9%**	**63 920**	**64 727**
Buildings and other fixed structures	-	-	-	-	16	(16)	-	-	27
Buildings	-	-	-	-	16	(16)	-	-	27
Machinery and equipment	69 844	-	-	69 844	73 965	(4 121)	105.9%	63 920	64 700
Transport equipment	2 667	-	-	2 667	2 869	(202)	107.6%	2 567	2 851
Other machinery and equipment	67 177	-	-	67 177	71 096	(3 919)	105.8%	61 353	61 849
Payment for financial assets	**-**	**-**	**306**	**306**	**306**	**-**	**100.0%**	**55**	**55**
Total	**5 701 370**	**-**	**73**	**5 701 443**	**5 701 407**	**36**	**100.0%**	**5 369 744**	**5 360 411**

WESTERN CAPE GOVERNMENT HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2017

Subprogramme: 5.1: CENTRAL HOSPITAL SERVICES									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**4 887 429**	**-**	**(233)**	**4 887 196**	**4 872 080**	**15 116**	**99.7%**	**4 593 090**	**4 589 603**
Compensation of employees	3 366 110	-	-	3 366 110	3 348 094	18 016	99.5%	3 174 258	3 143 432
Goods and services	1 521 319	-	(233)	1 521 086	1 523 986	(2 900)	100.2%	1 418 832	1 446 171
Transfers and subsidies	**14 160**	**-**	**-**	**14 160**	**15 589**	**(1 429)**	**110.1%**	**12 820**	**15 671**
Departmental agencies and accounts	-	-	-	-	-	-	-	-	34
Households	14 160	-	-	14 160	15 589	(1 429)	110.1%	12 820	15 637
Payments for capital assets	**56 321**	**-**	**-**	**56 321**	**62 677**	**(6 356)**	**111.3%**	**34 058**	**36 205**
Buildings and other fixed structures	-	-	-	-	16	(16)	-	-	-
Machinery and equipment	56 321	-	-	56 321	62 661	(6 340)	111.3%	34 058	36 205
Payment for financial assets	**-**	**-**	**233**	**233**	**233**	**-**	**100.0%**	**53**	**53**
Total	**4 957 910**	**-**	**-**	**4 957 910**	**4 950 579**	**7 331**	**99.9%**	**4 640 021**	**4 641 532**

Subprogramme: 5.2: PROVINCIAL TERTIARY HOSPITAL SERVICES									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**716 845**	**-**	**-**	**716 845**	**726 678**	**(9 833)**	**101.4%**	**687 815**	**678 671**
Compensation of employees	495 337	-	-	495 337	511 699	(16 362)	103.3%	471 014	462 972
Goods and services	221 508	-	-	221 508	214 979	6 529	97.1%	216 801	215 699
Transfers and subsidies	**13 092**	**-**	**-**	**13 092**	**12 773**	**319**	**97.6%**	**12 044**	**11 684**
Departmental agencies and accounts	-	-	-	-	-	-	-	42	37
Non-profit institutions	10 838	-	-	10 838	10 838	-	100.0%	9 961	9 961
Households	2 254	-	-	2 254	1 935	319	85.8%	2 041	1 686
Payments for capital assets	**13 523**	**-**	**-**	**13 523**	**11 304**	**2 219**	**83.6%**	**29 862**	**28 522**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	27
Machinery and equipment	13 523	-	-	13 523	11 304	2 219	83.6%	29 862	28 495
Payment for financial assets	**-**	**-**	**73**	**73**	**73**	**-**	**100.0%**	**2**	**2**
Total	**743 460**	**-**	**73**	**743 533**	**750 828**	**(7 295)**	**101.0%**	**729 723**	**718 879**

WESTERN CAPE GOVERNMENT HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2017

Programme 6: HEALTH SCIENCES AND TRAINING										
		2016/17							2015/16	
Sub programme		Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
1	NURSE TRAINING COLLEGE	98 102	-	-	98 102	80 785	17 317	82.3%	96 480	91 555
2	EMERGENCY MEDICAL SERVICES (EMS) TRAINING COLLEGE	28 311	-	-	28 311	28 562	(251)	100.9%	32 283	30 664
3	BURSARIES	84 294	-	-	84 294	73 945	10 349	87.7%	83 573	83 470
4	PRIMARY HEALTH CARE (PHC) TRAINING	1	-	-	1	-	1	-	1	-
5	TRAINING (OTHER)	138 524	-	-	138 524	136 999	1 525	98.9%	124 629	114 104
Total		**349 232**	**-**	**-**	**349 232**	**320 291**	**28 941**	**91.7%**	**336 966**	**319 793**

	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**199 873**	**-**	**(61)**	**199 812**	**184 495**	**15 317**	**92.3%**	**191 861**	**175 384**
Compensation of employees	131 880	-	-	131 880	133 785	(1 905)	101.4%	122 734	113 676
Salaries and wages	119 838	-	-	119 838	121 310	(1 472)	101.2%	111 296	102 336
Social contributions	12 042	-	-	12 042	12 475	(433)	103.6%	11 438	11 340
Goods and services	67 993	-	(61)	67 932	50 710	17 222	74.6%	69 127	61 708
Advertising	45	-	-	45	234	(189)	520.0%	43	14
Minor assets	914	-	-	914	313	601	34.2%	839	577
Bursaries: Employees	9 542	-	-	9 542	9 509	33	99.7%	8 754	8 703
Catering: Departmental activities	2 240	-	-	2 240	1 396	844	62.3%	2 225	1 665
Communication (G&S)	923	-	-	923	857	66	92.8%	996	989
Computer services	1	-	-	1	-	1	-	1	-
Consultants: Business and advisory services	747	-	-	747	32	715	4.3%	685	96
Contractors	796	-	(61)	735	81	654	11.0%	1 019	127
Agency and support / outsourced services	4 543	-	-	4 543	968	3 575	21.3%	7 287	5 756
Entertainment	4	-	-	4	1	3	25.0%	4	-
Fleet services (including government motor transport)	1 574	-	-	1 574	1 448	126	92.0%	1 444	1 417
Inventory: Materials and supplies	108	-	-	108	312	(204)	288.9%	99	104
Inventory: Medical supplies	280	-	-	280	316	(36)	112.9%	259	253
Inventory: Medicine	11	-	-	11	8	3	72.7%	8	1
Consumable supplies	8 817	-	-	8 817	7 104	1 713	80.6%	8 102	6 855
Consumable: Stationery, printing and office supplies	1 293	-	-	1 293	685	608	53.0%	1 186	966
Operating leases	500	-	-	500	504	(4)	100.8%	459	531
Property payments	10 373	-	-	10 373	8 838	1 535	85.2%	10 180	10 831
Travel and subsistence	7 824	-	-	7 824	5 808	2 016	74.2%	6 530	8 718
Training and development	15 292	-	-	15 292	11 654	3 638	76.2%	16 901	12 912
Operating payments	361	-	-	361	377	(16)	104.4%	347	216
Venues and facilities	1 727	-	-	1 727	235	1 492	13.6%	1 687	950
Rental and hiring	78	-	-	78	30	48	38.5%	72	27
Transfers and subsidies	**145 797**	**-**	**-**	**145 797**	**131 763**	**14 034**	**90.4%**	**136 528**	**136 634**
Departmental agencies and accounts	5 044	-	-	5 044	4 790	254	95.0%	4 569	4 581
Departmental agencies (non-business entities)	5 044	-	-	5 044	4 790	254	95.0%	4 569	4 581
Higher education institutions	4 192	-	-	4 192	-	4 192	-	3 992	3 992
Non-profit institutions	61 353	-	-	61 353	61 353	-	100.0%	52 735	52 733
Households	75 208	-	-	75 208	65 620	9 588	87.3%	75 232	75 328
Social benefits	456	-	-	456	1 184	(728)	259.6%	413	519
Other transfers to households	74 752	-	-	74 752	64 436	10 316	86.2%	74 819	74 809
Payments for capital assets	**3 562**	**-**	**-**	**3 562**	**3 972**	**(410)**	**111.5%**	**8 577**	**7 775**
Machinery and equipment	3 562	-	-	3 562	3 972	(410)	111.5%	8 577	7 775
Transport equipment	2 227	-	-	2 227	2 461	(234)	110.5%	2 043	2 095
Other machinery and equipment	1 335	-	-	1 335	1 511	(176)	113.2%	6 534	5 680
Payment for financial assets	**-**	**-**	**61**	**61**	**61**	**-**	**100.0%**	**-**	**-**
Total	**349 232**	**-**	**-**	**349 232**	**320 291**	**28 941**	**91.7%**	**336 966**	**319 793**

WESTERN CAPE GOVERNMENT HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2017

Subprogramme: 6.1: NURSE TRAINING COLLEGE									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**92 356**	**-**	**(61)**	**92 295**	**78 743**	**13 552**	**85.3%**	**90 341**	**86 063**
Compensation of employees	63 606	-	-	63 606	60 474	3 132	95.1%	60 794	58 565
Goods and services	28 750	-	(61)	28 689	18 269	10 420	63.7%	29 547	27 498
Transfers and subsidies	**4 627**	**-**	**-**	**4 627**	**1 038**	**3 589**	**22.4%**	**4 388**	**4 401**
Departmental agencies and accounts	-	-	-	-	-	-	-	2	2
Higher education institutions	4 192	-	-	4 192	-	4 192	-	3 992	3 992
Households	435	-	-	435	1 038	(603)	238.6%	394	407
Payments for capital assets	**1 119**	**-**	**-**	**1 119**	**943**	**176**	**84.3%**	**1 751**	**1 091**
Machinery and equipment	1 119	-	-	1 119	943	176	84.3%	1 751	1 091
Payment for financial assets	**-**	**-**	**61**	**61**	**61**	**-**	**100.0%**	**-**	**-**
Total	**98 102**	**-**	**-**	**98 102**	**80 785**	**17 317**	**82.3%**	**96 480**	**91 555**

Subprogramme: 6.2: EMERGENCY MEDICAL SERVICES (EMS) TRAINING COLLEGE									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**26 847**	**-**	**-**	**26 847**	**26 732**	**115**	**99.6%**	**25 438**	**23 946**
Compensation of employees	20 388	-	-	20 388	20 742	(354)	101.7%	19 226	18 220
Goods and services	6 459	-	-	6 459	5 990	469	92.7%	6 212	5 726
Transfers and subsidies	**21**	**-**	**-**	**21**	**33**	**(12)**	**157.1%**	**19**	**48**
Households	21	-	-	21	33	(12)	157.1%	19	48
Payments for capital assets	**1 443**	**-**	**-**	**1 443**	**1 797**	**(354)**	**124.5%**	**6 826**	**6 670**
Machinery and equipment	1 443	-	-	1 443	1 797	(354)	124.5%	6 826	6 670
Total	**28 311**	**-**	**-**	**28 311**	**28 562**	**(251)**	**100.9%**	**32 283**	**30 664**

Subprogramme: 6.3: BURSARIES									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**9 542**	**-**	**-**	**9 542**	**9 509**	**33**	**99.7%**	**8 754**	**8 703**
Goods and services	9 542	-	-	9 542	9 509	33	99.7%	8 754	8 703
Transfers and subsidies	**74 752**	**-**	**-**	**74 752**	**64 436**	**10 316**	**86.2%**	**74 819**	**74 767**
Households	74 752	-	-	74 752	64 436	10 316	86.2%	74 819	74 767
Total	**84 294**	**-**	**-**	**84 294**	**73 945**	**10 349**	**87.7%**	**83 573**	**83 470**

WESTERN CAPE GOVERNMENT HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2017

Subprogramme: 6.4: PRIMARY HEALTH CARE (PHC) TRAINING									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**1**	**-**	**-**	**1**	**-**	**1**	**-**	**1**	**-**
Goods and services	1	-	-	1	-	1	-	1	-
Total	**1**	**-**	**-**	**1**	**-**	**1**	**-**	**1**	**-**

Subprogramme: 6.5: TRAINING (OTHER)									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**71 127**	**-**	**-**	**71 127**	**69 511**	**1 616**	**97.7%**	**67 327**	**56 672**
Compensation of employees	47 886	-	-	47 886	52 569	(4 683)	109.8%	42 714	36 891
Goods and services	23 241	-	-	23 241	16 942	6 299	72.9%	24 613	19 781
Transfers and subsidies	**66 397**	**-**	**-**	**66 397**	**66 256**	**141**	**99.8%**	**57 302**	**57 418**
Departmental agencies and accounts	5 044	-	-	5 044	4 790	254	95.0%	4 567	4 579
Non-profit institutions	61 353	-	-	61 353	61 353	-	100.0%	52 735	52 733
Households	-	-	-	-	113	(113)	-	-	106
Payments for capital assets	**1 000**	**-**	**-**	**1 000**	**1 232**	**(232)**	**123.2%**	**-**	**14**
Machinery and equipment	1 000	-	-	1 000	1 232	(232)	123.2%	-	14
Total	**138 524**	**-**	**-**	**138 524**	**136 999**	**1 525**	**98.9%**	**124 629**	**114 104**

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APPROPRIATION STATEMENT
for the year ended 31 March 2017

Programme 7: HEALTH CARE SUPPORT SERVICES

	2016/17							2015/16	
Sub programme	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
1 LAUNDRY SERVICES	98 443	-	19	98 462	93 711	4 751	95.2%	82 664	80 467
2 ENGINEERING SERVICES	88 476	-	57	88 533	93 182	(4 649)	105.3%	115 840	117 814
3 FORENSIC SERVICES	154 676	-	1 005	155 681	155 784	(103)	100.1%	151 103	150 958
4 ORTHOTIC AND PROSTHETIC SERVICES	1	-	-	1	-	1	-	1	-
5 CAPE MEDICAL DEPOT	64 259	-	18 764	83 023	83 023	-	100.0%	73 372	73 738
Total	**405 855**	**-**	**19 845**	**425 700**	**425 700**	**-**	**100.0%**	**422 980**	**422 977**

	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**380 817**	**-**	**19 639**	**400 456**	**402 031**	**(1 575)**	**100.4%**	**393 972**	**393 973**
Compensation of employees	246 861	-	964	247 825	242 775	5 050	98.0%	231 151	222 286
Salaries and wages	213 666	-	964	214 630	209 963	4 667	97.8%	200 743	191 825
Social contributions	33 195	-	-	33 195	32 812	383	98.8%	30 408	30 461
Goods and services	133 956	-	18 675	152 631	159 256	(6 625)	104.3%	162 821	171 687
Advertising	-	-	-	-	-	-	-	-	2
Minor assets	2 047	-	-	2 047	944	1 103	46.1%	1 957	1 744
Catering: Departmental activities	214	-	-	214	125	89	58.4%	232	84
Communication (G&S)	3 437	-	-	3 437	2 469	968	71.8%	3 285	2 342
Computer services	2 524	-	-	2 524	1 985	539	78.6%	2 316	1 879
Consultants: Business and advisory services	884	-	-	884	22	862	2.5%	1 057	29
Laboratory services	615	-	-	615	628	(13)	102.1%	592	481
Contractors	11 400	-	-	11 400	13 959	(2 559)	122.4%	13 173	14 600
Agency and support / outsourced services	11 667	-	-	11 667	7 949	3 718	68.1%	11 624	9 401
Entertainment	9	-	-	9	-	9	-	9	1
Fleet services (including government motor transport)	10 659	-	-	10 659	9 991	668	93.7%	9 763	9 576
Inventory: Materials and supplies	11 115	-	-	11 115	13 023	(1 908)	117.2%	11 732	9 712
Inventory: Medical supplies	4 022	-	-	4 022	4 886	(864)	121.5%	3 746	3 877
Inventory: Medicine	8 917	-	18 675	27 592	29 824	(2 232)	108.1%	19 811	25 078
Inventory: Other supplies	962	-	-	962	846	116	87.9%	898	917
Consumable supplies	38 206	-	-	38 206	37 573	633	98.3%	26 346	25 657
Consumable: Stationery, printing and office supplies	2 866	-	-	2 866	2 590	276	90.4%	2 636	2 346
Operating leases	938	-	-	938	964	(26)	102.8%	878	756
Property payments	12 391	-	-	12 391	18 823	(6 432)	151.9%	41 691	52 116
Transport provided: Departmental activity	-	-	-	-	12	(12)	-	-	-
Travel and subsistence	2 125	-	-	2 125	2 808	(683)	132.1%	2 831	2 027
Training and development	718	-	-	718	814	(96)	113.4%	678	874
Operating payments	7 616	-	-	7 616	8 579	(963)	112.6%	6 992	7 847
Venues and facilities	90	-	-	90	75	15	83.3%	84	65
Rental and hiring	534	-	-	534	367	167	68.7%	490	276
Transfers and subsidies	**646**	**-**	**-**	**646**	**448**	**198**	**69.3%**	**584**	**781**
Households	646	-	-	646	448	198	69.3%	584	781
Social benefits	646	-	-	646	448	198	69.3%	584	781
Payments for capital assets	**24 392**	**-**	**-**	**24 392**	**23 015**	**1 377**	**94.4%**	**28 315**	**28 114**
Buildings and other fixed structures	-	-	-	-	26	(26)	-	-	-
Buildings	-	-	-	-	26	(26)	-	-	-
Machinery and equipment	24 392	-	-	24 392	22 989	1 403	94.2%	28 315	28 078
Transport equipment	14 245	-	-	14 245	13 274	971	93.2%	13 247	14 812
Other machinery and equipment	10 147	-	-	10 147	9 715	432	95.7%	15 068	13 266
Software and other intangible assets	-	-	-	-	-	-	-	-	36
Payment for financial assets	**-**	**-**	**206**	**206**	**206**	**-**	**100.0%**	**109**	**109**
Total	**405 855**	**-**	**19 845**	**425 700**	**425 700**	**-**	**100.0%**	**422 980**	**422 977**

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APPROPRIATION STATEMENT
for the year ended 31 March 2017

Subprogramme: 7.1: LAUNDRY SERVICES									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**96 260**	**-**	**-**	**96 260**	**91 463**	**4 797**	**95.0%**	**81 494**	**79 125**
Compensation of employees	40 200	-	-	40 200	37 288	2 912	92.8%	36 351	35 230
Goods and services	56 060	-	-	56 060	54 175	1 885	96.6%	45 143	43 895
Transfers and subsidies	**114**	**-**	**-**	**114**	**45**	**69**	**39.5%**	**103**	**29**
Households	114	-	-	114	45	69	39.5%	103	29
Payments for capital assets	**2 069**	**-**	**-**	**2 069**	**2 184**	**(115)**	**105.6%**	**1 053**	**1 299**
Machinery and equipment	2 069	-	-	2 069	2 184	(115)	105.6%	1 053	1 299
Payment for financial assets	**-**	**-**	**19**	**19**	**19**	**-**	**100.0%**	**14**	**14**
Total	**98 443**	**-**	**19**	**98 462**	**93 711**	**4 751**	**95.2%**	**82 664**	**80 467**

Subprogramme: 7.2: ENGINEERING SERVICES									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**81 922**	**-**	**-**	**81 922**	**87 238**	**(5 316)**	**106.5%**	**110 187**	**111 390**
Compensation of employees	52 971	-	-	52 971	50 101	2 870	94.6%	51 067	45 456
Goods and services	28 951	-	-	28 951	37 137	(8 186)	128.3%	59 120	65 934
Transfers and subsidies	**326**	**-**	**-**	**326**	**121**	**205**	**37.1%**	**295**	**207**
Households	326	-	-	326	121	205	37.1%	295	207
Payments for capital assets	**6 228**	**-**	**-**	**6 228**	**5 766**	**462**	**92.6%**	**5 327**	**6 186**
Buildings and other fixed structures	-	-	-	-	26	(26)	-	-	-
Machinery and equipment	6 228	-	-	6 228	5 740	488	92.2%	5 327	6 186
Payment for financial assets	**-**	**-**	**57**	**57**	**57**	**-**	**100.0%**	**31**	**31**
Total	**88 476**	**-**	**57**	**88 533**	**93 182**	**(4 649)**	**105.3%**	**115 840**	**117 814**

Subprogramme: 7.3: FORENSIC SERVICES									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**138 583**	**-**	**964**	**139 547**	**141 000**	**(1 453)**	**101.0%**	**130 646**	**131 219**
Compensation of employees	114 625	-	964	115 589	117 099	(1 510)	101.3%	106 647	106 975
Goods and services	23 958	-	-	23 958	23 901	57	99.8%	23 999	24 244
Transfers and subsidies	**102**	**-**	**-**	**102**	**183**	**(81)**	**179.4%**	**92**	**490**
Households	102	-	-	102	183	(81)	179.4%	92	490
Payments for capital assets	**15 991**	**-**	**-**	**15 991**	**14 560**	**1 431**	**91.1%**	**20 327**	**19 211**
Machinery and equipment	15 991	-	-	15 991	14 560	1 431	91.1%	20 327	19 175
Software and other intangible assets	-	-	-	-	-	-	-	-	36
Payment for financial assets	**-**	**-**	**41**	**41**	**41**	**-**	**100.0%**	**38**	**38**
Total	**154 676**	**-**	**1 005**	**155 681**	**155 784**	**(103)**	**100.1%**	**151 103**	**150 958**

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APPROPRIATION STATEMENT
for the year ended 31 March 2017

Subprogramme: 7.4: ORTHOTIC AND PROSTHETIC SERVICES									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**1**	**-**	**-**	**1**	**-**	**1**	**-**	**1**	**-**
Goods and services	1	-	-	1	-	1	-	1	-
Total	**1**	**-**	**-**	**1**	**-**	**1**	**-**	**1**	**-**

Subprogramme: 7.5: CAPE MEDICAL DEPOT									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**64 051**	**-**	**18 675**	**82 726**	**82 330**	**396**	**99.5%**	**71 644**	**72 239**
Compensation of employees	39 065	-	-	39 065	38 287	778	98.0%	37 086	34 625
Goods and services	24 986	-	18 675	43 661	44 043	(382)	100.9%	34 558	37 614
Transfers and subsidies	**104**	**-**	**-**	**104**	**99**	**5**	**95.2%**	**94**	**55**
Households	104	-	-	104	99	5	95.2%	94	55
Payments for capital assets	**104**	**-**	**-**	**104**	**505**	**(401)**	**485.6%**	**1 608**	**1 418**
Machinery and equipment	104	-	-	104	505	(401)	485.6%	1 608	1 418
Payment for financial assets	**-**	**-**	**89**	**89**	**89**	**-**	**100.0%**	**26**	**26**
Total	**64 259**	**-**	**18 764**	**83 023**	**83 023**	**-**	**100.0%**	**73 372**	**73 738**

WESTERN CAPE GOVERNMENT HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2017

Programme 8: HEALTH FACILITIES MANAGEMENT

	2016/17							2015/16	
Sub programme	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
1 COMMUNITY HEALTH FACILITIES	238 483	-	-	238 483	240 119	(1 636)	100.7%	188 900	180 130
2 EMERGENCY MEDICAL RESCUE SERVICES	24 621	-	-	24 621	18 228	6 393	74.0%	21 146	18 611
3 DISTRICT HOSPITAL SERVICES	248 902	-	-	248 902	251 651	(2 749)	101.1%	198 942	145 995
4 PROVINCIAL HOSPITAL SERVICES	135 239	-	-	135 239	135 356	(117)	100.1%	225 754	214 428
5 CENTRAL HOSPITAL SERVICES	121 630	-	9 010	130 640	152 372	(21 732)	116.6%	144 137	145 503
6 OTHER FACILITIES	98 920	-	633	99 553	79 712	19 841	80.1%	113 460	75 764
Total	**867 795**	**-**	**9 643**	**877 438**	**877 438**	**-**	**100.0%**	**892 339**	**780 431**

	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**474 049**	**-**	**9 643**	**483 692**	**418 406**	**65 286**	**86.5%**	**421 385**	**356 755**
Compensation of employees	47 103	-	633	47 736	41 671	6 065	87.3%	41 025	36 898
Salaries and wages	43 608	-	593	44 201	38 413	5 788	86.9%	38 298	34 090
Social contributions	3 495	-	40	3 535	3 258	277	92.2%	2 727	2 808
Goods and services	426 946	-	9 010	435 956	376 735	59 221	86.4%	380 360	319 857
Advertising	10	-	-	10	2	8	20.0%	101	60
Minor assets	14 606	-	-	14 606	10 093	4 513	69.1%	29 926	13 523
Catering: Departmental activities	6	-	-	6	50	(44)	833.3%	10	4
Communication (G&S)	122	-	-	122	122	-	100.0%	173	238
Computer services	-	-	-	-	49	(49)	-	-	716
Consultants: Business and advisory services	164	-	-	164	83	81	50.6%	685	29
Infrastructure and planning services	42 402	-	-	42 402	23 779	18 623	56.1%	12 387	29 976
Contractors	-	-	-	-	305	(305)	-	38	227
Agency and support / outsourced services	-	-	-	-	100	(100)	-	-	-
Entertainment	39	-	-	39	3	36	7.7%	3	2
Fleet services (including government motor transport)	23	-	-	23	-	23	-	70	2
Inventory: Materials and supplies	7	-	-	7	58	(51)	828.6%	355	98
Inventory: Medical supplies	795	-	-	795	1 970	(1 175)	247.8%	2 501	3 079
Consumable supplies	599	-	-	599	1 676	(1 077)	279.8%	4 109	1 531
Consumable: Stationery, printing and office supplies	252	-	-	252	537	(285)	213.1%	1 015	846
Operating leases	26	-	-	26	27	(1)	103.8%	14	27
Property payments	364 410	-	9 010	373 420	335 160	38 260	89.8%	326 081	267 220
Travel and subsistence	974	-	-	974	1 133	(159)	116.3%	924	809
Training and development	2 363	-	-	2 363	1 477	886	62.5%	1 947	1 445
Operating payments	144	-	-	144	74	70	51.4%	21	20
Venues and facilities	-	-	-	-	37	(37)	-	-	-
Rental and hiring	4	-	-	4	-	4	-	-	5
Transfers and subsidies	**15 033**	**-**	**-**	**15 033**	**15 045**	**(12)**	**100.1%**	**10 032**	**10 136**
Non-profit institutions	15 000	-	-	15 000	15 000	-	100.0%	10 000	10 000
Households	33	-	-	33	45	(12)	136.4%	32	136
Social benefits	33	-	-	33	45	(12)	136.4%	32	136
Payments for capital assets	**378 713**	**-**	**-**	**378 713**	**443 987**	**(65 274)**	**117.2%**	**460 748**	**413 366**
Buildings and other fixed structures	326 399	-	-	326 399	344 324	(17 925)	105.5%	386 357	312 757
Buildings	326 399	-	-	326 399	344 324	(17 925)	105.5%	386 357	312 757
Machinery and equipment	45 696	-	-	45 696	90 082	(44 386)	197.1%	74 290	94 635
Transport equipment	20	-	-	20	-	20	-	30	1
Other machinery and equipment	45 676	-	-	45 676	90 082	(44 406)	197.2%	74 260	94 634
Software and other intangible assets	6 618	-	-	6 618	9 581	(2 963)	144.8%	101	5 974
Payment for financial assets	-	-	-	-	-	-	**-**	**174**	**174**
Total	**867 795**	**-**	**9 643**	**877 438**	**877 438**	**-**	**100.0%**	**892 339**	**780 431**

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APPROPRIATION STATEMENT
for the year ended 31 March 2017

Subprogramme: 8.1: COMMUNITY HEALTH FACILITIES									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**121 126**	**-**	**-**	**121 126**	**97 538**	**23 588**	**80.5%**	**75 233**	**91 563**
Goods and services	121 126	-	-	121 126	97 538	23 588	80.5%	75 233	91 563
Payments for capital assets	**117 357**	**-**	**-**	**117 357**	**142 581**	**(25 224)**	**121.5%**	**113 493**	**88 393**
Buildings and other fixed structures	112 626	-	-	112 626	129 712	(17 086)	115.2%	106 000	81 702
Machinery and equipment	4 731	-	-	4 731	12 869	(8 138)	272.0%	7 493	6 691
Payment for financial assets	-	-	-	-	-	-	**-**	**174**	**174**
Total	**238 483**	**-**	**-**	**238 483**	**240 119**	**(1 636)**	**100.7%**	**188 900**	**180 130**

Subprogramme: 8.2: EMERGENCY MEDICAL RESCUE SERVICES									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**17 571**	**-**	**-**	**17 571**	**12 603**	**4 968**	**71.7%**	**8 678**	**7 779**
Goods and services	17 571	-	-	17 571	12 603	4 968	71.7%	8 678	7 779
Payments for capital assets	**7 050**	**-**	**-**	**7 050**	**5 625**	**1 425**	**79.8%**	**12 468**	**10 832**
Buildings and other fixed structures	6 850	-	-	6 850	5 465	1 385	79.8%	12 468	10 832
Machinery and equipment	200	-	-	200	160	40	80.0%	-	-
Total	**24 621**	**-**	**-**	**24 621**	**18 228**	**6 393**	**74.0%**	**21 146**	**18 611**

Subprogramme: 8.3: DISTRICT HOSPITAL SERVICES									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**123 597**	**-**	**-**	**123 597**	**112 719**	**10 878**	**91.2%**	**129 809**	**95 687**
Compensation of employees	5 464	-	-	5 464	4 819	645	88.2%	4 514	4 243
Goods and services	118 133	-	-	118 133	107 900	10 233	91.3%	125 295	91 444
Transfers and subsidies	**7**	**-**	**-**	**7**	**6**	**1**	**85.7%**	**-**	**11**
Households	7	-	-	7	6	1	85.7%	-	11
Payments for capital assets	**125 298**	**-**	**-**	**125 298**	**138 926**	**(13 628)**	**110.9%**	**69 133**	**50 297**
Buildings and other fixed structures	97 077	-	-	97 077	100 884	(3 807)	103.9%	51 721	28 172
Machinery and equipment	22 903	-	-	22 903	29 763	(6 860)	130.0%	17 354	18 173
Software and other intangible assets	5 318	-	-	5 318	8 279	(2 961)	155.7%	58	3 952
Total	**248 902**	**-**	**-**	**248 902**	**251 651**	**(2 749)**	**101.1%**	**198 942**	**145 995**

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APPROPRIATION STATEMENT
for the year ended 31 March 2017

Subprogramme: 8.4: PROVINCIAL HOSPITAL SERVICES									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**74 659**	**-**	**-**	**74 659**	**72 664**	**1 995**	**97.3%**	**73 195**	**61 613**
Compensation of employees	1 873	-	-	1 873	1 735	138	92.6%	2 383	2 485
Goods and services	72 786	-	-	72 786	70 929	1 857	97.4%	70 812	59 128
Transfers and subsidies	**-**	**-**	**-**	**-**	**18**	**(18)**	**-**	**6**	**6**
Households	-	-	-	-	18	(18)	-	6	6
Payments for capital assets	**60 580**	**-**	**-**	**60 580**	**62 674**	**(2 094)**	**103.5%**	**152 553**	**152 809**
Buildings and other fixed structures	55 263	-	-	55 263	56 800	(1 537)	102.8%	135 042	135 372
Machinery and equipment	4 017	-	-	4 017	4 572	(555)	113.8%	17 511	15 446
Software and other intangible assets	1 300	-	-	1 300	1 302	(2)	100.2%	-	1 991
Total	**135 239**	**-**	**-**	**135 239**	**135 356**	**(117)**	**100.1%**	**225 754**	**214 428**

Subprogramme: 8.5: CENTRAL HOSPITAL SERVICES									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**69 642**	**-**	**9 010**	**78 652**	**69 652**	**9 000**	**88.6%**	**60 015**	**56 746**
Compensation of employees	3 078	-	-	3 078	2 411	667	78.3%	3 975	2 238
Goods and services	66 564	-	9 010	75 574	67 241	8 333	89.0%	56 040	54 508
Transfers and subsidies	**15 000**	**-**	**-**	**15 000**	**15 000**	**-**	**100.0%**	**10 000**	**10 003**
Non-profit institutions	15 000	-	-	15 000	15 000	-	100.0%	10 000	10 000
Households	-	-	-	-	-	-	-	-	3
Payments for capital assets	**36 988**	**-**	**-**	**36 988**	**67 720**	**(30 732)**	**183.1%**	**74 122**	**78 754**
Buildings and other fixed structures	23 477	-	-	23 477	25 463	(1 986)	108.5%	42 746	27 387
Machinery and equipment	13 511	-	-	13 511	42 257	(28 746)	312.8%	31 376	51 367
Total	**121 630**	**-**	**9 010**	**130 640**	**152 372**	**(21 732)**	**116.6%**	**144 137**	**145 503**

Subprogramme: 8.6: OTHER FACILITIES									
	2016/17							2015/16	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**67 454**	**-**	**633**	**68 087**	**53 230**	**14 857**	**78.2%**	**74 455**	**43 367**
Compensation of employees	36 688	-	633	37 321	32 706	4 615	87.6%	30 153	27 932
Goods and services	30 766	-	-	30 766	20 524	10 242	66.7%	44 302	15 435
Transfers and subsidies	**26**	**-**	**-**	**26**	**21**	**5**	**80.8%**	**26**	**116**
Households	26	-	-	26	21	5	80.8%	26	116
Payments for capital assets	**31 440**	**-**	**-**	**31 440**	**26 461**	**4 979**	**84.2%**	**38 979**	**32 281**
Buildings and other fixed structures	31 106	-	-	31 106	26 000	5 106	83.6%	38 380	29 292
Machinery and equipment	334	-	-	334	461	(127)	138.0%	556	2 958
Software and other intangible assets	-	-	-	-	-	-	-	43	31
Total	**98 920**	**-**	**633**	**99 553**	**79 712**	**19 841**	**80.1%**	**113 460**	**75 764**

WESTERN CAPE GOVERNMENT HEALTH
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NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2017

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

Per programme:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
ADMINISTRATION	647 585	635 774	11 811	2%

The under-spending can mainly be attributed to:
- Goods and Services:
  - Targeted savings in Goods and Services in respect of Advertising as well as savings achieved against SITA computer related services. Recruitment and Selection adverts were made concise and comprehensive resulting in significant savings. Further to this end-users were requested to utilise the SITA services in moderation by requesting less reports from transversal systems.
- Transfers and Subsidies:
  - Lower than budgeted Injury on duty claim settlements.
- Payments for capital assets:
  - The over-expenditure can be attributed to the use of GG Vehicles in this programme to ensure service delivery.

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NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2017

Per programme:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
DISTRICT HEALTH SERVICES	7 971 073	7 953 437	17 636	0%

The under-spending can mainly be attributed to:
- Compensation of employees:
  - Vacant funded posts not always filled for the entire financial year due to recruitment and selection processes.
  - Late commissioning of Community Day Centres e.g.: Nomzamo and Du Noon Community Day Centres resulted in posts not filled for an entire financial year.
  - National Health Insurance Grant: Not all Health Professionals (HP) sessions were filled from the beginning of the financial year; and all HP's could not be appointed on a Level 3 salary scale as budgeted for. The late filling of these positions also lead to reduced personnel related administrative expenditure.
- Transfers and Subsidies:
  - The attrition rate of community care workers employed by Non-Profit Institutions (NPI) was extensively high.
  - Delays in the procurement process for Social Impact Bonds for the provision of home and Community based Services to pregnant women and children in the 1st 1000 days of life, attributed to savings as this will only be implemented in the 2017/18 financial year.
  - Late signing and implementation of the of agreement of the new Global Fund relationship attributed to under-expenditure in this regard.

EMERGENCY MEDICAL SERVICES	985 092	984 923	169	0%

This programme is in budget after application of virements, however:
- Compensation of employees is overspent by R4.1m as a result of the challenges to maintain the required Staffing levels of ambulance stations to achieve P1 calls at less than 15 minutes, resulting in additional overtime being worked.
- Goods and services is underspent by R8.5m as a result of the re-prioritisation of the implementation of the new Computer Aided Dispatch System (CAD) for EMS.
- Payments for capital assets is overspent by R4.2m as a result of replacement/new vehicles which contributed to an increase on Financial Lease Transport expenditure.

PROVINCIAL HOSPITAL SERVICES	3 186 982	3 179 214	7 768	0%

The under-spending can mainly be attributed to:
- Goods and services:
  - Savings projects to address future MTEF budget constraints implemented in previous financial years on various Goods and Services items to address other services priorities has been an ongoing strategy by the Programme.
- Transfers and Subsidies:
  - Less leave gratuity paid to employees than the anticipated budget provided as the numbers of employees planning to exit the service was unknown at the time the budget was allocated.
- Payments for capital assets:
  The over-expenditure in this instance can be attributed to:
  - Financial lease expenditure for the use of Government Motor Transport (GMT) vehicles was under budgeted when the finance leases/operational expenditure split was made on the Standard Chart of Accounts (SCOA).
  - Additional priorities on the Capital Acquisition Plan for 16/17 were approved over and above the approved acquisition plan. The purchase of the equipment was necessary to relieve service pressures to ensure quality patient care.

WESTERN CAPE GOVERNMENT HEALTH
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NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2017

Per programme:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
CENTRAL HOSPITAL SERVICES	5 701 443	5 701 407	36	0%

This programme is in budget after application of virements, however:
- Compensation of Employees is underspent by R1.6m. This can be attributed to a concerted effort to save on personnel expenditure in lieu of transfer and subsidy priorities (leave gratuity payments).
- Goods and Services is underspent by R3.6m. This can mainly be attributed to the reprioritisation of expenditure within various goods and services items as a result of the effect of saving projects initiated in the 2015/16 financial year.
- Transfers and Subsidies are overspent by R1.1m as a result of a significant increase in staff resignations, retirements and subsequent leave pay-outs made.
- Payments for capital assets is overspent by R4.1m due to the purchase of essential and critical medical equipment which would have impacted patient care if not purchased.

HEALTH SCIENCES AND TRAINING	349 232	320 291	28 941	8%

The under-spending can mainly be attributed to:
- Goods and Services:
  - Implementation of planned cost reduction measures in various Goods and Services items as a result of the pending transfer of the service to Cape Peninsula University of Technology (CPUT).
  - Delays in the implementation of the new NQF level 3 Health Promotions Officer (Community Health Worker) qualification, and the phasing out of the legacy NQF 1 to NQF level 4 qualifications, led to a reduced intake of Community Health Workers to be trained.
  - Delays in finalisation of Procurement Process and contract WCGHSC 0027/2016 Training of Community Health Workers has led to late commencement date of training in January 2017.
- Transfers and Subsidies:
  - Households (Bursaries) - due to the "Fees must Fall" campaign students' examinations were disrupted at the end of 2016 which caused registration of students for the new academic year in 2017 being delayed. These payments could not be made before 31 March 2017 as students were not able to provide the Department with the necessary documentation, e.g. 2016 results and the 2017 registration documents, on which payments are based.
  - Higher education institutions - Payment of Transfer to CPUT was not processed as the Department and CPUT was in the process of concluding a "Heads of Agreement" document to agree that CPUT would take responsibility for the operational management of the Western Cape College of Nursing (WCCN) as from 01 January 2017.

HEALTH CARE SUPPORT SERVICES	425 700	425 700	-	0%

This programme is in budget after application of virements, however:
- Compensation of employees is underspent by R5.0m mainly as a result of the unavailability of scarce skills such as Artisans.
- Goods and services is overspent by R6.6m as a result of a lack of technical skills to maintain infrastructure and equipment in-house, resulting in maintenance having to be outsourced.
- Payments for capital assets are underspent by R1.4m as a result of saving on financial leases on the use of GG vehicles.

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NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2017

Per programme:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
HEALTH FACILITIES MANAGEMENT	877 438	877 438	-	0%

This programme is in budget after application of virements, however:
- Compensation of employees is underspent by R6.1 m as a result of Occupational Specific Dispensation (OSD) posts not filled, due to the specialised scarce skill requirements attached to these posts. A main contributer is the Director Engineering and Technical services post that was declined twice by the succesfull candidates.
- Goods and services is underspent by R59.2m mainly due to Scheduled Maintenance as a result of (i) poor quality condition assessments (ii) delays in the finalisation of project scopes (iii) delays in project procurement and lengthy implementation periods.
- Payments for capital assets is overspent by R65.3m mainly as a result of:
  - Health Technology - (i) under-estimation of medical equipment needs at time of budget allocation; (ii) cost increases (due to inflation and rate of exchange) at time of procurement; (iii) changes in expenditure timeframes as a result of either earlier or later practical completion of infrastructure, (iv) additional projects allocated.
  - Infrastructure, mainly due to unforeseen final accounts and escalation of projects in construction.

4.2 Per economic classification

Per economic classification:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
Current expenditure				
Compensation of employees	11 848 746	11 833 864	14 882	0%
Goods and services	6 557 144	6 457 483	99 661	2%
Transfers and subsidies				
Provinces and municipalities	461 878	461 878	-	0%
Departmental agencies and accounts	5 490	5 238	252	5%
Higher education institutions	4 192	-	4 192	100%
Non-profit institutions	384 813	375 424	9 389	2%
Households	169 958	153 052	16 906	10%
Payments for capital assets				
Buildings and other fixed structures	326 399	344 366	(17 967)	-6%
Machinery and equipment	370 821	428 847	(58 026)	-16%
Software and other intangible assets	8 419	11 347	(2 928)	-35%
Payments for financial assets	6 685	6 685	-	0%

The variance between the total budget and expenditure of R66 million is equal to 0.3% of the budget, which is within the acceptable norm of 2%.
Reasons for under- and over-expenditure on the economic classifications are extensively addressed under each programme.

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NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2017

4.3 Per conditional grant

Per conditional grant	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
National Tertiary Services Grant	2 706 888	2 706 888	-	0%
Health Professions Training and Development Grant	510 716	510 716	-	0%
Comprehensive HIV and AIDS Grant	1 267 209	1 267 206	3	0%
National Health Insurance Grant	22 337	20 675	1 662	7%
Health Facility Revitalisation Grant	733 366	733 366	-	0%
Expanded Public Works Programme Integrated Grant for Provinces	2 324	2 324	-	0%
Social Sector Expanded Public Works Programme Incentive Grant for Provinces	3 732	3 731	1	0%

National Health Insurance Grant:
The under-spending can mainly be attributed to:
- Not all Health Professionals (HP) sessions were filled from the beginning of the financial year; and all HP's could not be appointed on a Level 3 salary scale as budgeted for. The late filling of these positions also lead to reduced personnel related administrative expenditure.

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STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2017

	Note	2016/17 R'000	2015/16 R'000
REVENUE			
Annual appropriation	1	20 144 545	19 041 072
Departmental revenue	2	89 580	109 091
Aid assistance	3	294	4 631
TOTAL REVENUE		**20 234 419**	**19 154 794**
EXPENDITURE			
Current expenditure			
Compensation of employees	4	11 833 864	10 949 652
Goods and services	5	6 457 483	5 976 263
Aid assistance	3	1 882	2 108
Total current expenditure		**18 293 229**	**16 928 023**
Transfers and subsidies			
Transfers and subsidies	7	995 592	1 057 614
Aid assistance	3	437	834
Total transfers and subsidies		**996 029**	**1 058 448**
Expenditure for capital assets			
Tangible assets	8	773 350	741 012
Intangible assets	8	11 347	6 185
Total expenditure for capital assets		**784 697**	**747 197**
Payments for financial assets	6	**6 685**	**6 525**
TOTAL EXPENDITURE		**20 080 640**	**18 740 193**
SURPLUS/(DEFICIT) FOR THE YEAR		**153 779**	**414 601**
Reconciliation of Net Surplus/(Deficit) for the year			
Voted funds		66 361	303 954
Annual appropriation		64 695	192 676
Conditional grants		1 666	111 278
Departmental revenue and NRF Receipts	13	89 580	109 091
Aid assistance	3	(2 162)	1 556
SURPLUS/(DEFICIT) FOR THE YEAR		**153 779**	**414 601**

WESTERN CAPE GOVERNMENT HEALTH
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STATEMENT OF FINANCIAL POSITION
as at 31 March 2017

	Note	2016/17 R'000	2015/16 R'000
ASSETS			
Current assets		**137 098**	**373 891**
Cash and cash equivalents	9	81 573	331 551
Prepayments and advances	10	2 336	1 979
Receivables	11	53 189	40 361
Non-current assets		**29 170**	**22 548**
Receivables	11	29 170	22 548
TOTAL ASSETS		**166 268**	**396 439**
LIABILITIES			
Current liabilities		**147 221**	**378 464**
Voted funds to be surrendered to the Revenue Fund	12	66 361	303 954
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	13	26 353	19 242
Payables	14	52 603	51 202
Aid assistance unutilised	3	1 904	4 066
TOTAL LIABILITIES		**147 221**	**378 464**
NET ASSETS		**19 047**	**17 975**

	2016/17 R'000	2015/16 R'000
Represented by:		
Recoverable revenue	19 047	17 975
TOTAL	**19 047**	**17 975**

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STATEMENT OF CHANGES IN NET ASSETS
for the year ended 31 March 2017

	Note	2016/17 R'000	2015/16 R'000
Recoverable revenue			
Opening balance		17 975	19 989
Transfers:		**1 072**	**(2 014)**
Irrecoverable amounts written off	6.2	(3 210)	(4 429)
Debts revised		393	(88)
Debts recovered (included in departmental receipts)		441	859
Debts raised		3 448	1 644
Closing balance		**19 047**	**17 975**

WESTERN CAPE GOVERNMENT HEALTH
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CASH FLOW STATEMENT
for the year ended 31 March 2017

	Note	2016/17 R'000	2015/16 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		**20 688 461**	**19 631 444**
Annual appropriated funds received	1.1	20 144 545	19 041 072
Departmental revenue received	2	541 024	583 165
Interest received	2.2	2 598	2 576
Aid assistance received	3	294	4 631
Net (increase)/decrease in working capital		(18 406)	(29 801)
Surrendered to Revenue Fund		(840 465)	(712 784)
Current payments		(18 293 229)	(16 928 023)
Payments for financial assets		(6 685)	(6 525)
Transfers and subsidies paid		(996 029)	(1 058 448)
Net cash flow available from operating activities	15	**533 647**	**895 863**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	8	(784 697)	(747 197)
Net cash flows from investing activities		**(784 697)**	**(747 197)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/(decrease) in net assets		1 072	(2 014)
Net cash flows from financing activities		**1 072**	**(2 014)**
Net increase/(decrease) in cash and cash equivalents		(249 978)	146 652
Cash and cash equivalents at beginning of period		331 551	184 899
Cash and cash equivalents at end of period	16	**81 573**	**331 551**

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ACCOUNTING POLICIES
for the year ended 31 March 2017

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.

1. Basis of preparation

The financial statements have been prepared in accordance with the Modified Cash Standard.

2. Going concern

The financial statements have been prepared on a going concern basis.

3. Presentation currency

Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.

4. Rounding

Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).

5. Foreign currency translation

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.

6. Comparative information

6.1 Prior period comparative information

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.

6.2 Current year comparison with budget

A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.

WESTERN CAPE GOVERNMENT HEALTH
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ACCOUNTING POLICIES
for the year ended 31 March 2017

7. Revenue

7.1 Appropriated funds

Appropriated funds comprises of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).

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.

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.

7.2 Departmental revenue

Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.

Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.

7.3 Accrued departmental revenue

Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:

- it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and
- the amount of revenue can be measured reliably.

The accrued revenue is measured at the fair value of the consideration receivable.

Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.

Write-offs are made according to the department's debt write-off policy.

8. Expenditure

8.1 Compensation of employees

8.1.1 Salaries and wages

Salaries and wages are recognised in the statement of financial performance on the date of payment.

8.1.2 Social contributions

Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.

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.

8.2 Other expenditure

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.

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ACCOUNTING POLICIES
for the year ended 31 March 2017

8.3 Accrued expenditure payable

Accrued expenditure payable is recorded in the notes to the financial statements when the goods are received or, in the case of services, when they are rendered to the department or in the case of transfers and subsidies when they are due and payable.

Accrued expenditure payable is measured at cost.

8.4 Leases

8.4.1 Operating leases

Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment.

The operating lease commitments are recorded in the notes to the financial statements.

8.4.2 Finance leases

Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment.

The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions.

Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of:

- cost, being the fair value of the asset; or
- the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.

9. Aid Assistance

9.1 Aid assistance received

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.

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.

9.2 Aid assistance paid

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.

10. Cash and cash equivalents

Cash and cash equivalents are stated at cost in the statement of financial position.

Bank overdrafts are shown separately on the face of the statement of financial position as a current liability.

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.

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ACCOUNTING POLICIES
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11. Prepayments and advances

Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.

Prepayments and advances are initially and subsequently measured at cost.

12. Loans and receivables

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.

13. Investments

Investments are recognised in the statement of financial position at cost.

14. Financial assets

14.1 Financial assets

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.

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.

14.2 Impairment of financial assets

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.

15. Payables

Loans and payables are recognised in the statement of financial position at cost.

16. Capital Assets

16.1 Immovable capital assets

Immovable capital assets are initially recorded in the notes to the financial statements at cost. Immovable capital assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition.

Where the cost of immovable capital assets cannot be determined reliably, the immovable capital assets are measured at fair value for recording in the asset register.

Immovable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the immovable asset is recorded by another department in which case the completed project costs are transferred to that department.

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ACCOUNTING POLICIES
for the year ended 31 March 2017

16.2 Movable capital assets

Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition.

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.

All assets acquired prior to 1 April 2002 (or a later date as approved by the Office of the Accountant General {OAG}) may be recorded at R1.

Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.

Biological assets are subsequently carried at fair value.

Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the movable asset is recorded by another department/entity in which case the completed project costs are transferred to that department.

16.3 Intangible assets

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.

Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project.

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.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.

Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the intangible asset is recorded by another department/entity in which case the completed project costs are transferred to that department.

17. Provisions and Contingents

17.1 Provisions

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.

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ACCOUNTING POLICIES
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17.2 Contingent liabilities

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.

17.3 Contingent assets

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.

17.4 Commitments

Commitments (other than for transfers and subsidies) are recorded at cost in the notes to the financial statements when there is a contractual arrangement or an approval by management in a manner that raises a valid expectation that the department will discharge its responsibilities thereby incurring future expenditure that will result in the outflow of cash.

18. Unauthorised expenditure

Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either:

- approved by Parliament or the Provincial Legislature with funding and the related funds are received; or
- approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or
- transferred to receivables for recovery.

Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.

19. Fruitless and wasteful expenditure

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.

Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables for recovery.

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.

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20. Irregular expenditure

Irregular expenditure is recorded in the notes to the financial statements when confirmed. 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.

Irregular expenditure is removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery or not condoned and is not recoverable.

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.

21. Changes in accounting policies, accounting estimates and errors

Changes in accounting policies that are affected by management have been applied retrospectively in accordance with the Modified Cash standard (MCS) requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the change in policy. In such instances the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.

Changes in accounting estimates are applied prospectively in accordance with MCS requirements.

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.

22. Events after the reporting date

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.

23. Recoverable revenue

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 National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.

24. Related party transactions

A related party transaction is a transfer of resources, services or obligations between the reporting entity and a related party. Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.

Key management personnel are those persons having the authority and responsibility for planning, directing and controlling the activities of the department. The number of individuals and their full compensation is recorded in the notes to the financial statements.

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ACCOUNTING POLICIES
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25. Public-Private Partnerships

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.

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.

26. Employee benefits

The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the Employee benefits note.

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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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:

	2016/17		2015/16	
	Final Appropriation R'000	**Actual Funds Received R'000**	**Final Appropriatio R'000**	**Appropriation received R'000**
Administration	647 585	647 585	680 435	680 435
District Health Services	7 971 073	7 971 073	7 401 881	7 401 881
Emergency Medical Services	985 092	985 092	937 872	937 872
Provincial Hospital Services	3 186 982	3 186 982	2 998 855	2 998 855
Central Hospital Services	5 701 443	5 701 443	5 369 744	5 369 744
Health Sciences and Training	349 232	349 232	336 966	336 966
Health Care Support	425 700	425 700	422 980	422 980
Health Facility Management	877 438	877 438	892 339	892 339
Total	**20 144 545**	**20 144 545**	**19 041 072**	**19 041 072**

1.2. Conditional grants

	Note	**2016/17 R'000**	**2015/16 R'000**
Total grants received	*34*	5 246 572	5 112 965
Provincial grants included in Total Grants received		**5 246 572**	**5 112 965**

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2. Departmental revenue

	Note	2016/17 R'000	2015/16 R'000
Sales of goods and services other than capital assets	2.1	465 716	459 229
Interest, dividends and rent on land	2.2	2 598	2 576
Transactions in financial assets and liabilities	2.3	21 029	20 023
Transfers received	2.4	54 279	103 913
Total revenue collected		**543 622**	**585 741**
Less: Own revenue included in appropriation	13	(454 042)	(476 650)
Departmental revenue collected		**89 580**	**109 091**

Reduction in Departmental revenue due to the lower transfers received as a result of the decreased investment by the Global Fund. There was also an underperformance in respect of the sales of goods and services other than capital assets due to the slow settlement of claims by the Road Accident Fund.

2.1 Sales of goods and services other than capital assets

	Note	2016/17 R'000	2015/16 R'000
Sales of goods and services produced by the department		**464 878**	**458 456**
Sales by market establishment		4 194	3 951
Administrative fees		7 807	7 799
Other sales		452 877	446 706
Sales of scrap, waste and other used current goods		838	773
Total	2	**465 716**	**459 229**

2.2 Interest, dividends and rent on land

	Note	2016/17 R'000	2015/16 R'000
Interest	2	2 598	2 576
Total		**2 598**	**2 576**

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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2.3 Transactions in financial assets and liabilities

	Note	2016/17 R'000	2015/16 R'000
Receivables		15 664	14 621
Other Receipts including Recoverable Revenue		5 365	5 402
Total	2	**21 029**	**20 023**

2.4 Transfers received

	Note	2016/17 R'000	2015/16 R'000
Higher education institutions		29 709	27 115
International organisations		24 569	76 708
Public corporations and private enterprises		1	90
Total	2	**54 279**	**103 913**

3. Aid assistance

	2016/17 R'000	2015/16 R'000
Opening Balance	4 066	2 510
Transferred from statement of financial performance	(2 162)	1 556
Closing Balance	**1 904**	**4 066**

Transferred from Statement of Financial Performance is made up as follows:		
Donor Funding received during the year	294	4 631
Statement of Financial Performance(Current Expenditure)	(1 882)	(2 108)
Capital Expenditure (Note 8.1)	(137)	(133)
Transfers made to Non Profit Organisations	(437)	(834)
Net Total	(2 162)	1 556

3.1 Analysis of balance by source

	Note	2016/17 R'000	2015/16 R'000
Aid assistance from other sources	3	1 904	4 066
Closing balance		**1 904**	**4 066**

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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3.2 Analysis of balance

	Note	2016/17 R'000	2015/16 R'000
Aid assistance unutilised	3	1 904	4 066
Closing balance		**1 904**	**4 066**

4. Compensation of employees

4.1 Salaries and Wages

	2016/17 R'000	2015/16 R'000
Basic salary	7 756 469	7 204 384
Performance award	57 847	55 491
Service Based	17 404	15 186
Compensative/circumstantial	1 177 693	1 059 649
Periodic payments	14 176	11 558
Other non-pensionable allowances	1 460 652	1 356 625
Total	**10 484 241**	**9 702 893**

The cost of living adjustment is the chief driver behind the increase in employee costs, as the department's staff levels remained relatively static for the current financial period.

4.2 Social contributions

	2016/17 R'000	2015/16 R'000
Employer contributions		
Pension	901 252	825 881
Medical	446 040	418 485
Bargaining council	2 331	2 368
Insurance	-	25
Total	**1 349 623**	**1 246 759**
Total compensation of employees	**11 833 864**	**10 949 652**
Average number of employees	31 380	31 354

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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5. Goods and services

	Note	2016/17 R'000	2015/16 R'000
Administrative fees		1 030	1 106
Advertising		14 810	26 645
Minor assets	5.1	45 741	47 489
Bursaries (employees)		9 509	8 703
Catering		4 743	4 192
Communication		72 022	79 904
Computer services	5.2	68 760	64 709
Consultants: Business and advisory services		81 533	73 427
Infrastructure and planning services		23 779	29 976
Laboratory services		557 112	554 754
Legal services		22 168	12 145
Contractors		485 974	389 949
Agency and support / outsourced services		427 454	431 294
Entertainment		58	41
Audit cost – external	5.3	19 176	23 701
Fleet services		181 492	166 292
Inventory	5.4	2 806 996	2 551 696
Consumables	5.5	440 978	408 368
Operating leases		22 047	23 850
Property payments	5.6	1 064 555	962 296
Rental and hiring		18 662	21 961
Transport provided as part of the departmental activities		2 003	1 968
Travel and subsistence	5.7	37 241	39 503
Venues and facilities		1 204	1 353
Training and development		31 737	35 106
Other operating expenditure	5.8	16 699	15 835
Total		**6 457 483**	**5 976 263**

Advertising

Reduction is due to cost saving initiatives which minimised the detail of recruitment and selection print adverts.

Communication

Reduction is primarily due to the implementation of a Voice over Internet Protocol (VOIP) communication system at the Central Hospitals.

Consultants: Business and advisory services

Expenditure driven by various people management projects as well as an Increase to the security cost element relating to the Department's Public Private Partnership contract (see note 27 for PPP details).

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Legal Services

Increased counsel cost incurred by the department in respect of law reform strategies related to the law on damages for medical legal claims.

Contractors

Increase due to the reclassification of Air Mercy Services and Life Esidemeni payments from Transfer Payments to Goods and Services (refer to Note 7)

5.1 Minor assets

	Note	2016/17 R'000	2015/16 R'000
Tangible assets			
Machinery and equipment		45 716	47 489
Transport assets		25	-
Total	5	**45 741**	**47 489**

5.2 Computer services

	Note	2016/17 R'000	2015/16 R'000
SITA computer services		18 422	17 137
External computer service providers		50 338	47 572
Total	5	**68 760**	**64 709**

5.3 Audit cost – External

	Note	2016/17 R'000	2015/16 R'000
Regularity audits		19 176	23 701
Total	5	**19 176**	**23 701**

5.4 Inventory

	Note	2016/17 R'000	2015/16 R'000
Food and food supplies		53 519	49 496
Materials and supplies		39 168	31 016
Medical supplies		1 344 775	1 298 695
Medicine		1 357 475	1 136 188
Laboratory Supplies		12 059	36 301
Total	5	**2 806 996**	**2 551 696**

Medicine is the primary driver of increased inventory costs as a result of continually rising medical inflation, particularly in respect of HIV/ARV medicine and vaccines.

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5.5 Consumables

	Note	2016/17 R'000	2015/16 R'000
Consumable supplies		**358 650**	**328 998**
Uniform and clothing		55 146	50 402
Household supplies		215 784	190 909
Building material and supplies		22 124	17 296
IT consumables		2 300	1 925
Other consumables		63 296	68 466
Stationery, printing and office supplies		82 328	79 370
Total	*5*	**440 978**	**408 368**

Household supplies are the primary driver of consumables expenditure as a result of Grocery inflation as well as increased linen procurement to reduce backlogs.

5.6 Property payments

	Note	2016/17 R'000	2015/16 R'000
Municipal services		302 665	275 770
Property management fees		378 418	343 465
Property maintenance and repairs		383 472	343 061
Total	*5*	**1 064 555**	**962 296**

Municipal Services

New facilities (e.g. Nomazo CDC) as well as utility cost inflation were the primary cost drivers.

Property management fees

Expansion and inflationary increases in respect of outsourced cleaning and security services.

5.7 Travel and subsistence

	Note	2016/17 R'000	2015/16 R'000
Local		37 037	39 183
Foreign		204	320
Total	*5*	**37 241**	**39 503**

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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5.8 Other operating expenditure

	Note	2016/17 R'000	2015/16 R'000
Professional bodies, membership and subscription fees		1 280	905
Resettlement costs		3 879	4 772
Other (mainly courier charges)		11 540	10 158
Total	*5*	**16 699**	**15 835**

6. Payments for financial assets

	Note	2016/17 R'000	2015/16 R'000
Material losses through criminal conduct		10	47
Theft	*6.3*	10	47
Other material losses written off	*6.1*	3 465	2 049
Debts written off	*6.2*	3 210	4 429
Total		**6 685**	**6 525**

6.1 Other material losses written off

	Note	2016/17 R'000	2015/16 R'000
Nature of losses			
Government Vehicle Damages & Losses		3 377	2 047
Redundant Stock (CMD & HIV/AIDS)		88	2
Total	*6*	**3 465**	**2 049**

6.2 Debts written off

	Note	2016/17 R'000	2015/16 R'000
Nature of debts written off			
Salary Overpayments*		1 107	1 030
Medical Bursaries**		1 860	2 765
Tax		128	128
Fruitless and Wasteful Expenditure		-	3
Accommodation		-	54
Telephone Accounts		-	1
Supplier debtors		96	323
Service rendered		-	10
Other minor incidents		19	115
Total	*6*	**3 210**	**4 429**

* The majority of salary overpayments debts written off relate to former employees. These amounts have been deemed not recoverable and have therefore been written off.
** Medical Bursaries debt written off primarily relates to bursaries granted for completion of studies. After numerous attempts to recover these amounts, it was concluded that these amounts be considered not recoverable and has been written off during the year.

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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6.3 Details of theft

	Note	2016/17 R'000	2015/16 R'000
Nature of theft			
Computer Equipment & Peripherals		10	1
Medical equipment		-	46
Total	6	**10**	**47**

7. Transfers and subsidies

	Note	2016/17 R'000	2015/16 R'000
Provinces and municipalities	35	461 878	432 972
Departmental agencies and accounts	Annex 1B	5 238	4 861
Higher education institutions	Annex 1C	-	3 992
Non-profit institutions	Annex 1D	375 424	463 520
Households	Annex 1E	153 052	152 269
Total		**995 592**	**1 057 614**

Reclassification of Air Mercy services and Life Esidemeni payments to goods and services is the main driver of the reduction in Non-profit institutional transfers. (refer to Note 5)

8. Expenditure for capital assets

	2016/17 R'000	2015/16 R'000
Tangible assets	**773 350**	**741 012**
Buildings and other fixed structures	344 366	312 853
Machinery and equipment	428 984	428 159
Intangible assets	**11 347**	**6 185**
Software	11 347	6 185
Total	**784 697**	**747 197**

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8.1 Analysis of funds utilised to acquire capital assets – 2016/17

	Voted funds	Aid assistance	Total
	R'000	R'000	R'000
Tangible assets	**773 213**	**137**	**773 350**
Buildings and other fixed structures	344 366	-	344 366
Machinery and equipment	428 847	137	428 984
Intangible assets	**11 347**		11 347
Software	11 347	-	11 347
Total	**784 560**	**137**	**784 697**

8.2 Analysis of funds utilised to acquire capital assets – 2015/16

	Voted funds	Aid assistance	Total
	R'000	R'000	R'000
Tangible assets	**740 879**	**133**	**741 012**
Buildings and other fixed structures	312 853	-	312 853
Machinery and equipment	428 026	133	428 159
Intangible assets	**6 185**		**6 185**
Software	6 185	-	6 185
Total	**747 064**	**133**	**747 197**

8.3 Finance lease expenditure included in Expenditure for capital assets

	2016/17	2015/16
	R'000	
Tangible assets		
Machinery and equipment	149 895	147 162
Total	**149 895**	**147 162**

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9. Cash and cash equivalents

	2016/17 R'000	2015/16 R'000
Consolidated Paymaster General Account	294 233	608 284
Disbursements	(213 071)	(277 118)
Cash on hand	411	385
Total	**81 573**	**331 551**

Reduction in cash balance, due to improved utilization of allocated budget 99.7% (2015/16 98.3%), refer to the Notes to the appropriation statement for further detail.

10. Prepayments and advances

	Note	2016/17 R'000	2015/16 R'000
Travel and subsistence		756	419
Advances paid (Not expensed)	*10.1*	1 580	1 560
Total		**2 336**	**1 979**

10.1 Advances paid (Not expensed)

	Note	2016/17 R'000	2015/16 R'000
Other entities	*10 & Annex 7A*	1 580	1 560
Total		**1 580**	**1 560**

10.2 Prepayments (Expensed)

	2016/17 R'000	2015/16 R'000
Capital assets	-	4 188
Total	**-**	**4 188**

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11. Receivables

		2016/17			2015/16		
		Current	Non-current	Total	Current	Non-current	Total
		R'000	R'000	R'000	R'000	R'000	R'000
	Note						
Claims recoverable	11.1	23 688		23 688	12 751	-	12 751
Staff debt	11.2	2 684	9 040	11 724	1 411	8 982	10 393
Other debtors	11.3	26 817	20 130	46 947	26 199	13 566	39 765
Total		**53 189**	**29 170**	**82 359**	**40 361**	**22 548**	**62 909**

11.1 Claims recoverable

	Note	2016/17 R'000	2015/16 R'000
National departments		3 988	3 443
Provincial departments		6 246	3 563
Public entities		34	475
Local governments		13 420	5 270
Total	*11 & Annex 3*	**23 688**	**12 751**

Local government claims recoverable increase relates to pharmaceuticals provided to the City of Cape Town via the Departments medical depot.

11.2 Staff debt

	Note	2016/17 R'000	2015/16 R'000
Sal: Deduction Disall Account: CA		10	22
Sal: Tax Debt: CA		-	217
Debt Account: CA		11 714	10 154
Total	*11*	**11 724**	**10 393**

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11.3 Other debtors

	Note	2016/17 R'000	2015/16 R'000
Disallowance Miscellaneous		7 588	3 825
Sal: Reversal Control: CA		918	-
Disallowance damage and losses		538	133
Damage vehicles: CA		215	1 812
Sal: Tax Debt: CA		212	-
Supplier Debtors		4 005	3 567
Advances: Public Entities		175	298
Medical Bursaries		16 343	16 181
Cape Medical Depot		16 860	13 949
Sal: Income Tax: CL		93	-
Total	*11*	**46 947**	**39 765**

Cape Medical Depot increase as a result of a larger stock holding balance on hand at year-end, due to the new cold chain depot for vaccines, pharmaceutical inflationary pressures as well as the stocking up for pending immunisation campaigns.

11.4 Fruitless and wasteful expenditure

	2016/17 R'000	2015/16 R'000
Opening balance	-	-
Less amounts written off	(133)	(3)
Transfers from note 24 Fruitless and Wasteful Expenditure	133	3
Total	**-**	**-**

11.5 Impairment of receivables

	2016/17 R'000	2015/16 R'000
Estimate of impairment of receivables	3 978	3 118
Total	**3 978**	**3 118**

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12 Voted funds to be surrendered to the Revenue Fund

	2016/17 R'000	2015/16 R'000
Opening balance	303 954	124 615
Transfer from statement of financial performance (as restated)	66 361	303 954
Paid during the year	(303 954)	(124 615)
Closing balance	**66 361**	**303 954**

13 Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund

	2016/17 R'000	2015/16 R'000
Opening balance	19 242	21 670
Transfer from Statement of Financial Performance (as restated)	89 580	109 091
Own revenue included in appropriation	454 042	476 650
Paid during the year	(536 511)	(588 169)
Closing balance	**26 353**	**19 242**

14 Payables – current

	Note	2016/17 R'000	2015/16 R'000
Amounts owing to other entities			
Advances received	*14.1*	52 322	50 803
Clearing accounts	*14.2*	281	399
Total		**52 603**	**51 202**

14.1 Advances received

	Note	2016/17 R'000	2015/16 R'000
Other institutions	*Annex7B & 14*	52 322	50 803
Total		**52 322**	**50 803**

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14.2 Clearing accounts

	Note	2016/17 R'000	2015/16 R'000
Patient Fee Deposits		12	2
Sal: Pension Fund		9	5
Sal: GEHS refund control acc: CL		230	-
Sal: Reversal control		-	273
Sal: ACB Recalls		30	119
Total	*14*	**281**	**399**

15 Net cash flow available from operating activities

	2016/17 R'000	2015/16 R'000
Net surplus/(deficit) as per Statement of Financial Performance	153 779	414 601
Add back non cash/cash movements not deemed operating activities	379 868	481 262
(Increase)/decrease in receivables – current	(19 450)	(4 447)
(Increase)/decrease in prepayments and advances	(357)	(227)
Increase/(decrease) in payables – current	1 401	(25 127)
Expenditure on capital assets	784 697	747 197
Surrenders to Revenue Fund	(840 465)	(712 784)
Own revenue included in appropriation	454 042	476 650
Net cash flow generated by operating activities	**533 647**	**895 863**

16 Reconciliation of cash and cash equivalents for cash flow purposes

	2016/17 R'000	2015/16 R'000
Consolidated Paymaster General account	294 233	608 284
Disbursements	(213 071)	(277 118)
Cash on hand	411	385
Total	**81 573**	**331 551**

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17 Contingent liabilities and contingent assets

17.1 Contingent liabilities

		Note	2016/17 R'000	2015/16 R'000
Liable to	**Nature**			
Housing loan guarantees	Employees	*Annex 2A*	99	99
Claims against the department		*Annex 2B*	53 114	125 605
Intergovernmental payables (unconfirmed balances)		*Annex 4*	308	196
Total			**53 521**	**125 900**

R78.4m medical legal claims were reclassified from Contingent Liabilities to Provisions in respect of the figures reported for the prior financial period. The level of contingent claims for current financial period is far lower due to more medical legal claims being reported as provisions (see note 28).

17.2 Contingent Asset

	2016/17 R'000	2015/16 R'000
Civil	227	-
Total	**227**	**-**

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.

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18 Commitments

	2016/17 R'000	2015/16 R'000
Current expenditure		
Approved and contracted	906 822	777 725
Approved but not yet contracted	134	572
	906 956	**778 297**
Capital expenditure		
Approved and contracted	353 557	697 352
Approved but not yet contracted	-	-
	353 557	**697 352**
Total Commitments	**1 260 513**	**1 475 649**

Included in the current year's commitments are 245 projects that are current in nature and 27 projects that are of a capital nature, all of which are for a total contract period exceeding 12 months.

19 Accruals and payables not recognised

19.1 Accruals

			2016/17 R'000	2015/16 R'000
Listed by economic classification				
	30 Days	**30+ Days**	**Total**	**Total**
Goods and services	88 018	35 333	123 351	108 147
Transfers and subsidies	16 052	28 579	44 631	42 516
Capital assets	521	-	521	7 896
Total	**104 591**	**63 912**	**168 503**	**158 559**

	2016/17 R'000	2015/16 R'000
Listed by programme level		
Administration	12 170	3 430
District Health Services	76 590	68 296
Emergency Medical Services	5 448	18 628
Provincial Hospital Services	12 979	13 283
Central Hospital Services	40 952	45 733
Health Science and Training	464	867
Health Care Support Service	245	669
Health Facility Management	19 655	7 653
Total	**168 503**	**158 559**

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19.2 Payables not recognised

			2016/17 R'000	2015/16 R'000
Listed by economic classification				
	30 Days	**30+ Days**	**Total**	**Total**
Goods and services	101 176	9 860	111 036	57 182
Transfers and subsidies	18 842	-	18 842	1 704
Capital assets	2 560	178	2 738	6 569
Other	1 900	-	1 900	10 398
Total	**124 478**	**10 038**	**134 516**	**75 853**

	2016/17 R'000	2015/16 R'000
Listed by programme level		
Administration	6	2 949
District Health Services	49 274	16 546
Emergency Medical Services	3 446	1 868
Provincial Hospital Services	2 987	8 834
Central Hospital Services	41 607	29 956
Health Sciences and Training	69	89
Health Care Support Service	21 601	15 055
Health Facility Management	15 526	556
Total	**134 516**	**75 853**

	Note	2016/17 R'000	2015/16 R'000
Included in the above totals are the following:			
Confirmed balances with other departments	*Annex 4*	-	2 575
Total		**-**	**2 575**

Despite the increase in payables, the Department's level of 30 day payments has remained constant.

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20 Employee benefits

	2016/17 R'000	2015/16 R'000
Leave entitlement	331 925	279 685
Service bonus (Thirteenth cheque)	265 270	251 804
Performance awards	55 201	52 525
Capped leave commitments	241 028	246 576
Other	36 064	26 444
Total	**929 488**	**857 034**

The amounts included in "other" above relates to long service awards that will vest in the 2017-18 financial year. At this stage the department is not able to reliably measure the long term portion of the long service awards.

Leave Entitlement

Leave entitlement on PERSAL at 31 March 2017	326 682
Add: Negative Leave Credits included	23 312
Less: Leave captured after 31 March 2017	(18 069)
Recalculated Leave entitlement	331 925

21 Lease commitments

21.1 Operating leases expenditure

2016/17	Machinery and equipment R'000	Total R'000
Not later than 1 year	22 054	22 054
Later than 1 year and not later than 5 years	43 707	43 707
Total lease commitments	**65 761**	**65 761**

2015/16	Machinery and equipment R'000	Total R'000
Not later than 1 year	19 850	19 850
Later than 1 year and not later than 5 years	11 627	11 627
Total lease commitments	**31 477**	**31 477**

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21.2 Finance leases expenditure

2016/17	Machinery and equipment R'000	Total R'000
Not later than 1 year	133 848	133 848
Later than 1 year and not later than 5 years	245 142	245 142
Later than five years	5 699	5 699
Total lease commitments	**384 689**	**384 689**

2015/16	Machinery and equipment R'000	Total R'000
Not later than 1 year	129 891	129 891
Later than 1 year and not later than 5 years	293 307	293 307
Later than five years	5 906	5 906
Total lease commitments	**429 104**	**429 104**

The Western Cape Department of Health leased 1,696 vehicles from GMT as at 31 March 2017 (March 2016: 1,666). Daily tariffs are payable on a monthly bases, covering the operational costs, capital costs of replacement of vehicles, and the implicit finance costs in this type of arrangement.

22 Accrued departmental revenue

	2016/17 R'000	2015/16 R'000
Sales of goods and services other than capital assets	635 541	602 025
Total	**635 541**	**602 025**

22.1 Analysis of accrued departmental revenue

	2016/17 R'000	2015/16 R'000
Opening balance	602 025	575 434
Less: amounts received	417 784	418 401
Add: amounts recognised	720 167	735 192
Less: amounts written-off/reversed as irrecoverable	268 867	290 200
Closing balance	**635 541**	**602 025**

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22.2 Accrued department revenue written off

	2016/17 R'000	2015/16 R'000
Nature of losses		
Patient Fees	268 867	290 200
Total	**268 867**	**290 200**

22.3 Impairment of accrued departmental revenue

	2016/17 R'000	2015/16 R'000
Estimate of impairment of accrued departmental revenue	237 740	227 840
Total	**237 740**	**227 840**

23 Irregular expenditure

23.1 Reconciliation of irregular expenditure

	2016/17 R'000	2015/16 R'000
Opening balance	71 351	88 909
Add: Irregular expenditure – relating to current year	11 330	7 284
Less: Prior year amounts condoned	-	(7 217)
Less: Current year amounts condoned	(2 431)	(1 407)
Less: Amounts not condoned and not recoverable	(7 898)	(16 218)
Closing balance	**72 352**	**71 351**

Analysis of awaiting condonation per age classification		
Current year	8 899	5 877
Prior years	63 453	65 474
Total	**72 352**	**71 351**

Included in the above total are cases amounting to R 42,564 million in respect of previous financial years, which was reported to the National Treasury for condonement during July 2016. To date, no response has been received.

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23.2 Details of irregular expenditure – added current year (relating to current and prior years)

Incident	Action taken	2016/17 R'000
Additional charges not covered by contract	*	117
Award made to wrong bidder	*	321
Contract expanded without approval	*	3 002
Contract extended without approval	*	315
Incorrect bidding process followed < R500 000	*	888
Incorrect delegatee making award	*	942
Local Content not applied	*	1348
Local content policy applied incorrectly	*	53
No formal bidding process followed for awards >500 000	*	1 812
No valid tax clearance certificate	*	25
Pass overs not properly documented	*	7
Quantity on invoice more than approved order	*	87
Supplier not registered on relevant database	*	674
Used invalid contract (incl. purchase outside valid contract/item not on contract).	*	1 739
Total		**11 330**

* To be confirmed by relevant Institutional Managers (e.g. verbal and written warnings).

23.3 Details of irregular expenditure condoned

Incident	Condoned by (condoning authority)	2016/17 R'000
Award made to wrong bidder	Accounting Officer	134
Contract expanded without approval	Accounting Officer	3
Contract extended without approval	Accounting Officer	214
Incorrect bidding process followed < R500 000	Accounting Officer	189
Incorrect delegatee making award	Accounting Officer	804
Pass overs not properly documented	Accounting Officer	7
Quantity on invoice more than approved order	Accounting Officer	75
Used invalid contract (incl purchase outside valid contract/item not on contract).	Accounting Officer	1 005
Total		**2 431**

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23.4 Details of irregular expenditure not recoverable (not condoned)

Incident	Not condoned by (condoning authority)	2016/17 R'000
No valid tax clearance certificate	National Treasury	5 364
Local Content principle not applied	National Treasury	1 789
Prohibited/ restricted supplier	National Treasury	34
No declaration of interest on WBSD form	National Treasury	711
Total		**7 898**

24 Fruitless and wasteful expenditure

24.1 Reconciliation of fruitless and wasteful expenditure

	Note	2016/17 R'000	2015/16 R'000
Opening balance		133	136
Fruitless and wasteful expenditure – relating to the current year		7	-
Less: Amounts transferred to receivables for recovery	*11.4*	(133)	(3)
Closing balance		**7**	**133**

24.2 Analysis of awaiting resolution per economic classification

	2016/17 R'000	2015/16 R'000
Current	7	133
Total	**7**	**133**

24.3 Analysis of Current year's fruitless and wasteful expenditure

Incident	Disciplinary steps taken/criminal proceedings	2016/17 R'000
Cancellation of travel	No Liability determined	7
Total		**7**

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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.

Department of Health received Security Advisory Services and Security Operations from the Department of Community Safety in the Western Cape.

26 Key management personnel

	No. of Individuals	2016/17	2015/16
		R'000	R'000
Political office bearers (provide detail below)	1	1 947	2 052
Officials:			
Level 15 to 16	5	7 620	7 249
Level 14 (incl. CFO if at a lower level)	10	12 247	12 050
Family members of key management personnel	1	416	371
Total		**22 230**	**21 722**

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27 Public Private Partnership

	2016/17 R'000	2015/16 R'000
Unitary fee paid	**51 694**	**48 579**
Fixed component	48 536	46 577
Indexed component	3 158	2 002
Analysis of indexed component	**3 158**	**2 002**
Goods and services (excluding lease payments)	3 158	2 002
Capital / (Liabilities)	**6 889**	**7 382**
Plant and equipment	6 889	7 382

The Department commissioned the construction and operation of the Western Cape Rehabilitation Centre alongside the existing Lentegeur Psychiatric Hospital.

The Department required the services of a private partner to provide facilities management at the Western Cape Rehabilitation Centre, as well as certain facilities management services at the Lentegeur Psychiatric Hospital. A request for proposals was issued to the private sector, which included an invite to propose solutions which would satisfy the operational requirements of the facilities. Pursuant to a competitive bidding process, Mpilisweni Consortium was appointed and the agreement signed on 8 December 2006 for a 12 year period, with full service commencement effective on 1 March 2007.

For the current financial year, payments to the value of R 51, 694 million (2015-16: R 48, 579 million) was made for the provision of equipment, facilities management and all other associated services at the Western Cape Rehabilitation Centre (WCRC) and Lentegeur Hospital.

Excluded from the above expenses are variable costs incurred to the value of R 6, 889 million (2015-16: R 7, 368 million).

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28 Provisions

	2016/17 R'000	2015/16 R'000
Medico Legal Claims	135 700	106 750
Total	**135 700**	**106 750**

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. On average these claims take a period of 3 to 4 years to resolve, and the department's annual settlements have average approximately R27m over the past three years. R78.4m medical legal claims were reclassified from Contingent Liabilities to Provisions in respect of the figures reported for the prior financial period (see note 17).

28.1 Reconciliation of movement in provisions – 2016/17

	Medico Legal Claims R'000	Total provisions R'000
Opening balance	106 750	106 750
Increase in provision	57 699	57 699
Settlement of provision	(24 634)	(24 634)
Unused amount reversed	(4 115)	(4 115)
Closing balance	**135 700**	**135 700**

Reconciliation of movement in provisions – 2015/16

	Medico Legal Claims R'000	Total provisions R'000
Opening balance	-	-
Increase in provision	106 750	106 750
Closing balance	**106 750**	**106 750**

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29 Movable Tangible Capital Assets

	Opening balance R'000	Additions R'000	Disposals R'000	Closing Balance R'000
MACHINERY AND EQUIPMENT	**3 025 507**	**393 484**	**(125 759)**	**3 293 232**
Transport assets	412 048	64 741	(40 306)	436 483
Computer equipment	288 167	27 348	(29 544)	285 971
Furniture and office equipment	100 748	9 937	(2 585)	108 100
Other machinery and equipment	2 224 544	291 458	(53 324)	2 462 678
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	**3 025 507**	**393 484**	**(125 759)**	**3 293 232**

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	3 774	72 478

Included in the movable tangible capital assets under investigation are assets relating to Swartland hospital which were destroyed in a fire during March 2017. The investigation into the actual amount lost in the fire is still in progress.

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29.1 Additions

ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2017

	Cash	Non-cash	(Capital Work in Progress current costs and finance lease payments)	Received current, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	**428 984**	**110 148**	**(148 260)**	**2 612**	**393 484**
Transport assets	150 571	64 632	(150 462)	-	64 741
Computer equipment	24 507	1 116	1 659	66	27 348
Furniture and office equipment	9 944	899	(984)	78	9 937
Other machinery and equipment	243 962	43 501	1 527	2 468	291 458
TOTAL ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS	**428 984**	**110 148**	**(148 260)**	**2 612**	**393 484**

29.2 Disposals

	Non-cash disposal	Total disposals
	R'000	R'000
MACHINERY AND EQUIPMENT	**(125 759)**	**(125 759)**
Transport assets	(40 306)	(40 306)
Computer equipment	(29 544)	(29 544)
Furniture and office equipment	(2 585)	(2 585))
Other machinery and equipment	(53 324)	(53 324)
TOTAL DISPOSAL OF MOVABLE TANGIBLE CAPITAL ASSETS	**(125 759)**	**(125 759)**

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29.3 Movement for 2015/16

MOVEMENT IN TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	**2 797 668**	**24 739**	**344 596**	**(141 496)**	**3 025 507**
Transport assets	379 099	4 613	68 870	(40 534)	412 048
Computer equipment	269 305	1 335	36 808	(19 281)	288 167
Furniture and office equipment	95 363	(850)	13 551	(7 316)	100 748
Other machinery and equipment	2 053 901	19 641	225 367	(74 365)	2 224 544
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	**2 797 668**	**24 739**	**344 596**	**(141 496)**	**3 025 507**

29.3.1 Prior period error

	2015/16 R'000
Nature of prior period error	
Relating to 2014/15 (affecting the opening balance)	**20 888**
Reversal of write-off's	20 888
Relating to 2015/16	**3 851**
Additions overstated	3 851
Total prior period errors	**24 739**

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29.4 Minor assets

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED AS AT 31 MARCH 2017

	Machinery and equipment R'000	Total R'000
Opening balance	501 021	501 021
Additions	50 620	50 620
Disposals	(27 168)	(27 168)
TOTAL MINOR ASSETS	**524 473**	**524 473**

	Machinery and equipment	Total
Number of minor assets at cost	353 270	353 270
TOTAL NUMBER OF MINOR ASSETS	**353 270**	**353 270**

Minor Capital Assets under investigation

	Number	Value R'000
Included in the above total of the minor capital assets per the asset register are assets that are under investigation:		
Machinery and equipment	19 301	28 899

Included in the movable tangible minor assets under investigation are assets relating to Swartland hospital which were destroyed in a fire during March 2017. The investigation into the actual amount lost in the fire is still in progress.

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MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED AS AT 31 MARCH 2016

	Intangible assets R'000	Machinery and equipment R'000	Total R'000
Opening balance	11	479 046	**479 057**
Prior period error	(11)	(472)	**(483)**
Additions	-	51 599	**51 599**
Disposals	-	29 152	**29 152**
TOTAL MINOR ASSETS	**-**	**501 021**	**501 021**

	Intangible assets	Machinery and equipment	Total
Number of R1 minor assets	-	349 081	**349 081**
TOTAL NUMBER OF MINOR ASSETS	**-**	349 081	**349 081**

29.4.1 Prior period error

	2015/16 R'000
Nature of prior period error	
Relating to 2015/16	**(483)**
Reversal of write-off's – Machinery and equipment	(472)
Incorrect classification of intangible assets	(11)
	(483)

30 Intangible Capital Assets

	Opening balance R'000	Additions R'000	Disposals R'000	Closing Balance R'000
SOFTWARE	8 449	1 404	32	9 821
TOTAL INTANGIBLE CAPITAL ASSETS	**8 449**	**1 404**	**32**	**9 821**

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30.1 Additions

ADDITIONS TO INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2017

	Cash	Non-Cash	(Develop-ment work in progress – current costs)	Received current year, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
SOFTWARE	11 347	-	(9 948)	5	1 404
TOTAL ADDITIONS TO INTANGIBLE CAPITAL ASSETS	**11 347**	**-**	**(9 948)**	**5**	**1 404**

30.2 Disposals

	Non-cash disposal R'000	Total disposals R'000
SOFTWARE	32	32
TOTAL DISPOSALS OF INTANGIBLE CAPITAL ASSETS	**32**	**32**

30.3 Movement for 2015/16

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
SOFTWARE	4 088	152	4 217	8	8 449
TOTAL INTANGIBLE CAPITAL ASSETS	**4 088**	**152**	**4 217**	**8**	**8 499**

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30.3.1 Prior period error

	2015/16 R'000
Nature of prior period error	
	152
Incorrect Classification	152
Total prior period errors	**152**

31 Immovable Tangible Capital Assets

	Opening balance R'000	Additions R'000	Disposals R'000	Closing Balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**14 181**	**1 010**	**1 822**	**13 369**
Other fixed structures	14 181	1 010	1 822	13 369
Capital Work-in-progress	1 407 895	343 798	646 912	1 104 781
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	**1 422 076**	**344 808**	**648 734**	**1 118 150**

31.1 Additions

ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2017

	Cash R'000	Non-cash R'000	(Capital Work in Progress current costs and finance lease payments) R'000	Received current, not paid (Paid current year, received prior year) R'000	Total R'000
BUILDING AND OTHER FIXED STRUCTURES	**344 563**	**813**	**(344 366)**	**-**	**1 010**
Non-residential buildings	344 366	-	(344 366)	-	-
Other fixed structures	197	813	-	-	1 010
TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS	**344 563**	**813**	**(344 366)**	**-**	**1 010**

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31.2 Disposals

DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS AS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2017

	Non-cash disposal R'000	Total disposals R'000
BUILDINGS AND OTHER FIXED STRUCTURES		
Other fixed structures	1 822	1 822
TOTAL DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS	1 822	1 822

31.3 Movement for 2015/16

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing Balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**12 260**	**(397)**	**2 723**	**405**	**14 181**
Other fixed structures	12 260	(397)	2 723	405	14 181
Capital Work-in-progress	1 167 750	-	328 492	88 347	1 407 895
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	**1 180 010**	**(397)**	**331 215**	**88 752**	**1 422 076**

31.3.1 Prior period error

	2015/16 R'000
Nature of prior period error	
Relating to 2015/16	**(397)**
Incorrect Classification	(397)
Total prior period errors	**(397)**

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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31.4 S42 Immovable assets

Assets subjected to transfer in terms of S42 of the PFMA – 2016/17

	Number of assets	Value of assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES		
Non-residential buildings	9	80 025
TOTAL	**9**	**80 025**

Assets subjected to transfer in terms of S42 of the PFMA – 2015/16

	Number of assets	Value of assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES		
Non-residential buildings	14	691 895
TOTAL	14	691 895

32 Prior period errors

32.1 Correction of prior period errors

	Note	2015/16 R'000
Assets:		
Movable Tangible Capital Assets	*29.3.1*	24 739
Minor Tangible Assets	*29.4.1*	(472)
Minor Intangible Assets	*29.4.1*	(11)
Intangible Capital Assets	*30.3.1*	152
Immovable tangible capital assets	*31.3.1*	(397)
Net effect		**24 011**

	Note	2015/16 R'000
Liabilities:		
Increase in provision	*28*	78 450
Decrease in Contingent Liability	*17*	(78 450)
Net effect		-

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33 Transfer of functions

The management and operation of the Sivuyile Residential Facility was transferred to the Department of Social Development (DSD) effective 1 April 2016. The budget of R9 155 000 was allocated to DSD in the main budget. The value of assets to be transferred to DSD is still to be confirmed.

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34 STATEMENT OF CONDITIONAL GRANTS RECEIVED

	GRANT ALLOCATION					SPENT				2015/16	
NAME OF GRANT	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	2 706 888				2 706 888	2 706 888	2 706 888	-	100%	2 594 901	2 594 901
Health Professions Training and Development Grant	510 716				510 716	510 716	510 716	-	100%	489 689	489 689
Comprehensive HIV and AIDS Grant	1 267 209				1 267 209	1 267 209	1 267 206	3	100%	1 138 481	1 138 480
National Health Insurance Grant	17 337		5 000		22 337	22 337	20 675	1 662	93%	14 862	12 114
Health Facility Revitalisation Grant	673 472	59 894			733 366	733 366	733 366	-	100%	871 194	762 671
Expanded Public Works Programme Integrated Grant for Provinces	2 324				2 324	2 324	2 324	-	100%	2 838	2 836
Social Sector Expanded Public Works Programme Incentive Grant for Provinces	3 732				3 732	3 732	3 731	1	100%	1 000	996
	5 181 678	59 894	5 000	-	5 246 572	5 246 572	5 244 906	1 666		5 112 965	5 001 687

35 STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES

	GRANT ALLOCATION				TRANSFER		
NAME OF MUNICIPALITY	DoRA and other transfers	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
City of Cape Town	448 512	6 898	6 468	461 878	461 878		
	448 512	6 898	6 468	461 878	461 878	-	-

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ANNEXURE 1A
STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES

	GRANT ALLOCATION				TRANSFER			SPENT			2015/16
NAME OF MUNICIPALITY	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	% of available funds spent by municipality	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
City of Cape Town	448 512	6 898	6 468	461 878	461 878	-	-	461 878	461 878	100%	436 215
Total	448 512	6 898	6 468	461 878	461 878	-	-	461 878	461 878		436 215

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ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

	TRANSFER ALLOCATION				TRANSFER		2015/16
DEPARTMENT/AGENCY/ACCOUNT	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Health&Welfare Seta	5 044			5 044	4 790	95%	4 567
COM:Licences	446			446	448	100%	263
Total	5 490	-	-	5 490	5 238		4 830

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ANNEXURE 1C
STATEMENT OF TRANSFERS TO HIGHER EDUCATION INSTITUTIONS

	TRANSFER ALLOCATION				TRANSFER			2015/16
NAME OF HIGHER EDUCATION INSTITUTION	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	Amount not transferred	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Cape Peninsula University of Technology	4 192			4 192	-	4 192		3 992
Total	4 192	-	-	4 192	-	4 192		3 992

ANNEXURE 1D
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2015/16
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers							
Health Foundation Fund				-			1 000
Health Programmes	3 419			3 419	337	10%	-
Community Based Programmes	607			607	601	99%	397
Community Health Clinics	148			148	143	97%	136
Tuberculosis	1 751			1 751	1 765	101%	1 264
National Health Insurance (NHI)	-			-	-		600
Booth Memorial	20 379			20 379	20 379	100%	18 731
Life Esidimeni	-			-	-		45 300
Sarah Fox	10 229			10 229	10 178	100%	9 402
Eden District Office (Chronic Care)	1 387			1 387	1 325	96%	580
TB Adherence Support	3 267			3 267	3 220	99%	3 230
Home Base Care	18 399			18 399	19 248	105%	20 819
Mental Health	44 187			44 187	43 134	98%	49 312
HIV and AIDS	174 236			174 236	173 414	100%	160 593
Nutrition	2 897			2 897	3 035	105%	2 664
Klipfontein/Mitchells Plain substructure	1 456			1 456	1 454	100%	1 338
Global Fund contributions to NGO's	12 458			12 458	7 177	58%	22 896
SA Red Cross Air Mercy	-			-	-		52 317
Alexandra Hospital	2 802			2 802	2 823	101%	2 616
Maitland Cottage	10 838			10 838	10 838	100%	9 961
EPWP	61 353			61 353	61 353	100%	52 735
The Children's Hospital Trust	15 000			15 000	15 000	100%	10 000
	384 813	-	-	384 813	375 424		465 891

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ANNEXURE 1E
STATEMENT OF TRANSFERS TO HOUSEHOLDS

	TRANSFER ALLOCATION				EXPENDITURE		2015/16
HOUSEHOLDS	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers							
Employee social benefits-cash residents	55 760			55 760	50 120	90%	50 482
Claims against the state: households	50 520		(11 303)	39 217	38 380	98%	84 180
Bursaries	74 752			74 752	64 436	86%	74 819
Payments made as an act of grace	82			82	116	141%	580
Donations and gifts: cash	147			147	-	0%	138
	181 261	-	(11 303)	169 958	153 052		210 199

ANNEXURE 1F
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2016/17 R'000	2015/16 R'000
Received in kind			
Gifts & Donations sponsorships received for the year ending 31 March 2016			19 131
Alexandra Hospital	Consumables	1	
Alexandra Hospital	Furniture & Office Equipment	2	
Alexandra Hospital	Other Machinery & Equipment	276	
Brewelskloof Hospital	Consumables	31	
Caledon Hospital	Consumables	8	
Cape Medical Depot	Consumables	5 189	
Drakenstein Sub-District	Other Machinery & Equipment	26	
Emergency Medical Services	Consumables	368	
Emergency Medical Services	Other Machinery & Equipment	272	
Groote Schuur Hospital	Computer Equipment	1	
Groote Schuur Hospital	Furniture & Office Equipment	385	
Groote Schuur Hospital	Other Machinery & Equipment	2 900	
Lentegeur Hospital	Consumables	2	
Mowbray Maternity Hospital	Other Machinery & Equipment	776	
New Somerset Hospital	Buildings & Other Fixed Structure	109	
New Somerset Hospital	Computer Equipment	118	
New Somerset Hospital	Consumables	251	
New Somerset Hospital	Other Machinery & Equipment	619	
Paarl Hospital	Consumables	66	
Paarl Hospital	Other Machinery & Equipment	48	

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ANNEXURE 1F (CONTINUED)
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NATURE OF GIFT, DONATION OR SPONSORSHIP		2016/17	2015/16
		R'000	R'000
PGS Clinic	Other Machinery & Equipment	19	
Red Cross Hospital	Computer Equipment	13	
Red Cross Hospital	Furniture & Office Equipment	1 045	
Red Cross Hospital	Other Machinery & Equipment	16 194	
Robertson Hospital	Other Machinery & Equipment	26	
Stellenbosch Hospital	Other Machinery & Equipment	26	
Stikland Hospital	Other Machinery & Equipment	3	
Tygerberg	Consumables	21	
Tygerberg	Furniture & Office Equipment	15	
Tygerberg	Other Machinery & Equipment	889	
Valkenberg Hospital	Computer Equipment	5	
Valkenberg Hospital	Consumables	8	
Vredendal Hospital	Furniture & Office Equipment	4	
Vredendal Hospital	Other Machinery & Equipment	2	
West Coast District Office	Other Machinery & Equipment	3	
Zolani Clinic	Other Machinery & Equipment	19	
Subtotal		29 740	19 131
TOTAL		29 740	19 131

ANNEXURE 1G
STATEMENT OF AID ASSISTANCE RECEIVED

NAME OF DONOR	PURPOSE	OPENING BALANCE R'000	REVENUE R'000	EXPENDI-TURE R'000	PAID BACK ON/BY 31 MAR R'000	CLOSING BALANCE R'000
Received in cash						
EU Donor Fund	WISN PROJECT	3 929	-	2 025		1 904
BELGIUM DONOR FUND	CATCH AND MATCH PROJECT	137	294	431		-
Subtotal		4 066	294	2 456	-	1 904

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ANNEXURE 1H
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE AND REMISSIONS, REFUNDS AND PAYMENTS MADE AS AN ACT OF GRACE

NATURE OF GIFT, DONATION OR SPONSORSHIP	2016/17	2015/16
	R'000	R'000
Made in kind		
Patrick Goliath (Other Machinery and Equipment - Concentrator Oxygen)	-	7
Various Crèche's (Consumables - Philani Yabanthawa children's porridge)	-	4
Malmesbury Museum(Other Machinery & Equipment-Industrial Iron Clothes Electrical Miele)	21	-
TOTAL	**21**	**11**

ANNEXURE 2A
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2017 – LOCAL

Guarantor institution	Guarantee in respect of	Opening balance 1 April 2016	Guarantees draw downs during the year	Guarantees repayments/ cancelled/ reduced/ released during the year	Closing balance 31 March 2017
		R'000	R'000	R'000	R'000
Standard Bank	Housing	87	-	-	87
First Rand	Housing	12	-	-	12
	TOTAL	**99**	-	-	**99**

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ANNEXURE 2B
STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2017

Nature of Liability	Opening Balance 1 April 2016 R'000	Liabilities incurred during the year R'000	Liabilities paid/cancelled/reduced during the year R'000	Liabilities recoverable (Provide details hereunder) R'000	Closing Balance 31 March 2017 R'000
Claims against the department					
Medico Legal	103 575	6 690	78 225	-	32 040
Civil & Legal Claims including Labour Relations claims	22 030	1 033	1 989	-	21 074
TOTAL	**125 605**	**7 723**	**80 214**	**-**	**53 114**

ANNEXURE 3
CLAIMS RECOVERABLE

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2017	31/03/2016	31/03/2017	31/03/2016	31/03/2017	31/03/2016
	R'000	R'000	R'000	R'000	R'000	R'000
Department						
PROVINCE OF THE WESTERN CAPE						
Department of Transport & Public Works	-	-	5137	2 677	5 137	2 677
Department of Community Safety	-	-	116	-	116	-
Department of Education	-	-	-	35	-	35
Department of the Premier	-	-	20	57	20	57
Department of Cultural Affairs	-	-	307	279	307	279
Department of Rural Development	-	-	-	36	-	36
Department of Social Development	212	-	231	-	443	-
Department of Human Settlements	-	-	2	-	2	-
PROVINCE OF THE EASTERN CAPE						
Department of Health	-	-	198	179	198	179
GAUTENG PROVINCE						
Department of Health	-	-	-	57	-	57
NORTHERN CAPE PROVINCE						
Department of Health	-	-	11	11	11	11
DEPARTMENT OF HEALTH KWA-ZULU NATAL						
Department of Health	-	-	12	247	12	247
PUBLIC ENTITIES						
South African Revenue Services	-	-	34	475	34	475
NATIONAL DEPARTMENTS						
Department of Environmental Affairs	-	-	-	20	-	20

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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	
	31/03/2017	31/03/2016	31/03/2017	31/03/2016	31/03/2017	31/03/2016
	R'000	R'000	R'000	R'000	R'000	R'000
Defence Force	-	-	-	17	-	17
Department of Health	-	-	613	264	613	264
Department of Correctional Services	-	-	81	134	81	134
South African Social Security Agency	-	412	2 986	2 427	2 986	2 839
Justice & Constitutional Dev	-	-	308	155	308	155
	212	412	10 056	7 070	10 268	7 482
Other Government Entities						
City of Cape Town (Cape Medical Depot)	-	-	13 420	5 269	13 420	5 269
	-	-	13 420	5 269	13 420	5 269
TOTAL	212	**412**	**23 476**	**12 339**	**23 688**	**12 751**

(NAME OF NATIONAL/PROVINCIAL DEPARTMENT)
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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	
	31/03/2017	31/03/2016	31/03/2017	31/03/2016	31/03/2017	31/03/2016
	R'000	R'000	R'000	R'000	R'000	R'000
DEPARTMENTS						
Current						
WESTERN CAPE PROVINCE						
Department of Social Development	-	117	-	-	-	117
Department of Local Government	-	13	-	-	-	13
Government Motor Transport	-	2 092	-	-	-	2 092
Department of Premier	-	88	38		38	88
Department of Agriculture	-	-	-	-	-	-
GAUTENG PROVINCE						
Department of Health	-	98	-	-	-	98
EASTERN CAPE PROVINCE						
Department of Health	-	97	196	196	196	293
LIMPOPO						
Department of Health	-	70	-	-	-	70
NATIONAL DEPARTMENTS						
Department of Justice and Constitutional Development	-	-	74	-	74	-
TOTAL INTERGOVERNMENTAL	**-**	**2575**	**308**	**196**	**308**	**2771**

(NAME OF NATIONAL/PROVINCIAL DEPARTMENT)
VOTE

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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ANNEXURE 5
INVENTORIES

Inventory	2016/17		2015/16	
	Quantity	R'000	Quantity	R'000
Opening balance	34 142 300	595 096	36 609 282	525 235
Add/(Less): Adjustments to prior year balance	-	(2)	4 579	1 485
Add: Additions/Purchases - Cash	227 802 952	3 758 974	320 884 316	3 317 718
Add: Additions - Non-cash	1 404 823	13 773	1 031 556	8 914
(Less): Disposals	(2 589 403)	(194 054)	(2 138 722)	(41 908)
(Less): Issues	(230 397 247)	(3 810 527)	(328 396 675)	(3 217 094)
Add/(Less): Adjustments	3 686 835	261 579	6 147 964	746
Closing balance	**34 050 260**	**624 839**	**34 142 300**	**595 096**

ANNEXURE 6
MOVEMENT IN CAPITAL WORK IN PROGRESS

MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2017

	Opening balance R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**1 407 895**	**343 798**	**(646 912)**	**1 104 781**
Non-residential buildings	1 407 895	343 798	(646 912)	1 104 781
TOTAL	**1 407 895**	**343 798**	**(646 912)**	**1 104 781**

MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2016

	Opening balance R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**1 167 750**	**328 492**	**(88 347)**	**1 407 895**
Non-residential buildings	1 167 750	328 492	(88 347)	1 407 895
TOTAL	**1 167 750**	**328 492**	**(88 347)**	**1 407 895**

ANNEXURE 7A
INTER-ENTITY ADVANCES PAID (note 10)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2017	31/03/2016	31/03/2017	31/03/2016	31/03/2017	31/03/2016
	R'000	R'000	R'000	R'000	R'000	R'000
OTHER ENTITIES						
Aan Oewer	-	-	-	7	-	7
ACVV	-	-	-	2	-	2
Afrika Tikkun	-	-	68	37	68	37
Anova	-	-	1		1	
Arisen Women	-	-	5	6	5	6
Athlone YMCA	-	-	22	-	22	-
Baphumelele	-	-		6	-	6
Bergrivier Motivated Women	-	-	27	20	27	20
Cape Flats YMCA	-	-		10		10
Caring Network (Wallacedene)	-	-	207	144	207	144
Cederberg Matzikama Aids network	-	-	-	1	-	1
DD Lamberts Bay	-	-		1	-	1
DD Nuwerus	-	-	2	-	2	-
Deaf	-	-	-	53	-	53
Desmond Tutu Foundation	-	-	195	-	195	-
Etafeni	-	-	1	58	1	58
FAMSA (Karoo)	-	-	-	79	-	79
Global Vision of Hope	-	-	42	7	42	7
Kheth Impilo Tb Enhanced	-	-	81	28	81	28
Koinonia	-	-	7	47	7	47
Leeu-Gamka Nutrition	-	-	-	-	-	-
Lifeline Childline	-	-	1	20	1	20
Living Hope	-	-	5	-	5	-
Mada MSAT	-	-	-	-	-	-
Masincedane	-	-	73	104	73	104
Matzicare	-	-	-	1	-	1
Mfesane	-	-	2	1	2	1
Mothers to Mothers	-	-	29	-	29	
Nacosa - GF	-	-	-	149	-	149
Oasis	-	-	26	4	26	4
Omega	-	-	52	-	52	-
Open Circle	-	-	12	-	12	-
Oikos (Touch)	-	-		-	-	-
Opportunity To Serve Ministries	-	-	21	44	21	44
Partners in Sexual Health NT	-	-	42	118	42	118
Partners in Sexual Health West Coast	-	-	-	2	-	2
Philani	-	-	101	26	101	26
Prince Albert CBR	-	-	6	-	6	-
Reliable Action	-	-	19	11	19	11
Sacla	-	-	42	116	42	116
Santa (Overberg)	-	-	-	2	-	2
Spades Yda	-	-	251	251	251	251
St Johns	-	-	22	-	22	-
St Lukes	-	-	23	25	23	25

ANNEXURE 7A (CONTINUED)
INTER-ENTITY ADVANCES PAID (note 10)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2017	31/03/2016	31/03/2017	31/03/2016	31/03/2017	31/03/2016
	R'000	R'000	R'000	R'000	R'000	R'000
TB/HIV Care Association	-	-	49	-	49	-
Sweat	-	-	-	2	-	2
TB/HIV Care Association Metro	-	-	-	34	-	34
The Parent Centre	-	-	1	-	1	-
Touch	-	-	138	29	138	29
Touching Nations	-	-	7	80	7	80
Wolanani	-	-	-	7	-	7
Ymca Athlone	-	-	-	28	-	28
Subtotal	-	-	**1 580**	**1 560**	**1 580**	**1 560**
TOTAL	-	-	**1 580**	**1 560**	**1 580**	**1 560**

ANNEXURE 7B
INTER-ENTITY ADVANCES RECEIVED (Note 14)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2017	31/03/2016	31/03/2017	31/03/2016	31/03/2017	31/03/2016
	R'000	R'000	R'000	R'000	R'000	R'000
OTHER ENTITIES						
Current						
Current						
Spectramed	8	8	-	-	8	**8**
Fishmed	8	8	-	-	8	**8**
Golden Arrow	12	12	-	-	12	**12**
Discovery	80	80	-	-	80	**80**
RAF	-	-	42 160	43 792	42 160	**43 792**
COID/WCA	-	-	6 223	3 610	6 223	**3 610**
Vericred	-	-	139	139	139	**139**
State Departments	-	-	26	15	26	**15**
HWSETA	-	-	3 666	3 139	3 666	**3 139**
Total	**108**	**108**	**52 214**	**50 695**	**52 322**	**50 803**

Western Cape Government

Health

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PR247/2017
ISBN: 978-0-621-45722-3
Title of Publications: Western Cape Government Health, Annual Report 2016/2017

This publication is also available for download, go to http://www.westerncape.gov.za/health

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