



Western Cape
Government

Health

ANNUAL REPORT 2015/16



Table of Contents

Part A

| | |
|---|----|
| GENERAL INFORMATION | 8 |
| Department's General Information | 8 |
| List of Abbreviations /Acronyms | 9 |
| Foreword by the Minister | 17 |
| Report of the Accounting Officer | 19 |
| Overview of the Operations of the Department | 19 |
| Overview of the Financial Results of the Department | 20 |
| Unauthorised, Fruitless & Wasteful Expenditure | 22 |
| Future Plans of the Department | 22 |
| Public Private Partnerships | 22 |
| Discontinued Activities / Activities to be Dis-continued | 23 |
| New or Proposed Activities | 23 |
| Supply Chain Management (SCM) | 24 |
| Gifts & Donations | 25 |
| Exemptions & Deviations received from National Treasury | 25 |
| Events after the Reporting Date | 25 |
| Other | 25 |
| Acknowledgements | 25 |
| Conclusion | 25 |
| Approval & sign-off | 25 |
| Statement of Responsibility and Confirmation of the Accuracy of the Annual Report | 26 |
| Strategic Overview | 27 |
| Vision | 27 |
| Mission | 27 |
| Values | 27 |
| Legislative and Other Mandates | 27 |
| National Legislation | 28 |
| Provincial Legislation | 30 |
| Government policy frameworks that govern the Department | 30 |
| Organisational Structure | 31 |

Part B

| | |
|--|----|
| PERFORMANCE INFORMATION | 36 |
| Auditor-General's Report: Predetermined Objectives | 36 |
| Overview of Departmental Performance | 36 |
| Service Delivery Environment | 36 |
| Service Delivery Improvement Plan | 41 |
| Organisational Environment | 46 |
| Key Policy Developments & Legislative Changes | 47 |
| Strategic Outcome Oriented Goals for 2014/15 - 2019/20 | 48 |
| Promote Health & Wellness | 48 |

| | |
|--|-----|
| Embed Good Governance & Values-Driven Leadership Practices | 50 |
| Performance Information by Programme | 54 |
| Programme 1: Administration | 55 |
| Programme 2: District Health Services | 60 |
| Programme 3: Emergency Medical Services | 72 |
| Programme 4: Provincial Hospital Services | 75 |
| Programme 5: Central Hospital Services | 92 |
| Programme 6: Health Sciences and Training | 102 |
| Programme 7: Health Care Support Services | 106 |
| Programme 8: Health Facilities Management | 114 |
| Transfer Payments | 118 |
| Conditional Grants | 121 |
| Health Facility Revitalisation Grant (HFRG) | 121 |
| EPWP Integrated Grant for Provinces | 124 |
| National Tertiary Services Grant (NTSG) | 125 |
| Health Professions Training & Development Grant (HPTDG) | 126 |
| Comprehensive HIV & AIDS Grant | 127 |
| National Health Insurance Grant | 132 |
| Social Sector EPWP Incentive Grant for Provinces | 135 |
| Global Fund – Rolling Continuation Channel | 136 |
| Public Service Improvement Fund – Catch & Match | 138 |
| European Union – Workload Indicators Staffing Needs | 139 |
| Capital Investment | 140 |
| Capital Investment, Maintenance & Asset Management Plan | 140 |

Part C

| | |
|--------------------------------------|-----|
| GOVERNANCE | 158 |
| Introduction | 158 |
| Risk Management | 158 |
| Fraud & Corruption | 158 |
| Minimising Conflict of Interest | 159 |
| Code of Conduct | 159 |
| Health Safety & Environmental Issues | 160 |
| SCOPA Resolutions | 161 |
| Prior Modification to Audit Reports | 164 |
| Finance | 164 |
| Information Management | 164 |
| Human Resources | 164 |
| Internal Control Unit | 165 |
| Finance | 165 |
| Information Management | 166 |
| Human Resources | 166 |
| Internal Audit & Audit Committees | 167 |
| Audit Committee Report | 169 |

Part D

| | |
|--|-----|
| HUMAN RESOURCE MANAGEMENT | 172 |
| Legislation that Governs Human Resource Management | 172 |
| Introduction | 173 |
| The Value of Human Capital in the Department | 173 |
| Workforce Planning Framework & Key Strategies to Attract & Recruit Skilled and Capable Workforce | 179 |
| Employee Performance Management Framework | 179 |
| Employee Wellness | 179 |
| Policy Development | 179 |
| Challenges faced by the Department | 179 |
| Future Human Resource Plans/Priorities | 180 |
| Human Resource Oversight Statistics | 181 |
| Personnel Related Expenditure | 181 |
| Employment & Vacancies | 183 |
| Job Evaluation | 185 |
| Employment Changes | 187 |
| Employment Equity | 192 |
| Signing of Employment Agreements by SMS Members | 197 |
| Filing of SMS Posts | 198 |
| Employee Performance | 199 |
| Foreign Workers | 203 |
| Leave Utilisation | 204 |
| HIV/Aids & Health Promotion Programmes | 207 |
| Labour Relations | 211 |
| Skills Development | 213 |
| Injury on Duty | 215 |
| Utilisation of Consultants | 215 |

Part E

| | |
|--|-----|
| REPORT OF THE AUDITOR GENERAL | 220 |
| Appropriation Statement | 224 |
| Notes to the Appropriation Statement | 248 |
| Statement of Financial Performance | 253 |
| Statement of Financial Position | 254 |
| Statement of Changes in Net Assets | 255 |
| Cash Flow Statement | 256 |
| Accounting Policies | 257 |
| Notes to the Annual Financial Statements | 295 |
| Annexures | 297 |



PART A:

GENERAL INFORMATION

General Information

Department's General Information

| | |
|---|--|
| FULL NAME OF DEPARTMENT: | Western Cape Government: Health |
| PHYSICAL ADDRESS OF HEAD OFFICE: | 4 Dorp Street, Cape Town, 8001 |
| POSTAL ADDRESS OF HEAD OFFICE: | PO Box 2060, Cape Town, 8000 |
| CONTACT TELEPHONE NUMBERS: | +27 21 483 3235 (Directorate: Communications) |
| FAX NUMBER: | +27 21 483 6169 |
| E-MAIL ADDRESS: | Marika.Champion@westerncape.gov.za |
| WEBSITE ADDRESS: | http://www.westerncape.gov.za |

List of Abbreviations /Acronyms

| | |
|-------------------------------------|--|
| ABET | Adult basic education and training |
| AGM | Annual General Meeting |
| AGSA | Auditor-General of South Africa |
| AIDS | Acquired immune deficiency syndrome |
| AO | Accounting officer |
| APL | Approved post list |
| APP | Annual performance plan |
| ART | Anti-retroviral therapy |
| ARV | Anti-retroviral |
| ATA | Assistant to artisan |
| BAS | Basic Accounting System |
| BBBEE | Broad based black economic empowerment |
| BUR | Bed utilisation rate |
| BWH | Beaufort West Hospital |
| C²AIR² | Competence, Caring, Accountability, Integrity, Respect, Responsiveness |
| CBR | Community-based response |
| CBS | Community-based district health services |
| CCM | Country Coordinating Mechanism |
| CCW | Community care worker |
| CDC | Community day centre |
| CDR | Child Death Review |
| CDU | Chronic dispensing unit |
| CEO | Chief executive officer |
| CHC | Community health centre |
| CMD | Cape Medical Depot |
| CMI | Compliance monitoring instrument |
| CNP | Clinical nurse practitioner |
| CoCT / CCT | City of Cape Town |
| CPD | Continuous professional development |
| CPUT | Cape Peninsula University of Technology |
| CSM | Client service manager |
| DD | Deputy Director |
| DHS | District Health System |
| DICU | Devolved internal control unit |
| DoH | Department of Health |

| | |
|--------|---|
| DORA | Division of Revenue Act |
| DPC | Disease prevention and control |
| DPSA | Department of Public Service Administration |
| DR-TB | Drug resistant tuberculosis |
| EC | Emergency centre |
| ECT | Emergency care technician |
| EE | Employment Equity |
| EHWP | Employee health and wellness programme |
| EMC | Emergency medical care |
| EML | Essential medicines list |
| EMS | Emergency medical services |
| EPWP | Expanded public works programme |
| EU | European Union |
| FBU | Functional business unit |
| FCA | Facility Condition Assessment |
| FIU | Forensic investigation unit |
| FMC | Financial monitoring committee |
| FPL | Forensic pathology laboratory |
| FPS | Forensic pathology services |
| GEMS | Government Employees Medical Scheme |
| GIAMA | Government Immovable Asset Management Act |
| GP | General practitioner |
| GPSSBC | General Public Service Sector Bargaining Council |
| GSA | Geographical service area |
| GSH | Groote Schuur Hospital |
| HCBC | Home community-based care |
| HCT | HIV counselling and testing |
| HDI | Historically disadvantaged individuals |
| HEI | Higher education institutions |
| HFRG | Health facility revitalisation grant |
| 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 |
| HRD | Human resource development |
| HRH | Human resources for health strategy |

| | |
|-------|---|
| HRM | Human resource management |
| HT | Health Technology |
| IA | Internal assessment |
| ICAS | Independent Counselling and Advisory Services |
| ICT | Information and communication technology |
| ICU | Information compliance unit |
| ID | Infectious diseases |
| IDMS | Infrastructure Delivery Management System |
| IEC | Information, Education and Communication |
| IGS | Infrastructure Gateway System |
| IM | Information management |
| IMLC | Institutional management labour committees |
| IYM | In year monitoring |
| JAC | Pharmaceutical management system |
| KDH | Khayelitsha District Hospital |
| KESS | Khayelitsha Eastern Sub-structure |
| LOGIS | Logistic Information System |
| LRA | Labour Relations Act |
| M & E | Monitoring and evaluation |
| M & M | Morbidity and mortality |
| MCWH | Maternal, child and women's health |
| MDG | Millennium development goal |
| MDHS | Metro District Health Services |
| MDR | Multi-drug resistant |
| MEC | Member of the executive council |
| MM | Michael Mapongwana |
| MMC | Medical male circumcision |
| MMS | Middle management service |
| MPSA | Minister of Public Service and Administration |
| MSAT | Multi-sectorial action teams |
| MTEF | Medium-term expenditure framework |
| N/A | Not applicable / Not available / No answer |
| NCS | National Core Standards |
| NDoH | National Department of Health |
| NDP | National Development Plan |
| NEMA | National Environmental Management Act |
| NHI | National Health Insurance |
| NHLS | National Health Laboratory Services |

| | |
|---------------|--|
| NIMART | Nurse initiated management of ART |
| NIMS | Nursing Information Management System |
| NPO | Non-profit organisation |
| NQF | National Qualifications Framework |
| NTSG | National tertiary services grant |
| NVP | Nevirapine |
| OD | Organisational Design |
| OHC | Oral health centre |
| OHS | Occupational health and safety |
| OHSC | Office of Health Standards Compliance |
| OPC | Orthotic and Prosthetic Centre |
| OPD | Outpatient department |
| OSD | Occupation specific dispensation |
| p.a. | Per annum |
| PAJA | Promotion of Administrative Justice Act |
| PAY | Premier's advancement of youth (project) |
| 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 |
| PILIR | Policy on incapacity leave and ill-health retirement |
| PM | People Management |
| PMTCT | Prevention of mother-to-child transmission |
| PPHC | Personal primary health care |
| PPP | Public private partnership |
| PPPFA | Preferential Procurement Policy Framework Act |
| PPT | Planned patient transport |
| PSA | Public Service Act |
| PSI | Palliative / step-down / intermediate care |
| PSCBC | Public Service Co-ordinating Bargaining Council |
| PSS | Patient Satisfaction Survey |
| QIP | Quality Improvement Plan |
| RAF | Road Accident Fund |
| RCC | Rolling Continuation Channel |

| | |
|---------|---|
| RCWMCH | Red Cross War Memorial Children's Hospital |
| RIC | Retention in care |
| RIS | Radiology information system |
| RTC | Regional training centre |
| RV | Rotavirus |
| SABS | South African Bureau of Standards |
| SANAC | South African National Aids Council |
| SANC | South African Nursing Council |
| SAPC | South African Pharmacy Council |
| SCM | Supply chain management |
| SCOA | Standard chart of accounts |
| SCOPA | Standing Committee on Public Accounts |
| SDF | Step-down facilities |
| 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 |
| SOP | Standard operating procedure |
| 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 |
| TBH | Tygerberg Hospital |
| UCT | University of Cape Town |
| US | University of Stellenbosch |
| UWC | University of the Western Cape |
| VIR | Vulcanised India Rubber |
| WC-IDMS | Western Cape Infrastructure Delivery Management System |
| WCCN | Western Cape College of Nursing |
| WCG | Western Cape Government |
| WCGH | Western Cape Government: Health |
| WCGTPW | Western Cape Government Transport and Public Works |
| WCP | Western Cape Province |
| WCRC | Western Cape Rehabilitation Centre |

| | |
|-------------|--|
| WHO | World Health Organisation |
| WISN | Workload Indicators for Staffing Norms |
| WOW | Western Cape on Wellness |
| YLL | Years of potential life lost |

The logo for 'FIRST 1000 days' features the word 'FIRST' in blue, '1000' in large blue numerals with icons (a yellow bowl, a red heart, and a blue circle with 'A' and 'B'), and 'days' in blue. Below it is the tagline 'Right Start. Bright Future.'

FIRST
1000 days
Right Start. Bright Future.

The First 1000 Days project goes beyond preaching the virtues of good nutrition for childhood development but emphasises the crucial role communities as a whole play in creating safe and healthy environments for both mothers and their children to thrive.

The logo for 'WesternCape on Wellness WOW' features a green circular icon with stylized human figures. To the right, it says 'WesternCape on Wellness' in a smaller font, 'WOW' in large green letters, and 'Creating A Culture Of Wellness Together' in a smaller font below.

WesternCape on Wellness
WOW
Creating A Culture Of Wellness Together

WoW! represents a novel transversal and cross-sectoral partnering approach to activate, expand and maintain a healthy lifestyles movement.



Foreword by the Minister

Over the past year, I have travelled the length and breadth of this province, meeting with various District Health Councils, caregivers, facility managers, and most crucially, community leaders and our clients all in an effort to better address the needs of all our stakeholders. It is true that the health sector faces complex challenges. The effects of a depressed fiscal climate and rising service pressures brought on by the high burden of non-communicable diseases continue to be felt throughout the province. Despite these challenges, this report speaks to the Department's ongoing efforts to provide quality patient centred care and improving health outcomes.

Communities play a crucial role within the health system. How a health system looks, feels and functions is a product of laws, economic conditions, policy, governance decisions and, at its heart, the people it serves. This is why our clients, communities, must have a seat at the high table of decision making about how health services are delivered. We have succeeded in integrating communities into the health systems through the appointment of 42 new hospital boards for facilities across the province. I wish these boards well as they set out to begin their terms.

Taking this further, the proposed Western Cape Facility Boards and Health Committees Bill will invite greater active citizenry through the increased scope for communities to take ownership of their health facilities and the health system in the province. The public participation process for the Bill has now been concluded and the Bill is set to be debated in Parliament soon.

Given service pressures, improving our clients' experiences of our facilities remains a major focus area. The Department has recently approved a new Provincial Service Delivery Plan which presents exciting opportunities for delivering truly patient-centric care. We are currently implementing a pilot project at Mitchells Plain Hospital which promises to give us greater insights into how we can reduce waiting times at our health facilities.

Spreading the message of wellness and collectively moving the province towards a culture of healthy lifestyles has been and will continue to be at the epicentre of the Department's strategy. The Western Cape on Wellness (WoW!) initiative continues to grow from strength to strength through its regular WoW!; active public events, with a growing number of participants and clubs. The WOW! initiative has now come full circle, graduating from its prototyping phase to the start of its maintenance and scaling.

A key indicator for any health system lies in how it cares for women and children. In the Western Cape we believe in the crucial importance of the First 1000 Days of a child's development in securing a child's bright future. This starts from conception, moving through pregnancy, birth and the first two years of life. The First 1000 Days project goes beyond preaching the virtues of good nutrition for childhood development but emphasises the crucial role communities as a whole play in creating safe and healthy environments for both mothers and their children to thrive.

As we look towards the challenges of the coming year we must continue building on existing efficiencies, encourage innovation, effectively using every health rand to maximise value for our clients and striving to improve health outcomes and the quality of care we provide.

Finally, I would like to thank the 31 432 dedicated men and women, in the department's 428 health service points. Your dedication and the work you do, even under strain, continue to be a source of inspiration and hope for many people throughout the province.

I am proud to table the annual report of 2015/16.

NOMAFRENCH MBOMBO
WESTERN CAPE MINISTER OF HEALTH
31st MAY 2016

“Communities play a crucial role within the health system. How a health system looks, feels and functions is a product of laws, economic conditions, policy, governance decisions and, at its heart, the people it serves. This is why our clients, communities, must have a seat at the high table of decision making about how health services are delivered.”



89 942

children under 1 immunised



0.1%

mother to child HIV transmission rate



203 565

patients on ART



The Department is committed to continuous quality improvement and increasing compliance with the National Core Standards (NCS).

Overview of the Operations of the Department

RESULTS & CHALLENGES OVER THE LAST YEAR

In 2015/16 the Department remained committed to delivering quality health care that is provided by a professional workforce, and health services that are safe, comprehensive, integrated, continuous and respectful of the people we serve. The Province is faced with a quadruple burden of disease, which continues to place enormous strain on the health system. The burden of communicable and non-communicable disease is of particular concern, as increasingly people present with multiple, interacting and compounding health problems. This situation is unlikely to change in the short to medium term, given the trends in the social determinants of health and wellbeing.

In the Western Cape life expectancy at birth is 66 years, 68 years for women and 64 years for men, which is above the figures for the country as a whole. The infant mortality rate is 19.1 compared to 27 per 1000 live births nationally. The maternal mortality ratio is 78.64 as compared to 269 per 100 000 live births for South Africa. The provincial health system, in 2015/16:

- Had 14 150 180 Primary Health Care (PHC) contacts
- Had 203 565 patients on ART
- Had a 82.3 per cent TB cure rate
- Delivered 91 153 babies
- Had a mother to child HIV transmission rate of 1.0 per cent
- Immunised 89 942 children under 1
- Transported 520 113 patients, of which 47 per cent were priority 1
- Admitted 536 182 patients to acute hospitals
- Performed 7 684 cataract surgery operations

The Department is committed to continuous quality improvement and increasing compliance with the National Core Standards (NCS). In 2015/16, 156 fixed PHC facilities and 48 hospitals conducted NCS self-assessments with subsequent improvement plans. In 2015/16 we received 6 847 complaints of which 89.22 per cent were resolved within the target of 25 days. Western Cape Independent Health Complaints Committee was established on 1 August 2015. The Western Cape Health Facility Boards and Committee Bill, was published for comment on 15 May 2015. The commenting period closed on 15 July 2015 with comments received from 22 sources. The bill was revised and early in 2016/17 Parliament will commence its public participation process.

ENABLING FACTORS

Effective and efficient service delivery is enabled by support services such as finance and supply chain management processes, human resources, infrastructure, information management and information and communication technology (ICT). The Department delivered health services in the Western Cape within 98.62 per cent of its equitable share budget for the financial year 2015/16. The Department is proud of its track record of an unqualified audit for the past twelve years. Robust systems, processes and controls have been put in place, together with an on-going vigilance, to ensure this outcome is sustainable.

The Department had 31 432 filled posts as at 31 March 2016, which is an increase of 165 filled posts over the previous year. Significant effort has been put into reducing the turn-around time for the filling of posts which now stands at an average of approximately two to three months. Challenges in recruiting certain categories of skilled staff continue and are being addressed. The change management initiative, the C²AIR² Club Challenge, aimed at getting staff to live the organisational values in 82 health facilities, continued in 2015/16. This year 7 innovation summits were held across the province to share successful practices emerging from the Project.

Infrastructure plays an integral part in the delivery of health services, both from a staff as well as a patient perspective. During 2015/16, the Department completed numerous capital and health technology projects, most notable amongst these being: The new Symphony Way Community Day Centre in Delft, the new Nomzamo Community Day Centre in Strand, Mfuleni Temporary Community Day Centre in Eerste River, new Emergency Centre and Paediatric Ward at Westfleur Hospital in Atlantis, new Radiology Department at Red Cross War Memorial Children's Hospital (in collaboration with the Children's Hospital Trust) and extensions to Worcester Community Day Centre for a Dental Suite.

In addition, extensive maintenance was carried out on facilities and equipment throughout the province. It is further worth noting that the Department also embarked on an initiative aimed at reducing the use of energy at all facilities. To this end – amongst other initiatives – installation of approximately 130 smart meters for measuring electricity usage has begun at various hospitals in 2015/16 and shall continue in 2016/17. The Department has also embarked on the upgrading and installation of emergency generators to most facilities to mitigate the impact of load-shedding.

The Department plays a leading role in the Provincial Cabinet strategy to increase wellness, safety and reduce social ills in collaboration with the Departments of Social Services, Community Safety, Culture, Arts and Sport, Transport and Public Works. 7 projects have been developed in this regard: First 1000 days focusing on a range of intersectoral strategies to give children the best possible chance of a good start in life; a focus on disability across communities, strengthening community safety and supporting youth activities, strengthening the resilience of families with specific focus on families at risk focus through the Department of Social Development, a program to promote wellness in communities and business sectors through the Western Cape on Wellness Program, and a road safety program through the Department of Transport and Public Works

Overview of the Financial Results of the Department

DEPARTMENTAL RECEIPTS

The table below provides a breakdown of the sources of revenue and performance for 2015/16.

Table 1A: Sources of Revenue

| Departmental Receipts | 2015/16 | | | 2014/15 | | |
|--|----------------|-------------------------|---------------------------|----------------|-------------------------|---------------------------|
| | Estimate | Actual amount collected | (Over) / under collection | Estimate | Actual amount collected | (Over) / under collection |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Sale of goods and services other than capital assets | 372 990 | 459 230 | (86 240) | 349 504 | 431 639 | (82 135) |
| Transfers received | 91 922 | 103 913 | (11 991) | 137 825 | 165 243 | (27 418) |
| Interest, dividends and rent on land | 1 225 | 2 576 | (1 351) | 932 | 2 579 | (1 647) |
| Sale of capital assets | 1 | 0 | 1 | 1 | 155 | (154) |
| Financial transactions in assets and liabilities | 10 512 | 20 023 | (9 511) | 8 283 | 118 886 | (10 603) |
| TOTAL | 476 650 | 585 742 | (109 092) | 496 545 | 618 502 | (121 957) |

The Department ended the 2015/16 financial year with a revenue surplus of R109.092 million. The surplus is the net effect of the over recoveries for the year:

Sales of Goods and Services

The surplus (R86.240 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 (R11.991 million) is primarily due to the surplus recorded at the Global Fund which is attributed to the prevailing Rand/Dollar exchange rate.

Interest

The surplus (R1.351 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 three years.

Sales of Capital Assets

The deficit (R1 000) is due to the non-sale of capital assets.

Financial Transactions

The surplus (R9.511 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 R303.954 million in the 2015/16 financial year. The under-spending is due to the following main reasons:

- According to a Cabinet Resolution the Department had to achieve a saving in Personnel Expenditure to counter the reduction of the Medium Term Expenditure Framework (MTEF) budget in real terms for the 2016/17 financial year onwards.
- Medico Legal claims payments were less than the budgeted amount.
- Not all capital building projects anticipated were concluded in the year under review.

Table 2A: Payments made by programmes for the period 1 April 2015 to 31 March 2016

| Budget Programme | 2015/16 | | | 2014/15 | | |
|---|---------------------|--------------------|--------------------------|---------------------|--------------------|--------------------------|
| | 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 | 680 435 | 614 141 | 66 294 | 583 858 | 583 602 | 256 |
| Programme 2: District Health Services | 7 401 881 | 7 352 880 | 49 001 | 6 784 724 | 6 767 273 | 17 451 |
| Programme 3: Emergency Medical Services | 937 872 | 931 132 | 6 740 | 880 653 | 880 653 | - |
| Programme 4: Provincial Hospital Services | 2 998 855 | 2 955 353 | 43 502 | 2 728 812 | 2 728 733 | 79 |
| Programme 5: Central Hospital Services | 5 369 744 | 5 360 411 | 9 333 | 4 964 077 | 4 964 077 | - |
| Programme 6: Health Sciences and Training | 336 966 | 319 793 | 17 173 | 314 296 | 312 111 | 2 185 |
| Programme 7: Health Care Support Services | 422 980 | 422 977 | 3 | 359 617 | 356 436 | 3 181 |
| Programme 8: Health Facilities Management | 892 339 | 780 431 | 111 908 | 814 386 | 712 923 | 101 463 |
| TOTAL | 19 041 072 | 18 737 118 | 303 954 | 17 430 423 | 17 305 808 | 124 615 |

VIREMENTS / ROLL OVERS

All virements applied are depicted on page 224 to 247 of the Annual Financial Statements. All virements were approved by the Accounting Officer.

Roll overs were requested amongst other for the following conditional grants and equitable share: Health Facility Revitalisation Grant (HFRG), Expanded Public Works Programme (EPWP) (for infrastructure), Global Fund, Municipalities and Households: Claims against the state.

Unauthorised, Fruitless & Wasteful Expenditure

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

No fruitless and wasteful expenditure was incurred in the current year.

An amount of R3 000 was written off in the current year (2015/16) bringing the 2014/15 brought forward balance of fruitless and wasteful expenditure to R133 000. This is further explained in Part E on page 284.

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. Extensive work has been done in developing modelling tools to enable robust infrastructure, human resource and service planning over the next 5 to 15 years, mapping out incremental milestones towards 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://intrapgwc.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 Hospital Public Private Partnership

The Public Private Partnership (PPP) between the Western Cape Government: Health and Mpilisweni Consortium was the first of its kind within the Department. This twelve year contract concluded its ninth year at the end of this reporting period and services rendered by the Private Party continued to be value for money. The monitoring of the PPP continued through the governance structures ensuring the contractual obligations were met in terms of the specifications and standards of the agreement.

Table 3A: WCRC & Lentegeur Hospital PPP

| WCRC and Lentegeur Hospital PPP for the period 1 April 2015 to 31 March 2016 | |
|---|---|
| Project name | Western Cape Rehabilitation Centre and Lentegeur Hospital Public Private Partnership |
| Brief description | Provision of equipment, facilities management and all associated services at the Western Cape Rehabilitation Centre (WCRC) and 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 (4.04784 % for 2015/16 increase) |
| Value of payments made during the year | R56 468 656 (This is all the payments related to the PPP, which include unitary payments, pass through costs and compensation for government employees. The Disclosure notes to the financial statements reflect the contractual obligations paid) (1 April 2015 to 31 March 2016 as approved in terms of Treasury Approval III) |
| Variations/amendments to PPP agreement | None approved 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. |

Invoices were appropriately managed. The Department complied with its payment obligations in terms of the agreement. The following governance structures exist:

- Project Committee
- Steering Committee
- Executive Committee

Generally, the PPP procurement methodology has demonstrated improved control regarding efficient and effective service delivery, since no significant negative reports have been noted. The Department of Health was provided with a great deal of support from the Provincial and National Treasuries assisting with processes and relevant approvals. Regular Treasury reports were tabled at the governance structures.

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 inadequate design and 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. The Transaction Advisor was tasked with conducting a feasibility study for the redevelopment project, taking 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. The draft feasibility study has been concluded, and is currently under review and discussion. The feasibility study will be presented to the relevant stakeholders (internal and external) and a way forward will be agreed upon. This will be a mega project in terms of National Treasury Infrastructure Planning Guidelines.

Discontinued Activities / Activities to be Dis-continued

In 2015/16 the following services were discontinued on the service platform:

- 20 mental health intermediate care beds were closed at William Slater and the remaining 20 beds are relocating to the Valkenberg grounds in the new financial year.
- The drainage areas for Forensic Pathology Services in the Province are being redefined, and this will mean the closure of the Stellenbosch facility in the coming year. Cases will be redirected to Paarl FPL and Tygerberg FPL respectively. Cases that originate in the Swellendam drainage area will also in the interim be redirected to Worcester.

New or Proposed Activities

PRIMARY HEALTH CARE SERVICES

Home and Community Based Care

A 30 bed supported living facility for people with seriously challenging behaviour and intellectual disability was established in partnership with the Department of Social Development and a Non-Profit Organisation. Open Circle is intended to fill a gap in the current supported living environment as people with seriously challenging behaviour and intellectual disability are currently not accommodated in the existing social care services.

In addition to this Lentegeur Hospital established a 20-bed intermediate care facility to relieve the pressures in the acute adult psychiatric services. This has facilitated an improved patient flow system and reduced average length of stay in the acute services.

Primary Care

On the 26th February, 2016 the Nomzamo Community Day Centre was officially opened, this facility will enhance access to primary care in the Eastern Sub-district, in the City of Cape Town.

EMERGENCY SERVICES

The reporting period has seen the provincial rollout of the Mobile Data Terminals (MDT's) which mitigates the need for radio communication in the dispatching of ambulances and tracking their response times. This has seen the organization gain greater efficiencies and resilience and is a key element of the technology strategy for EMS.

ACUTE HOSPITAL SERVICES

District Hospitals

An Eye Care Centre was established at Vredendal Hospital due to a high demand for cataract surgery in the West Coast District, which could not adequately be met by the Paarl Secondary Hospital eye care services.

Regional Hospitals

In 2015 /16 all Regional Hospitals implemented "Best Care Always" bundles to reduce hospital acquired infections. There are active Infection Prevention Control initiatives at the hospitals and antibiotic stewardship is receiving focused attention at these hospitals with support and outreach from Groote Schuur and Tygerberg Hospitals.

Central Hospitals

The screening of retinitis of prematurity was officially started at GSH with TBH and RXH as the current sites for therapeutic interventions.

Specialised Hospitals

Psychiatry

A 24-bed medium to low secure forensic service has been established in November 2015 at Alexandra Hospital which has brought some relief to this service platform.

Supply Chain Management (SCM)

UNSOLICITED BID PROPOSALS FOR THE YEAR UNDER REVIEW

No unsolicited bids were considered during the reporting period.

SCM PROCESSES AND SYSTEMS TO PREVENT IRREGULAR EXPENDITURE

SCM consistently ensures the implementation of Institutional Quotation Committees as well as Bid Specification & Evaluation Committees (per bid). The constitution of such committees promotes segregation of duties, 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 per Institution & at Head Office level.
- Development & implementation of automated requisitions for products related to contracts.
- 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).
- Utilisation of Financial Accounting Tools to identify Irregular Expenditure after occurrence which, in turn, mitigates the recurrence of similar actions in future: Internal Assessment & Compliance Assessment.
- Ongoing deployment of Devolved Internal Control Units (DICU's) at Institutional level to ensure compliance throughout the process.
- Increased frequency & delivery of SCM training related to the appropriate use of Delegations.
- Revisited SCM Delegations to assist decentralised Institutions with day-to-day procurement processes.

CHALLENGES EXPERIENCED IN SCM

- Increased nature of complex 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, eTender Portal.

- Abundance of instructions or regulations issued by National and Provincial Treasury for Departmental review with significant impact on SCM operations, requiring significant input within increasingly short timeframes.
- Difficulty in implementing proactive demand management and gaining buy-in from clinical end-users for use of products awarded in transversal contracts.

Gifts & Donations

The Department received gifts and donations to the value of R19 million in kind which is disclosed in the Annual Financial Statements, page 302 to 303.

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

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

Acknowledgements

Staff across the whole Department work under pressure in a resource constrained environment, with high community expectations, and an increase in burden of disease and regulatory requirements. I thank each and every one for their contributions.

Conclusion

2015/16 was the first year under a new headship and a new COO. Significant effort was put into opening up the space for reflection and review by the Top Management of the Department. This has unleashed a lot of positive and creative energy. Building cohesion and system resilience to tackle the forthcoming challenges has been identified as a key priority. The Department was also informed of serious budget challenges over the MTEF period owing to the public sector wage agreement, reduction in conditional grants in real terms and an allocation below medical inflation. The Department has put in place a range of measures to improve efficiencies. These include dividing the Department into sectors, appointing sector managers to develop and implement sector savings plans with targets, a range of transversal projects have been identified and an initiative to improve efficiencies and alignment of management structures has been started. The intention is to protect clinical service delivery as far as is possible.

Approval & sign-off

The Annual Financial Statements set out on pages 224 to 315 have been approved by the Accounting Officer.



DR BETH ENGELBRECHT

Head: Health Western Cape

31st May 2016

Statement of Responsibility and Confirmation of the Accuracy of the Annual Report

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

All information and amounts disclosed throughout the Annual Report are consistent.

The Annual Report is complete, accurate and is free from any omissions.

The Annual Report has been prepared in accordance with the Guidelines on the Annual Report as issued by National Treasury.

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

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

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

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

In my opinion, the Annual Report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the Department for the financial year ended 31 March 2016.

Yours faithfully



DR BETH ENGELBRECHT

Head: Health Western Cape

31st May 2016

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

The core values of the Department are:



Innovation



Caring



Competence



Accountability



Integrity



Responsiveness



Respect

Legislative and 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. Nuclear Energy Act, 46 of 1999
48. Nursing Act, 33 of 2005
49. Occupational Diseases in Mines and Works Act, 78 of 1973
50. Occupational Health and Safety Act, 85 of 1993
51. Older Persons Act, 13 of 2006
52. Pharmacy Act, 53 of 1974, as amended
53. Preferential Procurement Policy Framework Act, 5 of 2000
54. Prevention and Combating of Corrupt Activities Act 12 of 2004
55. Prevention and Treatment of Drug Dependency Act, 20 of 1992
56. Promotion of Access to Information Act, 2 of 2000
57. Promotion of Administrative Justice Act, 3 of 2000
58. Promotion of Equality and Prevention of Unfair Discrimination Act, 4 of 2000
59. Protected Disclosures Act, 26 of 2000
60. Protection of Personal Information Act, 4 of 2013
61. Public Audit Act, 25 of 2005
62. Public Finance Management Act, 1 of 1999
63. Public Service Act, 1994
64. Road Accident Fund Act, 56 of 1996
65. Sexual Offences Act, 23 of 1957
66. Skills Development Act, 97 of 1998
67. Skills Development Levies Act, 9 of 1999
68. South African Medical Research Council Act, 58 of 1991
69. South African Police Services Act, 68 of 1978
70. State Information Technology Agency Act, 88 of 1998
71. Sterilisation Act, 44 of 1998
72. Tobacco Products Control Act, 83 of 1993
73. Traditional Health Practitioners Act, 35 of 2004
74. University of Cape Town (Private) Act, 8 of 1999

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
75. Exhumation Ordinance, 12 of 1980. Health Act, 63 of 1977
76. Regulations Governing the Financial Prescripts in terms of Western Cape Health Facility Boards Act, 2001
77. Regulations Governing Private Health Establishments. Published in PN 187 of 2001
78. Regulations Governing the submissions of nominations for membership of Health Facility Boards in terms of the Western Cape Health Facility Boards Act, 2001
79. Training of Nurses and Midwives Ordinance 4 of 1984
80. Western Cape Ambulance Services Act, 3 of 2010
81. Western Cape District Health Councils Act, 5 of 2010
82. Western Cape Health Care Waste Management Act, 7 of 2007
83. Western Cape Health Facility Boards Act, 7 of 2001
84. Western Cape Health Facility Boards Amendment Act, 7 of 2012
85. Western Cape Health Facility Boards and Committees Bill, 2016
86. Western Cape Health Services Fees Act, 5 of 2008
87. Western Cape Independent Health Complaints Committee Act, 2 of 2014
88. Western Cape Land Administration Act, 6 of 1998
89. Western Cape Independent Health Complaints Committee Regulations, 2014.








Government policy frameworks that govern the Department

1. Millennium Development Goals
90. Twelve Outcomes of National Government
91. National Development Plan
92. Negotiated Service Delivery Agreement
93. National Health Systems Priorities: The Ten Point Plan
94. National Health Insurance
95. Human Resources for Health
96. Provincial Strategic Objectives
97. Western Cape Infrastructure Delivery Management System (IDMS)
98. Healthcare 2030 : The Road to Wellness : (Western Cape Government: Health)
99. National Environmental Health Policy (GN 951 in GG 37112 of 4 December 2013)
100. National Health Act: Publication of Health Infrastructure Norms and Standards Guidelines (No R116 of 17 February 2014)
101. 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 2016. A list of the budget programme managers during 2015/16 is provided below.

Table 4A: Budget programme managers during 2015/16

| BUDGET PROGRAMME MANAGER | | BUDGET PROGRAMME |
|---|--|---|
|  | Dr K Vallabhjee Chief Director: Strategy and Health Support | Programme 1: Administration Sub-Programme 7.5: Cape Medical Depot |
|  | Dr R Crous Chief Director: Rural District Health Services | Programme 2: District Health Services Sub-programme 4.2: Tuberculosis Hospitals |
|  | Dr G Perez Chief Director: Metro District Health Services | Programme 2: District Health Services Sub-programme 4.2: Tuberculosis Hospitals |
|  | Dr S Kariem Chief Director: General Specialist and Emergency | Programme 3: Emergency Medical Services Programme 4: Provincial Hospital Services <i>(excluding Sub-programme 4.2)</i> Sub-programme 7.3: Forensic Pathology Services |
|  | Dr D Erasmus CEO: Tygerberg Hospital | Programme 5: Central Hospital Services |
|  | Mrs B Arries Chief Director: Human Resources | Programme 6: Health Sciences and Training |
|  | Dr L Angeletti-du Toit Chief Director: Infrastructure and Technical Management | Sub-programme 7.1: Laundry Services Sub-programme 7.2: Engineering Services Programme 8: Health Facilities Management |



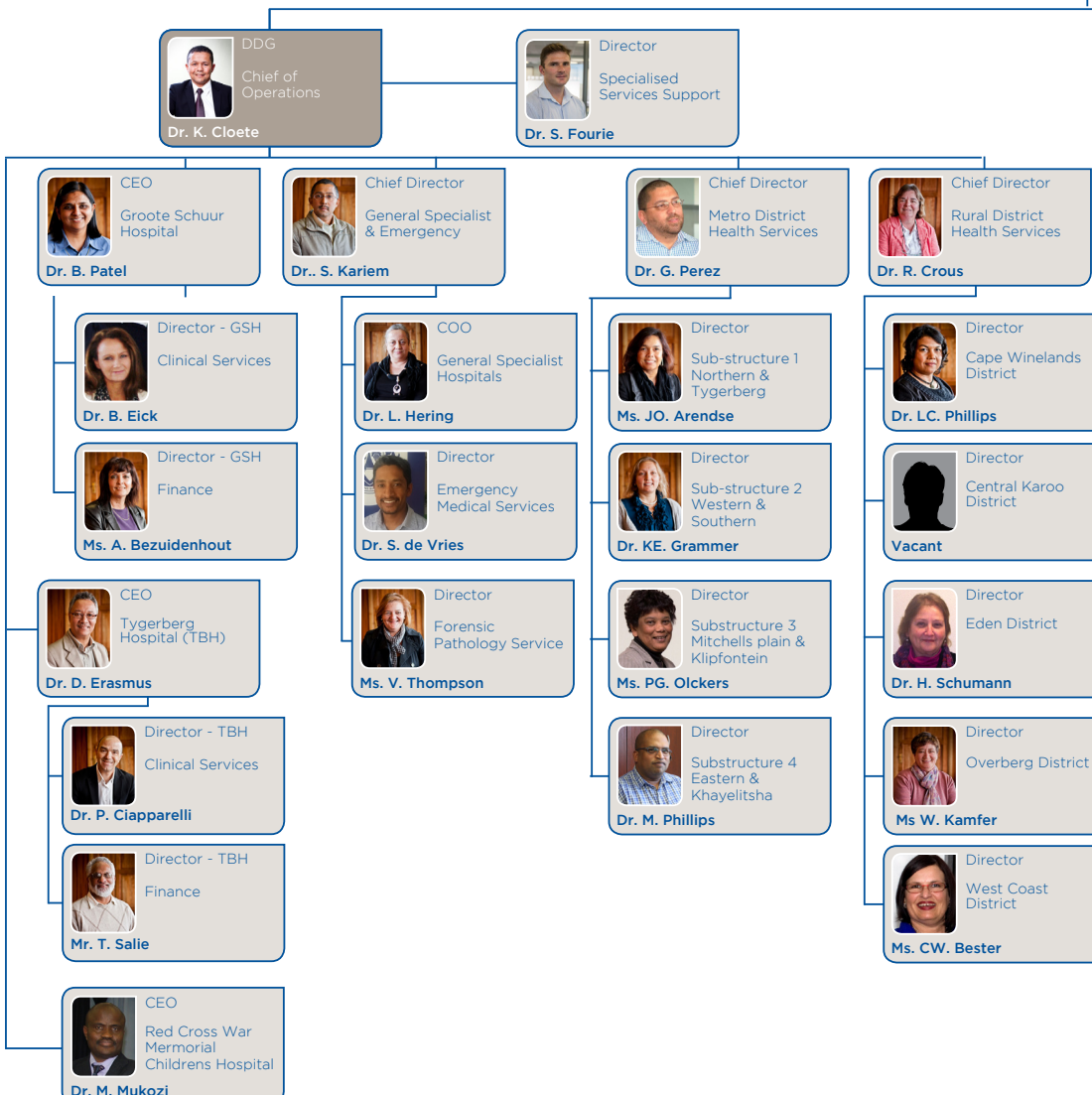
**Western Cape
Government**

BETTER TOGETHER.

Organis

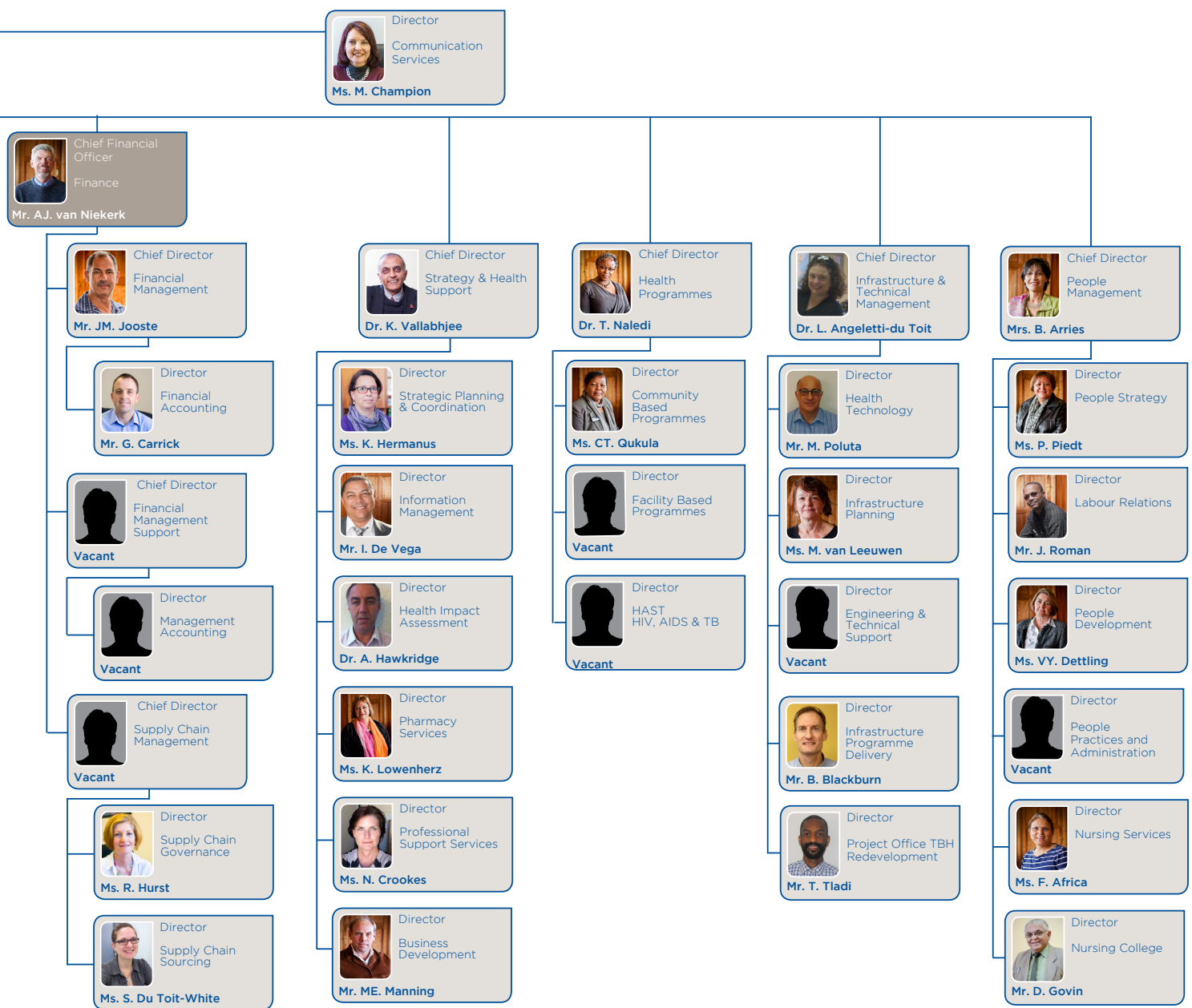
Minister
Department of Health
Dr. Nomafrench Mbombo

HOD
Department of Health
Dr. E. Engelbrecht



ational Organogram

As at 31 March 2016





PART B:

PERFORMANCE INFORMATION

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 220 to 223 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 6 245 836 of which 4 671 844 (74.8 per cent) are uninsured:

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 3 413 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 346 PHC facilities across the Province: 280 fixed clinics, 56 community day centres and 10 community health centres). Of these facilities, 113 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 919 beds of which 81 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 2 920 beds. In 2015/16 there were 271 849 inpatient separations and 766 638 patients were seen in outpatient departments at district hospitals.

Emergency Medical Services (EMS) & Planned Patient Transport

Ambulance, rescue and patient transport services are provided from forty nine stations (excluding seven satellite bases) in five rural district and four Cape Town divisions with a fleet of 263 ambulances, 1 490 operational personnel, 139 emergency call centre agents and 120 operational supervisors and managers. Five hundred and twenty thousand one hundred and thirteen (520 113) emergency cases were attended to in 2015/16.

Regional & Specialised Hospital Services

The full package of general specialist services are 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 1 389 beds. In 2015/16 there were 116 499 inpatient separations and 252 424 patients were seen in outpatient departments 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 2015/16 some 4 495 inpatients were treated at TB hospitals and further 6 386 patient contacts were attended to at outpatient departments.

Four psychiatric hospitals, 1 680 beds (Alexandra, Lenteguur, Stikland and Valkenberg Hospitals) and two sub-acute facilities, 130 beds (New Beginnings and William Slater), all of which are located in the Cape Town Metro District, provide a provincial psychiatric service. These facilities collectively attended to 6 304 inpatient separations and 43 921 patient contacts at outpatient departments.

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 2015/16 the WCRC had 811 inpatient separations and 3 895 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 122 373 oral health patient visits during 2015/16.

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 2015/16 there were 137 834 patient separations and 808 565 patients were seen in outpatient departments at these hospitals. It must be noted that 42 percent 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 eighteen forensic pathology facilities across the Province in order to establish the circumstances and causes surrounding unnatural death. During the 2015/16 financial year the forensic pathology service logged 11 059 cases; 10 840 medico-legal cases were admitted, resulting in 10 748 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

Fragmented PHC service delivery in Cape Metro Health District

The dual health authority in the City of Cape District has led to inefficiencies in the district health system and has a particularly negative impact on Primary Health Care services. There are high level discussions underway between the Province and City to negotiate for the establishment of a single authority; however finality has not been reached as yet. In the interim governance arrangements have been put in place between MDHS and the City to minimise the impact on citizens in the District.

Service Pressures

Service pressures continue, especially in relation to psychiatry, orthopaedics, internal medicine, maternal and neonatal services, this is indicative of the burden of disease in the Province. A number of steps have been taken to manage these pressures, which includes the following:

- Continued focus on the strengthening of mental health services across the care continuum, especially in 3 primary health care settings
- Strengthening internal medicine outreach initiatives
- A perinatal task team was established to do a rapid appraisal and develop a systems intervention strategy

The 8 year waiting time to accessing arthroplasty services has been drastically reduced to 2 years with the introduction of an electronic waiting list. Uniformed clinical criteria for arthroplasty was developed and implemented across the service platform. The clinical criteria together with the time already waited was used to re-prioritise people using the electronic waiting list tool, ensuring that those who need it most, get access first. The waiting time was thus drastically reduced using funding from both the Department and donations from the private sector.

Medicine Supplies

As a result of the late awarding of pharmaceutical tenders by the National Department of Health as well as the removal from contracts of coded medicines not listed in the National Essential Medicines list, certain medication has been in short supply. Many of the new contracted suppliers were unable to increase production within a short time to meet the demands of a national contract. Provincial contracts were put in place where possible otherwise the "buy-out" procurement procedure was employed, however this negatively impacted on expenditure as the medicine costs were considerably higher.

In addition, there was a global shortage of BCG vaccine and district stock control measures had to be put in place to mitigate the impact on patients.

Budget Constraints

As the demand for healthcare increases, the Department's ability to respond has become increasingly constrained by the shrinking fiscal envelope. The reductions in the Health Professions Training and Development Grant (HPTDG), the National Tertiary Services Grant (NTSG), and the impact of the 2015 Wage Agreement, have had a sobering effect on the Department's Healthcare 2030 aspirations. The situation necessitated service re-prioritization and the development of plans to enhance efficiencies within the health system. Regular monitoring of saving targets, cost containment as well as strict management of the Approved Post List was implemented.

Aging Infrastructure

Aging infrastructure across the service platform poses a threat to service delivery, although essential repairs and maintenance are ongoing, there are a number of instances where this will only suffice in the short-term as replacement is ultimately required.

EXTERNAL DEVELOPMENTS THAT IMPACTED ON THE DEMAND FOR SERVICES OR SERVICE DELIVERY

Burden of Disease

Age standardised mortality rates (ASR) for all causes continue to decline (Table 5B). In 2013, ASRs were highest for non-communicable diseases (NCDs), followed by injuries, HIV/AIDS and TB.

Table 5B: Trends in broad cause mortality rates in the Western Cape, 2009-2013 (Deaths/100 000)¹

| | 2009 | 2010 | 2011 | 2012 | 2013 |
|---------------------|-------|-------|-------|-------|-------|
| ALL CAUSE | 957.0 | 857.7 | 873.6 | 865.7 | 842.5 |
| NCDs | 602.5 | 549.8 | 579.0 | 572.6 | 563.1 |
| INJURIES | 106.7 | 104.7 | 97.5 | 108.2 | 104.4 |
| HIV/AIDS & TB | 156.3 | 124.2 | 119.4 | 108.2 | 102.0 |
| COMM/MAT/PERI/NUTR. | 91.5 | 79.0 | 77.8 | 76.6 | 73.0 |

In 2013, HIV was the leading single cause of premature mortality years of life lost (YLL) in the Western Cape, though the proportion of YLL due to HIV has decreased from 13 per cent in 2009 to 11 per cent in 2013. Similar decreases in YLL were observed for TB over this period. In contrast, the proportion of YLL due to interpersonal violence has increased from 8 per cent in 2009 to 11 per cent in 2012, ranking as the second leading cause of premature deaths in the Western Cape in 2013 (Figure 1A).

Figure 1A: Leading causes of premature mortality (%YLL), Western Cape 2009 - 2013

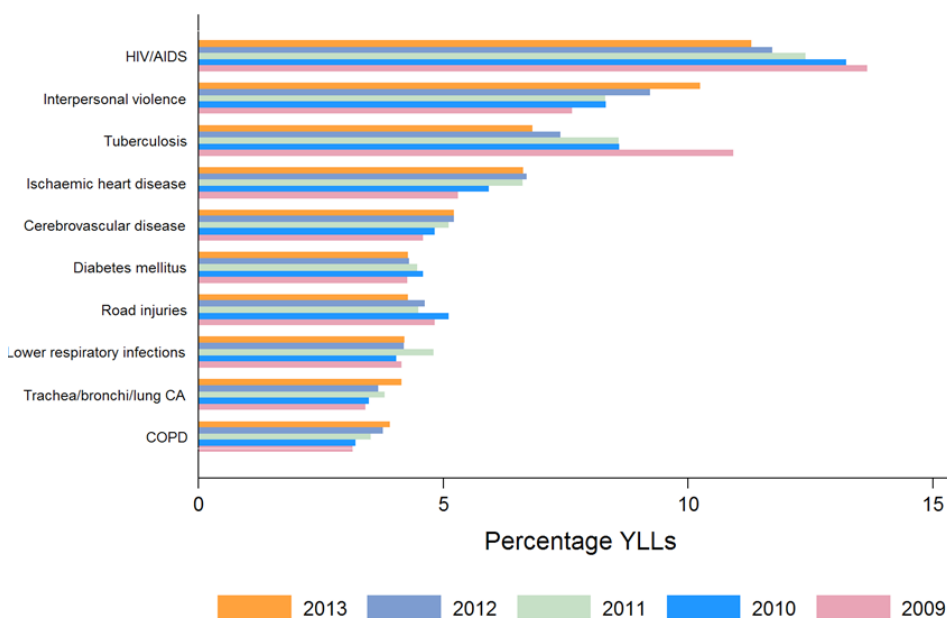


Figure 2B: Contribution of weighted indicators to poverty in the Western Cape

The prevalence of chronic diseases and their risk factor trends continue to fuel the escalating service pressures. It is now estimated that three out of four patients visiting the emergency centres within the Department do so for chronic diseases and their complications. In a study of ten PHC facilities in the metro, approximately 65 per cent of adult patients had multi-morbidity. These patients are more complex and expensive to treat, have a higher risk of complications, and a poorer prognosis.

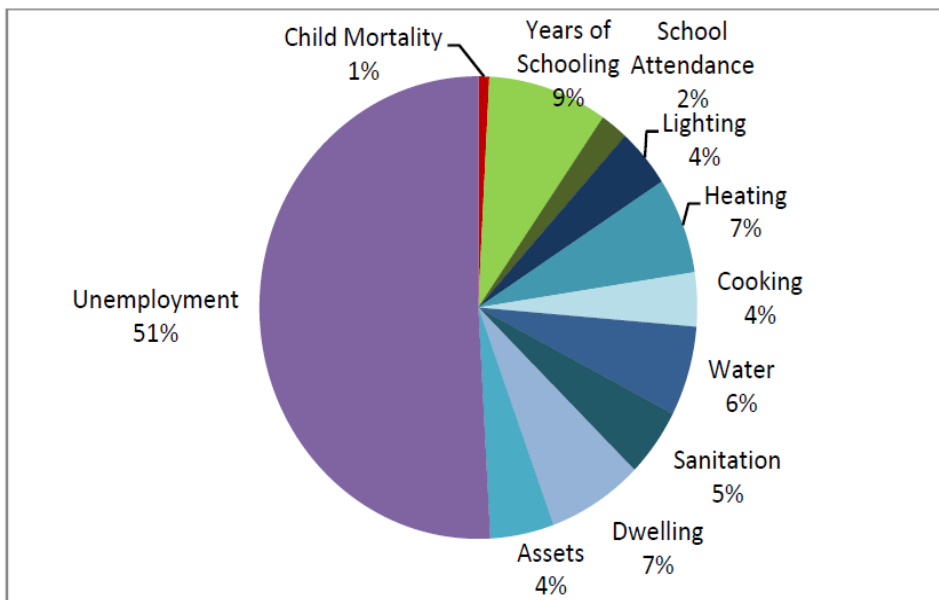
¹ Morden E, Groenewald P, Zinyakafira N, Neethling I, Misemburi W, Daniels J, Vismer M, Coetzee D, Bradshaw D, Evans J. Western Cape Mortality Trend Report 2009-2013, Draft report. Western Cape Government: Department of Health, 2015

Social Determinants of Health

Social and economic factors have a significant influence on the health of individuals and populations worldwide. Lower income levels, informal housing, lower literacy levels, inadequate sanitation and food insecurity are all associated with poor health status and negative health outcomes.

Results from the 2014 General Household Survey showed that households in the Western Cape have higher levels of literacy (98 per cent), lower levels of informal housing (14.8 per cent), higher levels of 'excellent' access to a tapped water supply (99 per cent) and adequate sanitation (95 per cent), and lower levels of food insecurity (25 per cent) than households in most other South African provinces.

Whilst the Western Cape is thought to contain some of the least deprived municipalities in the country, with only 28 per cent of municipalities classified as deprived in 2007, the intensity of poverty (measured by the amount of deprivation experienced by an individual household) in the Western Cape measured second highest only to Gauteng in both census years. Within the province, Bitou, Knysna and Theewaterskloof had the highest poverty intensity. Figure 2B shows the variables that best capture deprivation in predetermined dimensions (health, education, living standards and economic activity). In the Western Cape, over half the deprivation was attributed to low economic activity (measured by unemployment rate), and around a third was attributed to poor standards of living (measured by fuel sources for lighting and cooking, access to water and sanitation, dwelling type and asset ownership). Education (years of schooling and school attendance) and health (child mortality) contributed the least to deprivation in the province.



Service Delivery Improvement Plan

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

Table 6B: Service Delivery Improvement Plan

| MAIN SERVICES | BENEFICIARIES | CURRENT/ACTUAL STANDARD OF SERVICE | DESIRED STANDARD OF SERVICE | ACTUAL ACHIEVEMENT |
|--|---|---|--|--|
| Reception Services - Khayelitsha District Hospital (KDH) | All current and future clients of Khayelitsha District Hospital (KDH) | A waiting time survey was conducted. Waiting time measured by Queue-Matic system (work in progress) ≤ 10 minutes due to ECM. | 2% target to reduce waiting times in accordance with the baseline results. | Based on clinicom admission data: (a) Average waiting time for a patient previously admitted is 5 minutes. (b) Average waiting time for a patient not previously admitted is 15 minutes. |
| Reception Services - Michael Mapongwana (MM) CHC and Site-B Clinic | All current and future clients of Michael Mapongwana (MM) CHC and Site-B Clinic | No waiting time survey was done in 2014/15. The waiting times were reduced by 60% after receiving some complaints from Clients. Planning by the facility for 2015 /16 is to start again. To ensure that a waiting time survey is done this year, the 2015/16 operational plan will reflect by when it will be done as well as on SINJANI system. Waiting time done (reception included) for 2014 /15 by Dr Oni and reasonable / acceptable. | 2% target to reduce waiting times in accordance with the baseline results. | Waiting time survey was done in August 2015 during Leadership and Development Program (LDP) process. The waiting times were reduced by 1-2 hrs from the baseline of 5 hrs. Maternal Obstetric Unit (MOU) renovation commenced in June 2015 still in progress for Child Health Unit which will be Maternal Child Health Unit. The Waiting time done for 2015/16 by Dr Ndua and LDP champions and reasonable / acceptable. |

BATHO PELE ARRANGEMENTS WITH BENEFICIARIES (CONSULTATION ACCESS, ETC.)

| CURRENT/ACTUAL COMPLAINTS MECHANISM | DESIRED COMPLAINTS MECHANISM | ACTUAL ACHIEVEMENTS |
|--|--|--|
| RECEPTION SERVICES - KHAYELITSHA DISTRICT HOSPITAL (KDH) | | |
| Consultations | | |
| a) Structured complaint / compliment management system in place. | a) Structured complaints and compliments system. | a) Structured complaint / compliment management system in place. |
| b) Client satisfaction survey conducted in October 2014. | b) Client satisfaction survey | b) Client satisfaction survey conducted in November 2015. |
| c) Procedure on how to lodge a complaint explained on posters. | c) Up-to-date notice boards with relevant information. | c) Procedure on how to lodge a complaint explained on posters. |
| d) Designated complaints champion/officer who follow-up on complaints to ensure compliance with the 25 day resolution date | d) Designated Client Service Manager (CSM) for Reception | d) Designated complaints champion/officer who follows up on complaints to ensure compliance with the 25 day resolution date. |
| Additional Achievements | | |
| e) Suggestion boxes at various service points | | e) Two Helpdesk assistants stationed at helpdesk |

| CURRENT/ACTUAL COMPLAINTS MECHANISM | DESIRED COMPLAINTS MECHANISM | ACTUAL ACHIEVEMENTS |
|---|--|--|
| Access | | |
| a) Khayelitsha District Hospital, Cnr Walter Sisulu & Steve Biko Road, Khayelitsha (reception services). | a) Khayelitsha District Hospital, Cnr Walter Sisulu & Steve Biko Road, Khayelitsha (reception services). | a) Khayelitsha District Hospital, Cnr Walter Sisulu & Steve Biko Road, Khayelitsha (reception services). |
| Courtesy | | |
| a) Structured complaints and compliments system. | a) Structured complaints and compliments system. (Provincial Circular H 78/2011) | a) Structured complaints and compliments system |
| b) Client satisfaction survey conducted October 2014. | b) Client satisfaction survey | b) Client satisfaction survey conducted November 2015 |
| c) Notice boards in place and regularly updated. | c) Verbal and written communication (Brochures and Posters) | c) Notice boards in place and regularly updated. |
| d) Facility board meetings – Have a fully functional health committee, meets bi-monthly. | d) Facility board meetings (Includes Community Representatives). | d) Facility board meetings – Have a fully functional health committee, meets bi-monthly. |
| e) Complaints Hotline information displayed as required on notice boards. | e) Complaints Hotline | e) Complaints Hotline information displayed as required on notice boards |
| f) Patients' Rights Charter displayed in all areas of the facility. | f) The National Patients' Right Charter, 1999 | f) Patients' Rights Charter displayed in all areas of the facility. |
| g) All staff wears name badges | g) Name Tags | g) All staff wears name badges |
| h) Designated complaints champion/officer who follow-up on complaints to ensure compliance with the 25 day resolution date. | h) Designated CSM for reception | h) Designated complaints champion/officer who follows up on complaints to ensure compliance with the 25 day resolution date. |
| Additional Achievements | | |
| i) Complaints and compliments displayed on notice boards "Mood Boards". | | i) Complaints and compliments displayed on notice boards "Monthly" |
| Openness & Transparency | | |
| a) Structured complaints and compliments system | a) Structured complaints and compliments system. | a) Structured complaints and compliments system. |
| b) Client satisfaction survey conducted October 2014. | b) Client satisfaction survey | b) Client satisfaction survey conducted November 2015. |
| c) Feedback placed on the notice board | c) Direct feedback and notice boards | c) Feedback is placed on the notice board. |
| d) Notice boards in place and regularly updated. | d) Verbal and written communication (Brochures and Posters) | d) Notice boards in place and regularly updated. |
| e) Designated complaints champion/officer who follow-up on complaints to ensure compliance with the 25 day resolution date. | e) Designated CSM for reception | e) Designated complaints champion/officer who follows up on complaints to ensure compliance with the 25 day resolution date. |
| f) Facility board meetings – have a fully functional health committee, meets bi-monthly. | f) Facility board meetings (Includes Community Representatives). | f) Facility board meetings – have a fully functional health committee, meets bi-monthly. |
| Value for Money | | |
| a) Within approved budget of KDH | a) Within approved budget of KDH | a) Within approved budget of KDH |
| RECEPTION SERVICES - MICHAEL MAPONGWANA (MM) CHC AND SITE-B CLINIC | | |
| Consultations | | |

| CURRENT/ACTUAL COMPLAINTS MECHANISM | DESIRED COMPLAINTS MECHANISM | ACTUAL ACHIEVEMENTS |
|--|---|---|
| a) Complaints and compliment boxes are in place in all departments. Help desk clerk opens the boxes every Monday, and then the head of departments address the complaints and compliments and meet the turnaround times. All this information is captured on SINJANI system. Structured complaint / compliment management system in place. | a) Structured complaints and compliments system. | a) Complaints and compliment boxes are in place in all departments. Help desk clerk opens the boxes every Monday, and then the head of departments address the complaints and compliments and meet the turnaround times. All this information is captured on SINJANI system. Structured complaint / compliment management system in place |
| b) Client satisfaction survey was done last year, report compiled and submitted to Khayelitsha Eastern Sub Structure (KESS) | b) Client satisfaction survey | b) Client satisfaction survey conducted August 2015 (Site B) and September 2015 (Michael Mapongwana CHC). Report compiled and submitted to Khayelitsha Eastern Sub Structure (KESS). |
| c) Noticeboards within the Facility with Batho Pele principles, patient's rights, mission, vision and values. | c) Up-to-date notice boards with relevant information | c) Noticeboards within the Facility with Batho Pele principles, patient's rights, mission, vision and values. |
| d) Designated complaints champion/ officer Mr Lewella and Ms Cele (Michael Mapongwana CHC) who follow-up on complaints to ensure compliance with the 25 day resolution date. | d) Designated CSM for Reception | d) Designated complaints champion/officer who follows up on complaints to ensure compliance with the 25 day resolution date. |
| Additional Achievements | | |
| | | a) Complaints/compliments system structured. Boxes opened weekly by complaints champion and health committee/neutral person. Contact made with complainants. Capturing on SINJANI also done by champion. |
| Access | | |
| a) Michael Mapongwana CHC, Steve Biko Road, Harare, Khayelitsha (reception services). | a) Michael Mapongwana CHC, Steve Biko Road, Harare, Khayelitsha (reception services). | a) Michael Mapongwana CHC, Steve Biko Road, Harare, Khayelitsha (reception services). |
| b) Site-B Clinic, Sulani Drive, Khayelitsha (reception services). | b) Site-B Clinic, Sulani Drive, Khayelitsha (reception services). | b) Site-B Clinic, Sulani Drive, Khayelitsha (reception services). |
| Courtesy | | |
| a) Complaints/compliments system structured. Boxes opened weekly by complaints champion and health committee/neutral person. Contact made with complainants. Capturing on SINJANI also done by champion. | a) Structured complaints and compliments system (Provincial Circular H 78/2011). | a) Complaints/compliments system structured. Boxes opened weekly by complaints champion and health committee/neutral person. Contact made with complainants. Capturing on SINJANI also done by champion |
| b) Client satisfaction survey conducted August 2014. | b) Client satisfaction survey | b) Client satisfaction survey conducted August 2015 (Site B) and September 2015 (Michael Mapongwana CHC). |
| c) Complaints and compliments posters detailing complaints and compliments process displayed. | c) Verbal and written communication (Brochures and Posters) | c) Complaints and compliments posters detailing complaints and compliments process displayed. |
| d) Health Committee meetings – Have a fully functional health committee, AGM elected, with minuted minutes, Constitution meets monthly. | d) Facility board meetings (Includes Community Representatives) | d) Health Committee meetings – Have a fully functional health committee, AGM elected, with minuted minutes, meets monthly and has own Constitution (Site B). |
| e) Complaints hotline information displayed as required on notice boards. | e) Complaints Hotline. | e) Complaints Hotline information displayed as required on notice boards |
| f) Patients' Rights Charter and responsibilities as well as health care workers' rights and responsibilities displayed in all areas of the facility. | f) The National Patients' Right Charter, 1999. | f) Patients' Rights Charter and responsibilities as well as Health Care workers' Rights and responsibilities displayed in all areas of the facility |
| g) Resolve challenges with supply chain and strive to make sure that all staff wears name badges. | g) Name Tags | g) Resolve challenges with Supply Chain and strive to make sure that all staff wears name badges |
| h) Designated complaints champion/ officer Mr Lewella and Ms Cele (MMCDC) who follow-up on complaints to ensure compliance with the 25 day resolution date | h) Designated CSM for reception | h) Designated complaints champion/officer who follows up on complaints to ensure compliance with the 25 day resolution date |

| CURRENT/ACTUAL COMPLAINTS MECHANISM | DESIRED COMPLAINTS MECHANISM | ACTUAL ACHIEVEMENTS |
|---|---|---|
| Additional Achievements | | |
| i) Compliance with relevant legislation done. | | i) Compliance with relevant legislation done |
| j) MOU is piloting patient centred care that is looking at patient's interests and staff to improve patient's experience. There is a lot of improvement seen in the MOU. | | j) Maternal Obstetric Unit (MOU) completed patient centred care that is looking at patient's interests and staff to improve patient's experience. There is a lot of improvement seen in the MOU |
| k) Head of departments hold general meetings for all staff on monthly basis. Clinician's meetings, weekly on Fridays. | | k) Head of departments hold general meetings for all staff on monthly basis. Clinician's meetings, weekly on Fridays |
| Openness & Transparency | | |
| a) Complaints/compliments system structured. Boxes opened weekly by complaints champion and Health Committee/neutral person. Contact made with complainants. Capturing on SINJANI system also done by champion. | a) Structured complaints and compliments system. | a) Complaints/compliments system structured. Boxes opened weekly by complaints champion and Health Committee/neutral person. Contact made with complainants. Capturing on SINJANI also done by champion |
| b) Client satisfaction survey conducted August 2014. | b) Client satisfaction survey | b) Client satisfaction survey conducted August 2015 (Site B) and September 2015 (Michael Mapongwana CHC) |
| c) Notice boards in place and regularly updated. | c) Direct feedback and notice boards | c) Notice boards in place and regularly updated |
| d) Complaints and compliments posters detailing complaints and compliments process displayed. | d) Verbal and written communication (Brochures and Posters) | d) Complaints and compliments posters detailing complaints and compliments process displayed. |
| e) Designated complaints champion/officer Mr Lewella and Ms Cele (Michael Mapongwana CHC) who follows up on complaints to ensure compliance with the 25 day resolution date. | e) Designated CSM for reception | e) Designated complaints champion/officer who follows up on complaints to ensure compliance with the 25 day resolution date. |
| f) Health Committee meetings – Have a fully functional health committee, AGM elected, with minuted minutes, Constitution meets monthly | f) Facility Board meetings (Includes Community Representatives) | f) Health Committee meetings – Have a fully functional health committee, AGM elected, with minuted minutes, meets monthly and has own constitution (Site B) |
| Value for Money | | |
| a) Within approved budgets of Michael Mapongwana CHC and Khayelitsha Site-B Clinic. | a) Within current approved budgets of MM CHC and Site-B Clinic. | a) Within current approved budgets of Michael Mapongwana CHC and Site-B Clinic. |

SERVICE DELIVERY INFORMATION TOOL

| CURRENT/ACTUAL COMPLAINTS MECHANISM | DESIRED COMPLAINTS MECHANISM | ACTUAL ACHIEVEMENTS |
|--|---|--|
| Reception Services - Khayelitsha District Hospital (KDH) | | |
| a) Notice boards in place | a) Direct feedback and notice boards | a) Notice boards in place |
| b) Complaints and compliments posters detailing complaints and compliments process displayed | b) Verbal and written communication (Brochures and Posters) | b) Complaints and compliments posters detailing complaints and compliments process displayed |
| c) Bi-monthly Facility board meetings | c) Facility board meetings (Includes Community Representatives) | c) Facility board meetings – Have a fully functional health Committee, meets bi-monthly |
| d) Face to face meeting and telephone conversations | d) Written feedback on complaints | d) Face to face meeting and telephone conversation |
| e) Service Charter on all notice boards | e) Service Charter | e) Service Charter on display on Notice boards |
| f) Client satisfaction survey conducted October 2014 | f) Client satisfaction survey | f) Client satisfaction Survey conducted November 2015 |

| | | |
|---|---|---|
| g) Designated complaints champion/officer who follow-up on complaints to ensure compliance with the 25 day resolution date. | g) Designated CSM for reception | g) Designated complaints champion/officer who follows up on complaints to ensure compliance with the 25 day resolution date |
| Additional Achievements | | |
| h) Communication and service booklet in progress | | h) Communication and service booklet printed and distributed to the Public |
| i) Help desk assistant post to be activated via the HF2 process (work in progress) | | |
| Reception Services - Michael Mapongwana (MM) CHC and Site-B Clinic | | |
| a) Notice boards in place around the facility – which displays all the patient's rights charter / Batho Pele principles | a) Direct feedback and notice boards | a) Notice boards within the facility with Batho Pele principles, patient's rights, mission, vision and values |
| b) Complaints and compliments posters detailing complaints and compliments process displayed. | b) Verbal and written communication (Brochures and Posters) | b) Complaints and compliments posters detailing complaints and compliments process displayed |
| c) Health Committee meetings – Have a fully functional health committee, AGM elected, with minuted minutes, Constitution meets monthly. Health Clinic Committee has been established recently. Constitution available, monthly meetings will commence this month. The attempts for this committee to function have failed after several attempts by the Facility Manager to engage them. All this failed due to non-commitment by the community members. | c) Facility Board meetings (Includes Community Representatives) | c) Health Committee meetings – Have a fully functional health committee, AGM elected, with minuted minutes, meets monthly and has own Constitution (Site B) |
| d) Monthly Health Committee Meetings | d) Written feedback on complaints | d) Monthly Health Committee Meetings |
| e) Service Charter still to be printed by Provincial Head Office | e) Service Charter | e) Service Charter on all Notice boards |
| f) Client satisfaction survey conducted August 2014 | f) Client satisfaction survey | f) Client satisfaction survey conducted August 2015 (Site B) and September 2015 (Michael Mapongwana CHC) |
| g) Designated complaints champion/officer Mr Lewella and Ms Cele (Michael Mapongwana CHC) who follows up on complaints to ensure compliance with the 25 day resolution date | g) Designated CSM for reception. | g) Designated complaints champion/officer who follows up on complaints to ensure compliance with the 25 day resolution date |

COMPLAINTS MECHANISM

| CURRENT/ACTUAL COMPLAINTS MECHANISM | DESIRED COMPLAINTS MECHANISM | ACTUAL ACHIEVEMENTS |
|--|--|--|
| Reception Services - Khayelitsha District Hospital (KDH) | | |
| a) Structured complaints and compliments system. | a) Structured complaints and compliments system. | a) Structured complaints and compliments system. |
| b) Client satisfaction survey conducted October 2014 | b) Client satisfaction survey. | b) Client satisfaction survey conducted November 2015. |
| c) Designated complaints champion/officer who follow-up on complaints to ensure compliance with the 25 day resolution date. | c) Designated CSM for reception. | c) Designated complaints champion/officer who follows up on complaints to ensure compliance with the 25 day resolution date. |
| Reception Services - Michael Mapongwana (MM) CHC and Site-B Clinic | | |
| a) Complaints and compliment boxes are in place in all departments. Helpdesk clerk opens the boxes every Monday, and then the head of departments addresses the complaints and compliments and meets the turnaround times. All this info is captured on SINJANI. | a) Structured complaints and compliments system | a) Complaints/compliments system structured. Boxes opened weekly by complaints champion and Health Committee/neutral person. Contact made with complainants. Capturing on SINJANI also done by champion. |

| | | |
|---|---------------------------------|--|
| b) Client satisfaction survey conducted in August 2014. | b) Client satisfaction survey | b) Client satisfaction survey conducted August 2015 (Site B) and September 2015 (Michael Mapongwana CHC). |
| c) Designated complaints champion/officer Mr Lewella and Ms Cele (Michael Mapongwana CHC) who follow-up on complaints to ensure compliance with the 25 day resolution date. | c) Designated CSM for reception | c) Designated complaints champion/officer who follows up on complaints to ensure compliance with the 25 day resolution date. |

Organisational Environment

RESIGNATIONS AND/OR APPOINTMENTS IN SENIOR MANAGEMENT SERVICE

The following changes occurred in the senior management service (SMS) during 2015/16 as a result of attrition:

Retirements at the end of the previous financial year

- Househam KC, Superintendent General, Head Office, 31 March 2015.

Retirements in 2015/16

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

Terminations and transfers

- Coetsee JJF, Director: Office of the Minister, 30 June 2015.
- Van Heerden H, Director: Engineering and Technical Support, Head Office, 30 June 2015.
- Ross MJH, Senior Manager Nursing, Groote Schuur Hospital, 31 December 2015.

New appointments

- Newman-Valentine DD, Director: Strategic Coordination, Office of the Minister, 01 July 2015.
- Poluta MAJ, Director: Health Technology, Directorate: Health Technology, 01 January 2016.
- Phillips MT, Director: District Health Services, Khayelitsha/ Eastern Sub-Structure, 01 July 2015.

Promotions and transfers

- Perez GM, Chief Director: Metro District Health Services, Metro District Health Services, 30 October 2015.
- Leo SD, Chief Executive Officer: Helderberg Hospital, 01 January 2016.
- Juanita Arendse, Director: Northern/Tygerberg Sub-Structure, 01 December 2015

RESTRUCTURING

The Department of Health embarked upon a process of reviewing the current macro organisational structure to ensure alignment to Healthcare 2030 in terms of purpose and function, responsibility and span of control with the view to promote better cohesion in service delivery. This will be conducted in line with an already determined vision and set of principles for an optimal organisational model. The department is also busy with a project regarding the structural alignment of all management structures in order to establish a more efficient and lean organisational structure. An investigation for a newly designed organisational structure for the Directorate: Health Technology (HT) and Engineering and Technical Services, both components within Infrastructure Management are underway.

STRIKE ACTIONS

There were no strikes during the reporting period

SIGNIFICANT SYSTEM FAILURES

There were no significant system failures during the period under review

Key Policy Developments & Legislative Changes

NATIONAL POLICY & LEGISLATIVE CHANGES

90 90 90

New targets for HIV treatment and scale up for beyond 2015 with the ultimate intention of ending the AIDS epidemic by 2030 if the following targets are achieved by 2020:

- By 2020, 90 per cent of all people living with HIV will know their HIV status.
- By 2020, 90 per cent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.
- By 2020, 90 per cent of all people receiving antiretroviral therapy will have viral suppression.

The NDoH 90-90-90 TB strategy advocates for the following:

- symptomatic TB screening of at least 90 per cent of all vulnerable groups;
- diagnostic evaluation of those suspected of having TB with initiation on treatment of at least 90 per cent of confirmed TB cases; and
- 90 per cent treatment success rate of those on treatment. The vulnerable populations include PLHIV, children, prisoners, miners, and peri-mining communities.

National Health Insurance

In December 2015, the National Government published the NHI White Paper for comment with the deadline for submissions by the 31st May 2016. The document outlines how the government intends to create universal health coverage for all South African citizens, over a 14 year period.

PROVINCIAL POLICY & LEGISLATIVE CHANGES

Western Cape Health Facility Boards and Committees Bill, 2016

The draft bill provide for the establishment, functions, powers and procedures of hospital boards and primary health care facility committee. The department is in the process of collating the comments received from the public hearing, facilitated by the Provincial Parliament during the month of May 2016. Provincial Parliament will amend or publish the bill for information by way of a proclamation, giving effective date of the bill into the Act.

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

The strategic goals of the Department are aligned with the both the National and Provincial strategic goals as follows:

- **Promote Health and Wellness**

Promote health and wellness with the aim of increasing the life expectancy of citizens in the Western Cape.

- **Embed good governance and values-driven leadership practices**

Embed good governance and values-driven leadership practices that enables integrated service delivery and person-centred care.

Promote Health & Wellness

LIFE EXPECTANCY

The Western Cape population has the highest life expectancy in the country. Life expectancy continues to increase over time, with male life expectancy increasing from 58.3 to 63.7 years and female life expectancy from 61.9 to 66.0 years, between 2001-2006 and 2011-2016 periods, respectively (Figure 1B). This is in line with the decline in the number of deaths that has been noted in the country². The Province has already exceeded the 2019 National targets for life expectancy. Currently citizens of the Province live 2 years longer than the 2019 National target of 63 years.

Western Cape Provincial Average Life Expectancy, 2001-2016



INCREASE WELLNESS, SAFETY & TACKLE SOCIAL ILLS (PROVINCIAL STRATEGIC GOAL 3)

WoW! (Western Cape on Wellness) Healthy Lifestyles Initiative

Physical inactivity and unhealthy eating are considered major risk factors for a number of adverse health outcomes including obesity, diabetes, hypertension, cardio vascular diseases and other non-communicable diseases (NCDs). The risk profile of ordinary South Africans indicates that nearly 7 out of every 10 women and 1 in 3 men are overweight or obese; 1 in 3 women and 1 in 5 men have hypertension. Between 11-13 per cent of the population may be diabetic or have impaired glucose tolerance (SADHS 2003; Peer et al., 2014; SANHANES 2013). Overweight and obesity in children continue to increase. Consequently, the current generation of children may experience a shorter life expectancy than their parents (Discovery Vitality. HAKSA Report Card, 2014). In South Africa, NCDs accounted for 51 per cent of all deaths in 2013 of which 20 per cent was due to cardiovascular disease and cancers alone. In the Western Cape, NCDs accounts for 60 per cent of deaths for males and females from 2009 to 2013, with cardiovascular disease the leading cause of death in 2013 (Morden et al, 2016).

The Western Cape Government Health (WCGDoH) is committed to address these adverse health outcomes through the development and testing of the novel WoW! (WesternCape on Wellness) healthy lifestyles initiative during 2015/16. WoW! represents a novel transversal and cross-sectoral partnering approach to activate, expand and maintain a healthy lifestyles movement at and across School, Community and Worksite settings. The initiative promotes and activates increased physical activity, healthy eating and healthy weight management to prevent, reduce and better self-manage the burden of NCDs (including obesity) at population level.

² Statistics South Africa. (2014). *Mortality and causes of death in South Africa 2013*. Pretoria: Statistics South Africa

WoW! was designed, tested and evaluated with approximately 900 participants through transversal, inter-governmental and cross-sectoral partnerships during 2015. The preliminary results demonstrate the positive impact and potential of the initiative towards the promotion and activation of healthy lifestyles at population level. Improvements in health outcomes recorded include:

- Reduction in prevalence of being overweight
- Reduction in prevalence of high blood pressure
- Reduction in Body Mass Index
- Reduction in waist circumference
- Increased overall better health-related quality of life

The WoW! initiative is evolving and has been shown to be effective in changing health risk behaviour at population level in a number of settings. The evaluative and health outcome results from WoW! Phase-1 are guiding the design of and strategic actions for the next phase of WoW! that includes the adaptation of a life course approach, from pregnancy to Senior Citizens; and the establishment of an inclusive communication platform that comprises a WoW! mobisite, cell application, and wellness promotion resources in both electronic and printed formats. The aim of WoW! Phase 2 is incrementally to systematise, scale and sustain this healthy lifestyles initiative across the Western Cape from 2016 onwards.

First 1000 Days Initiative

The first 1000 days (period from conception to 2 years old) have been shown to provide a unique opportunity to shape healthier and prosperous futures. The goal of the First 1000 Days initiative is to provide an optimal environment for good brain development in utero, the growing infant and child during its most vulnerable brain development period. The initiative aims to improve outcomes for children in terms of nutrition, health (including maternal mental health), education (early learning), care/support and parenting, and protection and safety. The ultimate outcome is to ensure optimal wellness for young women, children, families and the community at large. The initiative provides opportunities for lifelong health and wellness for children in the Western Cape through the implementation of health specific interventions, intersectoral interventions and effective communication.

The initiative follows a whole society approach to work together and improve the lives of children and their caregivers in and beyond the first 1000 days of life. Achievements during 2015 include:

- First 1000 Days concept developed
- Unique identifier developed signifying nutrition and health; nurture, care and support; and safety, protection and stimulation
- Key messages developed aimed at the public as well as WCG staff
- Message dissemination: Taxi wraps with key messages inside the taxi's
- Situational analysis identifying existing services and communication messages and gaps to be addressed
- Trailer (presentation) developed for use by Facility Managers to promote the initiative amongst employees
- Articles published in community tabloids and magazines to promote awareness of the importance of First 1000 Days at population level
- Focused interventions planned in Drakenstein, the integrated care model pilot site

Outcomes and evaluative feedback from the above actions are informing the activities of the initiative for 2016. These include health system strengthening with policy directives, and the development, implementation and evaluation of a transversal communication campaign aimed at both public and provider levels, printed and electronic information resources, a series of intersectoral road shows to promote the first 1000 days concept amongst DoH and Local Authority staff across the Western Cape, and a Summit for transversal and multi-sectoral specialists and practitioners in the field of the First 1000 Days.

Integrated Service Delivery Model: Drakenstein

Historically, government departments functioned in silos where they would implement programs in a longitudinal fashion, often in the same community. As an example, a department of education would have a safer sex programme in schools to assist youth to make informed contraceptive choices, and the department of health would also have a safer sex programme running in the youth clinic. This simplified example demonstrates a longitudinal implementation which could leave to a duplication of services, which is by no means cost effective. The implementation of such longitudinal programmes could also lead to confusion in communities, as the messages from the different initiatives, might be similar, but could also in fact create confusion among the community in general.

It becomes challenging to measure the combined impact of various projects in a large geographical area such as the Western Cape, as there are numerous variables at play when such initiatives are implemented in communities. It is also important that governments should pilot their initiatives with communities in order to reflect and improve their strategies before large scale implementation. This is a potential cost saving measure and will ensure that the best suited programmes are being implemented in communities at large.

There is therefore a need to monitor and track the success of transversal implementation of projects and programmes, and to develop a model which will guide government towards the most effective implementation of projects when the model is replicated in different contexts.

During 2015/16 an intergovernmental working group with local and provincial partners in Drakenstein was established to coordinate the activities of service delivery in the area. This process has informed the following actions for the 2016/17 period:

- A test model of integrated service delivery was developed grounded in the specific needs of the area.
- Aspects of the projects under the PSG3 are being implemented in the geographical area.
- The model is being evaluated and refined utilising aspects of three of the implemented projects namely; The First 1000 Days, Western Cape on Wellness, and Community Improvement Safety Partnership.

With the evaluation, we will be able to assess the combined impact of transversally implemented projects in a particular geographical area, and we will be able to refine the test model of Integrated Service Delivery.

Embed Good Governance & Values-Driven Leadership Practices

COMPETENT, ENGAGED, CARING AND EMPOWERED EMPLOYEES

Caring for the Carer

The Employee Health and Wellness Programme (EHWP) had a positive return on investment for the Department and its employees. These benefits include reduced turnover and absenteeism, and higher employee productivity and morale. The programmes broad array of services provides employees more than psychological counselling but includes an integration of a host of "work/life" balance resources. The programme assists employees to cope and deal with challenges the associated with the demands of family, personal finances, legal issues and the pressures associated with being a working caregiver. Further services include supervisory consultations to managers, support to challenged work teams, training and education programs, and critical incident services.

Care for the carer initiatives for 2015/16 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 3 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.

MANAGERS WHO LEAD

Leadership and Management Development

The Department has developed a leadership and development strategy and two key components are the Leadership Behaviours Charter and the Competency Framework of core competencies required by leaders. The objective of the leadership and management development strategy is to develop capabilities of leaders and managers who embody the organisational values, lead using interpersonal power rather than hierarchical authority, who foster innovation and who harness the inherent skills of their colleagues.

The strategy will be developed for:

- Those entering a management position for the first time
- Climbing the career ladder (succession planning)
- Ongoing growth and development in the same position

In 2015/16 the following leadership development interventions occurred:

| Leadership and Management Development Interventions | No. Trained |
|--|-------------|
| Health Leadership Programme | 60 |
| Coaching for senior managers | 142 |
| Part-time bursaries: Management development programmes | 14 |

The Leadership Competency Framework & Behaviour Charter

The Department has collaborated with a consortium of Higher Education Institutions (HEIs) consisting of the Universities of Cape Town, the Western Cape and Stellenbosch, known as the Partnership for Health Leadership and Management (PAHLM) as well as Ernst and Young; to develop a framework of core competencies required by managers at all levels and within various contexts, e.g. district facilities, clinical management etc. The competency framework will:

- Address individual and team competencies and system capabilities.
- Reflect on the accountability framework of each level of manager.
- Assess gaps in competencies and facilitate the development and implementation of evidence-based interventions to strengthen leadership capacity.
- Monitor the change in leadership and management over time and evaluate its impact on service delivery.

In order to give effect to this, EY and PAHLMs in collaboration with the Directorate: People Development conducted workshops in eleven districts/facilities across the Province with 510 managers during September 2015 in order to consult on the Leadership Behaviours Charter and the Competency Framework. The workshops provided an opportunity for rigorous engagement and discussion where managers clarified the values of the WCG Health, including relational and behavioural links, and confirmed leadership and management development competencies at an individual, team and systems level. The outputs of the workshops were distilled into the Leadership Behaviours Charter (LBC) and Leadership Competency Frameworks. The LBC builds on the work that has been done in CAIR Club, and provides an overview of the behaviours that someone who embodies the values of Department should display.

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 made a decision to continue to roll out the basic IT systems in health to obtain optimal coverage amongst facilities. To date 94 per cent or 51 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 fixed facilities and a JAC Pharmacy system to about 86 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 & District Hospitals to improve efficiencies in the diagnostic capability of the service is also underway. WCG Health has to date implemented 7 sites with PACS/RIS and 11 Sites with PACS Only Solution.

These systems record patient related data which includes demographics, appointments and important data about patients accessing these facilities. The PHCIS, PREHMIS which is the COCT information system, Clinicom hospital information system, 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 Emergency Medical Service is also engaged in a process of implementing 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 is also the first Health department on the African continent to implement 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, Khayelitsha, 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 ICT equipment in order to ensure that it continues to support ICT users with up to date technology. To date 3101 computers have been replaced with 500 to be replaced in the 2016/17 financial year.

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 Agenda³ 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)

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

During 2015/16 numerous capital projects were completed, most notable amongst these being:

- Mfuleni Temporary Community Day Centre in Eerste River
- New Nomzamo Community Day Centre in Strand
- New Symphony Way Community Day Centre in Delft
- Parent's accommodation at Red Cross War Memorial Children's Hospital
- New Radiology Department at Red Cross War Memorial Children's Hospital (in collaboration with Children's Health Trust)
- New Emergency Centre and Paediatric Ward at Wesfleur Hospital in Atlantis
- Dental Suite at Worcester Community Day Centre

The following are the most significant Scheduled Maintenance projects completed in 2015/16:

- Bishop Lavis CHC: Pharmacy upgrade
- Citrusdal Hospital – Roads upgrading
- Fish Hoek- False Bay Hospital- Reconstruction of road and replacement of water towers
- Grabouw CDC- Maintenance, medical waste & refuse area with pedestrian access path
- Green Point- Somerset Hospital- Electrical & Mechanical work to labour ward
- Maitland- Alexandra Hospital- Roof replacement
- Parow- Tygerberg Hospital- Store room building upgrade
- Somerset West- Helderberg Hospital- Maintenance – pharmacy / OPD
- Swellendam- Buffeljagsrivier Clinic- Maintenance

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

- George Hospital – Digital Radiology (PACS / RIS)
- Karl Bremer Hospital New Emergency Centre
- Mitchell's Plain Hospital Acute Psychiatric Unit and Wards
- New Nomzamo Community Day Centre in Strand
- New Symphony Way Community Day Centre in Delft
- Rawsonville Clinic Replacement
- Paarl Hospital – Digital Radiology (PACS / RIS)
- Worcester Hospital – Digital Radiology (PACS / RIS)

UNQUALIFIED AUDIT

Over the past 12 years the department has managed to establish a track record for unqualified financial statements, which it continues to maintain. The financial management systems employed have been continually refined and improved over the years. The under expenditure in the 2015/16 financial year was less than 2 per cent and largely due to infrastructure delivery constraints as well as obligatory savings in personnel expenses. The variance of R146 million between the budget and expenditure for Compensation of Employees is the result of saving initiatives to provide for the expected budget challenge in the upcoming financial years, consistent with the Cabinet decision of 26 January 2016 and as agreed with Provincial Treasury.

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

New population estimates, based on the 2011 census information, was distributed by the National Department of Health in January 2015. This information was formally implemented by WCG: Health from 1 April 2015 going forward and all population-based targets in the 2015/16 Annual Performance Plan and Annual Report (APP) are based on these new population estimates.

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 2013/14 for the 2015/16 APP. The purpose is to be able to compare the reported costs from year to year.

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

The Department was informed of budget reductions in real terms over the 2016 MTEF period. This resulted in several discussions amongst management and external partners, a special focus at the annual planning session and the creation of a Budget Committee chaired by the HOD. The Department was divided into sectors, a sector manager was appointed and each sector was given a savings target. They developed specific sector plans to achieve the targets. This informed the budget reduction in 2016/17. In addition, transversal projects that would improve efficiencies and functioning across the Department were identified and a Project Coordinating Committee was established to oversee progress.

The Department underspent its budget in 2015/16 owing to the various cost saving measures, a predetermined target of R95 million in personnel savings, as agreed with the WC Provincial Treasury, would be reallocated to the Department's budget in 2017/18.

- Develop and implement a comprehensive Human Resource Plan

The Department has identified People Management as a key enabler to achieving the outcomes of Healthcare 2030. The priorities, challenges and status of People Management are described in detail in Section D of the Report.

- Transform organisational culture

Building system resilience to be able to absorb shocks such as the envisaged budget cuts is an important focus of the Department. This requires, amongst others, a change in the way we do business and includes leadership development across all levels, strengthening the relationships both internally and with external partners and living the values of the Department. These aspects are further described in Part D.

- Roll-out electronic patient administration systems to PHC facilities

A revised PHCIS governance forum led by the Services has been formed to provide strategic guidance and determine priorities for digitisation of PHC processes. The patient registration module has been implemented in 185 fixed facilities. This provides for a patient master index which is a unique identifier that enables the tracking of patients across both PHC platform and hospitals in the province. JAC, the pharmacy stock management system has been rolled out to 86 facilities. The broadband access will significantly improve the connectivity between facilities and this is envisaged to be completed over the next 2 years.

Table 7B: Public health personnel as at 31 March 2016

| Categories | No. employed | % of total employed | No. per 100 000 people | No. per 100 000 uninsured people | Vacancy rate | % of total personnel budget | Annual cost per staff member |
|---|---------------|---------------------|------------------------|----------------------------------|--------------|-----------------------------|------------------------------|
| Medical officers | 2 035 | 6.47% | 32.582 | 43.559 | 2.86% | 15.9% | 687 768 |
| Medical specialists | 692 | 2.20% | 11.079 | 14.812 | 3.08% | 9.4% | 1 311 811 |
| Dental specialists | 6 | 0.02% | 0.096 | 0.128 | 0.00% | 0.1% | 1 721 886 |
| Dentists | 93 | 0.30% | 1.489 | 1.991 | 4.12% | 0.7% | 652 027 |
| Professional nurse | 6 076 | 19.33% | 97.281 | 130.056 | 5.78% | 23.5% | 361 121 |
| Staff nurses | 2 564 | 8.16% | 41.051 | 54.882 | 3.68% | 5.5% | 210 748 |
| Nursing assistant | 4 128 | 13.13% | 66.092 | 88.359 | 3.48% | 7.5% | 180 662 |
| Pharmacists | 432 | 1.37% | 6.917 | 9.247 | 2.92% | 2.4% | 521 589 |
| Physiotherapists | 144 | 0.46% | 2.306 | 3.082 | 3.36% | 0.5% | 293 295 |
| Occupational therapists | 173 | 0.55% | 2.770 | 3.703 | 4.42% | 0.6% | 297 002 |
| Psychologists | 85 | 0.27% | 1.361 | 1.819 | 1.16% | 0.4% | 434 129 |
| Radiographers | 450 | 1.43% | 7.205 | 9.632 | 5.26% | 1.8% | 359 358 |
| Emergency medical staff | 1823 | 5.80% | 29.187 | 39.021 | 7.51% | 4.8% | 266 384 |
| Dieticians | 89 | 0.28% | 1.425 | 1.905 | 3.26% | 0.3% | 319 644 |
| Other allied health professionals and technicians | 1509 | 4.80% | 24.160 | 32.300 | 6.79% | 4.5% | 293 756 |
| Other staff | 11133 | 35.42% | 178.247 | 238.300 | 5.15% | 22.3% | 200 742 |
| GRAND TOTAL | 31 432 | 100.00% | 503.247 | 672.796 | 4.91% | 100.0% | 309 266 |
| <p>Note:</p> <ul style="list-style-type: none"> Annual cost per staff member represents the total expenditure incurred decided by the number of payments made between the period 01/04/2015 - 31/03/2016 The numbers above excludes Joint staff appointed on the conditions of service of the various HEIs and who contribute to service delivery | | | | | | | |

Table 8B: Strategic Objectives for Administration 2015/16

| Performance indicator | ACTUAL | PLANNED | ACTUAL | DEVIATION * | Comment on Deviation |
|---|----------------|----------------|----------------|---------------|---|
| 2014/15 | ACHIEVEMENT | TARGET | ACHIEVEMENT | | |
| | 2015/16 | 2015/16 | 2015/16 | | |
| STRATEGIC GOAL: Embed good governance and values driven leadership practices. | | | | | |
| STRATEGIC OBJECTIVE: Promote efficient use of financial resources | | | | | |
| Percentage of the annual equitable share budget allocation spent | 99.8% | 100.0% | 98.6% | (1.4%) | The marginal deviation from the performance target is considered by the Department as having achieved the target. |
| Numerator | 12 602 605 000 | 13 025 869 000 | 13 735 431 000 | (709 562 000) | |
| Denominator | 12 622 507 000 | 13 025 869 000 | 13 928 107 000 | (902 238 000) | |
| STRATEGIC OBJECTIVE: Develop and implement a comprehensive Human Resource Plan. | | | | | |
| Timeous submission of a Human Resource Plan for 2015 – 2019 to DPSA | Yes | Yes | Yes | None | Target achieved – no deviation. |
| STRATEGIC OBJECTIVE: Transform organisational culture. | | | | | |
| Cultural entropy level for WCG: Health | - | 23.0% | 20.9% | 2.1% | While this may appear to be a marginal deviation from the performance target, it is a significant positive achievement with respect to organisational culture. The number of staff participating in the survey also significantly increased which adds credibility to the findings. |
| Numerator | | 4 140 | 15 261 | (11 121) | |
| Denominator | | 18 000 | 72 980 | 54 980 | |
| Number of value matches in the Barrett survey | - | 1 | 3 | 2 | An over-performance was achieved which is a positive result and the Department therefore considers the performance as having achieved the target. |
| Strategic Objective: Roll-out electronic patient administration systems to PHC facilities. | | | | | |
| Percentage of PHC facilities where PHCIS software suite has been rolled out | | 35.4% | 25.1% | (10.3%) | A PHCIS Governance Forum was created in April 2015 and has suspended the rollout of eRMR pending investigation, re-engineering of the business processes and alignment of the module. Therefore no new roll-outs occurred during the financial year and the status thus remains unchanged with the software suite implemented in 47 facilities. The roll out of the rest of the suite continued however resulting in implementation in 185 of the 187 provincial fixed facilities. The outstanding 2 facilities are dependent on the completion of renovations and connectivity respectively. |
| Numerator | | 67 | 47 | (20) | |
| Denominator | | 189 | 187 | (2) | |

Table 9B: Performance Indicators for Administration 2015/16

| Programme 1: Administration | | | | | |
|---|-------------|----------------|-------------|-------------|---|
| Performance indicator | ACTUAL | | ACTUAL | | Comment on deviation |
| | ACHIEVEMENT | PLANNED TARGET | ACHIEVEMENT | DEVIATION * | |
| | 2014/15 | 2015/16 | 2015/16 | 2015/16 | |
| SECTOR SPECIFIC INDICATORS | | | | | |
| Audit opinion from Auditor-General of South Africa | Unqualified | Unqualified | Unqualified | None | Target achieved – no deviation. |
| Percentage of hospitals with broadband access | | 46.3% | 48.1% | 1.8% | A marginal over-performance was achieved which is a positive result and the Department therefore considers the performance as having achieved the target. |
| Numerator | - | 25 | 26 | 1 | |
| Denominator | | 54 | 54 | 0 | |
| Percentage of fixed PHC facilities with broadband access | | 54.2% | 61.4% | 7.2% | An over-performance was achieved which is a positive result and the Department therefore considers the performance as having achieved the target. |
| Numerator | - | 150 | 172 | 22 | |
| Denominator | | 277 | 280 | 3 | |
| ADDITIONAL PROVINCIAL INDICATORS | | | | | |
| Percentage of selected pharmacies where JAC roll-out has been completed | | 94.0% | 86.0% | (8.0%) | The initial planned roll out to 94 facilities could not be achieved due to: lack of readiness by facilities (data point capacity & installation); building and renovation delays; lack of vendor resources and procurement delays. To compensate for the reduce planned roll out, the team assessed site readiness at other facilities and conducted follow up visits to existing sites to provide top up training and support. |
| Numerator: | | 94 | 86 | (8) | |
| Denominator: | | 100 | 100 | 0 | |
| | | | | | |

STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

The PHCIS Governance Forum created in April 2015 is in the process of investigating and re-engineering the business processes and alignment of the module. This is a complex long term project and in the interim the well-established manual processes continues. The roll out of the rest of the suite continues and the department works closely with the Department of the Premier (CeI) to monitor progress with regards to connectivity and renovations to ensure the rollout continues speedily and professionally and in the most effective and efficient manner.

JAC was delayed due to several factors ranging from unstable networks to the slow procurement of network points via SITA, to mention a few. These issues are monitored and reported at various forums. To overcome the slow procurement of network point, Health has procured the network points via an emergency delegation from the HOD. This has assisted in getting the sites cabling procured and installed much quicker. The unstable network will be overhauled by the roll out of broadband. We have engaged Building Infrastructure to obtain the planned renovations and building work and now exclude sites that have renovation and building work planned.

CHANGES TO PLANNED TARGETS

No changes were made to planned targets.

LINKING PERFORMANCE WITH BUDGETS

Programme 1 recorded an under expenditure of R66.294 million and it's primarily attributable to the lower than anticipated medico legal settlements. Certain judgements are pending and will only be done in the next financial year. The other contributing factors were the high attrition rate and posts not being filled timeously. Funds were prioritised for the following:

- Distribution of chronic medication to stable chronic patients via the Department's Chronic Dispensing Unit (CDU);
- Defending and settlement of medico legal claims; and
- Strengthening of information technology by replacing obsolete computer hardware.

Table 10B: Summary of expenditure for Administration 2015/16

| Sub-programme Name | 2015/16 | | | 2014/15 | | |
|--------------------|---------------------|--------------------|--------------------------|---------------------|--------------------|--------------------------|
| | 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 |
| Office of the MEC | 7 062 | 6 208 | 854 | 6 862 | 6 862 | - |
| Management | 673 373 | 607 933 | 65 440 | 576 996 | 576 740 | 256 |
| TOTAL | 680 435 | 614 141 | 66 294 | 583 858 | 583 602 | 256 |

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

No provincial strategic objectives specified for District Health Services

Table 11B: Performance indicators for District Health Services 2015/16

| | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
|--|-------------------------------|---------------------------|-------------------------------|--------------------------|--|
| SECTOR SPECIFIC INDICATORS | | | | | |
| Number of districts piloting NHI interventions | 1 | 1 | 1 | 0 | Pilot district: Eden. |
| Establish NHI consultation fora | New Indicator | 0 | 0 | 0 | Not planned for 2015/16. |
| Number of districts consulted by NHI consultative fora | New Indicator | 0 | 0 | 0 | Not planned for 2015/16. |
| National core standards self-assessment rate (PHC facilities) ¹ | 40.8% | 69.7% | 55.7% | (14.0%) | 25 facilities were assessed by the Office of Health Standards Compliance (OHSC) and are therefore not required to conduct "self-assessments" however these assessments cannot be included in the total as per the definition (Instruction circular H210/2015). Adding these to the 156 done would take the total up to 181 assessments conducted (64.6%) which is within an acceptable range from the target. Note: The results generated by the DHIS National Core Standards system could not be used to report due to technical errors. These errors were registered with the National Department of Health but could not be corrected in time for the report submission. Therefore the paper-based tool was utilised to report performance. |
| Numerator: | 116 | 193 | 156 | (37) | |
| Denominator: | 284 | 277 | 280 | 3 | |
| Quality improvement plan after self-assessment rate (PHC facilities) | New Indicator | 88.5% | 55.1% | (33.5%) | Multiple competing priorities within the DHS, which all converge on the facility manager, have made it difficult for facility managers to timeously complete and log the quality improvement plans. |
| Numerator: | - | 171 | 86 | (85) | |
| Denominator: | - | 193 | 156 | (37) | |
| Percentage of fixed PHC facilities scoring above 80% on the ideal clinic dashboard | New Indicator | Implementation delayed | Implementation delayed | Implementation delayed | Ideal clinic assessments were delayed until the 2016/17 financial year. |
| Numerator: | - | | | | |
| Denominator: | - | | | | |
| Patient satisfaction survey rate (PHC facilities) | New Indicator | 39.4% | 59.6% | 20.3% | The inclusion of surveys from the City of Cape Town has boosted performance on this indicator. |
| Numerator: | | 109 | 167 | 58 | |
| Denominator: | | 277 | 280 | 3 | |
| Patient satisfaction rate (PHC facilities) | 81.7% | 82.4% | 84.5% | 2.0% | A higher proportion of clients indicated that they are satisfied with the service received in PHC facilities than expected and this is viewed as a positive result by the Department. |
| Numerator: | 38 510 | 29 104 | 35 521 | 6 417 | |
| Denominator: | 47 120 | 35 306 | 42 051 | 6 745 | |
| OHH registration visit coverage (annualised) | Not applicable in W Cape | Not applicable in W Cape | Not applicable in W Cape | Not applicable in W Cape | A different model (not the outreach team-model) is implemented in the Western Cape. |
| Numerator: | | | | | |
| Denominator: | | | | | |
| Number of districts with fully fledged district clinical specialists teams (DCSTs) | Not applicable in W Cape | Not applicable in W Cape | Not applicable in W Cape | Not applicable in W Cape | The Western Cape has a system where general specialists appointed at regional hospitals support and strengthen the district health system (DHS). A range of family physicians within the DHS embed clinical governance. Whilst every district has clinical specialists supporting and strengthening it, its formulation is dictated by system need and not necessarily aligned to the DCST definition and composition. |
| PHC utilisation rate (annualised) | 2 | 2.3 | 2.3 | 0.0 | The target was achieved. The PHC headcount is demand-driven which means it is not possible for the Department to predict with 100% accuracy the number of people that will require a health service. |
| Numerator: | 14 250 244 | 14 375 878 | 14 150 180 | 225 698 | |
| Denominator: | 6 130 791 | 6 245 836 | 6 245 836 | 0 | |
| Complaint resolution rate (PHC facilities) | New Indicator | 93.7% | 96.5% | 2.8% | A higher proportion of complaints were resolved than expected and this is viewed as a positive result by the Department. |
| Numerator: | - | 1 858 | 3 371 | 1 513 | |
| Denominator: | - | 1 982 | 3 492 | 1 510 | |

| | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
|---|-------------------------------|---------------------------|-------------------------------|------------------------|---|
| SECTOR SPECIFIC INDICATORS | | | | | |
| Complaint resolution within 25 working days rate (PHC facilities) | 96.2% | 93.7% | 95.5% | 1.8% | A higher proportion of complaints were resolved within 25 days than expected and this is viewed as a positive result by the Department. |
| Numerator: | 2 600 | 1 741 | 3 220 | 1 479 | |
| Denominator: | 2 702 | 1 858 | 3 371 | 1 513 | |
| ADDITIONAL PROVINCIAL INDICATORS | | | | | |
| PHC utilisation rate under 5 years (annualised) | 4.0 | 4.1 | 4.0 | 0.1 | The PHC headcount under 5 years is demand-driven 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 this deviation as having achieved the target. |
| Numerator: | 2 123 134 | 2 136 899 | 2 108 253 | 28 646 | |
| Denominator: | 528 578 ² | 523 745 | 523 745 | 0 | |
| Provincial PHC expenditure per uninsured person in 2013/14 Rand | R 605 | R 601 | R 598 | R 3 | The expenditure per uninsured person was slightly less than anticipated and this is viewed as a positive result by the Department. |
| Numerator: | R 2 774 317 302 | R 2 808 642 364 | R 2 793 841 067 | R 14 801 297 | |
| Denominator: | 4 585 791 | 4 671 844 | 4 671 844 | 0 | |
| Provincial PHC expenditure per uninsured person | R657 | R704 | R 701 | R 3 | This deviation is considered within acceptable limits. The expenditure per uninsured person was slightly less than anticipated and this is viewed as a positive result by the Department. |
| Numerator: | R 3 013 693 387 | R 3 290 814 000 | R 3 273 471 701 | R 17 342 299 | |
| Denominator: | 4 585 791 | 4 671 844 | 4 671 844 | 0 | |

*This refers to the deviation between the planned target and the actual achievement for 2015/16

Strategies to overcome areas of under-performance

National core standards self-assessments (and their related quality improvement plans) will no longer be performed at PHC facilities from 2016/17 and will be replaced with ideal clinic assessments. Specific clinics have been identified for participation in ideal clinic assessments during 2016/17 and these have been rostered and will be monitored accordingly.

Changes to planned targets

No targets were changed during this financial year.

District Hospital Services

STRATEGIC OBJECTIVES

No provincial strategic objectives specified for District Hospital Services

Strategic objectives, performance indicators, planned targets & actual achievements

Table 12B: Performance indicators for District Hospitals 2015/16

| Programme 2: District Health Services - District Hospital Services | | | | | |
|---|-------------------------------|---------------------------|-------------------------------|------------------------|--|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| SECTOR SPECIFIC INDICATORS | | | | | |
| National core standards self-assessment rate (district hospitals) ³ | 64.7% | 100.0% | 85.3% | (14.7%) | Five district hospitals did not conduct self-assessments due to renovations or external assessments conducted. |
| Numerator: | 22 | 34 | 29 | (5) | Facilities assessed by The Office of Health Standards Compliance (OHSC) are not required to conduct "self-assessments" and cannot report the OHSC assessment as self-assessments (Instruction Circular H210/2015). |
| Denominator: | 34 | 34 | 34 | 0 | |
| Quality improvement plan after self-assessment rate (district hospitals) | New indicator | 100.0% | 69.0% | (31.0%) | 8 of the 9 hospitals who did not develop a quality improvement plan (QIP) conducted a NCS self-assessment in the last quarter and did not manage to sign-off their QIPs before the end of the financial year. |
| Numerator: | | 34 | 20 | (14) | |
| Denominator: | | 34 | 29 | (5) | |
| Percentage of hospitals compliant with all extreme and vital measures of the national core standards (district hospitals) | 4.5% | 38.2% | 0.0% | (38.2%) | The assessment tool contains 95 vital and 58 extreme measures for district hospitals. If a single one of the extreme measures or less than 90% of the vital measures do not meet the requisite performance, the facility automatically fails to comply. Thus, it has been challenging to achieve this target. The results of the assessment reports are not necessarily a true reflection of the actual performance as there are technical errors in the reporting tool. These errors were registered with the National Department of Health but had not been corrected at the time of submission. |
| Numerator: | 1 | 13 | 0 | (13) | |
| Denominator: | 22 | 34 | 29 | (5) | |
| Patient satisfaction survey rate (district hospitals) | New indicator | 100.0% | 85.3% | (14.7%) | Three hospitals conducted a patient satisfaction survey but could not finalise and sign-off the report before the end of the financial year. These hospitals are therefore not included in the numerator as per the indicator definition. |
| Numerator: | | 34 | 29 | (5) | |
| Denominator: | | 34 | 34 | 0 | One Hospital tried to outsource the survey but was not successful in their attempts to recruit fieldworkers. |
| | | | | | The last hospital underwent renovation and therefore could not conduct the survey. |
| Patient satisfaction rate (district hospitals) | 87.6% | 89.8% | 88.9% | (0.9%) | 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 a deviation of less than 5% as having achieved the target. |
| Numerator: | 6 631 | 9 552 | 9 024 | (528) | |
| Denominator: | 7 568 | 10 640 | 10 155 | (485) | |
| Average length of stay (district hospitals) | 3.2 days | 3.1 days | 3.3 days | (0.2 days) | Average length of stay 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 a deviation of less than 5% as having achieved the target. |
| Numerator: | 908 493 | 921 925 | 931 177 | (9 252) | |
| Denominator: | 287 071 | 300 559 | 281 849 | 18 710 | Patients are staying longer due to increased clinical complexity related to the HIV epidemic, mental health, chronic non-communicable diseases and post-surgical extended stays due to trauma. This has the dual effect of increasing patient days while reducing separations. |

| Programme 2: District Health Services - District Hospital Services | | | | | |
|---|---|---|---|-------------------------------------|--|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * | Comment on deviation |
| Inpatient bed utilisation rate (district hospitals) Numerator: Denominator: | 89.4% 908 493 1 016 119 | 86.9% 921 925 1 060 441 | 87.5% 931 177 1 063 909 | 0.6% 9 251 3 468 | Bed utilisation rate 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 a deviation of less than 5% as having achieved the target. |
| Mental health admission rate (district hospitals) Numerator: Denominator: | 1.9% 5 401 287 071 | 1.6% 4 850 300 559 | 2.9% 8 101 281 849 | (1.3%) 3 251 (18 710) | There has been an increased burden of mental health admissions commonly due to substance abuse. In addition, coding and reporting has improved. |
| Expenditure per PDE (district hospitals) Numerator: Denominator: | R 1 838 R 2 512 440 894 1 366 684 | R 1 945 R 2 695 525 000 1 386 094 | R 1 954 R 2 731 832 162 1 397 974 | (R 9) (R 36 307 162) (11 880) | Expenditure per 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 Department therefore considers a deviation of less than 5% as having achieved the target. |
| Complaint resolution rate (district hospitals) Numerator: Denominator: | New indicator | 94.1% 1 179 1 253 | 93.1% 1 763 1 894 | (1.0%) 584 641 | 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 a deviation of less than 5% as having achieved the target. |
| Complaint resolution within 25 working days rate (district hospitals) Numerator: Denominator: | 90.1% 1 192 1 323 | 93.5% 1 103 1 179 | 90.2% 1 590 1 763 | (3.4%) 487 584 | 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 a deviation of less than 5% as having achieved the target. |
| ADDITIONAL PROVINCIAL INDICATORS | | | | | |
| Expenditure per PDE in 2013/14 Rand (district hospitals) Numerator: Denominator: | R 1 692 R 2 312 879 032 1 366 684 | R 1 660 R 2 300 575 392 1 386 094 | R 1 668 R 2 331 562 802 1 397 974 | (R 8) R 30 987 411 11 880 | Expenditure per 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 Department therefore considers a deviation of less than 5% as having achieved the target. |
| Mortality and morbidity review rate (district hospitals) Numerator: Denominator: | 86.5% 294 340 | 88.3% 341 386 | 78.0% 301 386 | (10.4%) (40) 0 | Smaller hospitals have a smaller number of professional staff often spread across 3 shifts in a day. It has been difficult to create a quorum for a clinical meeting under these circumstances. |

*This refers to the deviation between the planned target and the actual achievement for 2015/16

Strategies to overcome areas of under-performance

National Core Standards (NCS) – Further training and support for these assessments at hospitals will be done. Targets for compliance with extreme and vital measures have been adjusted to be more realistic.

Quality improvement plans and patient satisfaction surveys (PSS): Hospitals will be expected to conduct their NCS assessments and PSS before the third quarter of the financial year to ensure that there is enough time to finalise and sign-off their quality improvement plan and PSS report respectively before the end of the financial year.

Mortality and morbidity (M&M) reviews – a more moderate target was set to take into account the challenges experienced by small hospitals, i.e. hospitals with less than 50 beds. A plan for district hospitals to conduct joint M&M meetings is currently under consideration.

Changes to planned targets

No targets were changed.

HIV & AIDS, STIS & TB Control (HAST)

STRATEGIC OBJECTIVES

Strategic objectives, performance indicators, planned targets & actual achievements

- Improve the TB programme success rate.

The achieved TB programme success rate is in line (only 0.3 per cent less) with the target that was set.

- Improve the proportion of ART clients who remain in care.

The proportion of ART clients remaining in care (as measured at 12 months and 48 months) was less than the target but it is felt that this is not an accurate representation of actual performance. The reasons for this are set out below and relate to data capture and patient movement between facilities. Strategies to improve measured performance are set out below.

Table 13B: Strategic Objectives for HAST 2015/16

| Programme 2: District Health Services - HIV and AIDS, STIs and TB control | | | | | | |
|---|---------------------------------------|----------------------------|------------------------|----------------------------|---------------------|--|
| Strategic objectives | Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| STRATEGIC GOAL: Promote health and wellness. | | | | | | |
| Improve the TB programme success rate. | TB programme success rate | New indicator | 82.6% | 82.3% | (0.3%) | TB programme success rate 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 a deviation of less than 5% as having achieved the target. |
| | Numerator: | | 37 987 | 35 756 | (2 231) | |
| | Denominator: | | 45 967 | 43 445 | (2 522) | |
| Improve the proportion of ART clients who remain in care. | ART retention in care after 12 months | New indicator | 80.2% | 68.9% | (11.3%) | This is not thought to be a true reflection of the standard of care for the following reasons: 1) required data capture is complex and of a significant scale and thus difficult to maintain. 2) Other data sources consistently indicate good performance in viral load suppression and individual facility retention. 3) Patient movement between facilities is not well catered for in the current monitoring system and can reflect as poor retention. |
| | Numerator: | | 27 994 | 24 586 | (3 408) | |
| | Denominator: | | 34 893 | 35 683 | 790 | |
| | ART retention in care after 48 months | New indicator | 65.4% | 57.3% | (8.1%) | This is not thought to be a true reflection of the standard of care for the following reasons: 1) required data capture is complex and of a significant scale and thus difficult to maintain. 2) Other data sources consistently indicate good performance in viral load suppression and individual facility retention. 3) Patient movement between facilities is not well catered for in the current monitoring system and can reflect as poor retention. |
| | Numerator: | | 16 449 | 13 073 | (3 376) | |
| | Denominator: | | 25 154 | 22 809 | (2 345) | |

Table 14B: Performance Indicators for HAST 2015/16

| Programme 2: District Health Services - HIV and AIDS, STIs and TB control | | | | | |
|---|----------------------------|------------------------|----------------------------|---------------------|--|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| SECTOR SPECIFIC INDICATORS | | | | | |
| Total clients remaining on ART (TROA) ⁴ | 180 769 | 188 983 | 203 565 | 14 582 | Continued focus on this priority programme has resulted in an achievement above the target. |
| Client tested for HIV (including ANC) | New indicator | 1 103 372 | 1 384 563 | 281 191 | Continued focus on this priority programme has resulted in an achievement above the target. |
| TB symptom 5 years and older screened rate | 5.4% | 3.1% | 16.4% | 13.3% | This was a new indicator and an estimated target was set. The introduction of the National 90 90 programme, an intervention to improve the screening, diagnosis, treatment initiation and treatment outcome of TB and HIV patients, which included the rollout of implementation tools together with supportive management teams have enabled this gratifying performance. |
| Numerator: | 654 661 | 383 882 | 1 971 968 | 1 588 087 | |
| Denominator: | 12 127 110 | 12 238 979 | 12 041 927 | (197 052) | |

| Programme 2: District Health Services - HIV and AIDS, STIs and TB control | | | | | |
|--|---|--|----------------------------------|---------------------------------|--|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| Male condom distribution rate (annualised) Numerator: Denominator: | 56 123 461 309 2 216 129 | 57.6 130 893 367 2 272 522 | 50.2 114 157 641 2 272 522 | (7.4) (16 735 726) 0 | Improved reporting to reduce duplication has produced more valid data which resulted in a decreased performance, but a more reliable reflection. |
| Female condom distribution rate (annualised) Numerator: Denominator: | New indicator | 1.3 3 167 181 2 382 174 | 1.5 3 482 557 2 382 174 | 0.1 315 376 0 | Continued focus on this priority programme has resulted in an achievement above the target. |
| Medical male circumcision performed – total | 15 498 | 22 899 | 13 310 | (9 589) | The target was not achieved for the following reasons: Withdrawal of non-profit organisations from rural districts (main contributor to MMC's in the past). Hospital doctors are scheduled to perform MMC's, however these get cancelled when other emergencies supersede them. Insufficient scale of community mobilisation techniques. Lack of support from many rural doctors (part-time public service, part-time general practitioners). |
| TB new client treatment success rate Numerator: Denominator: | 83.3% 37 712 45 265 | 84.6% 11 748 13 893 | 84.4% 10 657 12 631 | (0.2%) (1 091) (1 262) | TB new client treatment success rate 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 a deviation of less than 5% as having achieved the target. In 2014/15 this indicator was defined to mean all cases of TB diagnosed in the year, this was changed in 2015/16 to only reflect NEW smear positive hence the significant change in numerator and denominator. The new indicator "TB programme success rate" reflects ALL cases. |
| TB client loss to follow up rate Numerator: Denominator: | 8.3% 1 086 13 006 | 7.3% 1 017 13 893 | 9.0% 1 134 12 631 | (1.7%) (117) 1 262 | Incorrect addresses and contact details remain a problem for attempts to track down defaulting patients. |
| TB death rate Numerator: Denominator: | New indicator | 2.7% 376 13 893 | 2.6% 331 12 631 | 0.1% 45 1 262 | The TB death rate was slightly less than anticipated and this is viewed as a positive result by the Department. |
| TB MDR confirmed treatment initiation rate Numerator: Denominator: | - 1 063 Data system to be established with NHLS | 1 250 Data system to be established with NHLS | 76.6% 1 002 1 308 | No Target (248) No Target | No target was set for this indicator due to the lack of denominator data. Denominator data sourced from NICD for 2015/16. The 23.5% patients not initiated on treatment could be due to patients who died before treatment started or patients who could not be traced. |
| TB MDR treatment success rate Numerator: Denominator: | New indicator | 39.7% 475 1 197 | 39.4% 604 1 532 | (0.3%) 129 335 | TB MDR treatment success rate 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 a deviation of less than 5% as having achieved the target. |

* This refers to the deviation between the planned target and the actual achievement for 2015/16

STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

ART retention in care (RIC) at 12 and 48 months – the ART programme will identify facilities struggling to report and/or performing poorly. More investigation at facility level is required and discussions with operational/ facility managers to address challenges with data capture and retention.

Male condom distribution rate – a provincial condom strategy that was distributed to the districts as a guide will aid customised district plans to assist in scaling up performance in future.

Medical male circumcisions (MMCs) – additional support by non-PEPFAR partners is being explored. The Department

established a task team, led by an academic, to assist with this programme.

TB loss to follow up rate - improved counselling of patients and strengthening of CBS home and community-based care (HCBC) services to follow-up clients are being explored to assist with this.

TB MDR treatment initiation rate – the definition issues will be taken up with the National Department of Health and the data collection with National Health Laboratory Services (NHLS).

CHANGES TO PLANNED TARGETS

There were no changes to planned targets in this financial year.

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

STRATEGIC OBJECTIVES

Strategic objectives, performance indicators, planned targets & actual achievements

- Reduce mortality in children under 5 years

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.

Table 15B: Strategic Objectives for MCWH and Nutrition 2015/16

| Programme 2: District Health Services - Maternal, Child and Women's Health and Nutrition | | | | | | |
|--|---|----------------------------|------------------------|----------------------------|---------------------|---|
| Strategic objectives | Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| STRATEGIC GOAL : Promote health and wellness | | | | | | |
| 1.1 Reduce mortality in children under 5 years | 1.1.1 Under 5 mortality rate (Stats SA) Numerator: Denominator: | New indicator | 23 | 24 | (1) | This deviation is considered within acceptable limits |
| | | | 2 365 | 2 309 | 56 | |
| | | | 102.270 | 97.074 | 5 | |

Table 16B: Performance Indicators for MCWH and Nutrition 2015/16

| Programme 2: District Health Services - Maternal, Child and Women's Health and Nutrition | | | | | |
|--|----------------------------|----------------------------|----------------------------|--------------------------------|---|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| SECTOR SPECIFIC INDICATORS | | | | | |
| Antenatal 1st visit before 20 weeks rate Numerator: Denominator: | 65.8% 64 604 98 136 | 63.2% 64 429 101 996 | 67.7% 60 521 89 431 | 4.5% (3 908) (12 565) | The antenatal 1st visit before 20 weeks rate was higher than anticipated and this is viewed as a positive result by the Department. 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. |
| Mother postnatal visit within 6 days rate Numerator: Denominator: | New indicator | 78.7% 75 714 96 256 | 67.8% 63 971 94 342 | (10.9%) (11 743) (1 914) | Duplicate counting has been identified as an issue therefore baseline data and subsequent target setting was incorrect. Performance appears to decrease because of corrected data. However the data will become more reliable which will allow a better assessment of current status and for future target setting. |
| Antenatal client initiated on ART rate Numerator: Denominator: | Ne indicator | 75.5% 7 229 9 572 | 77.5% 6 070 7 834 | 2.0% (1 159) (1 738) | Antenatal client initiated on ART rate 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 a deviation of less than 5% as having achieved the target. |

| Programme 2: District Health Services - Maternal, Child and Women's Health and Nutrition | | | | | |
|--|-------------------------------|----------------------------|-------------------------------|--------------------------------|--|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| Infant 1st PCR test positive around 6 weeks rate Numerator: Denominator: | 1.4% 190 13 645 | 1.4% 181 12 642 | 1.0% 144 13 978 | 0.4% 37 1 336 | Fewer infants tested positive for the PCR test around 6 weeks than anticipated and this is viewed as a positive result by the Department. 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. |
| Immunisation coverage under 1 year (annualised) Numerator: Denominator: | 90.1% 93 542 103 781 | 93.8% 95 041 101 299 | 88.8% 89 942 101 299 | (5.0%) (5 099) 0 | BCG and other stock-outs have played a role here. The impact of clinical guideline changes to the measles vaccines has affected this indicator. The change of measles vaccination to 6 months means that an additional visit has been introduced which has led to further dropout at the 9 month visit where this indicator is measured. |
| Measles 2 nd dose coverage (annualised) Numerator: Denominator: | New indicator | 77.5% 80 181 103 498 | 85.9% 88 873 103 498 | 8.4% 8 692 0 | Changes to immunisation schedule means that higher than normal measles doses have been administered in the short term. Because the age of immunisation has been brought earlier (from 18 months to 12 months for the second measles dose), the cohort of children eligible has temporarily increased. This has artificially pushed up measles second dose coverage but is expected to decrease once the change in schedule has stabilised. |
| DTaP-IPV/Hib3 – Measles 1 st dose drop-out rate Numerator: Denominator: | New indicator | 4.3% 4 403 102 976 | (11.7%) (11 529) 98 720 | (16.0%) (15 932) (4 257) | Changes to immunisation schedule means that higher than normal measles doses have been administered in the short term. Because the age of immunisation has been brought earlier (from 9 months to 6 months for the first measles dose), more children were temporarily available to be immunised. This has resulted in more measles first doses than anticipated being given in this period than DTaP-IPV/Hib3 which has led to a negative dropout rate (i.e. higher number of children received measles 1st dose compared to DTaP-IPV/Hib3). However, this will readjust in the new financial year. |
| Child under 5 years diarrhoea case fatality rate Numerator: Denominator: | 0.2% 12 7 704 | 0.2% 16 8 179 | 0.1% 13 8 685 | 0.1% 3 (506) | 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. A smaller proportion of children under 5 years who were admitted with diarrhoea died than anticipated and this is viewed as a positive result by the Department. |
| Child under 5 years pneumonia case fatality rate Numerator: Denominator: | 0.4% 32 7 445 | 0.5% 34 6 478 | 0.3% 36 10 726 | 0.2% (2) (4 248) | 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. A smaller proportion of children under 5 years who were admitted with pneumonia died than anticipated and this is viewed as a positive result by the Department. |
| Child under 5 years severe acute malnutrition case fatality rate Numerator: Denominator: | 1.8% 18 986 | 4.2% 26 617 | 0.9% 11 1 254 | 3.3% 15 (637) | 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. Improved reporting of cases due to focus during Paediatric Surge Season has resulted in a higher number of cases reported. A smaller portion of children under 5 years who were admitted with severe acute malnutrition died than anticipated and this is viewed as a positive result by the Department. |
| School Grade R screening coverage (annualised) Numerator: Denominator: | New indicator | 9.5% 6 238 65 861 | 25.0% 14 263 57 120 | 15.5% 8 025 (8 741) | An increased focus on the school health programme has led this heartening above target performance. Denominator provided by NDoH - 2013 learner totals (source: DHIS) |
| School Grade 1 screening coverage (annualised) Numerator: Denominator: | 41.6% 44 271 106 501 | 24.2% 26 720 110 374 | 52.1% 54 107 103 949 | 27.8% 27 387 (6 425) | An increased focus on the school health programme has led this heartening above target performance. Denominator provided by NDoH - 2013 learner totals (source: DHIS) |
| School Grade 8 screening coverage (annualised) Numerator: Denominator: | 0.6% 439 75 604 | 0.1% 69 79 086 | 10.3% 7 657 74 423 | 10.2% 7 588 (4 663) | An increased focus on the school health programme has led this heartening above target performance. Denominator provided by NDoH - 2013 learner totals (source: DHIS) |

| Programme 2: District Health Services - Maternal, Child and Women's Health and Nutrition | | | | | |
|---|-------------------------------------|----------------------------------|----------------------------------|----------------------------|---|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * | Comment on deviation |
| Couple year protection rate (annualised) Numerator: Denominator: | 59.2% 1 008 850 1 704 472 | 74.3% 1 288 021 1 733 187 | 58.9% 1 020 105 1 733 187 | (15.5%) (267 916) 0 | Fewer condoms (data collection issues addressed) and fewer uptakes of implants (uptake overestimated) contributed to this substantially lower than expected performance. |
| Cervical cancer screening coverage (annualised) Numerator: Denominator: | 57.2% 89 162 155 833 | 59.2% 94 930 160 334 | 54.4% 87 169 160 334 | (4.8%) (7 761) 0 | Cervical cancer screening coverage 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 a deviation of less than 5% as having achieved the target. |
| Human Papilloma Virus vaccine 1 st dose coverage Numerator: Denominator: | 79.8% 33 644 42 168 | 80.5% 34 782 43 204 | 79.0% 33 537 42 438 | (1.5%) (1 245) (766) | 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 a deviation of less than 5% as having achieved the target. |
| Vitamin A dose 12 – 59 months coverage (annualised) Numerator: Denominator: | 47.3% 402 264 849 594 | 44.0% 371 919 844 892 | 47.3% 399 480 844 892 | 3.3% 27 561 0 | 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. More children aged 12 – 59 months received Vitamin A supplementation than anticipated and this is viewed as a positive result by the Department. |
| Maternal mortality in facility ratio Numerator: Denominator: | 55 per 100 000 54 | 66 per 100 000 64 0.970 | 71 per 100 000 67 0.949 | (5) (3) (0.022) | There were 3 more deaths than the target. Although the numbers are small, this is of concern and requires further investigation. |
| Inpatient early neonatal death rate Numerator: Denominator: | New indicator 5 479 97.029 | 5 479 97.029 | 4 421 94.855 | 1 58 2.174 | 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. A smaller proportion of children died within 7 days after birth than anticipated and this is viewed as a positive result by the Department. |
| ADDITIONAL PROVINCIAL INDICATORS | | | | | |
| Measles 1 st dose under 1 year coverage (annualised) Numerator: Denominator: | 93.3% 96 806 103 781 | 97.3% 98 573 101 299 | 108.8% 110 249 101 299 | 11.5% 11 676 0 | Changes to immunisation schedule means that higher than normal measles doses have been administered in the short term. Because the age of immunisation has been brought earlier (from 9 months to 6 months for the first measles dose), more children were temporarily available to be immunised. This has resulted in more measles first doses than anticipated being given in this period. However, this will be corrected in the new financial year. |
| Pneumococcal vaccine (PCV) 3 rd dose coverage (annualised) Numerator: Denominator: | 92.8% 96 296 103 781 | 97.8% 99 118 101 299 | 92.4% 93 593 101 299 | (5.5%) (5 525) 0 | The new measles schedule (1st dose changed from 9 months to 6 months) does not allow measles vaccine and PCV3 to be given simultaneously and there is a 4 week deferral period. The additional visit required has resulted in further dropout so coverage for this has been negatively impacted. |
| Rotavirus (RV) 2 nd dose coverage (annualised) Numerator: Denominator: | 94.4% 97 956 103 781 | 99.6% 100 898 101 299 | 95.6% 96 825 101 299 | (4.0%) (4 073) 0 | 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 a deviation of less than 5% as having achieved the target. |

STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

Mother postnatal visits – the correction of data will result in improved target setting.

Immunisation – the introduction of the change in measles schedule has impacted on most of the immunisation indicators, i.e. immunisation coverage under 1 year, Measles 2nd dose coverage, DTaP-IPV/Hib3 – Measles 1st dose drop-out rate, Measles 1st dose under 1 year coverage and PVC 3rd dose coverage. However, this is expected to stabilise in the new financial year but will be closely monitored.

Couple year protection - the resolution of data collection issues will result in improved target setting. There is a plan to renew awareness of implants and dispel possible negative perceptions of side-effects.

Maternal Mortality rate – the increase in maternal mortality rate needs to be investigated and appropriate action taken.

CHANGES TO PLANNED TARGETS

No changes to targets were made during the financial year.

Disease Prevention & Control (DPC)

STRATEGIC OBJECTIVES

No provincial strategic objectives specified for Disease Prevention & Control (DPC)

Table 17B: Performance Indicators for Disease Prevention & Control (DPC) 2015/16

| Programme 2: District Health Services - Disease prevention and control | | | | | |
|--|-------------------------------|-------------------------------|-------------------------------|------------------------|--|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| SECTOR SPECIFIC INDICATORS | | | | | |
| Client screened for hypertension – 25 years and older | New indicator | Data system to be established | Data system to be established | Not Applicable | The necessary data system will be established in 2016/17. |
| Client screened for diabetes – 5 years and older | New indicator | Data system to be established | Data system to be established | Not Applicable | The necessary data system will be established in 2016/17. |
| Client screened for mental disorders | New indicator | Data system to be established | Data system to be established | Not Applicable | The necessary data system will be established in 2016/17. |
| Numerator: | | - | - | - | |
| Denominator: | | 14 375 878 | 14 150 180 | (225 698) | |
| Client treated for mental disorders - new | New indicator | Data system to be established | Data system to be established | Not Applicable | The necessary data system will be established in 2016/17. |
| Numerator: | | - | - | - | |
| Denominator: | | - | - | - | |
| Cataract surgery rate in uninsured population (annualised) | 1 729 | 1 725 | 1 645 | (81) | Cataract surgery 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 a deviation of less than 5% as having achieved the target. |
| Numerator: | 7 929 | 8 061 | 7 684 | (377) | |
| Denominator: | 5 | 4.672 | 4.672 | 0 | |
| Malaria case fatality rate | 1.6% | 2.3% | 0.0% | 2.3% | No deaths due to malaria were reported in the Western Cape. 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. |
| Numerator: | 3 | 3 | 0 | 3 | |
| Denominator: | 186 | 130 | 110 | 20 | |
| ADDITIONAL PROVINCIAL INDICATORS | | | | | |
| Establish a provincial multi-sectoral communicable disease control (CDC) stakeholder committee | Not required to report | Yes | Yes | 0 | Target was achieved. |
| Percentage of fixed PHC facilities that conducted a chronic disease audit | Not required to report | 69.3% | 61.4% | (7.9%) | Some facilities chose not to participate in this year's audit because they felt that such an audit would be of more value if done less frequently. |
| Numerator: | | 192 | 172 | (20) | |
| Denominator: | | 277 | 280 | 3 | |

STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

Chronic disease audits – there will be improved consultation with health facilities regarding participation in this audit so that accurate targets may be set.

CHANGES TO PLANNED TARGETS

There were no changes to planned targets in this financial year.

LINKING PERFORMANCE WITH BUDGETS

District Health Services operated within budget for this financial year. At the same time, most targets were met or exceeded. Where targets were not met, to a large extent, increased budget is not required to address these except some limited strengthening of the community based services platform. However, the budget environment is constrained. The Department has ensured that this component (community based services) does not incur any budget cuts in the new financial year.

Table 18B: Summary of expenditure for District Health Services 2015/16

| Sub-programme name | 2015/16 | | | 2014/15 | | |
|--------------------------|---------------------|--------------------|--------------------------|---------------------|--------------------|--------------------------|
| | 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 |
| District Management | 316 842 | 317 524 | (682) | 308 300 | 306 284 | 2 016 |
| Community Health Clinics | 1 102 756 | 1 079 406 | 23 350 | 1 045 380 | 1 036 408 | 8 972 |
| Community Health Centres | 1 708 262 | 1 679 765 | 28 497 | 1 501 520 | 1 496 331 | 5 189 |
| Community-Based Services | 193 090 | 196 777 | (3 687) | 176 923 | 174 671 | 2 252 |
| Other Community Services | 1 | - | 1 | 1 | - | 1 |
| HIV and AIDS | 1 209 001 | 1 208 872 | 129 | 1 082 794 | 1 082 792 | 2 |
| Nutrition | 40 320 | 41 305 | (985) | 37 507 | 36 223 | 1 284 |
| Coroner Services | 1 | - | 1 | 1 | - | 1 |
| District Hospitals | 2 732 261 | 2 735 939 | (3 678) | 2 505 226 | 2 512 441 | (7 215) |
| Global Fund | 99 347 | 93 292 | 6 055 | 127 072 | 122 123 | 4 949 |
| TOTAL | 7 401 881 | 7 352 880 | 49 001 | 6 784 724 | 6 767 273 | 17 451 |

District Health Services recorded an under spending of R49.001 million or 0.67 per cent of its final appropriation for this financial year. The budget funded staff, medication, laboratory tests and facility maintenance which enabled the achievement of programme targets. Where targets were not met, to a large extent, increased budget is not required to address these except some limited strengthening of the community based services platform.

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

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

Strategic objectives, performance indicators, planned targets & actual achievements

Table 19B: Strategic objectives for EMS and patient transport 2015/16

| Programme 3: Emergency Medical Services | | | | | | |
|---|---|----------------------------|-------------------------|----------------------------|------------------------|---|
| Strategic objectives | Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| STRATEGIC GOAL: Embed good governance and values-driven leadership practices. | | | | | | |
| 1.1 Ensure registration and licensing of ambulances as per the statutory requirements | 1.1.1 Percentage of WCG: Health rostered ambulances registered and licensed Numerator: Denominator: | New indicator | 84.9% 146 172 | 100.0% 155 155 | 15.1% 9 (17) | EMS has managed to license 100% of its rostered ambulances, above target. All ambulances in the EMS fleet (including pool vehicles) were licensed according to the prescribed legislation. |

Table 20B: Performance indicators for EMS and patient transport 2015/16

| Programme 3: Emergency Medical Services | | | | | |
|---|-----------------------------|-----------------------------|-----------------------------|--------------------------------|---|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| SECTOR SPECIFIC INDICATORS | | | | | |
| EMS P1 urban response under 15 minutes rate Numerator: Denominator: | 61.0% 112 100 183 694 | 75.0% 148 551 198 068 | 61.7% 138 444 224 462 | (14%) (10 107) 26 394 | There has been a significant increase in the P1 incident volume which, when coupled with the increase in P1 inter facility transfers, has placed a substantial pressure on the available resources. In spite of this, EMS has succeeded in maintaining past performances. |
| EMS P1 rural response under 40 minutes rate Numerator: Denominator: | 83.1% 23 972 28 844 | 90.0% 28 509 31 676 | 80.6% 15 713 19 497 | (9.4%) (12 796) (12 179) | Performance in the rural P1 incident group has been stable in spite of the service pressures both in terms of demand and critical resources |

| Programme 3: Emergency Medical Services | | | | | |
|--|----------------------------|------------------------|----------------------------|---------------------|--|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| EMS inter-facility transfer rate | 22.5% | 23.0% | 40.4% | (17.4%) | This indicator demonstrates a change in the inter-facility transfer rate with a nominal increase of greater than 30 000 incidents. This has placed a substantial burden on the available ambulance resources with the bulk of the effect felt in the metropole. |
| Numerator: | 176 945 | 127 539 | 210 116 | (82 477) | |
| Denominator: | 786 726 | 554 519 | 520 113 | 34 406 | |
| ADDITIONAL PROVINCIAL INDICATORS | | | | | |
| EMS operational ambulance coverage | 0.40 | 0.42 | 0.37 | (0.06) | The status of the fleet remains strong. This was achieved on the back of a decision not to expand the ambulance fleet as a response to fiscal challenges within the department. |
| Numerator: | 246 | 260 | 228 | (32) | |
| Denominator/10 000 : | 613.079 | 624.584 | 624.584 | 0 | |
| Rostered ambulances per 10 000 people | 0.26 | 0.28 | 0.25 | (0.03) | Staff resources remain under significant pressure. Fiscal pressures has also necessitated the allocation of overtime to be more closely monitored and managed, which has resulted in overall rostered crew reduction. |
| Numerator: | 158 | 172 | 155 | (17) | |
| Denominator/10 000 : | 613.079 | 625 | 625 | 0 | |
| Total number of EMS emergency cases | 515 237 | 554 519 | 520 113 | (34 406) | Forecasting for the year was based on the expected increase of population, year on year. The increase was marginally less than predicted and is inclusive of Priority 1 and Priority 2 cases. |
| EMS P1 call response under 60 minutes rate | 95.0% | 80.0% | 96.1% | 16.1% | This indicator demonstrates an increase in performance despite the resource pressures experienced across the province. This reflects the considerable efforts on the part of all staff to ensure optimal service delivery. |
| Numerator: | 201 841 | 183 796 | 234 439 | 50 643 | |
| Denominator/10 000 : | 212 538 | 229 745 | 243 959 | 14 214 | |
| EMS all calls response under 60 minutes rate | 72.7% | 80.0% | 66.5% | (13.5%) | The drop in 'all calls under 60 minutes' reflects the organizations' focus on life-threatening incidents. The resulting drop in performance is due to the combination of lower rostered ambulances and rising P1 volume. As a consequence non-life threatening- cases continue to wait longer than desired for services. |
| Numerator: | 452 379 | 521 943 | 474 329 | (47 614) | |
| Denominator/10 000 : | 622 297 | 652 428 | 713 144 | 60 716 | |

Strategies to overcome areas of under-performance

The P1 performance and All Calls under 60 minutes have been a challenge for this reporting period. A new Inter Facility Transfer strategy will soon be introduced that will have dedicated vehicles and control room staff. This will alleviate the pressure of all operational staff by streamlining the workflow that needs to be dealt with. We will also introduce "top referring" facilities to a new contact number that will allow them priority when calling the ECC. The introduction of online booking systems for inter facility transfers will alleviate some pressure on the communications centre and allow for more streamlined planning of the service between facilities.

Changes to planned targets

No planned changes were made to targets in this financial year.

Linking performance with budgets

- Programme 3's annual expenditure reflects a saving of R6.740 million. This was achieved through a concerted effort on the part of the organization to achieve the savings target due to the fiscal pressures introduced in the 2015/16 financial year.
- When examining the sub-programme spending, Sub-programme 3.1: Emergency Transport recorded a nominal saving of R15.524 million. The bulk of this was attained through the management of the compensation of employees (which was one of the prerequisites in the sector savings initiative).
- Sub-programme 3.2: Planned Patient Transport, however, recorded an overspending of R8.784 million which was largely driven by overtime incurred through late trips and long journeys travelled by Paramedics. In spite of these financial pressures, EMS has been able to maintain its good performance and reflects the efforts on the part of all staff to ensure improved service delivery.

Table 21B: Summary of expenditure for Emergency Medical Services 2015/16

| Sub-programme name | 2015/16 | | | 2014/15 | | |
|---------------------------|---------------------|--------------------|--------------------------|---------------------|--------------------|--------------------------|
| | 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 |
| Emergency Transport | 865 865 | 850 341 | 15 524 | 6 862 | 812 615 | (971) |
| Planned Patient Transport | 72 007 | 80 791 | (8 784) | 576 996 | 68 038 | 971 |
| TOTAL | 937 872 | 931 132 | 6 740 | 880 653 | 880 653 | - |

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: Rehabilitation Services

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) Hospital

STRATEGIC OBJECTIVES

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. Management structures in the geographic service areas have created improved service coordination and communication between institutions across service levels of care.

Ensure access to general specialist hospital services

- Strengthening of general specialist services continued within regional hospitals. Equity of access to services was ensured within the geographical services areas, providing a total of 1 389 beds within regional hospitals and achieving an overall bed occupancy rate of 89.1 per cent and an average length of stay of 3.9 days.
- The Specialists in the rural regional hospitals improved access to specialist services throughout the districts and strengthened capacity as a result of improved outreach and support.
- The expanded Radiology services in George reduced the dependency and cost of outsourced services as well as improving the patient experience as patients do not have to travel to Cape Town for this service.
- Psychiatric services at Paarl hospital remained under pressure and the newly built Psychiatric Unit with capacity for 30 beds, as well as 3 seclusion rooms, will be commissioned by July 2016. This will improve the quality of care for Psychiatric services in Cape Winelands West district and the West Coast District.
- New Somerset hospital in particular remained pressured. This was evident in Orthopaedic services in the very high bed occupancy rate and theatre cancellations (overbooked slates). The bed occupancy rate averaged 118 per cent with an average length of stay of 7 days.
- The pressurised Arthroplasties services (hip and knee) at New Somerset hospital amounted to about 8 cases

in total per month, 70 for the year. A workgroup flow was implemented to ensure the streamlining and faster movement of admitted patients from the Emergency Centre to the wards.

- Chronic diseases were treated to improve the overall health of individuals with multiple chronic conditions.
- Emergency centres within the hospitals provided an optimal service to improve the patient experience.

Allocate sufficient funds to ensure the sustained delivery of the full package of quality general specialist hospital services

- Equitable budgets were allocated that aligned with the expected outcomes to deliver an optimal service at an average cost of R2 717 per patient day and remaining within the allocated budget.
- Hospitals in this sub-programme were allocated 54.87 per cent of the Programme 4 budget. The budget was used to strengthen regional hospital services to improve the quality of care and strengthen outreach and support to district health services.
- Supply chain management processes improved overall within hospitals. More mini and longer term contracts for example patient food and other goods and services were established to ensure uninterrupted service delivery.
- Posts were filled in accordance with the approved post list (APL) and the financial year was ended within the affordable APL which was funded at 95.9 per cent.
- The hospitals implemented savings plans to manage expenditure for best value for money within the overall constraints of available budgets which contributed to the savings generated by this sub-programme.
- Cost containment strategies included the monitoring of agency staff expenditure, blood and related products, electricity, laboratory services and medical and surgical supplies. The cost containment strategies were reported on a monthly basis at the Focus Financial Monitoring Committee to ensure the optimal utilization of allocated budgets and creating savings that could be channelled to other service areas.
- The Functional Business Units (FBU) remained a priority and the implementation of this decentralised management model was concluded. Accountability at cost centre unit is a key contributing factor to ensure efficient use of resources.

Ensure that management provides sustained support and strategic direction in the delivery of health services

- Staff of various hospitals has been participating in the leadership development initiative with Ernst and Young. Training and development continued to improve competencies.
- Hospitals have initiated a visible leadership roster which involved senior management walking the floor and engaging with staff and patients/clients.
- Accurate and timeous clinical information provided to managers was meaningfully analysed to improve the quality of care and assisted in benchmarking to ensure the equitable allocation of limited resources.

Improve the quality of health services

- The unified approach towards service delivery within geographical service areas ensured improved co-operation between clinicians and healthcare workers to promote improving the patient experience.
- The clinical quality of care was improved by acting appropriately on recommendations and findings of the monthly mortality and morbidity reviews. The mortality and morbidity review rate was 83.8 per cent exceeding the target (83.3 per cent) as more meetings were held than initially planned.
- Findings in the annual patient satisfaction survey were analysed and continued efforts were made to improve staff attitudes, reduce waiting times, ensure clean facilities, ensuring the safety of patients and staff, avoiding transmission of infections and ensuring the availability of medical supplies. The overall patient satisfaction rate was 85 per cent.
- Adverse incidents and patient complaints were investigated and managed appropriately 100 per cent of complaints were resolved within 25 working days for regional hospitals.
- The adherence to the identified priorities extracted from the National Core Standards were assessed and used to improve the overall quality of care. All regional hospitals conducted the compliance self-assessments. Based on the outcome all hospitals compiled quality improvement plans. Functional Business Units were tasked to ensure compliance with a special focus on extreme and vital measures.
- All Regional Hospitals have implemented Best Care Always bundles for reducing hospital acquired infections. There are active Infection Prevention Control initiatives at the hospitals and antibiotic stewardship is receiving focused attention at these hospitals with support and outreach from Groote Schuur and Tygerberg Hospitals.

Table 22B: Strategic objectives for General (Regional) Hospitals 2015/16

| Sub-programme 4.1: General (Regional) Hospitals | | | | | | |
|---|--|-------------------------------|---------------------------|-------------------------------|------------------------|----------------------------------|
| Strategic objectives | Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| STRATEGIC GOAL: Promote health and wellness. | | | | | | |
| Provide quality general / regional hospital services. | Actual (usable) beds in regional hospitals | 1 389 | 1 389 | 1 389 | 0 | Target achieved, zero deviation. |

Table 23B: Performance indicators for General (Regional) Hospitals 2015/16

| Sub-programme 4.1: General (Regional) Hospitals | | | | | |
|---|-------------------------------|---------------------------|-------------------------------|------------------------|---|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| SECTOR SPECIFIC INDICATORS | | | | | |
| National core standards self-assessment rate (regional hospitals) ⁵ | 100.0% | 100.0% | 100.0% | 0% | Target achieved, zero deviation. |
| Numerator: | 5 | 5 | 5 | 0 | |
| Denominator: | 5 | 5 | 5 | 0 | |
| Quality improvement plan after self-assessment rate (regional hospitals) | 100.0% | 100.0% | 100.0% | 0% | Target achieved, zero deviation. |
| Numerator: | 5 | 5 | 5 | 0 | |
| Denominator: | 5 | 5 | 5 | 0 | |
| Percentage of hospitals compliant with all extreme and vital measures of the national core standards (regional hospitals) | 0.0% | 60.0% | 0.0% | (60%) | As this is a new performance indicator, a baseline target could not be set for the 2014/15 financial year. |
| Numerator: | 0 | 3 | 0 | (3) | Results based on 2015/16 NCS findings: |
| Denominator: | 5 | 5 | 5 | 0 | Extreme standards <100%: NSH: 83, MMH: 94, PAH: 89, GRH: 94 & WOC: 96, all hospitals non-compliant. Vital standards <90%: NSH: 77, MMH: 88, PAH: 97, GRH: 94 & WOC: 98, NSH & MMM non-compliant. |
| | | | | | Note: The results generated by the DHIS National Core Standards system could not be used to report due to technical errors. These errors were registered with the National Department of Health but could not be corrected in time for the report submission. Therefore the paper-based tool was utilised to report performance |
| Patient satisfaction survey rate (regional hospitals) | New indicator | 100.0% | 100.0% | 0% | Target achieved, zero deviation. |
| Numerator: | | 5 | 5 | 0 | |
| Denominator: | | 5 | 5 | 0 | |
| Patient satisfaction rate (regional hospitals) | 89.5% | 90.0% | 85.0% | (5%) | Overall the satisfaction rate was positive, a number of patients indicated that they are not pleased with the treatment received. |
| Numerator: | 2 579 | 3 150 | 2 983 | (167) | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Denominator: | 2 883 | 3 500 | 3 510 | 10 | |

| Sub-programme 4.1: General (Regional) Hospitals | | | | | |
|---|-------------------------------|---------------------------|-------------------------------|------------------------|---|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| Average length of stay (regional hospitals) | 3.8 days | 3.7 days | 3.9 days | (0.2 days) | Average length of stay 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. Generally a bed occupation level of 85% is regarded as optimally efficient. There are on-going service pressures in regional hospitals specifically in medicine, orthopaedic and surgery specialities. The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | 425 987 | 441 000 | 451 758 | (10 758) | |
| Denominator: | 113 504 | 119 485 | 116 499 | 2 986 | |
| Inpatient bed utilisation rate (regional hospitals) | 84.3% | 87.0% | 89.1% | 2.1% | The bed utilisation rate 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. Performance higher than anticipated due to increase workload thus the increased inpatient days resulted in the higher bed utilisation rate. The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | 425 987 | 441 000 | 451 758 | 10 758 | |
| Denominator: | 505 337 | 507 041 | 507 041 | 0 | |
| Mental health admission rate (regional hospitals) | 1.8% | 1.6% | 1.5% | 0.1% | 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. Fewer patients admitted in regional hospitals. |
| Numerator: | 2 054 | 1 885 | 1 738 | 147 | |
| Denominator: | 113 504 | 119 485 | 116 499 | 2 986 | |
| Expenditure per patient day equivalent (PDE) (regional hospitals) | R 2 645 | R 2 787 | R 2 717 | R 70 | Expenditure per patient day 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. |
| Numerator: | R1 492 758 409 | R1 628 734 000 | R1 602 371 869 | R26 362 131 | |
| Denominator: | 564 442 | 584 395 | 589 797.17 | (5 402) | |
| Complaint resolution rate (regional hospitals) | New indicator | 98.4% | 100.0% | 1.6 | More complaints lodged as anticipated. All hospitals compliant with a more active complaints management approach. This is a demand-driven indicator which means it is not possible for the Department to predict with 100% accuracy the number of complaints. The Department therefore considers this deviation as having achieved the target. |
| Numerator: | | 300 | 383 | 83 | |
| Denominator: | | 305 | 383 | (78) | |
| Complaint resolution within 25 working days rate (regional hospitals) | 93.6% | 98.3% | 97.1% | (1.2) | More complaints lodged as anticipated. All hospitals compliant with a more active complaints management approach. This is a demand-driven indicator which means it is not possible for the Department to predict with 100% accuracy the number of complaints. The marginal deviation from the performance target is considered by the department as having achieved the target |
| Numerator: | 294 | 295 | 372 | 77 | |
| Denominator: | 314 | 300 | 383 | 83 | |
| ADDITIONAL PROVINCIAL INDICATORS | | | | | |
| Expenditure per PDE in 2013/14 Rand (regional hospitals) | R 2 435 | R 2 379 | R 2 319 | R 60 | Expenditure per patient day 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. |
| Numerator: | R 1 374 189 392 | R 1 390 091 118 | R 1 367 591 576 | R 22 499 542 | |
| Denominator: | 564 442 | 584 395 | 589 797 | (5 402) | |
| Mortality and morbidity review rate (regional hospitals) | 104.7% | 83.3% | 83.8% | 0.5% | More meetings were conducted than planned in terms of the target set, resulting in improved clinical governance and enhancing the overall quality of patient care. The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | 178 | 170 | 171 | 1 | |
| Denominator: | 170 | 204 | 204 | 0 | |

STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

No material under-performance, i.e. more than 10 per cent, was identified.

Improving the gaps in quality, safety, equity and access remained a key strategy for this sub-programme. The rising cost of healthcare remains a reality and managers will continue to target the areas of high cost and ensure that resources are equitably allocated to improve the overall value in the regional hospitals.

The impact of the savings plans will be evaluated on a continuous basis so that the savings generated will be channelled towards identified priorities.

The performance standards within the National Core Standards will 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.

CHANGES TO PLANNED TARGETS

- No targets were changed during the year.

Tuberculosis Hospitals

STRATEGIC OBJECTIVES

- Provide quality tuberculosis hospital services.

Strategic objectives, performance indicators, planned targets & actual achievements

Provide quality tuberculosis hospital services.

All TB hospitals completed national core standards self assessments and patient satisfaction surveys. Complaint resolution and patient satisfaction was in line with targets set. The target for compliance with extreme and vital measures was achieved. The only challenging area for quality was completion of quality improvement plans and this will be addressed in the next financial year. The Department thus regards this objective as being met.

Table 24B: Strategic objectives for Tuberculosis Hospitals 2015/16

| Sub-programme 4.2: Tuberculosis Hospitals | | | | | | |
|---|--|--------------------|----------------|--------------------|-------------|----------------------|
| Strategic objectives | Performance indicator | Actual achievement | Planned target | Actual achievement | Deviation * | Comment on deviation |
| | | 2014/15 | 2015/16 | 2015/16 | 2015/16 | |
| STRATEGIC GOAL: Promote health and wellness. | | | | | | |
| Provide quality tuberculosis hospital services. | Actual (usable) beds in tuberculosis hospitals | 1 026 | 1 026 | 1 026 | 0 | Target achieved. |

Table 25B: Performance indicators for Tuberculosis Hospitals 2015/16

| Sub-programme 4.2: Tuberculosis Hospitals | | | | | |
|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|--|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| SECTOR SPECIFIC INDICATORS | | | | | |
| National core standards self-assessment rate (TB hospitals) ⁶ | 66.7% | 100.0% | 100.0% | 0% | Target achieved. |
| Numerator: | 4 | 6 | 6 | 0 | |
| Denominator: | 6 | 6 | 6 | 0 | |
| Quality improvement plan after self-assessment rate (TB hospitals) | New indicator | 83.3% | 50.0% | (33.3%) | Brewelskloof Hospital was 100% compliant with all extreme and vital measures and therefore did not complete a quality improvement plan (QIP). |
| Numerator: | | 5 | 3 | (2) | Malmesbury ID and Sonstraal Hospitals conducted self-assessments during February and did not manage to sign-off their QIPs before the end of the financial year. |
| Denominator: | | 6 | 6 | 0 | |
| Percentage of hospitals compliant with all extreme and vital measures of the national core standards (TB hospitals) | 0.0% | 16.7% | 16.7% | 0% | Brewelskloof Hospital was 100% compliant with all extreme and vital measures. |
| Numerator: | 0 | 1 | 1 | 0 | Note: The results generated by the DHIS National Core Standards system could not be used to report due to technical errors. These errors were registered with the National Department of Health but could not be corrected in time for the report submission. Therefore the paper-based tool was utilised to report performance |
| Denominator: | 4 | 6 | 6 | 0 | |
| Patient satisfaction survey rate (TB hospitals) | 100.0% | 100.0% | 100.0% | 0% | Target achieved. |
| Numerator: | 6 | 6 | 6 | 0 | |
| Denominator: | 6 | 6 | 6 | 0 | |
| Patient satisfaction rate (TB hospitals) | 91.0% | 92.2% | 92.0% | (0.2%) | Patient satisfaction rate 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 a deviation of less than 5% as having achieved the target. |
| Numerator: | 523 | 530 | 447 | (83) | |
| Denominator: | 575 | 575 | 486 | (86) | |
| Average length of stay (TB hospitals) | 66.7 days | 73.3 days | 63.9 days | 9.4 days | Harry Comay Hospital started performing medical male circumcisions from October 2014. This resulted in an increase in separations for TB hospitals (619 day cases were admitted during 2015/16 in Harry Comay). The day cases are not reflected against the TB speciality in Harry Comay, but still have to be included as part of the data (services rendered) by the hospital. |
| Numerator: | 271 847 | 275 000 | 280 871 | 5 871 | |
| Denominator: | 4 077 | 3 750 | 4 395 | 645 | |
| Inpatient bed utilisation rate (TB hospitals) | 72.6% | 73.4% | 75.0% | 1.6% | Bed utilisation rate 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 bed utilisation rate was slightly higher than expected and this is viewed as a positive result by the Department. |
| Numerator: | 271 847 | 275 000 | 280 871 | 5 871 | |
| Denominator: | 374 531 | 374 531 | 374 531 | 0 | |
| Mental health admission rate (TB hospitals) | Only applicable to acute hospitals | Only applicable to acute hospitals | Only applicable to acute hospitals | Only applicable to acute hospitals | This indicator is only applicable to acute hospitals. |
| Numerator: | | | | | |
| Denominator: | | | | | |
| Expenditure per PDE (TB hospitals) | R907 | R951 | R 939 | R 12 | 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. |
| Numerator: | R 249 138 376 | R 264 503 000 | R 265 747 521 | (R 1 244 521) | |
| Denominator: | 274 719 | 278 067 | 282 993 | (4 926) | The expenditure per PDE was thus slightly less than anticipated. |

| Sub-programme 4.2: Tuberculosis Hospitals | | | | | |
|---|----------------------------|------------------------|----------------------------|---------------------|---|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| Complaint resolution rate (TB hospitals) | New indicator | 88.9% | 100.0% | 11.1% | There are small numbers involved here so wide variations can be expected. In this instance, all complaints were resolved which was above what was expected based on previous trends. |
| Numerator: | | 40 | 46 | 6 | |
| Denominator: | | 45 | 46 | (1) | |
| Complaint resolution within 25 working days rate (TB hospitals) | 100.0% | 95.0% | 97.8% | 2.8% | A higher proportion of complaints received by TB hospitals were resolved within 25 days than expected and this is viewed as a positive result by the Department. |
| Numerator: | 44 | 38 | 45 | 7 | |
| Denominator: | 44 | 40 | 46 | 6 | |
| ADDITIONAL PROVINCIAL INDICATORS | | | | | |
| Expenditure per PDE in 2013/14 Rand (TB hospitals) | R 835 | R812 | R 801 | R 11 | 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. |
| Numerator: | R 229 349 445 | R 225 747 894 | R 226 810 067 | (R 1 062 173) | |
| Denominator: | 274 719 | 278 067 | 282 993 | 4 926 | |
| Mortality and morbidity review rate (TB hospitals) | 134.0% | 69.4% | 88.9% | 19.5% | The TB hospitals performed significantly above expectation for this indicator and this is to be applauded. The denominator for 2014/15 was incorrectly set as 50 possible M&M meetings per year instead of 72 (6 hospitals x 12 months) and therefore a percentage of more than 100 was reported last year. |
| Numerator: | 67 | 50 | 64 | 14 | |
| Denominator: | 50 | 72 | 72 | 0 | |

STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

Quality improvement plans – The completion of the quality improvement plans will be emphasised to TB hospital managers. In particular, managers will be asked to conduct NCS self-assessments earlier in the year to allow enough time to finalise and sign-off QIPs.

Average length of stay – the recording of medical male circumcision performed by Harry Comay will be discussed with the managers concerned and a decision will be taken whether these clients should be recorded as day patients or outpatients.

CHANGES TO PLANNED TARGETS

No planned targets were changed during this financial year.

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

Provide quality psychiatric hospital services

- The acute adult psychiatric services remained under significant pressure as the year on year number of patients accessing the overall health service platform increased. Patients requiring referral beds at the psychiatric hospitals had to wait for beds due to the severity of acute episodes. At least 50 per cent of patients admitted had serious substance abuse comorbidity.
- The services have instituted strategies to retain patients in care by improving out-patient services; more frequent appointments post discharge and improving the transition from hospital to clinic by implementing increased discharge support that ensured that patients returned for their follow up appointments.
- Intellectual Disability Hospital services have been reconfigured along geographic lines so that Alexandra and Lentegeur Hospitals provided a full package of care for their respective referral districts and sub districts.
- A 24-bed medium to low secure forensic service has been established in November 2015 at Alexandra Hospital which has brought some relief to this service platform.

Address the burden of disease by ensuring access to step-down facilities

- Many mentally ill patients come from poor social circumstances with no suitable and supportive environment to return to. Lentegeur Hospital established a 20-bed intermediate care facility to relieve the pressures in the acute adult psychiatric services. This has facilitated an improved patient flow system and reduced average length of stay in the acute services.
- Access and admission to New Beginnings has improved to 347 for 2015/16. The program is also making a material difference in improving the levels of independence, social integration, family involvement and recovery.
- Due to the acuity of patient illness, the William Slater service beds were reduced to 20 from 40 so that a more intensive care programme could be rendered with existing staff. This service will be relocated from its current off site location to a suitable facility on the premises of Valkenberg Hospital, this move will allow for improved service delivery.
- During 2015, Open Circle Intermediate Care facility was successfully commissioned. This service is a partnership between the Non-Profit Organization (NPO), Department of Social Development and the Department of Health where Alexandra Hospital is the implementing agent for the Health department. This is the first Group Residence for People with Seriously Challenging Behaviour and Intellectual Disability and caters for 30 residents. The phase up from 10 to 30 residents was accelerated and the full complement was in place by the end of July 2015, 8 months ahead of the original schedule. There has been valuable learning from this pilot project and a clear demonstration of the importance of senior leadership involvement and the partnerships between the government departments, the NPO sector and the Open Circle.
- Alexandra Hospital has service level agreements with both Open Circle and Hurdy Gurdy and provides support and outreach to both as well as subsidising these two facilities through transfer funding. Funding and support from government has been an essential part of the success of this project.

Improve the quality of health services and the patient experience

- In an attempt to provide more meaningful client satisfaction data, results from the client satisfaction surveys were captured and analysed per clinical service area to allow for drilled down specific information for targeted remedial action. This enabled the hospitals to formulise quality improvement plans that resulted in meaningful improvements in all the in-patient service areas. On a practical level, this improved the patient care experience.
- Quality improvements in services, staff skills mix, infrastructure, leadership and governance was addressed to improve the patient experience through various initiatives that included the formal quality improvement plans, clinical audits, patient advocacy groups, improvement of communication, redefined role of the interpreter, parent and family involvement in improving the patient's experience, increasing responsiveness and timelines for 72-hour assessment intakes via Emergency Centres and Regional Hospitals and improving waiting times.

Allocate sufficient funds to ensure the sustained delivery of the full package of quality psychiatric hospital services

- Due to budget pressures affected by the wage agreement, service prioritization was undertaken as well as setting up comprehensive savings plans. Regular monitoring of saving targets, cost containment as well as strict management of the Approved Post List was done.
- Budgets were equitably allocated to align with the expected deliverables and the average patient day cost was R1 367. The budget remained under pressure for this sub-programme due to the pressure on the acute services adding to the patient day cost.
- Psychiatric hospitals were allocated 25.58 per cent of the Programme 4 budget in 2015/16 and the budget was used to address the acute patient load, strengthening inpatient and outpatient services as well as follow up

ambulatory care at district and community based services.

- The National Department of Justice paid an amount of R24 162 814 for the forensic psychiatric observation services rendered at Valkenberg hospital.

Ensure that management provides sustained support and strategic direction in the delivery of health services

- Implementation and monitoring of Annual Operational Plans were ongoing to ensure that all staff aligns with the strategic direction of the Department of Health as well as the objectives and deliverables of each hospital.
- The Functional Business Units gave effect to planned clinical and corporate governance outcomes.
- Engagement within the geographical service areas ensured the management of the acute psychiatric service pressures across the health platform.

Table 26B: Strategic objectives for Psychiatric Hospitals 2015/16

| Sub-programme 4.3: Psychiatric Hospitals | | | | | | |
|--|---|--------------------|----------------|--------------------|-------------|--|
| Strategic objectives | Performance indicator | Actual achievement | Planned target | Actual achievement | Deviation * | Comment on deviation |
| | | 2014/15 | 2015/16 | 2015/16 | 2015/16 | |
| STRATEGIC GOAL: Promote health and wellness. | | | | | | |
| Provide quality psychiatric hospital services. | Actual (usable) beds in psychiatric hospitals | 1 680 | 1 680 | 1 680 | 0 | Target achieved – no deviation. |
| | Actual (usable) beds in step-down facilities | 145 | 145 | 130 | (15) | William Slater reduced beds from 40 to 25 as from July 2015 due to demand for step up patients at William Slater as the vast majority of mental health patients require admission under the Mental Health Care Act to an acute, locked ward. |

Table 27B: Performance indicators for Psychiatric Hospitals 2015/16

| Sub-programme 4.3: Psychiatric Hospitals | | | | | |
|--|--------------------|----------------|--------------------|-------------|--|
| Performance indicator | Actual achievement | Planned target | Actual achievement | Deviation * | Comment on deviation |
| | 2014/15 | 2015/16 | 2015/16 | 2015/16 | |
| SECTOR SPECIFIC INDICATORS | | | | | |
| National core standards self-assessment rate (psychiatric hospitals) ⁷ | 100.0% | 100.0% | 100.0% | 0% | Target achieved – no deviation. |
| Numerator: | 4 | 4 | 4 | 0 | |
| Denominator: | 4 | 4 | 4 | 0 | |
| Quality improvement plan after self-assessment rate (psychiatric hospitals) | New indicator | 100.0% | 100.0% | 0% | Target achieved – no deviation. |
| Numerator: | | 4 | 4 | 0 | |
| Denominator: | | 4 | 4 | 0 | |
| Percentage of hospitals compliant with all extreme and vital measures of the national core standards (psychiatric hospitals) | New indicator | 75.0% | 0% | (75%) | Based on NCS findings, Extreme standards <100%: ALH: 67, LGH: 96, STH: 98 & VBH: 93), all hospitals non-compliant. Vital standards <90%: ALH: 91, LGH: 97, STH: 96 & VBH: 97), all hospitals compliant. |
| Numerator: | | 3 | 0 | (3) | Note: The results generated by the DHIS National Core Standards system could not be used to report due to technical errors. These errors were registered with the National Department of Health but could not be corrected in time for the report submission. Therefore the paper-based tool was utilised to report performance. |
| Denominator: | | 4 | 4 | 0 | |

| Sub-programme 4.3: Psychiatric Hospitals | | | | | |
|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|---|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| Patient satisfaction survey rate (psychiatric hospitals) Numerator: Denominator: | New indicator | 100.0% | 100.0% | 0% | Target achieved – no deviation. |
| | | 4 | 4 | 0 | |
| | | 4 | 4 | 0 | |
| Patient satisfaction rate (psychiatric hospitals) Numerator: Denominator: | 85.8% | 91.9% | 84.3% | (7.6%) | More patients participated in survey than planned. Overall the satisfaction was positive, yet a number of patients indicated that they were not pleased with the treatment. This will be evaluated against the background of the mental health environment. |
| | 685 | 570 | 768 | 198 | |
| | 798 | 620 | 911 | 291 | |
| Average length of stay (psychiatric hospitals) Numerator: Denominator: | 92.4 days | 91.8 days | 89.1 days | 2.7 days | Due to increased acute service pressures, the patients admitted to psychiatric hospitals stayed for a shorter period than anticipated as discharge protocols addressed the acute service load. Average length of stay varies significantly between acute, chronic, intellectual disability and forensic services. |
| | 549 227 | 570 500 | 561 920 | (8 580) | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| | 5 944 | 6 213 | 6 304 | 91 | |
| Inpatient bed utilisation rate (psychiatric hospitals) Numerator: Denominator: | 88.9% | 93.0% | 91.6% | (1.4%) | The bed utilisation rate in psychiatric hospitals as a result of the acute service pressures was marginally lower than anticipated. Bed utilisation varies significantly between acute, chronic, intellectual disability and forensic services. |
| | 549 227 | 570 500 | 561 920 | (8 580) | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| | 617 648 | 613 267 | 613 267 | 0 | |
| Mental health admission rate (psychiatric hospitals) Numerator: Denominator: | Only applicable to acute hospitals | Only applicable to acute hospitals | Only applicable to acute hospitals | Only applicable to acute hospitals | Only applicable to acute hospitals |
| Expenditure per PDE (psychiatric hospitals) Numerator: Denominator: | R 1 303 | R 1 360 | R 1 367 | (R 7) | Expenditure per patient day 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. |
| | R 733 459 979 | R 795 051 400 | R 787 877 536 | R 7 173 864 | |
| | 562 696 | 584 703 | 576 560 | 8 143 | |
| Complaint resolution rate (psychiatric hospitals) Numerator: Denominator: | New indicator | 98.1% | 100.0% | 1.9% | The reporting system has improved as has the health services focus on improving the patient-centred experience. The marginal deviation from the performance target is considered by the department as having achieved the target. |
| | | 101 | 82 | (19) | |
| | | 103 | 82 | 21 | |

| Sub-programme 4.3: Psychiatric Hospitals | | | | | |
|--|-------------------------------|---------------------------|-------------------------------|------------------------|---|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| Complaint resolution within 25 working days rate (psychiatric hospitals) | 98.2% | 98.0% | 93.9% | (4.1%) | This is a demand-driven indicator which means it is not possible for the Department to predict with 100% accuracy the number of complaints. Five complaints were not resolved within the prescribed timeframe due to the complexity of the complaints; this delayed the ability to resolve it within the desired timeframe. |
| Numerator: | 112 | 99 | 77 | (22) | |
| Denominator: | 114 | 101 | 82 | (19) | |
| ADDITIONAL PROVINCIAL INDICATORS | | | | | |
| Expenditure per PDE in 2013/14 Rand (psychiatric hospitals) | R 1 200 | R1 161 | R 1 166 | (R 5) | Expenditure per patient day 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. |
| Numerator: | R 675 201 638 | R 678 560 090 | R 672 437 337 | R 6 122 753 | |
| Denominator: | 562 696 | 584 703 | 576 560 | 8 143 | |
| Mortality and morbidity review rate (psychiatric hospitals) | 115.0% | 91.7% | 95.8% | 4.1% | More meetings were conducted than planned resulting in improved clinical governance and enhancing the quality of patient care. The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | 46 | 44 | 46 | 2 | |
| Denominator: | 40 | 48 | 48 | 0 | |
| Inpatient bed utilisation rate (step-down facilities) | 89.0% | 85.3% | 83.3% | (2%) | 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. |
| Numerator: | 47 125 | 45 173 | 40 663 | (4 510) | |
| Denominator: | 52 931 | 52 931 | 48 824 | (4 107) | |

STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

- No material under-performance, i.e. more than 10 per cent, was identified.
- 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 will 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.
- While the intention was that Open Circle would provide a home for all those previously excluded from other homes, it is not possible to accommodate all levels of challenging behaviour due to the associated risks with some behaviours. The current funding model has been approved for three years, but based on the success of the project; the intention is to continue funding the service.

CHANGES TO PLANNED TARGETS

No targets were changed during the year.

Rehabilitation Services

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 was the first of its kind within the Department. This twelve year contract has now entered the final 3-year 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 has facilitated several infra-structural improvements at WCRC such as the installation of a 4-bed isolation room and extraction ducting systems in several wards. The PPP continues 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

Provide quality rehabilitation hospital services.

- 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.
- The theatres at Eerste River Hospital were again used (in accordance with an existing service level agreement) for operative interventions as required. The service included the provision of mobility and other assistive devices, including orthotics and prosthetics.

Address the burden of disability by ensuring access (post-acute stabilization) to comprehensive physical rehabilitation services

- 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 WCRC continued to provide a platform for rehabilitation-related research and training for a wide variety of under- and post-graduate students from all the Higher Education Institutions in the Western Cape, as well as for the Tshwane University of Technology students in Medical Orthotics and Prosthetics.
- Due to acute bed pressures experienced at tertiary hospitals, acuity and complexity of admissions to WCRC has increased markedly. Resultant bed pressures at WCRC meant many more patients had to be discharged at outcome level 2 and referred to community-based rehabilitation resources.
- Service solutions for the prevention of secondary complications in persons with disabilities were ongoing, particularly for high risk groups such as the spinal cord afflicted patients.
- 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.

Allocate sufficient funds to ensure the sustained delivery of the full package of quality comprehensive physical rehabilitation hospital services

- This sub-programme was allocated 5.84 per cent of the 2015/16 Programme 4 budget and this was appropriately used to enhance integration of rehabilitation services across the service platform.
- This sub-programme demonstrated strong financial controls, remaining within the allocated cost per patient day (R2 800) and still managing to effect the required cost-saving for the sector.
- The average cost per device manufactured by the OPC was R1 184 which is extremely cost-efficient compared with the outsourced services (\geq R3 000).
- 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.

Ensure that management provides sustained support and strategic direction in the delivery of comprehensive physical rehabilitation services

- Management continued to provide support to cost centre managers to ensure effective and efficient management of resources in line with the Functional Business Unit model.
- The Approved Post List was filled according to the funding availability, ensuring that key posts remained filled for effective service delivery.

Improve the quality of comprehensive physical rehabilitation services and the patient experience

- Technical quality of care continued to receive a lot of attention and the goal for the next financial year will be to maintain or even try to reduce targets. Task teams continued with active participation in identified priority areas such as reducing patient falls, pressure sores and catheter-acquired urinary tract infections.
- Monthly mortality and morbidity meetings improved management and mitigation of clinical risks.
- WCRC continues to try to pro-actively identify clients who are at high risk of developing complications especially while they are on transitional weekend leave in preparation for discharge.
- The results of the annual client and staff satisfaction surveys were assessed and recommendations will be implemented.

- Adherence to the identified priorities extracted from the National Core Standards (NCS) was assessed and quality improvement plans were based on the outcome. Compliance remains a challenge due to the inapplicability of some aspects of the NCS audit for a specialised rehabilitation facility.

Table 28B: Strategic objectives for Rehabilitation Services 2015/16

| Sub-programme 4.4: Rehabilitation Services | | | | | | |
|---|--|--------------------|----------------|--------------------|-------------|---------------------------------|
| Strategic objectives | Performance indicator | Actual achievement | Planned target | Actual achievement | Deviation * | Comment on deviation |
| | | 2014/15 | 2015/16 | 2015/16 | 2015/16 | |
| STRATEGIC GOAL: Promote health and wellness. | | | | | | |
| Provide quality rehabilitation hospital services. | Actual (usable) beds in rehabilitation hospitals | 156 | 156 | 156 | 0 | Target achieved – no deviation. |

Table 29B: Performance indicators for Rehabilitation Services 2015/16

| Sub-programme 4.4: Rehabilitation Services | | | | | |
|---|---------------|-----------|-------------|-------------|---|
| Performance indicator | Actual | Planned | Actual | Deviation * | Comment on deviation |
| | achievement | target | achievement | | |
| | 2014/15 | 2015/16 | 2015/16 | 2015/16 | |
| SECTOR SPECIFIC INDICATORS | | | | | |
| National core standards self-assessment rate (rehabilitation hospitals) ⁸ | 100.0% | 100.0% | 100.0% | 0% | Target achieved – no deviation. |
| Numerator: | 1 | 1 | 1 | 0 | |
| Denominator: | 1 | 1 | 1 | 0 | |
| Quality improvement plan after self-assessment rate (rehabilitation hospitals) | New indicator | 100.0% | 100.0% | 0% | Target achieved – no deviation. |
| Numerator: | | 1 | 1 | 0 | |
| Denominator: | | 1 | 1 | 0 | |
| Percentage of hospitals compliant with all extreme and vital measures of the national core standards (rehabilitation hospitals) | New indicator | 0.0% | 0.0% | 0% | Hospital results: extreme: 96% & vital: 95%. This is a rehabilitation setting and not a 'hospital/clinic' setting, some vitals and extremes measures are not relevant for our type of service. A rehabilitation specific tool required. Has been escalated to Head office: QA. QIP plan formulated and evaluated on a Quarterly basis. |
| Numerator: | | 0 | 0 | 0 | |
| Denominator: | | 1 | 1 | 0 | Note: The results generated by the DHIS National Core Standards system could not be used to report due to technical errors. These errors were registered with the National Department of Health but could not be corrected in time for the report submission. Therefore the paper-based tool was utilised to report performance |
| Patient satisfaction survey rate (rehabilitation hospitals) | 100.0% | 100.0% | 100.0% | 0% | Target achieved – no deviation. |
| Numerator: | 1 | 1 | 1 | 0 | |
| Denominator: | 1 | 1 | 1 | 0 | |
| Patient satisfaction rate (rehabilitation hospitals) | 93.5% | 92.7% | 92.8% | 0.1% | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | 203 | 204 | 194 | (10) | Fewer patients participated in survey then planned and overall the satisfaction rate was positive. |
| Denominator: | 217 | 220 | 209 | (11) | |
| Average length of stay (rehabilitation hospitals) | 58.5 days | 53.5 days | 52.6 days | (0.9 days) | 31% of all admissions were strokes with a median LOS varying from 51-55 days. Neuropathies (HIV related) head injuries and other conditions made up a further 18% of admissions - also with LOS +/- 52 days. Compared to this tetraplegics (18%) have an LOS of 85-97 days and paraplegics have a median LOS of 68 days. Admissions are determined by demand. The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | 44 188 | 46 000 | 42 651 | (3 349) | |
| Denominator: | 755 | 860 | 811 | (49) | |

| Sub-programme 4.4: Rehabilitation Services | | | | | |
|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|--|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| Inpatient bed utilisation rate (rehabilitation hospitals) | 77.6% | 80.8% | 74.9% | (6.3%) | Legionella incident contributed largely to the low bed occupancy rate. All 6 wards had to be completely evacuated (sequentially over a period of weeks) to enable flushing of all the hot water systems (geysers, air cons, etc.). Beds had to be kept vacant and new admissions were restricted for a period until it was safe to re-admit patients again. BUR varies from 80% - 90% Monday to Friday and may then drop substantially, depending on the number of patients to be sent on week-end leave. This depends on the acuity of the patients. |
| Numerator: | 44 188 | 46 000 | 42 651 | (14 175) | |
| Denominator: | 56 946 | 56 946 | 56 946 | 0 | |
| Mental health admission rate (rehabilitation hospitals) | Only applicable to acute hospitals | Only applicable to acute hospitals | Only applicable to acute hospitals | Only applicable to acute hospitals | Only applicable to acute hospitals |
| Numerator: | | | | | |
| Denominator: | | | | | |
| Expenditure per PDE (rehabilitation hospitals) | R2 687 | R2 898 | R 2 800 | R 98 | Expenditure per patient day 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 marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | R 127 562 817 | R 137 656 600 | R 127 563 003 | R 10 093 597 | |
| Denominator: | 47 483 | 47 500 | 45 555 | 1 945 | |
| Complaint resolution rate (rehabilitation hospitals) | New Indicator | 100.0% | 100.0% | 0% | Intervention by management to improve these processes resulted in the number of complaints received and resolved within set timeframes. |
| Numerator: | | 42 | 22 | (20) | |
| Denominator: | | 42 | 22 | 20 | |
| Complaint resolution within 25 working days rate (rehabilitation hospitals) | 93.9% | 95.2% | 100% | 4.8% | 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. |
| Numerator: | 31 | 40 | 22 | (18) | |
| Denominator: | 33 | 42 | 22 | (20) | |
| ADDITIONAL PROVINCIAL INDICATORS | | | | | |
| Expenditure per PDE in 2013/14 Rand (rehabilitation hospitals) | R 2 473 | R2 473 | R 2 390 | R83 | Expenditure per patient day 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. Fluctuation through the year anticipated. On target. Monitoring systems implemented and monitored. |
| Numerator: | R 117 430 570 | R117 487 089 | R108 872 413 | R8 614 676 | |
| Denominator: | 47 483 | 47 500 | 45 555 | 1 945 | |
| Mortality and morbidity review rate (rehabilitation hospitals) | 120.0% | 91.7% | 100.0% | 8.3% | More meetings were conducted than planned resulting in improved clinical governance and enhancing the quality of patient care. The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | 12 | 11 | 12 | 1 | |
| Denominator: | 10 | 12 | 12 | 0 | |

STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

- No material under-performance, i.e. more than 10 per cent, was identified.
- An increase in the average length of stay can be expected 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.
- Development of adequate rehabilitation services at primary level within the geographical service areas will continue to ensure the retention of functional gains after discharge of clients back into their communities.
- The efficient running of the Provincial Rehabilitation Technical Work Group will be a facilitator of treatment initiatives outside the WCRC to achieve higher outcome levels post discharge.
- Strong focus areas that have been identified include building capacity at primary health care level to facilitate the appropriate management of stroke and spinal cord afflicted patients in the community and facilitating adherence to the core package of wheelchair- and seating services at all levels in the health care system.

- The current nurse to bed ratio (1:1) must be improved in line with the increased patient acuity. Due to budget limitations, this is a project that will be incrementally implemented as funding becomes available.

CHANGES TO PLANNED TARGETS

No targets were changed during the year.

Dental Training Hospitals

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 OHC also 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). The Oral Health Centres is the referral site for all oral health related issues from the Metro and Rural Oral Health Clinics in the Province.

STRATEGIC OBJECTIVES

Provide quality dental training hospital services

The rate of dental caries in the Western Cape is the highest in the country. The Oral Health Centre is the only provincial facility that provides a comprehensive denture service for state patients and manufactured 4 315 removable oral health prosthetic devices in the 2015/16 financial year.

Ensure access to dental training hospitals

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. This sub-programme was allocated 4.80 per cent of the 2015/16 Programme 4 budget and, given the pressure on resource allocations within Programme 4 along with the other competing needs, only minor steps could be taken to implement the approved Oral Health Plan. The Dental Faculty at UWC provided up-skilling and training of oral hygienists to improve the quality of clinical procedures performed. The Oral Health Centre is also committed to the training of Community Care Workers to assist with the task of spreading Oral Health prevention amongst the community to impact on the burden of disease.

Table 30B: Strategic objectives for Dental Training Hospitals 2015/16

| Sub-programme 4.5: Dental Training Hospitals | | | | | | |
|--|--|-------------------------------|---------------------------|-------------------------------|------------------------|---|
| Strategic objectives | Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| STRATEGIC GOAL: Promote health and wellness. | | | | | | |
| Provide quality dental training hospital services. | Oral health patient visits at dental training hospitals ⁹ | 121 262 | 115 216 | 122 373 | (7 157) | 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. |

| Sub-programme 4.5: Dental Training Hospitals | | | | | |
|--|-------------------------------|---------------------------|-------------------------------|-------------|---|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * | Comment on deviation |
| ADDITIONAL PROVINCIAL INDICATORS | | | | | |
| Number of removable oral health prosthetic devices manufactured (dentures) | 3 883 | 4 800 | 4 315 | 485 | The overall prosthetic devices were lower than the target total for the year. The shortfall was due to the interruption of the student academic year that ended earlier last year (October 2015) and started later this year (February 2016). The prosthetic units take 5 - 6 weeks for completion. |

STRATEGIES TO OVERCOME AREAS OF 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.
- The most efficient, cost effective and sustainable means of reducing the burden of oral disease and dental caries would be to fluoridate the municipal drinking water to an optimal level. This preventative strategy seems unlikely to happen in the near future although the Overberg Municipality has agreed in principle to assist to make this a reality. The Oral Health Centre is involved in this process.

CHANGES TO PLANNED TARGETS

No targets were changed during the year.

LINKING PERFORMANCE WITH BUDGETS

- Programme 4's annual expenditure reflects a saving of R43.502 million. This was mainly attributed to the impact of the savings plans of the various sectors within this Programme implemented during the 2015/16 financial year.
- Under spending within Compensation of Employees was mostly due to some posts not filled for a full financial year. Contract staff appointments were not extended. The availability of scarce skills remained a challenge and in certain categories sufficient or appropriate staff could not be recruited.
- Under spending within Goods and Services can be attributed to the impact of the savings plans. Stricter contract management has been implemented with penalties levied against non-performing service providers. Clinical governance and protocols have improved the ordering and usage of blood and blood related products as well as laboratory tests. The cost of government vehicles has reduced through planned activities and returning under-utilised vehicles to Government Garage or reallocating to other facilities that required vehicles.
- The impact of procurement policies resulted in under spending in certain areas, especially where local production is a requirement. Quotations sourced via the Electronic Purchasing System remained a challenge as some suppliers took a long time to either register on the Western Cape Supplier Database or submit outstanding documentation. In some instances key equipment or goods could not be delivered or paid before the closure of the financial year.
- Although the services remained under pressure, the Programme's overall performance contributed to the Department's objectives where the regional hospitals were pivotal in strengthening the district health system and the specialised services were strengthened through the filling of specialist posts within the rural regional hospitals.
- The budget allocated to Programme 4 ensured that within the Geographical Service Areas (GSA), the hospitals within this programme supported and strengthened mental health, emergency medicine, maternal and child health (birth to mental health), women's health, surgery and orthopaedics, emergency care as well as targeted conditions, including rehabilitation and intermediate care. Chronic diseases included medicine, mental health, rehabilitation intermediate care and end of life care including care for mental health patients where treatment has failed and some form of institutional residential care was indicated.
- The abovementioned 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.

Table 31B: Summary of expenditure for Provincial Hospital Services 2015/16

| Sub-programme name | 2015/16 | | | 2014/15 | | |
|------------------------------|---------------------|--------------------|--------------------------|---------------------|--------------------|--------------------------|
| | 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 | 1 643 789 | 1 625 357 | 18 432 | 1 486 972 | 1 492 758 | (5 786) |
| Tuberculosis Hospitals | 268 103 | 265 748 | 2 355 | 248 746 | 249 138 | (392) |
| Psychiatric/Mental Hospitals | 768 009 | 755 887 | 12 122 | 705 884 | 700 868 | 5 016 |
| Rehabilitation Hospitals | 174 795 | 166 601 | 8 194 | 160 081 | 160 155 | (74) |
| Dental Training Hospitals | 144 159 | 141 760 | 2 399 | 127 129 | 125 814 | 1 315 |
| TOTAL | 2 998 855 | 2 955 353 | 43 502 | 2 728 812 | 2 728 733 | 79 |

Programme 5: Central Hospital Services

PURPOSE

To provide tertiary and quaternary health services and creates a platform for the training of health workers and research

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 Hospital Services

STRATEGIC OBJECTIVES

Provide access to the full package of central hospital services.

The Central Hospitals operated 2 359 beds as was reflected in the annual performance plan. The combined bed occupancy rate was 86.5 per cent reflecting a full and optimal utilisation of resources and services. The mental health admission rate was 1.4 per cent and aligns to the target set for the year reflecting that good access was provided to mental health services. The patient day equivalents (as a proxy for service volume provided) achieved was 1 008 606. The Hospital also provided access to the full funded package of care for tertiary services funded by the National Tertiary Services Grant. The patient satisfaction rate was measured at 90.1 per cent.

Table 32B: Strategic objectives for Central Hospitals 2015/16

| Sub-programme 5.1: Central Hospital Services | | | | | | |
|--|---|----------------------------|------------------------|----------------------------|---------------------|--------------------------------|
| Strategic objectives | Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| STRATEGIC GOAL 1: Promote health and wellness | | | | | | |
| 1.1 Provide access to the full package of central hospital services. | 1.1.1 Actual (usable) beds in central hospitals | 2359 | 2 359 | 2359 | 0 | Target achieved – no deviation |

Table 33B: Performance indicators for Central Hospitals 2015/16

| Sub-programme 5.1: Central Hospital Services | | | | | |
|--|----------------------------|------------------------|----------------------------|---------------------|----------------------|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| SECTOR SPECIFIC INDICATORS | | | | | |

| Sub-programme 5.1: Central Hospital Services | | | | | |
|--|----------------------------|------------------------|----------------------------|---------------------|--|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| National core standards self-assessment rate (central hospitals) ¹⁰ | Yes | 100.0% | 100.0% | 0% | Target achieved – no deviation |
| Numerator: | | 2 | 2 | 0 | |
| Denominator: | | 2 | 2 | 0 | |
| Quality improvement plan after self-assessment rate (central hospitals) | New indicator | 100.0% | 100.0% | 0% | Target achieved – no deviation |
| Numerator: | | 2 | 2 | 0 | |
| Denominator: | | 2 | 2 | 0 | |
| Percentage of hospitals compliant with all extreme and vital measures of the national core standards (central hospitals) | New indicator | 100.0% | 0% | (100.0%) | Results from NCS 2015/16: Extreme standards <100%: GSH 79.07% & TBH 91.4%, all hospitals non-compliant. Vital standards <90%: GSH 84.09% & TBH 82.9%, all hospitals non-compliant. Groote Schuur Hospital was non-compliant with some measures for example emergency trolleys. However the hospital has raised some points of clarity on the assessment criteria with the OHSC which is currently under review. Tygerberg Hospital were non compliant with vital measures as a result of insufficient documentation to govern the handover of patients, a lack of adequate supervision for specialist nursing services attributed to several vacancies as well as the inadequate utilisation of protective clothing by cleaning staff. Note: The results generated by the DHIS National Core Standards system could not be used to report due to technical errors. These errors were registered with the National Department of Health but could not be corrected in time for the report submission. Therefore the paper-based tool was utilised to report performance. |
| Numerator: | | 2 | 0 | 2 | |
| Denominator: | | 2 | 2 | 0 | |
| Patient satisfaction survey rate (central hospitals) | New indicator | 100.0% | 100.0% | 0% | Target achieved – no deviation |
| Numerator: | | 2 | 2 | 0 | |
| Denominator: | | 2 | 2 | 0 | |
| Patient satisfaction rate (central hospitals) | 90.7% | 90.0% | 90.1% | 0.1% | The marginal deviation from the performance target is considered by the department as having achieved the target and is in the right direction. |
| Numerator: | 2 347 | 2 934 | 2 636 | (298) | |
| Denominator: | 2 588 | 3 260 | 2 926 | (334) | |
| Average length of stay (central hospitals) | 6.2 | 6.2 | 6.3 | (0.1) | The marginal deviation from the performance target is considered by the department as having achieved the target |
| Numerator: | 738 641 | 739 813 | 745 141 | 5 328 | |
| Denominator: | 119 127 | 120 126 | 117 668 | 2 458 | |
| Inpatient bed utilisation rate (central hospitals) | 85.8% | 85.9% | 86.5% | 0.6% | The marginal deviation from the performance target is considered by the department as having achieved the target and is in the right direction. |
| Numerator: | 738 641 | 739 813 | 745 141 | 5 328 | |
| Denominator: | 861 129 | 861 129 | 861 129 | 0 | |

| Sub-programme 5.1: Central Hospital Services | | | | | |
|--|-------------------------------|---------------------------|-------------------------------|------------------------|---|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| Mental health admission rate (central hospitals) | 1.4% | 1.5% | 1.4% | (0.1%) | The marginal deviation from the performance target is considered by the department as having achieved the target |
| Numerator: | 1 682 | 1 770 | 1 614 | (156) | |
| Denominator: | 119 127 | 120 126 | 117 668 | (2 458) | |
| Expenditure per PDE (central hospitals) | R 4 284 | R 4 532 | R 4 602 | (R 70) | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | R 4 325 098 494 | R 4 593 747 000 | R 4 641 532 537 | (R 47 785 537) | |
| Denominator: | 1 009 499 | 1 013 698 | 1 008 606 | 5 092 | |
| Complaint resolution rate (central hospitals) | New Indicator | 98.5% | 94.3% | (4.2%) | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | | 1 085 | 737 | (348) | |
| Denominator: | | 1 101 | 781 | 320 | |
| Complaint resolution within 25 working days rate (central hospitals) | 83.9% | 85.0% | 83.0% | (2.0%) | The marginal deviation from the performance target is considered by the department as having achieved the target |
| Numerator: | 773 | 922 | 648 | (274) | |
| Denominator: | 921 | 1 085 | 781 | (304) | |
| ADDITIONAL PROVINCIAL INDICATORS | | | | | |
| Expenditure per PDE in 2013/14 Rand (central hospital) | R 3 944 | R 3 868 | R 3 928 | (R 60) | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | R 3 981 558 190 | R 3 920 669 000 | R 3 961 452 976 | (R 40 783 976) | |
| Denominator: | 1 009 499 | 1 013 698 | 1 008 606 | 5 092 | |
| Mortality and morbidity review rate (central hospital) | 95.6% | 91.7% | 103.6% | 11.9% | This is a positive deviation as the hospitals held more Morbidity and Mortality meetings that was originally planned. This is to strengthen clinical governance in the Hospitals. |
| Numerator: | 86 | 77 | 87 | 10 | |
| Denominator: | 90 | 84 | 84 | 0 | |

STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

No material underperformance was recorded.

CHANGES TO PLANNED TARGETS

No targets were changed during the year.

Groote Schuur Hospital

STRATEGIC OBJECTIVES

Provide access to the full package of central hospital services at Groote Schuur Hospital

Groote Schuur Hospital operated 975 beds as was reflected in the annual performance plan. The combined bed occupancy rate was 87.3 per cent reflecting a full utilisation of services. The mental health admission rate was 0.5 per cent and aligns to the target set for the year reflecting that good access was provided to mental health services. The patient day equivalents (as a proxy for service volume provided) achieved was 441 470. The Hospital also provided access to the full funded package of care for tertiary services funded by the National Tertiary Services Grant. The patient satisfaction rate was measured at 89.7 per cent.

Table 34B: Strategic objectives for Groote Schuur Hospital 2015/16

| Sub-programme 5.1: Central Hospital Services – Groote Schuur Hospital | | | | | | |
|--|--|------------------------|-------------------|------------------------|-------------|--------------------------------|
| Strategic objectives | Performance indicator | Actual | Planned | Actual | Deviation * | Comment on deviation |
| | | achievement 2014/15 | target 2015/16 | achievement 2015/16 | | |
| STRATEGIC GOAL 1: Promote health and wellness | | | | | | |
| 1.1 Provide access to the full package of central hospital services at Groote Schuur Hospital. | 1.1.1 Actual usable beds in Groote Schuur Hospital | 975 | 975 | 975 | 0 | Target achieved – no deviation |

Table 35B: Performance indicators for Groote Schuur Hospital 2015/16

| Sub-programme 5.1: Central Hospital Services – Groote Schuur Hospital | | | | | |
|--|------------------------|-------------------|------------------------|-------------|---|
| Performance indicator | Actual | Planned | Actual | Deviation * | Comment on deviation |
| | achievement 2014/15 | target 2015/16 | achievement 2015/16 | | |
| SECTOR SPECIFIC INDICATORS | | | | | |
| National core standards self-assessment (Groote Schuur Hospital) ¹¹ | Yes | Yes | Yes | 0% | Target achieved – no deviation |
| Quality improvement plan after self-assessment (Groote Schuur Hospital) | New indicator | Yes | Yes | 0% | Target achieved – no deviation |
| Numerator: | | | | | |
| Denominator: | | | | | |
| Hospital compliant with extreme and vital measures of the national core standards (Groote Schuur Hospital) | New indicator | Yes | No | 100% | The hospital was non-compliant with some measures for example emergency trolleys. However the hospital has raised some points of clarity on the assessment criteria with the OHSC which is currently under review. Note: The results generated by the DHIS National Core Standards system could not be used to report due to technical errors. These errors were registered with the National Department of Health but could not be corrected in time for the report submission. Therefore the paper-based tool was utilised to report performance |
| Patient satisfaction survey (Groote Schuur Hospital) | Yes | Yes | Yes | 0% | Target achieved – no deviation |
| Numerator: | | | | | |
| Denominator: | | | | | |
| Patient satisfaction rate (Groote Schuur Hospital) | 89.7% | 90.0% | 89.7% | (0.3%) | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | 1 568 | 2 196 | 1878 | (318) | |
| Denominator: | 1 748 | 2 440 | 2093 | (347) | |
| Average length of stay (Groote Schuur Hospital) | 6.1 | 6.1 | 6.2 | (0.1) | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | 302 322 | 302 850 | 304 045 | 1 195 | |
| Denominator: | 49 362 | 49 648 | 49 259 | (389) | |

| Sub-programme 5.1: Central Hospital Services - Groote Schuur Hospital | | | | | |
|---|-------------------------------|---------------------------|-------------------------------|----------------|---|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * | Comment on deviation |
| Inpatient bed utilisation rate (Groote Schuur Hospital) | 84.9% | 85.1% | 85.4% | 0.3% | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | 302 322 | 302 850 | 304 045 | 1 195 | |
| Denominator: | 355 914 | 355 914 | 355 914 | 0 | |
| Mental health admission rate (Groote Schuur Hospital) | 2.8% | 2.9% | 2.6% | 0.3% | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | 1 372 | 1 423 | 1 291 | 132 | |
| Denominator: | 49 362 | 49 648 | 49 259 | (389) | |
| Expenditure per PDE (Groote Schuur Hospital) | R 4 630 | R 4 903 | R 4 961 | (R 58) | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | R 2 053 466 313 | R 2 176 554 000 | R 2 190 311 487 | (R 13 757 487) | |
| Denominator: | 443 542 | 443 916 | 441 470 | 2 446 | |
| Complaint resolution rate (Groote Schuur Hospital) | New Indicator | 99.0% | 100% | 1.0% | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | | 604 | 428 | (176) | |
| Denominator: | | 610 | 428 | 182 | |
| Complaint resolution within 25 working days (Groote Schuur Hospital) | 90.2% | 84.9% | 91.1% | 6.2% | An over-performance was achieved which is a positive result and the Department therefore considers the performance as having achieved the target. |
| Numerator: | 489 | 513 | 390 | (123) | |
| Denominator: | 542 | 604 | 428 | (176) | |
| ADDITIONAL PROVINCIAL INDICATORS | | | | | |
| Expenditure per PDE in 2013/14 Rand (Groote Schuur Hospital) | R 4 262 | R 4 185 | R 4 234 | (R 49) | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | R 1 890 360 561 | R 1 857 644 270 | R 1 869 386 003 | (R 11 741 733) | |
| Denominator: | 443 542 | 443 916 | 441 470 | 2 446 | |
| Mortality and morbidity review rate (Groote Schuur Hospital) | 90.0% | 91.7% | 108.3% | 16.6% | This is a positive deviation as the hospital held more Morbidity and Mortality meetings than was originally planned. |
| Numerator: | 36 | 33 | 39 | 6 | |
| Denominator: | 40 | 36 | 36 | 0 | |

STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

No material underperformance was recorded.

CHANGES TO PLANNED TARGETS

No targets were changed during the year.

Tygerberg Hospital

STRATEGIC OBJECTIVES

Provide access to the full package of central hospital services at Tygerberg Hospital

Tygerberg Hospital operated 1 384 beds as was reflected in the annual performance plan. The combined bed occupancy rate was 87.3 per cent reflecting a full utilisation of services and service pressures. The mental health admission rate was 0.5 per cent and aligns to the target set for the year reflecting that good access was provided to mental health services. The patient day equivalents (as a proxy for service volume provided) achieved was 567 136, which is higher than the achievement last year (565 956). The Hospital also provided access to the full funded package of care for tertiary services funded by the National tertiary Services Grant. The patient satisfaction rate achieved was 91 per cent.

Table 36B: Strategic objectives for Tygerberg Hospital 2015/16

| Sub-programme 5.1: Central Hospital Services - Tygerberg Hospital | | | | | | |
|--|--|-------------|---------|-------------|-------------|---------------------------------|
| Strategic objectives | Performance indicator | Actual | Planned | Actual | Deviation * | Comment on deviation |
| | | achievement | target | achievement | | |
| | | 2014/15 | 2015/16 | 2015/16 | 2015/16 | |
| STRATEGIC GOAL 1: Promote health and wellness | | | | | | |
| 1.1 Provide access to the full package of central hospital services at Tygerberg Hospital. | 1.1.1 Actual (usable) beds in Tygerberg Hospital | 1384 | 1 384 | 1 384 | 0 | Target achieved – no deviation. |

Table 37B: Performance indicators for Tygerberg Hospital 2015/16

| Sub-programme 5.1: Central Hospital Services - Tygerberg Hospital | | | | | |
|--|---------------|---------|-------------|-------------|---|
| Performance indicator | Actual | Planned | Actual | Deviation * | Comment on deviation |
| | achievement | target | achievement | | |
| | 2014/15 | 2015/16 | 2015/16 | 2015/16 | |
| SECTOR SPECIFIC INDICATORS | | | | | |
| National core standard self-assessment (Tygerberg Hospital) ¹² | Yes | Yes | Yes | 0% | Target achieved – no deviation. |
| Quality improvement plan after self-assessment (Tygerberg Hospital) | New indicator | Yes | Yes | 0% | Target achieved – no deviation. |
| Hospital compliant with all extreme and vital measures of the national core standards (Tygerberg Hospital) | New indicator | Yes | No | (100%) | <p>TBH was non-compliant with vital measures as a result of insufficient documentation to govern the handover of patients, a lack of adequate supervision for specialist nursing services attributed to several vacancies as well as the inadequate utilisation of protective clothing by cleaning staff.</p> <p>Note: The results generated by the DHIS National Core Standards system could not be used to report due to technical errors. These errors were registered with the National Department of Health but could not be corrected in time for the report submission. Therefore the paper-based tool was utilised to report performance.</p> |

| Sub-programme 5.1: Central Hospital Services - Tygerberg Hospital | | | | | |
|---|-------------------------------|---------------------------|-------------------------------|------------------------|--|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| Patient satisfaction survey (Tygerberg Hospital) | Yes | Yes | Yes | 0% | Target achieved – no deviation. |
| Patient satisfaction rate (Tygerberg Hospital) | 92.7% | 90.0% | 91.0% | 1% | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | 779 | 738 | 758 | 20 | |
| Denominator: | 840 | 820 | 833 | 13 | |
| Average length of stay (Tygerberg Hospital) | 6.3 | 6.2 | 6.4 | (0.2) | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | 436 319 | 436 963 | 441 096 | 4 133 | |
| Denominator: | 69 765 | 70 478 | 68 409 | 2 069 | |
| Inpatient bed utilisation rate (Tygerberg Hospital) | 86.4% | 86.5% | 87.3% | 0.8% | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | 436 319 | 436 963 | 441 096 | 4 133 | |
| Denominator: | 505 215 | 505 215 | 505 215 | 0 | |
| Mental health admission rate (Tygerberg Hospital) | 0.4% | 0.5% | 0.5% | 0% | Target achieved – no deviation. |
| Numerator: | 310 | 347 | 323 | 24 | |
| Denominator: | 69 765 | 70 478 | 68 409 | 2 069 | |
| Expenditure per PDE (Tygerberg Hospital) | R 4 014 | R 4 242 | R 4 322 | (R 80) | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | R 2 271 632 182 | R 2 417 193 000 | R 2 451 221 050 | (R 34 028 050) | |
| Denominator: | 565 956 | 569 782 | 567 136 | 2 646 | |
| Complaint resolution rate (Tygerberg Hospital) | New Indicator | 98.0% | 87.5% | (10.5%) | The hospital had to deal with several complex complaints that required multiple stakeholders to participate. Stakeholder availability was a challenge resulting in some complaints could not be resolved within applicable financial year. |
| Numerator: | | 481 | 309 | (172) | |
| Denominator: | | 491 | 353 | (138) | |
| Complaint resolution within 25 working days rate (Tygerberg Hospital) | 74.9% | 85.0% | 73.1% | (11.9%) | The hospital had to deal with several complex complaints that required multiple stakeholders to participate. Stakeholder availability was a challenge resulting in some delays before final resolution. |
| Numerator: | 284 | 409 | 258 | (151) | |
| Denominator: | 379 | 481 | 353 | (128) | |
| ADDITIONAL PROVINCIAL INDICATORS | | | | | |
| Expenditure per PDE in 2013/14 Rand (Tygerberg Hospital) | R 3 695 | R3 621 | R 3 689 | (R 68) | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | R 2 091 197 629 | R 2 063 024 730 | R 2 092 066 973 | (R 29 042 243) | |
| Denominator: | 565 956 | 569 782 | 567 136 | 2 646 | |
| Mortality and morbidity review rate (Tygerberg Hospital) | 100.0% | 91.7% | 100% | 8.3% | An over-performance was achieved which is a positive result and the Department therefore considers the performance as having achieved the target. |
| Numerator: | 50 | 44 | 48 | 4 | |
| Denominator: | 50 | 48 | 48 | 0 | |

STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

The hospital will strengthen the Quality Assurance Unit and put in place measures and processes to improve the complaint resolution rate within 25 days.

A revised Quality improvement plan is being developed cognisant of the factors that contribute to the non-compliance with the national core standards and will be implemented in 2016/17 to improve performance.

CHANGES TO PLANNED TARGETS

No targets were changed during the year.

Red Cross War Memorial Children's Hospital

STRATEGIC OBJECTIVES

Provide access to the full package of central hospital services at RCWMCH

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 80.4 per cent. The patient day equivalents, as a proxy for service volume provided, achieved for the year 2015/16 was 129 543. The Hospital also provided access to the full funded package of care for tertiary services funded by the National tertiary Services Grant. A patient satisfaction rate of 90 per cent was achieved.

Table 38B: Strategic objectives for Tertiary Hospitals – Red Cross War Memorial Children's Hospital 2015/16

| Sub-programme 5.2: Provincial Tertiary Hospital Services - Red Cross War Memorial Children's Hospital | | | | | | |
|---|--------------------------------------|-------------|---------|-------------|-------------|---------------------------------|
| Strategic objectives | Performance indicator | Actual | Planned | Actual | Deviation * | Comment on deviation |
| | | achievement | target | achievement | | |
| | | 2014/15 | 2015/16 | 2015/16 | 2015/16 | |
| STRATEGIC GOAL 1: Promote health and wellness | | | | | | |
| 1.1 Provide access to the full package of central hospital services at RCWMCH. | 1.1.1 Actual (usable) beds in RCWMCH | 272 | 272 | 272 | 0 | Target achieved – no deviation. |

Table 39B: Performance indicators for Tertiary Hospitals – Red Cross War Memorial Children's Hospital 2015/16

| Sub-programme 5.2: Provincial Tertiary Hospital Services - Red Cross War Memorial Children's Hospital | | | | | |
|---|---------------|---------|-------------|-------------|---------------------------------|
| Performance indicator | Actual | Planned | Actual | Deviation * | Comment on deviation |
| | achievement | target | achievement | | |
| | 2014/15 | 2015/16 | 2015/16 | 2015/16 | |
| SECTOR SPECIFIC INDICATORS | | | | | |
| National core standard self-assessment (RCWMCH) ¹³ | Yes | Yes | Yes | 0% | Target achieved – no deviation. |
| Quality improvement plan after self-assessment (RCWMCH) | New indicator | Yes | Yes | 0% | Target achieved – no deviation. |

| Sub-programme 5.2: Provincial Tertiary Hospital Services - Red Cross War Memorial Children's Hospital | | | | | |
|---|-------------------------------|---------------------------|-------------------------------|---------------|--|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * | Comment on deviation |
| Hospital compliant with all extreme and vital measures of the national core standards (RCWMCH) | New indicator | Yes | No | (100%) | <p>Results of NCS 2015/16:</p> <p>Extreme standards <100%: RXH 82.5% hospital is non-compliant.</p> <p>Vital standards <90%: RXH 86.5% hospital is non-compliant.</p> <p>Non-compliance was as a result of challenges with having the correct documentation in place and lack of some infrastructure requirements. Infrastructure requirements take some time to fulfil.</p> <p>Note: The results generated by the DHIS National Core Standards system could not be used to report due to technical errors. These errors were registered with the National Department of Health but could not be corrected in time for the report submission. Therefore the paper-based tool was utilised to report performance.</p> |
| Patient satisfaction survey (RCWMCH) | Yes | Yes | Yes | 0% | Target achieved – no deviation. |
| Patient satisfaction rate (RCWMCH) | 92.1% | 90.0% | 90.0% | 0% | Target achieved – no deviation. |
| Numerator: | 1 382 | 1 512 | 511 | (1 001) | |
| Denominator: | 1 500 | 1 680 | 568 | (1 112) | |
| Average length of stay (RCWMCH) | 3.9 | 3.8 | 4.0 | (0.2) | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | 81 472 | 83 395 | 79 852 | (3 543) | |
| Denominator: | 20 728 | 21 946 | 20 166 | (1 780) | |
| Inpatient bed utilisation rate (RCWMCH) | 82.1% | 84.0% | 80.4% | (3.6%) | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | 81 472 | 83 395 | 79 852 | (3 543) | |
| Denominator: | 99 291 | 99 291 | 99 291 | 0 | |
| Mental health admission rate (RCWMCH) | Not applicable | Not applicable | 0.04% | No target | This indicator was deemed not applicable for this facility, however a small number (8) of mental health patients were ultimately admitted. |
| Numerator: | | | 8 | No target | |
| Denominator: | | | 20 166 | No target | |
| Expenditure per PDE(RCWMCH) | R 4 830 | R 5 217 | R 5 472 | (R 255) | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | R 629 563 698 | R 713 056 000 | R 708 917 790 | (R 4 138 210) | |
| Denominator: | 130 349 | 136 677 | 129 543 | (7 134) | |
| Complaint resolution rate (RCWMCH) | New Indicator | 92.1% | 100% | 7.9% | An over-performance was achieved which is a positive result and the Department therefore considers the performance as having achieved the target. |
| Numerator: | | 139 | 141 | 2 | |
| Denominator: | | 151 | 141 | 10 | |
| Complaint resolution within 25 working days rate (RCWMCH) | 72.1% | 109.4% | 92.2% | (17.2%) | The target has been incorrectly captured in the Annual Performance plan as the numerator and denominator were inverted. The actual target numerator 139 and denominator 152 which equated to a performance of 91% which closely aligns with the annual achievement. |
| Numerator: | 145 | 152 | 130 | (22) | |
| Denominator: | 201 | 139 | 141 | 2 | |
| ADDITIONAL PROVINCIAL INDICATORS | | | | | |

| Sub-programme 5.2: Provincial Tertiary Hospital Services - Red Cross War Memorial Children's Hospital | | | | | |
|---|-------------------------------|---------------------------|-------------------------------|------------------------|---|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| Expenditure per PDE in 2013/14 Rand (RCWMCH) | R 4 446 | R 4 453 | R 4 671 | (R 218) | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| Numerator: | R 579 557 784 | R 608 578 695 | R 605 046 817 | R 3 531 878 | |
| Denominator: | 130 349 | 136 677 | 129 543 | 7 134 | |
| Mortality and morbidity review rate (RCWMCH) | 100% | 91.7% | 91.7% | 0% | Target achieved – no deviation. |
| Numerator: | 11 | 11 | 11 | 0 | |
| Denominator: | 11 | 12 | 12 | 0 | |

STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

The hospital has drawn up a quality improvement plans to address the non-compliance with the extreme and vital National Core Standards. The plan is being implemented and monitored in the 2016/17 financial year.

CHANGES TO PLANNED TARGETS

No targets were changed during the year.

LINKING PERFORMANCE WITH BUDGETS

- Programme 5 recorded a net under spending of R9.330 million. The under expenditure occurred at Red Cross War Memorial Hospital due to the fact that the hospital migrated to a new payment system which delayed certain payments. The delayed payments did not have a significant effect on service delivery.
- The over expenditure in Sub-programme 5.1: Central Hospital Services was as a result of the burden of disease and service needs. Measures have been put in place to ensure that the central hospitals remain within their allocated budgets in future.

Table 40B: Summary of expenditure for Central Hospital Services 2015/16

| Sub-programme Name | 2015/16 | | | 2014/15 | | |
|---------------------------------------|---------------------|--------------------|--------------------------|---------------------|--------------------|--------------------------|
| | 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 |
| Central Hospital Services | 4 640 021 | 4 641 532 | (1 511) | 4 325 098 | 4 325 098 | - |
| Provincial Tertiary Hospital Services | 729 723 | 718 879 | 10 844 | 638 979 | 638 979 | - |
| TOTAL | 5 369 744 | 5 360 411 | 9 333 | 4 964 077 | 4 964 077 | - |

Programme 6: Health Sciences and 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

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.

Implement a Human Resource Development (HRD) strategy

The development, implementation, monitoring and evaluation of the Workplace Skills Plan was the mechanism through which the Human Resource 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 (192)
- Finance and HR interns (linked to the Premier's Advancement of Youth Programme: PAY) (150)
- Learner Post Basic Pharmacists Assistant internship (87)
- Assistant to Artisan (ATA) project (124)
- Emergency Medical Care (EMC) Assistants (104)
- Forensic Pathology Services (FPS) Assistants (15)

Table 41B: Strategic objectives for Health Sciences and Training 2015/16

| Programme 6: Health Sciences and Training | | | | | | |
|--|---|-------------------------------|---------------------------|-------------------------------|------------------------|---|
| Strategic objectives | Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| STRATEGIC GOAL: Promote health and wellness. | | | | | | |
| Implement a Human Resource Development (HRD) strategy. | Number of bursaries awarded for scarce and critical skills categories | New indicator | 2 915 | 2 554 | (361) | Increase in per capita bursary allocation led to a decrease in number of bursaries awarded. |

Table 42B: Performance indicators for Health Sciences and Training 2015/16

| Programme 6: Health Sciences and Training | | | | | |
|--|-------------------------------|---------------------------|-------------------------------|------------------------|---|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| SECTOR SPECIFIC INDICATORS | | | | | |
| Number of bursaries awarded for first year medicine students | New indicator | 40 | 45 | 5 | Increase in bursaries for first year medicine students based on scarce skills needs. |
| Number of bursaries awarded for first year nursing students | New indicator | 300 | 288 | (12) | The marginal deviation from the performance target is considered by the department as having achieved the target. |
| ADDITIONAL PROVINCIAL INDICATORS | | | | | |
| Intake of nurse students (1st to 4th year at HEIs and nursing college) | 2 145 | 2 570 | 2 137 | (433) | 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. |
| Basic professional nurse students graduating (at nursing college) | 273 | 230 | 253 | 23 | The number of graduating students at the nursing college exceeds the target. The projected target for intake into 4th year is based on third year graduates of the 2014 academic year. The additional numbers exceeding the target are those students who had only to meet their outstanding practical hours to complete, for graduation purposes. |
| Basic nurse students graduating (at HEIs and nursing college) | 476 | 550 | 414 | (136) | 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. |
| EMC intake on accredited HPCSA courses | 96 | 174 | 78 | (96) | Up to 2015, the yearly student intake was projected as 174, based on student intake for three learning programmes, namely the Critical Care Assistant (CCA) course, Ambulance Emergency Assistance (AEA) course and the NQF 5, Emergency Care Technician (ECT) qualification. Based on the DoH National Emergency Care Education and Training (NECET) Policy mandate to professionalize the pre-hospital emergency care and allow for articulation of qualifications within the revised NQF, the CCA course was discontinued as of 2015. Subsequently, the HPCSA PBEC letter (Ref 19/7/75) on teach-out date of ECT qualification resulted in no further intake for the ECT Programme for 2015/2016 financial year. Hence anticipated target could not be reached due to a reduction in courses and course intakes. |
| Intake of home community based carers (HCBCs) | 739 | 800 | 759 | (41) | Intake reduced based on Departmental decision to train only NQF level 1 in Ancillary Health Care, until the new vocational Community Health Worker qualification is finalised. |
| Intake of data capturer interns | 180 | 140 | 192 | 52 | Increase in intake. This is due to the increase in demand for data capturers primarily within the district health services due to service needs, and the availability of EPWP budget. |
| Intake of pharmacy assistants | 96 | 85 | 87 | 2 | Small increase in intake to Learner Post Basic Pharmacist's Assistant course. This is due to the lesser than anticipated attrition on the basic pharmacist assistants' course of 2014/15. |

| Programme 6: Health Sciences and Training | | | | | |
|--|-------------------------------|---------------------------|-------------------------------|------------------------|---|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| Intake of assistant to artisan (ATA) interns | 110 | 120 | 124 | 4 | Small increase in intake, based on need and availability of funding. |
| Intake of HR and finance interns | 138 | 150 | 150 | 0 | Target achieved – no deviation. |
| Intake of emergency medical care (EMC) assistant interns | New indicator | 140 | 104 | (36) | Reduced intake based on the no further intake for the Emergency Care Technician (ECT) Programme, the learners of which were funded through this project. |
| Intake of forensic pathology service (FPS) assistant interns | New indicator | 40 | 15 | (25) | Reduced intake based on the difficulty in recruiting appropriate forensic pathology service assistants, notably in rural districts. Pure Maths is a criterion for selection, which many of the rural applicants did not possess. The target setting for a newly established project was also not evidence based and has been adapted downward for 2016/ 2017. |

STRATEGIES TO OVERCOME AREAS OF 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.

- EMC intake on accredited HPCSA courses

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

- 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.

- Students with bursaries from the Province

The number of students with bursaries from the province is based on scarce and critical needs and the availability of funding.

- Intake of data capturer interns

The target for the intake of data capturer interns must be based on service needs and the availability of funding.

- Intake of Emergency Medical Care (EMC) Assistants

The target for the intake of EMC Assistants interns must be based on service needs, the availability of funding and the appropriate candidates.

- 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.

CHANGES TO PLANNED TARGETS

No targets were changed during the year.

LINKING PERFORMANCE WITH BUDGETS

Programme 6: Health Sciences and Training recorded a total under expenditure of R17.173 million which is mainly attributable to the following:

- Compensation of employees

There were delays in the filling of training posts in District Health Services and training coordinator posts at the Regional Training Centre due to difficulties in appropriate selection of candidates. Also, the savings is due to the higher than anticipated resignations or retirements and the need to prioritise the filling of vacant posts in light of the WCCN incorporation into CPUT. This program also contributed to the obligatory saving on COE.

- Goods and services

Delays in the registration 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 on training. Furthermore, savings initiatives, improved efficiencies and tighter approval and monitoring processes have reduced expenditure.

Table 43B: Summary of expenditure for Health Sciences and Training 2015/16

| Sub-programme Name | 2015/16 | | | 2014/15 | | |
|---|---------------------|--------------------|--------------------------|---------------------|--------------------|--------------------------|
| | 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 |
| Nurse Training College | 96 480 | 91 555 | 4 925 | 87 627 | 88 801 | (1 174) |
| Emergency Medical Services Training College | 32 283 | 30 664 | 1 619 | 28 685 | 29 075 | (390) |
| Bursaries | 83 573 | 83 470 | 103 | 78 939 | 78 739 | 200 |
| Primary Health Care Training | 1 | - | 1 | 1 | - | 1 |
| Training Other | 124 629 | 114 104 | 10 525 | 119 044 | 115 496 | 3 548 |
| TOTAL | 336 966 | 319 793 | 17 173 | 314 296 | 312 111 | 2 185 |

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 medical equipment

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

Good progress was made towards achieving the strategic objective in 2015/16 with the provision of efficient, effective and economical linen and laundry services in line with the National Core Standards.

Table 44B: Strategic objectives for Laundry Services 2015/16

| Sub-programme 7.1: Laundry Services | | | | | | |
|--|--|-------------------------------|---------------------------|-------------------------------|------------------------|--|
| Strategic objectives | Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| STRATEGIC GOAL: Embed good governance and values-driven leadership practice. | | | | | | |
| Provide an efficient and effective laundry service. | Average cost per item laundered in-house | R 4.75 | R 4.04 | R 4.49 | (R 0.45) | Target not met, mainly due to number of items laundered (denominator) being lower than projected; the target set took the completion and commissioning of new/ additional facilities (and the laundry services that would be rendered to these) into consideration. Some infrastructure projects have been delayed (e.g. Symphony Way CDC), which impacted on the laundry services required at these. Split between fixed and variable costs: Fixed = 46.28%; Variable = 53.82% |
| | Numerator: | R 61 105 421 | R 62 596 543 | R 58 486 645 | R 4 109 898 | |
| | Denominator: | 12 862 253 | 15 494 194 | 13 030 231 | 2 463 963 | |

Table 45B: Performance indicators for Laundry Services 2015/16

| Sub-programme 7.1: Laundry Services | | | | | |
|--|-------------------------------|---------------------------|-------------------------------|------------------------|---|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| OTHER PROVINCIAL INDICATORS | | | | | |
| Average cost per item laundered outsourced | R 3.28 | R 3.86 | R 3.31 | R 0.55 | An over-performance was achieved, which is a positive result. The Department therefore considers the performance as having achieved the target. |
| Numerator: | R 27 417 693 | R 31 140 481 | R 27 376 128 | R 3 764 353 | Targets included projected values with respect to some contract renewals due during the year; SCM processes still underway for renewal with previous contracts extended in the interim. |
| Denominator: | 8 364 679 | 8 072 643 | 8 266 131 | (193 488) | |

STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

The 2016/17 target for the in-house laundry service has been amended in line with the adjusted infrastructure project completion and commissioning dates.

CHANGES TO PLANNED TARGETS

No targets were changed during the year.

Engineering Services

STRATEGIC OBJECTIVES

Good progress was made towards achieving the strategic objective in 2015/16 with the provision of building and clinical engineering support services. This ensured the smooth functioning of the health service, particularly in dealing with building and clinical engineering emergencies.

Table 46B: Strategic objectives for Engineering Services 2015/16

| Sub-programme 7.2: Engineering Services | | | | | | |
|--|--|-------------------------------|---------------------------|-------------------------------|------------------------|---|
| Strategic objectives | Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| STRATEGIC GOAL: Embed good governance and values-driven leadership practice. | | | | | | |
| Provide an efficient and effective maintenance service. | Percentage of maintenance budget spent | 95.4% | 100.0% | 101.7% | (1.7%) | The marginal deviation from the performance target is considered by the Department as having achieved the target. |
| | Numerator: | 106 279 752 | 117 581 000 | 117 814 430 | (233 430) | |
| | Denominator: | 111 419 000 | 117 581 000 | 115 809 000 | 1 772 000 | |

Table 47B: Performance indicators for Engineering Services 2015/16

| Sub-programme 7.2: Engineering Services | | | | | |
|--|----------------------------|------------------------|----------------------------|---------------------|--|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| ADDITIONAL PROVINCIAL INDICATORS | | | | | |
| Percentage of engineering emergency cases addressed within 48 hours | 87.6% | 93.4% | 100.0% | 6.6% | An over-performance was achieved which is a positive result and the Department therefore considers the performance as having achieved the target. |
| Numerator: | 346 | 214 | 459 | 245 | All engineering emergency cases were addressed within 48 hours. |
| Denominator: | 395 | 229 | 459 | 230 | |
| Percentage of clinical engineering maintenance jobs completed | 92.9% | 91.6% | 91.9% | 0.3% | The marginal deviation from the performance target is considered by the Department as having achieved the target. |
| Numerator: | 10 607 | 11 071 | 11 568 | 497 | |
| Denominator: | 11 414 | 12 090 | 12 586 | 496 | |
| Percentage of engineering maintenance jobs completed | 92.6% | 86.5% | 85.9% | (0.6%) | The marginal deviation from the performance target is considered by the Department as having achieved the target. |
| Numerator: | 12 664 | 12 544 | 11 239 | (1 305) | |
| Denominator: | 13 676 | 14 509 | 13 078 | (1 431) | |
| Percentage of selected hospitals utilising more energy than the provincial benchmark | 48.1% | 45.7% | 28.6% | 17.1% | An over-performance was achieved which is a positive result and the Department therefore considers the performance as having achieved the target. |
| Numerator: | 13 | 16 | 10 | 6 | Target set states that a maximum of 16 hospitals will be utilising more energy than the set benchmark. This target was achieved as only 10 hospitals (i.e. 6 less than the benchmark) - on average for the financial year - utilised more energy than the provincial benchmark. |
| Denominator: | 27 | 35 | 35 | 0 | |
| Percentage of selected hospitals exceeding the provincial benchmark for average maximum energy demand per hospital bed per month | 51.9% | 34.3% | 28.6% | 5.7% | An over-performance was achieved which is a positive result and the Department therefore considers the performance as having achieved the target. |
| Numerator: | 14 | 12 | 10 | 2 | Target set states that a maximum of 12 hospitals will exceed the provincial benchmark for average maximum energy demand (on average for the financial year). This target was achieved as only 10 hospitals (i.e. two less than the benchmark) exceeded the provincial benchmark. |
| Denominator: | 27 | 35 | 35 | 0 | |
| Percentage of selected hospitals utilising more water than the provincial benchmark | 37.0% | 45.7% | 40.0% | 5.7% | An over-performance was achieved which is a positive result and the Department therefore considers the performance as having achieved the target. |
| Numerator: | 10 | 16 | 14 | 2 | Target set states that a maximum of 16 hospitals will be utilising more water than the set benchmark. This target was achieved as only 14 hospitals (i.e. two less than the benchmark) - on average for the financial year - utilised more water than the provincial benchmark. |
| Denominator: | 27 | 35 | 35 | 0 | |

STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

- Sub-programme 7.2 has performed well during 2015/16. The aim is to maintain the improved response time. Performance will continuously be monitored.
- Smart-metering will continue to be installed at various hospitals to enable improved monitoring of energy consumption.

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

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

STRATEGIC OBJECTIVES

Ensure access to a Forensic Pathology Service

Priorities for Forensic Pathology Services

- To ensure access to a Forensic Pathology Service.
- To ensure adequate access to the full package of Forensic Pathology Service with the construction of the Observatory Forensic Pathology Centre.
- Establish a Diploma in Forensic Pathology Support

Table 48B: Strategic objectives for Forensic Pathology Services 2015/16

| Sub-programme 7.3: Forensic Pathology Services | | | | | | |
|--|---|----------------------------|------------------------|----------------------------|---------------------|--|
| Strategic objectives | Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| STRATEGIC GOAL: Promote health and wellness. | | | | | | |
| Ensure access to a Forensic Pathology Service. | Percentage of FPS cases released within 5 days (excluding unidentified persons) | 75.5% | 74.4% | 73.3% | (1.1%) | Case increase is modelled on historic case trends. |
| | Numerator: | 7 379 | 7 763 | 7 605 | (1 580) | The number of cases released increased by 6.35% year on year as compared to the projection of 6.78%. |
| | Denominator: | 9 771 | 10 433 | 10 382 | (510) | Over the last 5 years (2011/12 to 2015/16) cases released increased by 24.5% whilst staff numbers in terms of filled posts only increased by 4.8%. |

Table 49B: Performance indicators for Forensic Pathology Services 2015/16

| Sub-programme 7.3: Forensic Pathology Services | | | | | |
|--|----------------------------|------------------------|----------------------------|---------------------|---|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| ADDITIONAL PROVINCIAL INDICATORS | | | | | |
| Percentage of FPS cases responded to within 40 minutes | 77.0% | 78.0% | 76.1% | (1.9%) | Case increase is modelled on historic case trends. |
| Numerator: | 7 418 | 7 878 | 7 675 | (203) | The number of 'cases responded to' increased by 4.59% year on year compared to the projection of 4.78%. |
| Denominator: | 9 639 | 10 100 | 10 081 | (19) | Over the last 5 years (2011/12 to 2015/16) 'cases responded to' increased by 17.4% whilst staff numbers in terms of filled posts only increased by 4.8%. |
| Percentage of FPS cases examined within 3 days | 73.9% | 72.0% | 71.4% | (0.6%) | Case increase is modelled on historic case trends. |
| Numerator: | 7 559 | 7 776 | 7 671 | (105) | The number of cases examined increased by 5.09% year on year compared to the projection of 5.58%. |
| Denominator: | 10 229 | 10 800 | 10 750 | (50) | Over the last 5 years (2011/12 to 2015/16) cases examined increased by 16.5% whilst staff numbers in terms of filled posts only increased by 4.8%. |
| Toxicology service commissioned | New indicator | No | No | No | Annual Performance Plan states that although the full commissioning will occur in 2017/2018, the Department will in the meantime engage in the necessary preparation work of developing service standards and procurement of prioritised equipment. |

STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

The increase in case load and case complexity has consequently led to increasing demands being placed on staff. Without additional resource allocation improvement in areas of underperformance is not possible. Targets have therefore been adjusted to try and meet the resource allocation. The service has embarked on the consolidation of some services by a planned closure of the Stellenbosch Forensic Pathology Laboratory (FPL) and case diversion to Paarl and Tygerberg FPLs respectively.

The commissioning of the Observatory Forensic Pathology Institute, to replace the current outdated and substandard Salt River FPL will enable the Forensic Pathology Service to deliver on its' required package of services. If adequately resourced, this will result in an improvement in case management and conclusion of post-mortem findings. The forensic pathology academic training centres must be resourced and supported to enable the training of registrars; whilst continuing optimum, competent service delivery. The Service has embarked on the establishment of a Victim Identification Board to provide for improved case management of unidentified persons.

The Inspectorate of Anatomy must be resourced to ensure compliance with Chapter 8 of the National Health Act and its Regulations.

CHANGES TO PLANNED TARGETS

Incident response time across the service platform varies due to geographic spread as well as resourcing. Targets have been adjusted for the 2016/17 financial year taking into consideration distances to be travelled as well as resource constraints.

- The target for the percentage of FPS cases responded to within 40 minutes has been adjusted to 76 per cent.
- The target for the percentage of FPS cases examined within 3 days has been adjusted to 71.6 per cent
- The target for the percentage of FPS cases released within 5 days (excluding unidentified persons) has been adjusted to 72.4 per cent.

Actual achievements

- Access to services continued despite service pressures.
- Case management through the implementation of the Child Death review (CDR) process continued in the Metro West and during the 2015/16 Financial year the Review panel dealt with 579 cases. In 2016/17 the CDR will be expanded across the FPS platform.
- The curriculum for the Forensic Pathology Officer Support Diploma has been developed in collaboration with the Cape Peninsula University of Technology. Regulations have been drafted outlining the Forensic Pathology Officer scope of practice.
- Efforts to ensure access to the full package of Forensic Pathology Service continued with the focus on toxicology practice.

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

The timely purchase and distribution of adequate stock to meet the province's demand. The percentage of pharmaceutical stock that is available at the Cape Medical Depot (CMD) from the list of stock that should be available at all times.

STRATEGIC OBJECTIVES

- Ensure optimum pharmaceutical stock levels to meet the demand.

Table 50B: Strategic objectives for the Cape Medical Depot 2015/16

| Sub-programme 7.5: Cape Medical Depot | | | | | | |
|---|--|-------------------------------|---------------------------|-------------------------------|------------------------|---|
| Strategic objectives | Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| STRATEGIC GOAL: Embed good governance and values-driven leadership practices. | | | | | | |
| Ensure optimum pharmaceutical stock levels to meet the demand. | Percentage of pharmaceutical stock available | 88.1% | 97.0% | 93.8% | (3.2%) | The marginal deviation from the performance target is considered by the Department as having achieved the target. |
| | Numerator: | 672 | 735 | 716 | (19) | |
| | Denominator: | 763 | 758 | 763 | 5 | |

Table 51B: Performance indicators for the Cape Medical Depot 2015/16

| Sub-programme 7.5: Cape Medical Depot | | | | | |
|---|-------------------------------|---------------------------|-------------------------------|------------------------|--|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| ADDITIONAL PROVINCIAL INDICATORS | | | | | |
| Percentage of pharmaceutical orders finalised (processed) within 3 working days | 94.9% | 80.0% | 95.2% | 15.2% | An over-performance was achieved which is a positive result and the Department therefore considers the performance as having achieved the target. This was as a result of streamlining processes for optimal efficiency. |
| Numerator: | 335 664 | 320 000 | 333 208 | 13 208 | |
| Denominator: | 353 670 | 400 000 | 350 159 | 49 841 | |
| Percentage of pharmaceutical demander queries resolved within 2 working days | 97.5% | 80.0% | 97.3% | 17.3% | An over-performance was achieved which is a positive result and the Department therefore considers the performance as having achieved the target. This was as a result of streamlining processes for optimal efficiency. |
| Numerator: | 2 723 | 240 | 3 266 | 3 026 | |
| Denominator: | 2 793 | 300 | 3 356 | 3 056 | |

STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

Not applicable as targets have been achieved.

CHANGES TO PLANNED TARGETS

No targets were changed during the year.

LINKING PERFORMANCE WITH BUDGETS

- Programme 7 is almost at a break-even point.
- Sub-programme 7.1: Laundry Services recorded an under spending of R2.197 million or 2.7 per cent of its final appropriation primarily due to delays in the commissioning of new primary healthcare facilities (e.g. Nomzamo CDC, Symphony Way CDC and Mfuleni CDC).
- Sub-programme 7.2: Engineering Services registered an over expenditure of R1.974 million or 1.7 per cent to counter-balance the under expenditure in Laundry Services. This funding was utilised to undertake engineering jobs.

Table 52B: Summary of expenditure for Health Care Support Services 2015/16

| Sub-programme Name | 2015/16 | | | 2014/15 | | |
|----------------------------------|---------------------|--------------------|--------------------------|---------------------|--------------------|--------------------------|
| | 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 |
| Laundry Services | 82 664 | 80 467 | 2 197 | 72 791 | 72 791 | - |
| Engineering Services | 115 840 | 117 814 | (1 974) | 107 908 | 106 280 | 1 628 |
| Forensic Pathology Services | 151 103 | 150 958 | 145 | 129 347 | 128 772 | 575 |
| Orthotic and Prosthetic Services | 1 | - | 1 | 1 | - | 1 |
| Medical Depot | 73 372 | 73 738 | (366) | 49 570 | 48 593 | 977 |
| TOTAL | 422 980 | 422 977 | 3 | 359 617 | 356 436 | 3 181 |

Programme 8: Health Facilities Management

PURPOSE

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

SUB-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

Good progress was made in 2015/16 towards achieving the strategic objective with a number of new healthcare facilities being completed, whilst various others were extended, upgraded and rehabilitated.

Table 53B: Strategic objectives for Health Facilities Management 2015/16

| Programme 8: Health Facilities Management | | | | | | |
|--|---|----------------------------|------------------------|----------------------------|---------------------|---|
| Strategic objectives | Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| STRATEGIC GOAL: Embed good governance and values-driven leadership practices | | | | | | |
| Efficient and effective management of infrastructure. | Percentage of Programme 8 capital infrastructure budget spent (excluding maintenance) | 82.9% | 100.0% | 81.0% | (19.0%) | In spite of the budget decreasing during the adjusted budget (capital infrastructure budget was shifted to Health Technology and Routine Maintenance), the target could not be achieved. The following factors were the main contributors to the under expenditure: Professional Service Providers: Appointment delays Design delays Tender delays (e.g. Vredenburg Hospital Phase 2B) Contractor delays (slow progress on site) Cancellation of contractor's contracts (Groote Schuur Hospital: Linear Accelerator Installation New Bunker) Lack of capacity within Implementing Agent |
| | Numerator: | 283 038 829 | 438 530 999 | 312 931 802 | (125 599 197) | |
| | Denominator: | 341 476 200 | 438 530 999 | 386 357 000 | (52 173 999) | |
| Efficient and effective management of infrastructure. | Percentage of Programme 8 capital infrastructure projects complete | 80.0% | 100.0% | 0.0% | (100.0%) | Only projects that achieved Practical Completion in the quarter as planned have been included for reporting purposes i.e. projects achieving completion in a quarter either earlier or later than planned, have been excluded. None of the projects targeted achieved Practical Completion as planned. |
| | Numerator: | 12 | 12 | 0 | (12) | |
| | Denominator: | 15 | 12 | 12 | 0 | |

Table 54B: Performance indicators for Health Facilities Management 2015/16

| Programme 8: Health Facilities Management | | | | | |
|--|-------------------------------|--|-------------------------------|------------------------|---|
| Performance indicator | Actual achievement 2014/15 | Planned target 2015/16 | Actual achievement 2015/16 | Deviation * 2015/16 | Comment on deviation |
| SECTOR SPECIFIC INDICATORS | | | | | |
| Number of health facilities that have undergone major and minor refurbishment | New indicator | Awaiting clarification on definition from NDoH | Not required to report on | None | Not required to report. |
| Establish service level agreements (SLAs) with Department of Public works (and any other implementing agent) | New indicator | Not required to report on | Not required to report on | None | Not required to report. |
| ADDITIONAL PROVINCIAL INDICATORS | | | | | |
| Percentage of Programme 8 maintenance budget spent on maintenance (preventative and scheduled) | 87.1% | 100.0% | 87.0% | (13.0%) | Preventative (routine) maintenance: Target achieved – expenditure 0.8% over budget. |
| Numerator: | 208 913 491 | 266 091 000 | 271 067 361 | (4 976 361) | Scheduled maintenance: |
| Denominator: | 239 984 000 | 266 091 000 | 311 732 000 | (45 641 000) | Under-expenditure of some 13% is primarily due to: Design delays Tender award delays Procurement delays Contractor delays Clarification of Scope of Works |
| Percentage of preventative maintenance budget spent | 98.8% | 100.0% | 100.8% | 0.8% | A planned over-expenditure was achieved, which is deemed a positive result. This over-expenditure was planned to mitigate the expected under expenditure on infrastructure (capital and scheduled maintenance). The Department therefore considers the performance as having achieved the target. |
| Numerator: | 29 451 642 | 36 042 001 | 65 561 336 | 29 519 335 | |
| Denominator: | 29 822 000 | 36 042 001 | 65 042 000 | 28 999 999 | |
| Percentage of Programme 8 health technology budget spent | 96.1% | 100.0% | 109.4% | 9.4% | A planned over-expenditure was achieved, which is deemed a positive result. This over-expenditure was planned to mitigate the expected under expenditure on infrastructure (capital and scheduled maintenance). The Department therefore considers the performance as having achieved the target. |
| Numerator: | 183 391 491 | 68 566 000 | 119 789 046 | 51 223 046 | |
| Denominator: | 190 859 000 | 68 566 000 | 109 545 000 | 40 979 000 | |
| Percentage of strategic briefs completed | 45.5% | 100.0% | 25.0% | (75.0%) | A number of Strategic Briefs were not completed due to delays in finalising the business cases and instances of reprioritisation. |
| Numerator: | 5 | 12 | 3 | (9) | |
| Denominator: | 11 | 12 | 12 | 0 | |
| Percentage of facilities in Eden District with a condition rating of C4 to C5 | 58.7% | 71.7% | 89.1% | 17.4% | An over-performance was achieved which is a positive result and the Department therefore considers the performance as having achieved the target. |
| Numerator: | 27 | 33 | 41 | 8 | |
| Denominator: | 46 | 46 | 46 | 0 | |

STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

- Creating a pipeline of projects ready to go to tender by ensuring the completion of each design stage
- The implementation of Framework Contract for a Management Contractor, with WCGH as the Implementer
- 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
- Tighter governance of Service Delivery Agreement with IA
- 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.

LINKING PERFORMANCE WITH BUDGETS

Programme 8 recorded a net under expenditure of R111.908 million. Reasons for under-expenditure are varied and numerous, and include:

- An under-capacitated Implementing Agent (WCG: Transport and Public Works)
- Delays in IDMS IGS gateway approvals
- 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
- Project being cancelled due to changed user requirements
- Challenges in attracting and retaining built-environment professionals

New and improved facilities ensure a better healthcare service, which is more conducive to patient and staff satisfaction.

Table 55B: Summary of expenditure for Health Facilities Management 2015/16

| Sub-programme name | 2015/16 | | | 2014/15 | | |
|-----------------------------------|---------------------|--------------------|--------------------------|---------------------|--------------------|--------------------------|
| | 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 | 188 900 | 180 130 | 8 770 | 247 962 | 189 004 | 58 958 |
| Emergency Medical Rescue Services | 21 146 | 18 611 | 2 535 | 9 898 | 6 697 | 3 201 |
| District Hospital Services | 198 942 | 145 995 | 52 947 | 182 640 | 152 543 | 30 097 |
| Provincial Hospital Services | 225 754 | 214 428 | 11 326 | 134 941 | 126 769 | 8 172 |
| Central Hospital Services | 144 137 | 145 503 | (1 366) | 184 787 | 190 701 | (5 914) |
| Other Facilities | 113 460 | 75 764 | 37 696 | 54 158 | 47 209 | 6 949 |
| TOTAL | 892 339 | 780 431 | 111 908 | 814 386 | 712 923 | 101 463 |

Transfer Payments

TRANSFER PAYMENTS TO ALL ORGANISATIONS OTHER THAN PUBLIC ENTITIES

Table 56B: Transfer Payments made in 2015/16

| Transfer Payments | | | | | | | |
|---|------------------------------|---|--|----------------------------|----------------------------|---|---|
| NAME OF TRANSFEREE | TYPE OF ORGANISATION | PURPOSE FOR WHICH THE FUNDS WERE USED | DID THE DEPT COMPLY WITH S38(1)(J) OF THE PFMA | AMOUNT TRANSFERRED (R'000) | AMOUNT SPENT BY THE ENTITY | REASONS FOR THE FUNDS UNSPENT BY THE ENTITY | DISTRICT / MUNICIPALITY / SUB-STRUCTURE |
| 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 | 432 972 | 432 972 | N/A | City of Cape Town |
| Transfers to Departmental Agencies &Accounts | | | | | | | |
| Health and Welfare SETA | Statutory body | People Development | Yes | 4 578 | 4 578 | N/A | |
| Radio and Television | Licensing authorities | Licences | Yes | 283 | 283 | N/A | Departmental |
| Transfers to Universities & Technikons | | | | | | | |
| 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. | Yes | 3 992 | 3 992 | N/A | City of Cape Town |
| Transfers to Non-profit Institutions | | | | | | | |
| Health Foundation | Non-profit institutions | To raise funds to improve public health care resources | Yes | 1 000 | 1 000 | N/A | City of Cape Town |
| Various non-profit institutions | Community Based Programmes | For door-to-door surveillance to determine the burden of disease for two pilot sites (Delft and Philippi areas) | Yes | 281 | 281 | N/A | City of Cape Town |
| Various non-profit institutions | Non-profit institutions | Community Health Clinics: Vaccines and Tuberculosis treatment | Yes | 131 | 131 | N/A | Central Karoo District |
| National Health Insurance (NHI) | Non-profit institutions | Testing the Rural Community Care Workers Model: Door to door screening & referral of patients to Public Health Care facilities. | Yes | 635 | 635 | N/A | Eden District |
| Booth Memorial | Provincially aided hospital | Intermediate care facility - adult | Yes | 18 777 | 18 777 | N/A | City of Cape Town |
| Life Esidimeni | Contract hospital | Intermediate care facility – adult. | Yes | 45 535 | 45 535 | N/A | City of Cape Town |
| Sarah Fox | Provincially aided hospitals | Intermediate care facility – child. | Yes | 9 402 | 9 402 | N/A | City of Cape Town |
| Various Non-profit Institutions | Non-profit Institutions | Chronic Care: Caring for elderly patients in assisting with wound care, feeding etc. after being discharged. | Yes | 525 | 525 | N/A | Central Karoo District |

| Transfer Payments | | | | | | | |
|---------------------------------|-------------------------|--|--|----------------------------|----------------------------|---|---|
| NAME OF TRANSFEREE | TYPE OF ORGANISATION | PURPOSE FOR WHICH THE FUNDS WERE USED | DID THE DEPT COMPLY WITH S38(1)(J) OF THE PFMA | AMOUNT TRANSFERRED (R'000) | AMOUNT SPENT BY THE ENTITY | REASONS FOR THE FUNDS UNSPENT BY THE ENTITY | DISTRICT / MUNICIPALITY / SUB-STRUCTURE |
| Various Non-profit Institutions | Non-profit Institutions | Tuberculosis treatment | Yes | 581 | 581 | N/A | Cape Winelands District |
| | | | Yes | 409 | 409 | N/A | Eden District |
| | | | Yes | 88 | 88 | N/A | West Coast District |
| Various Non-profit Institutions | Non-profit Institutions | TB Adherence and Counselling | Yes | 109 | 109 | N/A | Klipfontein/M Plain SS |
| | | | Yes | 207 | 207 | N/A | Northern/Tygerberg SS Area |
| | | | Yes | 194 | 194 | N/A | Western/Southern SS Area |
| | | | Yes | 2 065 | 2 065 | N/A | West Coast District |
| Various Non-profit Institutions | Non-profit Institutions | Home Based Care | Yes | 12 345 | 12 345 | N/A | Khayelitsha/Eastern SS |
| | | | Yes | 3 226 | 3 226 | N/A | Klipfontein/M Plain SS |
| | | | Yes | 1 607 | 1 607 | N/A | Northern/Tygerberg SS |
| | | | Yes | 4 157 | 4 157 | N/A | Western/Southern SS Area |
| Various Non-profit Institutions | Non-profit Institutions | Mental health | Yes | 2 676 | 2 676 | N/A | Cape Winelands District |
| | | | Yes | 328 | 328 | N/A | Central Karoo District |
| | | | Yes | 710 | 710 | N/A | Eden District |
| | | | Yes | 11 586 | 11 586 | N/A | Khayelitsha/Eastern SS Area |
| | | | Yes | 8 848 | 8 848 | N/A | Klipfontein/M Plain SS Area |
| | | | Yes | 13 677 | 13 677 | N/A | Northern/Tygerberg SS Area |
| | | | Yes | 3 703 | 3 703 | N/A | Overberg District |
| | | | Yes | 7 197 | 7 197 | N/A | Western/Southern SS Area |
| Various Non-profit Institutions | Non-profit Institutions | Anti-retroviral treatment, home-based care, step-down care, HIV counselling and testing, etc | Yes | 28 924 | 28 924 | N/A | Cape Winelands District |
| | | | Yes | 6 617 | 6 617 | N/A | Central Karoo District |
| | | | Yes | 19 497 | 19 497 | N/A | Eden District |
| | | | Yes | 2 100 | 2 100 | N/A | HIV/AIDS & TB |
| | | | Yes | 9 636 | 9 636 | N/A | Khayelitsha/Eastern SS |
| | | | Yes | 8 843 | 8 843 | N/A | Klipfontein/M Plain SS |
| | | | Yes | 38 759 | 38 759 | N/A | Northern/Tygerberg SS |
| | | | Yes | 14 292 | 14 292 | N/A | Overberg District |
| | | | Yes | 20 530 | 20 530 | N/A | West Coast District |
| | | | Yes | 10 422 | 10 422 | N/A | Western/Southern SS |
| Various Non-profit Institutions | Nutrition | Rendering of a Nutrition intervention service to address malnutrition in the Western Cape | Yes | 84 | 84 | N/A | Central Karoo District |
| | | | Yes | 587 | 587 | N/A | Eden District |
| | | | Yes | 870 | 870 | N/A | Khayelitsha/Eastern SS |
| | | | Yes | 258 | 258 | N/A | Klipfontein/M Plain SS |
| | | | Yes | 488 | 488 | N/A | Northern/Tygerberg SS |
| | | | Yes | 306 | 306 | N/A | Western/Southern SS |

Transfer Payments

| NAME OF TRANSFEREE | TYPE OF ORGANISATION | PURPOSE FOR WHICH THE FUNDS WERE USED | DID THE DEPT COMPLY WITH S38(1)(J) OF THE PFMA | AMOUNT TRANSFERRED (R'000) | AMOUNT SPENT BY THE ENTITY | REASONS FOR THE FUNDS UNSPENT BY THE ENTITY | DISTRICT / MUNICIPALITY / SUB-STRUCTURE |
|---|--|---|--|----------------------------|----------------------------|---|---|
| Various Non-profit Institutions | Non-profit Institutions | Hearing Screening Rehab Workers and mentoring in Speech-Language and Audiology services for children (Carl Du Toit and Philani). | Yes | 1 229 | 1 229 | N/A | Klipfontein / M Plain SS |
| Various Non-profit Institutions | Global Fund | Providing HIV/AIDS, and Tuberculosis treatments, Palliative Care and Community Based response to strengthen the Comprehensive HIV/AIDS programme. | Yes | 1 954 | 1 954 | N/A | Cape Winelands District |
| | | | Yes | 1 025 | 1 025 | N/A | Central Karoo District |
| | | | Yes | 11 003 | 11 003 | N/A | Eden District |
| | | | Yes | 4 277 | 4 277 | N/A | HIV/AIDS & TB |
| | | | Yes | 1 267 | 1 267 | N/A | Khayelitsha/Eastern SS |
| | | | Yes | 1 558 | 1 558 | N/A | Overberg District |
| | | | Yes | 1 652 | 1 652 | N/A | West Coast District |
| SA Red Cross Air Mercy | Non-profit Institutions | Transporting critically ill and injured patients | Yes | 52 144 | 52 144 | N/A | City of Cape Town |
| Open Circle and Hurdy Gurdy Non-profit Institutions | Non-profit Institutions | For funding residential care for people with autism or intellectual disability and with challenging behaviour | Yes | 2 505 | 2 505 | N/A | City of Cape Town |
| Maitland Cottage | Step down care | Payment for paediatric orthopaedic hospital | Yes | 9 961 | 9 961 | N/A | City of Cape Town |
| Various non-profit institutions | Non-profit Institutions | Extended Public Works Programme (EPWP) funding used for training and Home Based Care | Yes | 52 733 | 52 733 | N/A | Various |
| The Children's Hospital Trust | Non-profit institutions | Funds for vital paediatric health care needs like the upgrading of buildings, purchasing of vital equipment. | Yes | 10 000 | 10 000 | N/A | City of Cape Town |
| Transfers to Households | | | | | | | |
| Employee social benefits - cash residents | Various claimants | Injury on duty, Leave Gratuity, Retirement Benefit, Severance Package | Yes | 49 229 | 49 229 | N/A | Departmental |
| Various claimants | Various claimants | Claims against the state: households | Yes | 28 073 | 28 073 | N/A | Departmental |
| Various claimants | Tertiary Institutions | Bursaries | Yes | 74 767 | 74 767 | N/A | |
| Various claimants | Various claimants | Payment made as act of grace. | Yes | 94 | 94 | N/A | Departmental |
| Western Cape on Wellness (WoW) | Community Based Programmes | Cash Donation made to Department of Cultural affairs and Sports for the healthy lifestyles initiatives. | Yes | 65 | 65 | N/A | City of Cape Town |
| Various claimants | Expanded Public Works Programme (EPWP) | Cash Donation made to the late estate of EPWP funded Learner Pharmacist Assistants who died in a car crash while on duty. | Yes | 41 | 41 | N/A | City of Cape Town |
| Total Transfers | | | | 1 057 614 | 1 057 614 | | |

Table 57B: Transfer Payments budgeted for 2015/16, but no payment was made

| Transfer Payments Not Done | | | | | | |
|---|--------------------------|---|-----------------------------|----------------------------|--|---|
| NAME OF TRANSFEREE | TYPE OF ORGANISATION | PURPOSE FOR WHICH THE FUNDS WERE TO BE USED | AMOUNT BUDGETED FOR (R'000) | AMOUNT TRANSFERRED (R'000) | REASONS WHY FUNDS WERE NOT TRANSFERRED | DISTRICT / MUNICIPALITY / SUB-STRUCTURE |
| Transfers to Non-profit Institutions | | | | | | |
| Various Non-Profit Institutions | Non-Profit Institutions | TB Adherence and Counselling | 219 | - | TB Adherence Counsellors were incorrectly paid against the Objective: Home Based Care. | Khayelitsha/Eastern SS Area |
| Western Cape on Wellness (WoW) | Health Impact Assessment | Cash Donation for the healthy lifestyles initiatives. | 73 | - | Duplicated budget - was also budgeted under Community Based Programmes. | City of Cape town |

Conditional Grants

Health Facility Revitalisation Grant (HFRG)

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. 1 of 2015. 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 2015/16 financial year in line with Healthcare 2030.

Table 58B: Health Facility Revitalisation Grant received for 2015/16

| Health Facility Revitalisation Grant (HFRG) | |
|--|--|
| DEPARTMENT WHO TRANSFERRED THE GRANT | 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) | R871 194 |
| AMOUNT RECEIVED (R'000) | R871 194 |
| REASONS IF AMOUNT AS PER DORA WAS NOT RECEIVED | Not applicable |
| AMOUNT SPENT BY THE DEPARTMENT (R'000) | R762 671 |

Health Facility Revitalisation Grant (HFRG)

| | |
|--|---|
| <p>REASONS FOR THE FUNDS UNSPENT BY THE ENTITY</p> | <p>Capital:</p> <p>In spite of the budget decreasing during the adjusted budget (capital infrastructure budget was shifted to Health Technology and Routine Maintenance), the target could not be achieved. The following factors were the main contributors to the under expenditure:</p> <ul style="list-style-type: none"> • Professional Service Providers: Appointment delays • Design delays • Tender delays (e.g. Vredenburg Hospital Phase 2B) • Contractor delays (slow progress on site) • Cancellation of contractor's contracts (Groote Schuur Hospital: Linear Accelerator Installation New Bunker) <p>Lack of capacity within Implementing Agent</p> <p>Scheduled maintenance:</p> <ul style="list-style-type: none"> • Under-expenditure of 13% is mainly due to: • Design delays • Procurement delays • Contractor delays • Clarification of Scope of Works • Under expenditure primarily due to time delays – projects are taking longer to reach site and once there, are taking longer to complete. WCGH has requested a report from WCGTPW in this regard, to ascertain the exact reasons for these delays |
| <p>REASONS FOR DEVIATIONS ON PERFORMANCE</p> | <p>Refer to table below.</p> |
| <p>MEASURES TAKEN TO IMPROVE PERFORMANCE</p> | <ul style="list-style-type: none"> • Developing the design of projects to tender stage to ensure a pipeline of projects • Management Contract projects with WCGH as Implementer • Use of WCGTPW Scheduled Maintenance Framework Agreement for capital projects e.g. Citrusdal Clinic and Hospital • Standardisation of health facility designs in terms of standard floor plan layouts, materials, finishes and schedules of accommodation • Institutionalisation of the IDMS and IGS to ensure control of project • WCGH (Client) request WCGTPW (Implementing Agent) to apply a project completion protocol to all projects approaching Practical Completion to ensure satisfactory provision of compliance certification and defective and incomplete works are addressed • Introduce functionality criteria in the bid evaluation process • WCGTPW to improve management of Professional Service Providers and Contractors • Tighter governance of Service Delivery Agreement with Implementing Agent • Ongoing joint monitoring of progress on projects • Revise and update terms of current Framework Agreement to ensure lessons learnt included when Framework Agreement renewed / re-tendered in 2016 |
| <p>MONITORING MECHANISM BY THE RECEIVING DEPARTMENT</p> | <p>Monthly infrastructure projects progress review meetings with WCGTPW as the Implementing Agent, project meetings and site meetings. The Implementing Agent also records progress and provides project documents on Enterprise Project Management, which is new software introduced at WCGTPW and to which WCGH soon will have access to. In addition to this, the Department utilises the PMIS (PPO) to update project information and progress, with some of the information being updated by WCGTPW.</p> |

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. It is thus expected that the achieved outputs would be an advancement of the expected output.

Table 59B: Expected & Actual Outputs for the Health Facilities Revitalisation Grant for 2015/16

| Health Facility Revitalisation Grant (HFRG) | | | |
|---|----------|----------|--|
| Outputs | Expected | Achieved | Reasons for Deviation |
| Number of health facilities planned (number of projects in identification / feasibility phase). | 47 | 47 | A pipeline of projects was created with a large number of projects in the identified / feasibility phase. Site identification and acquisition processes are also undertaken during this phase. Two projects identified to be undertaken were omitted and another two priority projects were identified during the year for urgent site interventions. A number of projects moved to design / tender stage during the year once a Strategic Brief was issued to either the Implementing Agent or to the management contract, whilst other projects entered the identification / feasibility stage. |
| Number of health facilities designed (number of projects in design / tender phase) | 27 | 27 | A number of projects progressed through the design / tender stage. |
| Number of health facilities constructed (number of projects in construction / handover phase) | 18 | 23 | Various tenders were accepted in March 2016, which exceeds the target. Four projects were due for completion but, due to slower than expected progress, did not achieve Practical Completion. Another project was accelerated to tender acceptance stage. |
| Number of facilities equipped | 27 | 46 | More facilities were equipped during the financial year than expected. Some medical equipment was also procured. This is primarily due to additional budget allocated to Health Technology, during the adjusted budget. Facilities equipped included where maintenance projects were undertaken. |
| Number of health facilities operationalised* | 12 | 7* | Facilities operationalised: <ul style="list-style-type: none"> • Symphony Way Community Day Centre in Delft • Nomzamo Community Day Centre in Strand, • Emergency Centre and Paediatric Ward at Westfleur Hospital in Atlantis, • Radiology Department at Red Cross War Memorial Children's Hospital (in collaboration with the Children's Hospital Trust) • Extensions to Worcester Community Day Centre for a Dental Suite, • Mitchell's Plain Hospital Acute Psychiatric Unit • Mossel Bay Hospital new Kangaroo Unit. |

* New facility / unit operationalised

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 (DORA) requirements and submitted all the required reports to Treasury and the National Department of Health as stipulated.

EPWP Integrated Grant for Provinces

Table 60B: EPWP Integrated Grant for Provinces for 2015/16

| Expanded Public Works Programme (EPWP) Integrated Grant for Provinces | | | | | | | | | | | | | | | |
|---|---|-------------------------|----------------|--|----|-------|----------|-------|----------|--------------------------|-------|--------------------------------------|------|---|-----------|
| DEPARTMENT WHO TRANSFERRED THE GRANT | National Department of Public Works | | | | | | | | | | | | | | |
| PURPOSE OF THE GRANT | <p>The purpose of the Expanded Public Works Programme Incentive Grant is 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:</p> <ul style="list-style-type: none"> • 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 | <table border="1"> <thead> <tr> <th>OUTPUT AS PER FRAMEWORK</th> <th>ANNUAL TARGET</th> </tr> </thead> <tbody> <tr> <td>Number of people employed and receiving income through the EPWP</td> <td>75</td> </tr> <tr> <td>Women</td> <td>55%</td> </tr> <tr> <td>Youth</td> <td>55%</td> </tr> <tr> <td>People with disabilities</td> <td>2%</td> </tr> <tr> <td>Increase income per EPWP beneficiary</td> <td>R75</td> </tr> <tr> <td>Increase average duration of the work opportunity created</td> <td>12 months</td> </tr> </tbody> </table> | OUTPUT AS PER FRAMEWORK | ANNUAL TARGET | Number of people employed and receiving income through the EPWP | 75 | Women | 55% | Youth | 55% | People with disabilities | 2% | Increase income per EPWP beneficiary | R75 | Increase average duration of the work opportunity created | 12 months |
| | OUTPUT AS PER FRAMEWORK | ANNUAL TARGET | | | | | | | | | | | | | |
| | Number of people employed and receiving income through the EPWP | 75 | | | | | | | | | | | | | |
| | Women | 55% | | | | | | | | | | | | | |
| | Youth | 55% | | | | | | | | | | | | | |
| | People with disabilities | 2% | | | | | | | | | | | | | |
| | Increase income per EPWP beneficiary | R75 | | | | | | | | | | | | | |
| Increase average duration of the work opportunity created | 12 months | | | | | | | | | | | | | | |
| ACTUAL OUTPUTS ACHIEVED | <table border="1"> <thead> <tr> <th>OUTPUT AS PER FRAMEWORK</th> <th>ACTUAL OUTPUTS</th> </tr> </thead> <tbody> <tr> <td>Increase number of people employed and receiving income through the EPWP</td> <td>87</td> </tr> <tr> <td>Women</td> <td>51 (58%)</td> </tr> <tr> <td>Youth</td> <td>78 (92%)</td> </tr> <tr> <td>People with disabilities</td> <td>7(8%)</td> </tr> <tr> <td>Increase income per EPWP beneficiary</td> <td>R118</td> </tr> <tr> <td>Increase average duration of the work opportunities created</td> <td>12 months</td> </tr> </tbody> </table> | OUTPUT AS PER FRAMEWORK | ACTUAL OUTPUTS | Increase number of people employed and receiving income through the EPWP | 87 | Women | 51 (58%) | Youth | 78 (92%) | People with disabilities | 7(8%) | Increase income per EPWP beneficiary | R118 | Increase average duration of the work opportunities created | 12 months |
| | OUTPUT AS PER FRAMEWORK | ACTUAL OUTPUTS | | | | | | | | | | | | | |
| | Increase number of people employed and receiving income through the EPWP | 87 | | | | | | | | | | | | | |
| | Women | 51 (58%) | | | | | | | | | | | | | |
| | Youth | 78 (92%) | | | | | | | | | | | | | |
| | People with disabilities | 7(8%) | | | | | | | | | | | | | |
| | Increase income per EPWP beneficiary | R118 | | | | | | | | | | | | | |
| Increase average duration of the work opportunities created | 12 months | | | | | | | | | | | | | | |
| AMOUNT PER AMENDED DORA (R'000) | R2 838 | | | | | | | | | | | | | | |
| AMOUNT RECEIVED (R'000) | R2 838 | | | | | | | | | | | | | | |
| REASONS IF AMOUNT AS PER DORA WAS NOT RECEIVED | Not applicable. | | | | | | | | | | | | | | |
| AMOUNT SPENT BY THE DEPARTMENT (R'000) | R2 836 | | | | | | | | | | | | | | |
| REASONS FOR THE FUNDS UNSPENT BY THE ENTITY | This can be attributed to the high absenteeism among beneficiaries | | | | | | | | | | | | | | |
| REASONS FOR DEVIATIONS ON PERFORMANCE | Although targets with respect to the proportion of beneficiaries, namely women, youth and people with disabilities were not stipulated in the 2015/16 Business Plan, the results are reflected. | | | | | | | | | | | | | | |
| MEASURES TAKEN TO IMPROVE PERFORMANCE | In-house training and rotation of duties between the various institutions. | | | | | | | | | | | | | | |
| MONITORING MECHANISM BY THE RECEIVING DEPARTMENT | <p>Projects are monitored at various levels:</p> <ul style="list-style-type: none"> • 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 progress report submitted by Team Leaders. | | | | | | | | | | | | | | |

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 (NTSG)

Table 61B: National Tertiary Services Grant for 2015/16

| National Tertiary Services Grant (NTSG) | | | | | | | | | | | | | |
|--|---|----------------|----------------|---------------------------------|--------|------------------------|---------|-------------------------------|--------|-------------------------------------|---------|--|---------|
| DEPARTMENT WHO TRANSFERRED THE GRANT | National Department of Health | | | | | | | | | | | | |
| PURPOSE OF THE GRANT | Ensure provision of tertiary health services for all South African citizens. To compensate tertiary facilities for the additional costs associated with provision of these services including cross border patients. | | | | | | | | | | | | |
| EXPECTED OUTPUTS OF THE GRANT | <table border="1"> <thead> <tr> <th>INDICATOR</th> <th>ANNUAL TARGET</th> </tr> </thead> <tbody> <tr> <td>Day patient separations - Total</td> <td>12 850</td> </tr> <tr> <td>Inpatient days - Total</td> <td>567 151</td> </tr> <tr> <td>Inpatient separations - Total</td> <td>90 795</td> </tr> <tr> <td>Outpatient first attendance - total</td> <td>212 136</td> </tr> <tr> <td>Outpatient follow-up attendances</td> <td>561 455</td> </tr> </tbody> </table> | INDICATOR | ANNUAL TARGET | Day patient separations - Total | 12 850 | Inpatient days - Total | 567 151 | Inpatient separations - Total | 90 795 | Outpatient first attendance - total | 212 136 | Outpatient follow-up attendances | 561 455 |
| | INDICATOR | ANNUAL TARGET | | | | | | | | | | | |
| | Day patient separations - Total | 12 850 | | | | | | | | | | | |
| | Inpatient days - Total | 567 151 | | | | | | | | | | | |
| | Inpatient separations - Total | 90 795 | | | | | | | | | | | |
| | Outpatient first attendance - total | 212 136 | | | | | | | | | | | |
| Outpatient follow-up attendances | 561 455 | | | | | | | | | | | | |
| ACTUAL OUTPUTS ACHIEVED | <table border="1"> <thead> <tr> <th>INDICATOR</th> <th>ACTUAL OUTPUTS</th> </tr> </thead> <tbody> <tr> <td>Day patient separations - Total</td> <td>14 258</td> </tr> <tr> <td>Inpatient days - Total</td> <td>583 862</td> </tr> <tr> <td>Inpatient separations - Total</td> <td>92 702</td> </tr> <tr> <td>Outpatient first attendances</td> <td>215 185</td> </tr> <tr> <td>Outpatient follow-up attendances - Total</td> <td>566 468</td> </tr> </tbody> </table> | INDICATOR | ACTUAL OUTPUTS | Day patient separations - Total | 14 258 | Inpatient days - Total | 583 862 | Inpatient separations - Total | 92 702 | Outpatient first attendances | 215 185 | Outpatient follow-up attendances - Total | 566 468 |
| | INDICATOR | ACTUAL OUTPUTS | | | | | | | | | | | |
| | Day patient separations - Total | 14 258 | | | | | | | | | | | |
| | Inpatient days - Total | 583 862 | | | | | | | | | | | |
| | Inpatient separations - Total | 92 702 | | | | | | | | | | | |
| Outpatient first attendances | 215 185 | | | | | | | | | | | | |
| Outpatient follow-up attendances - Total | 566 468 | | | | | | | | | | | | |
| AMOUNT PER AMENDED DORA | R 2 594 901 | | | | | | | | | | | | |
| AMOUNT RECEIVED (R'000) | R 2 594 901 | | | | | | | | | | | | |
| REASONS IF AMOUNT AS PER DORA WAS NOT RECEIVED | Not applicable | | | | | | | | | | | | |
| AMOUNT SPENT BY THE DEPARTMENT (R'000) | R 2 594 901 | | | | | | | | | | | | |
| 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 | 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. | | | | | | | | | | | | |

As a schedule 4 grant the service outputs are subsidised by the NTSG, as the grant funding is insufficient to fully compensate for the service outputs. Deviation from targets therefore does not necessarily reflect an underperformance in terms of the grant funding received. Similarly, when service outputs exceed the expected outputs, it does not mean that funding levels are adequate. 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 Professions Training & Development Grant (HPTDG)

Table 62B: Health Professions Training & development Grant for 2015/16

| Health Professions Training and Development Grant (HPTDG) | | |
|---|--|-----------------------|
| DEPARTMENT WHO TRANSFERRED THE GRANT | National Department of Health | |
| PURPOSE OF THE GRANT | Support Provinces to fund service costs associated with training of health science trainees on the public health service platform. | |
| EXPECTED OUTPUTS OF THE GRANT | INDICATOR | ANNUAL TARGET |
| | Number of post graduates | 231 |
| | Number of registrars ¹⁴ | 553 |
| | Number of medical specialists | 160 |
| ACTUAL OUTPUTS ACHIEVED | INDICATOR | ACTUAL OUTPUTS |
| | Number of post graduates | 231 |
| | Number of registrars | 553 |
| | Number of medical specialists | 160 |
| AMOUNT PER AMENDED DORA | R489 689 | |
| AMOUNT RECEIVED (R'000) | R489 689 | |
| REASONS IF AMOUNT AS PER DORA WAS NOT RECEIVED | Not applicable. | |
| AMOUNT SPENT BY THE DEPARTMENT (R'000) | R489 689 | |
| 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. | |

The HPTDG is a schedule 4 grant or subsidy to partially fund the services costs associated with clinical teaching and training. The grant is not able to fund all of the related activities and can therefore only partially support a proportion of key staff categories. Other sources of funding are applied 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 HIV and AIDS Conditional Grant was implemented in 2001/02 to address the HIV epidemic in South Africa. The grant had increased significantly over the last fifteen years in order to make provision for the resultant scale up of anti-retroviral treatment, broad coverage of various HIV combination prevention interventions and address challenges due to TB co-infection. In terms of financial compliance, the Western Cape received an 8.2 per cent increase on the amount allocated in the previous year and 100 per cent of the grant allocation has been spent. During the year all programmes were implemented, co-ordinated and maximised as per the approved business plan. The implementation of the programme was monitored & evaluated and reports were submitted quarterly to the National Treasury via the National Department of Health. The National Department of Health also conducted two reviews of the conditional grant performance and expenditure and all districts participated in the process. The table below provides detail in terms of the actual activities funded, the budget allocation, actual expenditure and the percentage spent for 2015/16.

Table 63B: Budget Allocation & Expenditure in 2015/16

| Name of Project | Type of Project | Budget allocation (R'000) | Actual expenditure (R'000) | % spent |
|--|--|-------------------------------|-------------------------------|-------------------------------|
| Anti-retroviral treatment (ART) interventions | Clinical management of HIV positive patients with a CD4 count under 500. | 807 616 000 | 819 250 897 | 101.44% |
| Home-based care | Community-based care for category 3 clients within home. | 55 120 000 | 54 428 251 | 98.75% |
| High transmission areas | NPOs contracted to work with vulnerable groups and IEC (Information, Education and Communication) material production. | 10 814 000 | 11 504 674 | 106.39% |
| Post exposure prophylaxis for victims of sexual assault | Clinical and forensic management of survivors (adults & children) of sexual assault. | 1 090 000 | 385 917 | 35.41% |
| Prevention of mother-to-child transmission (PMTCT) of HIV | Management of HIV positive pregnant women and their babies. | 36 540 000 | 34 296 352 | 93.86% |
| Program management and strengthening | Personnel within the Western Cape Province Health who manage & conduct monitoring & evaluation. | 39 949 000 | 39 341 719 | 98.48% |
| Regional training centre (RTC) | Training of health care staff in HIV and AIDS. | 13 045 000 | 12 420 883 | 95.22% |
| Step-down care | Inpatient care at NPO driven facilities. | No longer funded by the grant | No longer funded by the grant | No longer funded by the grant |
| HIV counselling and testing (HCT) | Advise to test & consent, HIV rapid test and post-test counselling | 56 894 000 | 57 452 592 | 100.98% |
| Medical male circumcisions (MMC) programme | Provision of medical circumcisions to males over the age of 15 years. | 17 645 000 | 17 075 028 | 96.77% |
| STI and Condoms | Provision of male and female condoms. | 60 877 000 | 55 016 306 | 90.37% |
| TB and HIV integration | Prevention of new HIV, STI and TB infections. Sustain health and wellness. | 38 891 000 | 37 307 262 | 95.93% |
| TOTAL | | 1 138 481 000 | 1 138 479 880 | 100% |

Table 64B: Comprehensive HIV and AIDS Conditional Grant received in 2015/16

| Comprehensive HIV and AIDS Conditional Grant received in 2015/16 | | |
|--|--|---------------|
| DEPARTMENT WHO TRANSFERRED THE GRANT | 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 | PERFORMANCE MEASURE / INDICATOR | TARGET |
| | ART: Number of facilities accredited as ART service points | 275 |
| | ART: Number of registered ART patients | 188 983 |
| | PMTCT: Number of antenatal clients tested for HIV | 90 000 |
| | PMTCT: Nevirapine dose to baby rate | 95% |
| | Numerator: Infants given Nevirapine within 72hrs after birth | |
| | Denominator: Live births to HIV positive women | |
| | PMTCT: Transmission rate | 1.4% |
| | Numerator: Infants HIV PCR positive around 6 weeks | |
| | Denominator: Infants PCR tested for HIV around 6 weeks | |
| | 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 | 661 |
| | HCT: Number of clients HIV tested | 1 103 372 |
| MMC: Number of males > 15 years circumcised | 22 899 | |
| 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 | |

Comprehensive HIV and AIDS Conditional Grant received in 2015/16

| ACTUAL OUTPUTS ACHIEVED | PERFORMANCE MEASURE / INDICATOR | ACTUAL OUTPUTS |
|--|---|---|
| | ART: Number of facilities accredited as ART service points | 268 |
| | ART: Number of registered ART patients | 205 272 |
| | PMTCT: Number of antenatal clients tested for HIV | 82 646 |
| | PMTCT: Nevirapine dose to baby rate Numerator: Infants given Nevirapine within 72hrs after birth Denominator: Live births to HIV positive women | 98.2% |
| | PMTCT: Transmission rate Numerator: Infants HIV PCR positive around 6 weeks Denominator: Infants PCR tested for HIV around 6 weeks | 1.1% |
| | 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 | 661 |
| | HCT: Number of clients HIV tested | 1 384 563 |
| | MMC: Number of males > 15 years circumcised | 13 476 |
| | 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 1 138 481 000 | |
| AMOUNT RECEIVED | R 1 138 481 000 | |
| REASONS IF AMOUNT AS PER DORA WAS NOT RECEIVED | Not applicable | |
| AMOUNT SPENT BY THE DEPARTMENT (R'000) | R 1 138 479 880 | |
| REASONS FOR THE FUNDS UNSPENT BY THE ENTITY | Not applicable | |

Comprehensive HIV and AIDS Conditional Grant received in 2015/16

REASON FOR DEVIATION ON PERFORMANCE

Number of facilities accredited as ART service points

Deviation is less 5%-, this target was not achieved due to human resource and infrastructure challenges required to start new sites.

Number of registered ART patients.

This target has been met. A change in the eligibility criteria for ART initiation was implemented as of 1 January 2015 and the roll over effect was still seen in 2015/2016. The achievement can also be contributed to the additional 10 ART sites.

Number of antenatal clients tested for HIV

The target was set against the expected number of antenatal bookings with a negative or unknown HIV status (90 000). The true number of antenatal bookings with a negative or unknown HIV status was less than anticipated. In total, 82 646 clients were tested. The data discrepancy is likely to be related to terminated pregnancies (TOP) since facilities strictly adhere to testing of all antenatal clients, but if after testing, the client decides to terminate and therefore never books, she will not be included in the denominator. Unfortunately the data collection tool and NIDS does not allow for data collection in such a manner to exclude them from the denominator and in the context of universal testing in this group, achievements above 100% can be expected. This information is sourced from three different data sources (RMR, antenatal HCT & Tier.net) and could potentially contribute towards data drop-off.

Number of males > 15 years circumcised

The target was not achieved. The target for the WC was set an APP target at 22 899 through the DHP process. Although this target has been reduced and aligned to the budget allocation, the districts still have challenges in achieving it due to the added challenge with cultural practices on traditional circumcision. Muslim & Jewish communities circumcise neonates around day seven after birth. African men access circumcision as part of initiation in their rural homes and a fair proportion of the Christian Coloured community are also circumcised. Amidst this cultural diversity, finding suitable social mobilization strategies that have impact in the Province is challenging.

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.

Comprehensive HIV and AIDS Conditional Grant received in 2015/16

| | |
|--|---|
| <p>MEASURES TAKEN TO IMPROVE PERFORMANCE</p> | <p>Number of facilities accredited as ART service points</p> <p>The indicator is now being reviewed at a PDR level as a means of actively engaging district management on performance.</p> <p>Number of antenatal clients tested for HIV</p> <p>Re-iteration to all facility based counsellors to continue to target all antenatal clients for HCT.</p> <p>Number of males > 15 years circumcised</p> <p>Enhanced demand creation and social mobilization for increased uptake of medical male circumcision. Find methods for MMC provision that is acceptable to the cultural diversity and variations on traditional practices within the province. On-going programme training of facility staff and community care workers will continue.</p> <p>Number of Home Based Carers receiving stipends</p> <p>No intervention is required as this will fluctuate with operational requirements and within the allocated budget.</p> |
| <p>MONITORING MECHANISM BY THE RECEIVING DEPARTMENT</p> | <ul style="list-style-type: none"> • Monthly Financial Reporting • Quarterly programme performance reporting • Bi-annual Conditional Grant review conducted by the National DoH • Annual HIV Conditional Grant Evaluation report |

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

The 2015 antenatal survey was successfully completed in 228 facilities across the province. A total of 7560 specimens were collected against a requested 7869 specimens. The final report will be made available later in 2016.

The WCP has moved beyond the Option B+ PMTCT guidelines (as stipulated in the WHO guidelines, 2012), by having extended the prevention policy to include HIV testing at birth and then to provide dual therapy to high risk infants in an attempt to even further reduce transmission from mother to child. 114 157 641 male condoms and 3 482 557 female condoms 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 1 384 563 against the provincial target of 1 103 372 (125 per cent). HIV counselling and testing provides an important entry into care and treatment. There was an under performance on achieving the male medical circumcision targets and only 58.8 per cent of the provincial target was met. There has also been a significant decrease in performance of 13 per cent (from 15 498 to 13 476) in MMC's on the previous year.

In 2015/16 there were 120 HTA sites (new and old) and 41 332 clients were seen at the sites.

By the end of 2015/16 there were 268 fully functional ART service points in the Western Cape Province, which was an under-achievement of the target of 275. A total of 205 272 patients were retained in care on ARV treatment which was above the set target of 188 983. A total of 449 professional nurses have been successfully trained through the Nurse Initiated Management of ART (NIMART) training programme and are authorised to prescribe ART in the province. A total of 262 mentors trained during 15/16 to provide on-site clinical mentorship to the nurse initiators.

A total of 98 ART chronic clubs are up and established in the province to decongest health facilities and improve health service access for clients on life-long ART in the community setting, with a total of 49 380 clients in these clubs. The HIV Conditional Grant no longer fund step down facilities (SDF) within the Western Cape.

In 2015/2016 training was implemented through the Regional Training Centre (RTC) according to the business plan, both at the regional training centre and in the districts. Training schedules were revised to meet the needs of the districts. Training remains a critical element to ensure quality care in HIV, STI and TB services. 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

Table 65B: National Health Insurance Grant for 2015/16

| National Health Insurance (NHI) Grant | |
|---------------------------------------|---|
| DEPARTMENT WHO TRANSFERRED THE GRANT | National Department of Health |
| PURPOSE OF THE GRANT | <ul style="list-style-type: none"> • Test innovations in health service delivery for implementing NHI, allowing each district to interpret and design innovations relevant to its specific context in line with the vision for realising universal health coverage for all. • To undertake health system strengthening activities in identified focus areas. • To assess the effectiveness of interventions/activities undertaken in the district funded through this grant. |
| EXPECTED OUTPUTS OF THE GRANT | <ul style="list-style-type: none"> • Continued employment of a DD: Monitoring and Evaluation • Conduct an NHI Workshop, compile and implement action plans • Execute an assessment of Woman's Health Services, and determine impact on select indicators • Execute an assessment of Folder Management and Flow at PHC facilities and District Hospitals • Execute an assessment of Oral Health Data Management System and the usage thereof • Test the rural model developed for Community Wellness Workers (CWW) • Monitoring and Evaluation, and determination of the impact of ward rounds conducted by pharmacists on patient care and pharmacy service management • Develop a Training Course for Community Care Workers on Child health (ages 6 years to adolescents) with supporting manuals, CCW booklets and patient brochures • Develop a Training Course for Community Care Workers on Comprehensive Woman's Health with supporting manuals, CCW booklets and patient brochures • Development, Monitoring and Evaluation of an integrated Operational Community Participation Framework, to improve the health of rural communities • Develop a Mental Health Rural Model that incorporates CCWs • Execute an Assessment of Essential Supply List (ESL)/Consumables Management at all Hospitals and select PHC facilities • Supply Chain Management of Pharmacy Services at PHC level: Negotiations, obtaining approval and registration from SAPC and NQF authorities for the model developed in up-skilling Pharmacist Assistants Post-basics to Pharmacist Technicians |

National Health Insurance (NHI) Grant

| | |
|--|---|
| ACTUAL OUTPUTS ACHIEVED | <ul style="list-style-type: none"> • A DD: Monitoring and Evaluation was recruited and appointed, fulfilling all project management duties. • An NHI workshop was conducted, with 77 representatives from a national, provincial, district and sub-district level that attended: <ul style="list-style-type: none"> - A report was written on the proceedings, outcomes and evaluation of the NHI workshop. - An action plan was developed, approved and implemented. • An assessment of Woman's Health Services was executed, which highlighted the impact on select indicators: <ul style="list-style-type: none"> - In total 813 clients (women and men), 8 PHC Facility Managers, 65 PHC medical and facility based health workers, 55 Community Care Workers were interviewed throughout the Eden District. - A range of conclusions and recommendations were made regarding the strengthening of Women's Health service provision in future. • An assessment of Folder Management and Flow at PHC facilities and District Hospitals was executed: <ul style="list-style-type: none"> - In total 26 PHC facilities and 6 District Hospitals (Uniondale Hospital included) were assessed with regard to Folder storage environment, Maintenance of Folders, Disposal, Document loans, and Folder removals. - A range of key-notes and recommendations were made regarding the strengthening of Folder Management at PHC facilities and District Hospitals in future. • An assessment of the Oral Health Data Management System was executed, that resulted in: <ul style="list-style-type: none"> - A desktop study. - Situational analysis. - The Way Forward. • The rural model that was developed for Community Wellness Workers (CWW) was tested within Oudtshoorn: <ul style="list-style-type: none"> - Used the services of 20 Community Wellness Workers and one NPO Nurse. Screened 50 785 clients, made 3 636 referrals, of which 1 701 clients visited the clinics. Executed a Household Assessment (695 households) and a Household survey (693 Households), as well as surveys among PHC staff and Community Wellness Workers. - Compared results on select PHC Health Indicators with previous years for Bridgton and Toekomsrus Clinics - Made recommendations on the Way Forward. • Monitored and evaluated ward rounds conducted by pharmacists on patient care and pharmacy service management at George Regional and select District Hospitals (Knysna, Riversdale and Ladismith): <ul style="list-style-type: none"> - Conducted in-house training of pharmacists on clinical ward rounds based on "bundle" of interventions. - Implemented Pharmacist Ward Rounds. - Antimicrobial Stewardship checklist compiled, monitored and evaluated Antimicrobial Stewardship on specific performance indicators. - Recommendations made on Pharmacist Ward Rounds at hospital level. • Developed a Training Course for Community Care Workers on Child Health (ages 6 years to adolescents) with supporting manuals, CCW booklets and patient brochures. Focused on Immunisations, Dental care, Developmental screening and growth development, Deworming, Infant and children with feeding challenges, High Risk Child and Vitamin A. Printed 1000 CCW booklets and 7 000 patient pads with 140 leaflets each in English and Afrikaans. • Developed a Training Course for Community Care Workers on Comprehensive Woman's Health with supporting manuals, CCW booklets and patient brochures. Focused on Family planning, Antenatal care, Postnatal care, Cervical screening, Breast examination, Services for survivors of rape and sexual assault, and TOPS. Printed 1000 CCW booklets and 7 000 patient pads with 140 leaflets each in English, Xhosa and Afrikaans. • Developed an integrated Operational Community Participation Framework, to improve the health of rural communities. This framework was based on a literature study followed by direct observations of Joint Planning Initiative and Building Healthy Community meetings. • Developed a Mental Health Rural Model that incorporates CCWs. This included snapshot surveys among 90 PHC and Mental Health users, 157 PHC staff members and 22 CCWs focusing on awareness levels, usage of Mental Health Services, attitudes and stigma, etc. • Executed an Assessment of Essential Supply List (ESL) and Consumables Management at all Hospitals and select PHC facilities, with recommendations on Store Management and continued implementation of ESL. • Developed a Recognition for Prior Learning model, a Delivery model (Quality Council for Trade and Occupations: QCTO) and Short Learning Programme for Up-skilling Pharmacist Assistants Post-basics to Pharmacist Technicians. Obtained approval from NMMU and submitted QCTO qualification for approval and registration by South African Pharmacy Council SAPC. |
| AMOUNT PER AMENDED DORA | R 7 204 000 |
| AMOUNT RECEIVED (R'000) | R 7 204 000 |
| REASONS IF AMOUNT AS PER DORA WAS NOT RECEIVED | N/A |
| AMOUNT SPENT BY THE DEPARTMENT (R'000) | R 6 993 267 |

| National Health Insurance (NHI) Grant | |
|--|---|
| REASONS FOR THE FUNDS UNSPENT BY THE ENTITY | The activity on "Oral Health Data Management" was done internally by a Public Health Specialist making mainly use of Equitable Share funds. |
| REASONS FOR DEVIATIONS ON PERFORMANCE | Approval and registration from SAPC and NQF authorities for the model developed in up-skilling Pharmacist Assistants Post-basics to Pharmacist Technicians could not be obtained due to legislative changes. NQF registration not appropriate, whilst a moratorium was placed on acceptance of submissions for accreditation of the Higher and Advanced Certificates (CHE). Thus registration changed from CHE to Quality Council for Trade and Occupations (QCTO). |
| MEASURES TAKEN TO IMPROVE PERFORMANCE | Ensure activities related to the IPS tender processes are done as early as possible in the financial year, and thus allow enough time for the successful completion of activities. |
| MONITORING MECHANISM BY THE RECEIVING DEPARTMENT | <ul style="list-style-type: none"> • A DD M&E was appointed. • Weekly progress reports were compiled, provided and discussed with the Eden District NHI team. • Financial and quarterly reports were submitted to NDoH and Provincial Treasury. • Bi-weekly progress reports (e-mail or phone) from appointed service providers and monthly project meetings. |

Table 66B: Health Practitioners Contracted with the NHI Grant in 2015/16

| National Health Insurance (NHI) Grant | |
|---------------------------------------|--|
| DEPARTMENT WHO TRANSFERRED THE GRANT | National Department of Health |
| PURPOSE OF THE GRANT | To develop and implement innovative models for purchasing services from Health Professionals within the NHI pilot districts. |
| EXPECTED OUTPUTS OF THE GRANT | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Health Professionals sourced and appointed - In total 27 Health Professionals have been appointed during the year, while 5 Health Professionals terminated their services - Between 191 and 287 of the 320 Medical Officer sessions per week were taken-up by GPs, that is between 60% and 90% of all GP sessions. - All 40 Dental and 40 Dental Assistant sessions have been filled • All Patients treated within Comprehensive Package of care by Health Professionals: - In total 51 101 patients have been seen by the Health Professionals during the year. GPs treated 42 644 patients within the Comprehensive Package of Care, whilst Dentists have seen 4 147 patients and Dental Assistants 4 310 patients. Excluding Public holidays, leave, training and sessions used for meetings, on average 4.4 patients were treated per session (11 359 clinical sessions) during the year. • All new Health Professionals attend induction session: - In total 27 Health Professionals have been appointed during the year, whilst 26 of them have been inducted (96.29%). • Relevant development and monitoring meetings attended by Health Professionals: - In total 27 Health Professionals have been appointed during the year, whilst 26 of them have been inducted (96.29%). • Relevant administrative duties completed by Health Professionals and support of them - 100% of timesheets received from Health Professionals • Admin clerk sourced, appointed and fulfilling administrative duties - Sourced and appointed an Administrative Clerk - Captured 100% of timesheets compiled by Health Professionals, with monthly quality checks |
| AMOUNT PER AMENDED DORA | R 7 657 079 |
| AMOUNT RECEIVED (R'000) | R 7 657 079 |

| National Health Insurance (NHI) Grant | |
|--|---|
| REASONS IF AMOUNT AS PER DORA WAS NOT RECEIVED | N/A |
| AMOUNT SPENT BY THE DEPARTMENT (R'000) | R 5 120 611 |
| REASONS FOR THE FUNDS UNSPENT BY THE ENTITY | <ul style="list-style-type: none"> 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. Subsistence and transport (\$&T) by HPs were lower than budgeted for |
| REASONS FOR DEVIATIONS ON PERFORMANCE | <p>A range of reasons contributed to the non-delivery of activities:</p> <ul style="list-style-type: none"> Sourcing and appointment of Health Professionals for 400 sessions per week: It was difficult to appoint Medical Officers in certain rural sub-districts and some Medical Officers resigned during the year. All new Health Professionals attend induction session: One Health Professional resigned from NHI before she was scheduled for induction. All new Health Professionals with 35 sessions per week attended at least 2 meetings per year (M&M, M&E, or Clinical meetings): One of the seven Health Professionals doing 35 sessions per week, resigned during the year. Two of the other Health Professionals did not record their attendance of meetings on their timesheets. |
| MEASURES TAKEN TO IMPROVE PERFORMANCE | <p>Appropriate interventions were put in place to mitigate these risks and their consequences, this included:</p> <ul style="list-style-type: none"> Local on-the-job induction among HPs was done where needed. HPs were requested to be more specific on their timesheets regarding the nature of the meetings that they have attended. |
| MONITORING MECHANISM BY THE RECEIVING DEPARTMENT | <ul style="list-style-type: none"> 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. Financial and quarterly reports were submitted to NDoH and Provincial Treasury. |

Social Sector EPWP Incentive Grant for Provinces

Table 67B: Social Sector EPWP Incentive Grant for 2015/16

| Social Sector EPWP Incentive Grant for Provinces | | | | | | | | | | | | | |
|--|--|-------------------------|----------------|---|----|---|------|------------------------------------|---------|------------------------------------|---|--|----|
| DEPARTMENT WHO TRANSFERRED THE GRANT | 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 Home Community Based Care programme through the funding of Community Health Workers linked to formal training. | | | | | | | | | | | | |
| EXPECTED OUTPUTS OF THE GRANT | <table border="1"> <thead> <tr> <th>OUTPUT AS PER FRAMEWORK</th> <th>ANNUAL TARGET</th> </tr> </thead> <tbody> <tr> <td>Fund employment of 43 home based carers through payment of stipends</td> <td>43</td> </tr> <tr> <td>Beneficiaries served by home based carers</td> <td>8000</td> </tr> <tr> <td>Client visits by home based carers</td> <td>160 000</td> </tr> <tr> <td>Non Profit Organisations supported</td> <td>5</td> </tr> <tr> <td>Increase capacity of home based carers receiving formal training</td> <td>43</td> </tr> </tbody> </table> | OUTPUT AS PER FRAMEWORK | ANNUAL TARGET | Fund employment of 43 home based carers through payment of stipends | 43 | Beneficiaries served by home based carers | 8000 | Client visits by home based carers | 160 000 | Non Profit Organisations supported | 5 | Increase capacity of home based carers receiving formal training | 43 |
| | OUTPUT AS PER FRAMEWORK | ANNUAL TARGET | | | | | | | | | | | |
| | Fund employment of 43 home based carers through payment of stipends | 43 | | | | | | | | | | | |
| | Beneficiaries served by home based carers | 8000 | | | | | | | | | | | |
| | Client visits by home based carers | 160 000 | | | | | | | | | | | |
| | Non Profit Organisations supported | 5 | | | | | | | | | | | |
| | Increase capacity of home based carers receiving formal training | 43 | | | | | | | | | | | |
| ACTUAL OUTPUTS ACHIEVED | <table border="1"> <thead> <tr> <th>OUTPUT AS PER FRAMEWORK</th> <th>ACTUAL OUTPUTS</th> </tr> </thead> <tbody> <tr> <td>Fund employment of 43 home based carers through payment of stipends</td> <td>43</td> </tr> <tr> <td>Beneficiaries served by home based carers</td> <td>8000</td> </tr> <tr> <td>Client visits by home based carers</td> <td>160 000</td> </tr> <tr> <td>Non Profit Organisations supported</td> <td>5</td> </tr> <tr> <td>Increase capacity of home based carers receiving formal training</td> <td>43</td> </tr> </tbody> </table> | OUTPUT AS PER FRAMEWORK | ACTUAL OUTPUTS | Fund employment of 43 home based carers through payment of stipends | 43 | Beneficiaries served by home based carers | 8000 | Client visits by home based carers | 160 000 | Non Profit Organisations supported | 5 | Increase capacity of home based carers receiving formal training | 43 |
| | OUTPUT AS PER FRAMEWORK | ACTUAL OUTPUTS | | | | | | | | | | | |
| | Fund employment of 43 home based carers through payment of stipends | 43 | | | | | | | | | | | |
| | Beneficiaries served by home based carers | 8000 | | | | | | | | | | | |
| | Client visits by home based carers | 160 000 | | | | | | | | | | | |
| Non Profit Organisations supported | 5 | | | | | | | | | | | | |
| Increase capacity of home based carers receiving formal training | 43 | | | | | | | | | | | | |

Social Sector EPWP Incentive Grant for Provinces

| | |
|--|-------------------------------------|
| AMOUNT PER AMENDED DORA (R'000) | R1 000 000.00 |
| AMOUNT RECEIVED (R'000) | R1 000 000.00 |
| REASONS IF AMOUNT AS PER DORA WAS NOT RECEIVED | All DORA payments received on time. |
| AMOUNT SPENT BY THE DEPARTMENT (R'000) | R1 000 000.00 |
| 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 – Rolling Continuation Channel

Table 68B: Global Fund Rolling Continuation Funds for 2015/16

| Global Fund (GF) | |
|----------------------------|--|
| NAME OF DONOR | The Global Fund (GF) – Rolling Continuation Channel (RCC) – Phases I & II |
| FULL AMOUNT OF THE FUNDING | RCCI: R 452 448 638 RCCII: R 296 797 656 (Total Budget 1st October 2013 – 31st March 2016) |
| PERIOD OF THE COMMITMENT | RCCI: R 452 448 638 RCCII: R 296 797 656 (Total Budget 1st October 2013 – 31st March 2016) |
| PURPOSE OF THE FUNDING | <p>To strengthen, expand and sustain the Western Cape HIV & AIDS Prevention, Treatment and Care Programme through funding the following programmes and projects:</p> <p>Antiretroviral Treatment (ART) Programme The investment of the GF in the WC ART programme has resulted in an accelerated increase in number of patients started on treatment as well as the development of the three tier reporting system. To ensure sustainability of the GF investment in the ART programme the department has embarked on a medium term incremental takeover of facilities funded by the GF budget. All former facilities funded by the Global Fund Grant continue with full services continuing to be rendered and paid as of the 1st April 2016 by the Department.</p> <p>Prevention of Mother-to-Child Transmission (PMTCT) The GF investment in the WC PMTCT programme was focused on bridging the gap between staff able to be funded through existing departmental streams vs. staff necessary to ensure that the PMTCT programme was increasingly strengthened and successful. This approach has helped to decrease the vertical transmission between mother and child.</p> <p>Palliative / Step-Down / Intermediate Care Programme (PSI Care) Through the GF funding the number of beds available within the rural PSI Care facilities increased. From the 1st July 2012 to date, the incremental takeover of facilities funded by the GF has been successful. As such, after the culmination of GF funding, all facilities continue to render services.</p> <p>HIV & AIDS and TB Community Based Response (CBR) The objective of this programme was to empower communities to address HIV/AIDS and TB related needs, and to implement projects that helped to mitigate the causes and impact of these diseases within the community. Together with district officials, Multi-Sectorial Action Teams (MSATS) operated at a community level to help ensure the successful implementation of the projects.</p> <p>Funding has culminated for the RCC grant phase. A new application to the Global Fund Grant focused on innovative prevention awaits formal signing.</p> |

| Global Fund (GF) | |
|--|---|
| EXPECTED OUTPUTS | Refer table below |
| ACTUAL OUTPUTS ACHIEVED | Refer table below |
| AMOUNT RECEIVED IN CURRENT PERIOD (R'000) | RCCI: R 401 234 RCCII: R 270 608 |
| AMOUNT SPENT BY THE DEPARTMENT (R'000) | RCCI :R 399 730 RCCII :R 279 318 |
| REASONS FOR UNDER/OVER EXPENDITURE | <p>GF ANTIRETROVIRAL TREATMENT</p> <ul style="list-style-type: none"> Savings relates predominantly to the following in: <ul style="list-style-type: none"> Compensation of employees - Close off budget allocation for Apr – Sept 2016 was included in 2015-2016 allocation Goods & Services - Close off budget allocation for Apr – Sept 2016 was included in 2015-2016 allocation Consultants advisory services allocation for quality control Audit fees carried over from previous year, audits of 15-16 due <p>GF COMMUNITY BASED RESP</p> <ul style="list-style-type: none"> Compensation of employees - Close off budget allocation for Apr – Sept 2016 was included in 2015-2016 allocation. Non-filling of post. Note that all posts are contract. Goods & Services - Close off budget allocation for Apr – Sept 2016 was included in 2015-2016 allocation <p>GF PALLIATIVE CARE</p> <p>Patient admissions that were budgeted for exceeded the number of actual admissions.</p> |
| 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 |

Table 69B: Outputs achieved with the Global Fund Programme in 2015/16

| Global Fund (GF) | | | | | | | |
|--|---------|----------------------------|---------------------|----------------------------------|---------------------|------------|---|
| Strategic Objectives | Actual | Target | Actual | Target | Actual | % achieved | Comment on deviation |
| | 2013/14 | RCC-I Apr - Sep 2014 | outputs achieved | RCC-II Oct 2014 - Mar 2015 | outputs achieved | | |
| Number of PLWHAs receiving ARV treatment | 14769 | 15177 | 15334 | 7608 | 7804 | 103% | During the incremental takeover of facilities from the GF to department budget, the ART services continue to be successful as shown by achievement against target |
| % of HIV-infected pregnant women receiving dual PMTCT therapy or HAART | 90% | 91% | 91% | 92% | 96% | 104% | The PMTCT programme continues to be successful confirmed by achievement above planned target. |

Global Fund (GF)

| Strategic Objectives | Actual | Target | Actual | Target | Actual | % achieved | Comment on deviation |
|--|---------|----------------------------|---------------------|----------------------------------|---------------------|------------|--|
| | 2013/14 | RCC-I Apr - Sep 2014 | outputs achieved | RCC-II Oct 2014 - Mar 2015 | outputs achieved | | |
| No. of patients admitted to hospices for palliative/step-down (PSI) care | 297 | 115 | 102 | 140 | 295 | 211% | This programme has been very successful. The number of beneficiaries was exceeded because two districts (Eden and Cape Winelands) opted to have additional OVC projects instead of possible non-target related projects. |
| No. of OVCs reached through CBO project | 269 | 251 | 262 | 251 | 277 | 110% | This programme has been very successful. The number of beneficiaries was exceeded because two districts (Eden and Cape Winelands) opted to have additional OVC projects instead of possible non-target related projects. |
| No. of people reached through CBO income generation (IG) project | 105 | 125 | 116 | 125 | 131 | 105% | There has been much success within these projects, for example that of projects which are self-sustaining at the end of the funding cycle. There were additional beneficiaries included within the CCT (Metro) district IG projects which resulted in over achievement against target. |

Public Service Improvement Fund – Catch & Match

Catch & Match Funding

| | | |
|----------------------------|---|--|
| NAME OF DONOR | The Public Service Improvement Facility Grant Year 1 and 11 | |
| FULL AMOUNT OF THE FUNDING | R1 275 897 for Year 1 and 11 | |
| PERIOD OF THE COMMITMENT | Year 1: April 2015 – March 2016 Year 11: April 2016 – Sept 2016 (extended until November 2016) | |
| PURPOSE OF THE FUNDING | <p>The support, mentoring, capacity development and training services for the Non-Profit Organisations (NPOs) involved in the Catch and Match – Child and maternal Assessment and Response Tool for Wellness improvement projects. Three pilot sites (Delft, Nyanga and Khayelisha) 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.</p> <p>Objective 1: Improved community based frontline service delivery</p> <p>Objective 2: Improved health, wellness and developmental outcomes with a special focus on child maternal health</p> <p>Objective 3: mhealth capacity building /Innovation</p> | |
| EXPECTED OUTPUTS | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 |

| Catch & Match Funding | |
|--|--|
| ACTUAL OUTPUTS ACHIEVED | <ul style="list-style-type: none"> 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 |
| | <ul style="list-style-type: none"> 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 971 |
| AMOUNT SPENT BY THE DEPARTMENT (R'000) | R 834 |
| REASONS FOR UNDER/OVER EXPENDITURE | Project is ongoing. Delays in implementation reason for savings. Monies not spent have been rolled over to next period. |
| MONITORING MECHANISM BY THE DONOR | Quarterly reports by WCG Health to Dept of Public Service and Administration (DPSA). DPSA Monitoring visits |
| WAS THE FUNDING RECEIVED IN CASH OR IN-KIND? | Cash |

European Union – Workload Indicators Staffing Needs

Table 70B: Workload Indicator staffing Needs (WISN)

| Workload Indicator Staffing Need (WISN) | |
|--|--|
| NAME OF DONOR | European Union via National Department of Health |
| FULL AMOUNT OF THE FUNDING | R 3 659 600 |
| PERIOD OF THE COMMITMENT | 2015/16 financial year |
| PURPOSE OF THE FUNDING | Investigation/Research into the implementation of Workload Indicators for Staffing Norms (WISN). This is a National initiative coordinated by the NDoH. |
| EXPECTED OUTPUTS | N/A |
| ACTUAL OUTPUTS ACHIEVED | Piloted the project in the Eden district. Appointed 8 Provincial Technical Support Officers to assist with the project. |
| AMOUNT RECEIVED IN CURRENT PERIOD (R'000) | R 3 660 |
| AMOUNT SPENT BY THE DEPARTMENT (R'000) | 2015/16 - R2 241 (R3 981 spent since 2014/15) |
| REASONS FOR THE FUNDS UNSPENT | Project is ongoing. Monies not spent have been rolled over because staff must be paid from these funds. Currently there is not an end date to the project. |
| 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

Capital Investment, Maintenance & Asset Management Plan

CAPITAL INVESTMENT

Progress made on implementing capital investment

Expenditure of the capital appropriation during 2015/16 was 87.5 per cent, i.e. R442.700 million of the available R505.900 million. Attempts to improve the delivery of capital infrastructure projects as well as health technology projects – key to increasing expenditure – therefore continue. Factors which are hampering infrastructure delivery and which are being addressed include:

- An under-capacitated Implementing Agent (WCGTPW)
- Delays in IDMS IGS gateway approvals
- 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
- Project being cancelled due to changed User requirements
- Challenges in attracting and retaining built-environment professionals

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 (inception, feasibility, design, tendering, construction, retention and close-out) – can create incremental delays in subsequent stages due to the inter-dependence of each stage. However, it is anticipated that with the on-going implementation and institutionalisation of the Western Cape Infrastructure Delivery Management System (WC-IDMS) in both WCG: Health (WCGH) and WCG: Transport and Public Works (WCGTPW), many of the above factors will be addressed and expenditure will return to an optimal state. The table below reflects the capital expenditure versus the appropriation for both 2014/15 and 2015/16. In comparing the two financial years, it is evident that the percentage of expenditure has remained the same.

Table 71B: Capital Expenditure on Infrastructure Projects for 2015/16

| Expenditure | 2015/16 | | | 2014/15 | | |
|--|---------------------|--------------------|----------------------------|---------------------|--------------------|----------------------------|
| | 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 |
| New and replacement assets | 165 188 | 139 595 | 25 593 | 159 862 | 138 682 | 21 180 |
| Existing infrastructure assets | 717 151 | 630 836 | 86 315 | 654 293 | 574 010 | 80 283 |
| Upgrades and additions | 65 325 | 40 836 | 24 489 | 72 003 | 60 725 | 11 278 |
| Rehabilitation, renovations and refurbishments * | 313 214 | 292 978 | 20 236 | 342 306 | 303 467 | 38 839 |
| Maintenance and repairs | 338 612 | 297 022 | 41 590 | 239 984 | 209 818 | 30 166 |
| Infrastructure transfer | 10 000 | 10 000 | 0 | 239 984 | 209 818 | 30 166 |
| Current | 0 | 0 | 0 | 0 | 0 | 0 |
| Capital | 10 000 | 10 000 | 0 | 231 | 231 | 0 |
| TOTAL | 892 339 | 780 431 | 111 908 | 814 386 | 712 923 | 101 463 |

Infrastructure projects completed in 2015/16 compared to target

The table below reflects the projects that were planned to achieve completion in 2015/16 and reasons for deviations.

Table 72B: Infrastructure Projects Schedules for Completion in 2015/16

| Capital Investment | | |
|---|---|---|
| Projects Scheduled for Practical Completion in 2015/16 | Practical Completion Achieved / Not Achieved in 2015/16 | Comments / Reasons for Deviations |
| Observatory: Groote Schuur Hospital: New Linear Accelerator Installation New Bunker | Not achieved | Contract cancelled due to poor contractor performance; Contractor under liquidation. New contractor appointed |
| Delft: Symphony Way CDC: New CDC | Achieved | |
| Worcester: Boland Nurse College: Nurses accommodation at the Erica Hostel additions | Not achieved | Slow performing contractor |
| Observatory: Groote Schuur Hospital: Central Kitchen: Floor Replacement | Not achieved | Slow performing contractor |
| Strand: Nomzamo Asanda Clinic: New Clinic | Achieved | |
| Worcester: Worcester CDC: Dental suite additions and alterations | Achieved | |
| Observatory: Groote Schuur Hospital: Hybrid theatre | Not achieved | Delay in awarding the bid |
| Worcester: Worcester Hospital: Hospital Upgrade Phase 5 | Not achieved | Construction delays due to decanting and additional work |
| Citrusdal: Citrusdal Clinic: Upgrade and additions | Not achieved | Delay in awarding the bid |
| Rondebosch: Red Cross Children's Hospital: Masterplan | Not achieved | Delays in project procurement |
| Worcester: Worcester Hospital: Fire compliance | Not achieved | Delays due to performance of Professional Service Providers |
| Paarl: Paarl Hospital: Acute Psychiatric Unit | Not achieved | Delayed due to floor finishes not available in time to complete project by 31 March 2016 as planned |

Current Infrastructure Projects

The table below lists the capital projects that are currently in progress (including projects in planning, design, construction and retention) and the expected date of practical completion. Actual completion dates are reflected for projects that have achieved practical completion. Only projects with a start date in 2016/17 and projects completed subsequent to 2013/14 are reflected.

Table 73B: Performance Measures for Capital Infrastructure Programme

| Capital Investment | | | | | | |
|--------------------|------------|-----|-------------------|---|------------------|-------------|
| No. | Project No | SP | District | Project Name | Project Duration | |
| | | | | | START DATE | FINISH DATE |
| 1 | CI810002 | 8.1 | City of Cape Town | Athlone- Dr Abdurahman CDC- Upgrade and additions | 01-Dec-17 | 01-Apr-21 |
| 2 | CI830001 | 8.3 | City of Cape Town | Atlantis: Wesfleur Hospital: Addition of EC and Paediatric Ward | 20-Aug-12 | 15-Oct-15 |
| 3 | CI830002 | 8.3 | Central Karoo | Beaufort West- Beaufort West Hospital- Rationalisation | 01-Apr-17 | 30-Apr-20 |
| 4 | CI810004 | 8.1 | Central Karoo | Beaufort West- Hill Side Clinic- Replacement | 30-Nov-12 | 31-Mar-17 |

| Capital Investment | | | | | | |
|--------------------|------------|-----|-------------------|--|------------------|-------------|
| No. | Project No | SP | District | Project Name | Project Duration | |
| | | | | | START DATE | FINISH DATE |
| 5 | CI830003 | 8.3 | City of Cape Town | Bellville- Karl Bremer Hospital- New Bulk Store | 10-Sep-13 | 31-Mar-17 |
| 6 | CI830006 | 8.3 | City of Cape Town | Bellville: Karl Bremer Hospital: New EC | 01-Apr-09 | 20-Mar-13 |
| 7 | CI810107 | 8.1 | City of Cape Town | Blackheath- Kleinvele CDC- Upgrade and Additions | 14-Dec-12 | 30-Mar-19 |
| 8 | CI840002 | 8.4 | City of Cape Town | Brooklyn: Brooklyn Chest Hospital: New MDR and XDR Wards | 01-Apr-09 | 31-May-13 |
| 9 | CI810017 | 8.1 | City of Cape Town | Cape Town- District Six CDC- New | 11-Jan-12 | 23-Jul-17 |
| 10 | CI810065 | 8.1 | West Coast | Citrusdal- Citrusdal Clinic- Upgrade and Additions | 01-Apr-15 | 30-Apr-16 |
| 11 | CI830012 | 8.3 | West Coast | Citrusdal- Citrusdal Hospital- Upgrade and Additions to Childrens Ward, EC and Calming Room | 01-Apr-15 | 30-Jan-17 |
| 12 | CI820002 | 8.2 | Cape Winelands | De Doorns- De Doorns Ambulance Station- Replacement | 01-Sep-14 | 30-Nov-19 |
| 13 | CI810013 | 8.1 | Cape Winelands | De Doorns- De Doorns CDC- Upgrade and Additions | 09-Apr-14 | 30-Sep-19 |
| 14 | CI810015 | 8.1 | City of Cape Town | Delft: Delft CHC: ARV Consulting Rooms and new Pharmacy | 01-Apr-10 | 30-Oct-14 |
| 15 | CI810016 | 8.1 | City of Cape Town | Delft: Symphony Way CDC: New | 26-Jan-11 | 06-Jul-15 |
| 16 | CI810018 | 8.1 | City of Cape Town | Du Noon: Du Noon CHC: New | 01-Apr-10 | 31-Oct-15 |
| 17 | CI830015 | 8.3 | City of Cape Town | Eerste River- Eerste River Hospital- Acute Psychiatric Unit | 23-Feb-15 | 30-Jun-20 |
| 18 | CI810021 | 8.1 | City of Cape Town | Elsies River- Elsie River CHC- Replacement | 01-Apr-16 | 31-Oct-19 |
| 19 | CI810022 | 8.1 | Overberg | Gansbaai- Gansbaai Clinic- Upgrade and Additions | 31-Jul-14 | 03-Jun-19 |
| 20 | CI810030 | 8.1 | Eden | George- Thembalethu CDC- Replacement | 16-Mar-15 | 31-Jan-18 |
| 21 | CI840004 | 8.4 | Eden | George: George Regional Hospital: Acute Psychiatric Unit | 01-Apr-14 | 31-Mar-16 |
| 22 | CI810032 | 8.1 | Cape Winelands | Gouda- Gouda Clinic- Replacement | 01-Jan-17 | 31-Mar-20 |
| 23 | CI810138 | 8.1 | Overberg | Grabouw- Grabouw CDC- Upgrade and Additions Ph2 | 01-Apr-17 | 31-Aug-20 |
| 24 | CI840010 | 8.4 | City of Cape Town | Green Point- Somerset Hospital- Acute Psychiatric Unit | 23-Feb-15 | 31-Mar-20 |
| 25 | CI840008 | 8.4 | City of Cape Town | Green Point- Somerset Hospital- Upgrading of theatres and ventilation | 22-May-15 | 30-Mar-18 |
| 26 | CI810146 | 8.1 | City of Cape Town | Gugulethu- Gugulethu 2 CDC-New | 30-Dec-16 | 31-Dec-21 |
| 27 | CI810038 | 8.1 | City of Cape Town | Hanover Park- Hanover Park CHC- Replacement | 30-May-16 | 31-Mar-20 |
| 28 | CI820007 | 8.2 | Eden | Heidelberg: Heidelberg Ambulance Station: New | 01-Apr-11 | 31-May-14 |
| 29 | CI810039 | 8.1 | City of Cape Town | Heideveld: Heideveld CDC: Temporary EC at Klipfontein Hub (enabling work for GF Jooste Hospital) | 01-Oct-12 | 19-Jun-14 |

| Capital Investment | | | | | | |
|--------------------|------------|-----|-------------------|--|------------------|-------------|
| No. | Project No | SP | District | Project Name | Project Duration | |
| | | | | | START DATE | FINISH DATE |
| 30 | CI810041 | 8.1 | Overberg | Hermanus: Hermanus CDC: New | 01-Apr-10 | 19-Nov-14 |
| 31 | CI830021 | 8.3 | City of Cape Town | Khayelitsha- Khayelitsha Hospital- Acute Psychiatric Unit | 23-Feb-15 | 31-Mar-20 |
| 32 | CI830022 | 8.3 | City of Cape Town | Khayelitsha- Khayelitsha Hospital- CT Scan Infrastructure | 01-Aug-14 | 15-Dec-16 |
| 33 | CI830088 | 8.3 | City of Cape Town | Khayelitsha- Khayelitsha Hospital- Ward completion | 01-Aug-14 | 15-Dec-16 |
| 34 | CI810132 | 8.1 | City of Cape Town | Khayelitsha- Site B CHC- Upgrade and Additions | 01-Jun-16 | 31-May-21 |
| 35 | CI860007 | 8.6 | Eden | Knysna- Knysna FPL- Replacement | 01-Nov-14 | 31-Aug-19 |
| 36 | CI810129 | 8.1 | City of Cape Town | Kraaifontein- Bloekombos CHC- New | 01-Jul-16 | 01-Apr-21 |
| 37 | CI810052 | 8.1 | Eden | Ladismith- Ladismith Clinic- Replacement | 01-Dec-16 | 28-Feb-22 |
| 38 | CI810053 | 8.1 | Central Karoo | Laingsburg- Laingsburg Clinic- Upgrade and Additions | 30-Apr-14 | 30-Jun-20 |
| 39 | CI810056 | 8.1 | West Coast | Malmesbury- Abbotdale Satellite Clinic- Replacement | 05-May-15 | 01-Apr-19 |
| 40 | CI810057 | 8.1 | West Coast | Malmesbury- Chatsworth Satellite Clinic- Replacement | 01-Sep-17 | 30-Jan-20 |
| 41 | CI840055 | 8.3 | City of Cape Town | Manenberg- GF Jooste Hospital- Replacement Ph1 | 01-Jun-17 | 31-Mar-25 |
| 42 | CI810059 | 8.1 | Central Karoo | Matjiesfontein- Matjiesfontein Satellite Clinic- Replacement | 19-Dec-14 | 01-Apr-21 |
| 43 | CI810061 | 8.1 | City of Cape Town | Mfuleni: Mfuleni CDC: Temporary | 01-Apr-14 | 14-Aug-15 |
| 44 | CI810062 | 8.1 | City of Cape Town | Mitchells Plain- Weltevreden CDC- New | 30-Apr-17 | 30-Nov-20 |
| 45 | CI830032 | 8.3 | City of Cape Town | Mitchell's Plain: Mitchell's Plain Hospital: Acute Psychiatric Unit | 01-Mar-13 | 30-Sep-14 |
| 46 | CI830031 | 8.3 | City of Cape Town | Mitchell's Plain: Mitchell's Plain Hospital: New | 01-Apr-05 | 18-Feb-13 |
| 47 | CI830034 | 8.3 | Cape Winelands | Montagu- Montagu Hospital- Rehabilitation | 01-Sep-17 | 31-Mar-20 |
| 48 | CI830035 | 8.3 | Eden | Mossel Bay- Mossel Bay Hospital- entrance and records | 15-May-17 | 31-Mar-21 |
| 49 | CI810069 | 8.1 | Overberg | Napier- Napier Clinic- Replacement | 22-Oct-12 | 30-Apr-17 |
| 50 | CI850005 | 8.5 | City of Cape Town | Observatory- Groote Schuur Hospital- EC upgrade and additions | 01-Apr-12 | 30-Jun-22 |
| 51 | CI850033 | 8.5 | City of Cape Town | Observatory- Groote Schuur Hospital- Maternity Block Neonatal Refurbishment | 01-Dec-15 | 31-Mar-17 |
| 52 | CI850042 | 8.5 | City of Cape Town | Observatory- Groote Schuur Hospital- Neuroscience Rehabilitation | 01-Jun-16 | 31-Mar-20 |
| 53 | CI850032 | 8.5 | City of Cape Town | Observatory- Groote Schuur Hospital- New Linear Accelerator Installation New Bunker Completion | 01-Oct-15 | 31-May-16 |
| 54 | CI860043 | 8.6 | City of Cape Town | Observatory- Observatory FPL- Demolition | 12-Sep-14 | 30-Jul-16 |
| 55 | CI860012 | 8.6 | City of Cape Town | Observatory- Observatory FPL- Replacement | 01-Apr-12 | 30-Nov-20 |
| 56 | CI840014 | 8.4 | City of Cape Town | Observatory- Valkenberg Hospital- Acute Precinct Redevelopment | 01-Apr-10 | 31-Mar-30 |
| 57 | CI840062 | 8.4 | City of Cape Town | Observatory- Valkenberg Hospital- Forensic Precinct- Medium Security | 01-Apr-10 | 30-Sep-22 |
| 58 | CI840019 | 8.4 | City of Cape Town | Observatory- Valkenberg Hospital- Forensic Precinct- Admission, Assessment, High Security | 01-Apr-10 | 30-Sep-26 |
| 59 | CI840016 | 8.4 | City of Cape Town | Observatory- Valkenberg Hospital- Forensic Precinct Enabling Work | 01-Apr-10 | 31-Mar-18 |
| 60 | CI840017 | 8.4 | City of Cape Town | Observatory- Valkenberg Hospital- Forensic Precinct- Low Security, Chronic and OT | 01-Apr-10 | 31-Mar-24 |

| Capital Investment | | | | | | |
|--------------------|------------|-----|-------------------|--|------------------|-------------|
| No. | Project No | SP | District | Project Name | Project Duration | |
| | | | | | START DATE | FINISH DATE |
| 61 | CI840015 | 8.4 | City of Cape Town | Observatory- Valkenberg Hospital- Pharmacy and OPD | 01-Apr-10 | 30-Sep-22 |
| 62 | CI840022 | 8.4 | City of Cape Town | Observatory- Valkenberg Hospital- Renovations to historical admin building Ph2 | 01-Apr-10 | 31-Mar-18 |
| 63 | CI850001 | 8.5 | City of Cape Town | Observatory: Groote Schuur Hospital: Central Kitchen: Floor Replacement | 10-Sep-13 | 31-May-16 |
| 64 | CI850002 | 8.5 | City of Cape Town | Observatory: Groote Schuur Hospital: Hybrid Theatre | 01-Apr-13 | 31-May-16 |
| 65 | CI840021 | 8.4 | City of Cape Town | Observatory: Valkenberg Hospital: Renovations to historical admin building Ph1 | 01-Apr-10 | 25-Mar-16 |
| 66 | CI810074 | 8.1 | Cape Winelands | Paarl- Mbekweni CDC- Replacement | 01-Feb-17 | 31-Mar-22 |
| 67 | CI840023 | 8.4 | Cape Winelands | Paarl: Paarl Hospital: Acute Psychiatric Unit | 01-Apr-11 | 26-Feb-16 |
| 68 | CI860014 | 8.6 | City of Cape Town | Parow- Cape Medical Depot- Replacement | 01-Sep-16 | 2021/09/31 |
| 69 | CI810080 | 8.1 | City of Cape Town | Parow- Ravensmead CDC- Replacement | 01-Aug-15 | 30-Nov-19 |
| 70 | CI850031 | 8.5 | City of Cape Town | Parow- Tygerberg Central Hospital- Enabling work- Demolitions and Infrastructure | 01-May-17 | 30-Jun-22 |
| 71 | CI850011 | 8.5 | City of Cape Town | Parow- Tygerberg Hospital- C1D West EC Ph2 | 01-Jun-14 | 30-Jun-17 |
| 72 | CI850008 | 8.5 | City of Cape Town | Parow- Tygerberg Hospital- Replacement (PPP) | 01-Apr-12 | 31-Mar-23 |
| 73 | CI810076 | 8.1 | City of Cape Town | Phillipi: Inzame Zabantu CDC: New Infectious Diseases Unit and Pharmacy upgrade | 01-Apr-10 | 18-Feb-14 |
| 74 | CI820014 | 8.2 | West Coast | Piketberg- Piketberg Ambulance Station- Replacement | 01-Apr-10 | 30-Aug-16 |
| 75 | CI810078 | 8.1 | Eden | Plettenberg Bay: New Horizon Clinic: Upgrade and Additions | 01-Apr-12 | 31-Jul-14 |
| 76 | CI810079 | 8.1 | Cape Winelands | Prince Alfred Hamlet- Prince Alfred Hamlet Clinic- Replacement | 20-Mar-12 | 30-Apr-17 |
| 77 | CI810081 | 8.1 | Cape Winelands | Rawsonville: Rawsonville Clinic: Replacement | 01-Apr-10 | 11-Dec-14 |
| 78 | CI810085 | 8.1 | Cape Winelands | Robertson- Robertson CDC- New | 01-Apr-17 | 30-Sep-22 |
| 79 | CI830044 | 8.3 | Cape Winelands | Robertson- Robertson Hospital- New EC, Reception and Pharmacy Ph1 | 01-Dec-16 | 31-May-20 |
| 80 | CI850013 | 8.5 | City of Cape Town | Rondebosch- Red Cross War Memorial Childrens Hospital- Masterplan | 01-Nov-15 | 31-Mar-17 |
| 81 | CI850019 | 8.5 | City of Cape Town | Rondebosch- Red Cross War Memorial Childrens Hospital- Paeds ICU Upgrade and Extension (in partnership with CHT) | 01-Apr-15 | 31-Oct-17 |
| 82 | CI810086 | 8.1 | West Coast | Saldanha- Diazville Clinic- Replacement | 01-Sep-17 | 31-Mar-21 |
| 83 | CI820020 | 8.2 | City of Cape Town | Somerset West- Helderberg Ambulance Station- New | 01-Jun-17 | 31-Oct-20 |
| 84 | CI830045 | 8.3 | City of Cape Town | Somerset West- Helderberg Hospital- EC Upgrade and Additions | 01-Apr-13 | 30-Apr-18 |
| 85 | CI840049 | 8.3 | City of Cape Town | Somerset West- Helderberg Hospital- Replacement | 01-Sep-16 | 31-Mar-26 |
| 86 | CI810088 | 8.1 | West Coast | St Helena Bay- Sandy Point Satellite Clinic- Replacement | 05-May-15 | 30-Dec-19 |
| 87 | CI830047 | 8.3 | Cape Winelands | Stellenbosch- Stellenbosch Hospital- EC Upgrade and Additions | 01-Jul-13 | 31-Oct-17 |
| 88 | CI810093 | 8.1 | City of Cape Town | Strand- Nomzamo Asanda Clinic: New | 30-May-11 | 13-Jul-15 |

| Capital Investment | | | | | | |
|--------------------|------------|-----|-------------------|--|------------------|-------------|
| No. | Project No | SP | District | Project Name | Project Duration | |
| | | | | | START DATE | FINISH DATE |
| 89 | CI810094 | 8.1 | City of Cape Town | Strand- Rusthof CDC- Replacement | 01-Jun-17 | 31-Mar-20 |
| 90 | CI820023 | 8.2 | Overberg | Swellendam- Swellendam Ambulance Station- Upgrades and Additions | 31-Mar-15 | 31-Jan-19 |
| 91 | CI860016 | 8.6 | City of Cape Town | Thornton- Western Cape Rehabilitation Centre- Orthotic & Prosthetic Centre Upgrade | 17-Dec-14 | 30-Sep-20 |
| 92 | CI810130 | 8.1 | Various | Various Pharmacies upgrade 8.1- Pharmacies rehabilitation | 30-Jun-15 | 30-Apr-19 |
| 93 | CI830073 | 8.3 | Various | Various Pharmacies upgrade 8.3 | 30-Jun-15 | 30-Apr-19 |
| 94 | CI820027 | 8.2 | Overberg | Villiersdorp- Villiersdorp Ambulance Station- Replacement | 01-Apr-17 | 31-Mar-20 |
| 95 | CI810095 | 8.1 | Overberg | Villiersdorp- Villiersdorp Clinic- Replacement of Willa | 01-Apr-17 | 31-Mar-20 |
| 96 | CI810096 | 8.1 | West Coast | Vredenburg- Vredenburg CDC- New | 01-Feb-17 | 30-Apr-20 |
| 97 | CI830050 | 8.3 | West Coast | Vredenburg- Vredenburg Hospital- Acute Psychiatric Unit | 01-May-17 | 31-Mar-20 |
| 98 | CI830076 | 8.3 | West Coast | Vredenburg- Vredenburg Hospital- Ph2B Enabling Works | 01-Apr-15 | 31-May-16 |
| 99 | CI830080 | 8.3 | West Coast | Vredenburg- Vredenburg Hospital- Upgrade Ph2B Completion | 31-Mar-15 | 31-Jul-18 |
| 100 | CI810098 | 8.1 | Cape Winelands | Wellington- Wellington CDC- Pharmacy additions and alterations | 01-Apr-13 | 31-Mar-18 |
| 101 | CI810100 | 8.1 | Cape Winelands | Wolseley- Wolseley Clinic- Replacement | 20-Mar-12 | 30-Oct-17 |
| 102 | CI810101 | 8.1 | Cape Winelands | Worcester- Avian Park Clinic- New | 01-Jul-15 | 30-Sep-19 |
| 103 | CI860023 | 8.6 | Cape Winelands | Worcester- WCCN Boland Campus- Nurses accommodation at Erica Hostel, R & R | 01-Apr-12 | 30-Sep-16 |
| 104 | CI840032 | 8.4 | Cape Winelands | Worcester- Worcester Hospital- Upgrade Ph5 | 01-Apr-12 | 30-Sep-16 |
| 105 | CI840053 | 8.4 | Cape Winelands | Worcester- Worcester Hospital- Fire compliance | 01-Apr-15 | 30-Jun-17 |
| 106 | CI860024 | 8.6 | Cape Winelands | Worcester: WCCN Boland Campus: Additional Nurses accommodation at the Erica hostel additions | 01-Apr-12 | 30-Apr-16 |
| 107 | CI810102 | 8.1 | Cape Winelands | Worcester: Worcester CDC: Dental suite additions and alterations | 01-Apr-12 | 30-Sep-15 |
| 108 | CI830052 | 8.3 | City of Cape Town | Wynberg- Victoria Hospital- New EC | 01-Apr-12 | 31-Aug-19 |

Note:

- Date: Start Starting planning date (i.e. Strategic Brief submitted to Implementing Agent).
- Date: Finish Construction completion date / take over date (i.e. Practical Completion date)

Facilities that were Closed or Downgraded in 2015/16

No facility was neither closed nor downgraded in 2015/16.

Table 74B: Accommodation Identified for Disposal (reference 2016/17 User Asset Management Plan)

| Disposals | | |
|---|---|---------------|
| Asset Description | Disposal Rationale | Disposal Year |
| Alexandra Hospital | Consolidation of services and future services in specific precinct in order to relinquish land as requested by Rationalization program of WCGTPW | 2015 |
| Alexandra Hospital | Wards 17 & 18 | 2016/17 |
| Athlone Nursing College and related accommodation including Stikland campus | Finality on extent to be disposed of will be communicated in 2016 | 2016 |
| Boland College and related Nurses accommodation | Finality on extent to be disposed of will be communicated in 2016 | 2016 |
| Conradie Hospital | No longer required. Relinquished and first sold by Property Management in 2007 | |
| Elsies River CHC | Relocate to newly built facility | 2019 |
| GF Jooste Hospital | Replacement of hospital required. Site not big enough for replacement facility | 2015 |
| Karl Bremer Hospital prefab buildings | Demolitions | 2016 |
| Malmesbury Creche building | Relinquished in 2014 | 2014 |
| Montegu Hospital site remainder | Portion of vacant site adjacent to hospital to be relinquished. Subdivision required. | 2015 |
| Mossel Bay Hospital | New hospital to be built to replace the current facility. The OPD area will be retained and used as a Clinic. | 2030 |
| Nelspoort Hospital | The hospital is still being used but will be rationalised and subsequently space will be rationalised. Letter sent to HOD in Dec 2014. | 2015 |
| Paarl: JJ du Preez and Klein Nederburg Clinics | Letter to be sent in 2016 | 2017 |
| Piketberg EMS | Property exchange with the Municipal site for construction of new EMS. The current EMS is not accessible, new facility to be built next to the Hospital site. | 2015 |
| Rondebosch Liesbeek Road facility | Letter was sent in 2015 | 2016 |
| Robbie Nurock - Community Day Centre | New CDC in planning stage (District Six CDC) to replace old facility which is not in the correct position. | 2017 |
| Salt River FPS | To be replaced by purpose-built new facility, which will be conducive to research. | 2019 |
| Somerset Hospital Crèche building and parking building | Demolitions | 2016 |
| Somerset Hospital including City Precinct | Relinquish for the City Regeneration Project | Future |
| | Helen Bowden Nursing College | 2015 |
| | CDC on City Hospital Precinct | Future |
| Southern Cape College and related erf reserved for residential purposes | Finality on extent to be dispose of will be communicated in 2016 | 2016 |

| Disposals | | |
|--------------------------------------|---|---------------|
| Asset Description | Disposal Rationale | Disposal Year |
| Stellenbosch: Victoria Street Clinic | Due to operational issues will it be more cost effective to consolidate this clinic with other services | 2016 |
| William Slater Hospital | To be consolidated with Valkenberg Hospital | 2017 |
| Woodstock office area | Relinquished in 2012 | |
| Woodstock CDC | New CDC in planning stage (District Six CDC) to replace the current facility. | 2017 |

MAINTENANCE

Committed Scheduled Maintenance Projects that are carried forward to 2016/17

The committed Scheduled Maintenance projects (with a minimum project value of R500 000) that are carried forward to 2016/17 are listed in the table below.

Table 75B: Committed Scheduled Maintenance Projects carried forward to 2016/17

| Committed Scheduled Maintenance Projects | | | | |
|--|-------|--|--------------------------------------|---|
| No. | SP | Facility | District | Brief Description |
| 1 | 8.6 | Athlone- Western Cape College of Nursing | Metro: Klipfontein / Mitchells Plain | R & R to kitchen |
| 2 | 8.3 | Atlantis- Wesfleur Hospital | Metro: Western / Southern | Upgrade of pharmacy & maintenance |
| 3 | 8.3 | Bellville- Karl Bremer Hospital | Metro: Tygerberg / Northern | Pharmacy compliance |
| 4 | 8.3 | Bellville- Karl Bremer Hospital | Metro: Tygerberg / Northern | Replacement of nurses home roof |
| 5 | 8.3 | Bellville- Karl Bremer Hospital | Metro: Tygerberg / Northern | Replacement of air-handling units in theatres |
| 6 | 8.3 | Bellville- Karl Bremer Hospital | Metro: Tygerberg / Northern | Calorifiers (and heat pumps) |
| 7 | 8.4 | Bellville- Stikland Hospital | Metro: Tygerberg / Northern | Supply and install ventilation in wards with extraction system |
| 8 | 8.4 | Bellville- Stikland Hospital | Metro: Tygerberg / Northern | Fire detection as per Consultant recommendation include signage |
| 9 | 8.1 | Bishop Lavis- Bishop Lavis CHC | Metro: Tygerberg / Northern | MOU E&M |
| 10 | 8.1 | Bonteheuwel- Vanguard Drive CHC | Metro: Western / Southern | Refurbishment |
| 11 | 8.2 | Botrivier- Botrivier Ambulance Station | Overberg | Maintenance to first floor for EMS plus ambulance garage etc. |
| 12 | 8.4.2 | Brooklyn- Brooklyn Chest Hospital | Metro: Western / Southern | Maintenance. Upgrade of wards including electrical upgrade |

| Committed Scheduled Maintenance Projects | | | | |
|--|-----|--|--------------------------------------|---|
| No. | SP | Facility | District | Brief Description |
| 13 | 8.3 | Caledon- Caledon Hospital | Overberg | Upgrading of water supply stage 1 |
| 14 | 8.3 | Cape Town- Various Hospitals- Lift Maintenance | Various | Lift maintenance contracts |
| 15 | 8.3 | Citrusdal- Citrusdal Hospital | West Coast | Roads (part of contract) |
| 16 | 8.2 | Clanwilliam- Clanwilliam Ambulance Station | West Coast | Site works inclusive of washbay upgrades and fencing |
| 17 | 8.1 | Durbanville- Durbanville CDC | Metro: Tygerberg / Northern | Maintenance - Pharmacy |
| 18 | 8.3 | Eerste River- Eerste River Hospital | Metro: Eastern / Khayelitsha | AC and extraction |
| 19 | 8.3 | Fishhoek- False Bay Hospital | Metro: Western / Southern | Reconstruction of road and replacement of water towers |
| 20 | 8.3 | Fishhoek- False Bay Hospital | Metro: Western / Southern | Maintenance including E&M |
| 21 | 8.2 | George- George Ambulance Station | Eden | Internal maintenance (SOW to Eng) |
| 22 | 8.1 | George- Lawaaiikamp Clinic | Eden | General repairs and renovations |
| 23 | 8.1 | George- Parkdene Clinic | Eden | Replace windows and maintenance |
| 24 | 8.1 | George- Rosemore Clinic | Eden | Check electrical and sewerage |
| 25 | 8.1 | George- Thembalethu CDC | Eden | General Maintenance |
| 26 | 8.1 | Grabouw- Grabouw CDC | Overberg | Maintenance , medical waste & refuse area with pedestrian access path |
| 27 | 8.1 | Grabouw- Grabouw CDC | Overberg | FCA maintenance |
| 28 | 8.4 | Green Point- Somerset Hospital | Metro: Western / Southern | Admin roof |
| 29 | 8.4 | Green Point- Somerset Hospital | Metro: Western / Southern | CSSD roof repair and upgrade |
| 30 | 8.4 | Green Point- Somerset Hospital | Metro: Western / Southern | Supply and install new transformers and UPS |
| 31 | 8.4 | Green Point- Somerset Hospital | Metro: Western / Southern | Electrical & Mechanical work to labour ward |
| 32 | 8.4 | Green Point- Somerset Hospital | Metro: Western / Southern | Install new kitchen canopy |
| 33 | 8.1 | Gugulethu- Gugulethu CHC MOU | Metro: Klipfontein / Mitchells Plain | MOU e & m |
| 34 | 8.1 | Gugulethu- Gugulethu Dental Clinic | Metro: Klipfontein / Mitchells Plain | As per FCA |

| Committed Scheduled Maintenance Projects | | | | |
|--|-----|---|--------------------------------------|--|
| No. | SP | Facility | District | Brief Description |
| 35 | 8.1 | Hanover Park- Hanover Park CHC | Metro: Klipfontein / Mitchells Plain | Maintenance pharmacy |
| 36 | 8.1 | Hanover Park- Hanover Park CHC | Metro: Klipfontein / Mitchells Plain | FCA maintenance (E & M) (Facility to be replaced) |
| 37 | 8.1 | Hermanus- Hawston Clinic | Overberg | Maintenance as per FCA |
| 38 | 8.3 | Knysna- Knysna Hospital | Eden | Consultants fees for NHI work |
| 39 | 8.1 | Knysna- Kranshoek Clinic | Eden | FCA maintenance |
| 40 | 8.1 | Lotus River- Lotus River CDC | Metro: Western / Southern | Maintenance including toilet upgrading |
| 41 | 8.4 | Maitland- Alexandra Hospital | Metro: Western / Southern | Roof replacement at education building |
| 42 | 8.6 | Malmesbury- Malmesbury FPL | West Coast | Maintenance |
| 43 | 8.3 | Malmesbury- Swartland Hospital | West Coast | General maintenance |
| 44 | 8.4 | Mitchells Plain- Lentegeur Hospital | Metro: Klipfontein / Mitchells Plain | Conference upgrading |
| 45 | 8.3 | Montagu- Montagu Hospital | Cape Winelands | Replace fire main, sewerage and water pipes replacement to be added. |
| 46 | 8.1 | Mossel Bay- Brandwacht Satellite Clinic | Eden | Maintenance including paving |
| 47 | 8.3 | Murraysburg- Murraysburg Hospital | Central Karoo | R, R and R |
| 48 | 8.5 | Observatory- Groote Schuur Hospital | Metro: Western / Southern | C garage upgrade |
| 49 | 8.1 | Paarl- TC Newman CDC | Cape Winelands | E & M |
| 50 | 8.6 | Parow- Tygerberg Ambulance Station training | Metro: Tygerberg / Northern | Electrical and fire compliance |
| 51 | 8.5 | Parow- Tygerberg Hospital | Metro: Tygerberg / Northern | AHU phase 3 as agreed |
| 52 | 8.5 | Parow- Tygerberg Hospital | Metro: Tygerberg / Northern | Resurface roads |
| 53 | 8.5 | Parow- Tygerberg Hospital | Metro: Tygerberg / Northern | Replace pumps in pump house for laundry |
| 54 | 8.5 | Parow- Tygerberg Hospital | Metro: Tygerberg / Northern | Chillers replacement |
| 55 | 8.5 | Parow- Tygerberg Hospital | Metro: Tygerberg / Northern | Flooring replacement in Ward including lower ground |
| 56 | 8.5 | Parow- Tygerberg Hospital | Metro: Tygerberg / Northern | Store room building upgrade |

| Committed Scheduled Maintenance Projects | | | | |
|--|-----|---|------------------------------|--|
| No. | SP | Facility | District | Brief Description |
| 57 | 8.5 | Parow- Tygerberg Hospital lift upgrade | Metro: Tygerberg / Northern | Lifts Year 3, Lift upgrades 14 plus 1, modernisation & refurbishment of outstanding lifts at TBH plus maintenance plus Mowbray |
| 58 | 8.1 | Plettenberg Bay- Craggs Clinic | Eden | Roof repair etc. |
| 59 | 8.1 | Porterville- Porterville Clinic | West Coast | General repairs and painting |
| 60 | 8.1 | Riviersonderend- Riviersonderend Clinic | Overberg | Extensions to existing building for clinic including Baardskeedersbos |
| 61 | 8.5 | Rondebosch- Red Cross Hospital | Metro: Western / Southern | Fire compliance (detection etc.) |
| 62 | 8.5 | Rondebosch- Red Cross Hospital | Metro: Western / Southern | Upgrade ventilation in OPD |
| 63 | 8.1 | Saldana- Saldana Clinic | West Coast | Security upgrade |
| 64 | 8.3 | Somerset West- Helderberg Hospital | Metro: Eastern / Khayelitsha | Maintenance - pharmacy / OPD - |
| 65 | 8.1 | Suurbraak- Suurbraak Clinic | Overberg | FCA maintenance (E & M) |
| 66 | 8.1 | Swellendam- Buffeljagsrivier Clinic | Overberg | Maintenance |
| 67 | 8.1 | Villiersdorp- Villiersdorp Clinic | Overberg | FCA maintenance |
| 68 | 8.1 | Vredenburg- Louwville Clinic | West Coast | Link library to clinic; convert library for clinic purposes |
| 69 | 8.3 | Vredendal- Vredendal Hospital | West Coast | Work for Cataract surgery |
| 70 | 8.1 | Wellington- McCrone House Clinic | Cape Winelands | Stormwater drainage, wash bay and staircase |
| 71 | 8.1 | West Coast | West Coast | Fencing including Pinelands EMS and new Elsies River CHC fence |
| 72 | 8.1 | Worcester- Empilisweni Clinic | Cape Winelands | Maintenance plus inclusion of the shelter |
| 73 | 8.3 | Wynberg- Victoria Hospital | Metro: Western / Southern | Maintenance |
| 74 | 8.1 | Zoar- Amalienstein Clinic | Eden | FCA maintenance |

Preventive Maintenance

The table below provides a list of the Preventative (Routine) Maintenance projects undertaken in 2015/16.

Table 76B: Preventive Maintenance Projects undertaken during 15/16

| Preventive Maintenance Projects | | | | |
|---------------------------------|-----|--------------------------------|------------------------------------|--|
| No. | SP | District | Facility | Brief Description |
| 1 | 8.1 | Various | All Community Health Facilities | Servicing and maintaining fire-fighting equipment |
| 2 | 8.1 | Northern / Tygerberg SS area | Delft CHC | Servicing of the fire detection system |
| 3 | 8.1 | Overberg District | Grabouw CHC | Servicing of the HVAC system, minor building repairs and painting , and servicing of the fire detection system |
| 4 | 8.1 | Western/ Southern SS area | Grassy Park CDC | Servicing of the HVAC system, minor building repairs and full exterior painting |
| 5 | 8.1 | Klipfontein / M Plain SS area | Heideveld CDC | Servicing of the electrical system, minor building repairs, waterproofing and painting |
| 6 | 8.1 | Klipfontein / M Plain SS area | Heideveld CDC | Servicing of the fire detection system, repairs to medical gas network, and minor building repairs |
| 7 | 8.1 | Overberg District | Hermanus CDC | Servicing of the HVAC system and servicing of the fire detection system |
| 8 | 8.1 | Central karoo District | Klaarstroom Clinic | Servicing of the HVAC system |
| 9 | 8.1 | Eden District | Knysna Clinic | Servicing of the HVAC system |
| 10 | 8.1 | Eden District | Kwanokuthula | Servicing of the fire detection system |
| 11 | 8.1 | Eden District | Oudtshoorn Clinic | Servicing of the HVAC system |
| 12 | 8.1 | Cape Winelands District | Simondium Clinic | Servicing of the HVAC system |
| 13 | 8.1 | Overberg District | Stanford Clinic | Servicing of the HVAC system and servicing the fire detection system |
| 14 | 8.1 | Cape Winelands District | TC Newman CDC | Servicing of the HVAC system and servicing the fire detection system |
| 15 | 8.1 | Cape Winelands District | Wellington CDC | Servicing of the HVAC system |
| 16 | 8.1 | West Coast District | Wesbank CDC | Servicing of the HVAC system, minor building repairs and painting , and servicing of the fire detection system |
| 17 | 8.1 | Northern / Tygerberg SS area | Ruyterwacht CDC | Servicing of the backup generator system |
| 18 | 8.1 | Eden District | Mossel Bay CDC | Servicing of the HVAC system |
| 19 | 8.1 | Eden District | Melkhoutfontein Clinic | Servicing of the HVAC system |
| 20 | 8.2 | Various | All Emergency Med. Rescue Services | Servicing and maintaining fire-fighting equipment |
| 21 | 8.2 | CT West | Atlantis EMS | Servicing of the fire detection system |
| 22 | 8.2 | Central Karoo District | Beaufort West EMS | Servicing of the fire detection system |
| 23 | 8.2 | Overberg District Municipality | Caledon EMS | Servicing of the fire detection system |
| 24 | 8.2 | Overberg District | Hermanus EMS | Servicing of the fire detection system |
| 25 | 8.2 | Overberg District Municipality | Leeu Gamka EMS | Servicing of the fire detection system |
| 26 | 8.3 | Various | All District Hospital services | Servicing and maintaining fire-fighting equipment |

| Preventive Maintenance Projects | | | | |
|---------------------------------|-----|-------------------------------|------------------------------------|--|
| No. | SP | District | Facility | Brief Description |
| 27 | 8.3 | Central Karoo District | Beaufort West Hospital | Servicing of the HVAC system and minor building repairs and painting |
| 28 | 8.3 | Overberg District | Caledon Hospital | Servicing of the HVAC system and servicing of the fire detection system |
| 29 | 8.3 | Cape Winelands District | Ceres Hospital | Servicing of the HVAC system and the fire detection system |
| 30 | 8.3 | Khayelitsha / Eastern SS area | Eerste River Hospital | Servicing of the HVAC system |
| 31 | 8.3 | Overberg District | Hermanus Hospital | Servicing of the HVAC system |
| 32 | 8.3 | Northern / Tygerberg SS area | Karl Bremer Hospital | Servicing of the HVAC system, lighting maintenance, and servicing of the fire detection system |
| 33 | 8.3 | Khayelitsha / Eastern SS area | Khayelitsha Hospital | Asset management: asset care |
| 34 | 8.3 | Khayelitsha / Eastern SS area | Khayelitsha Hospital | Servicing of the HVAC system and servicing of the fire detection system |
| 35 | 8.3 | Eden District | Knysna Hospital | Servicing of the HVAC system and servicing of the fire detection system |
| 36 | 8.3 | Klipfontein / M Plain SS area | Mitchell's Plain District Hospital | Asset management: asset care |
| 37 | 8.3 | Klipfontein / M Plain SS area | Mitchell's Plain District Hospital | Servicing of the HVAC system and servicing of the fire detection system |
| 38 | 8.3 | Eden District | Oudtshoorn Hospital | Servicing of the fire detection system |
| 39 | 8.3 | Eden District | Riversdale Hospital | Servicing of the HVAC system and servicing of the fire detection system |
| 40 | 8.3 | Cape Winelands District | Robertson Hospital | Servicing of the HVAC system and servicing of the fire detection system |
| 41 | 8.3 | Overberg District | Swellendam Hospital | Servicing of the fire detection system |
| 42 | 8.3 | West Coast District | Swartland Hospital | Servicing of the fire detection system |
| 43 | 8.3 | West Coast District | Vredenburg Hospital | Asset management: asset care |
| 44 | 8.3 | West Coast District | Vredenburg Hospital | Servicing of the fire detection system |
| 45 | 8.3 | West Coast District | Vredendal Hospital | Servicing of the HVAC system, minor building repairs and painting , and servicing of the fire detection system |
| 46 | 8.3 | Eden District | Knysna Hospital | Servicing of the fire detection system |
| 47 | 8.3 | Cape Winelands District | Robertson Hospital | Servicing of the HVAC system |
| 48 | 8.3 | Eden District | Riversdale Hospital | Servicing of the HVAC system |
| 49 | 8.4 | Various | All Provincial Hospital services | Servicing and maintaining fire-fighting equipment |
| 50 | 8.4 | Western / Southern SS area | Brooklyn Chest Hospital | Servicing of the fire detection system |
| 51 | 8.4 | Eden District | George Hospital | Asset management: asset care |
| 52 | 8.4 | Eden District | George Hospital | Servicing of the HVAC system, servicing of the fire detection system, and minor building repairs and painting |

| Preventive Maintenance Projects | | | | |
|---------------------------------|-----|-------------------------------|-------------------------------|---|
| No. | SP | District | Facility | Brief Description |
| 53 | 8.4 | Eden District | Harry Comay Hospital | Servicing of the HVAC system and servicing of the fire detection system |
| 54 | 8.4 | Klipfontein / M Plain SS area | Lentegeur Hospital | Servicing of the fire detection system |
| 55 | 8.4 | Western / Southern SS area | Mowbray Maternity Hospital | Servicing of the HVAC system, electrical maintenance, minor building repairs and painting, and servicing of the fire detection system |
| 56 | 8.4 | Cape Winelands District | Paarl Hospital | Asset management: asset care |
| 57 | 8.4 | Cape Winelands District | Paarl Hospital | Servicing of the HVAC system, minor building repairs and painting, and the servicing of the fire detection system |
| 58 | 8.4 | Western / Southern SS area | Somerset Hospital | Servicing of the fire detection system |
| 59 | 8.4 | Cape Winelands District | Worcester Hospital | Servicing of the fire detection system |
| 60 | 8.4 | Cape Winelands District | Ceres Hospital | Servicing of the HVAC system |
| 61 | 8.4 | Cape Winelands District | Worcester Hospital | Asset management: asset care |
| 62 | 8.4 | Cape Winelands District | Worcester Hospital | Servicing of the HVAC system, electrical maintenance, minor building repairs and painting, and servicing of the fire detection system |
| 63 | 8.5 | Various | All Central Hospital services | Servicing and maintaining fire-fighting equipment |
| 64 | 8.5 | Metro / Groote Schuur | Groote Schuur Hospital | Servicing of HVAC systems, servicing mechanical plant, building repairs and painting, and servicing of the fire detection system |
| 65 | 8.5 | Metro / Red Cross | Red Cross Children's Hospital | Servicing of the HVAC system, servicing mechanical plant, and servicing of the fire detection system |
| 66 | 8.5 | Metro / Tygerberg | Tygerberg Hospital | Servicing of the HVAC system, mechanical plant, servicing electrical plant, building repairs and painting, and servicing of the fire detection system |
| 67 | 8.5 | Various | All | Servicing and maintaining fire-fighting equipment |
| 68 | 8.6 | Central Karoo District | Forensic Path: Beaufort West | Servicing of mechanical plant and servicing of the fire detection system |
| 69 | 8.6 | Eden District | Forensic Path: George | Servicing HVAC system and servicing of the fire detection system |
| 70 | 8.6 | Overberg District | Forensic Path: Hermanus | Servicing of the HVAC system, mechanical plant, building repairs and painting, and servicing of the fire detection system |
| 71 | 8.6 | West Coast District | Forensic Path: Malmesbury | Servicing of the HVAC system, mechanical plant, servicing electrical plant, and servicing of the fire detection system |
| 72 | 8.6 | Cape Winelands District | Forensic Path: Paarl | Servicing of the HVAC system and servicing of the fire detection system |
| 73 | 8.6 | Western / Southern SS area | Forensic Path: Salt River | Servicing of the HVAC system |
| 74 | 8.6 | Metro / Tygerberg | Forensic Path: Tygerberg | Servicing of the HVAC system and mechanical plant |
| 75 | 8.6 | Cape Winelands District | Forensic Path: Worcester | Servicing of mechanical plant and servicing of the fire detection system |

| Preventive Maintenance Projects | | | | |
|---------------------------------|-----|-------------------------------|-------------------|---|
| No. | SP | District | Facility | Brief Description |
| 76 | 8.6 | Metro / Tygerberg | Tygerberg Laundry | Servicing of the HVAC system, mechanical plant, servicing electrical plant, building repairs and painting |
| 77 | 8.6 | Klipfontein / M Plain SS area | Lentegeur Laundry | Servicing of the HVAC system |

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).

In the Western Cape, the Provincial Treasury Instructions Chapter 16B (PTI16B) has designated the WCGTPW the Implementing Agent of WCGH, responsible for the delivery of Capital and Scheduled Maintenance projects. 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 2015/16 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 PTI16B

Maintenance Backlog & Planned Measures to reduce the Backlog

Table 77B: Health Facilities Maintenance Backlog

| Maintenance Backlog | 2016/17 | 2017/18 |
|---|----------------|----------------|
| ESTIMATED VALUE OF BUILDINGS | 45 744 718 000 | 45 744 718 000 |
| ESTIMATED VALUE OF BUILDINGS ESCALATED @10% P.A. | 45 744 718 000 | 50 319 189 800 |
| COST OF MAINTENANCE REQUIRED @ 3.5% P.A. | 1 601 065 130 | 1 761 171 643 |
| ACTUAL MAINTENANCE INCLUDING REHABILITATION, RENOVATIONS & REFURBISHMENTS, SCHEDULED, ROUTINE AND DAY-TO-DAY MAINTENANCE AT HOSPITALS | 779 680 000 | 810 632 000 |
| ESTIMATED TOTAL BACKLOG AS AT FEBRUARY 2016 AND INCREASED IN FOLLOWING YEAR ACCORDING TO BACKLOG NOT ADDRESSED PER ANNUM | 821 385 130 | 1 771 924 773 |
| Notes: | | |
| <ul style="list-style-type: none"> • 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 | | |

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: Infrastructure and Technical Management is therefore required to analyse the situation annually with a view to adopting a more scientific life-cycle approach.

The Scheduled Maintenance projects are currently being prioritised by means of Facility Condition Assessments 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.

Table 78B: The Facility Condition Assessment Ratings Scale

| Facility Condition Assessment | | |
|--|---|---|
| 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, seepage. Trees. Paving / walkways. |
| 2 – Health hazards | Drains, water storage, airflow, toilets, sewers etc. | Asbestos removal. Cleaning of storage tanks and reservoirs. Cleaning of air-conditioning ducts. Blocked and defective drainage and sewer systems. Inadequate or no airflow. Seepage. |
| 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. | VIR (Vulcanised India Rubber) wiring, overhead lines, service transformers, switch gear, water storage, pumps, generator sets, hot water installations, lifts, fire alarms, fire escapes, gas banks, piping and outlets. |
| 5 – Prevent costly deterioration | Any part of the building elements, structure, façade, roofs. | Roofs, facia, 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 | Unsignliness, 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.

The introduction of National Treasury Instruction 4 of 2015 with its Standard for Infrastructure Procurement and Delivery Management and the Model SCM Policy for Infrastructure Procurement and Delivery Management, effective from 01 July 2016 will enhance the implementation of the IDMS in the country.

ASSET MANAGEMENT PLAN

All institutions have asset registers for both 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 the expenditure through BAS on a monthly basis.

Asset registers maintained complies 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

GOVERNANCE

Introduction

Risk Management

RISK MANAGEMENT POLICY & STRATEGY

WCG: Health's risk management processes are governed by circular H 141/2014 which repealed circular H 150/2010. Circular H 141/2014 constitutes the department's overall intention in respect of risk management and outlines its risk management processes. Accordingly the WCG: Health accounting officer (AO) takes responsibility for risk management as required by the National Treasury Public Sector Risk Management Framework. The Chief Director: Strategy and Health Support has been appointed as the risk champion for the Department.

Significant risks to the Department, relevant to objectives in terms of its likelihood and impact, are identified and risk responses are determined. Risk statements, components, mitigating actions and probability are recorded in the risk record at a programme and departmental level and this is monitored quarterly. Risk Owners have been identified for each risk and are responsible for monitoring risk levels and the extent to which mitigating strategies are in place.

RISK ASSESSMENTS

Departmental risks reflected in the risk record were reviewed and rated by the Risk Management Committee on a quarterly basis during the 2015/16 financial year. Risks that had been closed out were removed and newly identified risks were included in the emergent risk register.

RISK MANAGEMENT COMMITTEE

The Department has appointed a Risk Management Committee and the terms of reference for the committee was revised in 2014 to align with the requirements of circular H 141/2014. The committee is chaired by the risk champion for WCG: Health. The Risk Management Committee consists of identified risk owners for each of the departmental risks representatives from all eight budget programmes and representatives from internal audit. The committee meets once every quarter to review and score departmental risks recorded in the risk register.

ROLE OF THE AUDIT COMMITTEE

The Audit Committee reviews the departmental risk record on a quarterly basis and, through the risk champion, interrogates the effectiveness of mitigation strategies as well as the risk management processes in general. Improvements emanating from these discussions have been incorporated into the departmental 2016/17 Annual Performance Plan.

PROGRESS WITH MANAGEMENT OF RISK

There has been significant progress with the management of risks during the 2015/16 year, 14 departmental risks were identified through a rigorous process of engagement.

Fraud & Corruption

The Western Cape Government (WCG) adopted an Anti-Corruption Strategy which confirms the Province's zero tolerance stance towards fraud and corruption. 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 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 generating 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 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 at the South African Police Services. PFS issued a Case Movement Certificate reflecting the following movement of cases for the Department during this financial year:

| | |
|---|------|
| Open cases as at 1 April 2015 | 12 |
| New cases reported during 2015/16 | 43 |
| Closed cases (2015/16) | (13) |
| Referred cases (2015/16) | (23) |
| Incorporated cases (2015/16) | 0 |
| Reclassified cases (2015/16) ¹ 5 | 2 |
| Reallocated cases (2015/16) ¹ 6 | 1 |
| Open cases as at 31 March 2016 22 | |

The following table further analyses the closed cases indicated above:

| Outcome | Number |
|--|--------|
| Allegations substantiated | 5 |
| Only preliminary investigation with no findings | 7 |
| Only preliminary investigation with no findings but with recommendations | 1 |

Minimising Conflict of Interest

It is required that all officials involved in any aspect of Supply Chain Management (SCM), sign the following documents annually:

- The code of conduct document as issued by National Treasury; and
- The departmental non-disclosure agreement

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.

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 1031 employees attended the code of conduct workshops during 2015/16.

Breach of the code of conduct is immediately addressed in terms of the formal and informal disciplinary code and procedures. A total of 186 employees were disciplined for the breach of the code of conduct during 2015/16.

Health Safety & Environmental Issues

The focus has been on training health and safety representatives and establishing health and safety committees as prescribed in the Occupational Health and Safety (OHS) Act. Given the wide diversity of specialised work areas in health, the training of persons with specific workplace knowledge has proven to be the best way of ensuring workplace safety. The health and safety committees ensure that problem areas are brought to the attention of the responsible managers.

SCOPA Resolutions

Table 79C: SCOPA Resolutions

| Resolution no. | Subject | Details | Response by the Department | Resolved (Yes/No) |
|--|--|--|--|--|
| <p>Page: 169 of the Annual Report</p> | <p>Heading: "Progress with management of risk"</p> <p>Description: The Committee notes that there has been significant progress with the management of risks during the 2014/15 financial year. During the year under review, 14 departmental risks were identified through a rigorous process of engagement. However, of the 14 departmental risks that were identified only eight of the risks were covered.</p> | <p>1. That the Internal Audit Unit and the Department briefs the Committee on the audit coverage within the Department of Health.</p> | <p>Briefing session was held on 23 March 2016 with the Public Accounts Committee.</p> | <p>Yes</p> |
| <p>Page: 229 of the Annual Report</p> | <p>Heading: "Programme 2: District Health Services"</p> <p>Description: The Committee notes the concerns of the Auditor-General of South Africa that three significantly important indicators in Programme two (District Health Services) were not reliable. Furthermore, the Auditor-General of South Africa was unable to obtain sufficient appropriate audit evidence for these indicators.</p> | <p>2. That the Department briefs the Committee on the mechanism that has been implemented to ensure that the performance indicators presented for auditing are reliable, and the plan of action of the Department to prevent such an occurrence.</p> | <p>ISHP data collection and reporting was standardised in a SOP, ref. Circular H76-2015. The SOP was implemented in all six districts of the Province. There are now standard data collection and reporting tools to ensure collection and reporting of quality data. ISHP data is now reported directly to Health facilities and forms part of the routine data quality checking and verification process within the various Information Management units in the facilities, sub-districts and districts. ISHP data is now part of the monthly dataset that is verified and authorised by facility managers. The Information Compliance Unit (Information Management DICU) or ICU, which conducts data quality assessments (DQA's) at various Health facilities and other reporting units now also includes School Health data in their DQA's. Data quality findings due to non-compliance with internal control processes and standards are reported to Provincial IM, district and facility management for remedial actions. Follow-up DQA's are conducted to monitor the implementation of remedial actions. Performance against ISHP indicators is monitored and discussed at various M&E sessions (Provincial and Districts) where under/over-performance is identified, causes established and referred to districts and facilities for verification, data correction or explanation. Increased engagement and collaboration with relevant stakeholders; Establishment of ISHP Steering Committee, chaired by D: Facility Based Programmes, CD: Rural and Metro DHS, WC Dept. of Education and WC Dept. of Social Services. A technical team was also established to further "strengthen School Health data collection and management across departments". A focussed School Health Provincial Roadshow was conducted in the week commencing 26 November 2015 with representation from National and Provincial IM, covering all Districts. The School Health IM policy was revisited during the recent IM roadshow (8 – 25 February 2016) in all Districts. Further training initiatives will be developed in collaboration between the Provincial Programme, District Representatives and Information Management</p> | <p>Yes</p> <p>Briefing session was held on 23 March 2016 with the Public Accounts Committee.</p> |

| Resolution no. | Subject | Details | Response by the Department | Resolved (Yes/No) |
|--------------------------------|---|---|---|---|
| Page: 229 of the Annual Report | <p>Heading: "Leadership"</p> <p>Description: The Committee notes that during the 2014/15 financial year, the Department's leadership did not exercise its oversight responsibility by ensuring that systems were developed to enable the Department to report on new targets. Although standard operating procedures were designed and implemented for new indicators, these were not sufficient to ensure reliable reporting. This resulted in inadequate data collection to report reliably on the predetermined objectives of Programme two.</p> | <p>3. That the Department briefs the Committee on its standard operating systems that were developed to enable the Department to report on new targets, including the reasons why these were not sufficient to ensure reliable reporting.</p> | <p>Programme 2 is the most complex programme in the Department from a Information Management perspective. There are 462 PHC facilities that see approx. 14,5m headcounts per year. The programme has the largest no of indicators. The PHC data also comes from two spheres of government i.e COCT and the province.</p> <p>2. It is therefore important that new indicators are well defined and confirmed 4-6 months before the start of the financial year, as these require, amongst others, systems, SOPs, processes, data collection tools, engagement with staff from the PHC facilities, training before the financial year begins. We have on record repeated correspondence to the National Department of Health raising our concerns in this regard.</p> <p>3. School Health data raised specific challenges. As described, school health data collection did not initially fall within the standardised practice within health facilities, districts and province. This required change</p> | <p>Yes</p> <p>Briefing session was held on 23 March 2016 with the Public Accounts Committee</p> |
| | | | <p>management processes and has now been corrected in 2015/16 year. SOP's have been developed to highlight requirements for the safekeeping of registers and sign-off documents.</p> <p>4. Data Sign off: Monthly data is signed off at Facility/ Sub District and District level and then combined into the M&E template by the provincial office which populates the Quarterly Performance Report.</p> <p>5. The Departmental M&E committee is chaired by the HOD and the programme and budget managers are held accountable for the report. Districts have also implemented their own M&E processes which will aid with identifying and addressing challenges early.</p> | |
| Page: 252 of the Annual Report | <p>Heading: "Programme 6 per Economic classification"</p> <p>Description: The Committee notes that the Department spent R1 047 billion on consultants when funds were appropriated for the amount of R403 million in the 2014/15 financial year. The spending resulted in the Department overspending on consultants as a line item by 260%.</p> | <p>4. That the Department develops and implements a mechanism that will ensure that it does not overspend on the use of consultants.</p> | <p>Expenditure it is not R1 047 billion but R1 047 million.</p> <p>Appropriated amount is not R403 million but R403 000.</p> <p><u>Process to ensure the monitoring of expenditure for Consultants:</u></p> <ol style="list-style-type: none"> Standard Operating Procedure contained in Accounting Officer's System. Template to navigate through the process has been designed. Request for Consultants to be scrutinised by Quotation Committees. Forwarded to Departmental Bid Adjudication Committees for recommendation. Only Accounting Officer can approve appointment of Consultants. | <p>Yes</p> <p>Briefing session was held on 23 March 2016 with the Public Accounts Committee</p> |

| Resolution no. | Subject | Details | Response by the Department | Resolved (Yes/No) |
|--|---|---|---|---|
| <p>Page: 300 of the Annual Report</p> | <p>Heading: "Accrued departmental revenue"</p> <p>Description: The Committee notes that, as disclosed in note 23.2 to the financial statements, material losses of R258 million (2014: R189 million) were incurred as a result of the write-off of irrecoverable accrued departmental revenue. In addition, the Committee notes that in note 23.3 to the financial statements, a material allowance for impairments of R226 million (2014: R183 million) was provided for by the Department. The Department also had a contingent liability of R221 million (2014: R180 million). This included an amount of R218 million (R179 million) that related to claims against the Department, of which the majority were claims for medical negligence.</p> | <p>5. That the Department develops and implement a mechanism that ensures that it addresses and minimises the cases of contingent liabilities against the Department.</p> | <p>i) Current Claims Against WCGH From 2005 – 2015: 350 new cases formally brought against WCGH Currently 208 active claims before the High Court Additional 301 cases notified but not before the Court. There has been a 25% increase in case-load per annum from 2010 – 2015. 20-25% of cases appear to be indefensible. Total damages claimed (all claims) = R685Mill This figure represents a 50% increase in claims over the past 24 months. Contingent liabilities currently = R223.5Mill / MTEF period Contingent liabilities = 32% of total damages claimed,</p> <p>ii) What is fuelling Medical Malpractice Claims against the state? Medical error resulting in loss / injury / death Poor communication Outcomes not matching expectations Attorneys: Speculation / contingency fees / targeting All clinical disciplines are vulnerable.</p> <p>iii) What is being done to reduce Claims Expenditure? A Public Health Approach: Primary – Containment of error (Clinical) : Numerous initiatives to improve the clinical quality of care Created Clinical governance committees per discipline comprising senior clinicians to provide oversight Morbidity and mortality (M&M) meetings are held at hospital level to discuss complex patients and learn lessons Outreach and Support policy in place where clinicians get out to the next level of the service to provide clinical support. Clinical supervision and support is important especially with the high turnover of junior doctors.</p> <p>Secondary – Dealing with error (Managerial) Local management ensure M&M mtgs occur – this is also an indicator within the APP at provincial level Revised the complaints management circular in the Department Resolution of complaints within 25 working days is monitored every quarter and is part of the APP Majority of complaints are resolved in the first few days Communication with Patients and their families is key to resolution and patient satisfaction. The Independent Health Complaints Committee has been set up to address more complex, unresolved complaints that can be referred by the HOD or the Minister.</p> <p>Tertiary - Managing litigation effectively Have built capacity and expertise within the Department to defined claims Have established a network of experts to advise the Department The amounts paid out vs claimed against the Department bears testimony to impact of the interventions. Current year to date : Claims : R 45 739 727.90 vs Actual amounts paid : R 15 125 047.00 Civil justice reform Structured payments in place of lump-sum pay out Mandatory, accountable Trusts Reversion of funds in the event of premature death / top-up payments for depleted trusts Capitation of awards No-fault compensation Civil Justice Reform - What will it achieve? For State Health Departments: appropriate expenditure of public money Reduced wastage on payments and protracted processes For injured patients: Fair compensation Assurance of funded medical care for life For all state patients: More money available for service provision</p> | <p>Yes</p> <p>Briefing session was held on 23 March 2016 with the Public Accounts Committee</p> |

Prior Modification to Audit Reports

Finance

No matters to report

Information Management

Refer to Table 80C below.

Human Resources

No matters to report

Table 80C: Mechanisms put in place to address AGSA findings in performance information

| 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 | | | | | |
|--|--|--|---|------------------|------------------|------------------|-----|-----|
| AOPO: ACHIEVEMENT OF PLANNED TARGETS | Other important matters | 2014-15 | <ul style="list-style-type: none"> Programme 2 is the most complex programme in the Department from an Information Management perspective. There are 462 PHC facilities that see approximately 14.5 mil headcounts per year. The programme has 74 APP indicators. The PHC data also comes from two spheres of government i.e. CoCT and the province. It is therefore important that new indicators are well defined and confirmed 4-6 months before the start of the financial year, as these require, amongst others, systems, SOPs, processes, data collection tools, engagement with staff from the PHC facilities, training before the financial year begins. We have on record repeated correspondence to the National Department of Health raising our concerns in this regard for indicators implemented late and without clear policy, definitions and data collection tools. Developing these provincially in the absence of national guidance results in provincial data not being comparable across the provinces. School Health data raised specific challenges. The number of schools reporting school health data where grade 1 learners were screened for the two financial years are shown in the table below. | | | | | |
| | | | <table border="1"> <thead> <tr> <th>JAN-14 TO DEC-14</th> <th>JAN-15 TO DEC-15</th> </tr> </thead> <tbody> <tr> <td>454</td> <td>741</td> </tr> </tbody> </table> | | JAN-14 TO DEC-14 | JAN-15 TO DEC-15 | 454 | 741 |
| | | | JAN-14 TO DEC-14 | JAN-15 TO DEC-15 | | | | |
| | | | 454 | 741 | | | | |
| <ul style="list-style-type: none"> School health data collection did not initially fall within the standardised data flow within health facilities, districts and province. This required change management processes and has now been corrected in 2015/16 year. SOP's have been developed to highlight requirements for the safekeeping of registers and sign-off documents. Data Sign off: Monthly data is signed off at Facility/ Sub District and District level and then combined into the M&E template by the provincial office which populates the Quarterly Performance Report. The Departmental M&E committee is chaired by the HOD and the programme and budget managers are held accountable for the report. Districts have also implemented their own M&E processes which will aid with identifying and addressing challenges early. | | | | | | | | |
| | | | | | | | | |

| | | | |
|--|-------------------------|----------------|---|
| <p>AOPO: QUALIFIED CONCLUSION ON RELIABILITY OF REPORTED PERFORMANCE INFORMATION</p> | <p>Material finding</p> | <p>2014-15</p> | <ul style="list-style-type: none"> • ISHP (Integrated school Health Programme) data collection and reporting was standardised in a SOP, ref. <i>Circular H76-2015</i>. The SOP was implemented in all six districts of the Province. There are now standard data collection and reporting tools to ensure collection and reporting of quality data. • ISHP data is now reported directly to Health facilities and forms part of the routine data quality checking and verification process within the various Information Management units in the facilities, sub-districts and districts. ISHP data is now part of the monthly dataset that is verified and authorised by facility managers. • The Information Compliance Unit (ICU), which conducts data quality assessments (DQA's) at various Health facilities and other reporting units now includes School Health data in their DQA's. Data quality findings due to non-compliance with internal control processes and standards are reported to Provincial IM, district and facility management for remedial actions. Follow-up DQA's are conducted to monitor the implementation of remedial actions. Copies of school health registers are made and kept centrally to prevent loss of source documents. • Performance against ISHP indicators is monitored and discussed at various M&E sessions (Provincial and Districts) where under/over-performance is identified, causes established and referred to districts and facilities for verification, data correction or explanation. • Increased engagement and collaboration with relevant stakeholders: <ul style="list-style-type: none"> - Establishment of ISHP Steering Committee, chaired by D: Facility Based Programmes, CD: Rural and Metro DHS, WC Dept. of Education and WC Dept. of Social Services. - A technical team was also established to further "strengthen School Health data collection and management across departments". - A focused School Health Provincial Roadshow was conducted in the week commencing 26 November 2015 with representation from National and Provincial IM, covering all Districts. - The School Health IM policy was revisited during the recent IM roadshow (8 – 25 February 2016) in all Districts. - Further training initiatives will be developed in collaboration between the Provincial Programme, District Representatives and Information Management. |
| <p>AOPO: ADJUSTMENT OF MATERIAL MISSTATEMENTS</p> | <p>Material finding</p> | <p>2014-15</p> | <p>The data system is required to be locked the second week in May and the data submitted to the NDOH. However, the audit is still ongoing at this stage which means that any findings after the locking of the data cannot be changed in the data system and on the annual report.</p> <p>Data validations, quality control procedures and internal assessments have been put in place to identify data quality issues prior to the locking of data. Due to the vast number of elements, facilities, service points, and patients it is impossible to check everything, however we believe that the checks that have been developed and implemented will help to identify problem areas. It should be noted that the financial constraints have limited the staff that can be appointed to conduct checking. We therefore rely heavily on district staff to perform a monitoring function.</p> |

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. The Department reported R48 434 in the 2014/15 financial year, R26 305 which was incurred during the year and the rest stemming from FIU investigations dating back to the 2009/10 and 2010/11 financial years. For the 2015/16 year, the Department reported R7 896 of which R7 180 was incurred in the financial year with the rest resulting from a FIU report stemming from the 2012/13 financial year. It is clear from the above that the Department's efforts to improve compliance have resulted in a marked reduction in IE.

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 health services are offered. 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 needs to be recorded in the patient folder, registers and electronic systems. 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, it is the Accounting Officer's responsibility to ensure 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 Compliance Unit (RMCU) staff were employed in 2014/15 at district level.

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 public health facilities and support offices in the districts and sub-districts. The RMCU is responsible for assessing records management in facilities, providing training and assisting in implementing appropriate controls like:

- Document loans - records the movement of folders in and out of Medical Records
- Disposals - records authorised disposal of eligible folders
- Removals - records the borrowing or loan of folders out of the facility
- Regular checks for misfiling

The ICU assesses the facilities using a standardised assessment tool which mimics the methodology used by the auditor general and over and above this covers a range of areas of compliance identified as a risk. After the assessment, remedial actions are developed or revised and implemented with the facility and sub-district.

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.

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.

Human Resources

The Department intends maintaining its track record of an unqualified audit report in respect of 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 of the utmost importance.

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.

With specific reference to a lack in people management capacity, especially pertaining to second level supervisory posts and lack of skills, much emphasis has been placed on the enhancement of capacity through the creation of Devolved Internal Control Units (DICUs) at all districts, regional offices and central hospitals. The core functions of the DICUs are to identify areas of non-compliance as per Quarterly Action Plans (sample testing), to provide informal training and to provide relief functions where capacity constraints are experienced.

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

- Compliance investigations: Determine compliance/non-compliance which included informal training at 24 institutions.
- Functional training:
- People Management responsibility training of line managers was conducted at twenty-five institutions in the Metro and rural areas. HR Functional training was conducted at twenty-one institutions in the Metro and rural areas. Formal Training on how to audit leave was conducted at one of the rural hospitals.
- Training to DICU's regarding the Quarterly Action Plan and how to conduct compliance investigations took place at three of the rural district Offices as well as the CD: Metro District Health Services.
- Ad-hoc investigations:
- Were conducted that included alleged fraudulent activities with regard to recruitment and selection, overtime claims, leave, commuted overtime, and abuse of state time.
- A grievance regarding Radiographers.
- Progress in terms of specific aspects of people management:
- Developed management reports that enhance the ability to identify possible non-compliance.
- Annual implementation of control/reporting systems such as the Quarterly Action Plan and Compliance Monitoring Instrument.

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 six assurance engagements, three consulting engagements and eleven follow-ups. 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.

Table 81C: Audit Committee Members

| Name | Qualifications | Internal or external | If internal, position in the department | Date appointed | Date Resigned | No. of Meetings attended |
|--------------------|-----------------------------------|----------------------|---|-------------------------------------|---|--------------------------|
| Mr Ameen Amod | BCOM (HONS), MBA, CIA, CGAP, CRMA | External | N/A | 01 Jan 2013 (2 nd term) | 2 nd term expired 31 December 2015 | 7 |
| Mr Mervyn Burton | BCOMPT, BCOMPT Hons, CA (SA), | External | N/A | 01 June 2015 (2 nd term) | N/A | 8 |
| Mr Terence Arendse | CTA, CA (SA) | External | N/A | 01 Jan 2014 | N/A | 4 |
| Ms Bonita Petersen | BCOM, BCOM (Hons), CA (SA) | External | N/A | 01 Jan 2014 | N/A | 8 |
| Mr Ronnie Kingwill | CA(SA), CTA, BCom | External | N/A | 01 Jan 2016 | N/A | 1 |

Note: The chairperson for the majority of the period under review was Mr Ameen Amod. His contract expired on 31 December 2015 and one of the other members, Mr Mervyn Burton, was appointed as chairperson with effect 1 January 2016.

Audit Committee Report

We are pleased to present our report for the financial year ended 31 March 2016.

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**. 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

- ICT – Forensic Pathology Services
- Transfer Payments
- Commuted Overtime
- Supply Chain Management - Bid Committees
- Department of Public Service and Administration: Delegations Directive
- Emergency Medical Services

Consulting Engagements

- Laundry Services
- Cost Containment Strategies
- Financial Statements

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.

IN-YEAR MANAGEMENT AND MONTHLY/QUARTERLY REPORT

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.

Performance Information

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

Report of the Auditor-General South Africa

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

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



Mervyn Burton

Chairperson of the Health Audit Committee

Date: 8 August 2016



PART D:

HUMAN RESOURCE MANAGEMENT

HUMAN RESOURCE MANAGEMENT

Legislation that Governs Human Resource 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 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 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

The Value of Human Capital in the Department

Status of Human Resources in the Department

The Department employs 31 432 staff members who are comprised of 63 per cent health professionals and 37 per cent administrative support staff. 92 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.
- 29 per cent are Black; 15 per cent are White, 54 per cent are Coloured and 2 per cent are Indian.
- 55 per cent of senior management positions are held by females.
- 183 persons are classified as disabled.
- 92 per cent of the staff is employed on a full-time permanent basis.
- The length of service ranges from over forty years to newly appointed staff.
- The age profile of the workforce is:
 - 4 per cent under 25 years
 - 44 per cent aged 25 to 40 years
 - 41 per cent aged 41 to 55 years
 - 8 per cent aged 56 to 60 years
 - 3 per cent aged 61 to 65 years

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 HR 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 HR policies occurs.

People management in the main is a line function responsibility that is enabled and supported by HR practitioners and policies at various levels.

Human Resource Priorities for 2015/16 & the Impact of these Priorities

WCG: Health has a staff establishment of 31 432 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 alignment between the values of staff and that of the organisation. This requires the involvement of leadership at all levels and the incorporation of a values based system within all HR practices and processes.

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 will become operational during 2016/17 and it is hoped that this will provide greater insight into the retention challenges we face.

UNQUALIFIED HR AUDIT

The Department achieved an unqualified audit report in 2015/16 in respect of HR matters. The implementation of the HR 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 HR regulatory framework. HR practitioners, HR managers and line managers develop an Audit Action Plan to address the non-compliance. The CMI is utilised as a reporting tool to hold managers accountable in executing their HR responsibilities.

The Quarterly HR 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 HR compliance based on the information obtained from the Quarterly HR Audit Action Plans. The Quarterly HR 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 HR CMI in conjunction with Persal reports are utilised by the Component HRM 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 sectorial 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 HR task team meetings and 4 special task team meetings. Currently there are more than 59 fully functional Institutional Management Labour Committees (IMLCs) within the Department which ensure sound interaction with organised labour at institutional level.

The handling of all fraud, and theft related cases investigated by the Provincial Forensic Services and other serious disciplinary matters have been centralised at head office level 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 employee relations.

TRAINING

People Development (PD) must ensure the appropriate numbers and competencies of health and support professionals toward the vision of improving health outcomes through access to patient – centred, quality care. The implementation of education, training and development strategies reflected the following:

- The allocation of bursaries to facilitate the development of staff with scarce and critical skills

- Clinical skills development skills linked to continuous professional development (CPD) to address critical skills gaps and capacity of existing health and support professionals
- Change management interventions
- Capacity building for all categories of staff including technical and functional training to improve the capacity of the support services
- Leadership and management development intervention
- An on-boarding toolkit
- Social skills development on communication, interpersonal skills and customer care to address the interface between the frontline staff and the patient

The Expanded Public Works Programme (EPWP) funded people development focus has traditionally been the training of Community Health Workers, integral to the Primary Health Care settings for Home and Community Based Care and Intermediate Care. This was done on four accredited National Qualifications Framework (NQF) levels of training in Ancillary Health Care and Community Health Work.

Internship opportunities were also offered to the youth as part of the Department's job creation initiatives, in the following areas:

- Data capturer interns
- Basic and Post Basic Pharmacist's Assistants
- Assistant to artisan's (ATAs) interns
- Finance and HR interns (under the Premier's Advancement of Youth/ PAY Programme)
- Emergency Medical Care Basic Ambulance Assistants
- Forensic Pathology Service Assistants

EMPLOYMENT EQUITY

In the process of creating an enabling working environment and equitable growth in the workforce there are continuous initiatives to promote employment equity which include skills development through bursaries, diversity and disability sensitisation training for all levels of staff. There is currently a need to increase representivity in the disability and MMS categories. 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.

BARRETT 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 with the organisation.

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. This year saw the Department pilot an online version of the survey.

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 questionnaire is based on the national core standards as well as the DPSA Wellbeing Framework.

A representative sample of 11 550 responses to the survey were received, 1 756 more than the previous survey. The survey is currently being analysed and results will be available in July 2016. 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 Health Care 2030. The survey results will be presented to top management as well as sub-structure/district management teams within the Province.

EMPLOYEE HEALTH & WELLNESS PROGRAMME

Individual and organisational wellness is attained by creating an organisational climate and culture that is conducive to wellness and comprehensive identification of psycho-social health risk. 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. Healthy, engaged, and productive employees are key to providing person centred care and living the departmental values of innovation, caring, competence, accountability, integrity, responsiveness and respect.

Employee Health and Wellness Programme (EHWP)

EHWP has evolved, with employees and managers being pro-active about their well-being. Employees are increasingly utilising the life management services. The services are available to all employees and their immediate household members and support to managers is available through the use of formal referrals 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.
- A staff recognition framework.

The overall engagement rate, which includes uptake of all services provided, amounted to 26 per cent during the period under review, which has remained constant from 26.1 per cent in the 2014/15 financial year against the private sector benchmark of 14.9 per cent. Employees are seeking assistance for their problems early. During the period under review, problems relating to relationship issues constituted the most commonly presenting broad problem category, accounting for 17.1 per cent of all difficulties. This is unchanged from the previous comparable period, when the same problem category accounted for 17.8 per cent of all issues dealt with by the Employee Health and Wellness programme.

Formal referrals are typically made in a context of a threat to the relationship between the employee and the Department. The proportion of users referred formally, during the review period, was 8.1 per cent (293 cases); compared to 5.9 per cent (205 cases) during the previous period and 5.7 per cent against the private sector benchmark. Use of the formal referral and managerial consultancy service helps to reduce the risk to team morale, team dynamics and productivity that can result from employees going through difficult times. Regular reminders of the availability of this service will ensure consistent use.

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 517 employees profiled themselves on the e-Care service which is an increase from the 265 profiled users in the previous reporting period. The top three health concerns amongst users are back pain, hay fever/allergic rhinitis and stress. Awareness of the e-Care service is needed amongst all employees to ensure the enrolment rate reaches the minimum 20 per cent required to draw conclusions about the health wellbeing of employees in the Department.

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 counselling and testing (HCT) 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 4 944 employees were tested during 2015/16, compared to a total of 3 977 employees in the previous financial year. There has been an increase in the utilisation rate for HCT testing for the review period. The results revealed an increase in the number of employees testing positive for HIV (51 employees tested positive during 2015/16 and 32 employees in 2014/15). Employees that test positive are immediately provided with on-site counselling, are referred into the medical schemes HIV/AIDS programme and also referred to the Employee Wellness Programme for 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 53 out of the 315 facilities have functional OHS committees. This translates to 16 per cent for the period 2015/16 compared to the previous period under of review of 41 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 (Section 16 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 86 sessions, over the period January – March 2016, were held throughout the Western Cape, 1 617 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. It is envisaged that the programme will target more rural areas in the year 2016/17.

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 2015/16 financial year the number of employees with disability has increased by 25 employees (from 158 in

2014/15 to 183 in 2015/16). Skills development, disability disclosures, and the traditional recruitment and selection process have contributed to the increase of employees with disabilities within the department.

All projects aimed at mainstreaming disability into the skills development programmes will be coordinated, implemented and administered by the Directorate: People Development in collaboration with the Sub Directorate: Wellness, Diversity and Disability. The implementation of skills development projects will include but are not limited to learnerships, internships and graduate internships

Gender

The Department has achieved 55 per cent females at Senior Management level in 2015/16. In order to sustain the target achieved, the Department has established partnerships with National and Provincial government departments as well as civil society organisations to address matters relating to gender and women with disabilities. The Gender Mainstreaming Strategic framework has been implemented in the Department encouraging the roll-out of Gender mainstreaming training. This aims to promote the mainstreaming of gender into all departmental policies, projects and programmes in order to create an enabling environment, equal opportunities and a barrier free workforce. In order to strengthen the gender agenda and capacity building, the gender forum and senior management members will attend the gender mainstreaming training in 2016/17.

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.

NURSING

Nursing Education and Training

A two-year Departmental Nurse Training Plan has been developed and implemented to ensure the production of a nursing workforce with the required skills mix and competencies to meet health service delivery demands. A total number of 365 nurses were granted Study by Assignment leave (SBA) for basic and post basic training in the 2015 academic year and 302 for the 2016 academic year.

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 additional nurses. To date, 141 health facilities in the Metro, including regional, psychiatric and tertiary hospitals have been activated and trained on NIMS since its inception over a year ago. On-going support to services is provided by the Sub Directorate Nursing Practice. All eight agencies on the current contract have received training and are activated on NIMS. An additional contract was activated for Enrolled Nursing Assistants and there are four (4) agencies on this contract. Both contracts will end 30th June 2017 and a new tender will be advertised to have all categories of nursing in one agency contract.

Formal Nursing – Utilization of clinical platform

During the 2015 academic year, 4426 nursing students, across 23 different under- and post-graduate programmes, were accommodated for their clinical placements. Placement of community service practitioners is a collaborative process between the National and Provincial Departments of Health and the South African Nursing Council (SANC). In August last year, 33 placements were allocated and a further 347 were allocated in January, this year.

Nursing Practice

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

Workforce Planning Framework & Key Strategies to Attract & Recruit Skilled and 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:

- Review and Implementation of the Recruitment and Selection Policy.
- Implementation of the State Housing Policy.
- Input to the national policy on Commuted Overtime.
- Review and sign-off of the People Management Delegations in terms of the Public Service Act and the Public Service Regulations in line with the requirements of the DPSA.

Challenges faced by the Department

FINANCIAL CHALLENGES

The biggest challenge encountered does not lie with the design of an organisation and post structure itself, but rather the available budget to fund the post structure. All unfunded posts (25 per cent of the approved organisational structure of the Department) have therefore been abolished and recreated as "in principle" posts and these do not form part of the department's approved staff establishment (based on filled posts and funded vacancies according to budget). The current approved staff establishment reflects a 5.4 per cent vacancy rate.

Budget constraints are deemed to continue for the MTEF given the state of the economy and other related factors. This means that the Department has to do more with less. This includes improving the productivity and efficiency amongst staff in all sections of 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 staff and optimised on administrative sections.

The Department is also busy with a project to re-assess the alignment and efficiency of the current management structures within the Department.

COMPETENCIES

A critical need in the Department is a proper skills mix to ensure quality of care and a patient centred experience. An analysis of the current competencies within the Department was conducted and indicates limited and insufficient competencies in a number of occupational groups. A number of training and development interventions have been

identified to address scarce skills in consultation with higher education institutions (HEIs), nursing colleges, schools and key stakeholders with regard to training. The Department has also implemented internal and external bursary programmes, internships and learnerships in an effort to attract and retain scarce skills.

MANAGING OF GRADE PROGRESSION AND ACCELERATED PAY PROGRESSION

With the implementation of all the occupational specific dispensation (OSD) categories, the management of grade progression and accelerated progression have been identified as a significant challenge. As individuals can be grade progressed on a monthly basis depending on their years of service, 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 skills in specialist areas and the restrictive appointment measures that are imposed on certain of the occupations.

AGE OF WORKFORCE

44 Percent of the workforce is between the ages 25 to 40 years and 41 percent 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 Primary Health Care and implementation of structures
- 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 programme (Table 68D) and by salary bands (Table 69D). 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 in Table 68D are drawn from the Basic Accounting System and the figures in Table 69D are drawn from the PERSAL (Personnel Salary) 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.

Table 82D: Budget Programme Structure

| BUDGET PROGRAMME | |
|------------------|------------------------------|
| 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 |

Table 83D: Personnel Costs per Programme for 2015/16

| PERSONNEL RELATED EXPENDITURE | | | | | | | |
|---|------------------------------|----------------------------------|---------------------------------|-----------------------------|--|---|------------------|
| 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 | 614 141 | 278 385 | 826 | 0 | 45% | 391 | 712 |
| Programme 2 | 7 352 880 | 4 032 421 | 11 605 | 211 986 | 55% | 333 | 12 127 |
| Programme 3 | 931 132 | 540 268 | 714 | 0 | 58% | 274 | 1 969 |
| Programme 4 | 2 955 353 | 2 119 313 | 2 885 | 39 297 | 72% | 338 | 6 265 |
| Programme 5 | 5 360 411 | 3 606 404 | 3 845 | 71 837 | 67% | 395 | 9 141 |
| Programme 6 | 319 793 | 113 676 | 319 793 | 9 | 36% | 385 | 295 |
| Programme 7 | 422 977 | 222 286 | 874 | 275 | 53% | 289 | 770 |
| Programme 8 | 780 431 | 36 899 | 1 445 | 0 | 5% | 492 | 75 |
| TOTAL | 18 737 118 | 10 949 652 | 341 987 | 323 404 | 58% | 349 | 31 354 |
| Notes: | | | | | | | |
| <ul style="list-style-type: none"> 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 2015 and 31 March 2016. | | | | | | | |

Table 84D: Personnel Expenditure by Salary Band for 2015/16

| PERSONNEL RELATED EXPENDITURE | | | | |
|--|--|--|---|-------------------------|
| SALARY BAND | Personnel Expenditure (R'000) | per cent of Total Personnel Expenditure | Average Expenditure per Employee (R'000) | No. of employees |
| Lower Skilled (Levels 1 - 2) | 346 916 | 3.18 | 130 | 2664 |
| Skilled (Level 3 - 5) | 2 242 745 | 20.54 | 189 | 11844 |
| Highly Skilled Production (Levels 6 - 8) | 2 575 749 | 23.59 | 294 | 8771 |
| Highly Skilled Supervision (Levels 9 - 12) | 5 682 712 | 52.06 | 709 | 8011 |
| Senior and Top Management (Levels 13 - 16) | 68 573 | 0.63 | 1055 | 65 |
| TOTAL | 10 916 695 | 100.00 | 348 | 31355 |

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 2015 to March 2016).

The following tables provide a summary per programme (Table 70D) and salary bands (Table 71D), 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.

Table 85D: Salaries, Overtime, Housing Allowance & Medical Assistance by Programme for 2015/16

| PERSONNEL RELATED EXPENDITURE | | | | | | | | |
|--------------------------------------|---------------------------|---|---------------------------|---|---------------------------|---|---------------------------|---|
| 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 | 257 822 | 2.36 | 844 | 0.01 | 6 551 | 0.06 | 11 042 | 0.10 |
| Programme 2 | 3 583 213 | 32.82 | 228 316 | 2.09 | 110 075 | 1.01 | 155 395 | 1.42 |
| Programme 3 | 457 980 | 4.20 | 29 680 | 0.27 | 21 137 | 0.19 | 35 450 | 0.32 |
| Programme 4 | 1 812 854 | 16.61 | 155 018 | 1.42 | 58 950 | 0.54 | 84 180 | 0.77 |
| Programme 5 | 2 934 158 | 26.88 | 406 808 | 3.73 | 82 469 | 0.76 | 114 424 | 1.05 |
| Programme 6 | 100 631 | 0.92 | 1 142 | 0.01 | 2 428 | 0.02 | 4 154 | 0.04 |
| Programme 7 | 185 742 | 1.70 | 17 306 | 0.16 | 8 154 | 0.07 | 12 947 | 0.12 |
| Programme 8 | 37 045 | 0.34 | 101 | 0.00 | 179 | 0.00 | 499 | 0.00 |
| TOTAL | 9 369 445 | 85.83 | 839 216 | 7.69 | 289 942 | 2.66 | 418 092 | 3.83 |

Notes:

- Salaries, overtime, housing allowance and medical assistance are calculated as a per cent of the total personnel expenditure which appears in Table 69D 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 R10 916 695 of the total personnel expenditure.
- The totals of table 70D and 71D 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.

Table 86D: Salaries, Overtime, Housing Allowance & Medical Assistance by Salary Band for 2015/16

| PERSONNEL RELATED EXPENDITURE | | | | | | | | |
|--|-------------------|----------------------------------|-------------------|----------------------------------|-------------------|----------------------------------|--------------------|----------------------------------|
| SALARY BAND | 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) | 281 663 | 2.58 | 7 123 | 0.07 | 28 412 | 0.26 | 29 718 | 0.27 |
| Skilled (Level 3 - 5) | 1 882 654 | 17.25 | 71 273 | 0.65 | 127 397 | 1.17 | 161 420 | 1.48 |
| Highly Skilled Production (Levels 6 - 8) | 2 280 994 | 20.89 | 73 677 | 0.67 | 88 717 | 0.81 | 132 361 | 1.21 |
| Highly Skilled Supervision (Levels 9 - 12) | 4 856 284 | 44.48 | 687 101 | 6.29 | 45 416 | 0.42 | 93 913 | 0.86 |
| Senior & Top Management (Levels 13 - 16) | 67 851 | 0.62 | 42 | 0.00 | 0 | 0.00 | 680 | 0.01 |
| TOTAL | 9 369 446 | 85.83 | 839 216 | 7.69 | 289 942 | 2.66 | 418 092 | 3.83 |
| Notes: | | | | | | | | |
| <ul style="list-style-type: none"> The totals of table 70D and 71D 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

Table 87D: Employment & Vacancies by Programme as at the 31st March 2016

| EMPLOYMENT & VACANCIES | | | | | |
|---|---------------------|---------------------|-----------------------|--|---|
| PROGRAMMES | No. of Funded Posts | No. of Posts filled | Vacancy Rate per cent | No. of persons additional to the establishment | Vacancy rate taking additional staff into account |
| Programme 1 | 754 | 722 | 4.24% | 28 | 4.24% |
| Programme 2 | 12724 | 12210 | 4.04% | 11 | 4.04% |
| Programme 3 | 2123 | 1960 | 7.68% | 0 | 7.68% |
| Programme 4 | 6557 | 6246 | 4.74% | 11 | 4.74% |
| Programme 5 | 9652 | 9162 | 5.08% | 7 | 5.08% |
| Programme 6 | 324 | 288 | 11.11% | 0 | 11.11% |
| Programme 7 | 822 | 767 | 6.69% | 1 | 6.69% |
| Programme 8 | 99 | 77 | 22.22% | 31 | 22.22% |
| TOTAL | 33055 | 31432 | 4.91% | 89 | 4.91% |
| Notes: | | | | | |
| <ul style="list-style-type: none"> Nature of appointment sessional is excluded. Nature of appointments periodical and abnormal is also excluded. No posts. Vacancy rate is based on funded vacancies | | | | | |

Table 88D: Employment & Vacancy by Salary Band as at the 31st March 2016

| EMPLOYMENT & VACANCIES | | | | | |
|---|---------------------|---------------------|-----------------------|--|---|
| SALARY BAND | No. of Funded Posts | No. of Posts filled | Vacancy Rate per cent | No. of persons additional to the establishment | Vacancy rate taking additional staff into account |
| Lower Skilled (Levels 1 - 2) | 2905 | 2711 | 6.68% | 3 | 6.68% |
| Skilled (Level 3 - 5) | 12598 | 11948 | 5.16% | 33 | 5.16% |
| Highly Skilled Production (Levels 6 - 8) | 9013 | 8680 | 3.69% | 17 | 3.69% |
| Highly Skilled Supervision (Levels 9 - 12) | 8470 | 8027 | 5.23% | 33 | 5.23% |
| Senior & Top Management (Levels 13 - 16) | 69 | 66 | 4.35% | 3 | 4.35% |
| TOTAL | 33055 | 31432 | 4.91% | 89 | 4.91% |
| Notes: | | | | | |
| <ul style="list-style-type: none"> The information in each case reflects the situation as at 31 March 2016. 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. | | | | | |

Table 89D: Employment & Vacancy by Critical Occupations as at 31st March 2016

| EMPLOYMENT & VACANCIES | | | | | |
|--|---------------------|---------------------|-----------------------|--|---|
| CRITICAL OCCUPATION | No. of Funded Posts | No. of Posts filled | Vacancy Rate per cent | No. of persons additional to the establishment | Vacancy rate taking additional staff into account |
| Medical orthotist & prosthetist | 15 | 12 | 20.00% | 0 | 20.00% |
| Medical physicist | 13 | 11 | 15.38% | 0 | 15.38% |
| Clinical technologist | 93 | 85 | 8.60% | 0 | 8.60% |
| Pharmacist | 445 | 432 | 2.92% | 1 | 2.92% |
| Industrial technician | 73 | 64 | 12.33% | 0 | 12.33% |
| TOTAL | 639 | 604 | 5.48% | 1 | 5.48% |
| Notes: | | | | | |
| <ul style="list-style-type: none"> Nature of appointment sessional is excluded. Nature of appointments periodical and abnormal is also excluded. No posts. | | | | | |

Job Evaluation

The Public Service Regulations, 2001 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. Table 75D summarises 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.

Table 90D: Job Evaluation 2015/16

| JOB EVALUATION | | | | | | | |
|---|--------------|-----------------------|-----------------------------|----------------|-----------------------------|------------------|-----------------------------|
| SALARY BAND | 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) | 2905 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| Skilled (Level 3 - 5) | 12598 | 10 | 0.08 | 0 | 0.00 | 0 | 0.00 |
| Highly Skilled Production (Levels 6 - 8) | 9013 | 21 | 0.23 | 0 | 0.00 | 0 | 0.00 |
| Highly Skilled Supervision (Levels 9 - 12) | 8470 | 12 | 0.14 | 0 | 0.00 | 0 | 0.00 |
| Senior Management Service Band A (Levels 13) | 54 | 2 | 3.70 | 0 | 0.00 | 0 | 0.00 |
| Senior Management Service Band B (Levels 14) | 10 | 2 | 20.00 | 0 | 0.00 | 0 | 0.00 |
| Senior Management Service Band C (Levels 15) | 4 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| Senior Management Service Band D (Levels 16) | 1 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| TOTAL | 33055 | 47 | 0.14 | 0 | 0.00 | 0 | 0.00 |
| Notes: | | | | | | | |
| <ul style="list-style-type: none"> 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 | | | | | | | |

Table 91D: Profile of Employees whose Salary Positions were Upgraded due to their Posts being Upgraded, in 2015/16

| JOB EVALUATION | | | | | |
|--|----------|----------|----------|----------|----------|
| Gender | African | Indian | Coloured | White | TOTAL |
| Female | 0 | 0 | 0 | 1 | 1 |
| Male | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 0 | 0 | 0 | 0 | 0 |
| Employees with a disability | 0 | 0 | 0 | 0 | 0 |
| Notes: | | | | | |
| <ul style="list-style-type: none"> Nature of appointment sessional is excluded. | | | | | |

Table 92D: Employees who have been Granted Higher Salaries than those determined by Job Evaluation in 2015/16

| JOB EVALUATION | | | | | |
|---|------------------|----------------------|---------------------------------------|---|------------------------|
| 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 |
| Chief Engineer | 1 | OSD Engineering | OSD Engineering | 31 st notch of Chief Engineer Grade B | Recruitment |
| Director | 1 | 13 | 13 | 10 th of 13 | Recruitment |
| Industrial Technician: Clinical Engineering | 2 | 7 | 8 | 8 th of 8 12 th of 8 | Retention |
| Deputy Director | 1 | 11 | 12 | 7 th of 12 | Recruitment |
| Chief Director | 1 | 14 | 14 | 4 th of 14 | Recruitment |
| Senior Administrative Officer | 2 | 8 | 8 and 9 | 2 nd of 9 3 rd of 8 | Retention Retention |
| Administrative Clerk | 1 | 5 | 5 | 2 nd of 5 | Retention |
| TOTAL NUMBER OF EMPLOYEES WHOSE SALARIES EXCEED THE LEVEL DETERMINED BY JOB EVALUATION | | | | | 9 |
| (INCLUDING AWARDING OF HIGHER NOTCHES) | | | | | |
| PERCENTAGE OF TOTAL EMPLOYED | | | | | 0.03% |

Table 93D: Employees who have been Granted Higher Salaries than those determined by Job Evaluation per race group, for 2015/16

| JOB EVALUATION | | | | | |
|-----------------------------|----------|----------|----------|----------|----------|
| Gender | African | Indian | Coloured | White | TOTAL |
| Female | 0 | 0 | 0 | 1 | 1 |
| Male | 1 | 0 | 3 | 4 | 8 |
| TOTAL | 1 | 0 | 3 | 4 | 9 |
| 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 (Table 79D) and by critical occupations (Table 80D).

Table 94D: Annual Turnover Rates by Salary Band for 2015/16

| EMPLOYMENT CHANGES | | | | | | | |
|--|--|-----------------------|--------------|-------------------------------|------------------------------------|---------------------------------|-----------------------|
| SALARY BAND | No. of employees per band as at 31/03/16 | Turnover rate 2014/15 | Appointments | Transfers into the Department | Terminations out of the Department | Transfers out of the Department | Turnover rate 2015/16 |
| Lower Skilled (Levels 1-2) | 2576 | 6.91% | 450 | 0 | 158 | 2 | 6.21% |
| Skilled (Level 3-5) | 11719 | 10.81% | 1477 | 11 | 1015 | 66 | 9.22% |
| Highly Skilled Production (Levels 6-8) | 8861 | 17.00% | 1186 | 31 | 1487 | 29 | 17.11% |
| Highly Skilled Supervision (Levels 9-12) | 8048 | 18.84% | 1299 | 59 | 1484 | 31 | 18.82% |
| Senior Management Service Band A (Levels 13) | 48 | 14.29% | 5 | 0 | 4 | 0 | 8.33% |
| Senior Management Service Band B (Levels 14) | 9 | 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) | 2 | 0.00% | 0 | 0 | 1 | 0 | 50.00% |
| TOTAL | 31267 | 14.37% | 4417 | 101 | 4149 | 128 | 13.68% |
| Notes: | | | | | | | |
| <ul style="list-style-type: none"> 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. | | | | | | | |

Table 95D: Annual Turnover Rates by Critical Occupation for 2015/16

| EMPLOYMENT CHANGES | | | | | | | |
|---|--|-----------------------|--------------|-------------------------------|------------------------------------|---------------------------------|-----------------------|
| CRITICAL OCCUPATION | No. of employees per band as at 31/03/16 | Turnover rate 2014/15 | Appointments | Transfers into the Department | Terminations out of the Department | Transfers out of the Department | Turnover rate 2015/16 |
| Medical orthotist & prosthetist | 85 | 18.29 | 21 | 0 | 20 | 1 | 24.71 |
| Medical physicist | 64 | 6.35 | 5 | 1 | 5 | 0 | 7.81 |
| Clinical technologist | 14 | 14.29 | 4 | 0 | 4 | 0 | 28.57 |
| Pharmacist | 11 | 16.67 | 2 | 0 | 2 | 0 | 18.18 |
| Industrial technician | 424 | 20.75 | 97 | 2 | 86 | 2 | 20.75 |
| TOTAL | 598 | 18.56 | 129 | 3 | 117 | 3 | 20.07 |
| Notes: | | | | | | | |
| <ul style="list-style-type: none"> Nature of appointment sessional is excluded. Nature of appointments periodical and abnormal is also excluded. No posts. Any differences in numbers between 2015 and 2016 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. | | | | | | | |

Table 96D: Staff leaving the employ of the Department in 2015/16

| EMPLOYMENT CHANGES | | | |
|--|-------------|--------------------------------|--|
| EXIT CATEGORY | No. | Per cent of Total Exits | No. of exits as a per cent of total No. of employees as at 31/03/16 |
| Death | 82 | 1.98% | 0.26% |
| Resignation* | 1777 | 42.83% | 5.65% |
| Expiry of contract | 1710 | 41.21% | 5.44% |
| Transfer | 4 | 0.10% | 0.01% |
| Dismissal (operational) | 1 | 0.02% | 0.00% |
| Discharged due to ill-health | 71 | 1.71% | 0.23% |
| Dismissal – (misconduct) | 3 | 0.07% | 0.01% |
| Dismissal – (incapacity) | 59 | 1.42% | 0.19% |
| Retirement | 418 | 10.07% | 1.33% |
| Other | 24 | 0.58% | 0.08% |
| TOTAL | 4149 | 100% | 13.20% |
| Notes: | | | |
| <ul style="list-style-type: none"> Nat Table 81D 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 2016 (31 432): Number of terminations divided by 31 432 (filled posts on 31 March 2016) multiplied by 100. 1040 of the 1835 contract expiry's were people from the medical, pharmaceutical interns, community service and registrars | | | |

* Resignations are further discussed in tables 82D and 83D

Table 97D: Reasons Why Staff Resigned in 2015/16

| EMPLOYMENT CHANGES | | |
|--------------------------------|------------|---------------------------------------|
| Termination Types | No. | Per cent of Total Terminations |
| No reason | 9 | 0.51% |
| Absconded | 0 | 0.00% |
| Age | 7 | 0.39% |
| Bad health | 22 | 1.24% |
| Better remuneration | 399 | 22.45% |
| Breach PDP | 5 | 0.28% |
| Contract expired | 3 | 0.17% |
| Domestic problems | 14 | 0.79% |
| Emigration | 1 | 0.06% |
| Further studies | 71 | 4.00% |
| Housewife | 24 | 1.35% |
| Insufficient progress possible | 0 | 0.00% |

| | | |
|---|-------------|---------------|
| Marriage | 0 | 0.00% |
| Misconduct | 1 | 0.06% |
| Nature of work | 104 | 5.85% |
| Other occupation | 202 | 11.37% |
| Own business | 5 | 0.28% |
| Personal grievances | 85 | 4.78% |
| Pregnancy | 1 | 0.06% |
| Previous/ Charge/ Misdemeanour | 1 | 0.06% |
| Resigning of position | 816 | 45.92% |
| Transfer (spouse) | 3 | 0.17% |
| Translation NOA | 2 | 0.11% |
| Transport problem | 1 | 0.06% |
| Unsatisfactory service | 1 | 0.06% |
| TOTAL | 1777 | 100.00 |
| Notes: | | |
| <ul style="list-style-type: none"> • Reasons as reflected on PERSAL. • Nature of appointments periodical and abnormal is also excluded. No posts. • Nature of appointment sessional is excluded. | | |

Table 98D: Different Age Groups of Staff Who Resigned in 2015/16

| EMPLOYMENT CHANGES | | |
|---------------------------|-------------|---------------------------------------|
| Age Groups | No. | Per cent of Total Resignations |
| Ages <19 | 0 | 0.00% |
| Ages 20 to 24 | 34 | 1.91% |
| Ages 25 to 29 | 262 | 14.74% |
| Ages 30 to 34 | 320 | 18.01% |
| Ages 35 to 39 | 238 | 13.39% |
| Ages 40 to 44 | 211 | 11.87% |
| Ages 45 to 49 | 255 | 14.35% |
| Ages 50 to 54 | 241 | 13.56% |
| Ages 55 to 59 | 148 | 8.33% |
| Ages 60 to 64 | 62 | 3.49% |
| Ages 65 > | 6 | 0.34% |
| TOTAL | 1777 | 100% |

Table 99D: Granting of Employee Initiated Severance Packages by Salary Band for 2015/16

| EMPLOYMENT CHANGES | | | | |
|---|------------------------------|--|---------------------------------------|--|
| 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) | 0 | 0 | 0 | 0 |
| Highly Skilled Supervision (Levels 9 - 12) | 0 | 0 | 0 | 0 |
| Senior & Top Management (Levels 13 - 16) | 0 | 0 | 0 | 0 |
| TOTAL | 0 | 0 | 0 | 0 |

Table 100D: Promotions by Salary Band for 2015/16

| EMPLOYMENT CHANGES | | | | | |
|--|------------------------------|------------------------------------|---|---|--|
| SALARY BAND | Employees as at the 31/04/15 | 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) | 2576 | 14 | 0.54% | 1302 | 50.54% |
| Skilled (Level 3 - 5) | 11719 | 324 | 2.76% | 6277 | 53.56% |
| Highly Skilled Production (Levels 6 - 8) | 8861 | 387 | 4.37% | 3966 | 44.76% |
| Highly Skilled Supervision (Levels 9 - 12) | 8048 | 367 | 4.56% | 3856 | 47.91% |
| Senior & Top Management (Levels 13 - 16) | 63 | 2 | 3.17% | 44 | 69.84% |
| TOTAL | 31267 | 1094 | 3.50% | 15445 | 49.40% |
| Notes: | | | | | |
| <ul style="list-style-type: none"> Nature of appointment sessional is excluded Nature of appointments periodical and abnormal is also excluded | | | | | |

Table 101D: Promotions by Critical Occupation in 2015/16

| EMPLOYMENT CHANGES | | | | | |
|--|--|---|---|--|---|
| CRITICAL OCCUPATION | No. of employees as at 01/04/15 | 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 | 8 | 9.41% | 38 | 45% |
| Industrial technician | 64 | 3 | 4.69% | 39 | 61% |
| Medical orthotist and prosthetist | 14 | 0 | 0.00% | 6 | 43% |
| Medical physicist | 11 | 0 | 0.00% | 8 | 73% |
| Pharmacists | 424 | 27 | 6.37% | 152 | 35.85% |
| TOTAL | 598 | 38 | 6.35% | 243 | 40.64% |
| Notes: | | | | | |
| <ul style="list-style-type: none"> • Nature of appointment sessional is excluded. • Nature of appointments periodical and abnormal is also excluded. No posts. | | | | | |

Employment Equity

Table 102D: Total Number of Employees per Occupational Band, including employees with disabilities, as at the 31st March 2016

| EMPLOYMENT EQUITY | | | | | | | | | | | |
|---|-------------|-------------|------------|-------------|-------------|--------------|------------|-------------|-------------------|-----------|--------------|
| 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 | 7 | 2 | 9 | 1 | 12 | | 15 | 0 | 0 | 47 |
| Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12) | 54 | 253 | 77 | 510 | 80 | 367 | 110 | 652 | 40 | 40 | 2183 |
| Skilled technical / Academically qualified workers / Junior management, / supervisors, foremen, and superintendents (Levels 8- 10) | 212 | 688 | 14 | 191 | 682 | 2846 | 67 | 1000 | 6 | 12 | 5718 |
| Semi-skilled and discretionary decision making (Level 4-7) | 1156 | 2551 | 27 | 275 | 3197 | 6669 | 44 | 872 | 8 | 2 | 14801 |
| Unskilled and defined decision making (Levels 1-3) | 797 | 1077 | 5 | 57 | 2318 | 2023 | 3 | 36 | 0 | 1 | 6317 |
| SUB-TOTAL | 2221 | 4580 | 126 | 1044 | 6279 | 11918 | 225 | 2578 | 54 | 55 | 29080 |
| Temporary Employees | 133 | 210 | 89 | 378 | 307 | 500 | 98 | 536 | 57 | 44 | 2352 |
| TOTAL | 2354 | 4790 | 215 | 1422 | 6586 | 12418 | 323 | 3114 | 111 | 99 | 31432 |

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 Table 88D

Table 103D: Total Number of Employees with Disabilities per Occupational Band, as at the 31st March 2016

| EMPLOYMENT EQUITY | | | | | | | | | | | |
|----------------------------------|---------|----------|--------|-------|---------|----------|--------|-------|-------------------|--------|-------|
| 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 |

| EMPLOYMENT EQUITY | | | | | | | | | | | |
|---|-----------|-----------|----------|-----------|-----------|-----------|----------|-----------|-------------------|----------|------------|
| OCCUPATIONAL LEVELS | MALE | | | | FEMALE | | | | FOREIGN NATIONALS | | TOTAL |
| | African | Coloured | Indian | White | African | Coloured | Indian | White | Male | Female | |
| 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 | 3 | 0 | 1 | 0 | 3 | 0 | 2 | 0 | 0 | 9 |
| Skilled technical / Academically qualified workers / Junior management, / supervisors, foremen, and superintendents (Levels 8- 10) | 0 | 4 | 0 | 2 | 1 | 5 | 1 | 6 | 0 | 0 | 19 |
| Semi-skilled and discretionary decision making (Level 4-7) | 14 | 33 | 0 | 13 | 17 | 21 | 0 | 18 | 0 | 0 | 116 |
| Unskilled and defined decision making (Levels 1-3) | 9 | 9 | 0 | 5 | 3 | 8 | 0 | 1 | 0 | 0 | 35 |
| SUB-TOTAL | 23 | 49 | 0 | 21 | 21 | 37 | 1 | 27 | 0 | 0 | 179 |
| Temporary Employees | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 | 0 | 0 | 4 |
| TOTAL | 23 | 49 | 0 | 23 | 21 | 37 | 1 | 29 | 0 | 0 | 183 |
| Notes: | | | | | | | | | | | |
| <ul style="list-style-type: none"> 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. | | | | | | | | | | | |

Table 104D: Recruitment in 2015/16

| EMPLOYMENT EQUITY | | | | | | | | | | | |
|---|---------|----------|--------|-------|---------|----------|--------|-------|-------------------|--------|-------|
| 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 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12) | 7 | 33 | 14 | 59 | 13 | 65 | 29 | 91 | 5 | 9 | 325 |

| | | | | | | | | | | | |
|---|------------|------------|-----------|------------|-------------|-------------|-----------|------------|-----------|-----------|-------------|
| Skilled technical / Academically qualified workers / Junior management, supervisors, foremen, and superintendents (Levels 8- 10) | 16 | 22 | 1 | 4 | 54 | 106 | 2 | 30 | 0 | 1 | 236 |
| Semi-skilled and discretionary decision making (Level 4-7) | 108 | 131 | 0 | 12 | 449 | 417 | 5 | 69 | 0 | 0 | 1191 |
| Unskilled and defined decision making (Levels 1-3) | 110 | 116 | 0 | 8 | 428 | 222 | 1 | 9 | 0 | 0 | 894 |
| SUB-TOTAL | 241 | 303 | 15 | 84 | 944 | 810 | 37 | 199 | 5 | 10 | 2648 |
| Temporary Employees | 100 | 186 | 40 | 174 | 307 | 518 | 60 | 338 | 27 | 19 | 1769 |
| TOTAL | 341 | 489 | 55 | 258 | 1251 | 1328 | 97 | 537 | 32 | 29 | 4417 |

Notes:

- Recruitment refers to new employees, including transfers into the Department, as per Table 79D
- 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

Table 105D: Promotions in 2015/16

| EMPLOYMENT EQUITY | | | | | | | | | | | |
|---|-----------|------------|----------|-----------|------------|------------|-----------|-----------|-------------------|----------|-------------|
| OCCUPATIONAL LEVELS | MALE | | | | FEMALE | | | | FOREIGN NATIONALS | | TOTAL |
| | African | Coloured | Indian | White | African | Coloured | Indian | White | Male | Female | |
| Top Management (Levels 14-16) | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Senior Management (Levels 13) | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12) | 5 | 14 | 3 | 12 | 4 | 22 | 8 | 20 | 2 | 0 | 90 |
| Skilled technical / Academically qualified workers / Junior management, supervisors, foremen, and superintendents (Levels 8- 10) | 22 | 56 | 2 | 13 | 48 | 171 | 2 | 46 | 1 | 1 | 362 |
| Semi-skilled and discretionary decision making (Level 4-7) | 53 | 124 | 3 | 15 | 110 | 219 | 2 | 21 | 0 | 0 | 547 |
| Unskilled and defined decision making (Levels 1-3) | 9 | 3 | 1 | 0 | 7 | 6 | 1 | 0 | 0 | 0 | 27 |
| SUB-TOTAL | 89 | 198 | 9 | 40 | 169 | 419 | 13 | 87 | 3 | 1 | 1028 |
| Temporary Employees | 3 | 5 | 3 | 14 | 5 | 21 | 2 | 10 | 3 | 0 | 66 |

| TOTAL | 92 | 203 | 12 | 54 | 174 | 440 | 15 | 97 | 6 | 1 | 1094 |
|--|----|-----|----|----|-----|-----|----|----|---|---|------|
| Notes: | | | | | | | | | | | |
| <ul style="list-style-type: none"> Promotions refer to the total number of employees promoted within the Department, as per Table 85D. 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. | | | | | | | | | | | |

Table 106D: Terminations in 2015/16

| EMPLOYMENT EQUITY | | | | | | | | | | | |
|---|------------|------------|-----------|------------|------------|-------------|-----------|------------|-------------------|-----------|-------------|
| 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 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 2 |
| Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12) | 5 | 29 | 10 | 73 | 6 | 43 | 14 | 80 | 3 | 8 | 271 |
| Skilled technical / Academically qualified workers / Junior management, / supervisors, foremen, and superintendents (Levels 8- 10) | 28 | 46 | 0 | 15 | 49 | 242 | 10 | 96 | 0 | 2 | 488 |
| Semi-skilled and discretionary decision making (Level 4-7) | 79 | 169 | 3 | 24 | 238 | 565 | 5 | 91 | 0 | 0 | 1174 |
| Unskilled and defined decision making (Levels 1-3) | 39 | 70 | 1 | 3 | 82 | 181 | 0 | 3 | 0 | 0 | 379 |
| SUB-TOTAL | 151 | 314 | 14 | 116 | 375 | 1032 | 29 | 270 | 3 | 10 | 2314 |
| Temporary Employees | 102 | 175 | 41 | 183 | 319 | 572 | 68 | 311 | 32 | 32 | 1835 |
| TOTAL | 253 | 489 | 55 | 299 | 694 | 1604 | 97 | 581 | 35 | 42 | 4149 |
| Notes: | | | | | | | | | | | |
| <ul style="list-style-type: none"> Terminations refer to those employees who have left the employ of the Department, including transfers to other departments, as per Table 79D. 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). | | | | | | | | | | | |

Table 107D: Disciplinary Actions in 2015/16

| EMPLOYMENT EQUITY | | | | | | | | | | | |
|----------------------|---------|----------|--------|-------|---------|----------|--------|-------|-------------------|--------|-------|
| DISCIPLINARY ACTIONS | MALE | | | | FEMALE | | | | FOREIGN NATIONALS | | TOTAL |
| | African | Coloured | Indian | White | African | Coloured | Indian | White | Male | Female | |
| TOTAL | 309 | 471 | 5 | 50 | 370 | 534 | 5 | 68 | 0 | 0 | 1812 |

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, please refer to Tables 118D and Table 119D

Table 108D: Skills Development in 2015/16

| EMPLOYMENT EQUITY | | | | | | | | | | | |
|--|------------|-------------|-----------|------------|-------------|-------------|-----------|------------|-------------------|----------|--------------|
| 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) | 6 | 10 | 0 | 12 | 1 | 16 | 1 | 17 | 0 | 0 | 63 |
| Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12) | 336 | 565 | 44 | 262 | 824 | 1814 | 65 | 592 | 0 | 0 | 4502 |
| Skilled technical / Academically qualified workers / Junior management, / supervisor, foremen, and superintendents (Levels 8- 10) | 286 | 741 | 12 | 73 | 1218 | 2043 | 19 | 276 | 0 | 0 | 4668 |
| Semi-skilled and discretionary decision making (Level 4-7) | 181 | 382 | 4 | 48 | 208 | 268 | 1 | 47 | 0 | 0 | 1139 |
| Unskilled and defined decision making (Levels 1-3) | 98 | 131 | 1 | 13 | 186 | 221 | 1 | 9 | 0 | 0 | 660 |
| SUB-TOTAL | 907 | 1829 | 61 | 408 | 2437 | 4362 | 87 | 941 | 0 | 0 | 11032 |
| Temporary Employees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 907 | 1829 | 61 | 408 | 2437 | 4362 | 87 | 941 | 0 | 0 | 11032 |

Notes:

- The above table refers to the total number of personnel who received training, and not the number of training courses attended by individuals. For further information on the actual training provided, please refer to Table 118D

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.

Table 109D: Signing of Performance Agreements per SMS Level as at the 31st March 2016

| SIGNING OF PERFORMANCE AGREEMENTS BY SMS MEMBERS | | | | |
|--|-----------------------------------|------------------------------|--|--|
| 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 | 56 | 52 | 42 | 81% |
| TOTAL | 71 | 66 | 56 | 85% |
| Notes: | | | | |
| <ul style="list-style-type: none"> The allocation of performance-related rewards (cash bonus) for Senior Management Service members is dealt with later in the report. Please refer to Table 106D | | | | |

Table 110D: Reasons for Not Concluding the Performance Agreements of all SMS Members

| SIGNING OF PERFORMANCE AGREEMENTS BY SMS MEMBERS |
|---|
| Reasons for not concluding Performance Agreements with all SMS |
| <p>The DDG: Operations was appointed with effect from 1 March 2015 and the HOD was only appointed with effect from 1 April 2015. In terms of the prescripts the performance agreement must be signed within 3 months. The Department had to ensure that the performance agreements are linked and aligned with the strategic objectives of the Department. This was concluded within the required 3 months since the appointment of the HOD. The Officials did agree on and sign off performance agreements on PERMIS before the due date but the hard copies were only signed after 31 May 2015.</p> |

Table 111D: Disciplinary Steps taken for Not Concluding Performance Agreements

| SIGNING OF PERFORMANCE AGREEMENTS BY SMS MEMBERS | |
|--|--|
| Disciplinary steps taken against SMS members for not having concluded Performance Agreements | |
| None: not applicable as indicated above. | |

Filing of SMS Posts

Table 112D: SMS Posts as at 30th September 2015

| FILLING OF SMS POSTS | | | | | |
|--|---|---|--|---|--|
| 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 | 0 | 0 |
| Salary Level 15 | 4 | 4 | 100.00% | 0 | 0.00% |
| Salary Level 14 | 10 | 9 | 90.00% | 1 | 10.00% |
| Salary Level 13 | 55 | 51 | 92.73% | 4 | 7.27% |
| TOTAL | 70 | 65 | 92.86% | 5 | 7.14% |
| Notes: | | | | | |
| • The number of funded SMS posts per level excludes the de-activated (unfunded) posts. | | | | | |

Table 113D: SMS Post Information as at the 31st March 2016

| FILLING OF SMS POSTS | | | | | |
|-----------------------------|---|---|--|---|--|
| 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 | 0 | 0 |
| Salary Level 15 | 4 | 4 | 100.00% | 0 | 0.00% |
| Salary Level 14 | 10 | 10 | 100.00% | 0 | 0.00% |
| Salary Level 13 | 54 | 51 | 94.44% | 3 | 5.56% |
| TOTAL | 69 | 66 | 95.65% | 3 | 4.35% |

Table 114D: Advertising and Filing of SMS Posts as at the 31st March 2016

| FILLING OF SMS POSTS | | | |
|-----------------------------|--|---|---|
| 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 | 1 | 1 | 0 |
| Salary Level 13 | 3 | 2 | 1 |
| TOTAL | 4 | 3 | 1 |

Table 115D: Reasons for Non-compliance with the timeframes for filling the vacant funded SMS Posts

| FILLING OF 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 | Mr Poluta could only assume duty 01 January 2016. |

Table 116D: Disciplinary steps taken to deal with Non-compliance in meeting the prescribed timeframes for the filling of SMS Posts

| FILLING OF SMS POSTS | |
|---|--|
| Disciplinary steps taken for non-compliance with the prescribed timeframes for the filling of SMS Posts | |
| Not applicable | |

Employee Performance

Table 117D: Notch Progression per Salary Band for 2015/16

| PERFORMANCE REWARDS | | | |
|---|----------------------------------|--|--|
| SALARY BAND | Employees as at 31 March 2015 | Progressions to another notch within a salary level | Notch progressions as a per cent of employees by salary band |
| Lower Skilled (Levels 1 - 2) | 2576 | 1302 | 50.54% |
| Skilled (Level 3 - 5) | 11719 | 6277 | 53.56% |
| Highly Skilled Production (Levels 6 - 8) | 8861 | 3966 | 44.76% |
| Highly Skilled Supervision (Levels 9 - 12) | 8048 | 3856 | 47.91% |
| Senior & Top Management (Levels 13 - 16) | 63 | 44 | 69.84% |
| TOTAL | 31267 | 15445 | 49.40% |

Notes:

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

Table 118D: Notch Progression per Critical Occupation for 2015/16

| PERFORMANCE REWARDS | | | |
|---------------------------------|----------------------------------|--|--|
| CRITICAL OCCUPATION | Employees as at 31 March 2015 | Progressions to another notch within a salary level | Notch progressions as a per cent of employees by salary band |
| Clinical technologist | 85 | 38 | 45% |
| Industrial technician | 64 | 39 | 61% |
| Medical Orthotist & Prosthetist | 14 | 6 | 43% |
| Medical physicist | 11 | 8 | 73% |
| Pharmacists | 424 | 150 | 35.38% |
| TOTAL | 598 | 241 | 40.30% |

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 2014/15, but paid in the financial year 2015/16. The information is presented in terms of race, gender, and disability (Table 104D), salary bands (Table 104D and Table 105D) and critical occupations (Table 106D).

Table 119D: Performance Reward by Race, Gender & Disability for 2015/16

| PERFORMANCE REWARDS | | | | | |
|-----------------------------|-------------------------|---------------------------------|----------------------------|-----------------|----------------------------|
| 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 | 311 | 2347 | 13.25% | 1 930 | 6 |
| Female | 839 | 6125 | 13.70% | 5 498 | 7 |
| Asian | | | | | |
| Male | 30 | 224 | 13.39% | 453 | 15 |
| Female | 46 | 339 | 13.57% | 593 | 13 |
| Coloured | | | | | |
| Male | 1005 | 4817 | 20.86% | 7 273 | 7 |
| Female | 2665 | 12700 | 20.98% | 22 191 | 8 |
| White | | | | | |
| Male | 302 | 1502 | 20.11% | 4 942 | 16 |
| Female | 727 | 3213 | 22.63% | 9 645 | 13 |
| Employees with Disabilities | 28 | 158 | 17.72% | 219 | 8 |

| | | | | | |
|--|-------------|--------------|---------------|---------------|----------|
| TOTAL | 5925 | 31267 | 18.95% | 52 525 | 9 |
| Notes: | | | | | |
| <ul style="list-style-type: none"> The above table relates to performance rewards for the performance year 2014/15 and payment effected in the 2015/16 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. | | | | | |

Table 120D: Performance Rewards per Salary Band for 2015/16 (excl. SMS Members)

| PERFORMANCE REWARDS | | | | | | |
|--|-----------------------------|----------------------------------|--|---------------------|-------------------------------------|--|
| 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) | 489 | 2576 | 18.98% | 1 605 | 3 | 0.01 |
| Skilled (Level 3 - 5) | 2093 | 11719 | 17.86% | 10 405 | 5 | 0.10 |
| Highly Skilled Production (Levels 6 - 8) | 1661 | 8861 | 18.75% | 13 394 | 8 | 0.12 |
| Highly Skilled Supervision (Levels 9 - 12) | 1668 | 8047 | 20.73% | 26 719 | 16 | 0.24 |
| TOTAL | 5911 | 31203 | 18.94% | 52 123 | 9 | 0.48 |
| Notes: | | | | | | |
| <ul style="list-style-type: none"> The cost is calculated as a percentage of the total personnel expenditure for salary levels 1-12, reflected in Table 69D Nature of appointment sessional is excluded. Nature of appointments periodical and abnormal is also excluded. No posts. | | | | | | |

Table 121D: Performance Rewards, per Salary Band for SMS Members in 2015/16

| PERFORMANCE REWARDS | | | | | | | |
|--|----------------------|---------------------------|-----------------------------------|--------------|------------------------------|---|--|
| 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 | 49 | 20 | 210 | 21 | 0.002 | 49 681 |
| Senior Management Service Band B (Level 14) | 2 | 9 | 22 | 44 | 22 | 0.000 | 11 952 |
| Senior Management Service Band C (Level 15) | 1 | 4 | 25 | 24 | 24 | 0.000 | 5 430 |
| Senior Management Service Band D (Level 16) | 1 | 2 | 50 | 124 | 124 | 0.001 | 2 087 |
| TOTAL | 14 | 64 | 22 | 402 | 29 | 0.004 | 69 150 |

Notes:

- The cost is calculated as a percentage of the total personnel expenditure for salary levels 13-16, reflected in Table 69D.

Table 122D: Performance Rewards, per Salary Band for SMS Members in 2015/16

| PERFORMANCE REWARDS | | | | | | |
|---------------------------------|----------------------|--|---|--------------|------------------------------|---|
| 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 | 242 | 13 | 0.002% |
| Industrial technician | 19 | 64 | 29.69 | 230 | 12 | 0.002% |
| Medical Orthotist & Prosthetist | 2 | 14 | 14.29 | 23 | 12 | 0.000% |
| Medical physicist | 5 | 11 | 45.45 | 96 | 19 | 0.001% |
| Pharmacists | 83 | 424 | 19.58 | 1 200 | 14 | 0.011% |
| TOTAL | 128 | 598 | 21.40 | 1 791 | 14 | 0.016% |

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.

Table 1238D: Foreign Workers per Salary Band for 2015/16

| FOREIGN WORKERS | | | | | | |
|--|--------------|-------------------|---------------|-------------------|------------|--------------------|
| 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 | 0.00 |
| Skilled (Level 3 - 5) | 7 | 3.13 | 6 | 2.86 | -1 | 7.14 |
| Highly Skilled Production (Levels 6 - 8) | 19 | 8.48 | 21 | 10.00 | 2 | -14.29 |
| Highly Skilled Supervision (Levels 9 - 12) | 198 | 88.39 | 183 | 87.14 | -15 | 107.14 |
| Senior & Top Management (Levels 13 - 16) | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| TOTAL | 224 | 100.00 | 210 | 100.00 | -14 | 100.00 |
| Notes: | | | | | | |
| <ul style="list-style-type: none"> 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. | | | | | | |

Table 124D: Foreign Workers by major occupation in 2015/16

| FOREIGN WORKERS | | | | | | |
|--|--------------|-------------------|---------------|-------------------|------------|--------------------|
| SALARY BAND | 1 April 2015 | | 31 March 2016 | | 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 | 0.45 | 1 | 0.48 | 0 | 0.00 |
| Professionals and managers | 187 | 83.48 | 169 | 80.48 | -18 | 128.57 |
| Service workers | 7 | 3.13 | 7 | 3.33 | 0 | 0.00 |
| Senior officials and managers | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| Technical and associated professionals | 29 | 12.95 | 33 | 15.71 | 4 | -28.57 |
| TOTAL | 224 | 100.00 | 210 | 100 | -14 | 100.00 |
| Notes: | | | | | | |
| <ul style="list-style-type: none"> 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 (Table 110D) and incapacity leave (Table 111D). In both cases, the estimated cost of the leave is also provided.

Table 125D: Sick Leave 1st January 2015 to 31st December 2015

| LEAVE UTILISATION | | | | | | | |
|--|---------------|--|-----------------------------------|-----------------------------------|--|---------------------------|------------------------|
| SALARY BAND | Total days | per cent days with medical certification | No. of employees using sick leave | Total No. of employees 31-12-2014 | per cent of total employees using sick leave | Average days per employee | Estimated cost (R'000) |
| Lower Skilled (Levels 1 - 2) | 18507 | 86.77% | 2234 | 2722 | 82.07% | 7 | 6 |
| Skilled (Level 3 - 5) | 88999 | 85.20% | 10469 | 11946 | 87.64% | 7 | 42 |
| Highly Skilled Production (Levels 6 - 8) | 69271 | 84.65% | 7861 | 8786 | 89.47% | 8 | 53 |
| Highly Skilled Supervision (Levels 9 - 12) | 48506 | 82.24% | 6054 | 8072 | 75.00% | 6 | 75 |
| Senior & Top Management (Levels 13 - 16) | 326 | 75.77% | 47 | 64 | 73.44% | 5 | 1 |
| TOTAL | 225609 | 84.51% | 26665 | 31590 | 84.41% | 7 | 177 |
| Notes: | | | | | | | |
| <ul style="list-style-type: none"> The three-year sick leave cycle started in January 2013. The information in each case reflects the totals excluding incapacity leave taken by employees. For an indication of incapacity leave taken, please refer to Table 111D. 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. | | | | | | | |

Table 1261D: Incapacity Leave (incl. temporary & permanent) from the 1st January 2015 to the 31st December 2015

| LEAVE UTILISATION | | | | | | | |
|---|------------|--|---|------------------------|--|---------------------------|------------------------|
| 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) | 2780 | 100.00% | 126 | 2722 | 4.63% | 22 | 1 |
| Skilled (Level 3 - 5) | 15778 | 100.00% | 592 | 11946 | 4.96% | 27 | 7 |
| Highly Skilled Production (Levels 6 - 8) | 15862 | 100.00% | 550 | 8786 | 6.26% | 29 | 12 |

| | | | | | | | |
|--|--------------|---------------|-------------|--------------|--------------|-----------|-----------|
| Highly Skilled Supervision (Levels 9 - 12) | 10362 | 100.00% | 368 | 8072 | 4.56% | 28 | 17 |
| Senior & Top Management (Levels 13 - 16) | 58 | 100.00% | 4 | 64 | 6.25% | 15 | 0 |
| TOTAL | 44840 | 100.00 | 1640 | 31590 | 5.19% | 27 | 37 |
| Notes: | | | | | | | |
| <ul style="list-style-type: none"> 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. | | | | | | | |

Table 112D summarises 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.

Table 112D: Annual Leave from the 1st January 2015 to 31st December 2015

| LEAVE UTILISATION | | | |
|---|-------------------------|---|----------------------------------|
| SALARY BAND | Total days taken | Total number of employees using annual leave | Average days per employee |
| Lower Skilled (Levels 1 - 2) | 54743 | 2623 | 21 |
| Skilled (Level 3 - 5) | 271829 | 12082 | 22 |
| Highly Skilled Production (Levels 6 - 8) | 224987 | 9291 | 24 |
| Highly Skilled Supervision (Levels 9 - 12) | 201130 | 8481 | 24 |
| Senior & Top Management (Levels 13 - 16) | 1812 | 70 | 26 |
| TOTAL | 754501 | 32547 | 23 |
| Notes: | | | |
| <ul style="list-style-type: none"> Nature of appointment sessional, periodical and abnormal is not included. Annual leave cycle is from 1 January - 31 December of each year. | | | |

Table 1273D: Capped Leave for the 1st January 2015 – 31st December 2015

| LEAVE UTILISATION | | | | | | |
|---|------------------------------------|----------------------------------|-------------------------------------|--|--|------------------------------------|
| SALARY BAND | Total capped leave available as at | 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 | Total capped leave available as at |
| | 31/12/14 | | | | 31/12/15 | 31/12/15 |
| Lower Skilled (Levels 1 - 2) | 2605 | 59 | 11 | 5 | 207 | 1859 |
| Skilled (Level 3 - 5) | 49916 | 2237 | 182 | 12 | 2166 | 43464 |
| Highly Skilled Production (Levels 6 - 8) | 131567 | 7887 | 406 | 19 | 3108 | 111834 |
| Highly Skilled Supervision (Levels 9 - 12) | 97954 | 4921 | 329 | 15 | 2387 | 88662 |
| Senior & Top Management (Levels 13 - 16) | 1075 | 67 | 3 | 22 | 21 | 1005 |
| TOTAL | 283116 | 15171 | 931 | 16 | 7889 | 246824 |
| Notes: | | | | | | |
| <ul style="list-style-type: none"> 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 2014 is the total staff compliment and not only those with capped leave. | | | | | | |

Table 114D: Leave Pay-Outs for 2015/16

| LEAVE UTILISATION | | | |
|---|---------------|------------------|------------------------------|
| REASONS | Total amount | No. of employees | Average per employee (R'000) |
| | (R'000) | | |
| Leave pay-outs for 2014/15 due to non-utilisation of leave for the previous cycle | 693 | 36 | 19 |
| Capped leave pay-outs on termination of service for 2015/16 | 23 053 | 439 | 53 |
| Current leave pay-outs on termination of service 2015/16 | 13 787 | 1479 | 9 |
| TOTAL | 37 533 | 1954 | 19 |
| Notes: | | | |
| <ul style="list-style-type: none"> 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

Table 115D: Reducing the Risk of Occupational Exposure in 2015/16

| HIV/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 | | | | | | | | |
| <p>Employees in clinical areas, i.e. doctors, nurses, medical students, general workers and paramedics are more at risk of contracting HIV and related diseases.</p> <p>Young employees, falling into the category of youth, have also been identified to be at high risk.</p> <p>The table below depicts the nature of injuries reported by employees for 2015/16:</p> <table border="1"> <thead> <tr> <th>Nature of injury on duty</th> <th>Total no. of cases reported</th> </tr> </thead> <tbody> <tr> <td>Needle prick</td> <td>140</td> </tr> <tr> <td>Tuberculosis (TB)</td> <td>26</td> </tr> <tr> <td>Multi-drug resistant TB</td> <td>0</td> </tr> </tbody> </table> | Nature of injury on duty | Total no. of cases reported | Needle prick | 140 | Tuberculosis (TB) | 26 | Multi-drug resistant TB | 0 | <p>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.</p> <p>Service providers have been appointed in the Districts and Substructures providing HIV, Counselling and testing (HCT) 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.</p> <p>Programmes /Workshops are directed at the youth in department with a specific focus on HIV and AIDS/STI prevention and offering HCT opportunities specifically for the youth.</p> <p>Infection control measures are implemented.</p> <p>Responsive and educational programs targeting behavioural risks have been implemented.</p> <p>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.</p> <p>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 agenda.</p> |
| Nature of injury on duty | Total no. of cases reported | | | | | | | | |
| Needle prick | 140 | | | | | | | | |
| Tuberculosis (TB) | 26 | | | | | | | | |
| Multi-drug resistant TB | 0 | | | | | | | | |

Table 116D: Health Promotion & HIV/AIDS Programmes for 2015/16

| HIV/AIDS & HEALTH PROMOTION PROGRAMMES | | | | | | | | | | | | | | | | | |
|---|---|----|---|-----------------|---|--------------------|--|--------------------|-----------------------------------|--------------|-----------------|--------------|------------------------|--------------|------------------|--------------|---|
| QUESTION | YES | NO | DETAILS, IF YES | | | | | | | | | | | | | | |
| 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. | | | <p>Mrs Bernadette Arries Chief Director: People Management</p> | | | | | | | | | | | | | | |
| 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. | | | <p>Health and Wellness within the Directorate: People Practices and Administration, Health and Wellness at Head Office level:</p> <table border="1"> <tr> <td>Deputy Director</td> <td>Ms Sandra Newman (Wellness & Diversity)</td> </tr> <tr> <td>Assistant Director</td> <td>Ms M Buis (Employee Health and Wellness)</td> </tr> <tr> <td>Assistant Director</td> <td>Mr Clive Cyster (SHERQ: Training)</td> </tr> <tr> <td>Practitioner</td> <td>Ms Lisl Mullins</td> </tr> <tr> <td>Practitioner</td> <td>Ms Caldine Van Willing</td> </tr> <tr> <td>Practitioner</td> <td>Mr Nabeel Ismail</td> </tr> <tr> <td>Practitioner</td> <td>Ms Kelly Fortune (until July 2015) post Cannot be filled due to lack of Funding in terms of cost containment Measures.</td> </tr> </table> <p>Institutional and district level:</p> <ul style="list-style-type: none"> • Groote Schuur Hospital: Ruth Halford • Tygerberg Hospital: Sayeeda Dhansay • Red Cross Hospital: Ntombozuko Ponono & Rene Usdin • Associated Psychiatric Hospitals: Jessica Minnaar, Anne Marie Basson • 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 <p>EMS: Liesl Meter FPS: Deon Bruiners & Safia Samsodien Budget Allocation R 2million</p> | Deputy Director | Ms Sandra Newman (Wellness & Diversity) | 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 | Practitioner | Mr Nabeel Ismail | Practitioner | Ms Kelly Fortune (until July 2015) post Cannot be filled due to lack of Funding in terms of cost containment Measures. |
| Deputy Director | Ms Sandra Newman (Wellness & Diversity) | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | |
| Practitioner | Mr Nabeel Ismail | | | | | | | | | | | | | | | | |
| Practitioner | Ms Kelly Fortune (until July 2015) post Cannot be filled due to lack of Funding in terms of cost containment Measures. | | | | | | | | | | | | | | | | |
| Has the Department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of this programme. | | | <p>The Department makes 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</p> <p>Programmes and services offered:</p> <p>Counselling and support services</p> <ul style="list-style-type: none"> • 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 <p>Case management</p> <ul style="list-style-type: none"> • Trauma/critical incident management • HIV and AIDS counselling <p>Life management services</p> <ul style="list-style-type: none"> • Family care • Financial Wellness • Legal information and advice <p>Managerial consultancy and referral services</p> <ul style="list-style-type: none"> • Managerial consultancy • Formal Referral Programme <p>Training Services</p> <ul style="list-style-type: none"> • Targeted training interventions based on identified needs and trends. • E – Care • E-Care is an innovative online healthcare service to help improve Employee Health and Wellness. | | | | | | | | | | | | | | |

| HIV/AIDS & HEALTH PROMOTION PROGRAMMES | | | |
|--|-----|----|--|
| QUESTION | YES | NO | DETAILS, IF YES |
| 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. | | | Health 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 |
| 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). Input was provided for the new transversal Employee Health and Wellness Policies in the Western Cape specifically HIV and AIDS/ STI & TB policy. The revised Recruitment and Selection policy makes provision for a barrier and discrimination free workplace in terms of disease management. |
| 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: <ul style="list-style-type: none"> • The Department has a policy and programme to actively eliminate the social stigma and discrimination of HIV and AIDS/STI in the workplace. • The programme is to ensure that every employee living with HIV/AIDS within the Department is in a work environment free of discrimination and promotion of equal treatment. • The department has an responsibility to endorse practices which promote and protect the rights of persons living with HIV/AIDS, these practices include but not limited to: <ul style="list-style-type: none"> - All employment practices - Recruitment procedures, advertising and selection criteria - Job classification or grading - Training and development - Incapacity on ill health management - Action against unfair discrimination. • Behaviour and perception change is actively promoted through Departmental Wellness days, HIV and AIDS, and STI risk-reduction education, Medical Aid services, employee assistance programmes and related policy promotion. |

| HIV/AIDS & HEALTH PROMOTION PROGRAMMES | | | |
|---|-----|----|---|
| QUESTION | YES | NO | DETAILS, IF YES |
| Does the Department encourage its employees to undergo voluntary counselling and testing? If so, list the results that you have achieved. | | | <p>Key elements – HIV and AIDS/STI programmes:</p> <p>Yes the department does encourage voluntary counselling and testing. For the period 1st April 2015 till the 30 March 2016, 4944 employees underwent counselling and testing. This is an increase in the number of employees tested, compared to a total of 3977 employees in the previous financial year. For the year 2016/2017 the department will focus Health Risk Assessments which provides a holistic well-being screening for employee (Physical and Emotional Well-being).</p> <p>HCT Testing is promoted through Departmental wellness days, employee assistance programmes and electronic communications.</p> <p>Service providers have been appointed in all districts.</p> <ul style="list-style-type: none"> • Northern Tygerberg Substructure - Partners in Sexual Health • Khayelitsha Eastern Substructure - Partners in Sexual Health • Southern Western Substructure - Wolanani • Klipfontein/Mitchell's Plain Substructure - Wolanani • West Coast – TB/HIV Care • Overberg - Right to Care • Eden/Central Karoo - Right to Care • Cape Winelands – At Heart <p>Testing is basket of tests which include HIV/AIDS, STI screening, BMI, glucose and TB screening.</p> <p>Promotion of SABS approved male and female condoms is provided.</p> <p>Testing also includes confidential counselling services.</p> |
| Has the Department developed measures/indicators to monitor and evaluate the impact of its health promotion programme? If so, list these measures/indicators. | | | <p>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.</p> <p>Monthly statistics, quarterly reports and annual reports provided by HCT service providers serve as a means to monitor and evaluate the effectiveness of this programme.</p> <p>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.</p> |

Labour Relations

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

Table 117D: Collective Agreements for 2015/16

| LABOUR RELATIONS | |
|------------------|---|
| NIL | - |

Table 118D summarises the outcome of disciplinary hearings conducted within the Department for the year under review.

Table 118D: Misconduct & Disciplinary Hearings finalised in 2015/16

| LABOUR RELATIONS | | |
|---|-------------|-------------------|
| OUTCOMES OF DISCIPLINARY HEARINGS | No. | Per cent of total |
| Correctional counselling | 478 | 26% |
| Verbal warning | 313 | 17% |
| Written warning | 521 | 29% |
| Final written warning | 398 | 22% |
| Suspended without pay | 3 | 0.16% |
| Demotion | 0 | 0% |
| Dismissal | 59 | 3.2% |
| Desertion | 22 | 1.2% |
| Not guilty | 1 | 0.05% |
| Case withdrawn | 0 | 0% |
| TOTAL | 1812 | 100% |
| Percentage of total employment | | 5.7% |
| Notes: | | |
| <ul style="list-style-type: none"> Outcomes of disciplinary hearings refer to formal cases only. | | |

Table 119D: Types of Misconduct Addressed in Disciplinary Hearing for 2015/16

| LABOUR RELATIONS | | |
|--|-----|-------------------|
| TYPES OF MISCONDUCT | No. | Per cent of total |
| Absent from work without reason or permission | 779 | 43% |
| Code of conduct (improper/unacceptable manner) | 186 | 11% |
| Insubordination | 188 | 11% |
| Fails to comply with or contravenes acts | 351 | 20% |
| Negligence | 10 | 0.5% |
| Misuse of WCG property | 112 | 6% |
| Steals, bribes or commits fraud | 13 | 0.7% |
| Substance abuse | 26 | 1% |

| | | |
|---------------------------------|-------------|-------------|
| Sexual harassment | 2 | 0.1% |
| Discrimination | 2 | 0.1% |
| Assault or threatens to assault | 15 | 0.8% |
| Desertions | 22 | 1.2% |
| Protest Action | 69 | 4% |
| Social grant fraud | 0 | 0% |
| TOTAL | 1812 | 100% |

Table 128D: Grievances Lodged in 2015/16

| LABOUR RELATIONS | | |
|--|------------|--------------------------|
| GRIEVANCES | No. | Per cent of total |
| Number of grievances resolved | 256 | 85% |
| Number of grievances not resolved | 46 | 15% |
| TOTAL No. OF GRIEVANCES LODGED | 302 | 100% |
| Notes: | | |
| <ul style="list-style-type: none"> 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. | | |

Table 121D: Disputes Lodged with Councils in 2015/16

| LABOUR RELATIONS | | |
|--|------------|--------------------------|
| CONCILIATIONS | No. | Per cent of total |
| Deadlocked | 76 | 99% |
| Settled | 0 | 0% |
| Withdrawn | 1 | 1% |
| TOTAL NO. OF DISPUTES LODGED | 77 | 100% |
| LABOUR RELATIONS | | |
| ARBITRATIONS | No. | Per cent of total |
| Upheld in favour of employee | 9 | 16% |
| Dismissed in favour of employer | 31 | 56% |
| Settled | 15 | 27% |
| TOTAL No. OF DISPUTES LODGED | 55 | 100% |
| Notes: | | |
| <ul style="list-style-type: none"> Councils refer to the Public Service Co-ordinating Bargaining Council (PSCBC) and General Public Service Sector Bargaining Council (GPSSBC). | | |

Table 122D: Strike Action in 2015/16

| LABOUR RELATIONS | |
|--|-------------|
| Total number of person working days lost | 5hrs |
| Total cost (R'000) of working days lost | R 11 357.71 |
| Amount (R'000) recovered as a result of no work no pay | R 11 357.11 |

Table 130D: Precautionary Suspensions in 2015/16

| LABOUR RELATIONS | |
|--|-------------|
| Number of people suspended | 16 |
| Number of people whose suspension exceeded 60 days | 2 |
| Average number of days suspended | 37 |
| Cost of suspension (R'000) | R576 392.00 |
| Notes: | |
| <ul style="list-style-type: none"> 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. Table 124D reflect the training needs as at the beginning of the period under review, and Table 125D the actual training provided.

Table 131D: Training Needs Identified for 2015/16

| SKILLS DEVELOPMENT | | | | | | |
|--|--------|---------------------------------|--|---|-------------------------|-------|
| OCCUPATIONAL CATEGORY | Gender | No. of employees as at 01/04/15 | 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 | 85 | 0 | 23 | 0 | 23 |
| | Male | 151 | 0 | 21 | 0 | 21 |
| Professionals | Female | 9 334 | 12 | 11197 | 0 | 11209 |
| | Male | 3 053 | 4 | 3212 | 0 | 3216 |
| Technicians and associate professionals | Female | 789 | 0 | 8929 | 0 | 8929 |
| | Male | 512 | 0 | 2736 | 0 | 2736 |
| Clerks | Female | 2 667 | 0 | 2816 | 0 | 2816 |
| | Male | 1 383 | 0 | 1592 | 0 | 1592 |
| Service and sales workers | Female | 7 180 | 8 | 1282 | 0 | 1290 |
| | Male | 1 964 | 4 | 1521 | 0 | 1525 |
| 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 | 10 | 0 | 10 |
| Plant and machine operators and assemblers | Female | 5 | 0 | 161 | 0 | 161 |
| | Male | 158 | 0 | 204 | 0 | 204 |
| Elementary occupations | Female | 2 317 | 15 | 2170 | 0 | 2185 |
| | Male | 1 669 | 0 | 1434 | 0 | 1434 |
| SUB-TOTAL | Female | 22 377 | 35 | 26578 | 0 | 26613 |
| | Male | 8 890 | 8 | 10730 | 0 | 10738 |
| TOTAL | | 31 267 | 43 | 37308 | *2350 | 37351 |
| Employees with disabilities | Female | 78 | 0 | 0 | 0 | 0 |
| | Male | 80 | 0 | 0 | 0 | 0 |

Notes:

- The above table identifies the training needs at the start of the reporting period as per the Department's Work Place Skills Plan.
- *(Interns, ABET, Home-based carers) – M & E report.

Table 132D: Training Provided in 2015/16

| SKILLS DEVELOPMENT | | | | | | |
|--|--------|---------------------------------|--|---|-------------------------|-------|
| OCCUPATIONAL CATEGORY | Gender | No. of employees as at 01/04/15 | 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 | 97 | 0 | 97 |
| | Male | 149 | 0 | 79 | 0 | 79 |
| Professionals | Female | 9386 | 0 | 9318 | 0 | 9318 |
| | Male | 3061 | 0 | 2456 | 0 | 2456 |
| Technicians and associate professionals | Female | 780 | 0 | 4363 | 0 | 4363 |
| | Male | 519 | 0 | 1032 | 0 | 1032 |
| Clerks | Female | 2678 | 54 | 1976 | 0 | 2030 |
| | Male | 1395 | 8 | 968 | 0 | 976 |
| Service and sales workers | Female | 7309 | 0 | 946 | 0 | 946 |
| | Male | 1941 | 0 | 1144 | 0 | 1144 |
| 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 | 2 | 0 | 2 |
| | Male | 0 | 0 | 62 | 0 | 62 |
| Plant and machine operators and assemblers | Female | 5 | 0 | 95 | 0 | 95 |
| | Male | 153 | 0 | 103 | 0 | 103 |
| Elementary occupations | Female | 2295 | 0 | 676 | 0 | 676 |
| | Male | 1674 | 0 | 386 | 0 | 386 |
| SUB-TOTAL | Female | 22540 | 54 | 17473 | 0 | 17527 |
| | Male | 8892 | 8 | 6230 | 0 | 6238 |
| TOTAL | | 31432 | 62 | 23703 | *1809 | 23765 |
| Employees with disabilities | Female | 95 | 0 | 22 | 0 | 22 |
| | Male | 88 | 0 | 13 | 0 | 13 |

Notes:

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

Injury on Duty

Table 126D provides basic information on injury on duty.

Table 126D: Injuries on Duty for 2015/16

| INJURIES ON DUTY | | |
|---|------------|-------------------|
| NATURE OF INJURY ON DUTY | No. | Per cent of total |
| Required basic medical attention only | 462 | 88% |
| Temporary total disablement | 34 | 6% |
| Permanent disablement | 29 | 5% |
| Fatal | 4 | 1% |
| TOTAL | 529 | 100 |
| PERCENTAGE OF TOTAL EMPLOYMENT | | 1.68% |
| Note: | | |
| <ul style="list-style-type: none"> 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

After a discussion with the Standing Committee on Public Accounts on 16 October 2015, it was agreed that the undermentioned table be published in this format in future. Historically Disadvantaged Individuals (HDI's) have been replaced by BBBEE scorecards and information on HDI's is not maintained as a result. Donor funding has also not been utilised towards the procurement of Consultants in the year under review.

| UTILISATION OF CONSULTANTS | | |
|-----------------------------------|-----------|---|
| CONSULTANT / CONTRACTOR | AMOUNT | PURPOSE |
| ALEXANDER FORBES HEALTH (PTY)LTD | 83 558 | Payment for evaluation of PILIR and Incapacity cases |
| BUSINESS CONNEXION (PTY)LTD | 1 703 506 | Assistance with data analysis on PERSAL. |
| CREATIVE CONSULTING & DEVELOPMENT | 498 163 | Part of NHI project doing research on Woman's Health Strategy. |
| DEPT. OF PREMIER | 1 062 620 | Call Centre - Complaints Hot Line. |
| EVOLUTION STRATEGIES CC | 381 401 | Used for the compulsory Client Satisfaction Survey as this process can't be done internally but outsourced to a 3rd party. |
| FIREWIRE SYSTEM SOLUTIONS | 94 160 | For repairs/maintenance of Nurse Call System in wards/therapy areas at Western Cape Rehab Centre. |
| FOLIO ONLINE | 429 142 | Utilised for the verification of qualifications, credit and criminal checks in terms of DPSA policy. |
| HEALTH SYSTEM TECHNOLOGIES | 376 529 | Maintenance of computer systems like HIS. They assisted the Hospital Fees (Billing) department with the electronic submissions of medical aid accounts. |
| J DU P PROJECTS | 320 715 | Assisted Business Development and Pharmaceutical Services. |
| KROLL MIE (PTY) LTD | 16 692 | The expenditure was for verification of personal credentials, qualifications and criminal records to minimise CV fraud. |
| MANAGED INTEGRITY EVALUATION | 657 992 | Performance of staff verification checks. |
| MANAGED INTEGRITY EVALUATION (PT | 656 057 | Performance of staff verification checks. |

| UTILISATION OF CONSULTANTS | | |
|--|------------|--|
| CONSULTANT / CONTRACTOR | AMOUNT | PURPOSE |
| MANAGED INTERGRITY EVALUATION | 126 017 | Performance of staff verification checks. |
| MIE RESOURCE SERVICES CC | 9 041 | The expenditure was for verification of personal credentials, qualifications and criminal records to minimise CV fraud. |
| MPILISWENI FACILITY SERVICES | 19 474 187 | PPP payments to Mpilisweni Consortium |
| MPILISWENI FACILITY SERVICES CO | 40 220 055 | PPP payments to Mpilisweni Consortium. |
| NELSON MANDELA METROPOLITAN UNIV | 138 737 | Part of NHI project doing research and development of a training program for Pharmacy Technicians. |
| PC-CARD BELLVILLE ENGINEERING | 2 803 | Client Satisfaction Survey. |
| PC-CARD HIV/AIDS | 1 000 | Client Satisfaction Survey. |
| SABS | 56 648 | Test for all Radiographers to determine the effect of radiation; yearly registration of pharmacy services at each facility. |
| SABS COMMERCIAL | 15 411 | Relates to payments to SABS on a monthly basis for Dosimeter monitoring. (Radiation Protection Fees) |
| SABS COMMERCIAL SOC LTD | 433 | Relates to payments to SABS on a monthly basis for Dosimeter monitoring. (Radiation Protection Fees) |
| SOUTH AFRICAN BUREAU OF STANDARD | 1 224 678 | Test for all Radiographers to determine the effect of radiation; yearly registration of pharmacy services at each facility. |
| SOUTH AFRICAN MEDICAL RESEARCH COUNCIL | 227 432 | Used for mortality surveillance and evidence based for injury protection - was later expanded to include alcohol game changers. |
| TCS TESTHOUSE/SABS) | 75 130 | Relates to payments to SABS on a monthly basis for Dosimeter monitoring. (Radiation Protection Fees) |
| TEST HOUSE | 2 802 | Relates to payments to SABS on a monthly basis for Dosimeter monitoring. (Radiation Protection Fees) |
| THE ASSESSMENT TOOLBOX | 28 976 | The company was tasked to do a SMS competency assessment of a Senior Nursing Manager. |
| THE SOUTH AFRICAN PHARMACY COUNCIL | 3 026 | Licence to be able to dispense medication. |
| THREAD MEDIA CC | 199 063 | Research into a strategic multi-media intervention to enhance the patient waiting experience. |
| TRUST FOR THE HEALTH SYSTEMS | 771 455 | The work concerned injury surveillance in the Western Cape, particularly in relation to alcohol and drugs, and inter-personal violence |
| UNIVERSITY OF CAPE TOWN | 3 599 417 | Electronic system and monitoring and evaluation for the reporting of the Provincial ARV treatment programme |
| WORK DYNAMICS(PTY) LTD | 28 976 | Used for Compulsory Competency Assessment a Director's post. |
| ZGM CONSULTING PTY LTD T/A PSP | 93 562 | Transfer of Nursing College to HEI's. |
| PC-CARD MITCHELLS PLAIN HOSPITAL | 1 000 | Client Satisfaction Survey. |
| LANDELAHNI ASSESSMENT PTY LTD | 14 488 | Post assessment |
| FIRE SPEC SYSTEMS CC | 5 415 | Spares for Fire System |
| GAMIELDIEN | 3 772 | Provided technical advice to Private Health Advisory Committee when she attended the Mental Health Advisory Committee as per PN 187 8 (6). |
| ON TIME TRANSCRIBERS | 5 042 | Transcription services |
| FINTECH PTY LTD | 1 710 | Credit for franking machines. |
| ICT-WORKS (PTY) LTD | 845 841 | Change Management service. |
| PC-CARD BREWELSKLOOF HOSPITAL | 2 310 | Client Satisfaction Survey. |
| ALEXANDER FORBES HEALTH | 12 890 | Payment for evaluation of PILIR and Incapacity cases. |

| UTILISATION OF CONSULTANTS | | |
|-----------------------------------|-------------------|--|
| CONSULTANT / CONTRACTOR | AMOUNT | PURPOSE |
| THE DOCUMENT WAREHOUSE COAST | 470 000 | Stellenbosch Hospital admissions department was moved to another location. The Document Warehouse assisted with the moving of the files. |
| BUSINESS CONNEXION (PTY) LTD | 225 938 | Assistance with data analysis on PERSAL. |
| L/STATE ATTNY:LEGAL ADVICE SERV | 12 144 714 | Legal services rendered. |
| TOTAL RAND VALUE | 86 312 504 | |
| CONSULTANT TOTAL | 7 083 361 | |
| CONTRACTOR TOTAL | 79 229 143 | |
| TOTAL NUMBER OF PROJECTS | 45 | |



PART E:

FINANCIAL INFORMATION

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 Financial Statements

INTRODUCTION

¹ I have audited the financial statements of the Western Cape Department of Health set out on pages 224 to 296, which comprise the appropriation statement, the statement of financial position as at 31 March 2016, 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, comprising a summary of significant accounting policies and other explanatory information.

ACCOUNTING OFFICER'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

² The accounting officer is responsible for the preparation and fair presentation of these financial statements in accordance with the Modified Cash Standard (MCS) prescribed by the National Treasury and the requirements of the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA) and the Division of Revenue Act of South Africa, 2015 (Act No. 1 of 2015) (DoRA), and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

AUDITOR-GENERAL'S RESPONSIBILITY

³ My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with International Standards on Auditing. Those standards require that I comply with ethical requirements, and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

⁴ An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

⁵ I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

OPINION

⁶ 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 2016 and its financial performance and cash flows for the year then ended, in accordance with the MCS prescribed by the National Treasury and the requirements of the PFMA and DoRA.

EMPHASIS OF MATTERS

⁷ I draw attention to the matters below. My opinion is not modified in respect of these matters.

Material Losses/Impairments

⁸ As disclosed in note 22.2 to the financial statements, material losses to the amount of R290 million (2015: R258 million) were incurred as a result of a write-off of irrecoverable accrued departmental revenue.

⁹ As disclosed in note 22.3 to the financial statements, accrued departmental revenue was significantly impaired. The impairment allowance amounted to R228 million (2015: R226 million).

Significant Uncertainties

¹⁰With reference to note 17.1 to the financial statements, the department has contingent liabilities of R204,4 million (2015: R221 million). This includes an amount of R204 million (2015: R218 million) relating to claims against the department, most of which are claims for medical negligence. The ultimate outcome of the matter cannot presently be determined and no provision for any liability that may result has been made in the financial statements.

ADDITIONAL MATTER

¹¹I draw attention to the matter below. My opinion is not modified in respect of this matter.

Unaudited Supplementary Schedules

¹²The supplementary information set out on pages 297 to 315 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.

Report on other Legal & Regulatory Requirements

¹³In 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 findings on the reported performance information against predetermined objectives of selected programmes presented in the annual performance report, compliance with legislation and internal control. The objective of my tests was to identify reportable findings as described under each subheading, but not to gather evidence to express assurance on these matters. Accordingly, I do not express an opinion or conclusion on these matters.

PREDETERMINED OBJECTIVES

¹⁴I performed procedures to obtain evidence about the usefulness and reliability of the reported performance information of the following selected programmes presented in the annual performance report of the department for the year ended 31 March 2016:

- Programme 2: District health services on pages 61 to 70
- Programme 5: Central hospital services on pages 92 to 101.

¹⁵I evaluated the usefulness of the reported performance information to determine whether it was presented in accordance with the National Treasury's annual reporting principles and whether the reported performance was consistent with the planned programmes. I further performed tests to determine whether indicators and targets were well defined, verifiable, specific, measurable, time bound and relevant, as required by the National Treasury's Framework for managing programme performance information (FMPPi).

¹⁶I assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.

¹⁷The material findings in respect of the selected programmes are as follows:

PROGRAMME 2: DISTRICT HEALTH SERVICES

Reliability of Reported Performance Information

¹⁸ The FMPPI requires auditees to have appropriate systems to collect, collate, verify and store performance information to ensure reliable reporting of actual achievements against planned objectives, indicators and targets.

- For the indicators school grade R screening coverage (annualised); school grade 1 screening coverage (annualised); and school grade 8 screening coverage (annualised) (5% of the selected indicators), the reported achievements against planned targets were not reliable because I was unable to determine whether the information reported is valid and in line with policies and procedures in place and/or indicators were not reliable when compared to the evidence provided.
- For the indicators client screened for hypertension – 25 years and older; client screened for diabetes – 5 years and older; and client screened for mental disorders and client treated for mental disorders – new (7% of the selected indicators) the reported achievements against planned targets were not reliable because management did not report on actual services delivered.

¹⁹ I did not raise any material findings on the usefulness of the reported performance information for this programme.

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

²⁰ I did not raise any material findings on the usefulness and reliability of the reported performance information on this programme.

ADDITIONAL MATTERS

²¹ I draw attention to the following matters:

Achievement of Planned Targets

²² Refer to the annual performance report on pages 61 to 70 and 92 to 101 for information on the achievement of the planned targets for the year. This information should be considered in the context of the material finding on the reliability of the reported performance information in paragraph 18 of this report.

Adjustment of Material Misstatements

²³ I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were in the reported performance information of programme 2: District health services. As management subsequently corrected only some of the misstatements, I raised material findings on the reliability of the reported performance information.

COMPLIANCE WITH LEGISLATION

²⁴ I performed procedures to obtain evidence that the department had complied with applicable legislation regarding financial matters, financial management and other related matters. I did not identify any material instances of non-compliance with specific matters in key legislation, as set out in the general notice issued in terms of the PAA.

INTERNAL CONTROL

²⁵ I considered internal control relevant to my audit of the financial statements, annual performance report and compliance with legislation. The matters reported below are limited to the significant internal control deficiencies that resulted in the findings on the performance report included in this report.

LEADERSHIP

²⁶ Leadership did not exercise adequate oversight as policies and procedures as well as systems were not developed and implemented to enable the department to report on new indicators, for which the national department of health did not provide provinces with standard operating procedures and clear definitions.

²⁷ Leadership did not ensure that the policies and procedures relating to school indicators were well defined to enable reliable reporting through a clear understanding of what is collected so as to achieve the objective of the indicator.

FINANCIAL AND PERFORMANCE MANAGEMENT

²⁸ Programme managers did not appropriately assess the availability of reliable source information for indicators, resulting in facilities not reporting on services actually rendered.

²⁹ Where reliance was placed on third party information, management did not ensure that the relevant information provided was reliable for reporting on actual performance.

OTHER REPORTS

³⁰ I draw attention to the following engagements that could potentially impact on the department's financial, performance and compliance-related matters. My opinion is not modified in respect of the engagements that are in progress or have been completed.

INVESTIGATIONS

³¹ Twenty-two open cases relevant to the Western Cape Department of Health appeared in the provincial forensic service's register at the end of the financial year under review. The movement of cases is as follows:

- Forty-three new cases relating to alleged corruption, human resource irregularities, theft, financial irregularities and nepotism were reported to provincial forensic services during the year.
- Twenty-three cases were referred to the department for further investigation as these allegations did not form part of the provincial forensic services' mandate.
- Thirteen cases were completed (closed) by the provincial forensic services during the year under review. In one case there were findings of fraud and/or corruption/irregularity and/or non-compliance; in another case there were findings of irregularity and/or non-compliance, while in three cases there were findings of fraud and/or corruption, theft, irregularity and/or non-compliance. In eight cases, only a preliminary investigation was required, but no findings were made. However, in one of these cases it was recommended that disciplinary proceedings be instituted.



AUDITOR - GENERAL
SOUTH AFRICA

Auditing to build public confidence

Cape Town

29 July 2016

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Appropriation per programme | | | | | | | | | |
|--|------------------------|-------------------|--------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | 2015/16 | | | | | | | 2014/15 | |
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Voted funds and Direct charges | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Programme | | | | | | | | | |
| 1 Administration | 692 174 | - | (11 739) | 680 435 | 614 141 | 66 294 | 90.3% | 583 858 | 583 602 |
| 2 District Health Services | 7 401 881 | - | - | 7 401 881 | 7 352 880 | 49 001 | 99.3% | 6 784 724 | 6 767 273 |
| 3 Emergency Medical Services | 937 872 | - | - | 937 872 | 931 132 | 6 740 | 99.3% | 880 653 | 880 653 |
| 4 Provincial Hospital Services | 2 998 910 | - | (55) | 2 998 855 | 2 955 353 | 43 502 | 98.5% | 2 728 812 | 2 728 733 |
| 5 Central Hospital Services | 5 369 689 | - | 55 | 5 369 744 | 5 360 411 | 9 333 | 99.8% | 4 964 077 | 4 964 077 |
| 6 Health Sciences and Training | 336 966 | - | - | 336 966 | 319 793 | 17 173 | 94.9% | 314 296 | 312 111 |
| 7 Health Care Support Services | 411 241 | - | 11 739 | 422 980 | 422 977 | 3 | 100.0% | 359 617 | 356 436 |
| 8 Health Facilities Management | 892 339 | - | - | 892 339 | 780 431 | 111 908 | 87.5% | 814 386 | 712 923 |
| Programme sub total | 19 041 072 | - | - | 19 041 072 | 18 737 118 | 303 954 | 98.4% | 17 430 423 | 17 305 808 |
| Statutory Appropriation | - | - | - | - | - | - | - | - | - |
| Total | 19 041 072 | - | - | 19 041 072 | 18 737 118 | 303 954 | 98.4% | 17 430 423 | 17 305 808 |
| Reconciliation with Statement of Financial Performance | | | | | | | | | |
| Add: | | | | | | | | | |
| Departmental receipts | | | | 109 091 | | | | 121 957 | |
| Aid assistance | | | | 4 631 | | | | - | |
| Actual amounts per Statement of Financial Performance (Total Revenue) | | | | 19 154 794 | | | | 17 552 380 | |
| Add: Aid assistance | | | | | 3 075 | | | | 1 740 |
| Actual amounts per Statement of Financial Performance Expenditure | | | | | 18 740 193 | | | | 17 307 548 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Appropriation per economic classification | | | | | | | | | |
|---|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 17 160 151 | - | (6 525) | 17 153 626 | 16 925 915 | 227 711 | 98.7% | 15 644 198 | 15 583 313 |
| Compensation of employees | 11 095 792 | - | - | 11 095 792 | 10 949 652 | 146 140 | 98.7% | 10 121 261 | 10 072 353 |
| Salaries and wages | 9 846 820 | - | - | 9 846 820 | 9 702 893 | 143 927 | 98.5% | 8 992 528 | 8 975 853 |
| Social contributions | 1 248 972 | - | - | 1 248 972 | 1 246 759 | 2 213 | 99.8% | 1 128 733 | 1 096 500 |
| Goods and services | 6 064 359 | - | (6 525) | 6 057 834 | 5 976 263 | 81 571 | 98.7% | 5 522 937 | 5 510 960 |
| Administrative fees | 1 021 | - | - | 1 021 | 1 106 | (85) | 108.3% | 1 097 | 1 021 |
| Advertising | 37 318 | - | (2 949) | 34 369 | 26 645 | 7 724 | 77.5% | 35 624 | 35 124 |
| Minor assets | 72 664 | - | - | 72 664 | 47 489 | 25 175 | 65.4% | 83 479 | 51 117 |
| Audit costs: External | 27 081 | - | - | 27 081 | 23 701 | 3 380 | 87.5% | 26 180 | 25 378 |
| Bursaries: Employees | 8 754 | - | - | 8 754 | 8 703 | 51 | 99.4% | 7 958 | 7 758 |
| Catering: Departmental activities | 6 723 | - | - | 6 723 | 4 192 | 2 531 | 62.4% | 6 256 | 3 809 |
| Communication (G&S) | 82 724 | - | - | 82 724 | 79 904 | 2 820 | 96.6% | 73 302 | 71 846 |
| Computer services | 84 727 | - | (11 630) | 73 097 | 64 709 | 8 388 | 88.5% | 74 418 | 74 418 |
| Consultants: Business and advisory services | 92 611 | - | - | 92 611 | 73 427 | 19 184 | 79.3% | 81 799 | 77 562 |
| Infrastructure and planning services | 12 387 | - | - | 12 387 | 29 976 | (17 589) | 242.0% | - | 16 204 |
| Laboratory services | 591 762 | - | (1 625) | 590 137 | 554 754 | 35 383 | 94.0% | 572 613 | 570 186 |
| Legal services | 8 234 | - | - | 8 234 | 12 145 | (3 911) | 147.5% | 10 246 | 10 227 |
| Contractors | 386 738 | - | - | 386 738 | 389 949 | (3 211) | 100.8% | 357 262 | 358 295 |
| Agency and support / outsourced services | 425 535 | - | - | 425 535 | 431 294 | (5 759) | 101.4% | 430 127 | 430 127 |
| Entertainment | 276 | - | - | 276 | 41 | 235 | 14.9% | 410 | 67 |
| Fleet services (including government motor transport) | 169 668 | - | (1 777) | 167 891 | 166 292 | 1 599 | 99.0% | 159 789 | 158 505 |
| Inventory: Food and food supplies | 53 805 | - | - | 53 805 | 49 496 | 4 309 | 92.0% | 51 481 | 51 481 |
| Inventory: Materials and supplies | 33 548 | - | - | 33 548 | 31 016 | 2 532 | 92.5% | 27 220 | 29 507 |
| Inventory: Medical supplies | 1 239 129 | - | - | 1 239 129 | 1 298 695 | (59 566) | 104.8% | 1 138 809 | 1 174 505 |
| Inventory: Medicine | 1 115 573 | - | 11 630 | 1 127 203 | 1 136 188 | (8 985) | 100.8% | 1 002 477 | 1 028 175 |
| Inventory: Other supplies | 41 491 | - | - | 41 491 | 36 301 | 5 190 | 87.5% | 39 845 | 37 618 |
| Consumable supplies | 327 992 | - | - | 327 992 | 328 998 | (1 006) | 100.3% | 296 196 | 297 749 |
| Consumable: Stationery, printing and office supplies | 80 561 | - | - | 80 561 | 79 370 | 1 191 | 98.5% | 71 236 | 77 809 |
| Operating leases | 25 965 | - | - | 25 965 | 23 850 | 2 115 | 91.9% | 23 527 | 23 527 |
| Property payments | 1 015 338 | - | (174) | 1 015 164 | 962 296 | 52 868 | 94.8% | 834 199 | 784 552 |
| Transport provided: Departmental activity | 2 387 | - | - | 2 387 | 1 968 | 419 | 82.4% | 2 392 | 1 882 |
| Travel and subsistence | 39 737 | - | - | 39 737 | 39 503 | 234 | 99.4% | 36 709 | 41 184 |
| Training and development | 42 479 | - | - | 42 479 | 35 106 | 7 373 | 82.6% | 41 733 | 37 782 |
| Operating payments | 15 716 | - | - | 15 716 | 15 835 | (119) | 100.8% | 15 559 | 15 559 |
| Venues and facilities | 2 215 | - | - | 2 215 | 1 353 | 862 | 61.1% | 2 772 | 1 546 |
| Rental and hiring | 20 200 | - | - | 20 200 | 21 961 | (1 761) | 108.7% | 18 222 | 16 440 |
| Transfers and subsidies | 1 121 127 | - | - | 1 121 127 | 1 057 614 | 63 513 | 94.3% | 981 899 | 964 416 |
| Provinces and municipalities | 436 215 | - | - | 436 215 | 432 972 | 3 243 | 99.3% | 397 341 | 396 459 |
| Municipalities | 436 215 | - | - | 436 215 | 432 972 | 3 243 | 99.3% | 397 341 | 396 459 |
| Municipal bank accounts | 436 215 | - | - | 436 215 | 432 972 | 3 243 | 99.3% | 397 341 | 396 459 |
| Departmental agencies and accounts | 4 830 | - | - | 4 830 | 4 861 | (31) | 100.6% | 4 605 | 4 605 |
| Departmental agencies (non-business entities) | 4 830 | - | - | 4 830 | 4 861 | (31) | 100.6% | 4 605 | 4 605 |
| Higher education institutions | 3 992 | - | - | 3 992 | 3 992 | - | 100.0% | 3 773 | 3 773 |
| Non-profit institutions | 465 891 | - | - | 465 891 | 463 520 | 2 371 | 99.5% | 432 245 | 415 717 |
| Households | 210 199 | - | - | 210 199 | 152 269 | 57 930 | 72.4% | 143 935 | 143 862 |
| Social benefits | 50 482 | - | - | 50 482 | 49 229 | 1 253 | 97.5% | 53 480 | 53 407 |
| Other transfers to households | 159 717 | - | - | 159 717 | 103 040 | 56 677 | 64.5% | 90 455 | 90 455 |
| Payments for capital assets | 759 794 | - | - | 759 794 | 747 064 | 12 730 | 98.3% | 793 052 | 746 805 |
| Buildings and other fixed structures | 386 357 | - | - | 386 357 | 312 853 | 73 504 | 81.0% | 341 255 | 282 817 |
| Buildings | 386 357 | - | - | 386 357 | 312 853 | 73 504 | 81.0% | 341 255 | 282 817 |
| Machinery and equipment | 373 068 | - | - | 373 068 | 428 026 | (54 958) | 114.7% | 447 210 | 461 703 |
| Transport equipment | 127 975 | - | - | 127 975 | 153 817 | (25 842) | 120.2% | 144 930 | 153 967 |
| Other machinery and equipment | 245 093 | - | - | 245 093 | 274 209 | (29 116) | 111.9% | 302 280 | 307 736 |
| Software and other intangible assets | 369 | - | - | 369 | 6 185 | (5 816) | 1676.2% | 4 587 | 2 285 |
| Payment for financial assets | - | - | 6 525 | 6 525 | 6 525 | - | 100.0% | 11 274 | 11 274 |
| Total | 19 041 072 | - | - | 19 041 072 | 18 737 118 | 303 954 | 98.4% | 17 430 423 | 17 305 808 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Programme 1: Administration | | | | | | | | | |
|------------------------------------|------------------------|-------------------|-----------------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | 2015/16 | | | | | | | 2014/15 | |
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Sub programme | | | | | | | | | |
| 1 Office of the MEC | 7 062 | - | - | 7 062 | 6 208 | 854 | 87.9% | 6 862 | 6 862 |
| 2 Management | 685 112 | - | (11 739) | 673 373 | 607 933 | 65 440 | 90.3% | 576 996 | 576 740 |
| Total | 692 174 | - | (11 739) | 680 435 | 614 141 | 66 294 | 90.3% | 583 858 | 583 602 |

| Economic classification | 2015/16 | | | | | | | 2014/15 | |
|---|------------------------|-------------------|-----------------|---------------------|--------------------|-----------------|---|---------------------|--------------------|
| | 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 | 592 257 | - | (14 579) | 577 678 | 558 852 | 18 826 | 96.7% | 532 376 | 532 120 |
| Compensation of employees | 282 388 | - | - | 282 388 | 278 385 | 4 003 | 98.6% | 246 459 | 246 449 |
| Salaries and wages | 250 943 | - | - | 250 943 | 244 532 | 6 411 | 97.4% | 219 109 | 219 141 |
| Social contributions | 31 445 | - | - | 31 445 | 33 853 | (2 408) | 107.7% | 27 350 | 27 308 |
| Goods and services | 309 869 | - | (14 579) | 295 290 | 280 467 | 14 823 | 95.0% | 285 917 | 285 671 |
| Administrative fees | 991 | - | - | 991 | 1 040 | (49) | 104.9% | 1 022 | 1 014 |
| Advertising | 30 998 | - | (2 949) | 28 049 | 19 804 | 8 245 | 70.6% | 30 514 | 30 514 |
| Minor assets | 1 278 | - | - | 1 278 | 1 457 | (179) | 114.0% | 2 959 | 2 947 |
| Audit costs: External | 25 927 | - | - | 25 927 | 23 258 | 2 669 | 89.7% | 24 558 | 24 558 |
| Catering: Departmental activities | 1 391 | - | - | 1 391 | 817 | 574 | 58.7% | 999 | 956 |
| Communication (G&S) | 9 036 | - | - | 9 036 | 8 545 | 491 | 94.6% | 7 786 | 7 774 |
| Computer services | 73 550 | - | (11 630) | 61 920 | 58 297 | 3 623 | 94.1% | 65 658 | 64 625 |
| Consultants: Business and advisory services | 16 882 | - | - | 16 882 | 6 710 | 10 172 | 39.7% | 13 067 | 13 067 |
| Legal services | 8 234 | - | - | 8 234 | 12 145 | (3 911) | 147.5% | 10 235 | 10 227 |
| Contractors | 123 348 | - | - | 123 348 | 131 752 | (8 404) | 106.8% | 111 839 | 112 872 |
| Entertainment | 156 | - | - | 156 | 22 | 134 | 14.1% | 161 | 40 |
| Fleet services (including government motor transport) | 3 772 | - | - | 3 772 | 3 850 | (78) | 102.1% | 3 832 | 3 491 |
| Inventory: Materials and supplies | 7 | - | - | 7 | 27 | (20) | 385.7% | 129 | 10 |
| Inventory: Medical supplies | 5 | - | - | 5 | - | 5 | - | 16 | 7 |
| Consumable supplies | 145 | - | - | 145 | 131 | 14 | 90.3% | 270 | 118 |
| Consumable: Stationery, printing and office supplies | 3 825 | - | - | 3 825 | 3 250 | 575 | 85.0% | 3 520 | 3 481 |
| Operating leases | 883 | - | - | 883 | 1 271 | (388) | 143.9% | 847 | 847 |
| Property payments | 219 | - | - | 219 | 83 | 136 | 37.9% | 275 | 131 |
| Travel and subsistence | 7 364 | - | - | 7 364 | 6 418 | 946 | 87.2% | 6 142 | 7 098 |
| Training and development | 638 | - | - | 638 | 826 | (188) | 129.5% | 1 018 | 1 018 |
| Operating payments | 985 | - | - | 985 | 498 | 487 | 50.6% | 739 | 729 |
| Venues and facilities | 82 | - | - | 82 | 226 | (144) | 275.6% | 118 | 46 |
| Rental and hiring | 153 | - | - | 153 | 40 | 113 | 26.1% | 213 | 101 |
| Transfers and subsidies | 93 607 | - | - | 93 607 | 35 008 | 58 599 | 37.4% | 25 434 | 25 434 |
| Departmental agencies and accounts | 7 | - | - | 7 | 5 | 2 | 71.4% | 5 | 5 |
| Departmental agencies (non-business entities) | 7 | - | - | 7 | 5 | 2 | 71.4% | 5 | 5 |
| Non-profit institutions | 1 000 | - | - | 1 000 | 1 000 | - | 100.0% | 1 500 | 1 500 |
| Households | 92 600 | - | - | 92 600 | 34 003 | 58 597 | 36.7% | 23 929 | 23 929 |
| Social benefits | 8 398 | - | - | 8 398 | 6 479 | 1 919 | 77.1% | 6 516 | 6 516 |
| Other transfers to households | 84 202 | - | - | 84 202 | 27 524 | 56 678 | 32.7% | 17 413 | 17 413 |
| Payments for capital assets | 6 310 | - | - | 6 310 | 17 441 | (11 131) | 276.4% | 22 931 | 22 931 |
| Machinery and equipment | 6 292 | - | - | 6 292 | 17 441 | (11 149) | 277.2% | 21 011 | 21 011 |
| Transport equipment | 4 815 | - | - | 4 815 | 6 748 | (1 933) | 140.1% | 7 135 | 7 135 |
| Other machinery and equipment | 1 477 | - | - | 1 477 | 10 693 | (9 216) | 724.0% | 13 876 | 13 876 |
| Software and other intangible assets | 18 | - | - | 18 | - | 18 | - | 1 920 | 1 920 |
| Payment for financial assets | - | - | 2 840 | 2 840 | 2 840 | - | 100.0% | 3 117 | 3 117 |
| Total | 692 174 | - | (11 739) | 680 435 | 614 141 | 66 294 | 90.3% | 583 858 | 583 602 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Economic classification | 2015/16 | | | | | | | 2014/15 | |
|------------------------------------|------------------------|-------------------|----------|---------------------|--------------------|------------|---|---------------------|--------------------|
| | 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 | 6 668 | - | - | 6 668 | 5 885 | 783 | 88.3% | 6 382 | 6 382 |
| Compensation of employees | 5 335 | - | - | 5 335 | 5 393 | (58) | 101.1% | 5 167 | 5 317 |
| Goods and services | 1 333 | - | - | 1 333 | 492 | 841 | 36.9% | 1 215 | 1 065 |
| Transfers and subsidies | 3 | - | - | 3 | 1 | 2 | 33.3% | 63 | 63 |
| Departmental agencies and accounts | 3 | - | - | 3 | - | 3 | - | - | - |
| Households | - | - | - | - | 1 | (1) | - | 63 | 63 |
| Payments for capital assets | 391 | - | - | 391 | 322 | 69 | 82.4% | 417 | 417 |
| Machinery and equipment | 391 | - | - | 391 | 322 | 69 | 82.4% | 417 | 417 |
| Total | 7 062 | - | - | 7 062 | 6 208 | 854 | 87.9% | 6 862 | 6 862 |

| Economic classification | 2015/16 | | | | | | | 2014/15 | |
|--------------------------------------|------------------------|-------------------|-----------------|---------------------|--------------------|-----------------|---|---------------------|--------------------|
| | 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 | 585 589 | - | (14 579) | 571 010 | 552 967 | 18 043 | 96.8% | 525 994 | 525 738 |
| Compensation of employees | 277 053 | - | - | 277 053 | 272 992 | 4 061 | 98.5% | 241 292 | 241 132 |
| Goods and services | 308 536 | - | (14 579) | 293 957 | 279 975 | 13 982 | 95.2% | 284 702 | 284 606 |
| Transfers and subsidies | 93 604 | - | - | 93 604 | 35 007 | 58 597 | 37.4% | 25 371 | 25 371 |
| Departmental agencies and accounts | 4 | - | - | 4 | 5 | (1) | 125.0% | 5 | 5 |
| Non-profit institutions | 1 000 | - | - | 1 000 | 1 000 | - | 100.0% | 1 500 | 1 500 |
| Households | 92 600 | - | - | 92 600 | 34 002 | 58 598 | 36.7% | 23 866 | 23 866 |
| Payments for capital assets | 5 919 | - | - | 5 919 | 17 119 | (11 200) | 289.2% | 22 514 | 22 514 |
| Machinery and equipment | 5 901 | - | - | 5 901 | 17 119 | (11 218) | 290.1% | 20 594 | 20 594 |
| Software and other intangible assets | 18 | - | - | 18 | - | 18 | - | 1 920 | 1 920 |
| Payment for financial assets | - | - | 2 840 | 2 840 | 2 840 | - | 100.0% | 3 117 | 3 117 |
| Total | 685 112 | - | (11 739) | 673 373 | 607 933 | 65 440 | 90.3% | 576 996 | 576 740 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Programme 2: District Health Services | | | | | | | | | |
|--|------------------------|-------------------|----------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | 2015/16 | | | | | | | 2014/15 | |
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Sub programme | | | | | | | | | |
| 1 District Management | 316 615 | - | 227 | 316 842 | 317 524 | (682) | 100.2% | 308 300 | 306 284 |
| 2 Community Health Clinics | 1 102 756 | - | - | 1 102 756 | 1 079 406 | 23 350 | 97.9% | 1 045 380 | 1 036 408 |
| 3 Community Health Centres | 1 709 097 | - | (835) | 1 708 262 | 1 679 765 | 28 497 | 98.3% | 1 501 520 | 1 496 331 |
| 4 Community Based Services | 193 083 | - | 7 | 193 090 | 196 777 | (3 687) | 101.9% | 176 923 | 174 671 |
| 5 Other Community Services | 1 | - | - | 1 | - | 1 | - | 1 | - |
| 6 HIV and AIDS | 1 209 001 | - | - | 1 209 001 | 1 208 872 | 129 | 100.0% | 1 082 794 | 1 082 792 |
| 7 Nutrition | 40 320 | - | - | 40 320 | 41 305 | (985) | 102.4% | 37 507 | 36 223 |
| 8 Coroner Services | 1 | - | - | 1 | - | 1 | - | 1 | - |
| 9 District Hospitals | 2 731 660 | - | 601 | 2 732 261 | 2 735 939 | (3 678) | 100.1% | 2 505 226 | 2 512 441 |
| 10 Global Fund | 99 347 | - | - | 99 347 | 93 292 | 6 055 | 93.9% | 127 072 | 122 123 |
| Total | 7 401 881 | - | - | 7 401 881 | 7 352 880 | 49 001 | 99.3% | 6 784 724 | 6 767 273 |

| Economic classification | 2015/16 | | | | | | | 2014/15 | |
|---|------------------------|-------------------|----------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | 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 | 6 532 050 | - | (1 050) | 6 531 000 | 6 479 222 | 51 778 | 99.2% | 5 948 525 | 5 941 044 |
| Compensation of employees | 4 083 643 | - | - | 4 083 643 | 4 032 421 | 51 222 | 98.7% | 3 695 280 | 3 654 420 |
| Salaries and wages | 3 607 059 | - | - | 3 607 059 | 3 555 275 | 51 784 | 98.6% | 3 252 416 | 3 241 746 |
| Social contributions | 476 584 | - | - | 476 584 | 477 146 | (562) | 100.1% | 442 864 | 412 674 |
| Goods and services | 2 448 407 | - | (1 050) | 2 447 357 | 2 446 801 | 556 | 100.0% | 2 253 245 | 2 286 624 |
| Administrative fees | 26 | - | - | 26 | 17 | 9 | 65.4% | 28 | 2 |
| Advertising | 5 958 | - | - | 5 958 | 6 534 | (576) | 109.7% | 4 854 | 4 291 |
| Minor assets | 15 970 | - | - | 15 970 | 14 100 | 1 870 | 88.3% | 16 052 | 15 094 |
| Audit costs: External | 1 154 | - | - | 1 154 | 443 | 711 | 38.4% | 1 622 | 820 |
| Catering: Departmental activities | 2 324 | - | - | 2 324 | 1 363 | 961 | 58.6% | 2 763 | 1 123 |
| Communication (G&S) | 32 987 | - | - | 32 987 | 33 394 | (407) | 101.2% | 30 691 | 29 614 |
| Computer services | 5 704 | - | - | 5 704 | 2 898 | 2 806 | 50.8% | 4 895 | 4 265 |
| Consultants: Business and advisory services | 11 111 | - | - | 11 111 | 6 262 | 4 849 | 56.4% | 9 163 | 6 971 |
| Laboratory services | 341 796 | - | (1 050) | 340 746 | 319 559 | 21 187 | 93.8% | 318 684 | 327 732 |
| Contractors | 50 205 | - | - | 50 205 | 48 591 | 1 614 | 96.8% | 38 344 | 42 807 |
| Agency and support / outsourced services | 242 012 | - | - | 242 012 | 260 127 | (18 115) | 107.5% | 262 249 | 263 333 |
| Entertainment | 89 | - | - | 89 | 12 | 77 | 13.5% | 90 | 19 |
| Fleet services (including government motor transport) | 28 711 | - | - | 28 711 | 28 265 | 446 | 98.4% | 27 607 | 27 260 |
| Inventory: Food and food supplies | 36 017 | - | - | 36 017 | 34 463 | 1 554 | 95.7% | 36 381 | 36 718 |
| Inventory: Materials and supplies | 2 407 | - | - | 2 407 | 3 130 | (723) | 130.0% | 1 665 | 2 301 |
| Inventory: Medical supplies | 359 016 | - | - | 359 016 | 376 035 | (17 019) | 104.7% | 335 822 | 334 753 |
| Inventory: Medicine | 840 055 | - | - | 840 055 | 837 734 | 2 321 | 99.7% | 752 506 | 769 742 |
| Inventory: Other supplies | 26 039 | - | - | 26 039 | 23 199 | 2 840 | 89.1% | 23 972 | 23 575 |
| Consumable supplies | 91 044 | - | - | 91 044 | 98 906 | (7 862) | 108.6% | 86 312 | 87 655 |
| Consumable: Stationery, printing and office supplies | 40 456 | - | - | 40 456 | 41 224 | (768) | 101.9% | 37 906 | 40 513 |
| Operating leases | 12 593 | - | - | 12 593 | 11 991 | 602 | 95.2% | 11 495 | 11 501 |
| Property payments | 254 234 | - | - | 254 234 | 251 755 | 2 479 | 99.0% | 211 766 | 221 481 |
| Transport provided: Departmental activity | 1 198 | - | - | 1 198 | 1 128 | 70 | 94.2% | 1 049 | 1 026 |
| Travel and subsistence | 14 189 | - | - | 14 189 | 13 569 | 620 | 95.6% | 13 303 | 14 535 |
| Training and development | 12 953 | - | - | 12 953 | 11 605 | 1 348 | 89.6% | 9 732 | 8 344 |
| Operating payments | 5 051 | - | - | 5 051 | 4 487 | 564 | 88.8% | 4 813 | 4 675 |
| Venues and facilities | 222 | - | - | 222 | 110 | 112 | 49.5% | 699 | 141 |
| Rental and hiring | 14 886 | - | - | 14 886 | 15 900 | (1 014) | 106.8% | 8 782 | 6 333 |
| Transfers and subsidies | 788 010 | - | - | 788 010 | 782 741 | 5 269 | 99.3% | 729 208 | 717 331 |
| Provinces and municipalities | 436 215 | - | - | 436 215 | 432 972 | 3 243 | 99.3% | 397 341 | 396 459 |
| Municipalities | 436 215 | - | - | 436 215 | 432 972 | 3 243 | 99.3% | 397 341 | 396 459 |
| Municipal bank accounts | 436 215 | - | - | 436 215 | 432 972 | 3 243 | 99.3% | 397 341 | 396 459 |
| Departmental agencies and accounts | 130 | - | - | 130 | 136 | (6) | 104.6% | 147 | 144 |
| Departmental agencies (non-business entities) | 130 | - | - | 130 | 136 | (6) | 104.6% | 147 | 144 |
| Non-profit institutions | 337 262 | - | - | 337 262 | 335 177 | 2 085 | 99.4% | 314 994 | 303 935 |
| Households | 14 403 | - | - | 14 403 | 14 456 | (53) | 100.4% | 16 726 | 16 793 |
| Social benefits | 13 962 | - | - | 13 962 | 14 382 | (420) | 103.0% | 15 840 | 15 907 |
| Other transfers to households | 441 | - | - | 441 | 74 | 367 | 16.8% | 886 | 886 |
| Payments for capital assets | 81 821 | - | - | 81 821 | 89 867 | (8 046) | 109.8% | 105 353 | 107 260 |
| Buildings and other fixed structures | - | - | - | - | 69 | (69) | - | 10 | 10 |
| Buildings | - | - | - | - | 69 | (69) | - | 10 | 10 |
| Machinery and equipment | 81 619 | - | - | 81 619 | 89 711 | (8 092) | 109.9% | 105 325 | 107 250 |
| Transport equipment | 39 398 | - | - | 39 398 | 46 808 | (7 410) | 118.8% | 47 228 | 48 078 |
| Other machinery and equipment | 42 221 | - | - | 42 221 | 42 903 | (682) | 101.6% | 58 097 | 59 172 |
| Software and other intangible assets | 202 | - | - | 202 | 87 | 115 | 43.1% | 18 | - |
| Payment for financial assets | - | - | 1 050 | 1 050 | 1 050 | - | 100.0% | 1 638 | 1 638 |
| Total | 7 401 881 | - | - | 7 401 881 | 7 352 880 | 49 001 | 99.3% | 6 784 724 | 6 767 273 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Subprogramme: 2.1: District Management | | | | | | | | | |
|--|------------------------|-------------------|------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 305 427 | - | - | 305 427 | 304 755 | 672 | 99.8% | 290 052 | 288 584 |
| Compensation of employees | 264 152 | - | - | 264 152 | 265 688 | (1 536) | 100.6% | 248 158 | 248 158 |
| Goods and services | 41 275 | - | - | 41 275 | 39 067 | 2 208 | 94.7% | 41 894 | 40 426 |
| Transfers and subsidies | 1 517 | - | - | 1 517 | 1 133 | 384 | 74.7% | 3 337 | 2 807 |
| Departmental agencies and accounts | 9 | - | - | 9 | 1 | 8 | 11.1% | 7 | 7 |
| Non-profit institutions | 397 | - | - | 397 | 281 | 116 | 70.8% | 600 | 111 |
| Households | 1 111 | - | - | 1 111 | 851 | 260 | 76.6% | 2 730 | 2 689 |
| Payments for capital assets | 9 671 | - | - | 9 671 | 11 409 | (1 738) | 118.0% | 14 033 | 14 015 |
| Machinery and equipment | 9 671 | - | - | 9 671 | 11 409 | (1 738) | 118.0% | 14 015 | 14 015 |
| Software and other intangible assets | - | - | - | - | - | - | - | 18 | - |
| Payment for financial assets | - | - | 227 | 227 | 227 | - | 100.0% | 878 | 878 |
| Total | 316 615 | - | 227 | 316 842 | 317 524 | (682) | 100.2% | 308 300 | 306 284 |

| Subprogramme: 2.2: Community Health Clinics | | | | | | | | | |
|---|------------------------|-------------------|-----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 813 789 | - | (36) | 813 753 | 790 711 | 23 042 | 97.2% | 769 748 | 761 819 |
| Compensation of employees | 478 409 | - | - | 478 409 | 473 994 | 4 415 | 99.1% | 457 332 | 448 241 |
| Goods and services | 335 380 | - | (36) | 335 344 | 316 717 | 18 627 | 94.4% | 312 416 | 313 578 |
| Transfers and subsidies | 268 406 | - | - | 268 406 | 264 580 | 3 826 | 98.6% | 247 123 | 246 268 |
| Provinces and municipalities | 264 688 | - | - | 264 688 | 261 821 | 2 867 | 98.9% | 244 122 | 244 122 |
| Departmental agencies and accounts | 12 | - | - | 12 | 18 | (6) | 150.0% | 11 | 17 |
| Non-profit institutions | 2 000 | - | - | 2 000 | 1 844 | 156 | 92.2% | 1 323 | 1 238 |
| Households | 1 706 | - | - | 1 706 | 897 | 809 | 52.6% | 1 667 | 891 |
| Payments for capital assets | 20 561 | - | - | 20 561 | 24 079 | (3 518) | 117.1% | 28 494 | 28 306 |
| Machinery and equipment | 20 561 | - | - | 20 561 | 24 079 | (3 518) | 117.1% | 28 494 | 28 306 |
| Payment for financial assets | - | - | 36 | 36 | 36 | - | 100.0% | 15 | 15 |
| Total | 1 102 756 | - | - | 1 102 756 | 1 079 406 | 23 350 | 97.9% | 1 045 380 | 1 036 408 |

| Subprogramme: 2.3: Community Health Centres | | | | | | | | | |
|---|------------------------|-------------------|--------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 1 694 255 | - | (1 014) | 1 693 241 | 1 662 463 | 30 778 | 98.2% | 1 480 277 | 1 475 682 |
| Compensation of employees | 958 039 | - | - | 958 039 | 927 985 | 30 054 | 96.9% | 824 091 | 810 463 |
| Goods and services | 736 216 | - | (1 014) | 735 202 | 734 478 | 724 | 99.9% | 656 186 | 665 219 |
| Transfers and subsidies | 3 445 | - | - | 3 445 | 4 104 | (659) | 119.1% | 3 511 | 3 601 |
| Departmental agencies and accounts | 11 | - | - | 11 | - | 11 | - | 11 | 1 |
| Households | 3 434 | - | - | 3 434 | 4 104 | (670) | 119.5% | 3 500 | 3 600 |
| Payments for capital assets | 11 397 | - | - | 11 397 | 13 019 | (1 622) | 114.2% | 17 364 | 16 680 |
| Buildings and other fixed structures | - | - | - | - | 69 | (69) | - | 10 | 10 |
| Machinery and equipment | 11 397 | - | - | 11 397 | 12 950 | (1 553) | 113.6% | 17 354 | 16 670 |
| Payment for financial assets | - | - | 179 | 179 | 179 | - | 100.0% | 368 | 368 |
| Total | 1 709 097 | - | (835) | 1 708 262 | 1 679 765 | 28 497 | 98.3% | 1 501 520 | 1 496 331 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Subprogramme: 2.4: Community Based Services | | | | | | | | | |
|--|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 44 860 | - | - | 44 860 | 48 962 | (4 102) | 109.1% | 43 635 | 45 432 |
| Compensation of employees | 38 934 | - | - | 38 934 | 43 241 | (4 307) | 111.1% | 37 431 | 39 466 |
| Goods and services | 5 926 | - | - | 5 926 | 5 721 | 205 | 96.5% | 6 204 | 5 966 |
| Transfers and subsidies | 147 629 | - | - | 147 629 | 146 971 | 658 | 99.6% | 132 616 | 128 507 |
| Departmental agencies and accounts | 2 | - | - | 2 | - | 2 | - | 2 | - |
| Non-profit institutions | 147 374 | - | - | 147 374 | 146 873 | 501 | 99.7% | 132 434 | 128 400 |
| Households | 253 | - | - | 253 | 98 | 155 | 38.7% | 180 | 107 |
| Payments for capital assets | 594 | - | - | 594 | 837 | (243) | 140.9% | 657 | 717 |
| Machinery and equipment | 594 | - | - | 594 | 837 | (243) | 140.9% | 657 | 717 |
| Payment for financial assets | - | - | 7 | 7 | 7 | - | 100.0% | 15 | 15 |
| Total | 193 083 | - | 7 | 193 090 | 196 777 | (3 687) | 101.9% | 176 923 | 174 671 |

| Subprogramme: 2.5: Other Community Services | | | | | | | | | |
|--|------------------------|-------------------|----------|---------------------|--------------------|----------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 1 | - | - | 1 | - | 1 | - | 1 | - |
| Goods and services | 1 | - | - | 1 | - | 1 | - | 1 | - |
| Total | 1 | - | - | 1 | - | 1 | - | 1 | - |

| Subprogramme: 2.6: HIV and AIDS | | | | | | | | | |
|--|------------------------|-------------------|----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 913 087 | - | - | 913 087 | 913 710 | (623) | 100.1% | 818 362 | 822 298 |
| Compensation of employees | 458 993 | - | - | 458 993 | 455 860 | 3 133 | 99.3% | 408 118 | 400 192 |
| Goods and services | 454 094 | - | - | 454 094 | 457 850 | (3 756) | 100.8% | 410 244 | 422 106 |
| Transfers and subsidies | 294 108 | - | - | 294 108 | 293 966 | 142 | 100.0% | 262 949 | 258 720 |
| Provinces and municipalities | 133 515 | - | - | 133 515 | 133 515 | - | 100.0% | 109 589 | 109 589 |
| Non-profit institutions | 160 593 | - | - | 160 593 | 159 620 | 973 | 99.4% | 153 360 | 148 274 |
| Households | - | - | - | - | 831 | (831) | - | - | 857 |
| Payments for capital assets | 1 806 | - | - | 1 806 | 1 196 | 610 | 66.2% | 1 483 | 1 774 |
| Machinery and equipment | 1 806 | - | - | 1 806 | 1 196 | 610 | 66.2% | 1 483 | 1 774 |
| Total | 1 209 001 | - | - | 1 209 001 | 1 208 872 | 129 | 100.0% | 1 082 794 | 1 082 792 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Subprogramme: 2.7: Nutrition | | | | | | | | | |
|-------------------------------------|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 32 746 | - | - | 32 746 | 34 164 | (1 418) | 104.3% | 30 355 | 29 531 |
| Compensation of employees | 7 798 | - | - | 7 798 | 8 225 | (427) | 105.5% | 6 970 | 7 208 |
| Goods and services | 24 948 | - | - | 24 948 | 25 939 | (991) | 104.0% | 23 385 | 22 323 |
| Transfers and subsidies | 7 568 | - | - | 7 568 | 7 134 | 434 | 94.3% | 7 135 | 6 675 |
| Provinces and municipalities | 4 904 | - | - | 4 904 | 4 528 | 376 | 92.3% | 4 636 | 4 503 |
| Non-profit institutions | 2 664 | - | - | 2 664 | 2 593 | 71 | 97.3% | 2 499 | 2 172 |
| Households | - | - | - | - | 13 | (13) | - | - | - |
| Payments for capital assets | 6 | - | - | 6 | 7 | (1) | 116.7% | 17 | 17 |
| Machinery and equipment | 6 | - | - | 6 | 7 | (1) | 116.7% | 17 | 17 |
| Total | 40 320 | - | - | 40 320 | 41 305 | (985) | 102.4% | 37 507 | 36 223 |

| Subprogramme: 2.8: Coroner Services | | | | | | | | | |
|--|------------------------|-------------------|----------|---------------------|--------------------|----------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 1 | - | - | 1 | - | 1 | - | 1 | - |
| Goods and services | 1 | - | - | 1 | - | 1 | - | 1 | - |
| Total | 1 | - | - | 1 | - | 1 | - | 1 | - |

| Subprogramme: 2.9: District Hospitals | | | | | | | | | |
|--|------------------------|-------------------|------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 2 684 574 | - | - | 2 684 574 | 2 687 056 | (2 482) | 100.1% | 2 451 568 | 2 456 334 |
| Compensation of employees | 1 844 195 | - | - | 1 844 195 | 1 827 894 | 16 301 | 99.1% | 1 670 383 | 1 658 153 |
| Goods and services | 840 379 | - | - | 840 379 | 859 162 | (18 783) | 102.2% | 781 185 | 798 181 |
| Transfers and subsidies | 9 305 | - | - | 9 305 | 8 964 | 341 | 96.3% | 9 991 | 9 994 |
| Departmental agencies and accounts | 96 | - | - | 96 | 117 | (21) | 121.9% | 116 | 119 |
| Non-profit institutions | 1 338 | - | - | 1 338 | 1 229 | 109 | 91.9% | 1 250 | 1 250 |
| Households | 7 871 | - | - | 7 871 | 7 618 | 253 | 96.8% | 8 625 | 8 625 |
| Payments for capital assets | 37 781 | - | - | 37 781 | 39 318 | (1 537) | 104.1% | 43 305 | 45 751 |
| Machinery and equipment | 37 579 | - | - | 37 579 | 39 231 | (1 652) | 104.4% | 43 305 | 45 751 |
| Software and other intangible assets | 202 | - | - | 202 | 87 | 115 | 43.1% | - | - |
| Payment for financial assets | - | - | 601 | 601 | 601 | - | 100.0% | 362 | 362 |
| Total | 2 731 660 | - | 601 | 2 732 261 | 2 735 939 | (3 678) | 100.1% | 2 505 226 | 2 512 441 |

| Subprogramme: 2.10: Global Fund | | | | | | | | | |
|--|------------------------|-------------------|----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 43 310 | - | - | 43 310 | 37 401 | 5 909 | 86.4% | 64 526 | 61 364 |
| Compensation of employees | 33 123 | - | - | 33 123 | 29 534 | 3 589 | 89.2% | 42 797 | 42 539 |
| Goods and services | 10 187 | - | - | 10 187 | 7 867 | 2 320 | 77.2% | 21 729 | 18 825 |
| Transfers and subsidies | 56 032 | - | - | 56 032 | 55 889 | 143 | 99.7% | 62 546 | 60 759 |
| Provinces and municipalities | 33 108 | - | - | 33 108 | 33 108 | - | 100.0% | 38 994 | 38 245 |
| Non-profit institutions | 22 896 | - | - | 22 896 | 22 737 | 159 | 99.3% | 23 528 | 22 490 |
| Households | 28 | - | - | 28 | 44 | (16) | 157.1% | 24 | 24 |
| Payments for capital assets | 5 | - | - | 5 | 2 | 3 | 40.0% | - | - |
| Machinery and equipment | 5 | - | - | 5 | 2 | 3 | 40.0% | - | - |
| Total | 99 347 | - | - | 99 347 | 93 292 | 6 055 | 93.9% | 127 072 | 122 123 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Programme 3: Emergency Medical Services | | | | | | | | | |
|--|------------------------|-------------------|----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| | 2015/16 | | | | | | | 2014/15 | |
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Sub programme | | | | | | | | | |
| 1 Emergency Transport | 865 865 | - | - | 865 865 | 850 341 | 15 524 | 98.2% | 811 644 | 812 615 |
| 2 Planned Patient Transport | 72 007 | - | - | 72 007 | 80 791 | (8 784) | 112.2% | 69 009 | 68 038 |
| Total | 937 872 | - | - | 937 872 | 931 132 | 6 740 | 99.3% | 880 653 | 880 653 |

| Economic classification | 2015/16 | | | | | | | 2014/15 | |
|---|------------------------|-------------------|----------------|---------------------|--------------------|-----------------|---|---------------------|--------------------|
| | 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 | 813 755 | - | (1 777) | 811 978 | 791 628 | 20 350 | 97.5% | 757 031 | 754 826 |
| Compensation of employees | 550 658 | - | - | 550 658 | 540 269 | 10 389 | 98.1% | 508 761 | 507 873 |
| Salaries and wages | 470 621 | - | - | 470 621 | 459 325 | 11 296 | 97.6% | 436 933 | 436 680 |
| Social contributions | 80 037 | - | - | 80 037 | 80 944 | (907) | 101.1% | 71 828 | 71 193 |
| Goods and services | 263 097 | - | (1 777) | 261 320 | 251 359 | 9 961 | 96.2% | 248 270 | 246 953 |
| Minor assets | 663 | - | - | 663 | 647 | 16 | 97.6% | 1 894 | 1 894 |
| Catering: Departmental activities | 200 | - | - | 200 | 86 | 114 | 43.0% | 252 | 8 |
| Communication (G&S) | 10 422 | - | - | 10 422 | 6 656 | 3 766 | 63.9% | 6 506 | 6 421 |
| Computer services | 57 | - | - | 57 | - | 57 | - | 52 | 1 |
| Consultants: Business and advisory services | 34 | - | - | 34 | 44 | (10) | 129.4% | 164 | 77 |
| Contractors | 91 261 | - | - | 91 261 | 87 398 | 3 863 | 95.8% | 89 557 | 89 557 |
| Agency and support / outsourced services | 604 | - | - | 604 | 500 | 104 | 82.8% | 661 | 411 |
| Entertainment | 3 | - | - | 3 | 2 | 1 | 66.7% | 5 | 4 |
| Fleet services (including government motor transport) | 119 233 | - | (1 777) | 117 456 | 116 822 | 634 | 99.5% | 111 437 | 111 437 |
| Inventory: Materials and supplies | 1 571 | - | - | 1 571 | 2 104 | (533) | 133.9% | 1 334 | 1 334 |
| Inventory: Medical supplies | 9 740 | - | - | 9 740 | 10 801 | (1 061) | 110.9% | 8 535 | 8 365 |
| Inventory: Medicine | 399 | - | - | 399 | 524 | (125) | 131.3% | 530 | 512 |
| Inventory: Other supplies | - | - | - | - | 10 | (10) | - | - | - |
| Consumable supplies | 11 283 | - | - | 11 283 | 10 116 | 1 167 | 89.7% | 12 098 | 11 938 |
| Consumable: Stationery, printing and office supplies | 2 688 | - | - | 2 688 | 2 523 | 165 | 93.9% | 2 504 | 2 504 |
| Operating leases | 3 478 | - | - | 3 478 | 1 647 | 1 831 | 47.4% | 3 127 | 3 118 |
| Property payments | 8 454 | - | - | 8 454 | 8 034 | 420 | 95.0% | 6 508 | 6 508 |
| Travel and subsistence | 1 919 | - | - | 1 919 | 2 672 | (753) | 139.2% | 2 138 | 2 138 |
| Training and development | 931 | - | - | 931 | 714 | 217 | 76.7% | 828 | 639 |
| Operating payments | 74 | - | - | 74 | 51 | 23 | 68.9% | 72 | 72 |
| Venues and facilities | 82 | - | - | 82 | - | 82 | - | 63 | 10 |
| Rental and hiring | 1 | - | - | 1 | 8 | (7) | 800.0% | 5 | 5 |
| Transfers and subsidies | 52 927 | - | - | 52 927 | 52 789 | 138 | 99.7% | 50 393 | 48 171 |
| Departmental agencies and accounts | 13 | - | - | 13 | 16 | (3) | 123.1% | 15 | 15 |
| Departmental agencies (non-business entities) | 13 | - | - | 13 | 16 | (3) | 123.1% | 15 | 15 |
| Non-profit institutions | 52 317 | - | - | 52 317 | 52 144 | 173 | 99.7% | 49 449 | 47 227 |
| Households | 597 | - | - | 597 | 629 | (32) | 105.4% | 929 | 929 |
| Social benefits | 597 | - | - | 597 | 629 | (32) | 105.4% | 878 | 878 |
| Other transfers to households | - | - | - | - | - | - | - | 51 | 51 |
| Payments for capital assets | 71 190 | - | - | 71 190 | 84 938 | (13 748) | 119.3% | 71 541 | 75 968 |
| Machinery and equipment | 71 190 | - | - | 71 190 | 84 938 | (13 748) | 119.3% | 71 541 | 75 968 |
| Transport equipment | 57 699 | - | - | 57 699 | 71 249 | (13 550) | 123.5% | 60 613 | 66 890 |
| Other machinery and equipment | 13 491 | - | - | 13 491 | 13 689 | (198) | 101.5% | 10 928 | 9 078 |
| Payment for financial assets | - | - | 1 777 | 1 777 | 1 777 | - | 100.0% | 1 688 | 1 688 |
| Total | 937 872 | - | - | 937 872 | 931 132 | 6 740 | 99.3% | 880 653 | 880 653 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Subprogramme: 3.1: Emergency Transport | | | | | | | | | |
|---|-------------------------------|--------------------------|-----------------|----------------------------|---------------------------|-----------------|--|----------------------------|---------------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 750 281 | - | (1 777) | 748 504 | 721 171 | 27 333 | 96.3% | 697 237 | 696 003 |
| Compensation of employees | 526 186 | - | - | 526 186 | 510 054 | 16 132 | 96.9% | 485 370 | 485 289 |
| Goods and services | 224 095 | - | (1 777) | 222 318 | 211 117 | 11 201 | 95.0% | 211 867 | 210 714 |
| Transfers and subsidies | 52 862 | - | - | 52 862 | 52 743 | 119 | 99.8% | 50 307 | 48 085 |
| Departmental agencies and accounts | 13 | - | - | 13 | 16 | (3) | 123.1% | 15 | 15 |
| Non-profit institutions | 52 317 | - | - | 52 317 | 52 144 | 173 | 99.7% | 49 449 | 47 227 |
| Households | 532 | - | - | 532 | 583 | (51) | 109.6% | 843 | 843 |
| Payments for capital assets | 62 722 | - | - | 62 722 | 74 650 | (11 928) | 119.0% | 62 412 | 66 839 |
| Machinery and equipment | 62 722 | - | - | 62 722 | 74 650 | (11 928) | 119.0% | 62 412 | 66 839 |
| Payment for financial assets | - | - | 1 777 | 1 777 | 1 777 | - | 100.0% | 1 688 | 1 688 |
| Total | 865 865 | - | - | 865 865 | 850 341 | 15 524 | 98.2% | 811 644 | 812 615 |

| Subprogramme: 3.2: Planned Patient Transport | | | | | | | | | |
|---|-------------------------------|--------------------------|-----------------|----------------------------|---------------------------|-----------------|--|----------------------------|---------------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 63 474 | - | - | 63 474 | 70 457 | (6 983) | 111.0% | 59 794 | 58 823 |
| Compensation of employees | 24 472 | - | - | 24 472 | 30 215 | (5 743) | 123.5% | 23 391 | 22 584 |
| Goods and services | 39 002 | - | - | 39 002 | 40 242 | (1 240) | 103.2% | 36 403 | 36 239 |
| Transfers and subsidies | 65 | - | - | 65 | 46 | 19 | 70.8% | 86 | 86 |
| Households | 65 | - | - | 65 | 46 | 19 | 70.8% | 86 | 86 |
| Payments for capital assets | 8 468 | - | - | 8 468 | 10 288 | (1 820) | 121.5% | 9 129 | 9 129 |
| Machinery and equipment | 8 468 | - | - | 8 468 | 10 288 | (1 820) | 121.5% | 9 129 | 9 129 |
| Total | 72 007 | - | - | 72 007 | 80 791 | (8 784) | 112.2% | 69 009 | 68 038 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| | 2015/16 | | | | | | | 2014/15 | |
|--|------------------------|-------------------|-------------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | 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 |
| Programme 4: Provincial Hospital Services | | | | | | | | | |
| Sub programme | | | | | | | | | |
| 1 General (Regional) Hospitals | 1 643 844 | - | (55) | 1 643 789 | 1 625 357 | 18 432 | 98.9% | 1 486 972 | 1 492 758 |
| 2 Tuberculosis Hospitals | 268 103 | - | - | 268 103 | 265 748 | 2 355 | 99.1% | 248 746 | 249 138 |
| 3 Psychiatric/Mental Hospitals | 768 009 | - | - | 768 009 | 755 887 | 12 122 | 98.4% | 705 884 | 700 868 |
| 4 Sub-Acute, Step Down and Chronic Medical Hospitals | 174 795 | - | - | 174 795 | 166 601 | 8 194 | 95.3% | 160 081 | 160 155 |
| 5 Dental Training Hospitals | 144 159 | - | - | 144 159 | 141 760 | 2 399 | 98.3% | 127 129 | 125 814 |
| Total | 2 998 910 | - | (55) | 2 998 855 | 2 955 353 | 43 502 | 98.5% | 2 728 812 | 2 728 733 |

| | 2015/16 | | | | | | | 2014/15 | |
|---|------------------------|-------------------|--------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | 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 |
| Economic classification | | | | | | | | | |
| Current payments | 2 945 422 | - | (575) | 2 944 847 | 2 901 827 | 43 020 | 98.5% | 2 672 167 | 2 670 960 |
| Compensation of employees | 2 138 921 | - | - | 2 138 921 | 2 119 313 | 19 608 | 99.1% | 1 944 695 | 1 943 488 |
| Salaries and wages | 1 889 969 | - | - | 1 889 969 | 1 872 565 | 17 404 | 99.1% | 1 725 131 | 1 724 937 |
| Social contributions | 248 952 | - | - | 248 952 | 246 748 | 2 204 | 99.1% | 219 564 | 218 551 |
| Goods and services | 806 501 | - | (575) | 805 926 | 782 514 | 23 412 | 97.1% | 727 472 | 727 472 |
| Administrative fees | 4 | - | - | 4 | 49 | (45) | 1225.0% | 47 | 5 |
| Advertising | 50 | - | - | 50 | 126 | (76) | 252.0% | 48 | 35 |
| Minor assets | 10 743 | - | - | 10 743 | 8 422 | 2 321 | 78.4% | 9 993 | 9 993 |
| Catering: Departmental activities | 277 | - | - | 277 | 170 | 107 | 61.4% | 371 | 203 |
| Communication (G&S) | 17 468 | - | - | 17 468 | 17 220 | 248 | 98.6% | 16 356 | 16 356 |
| Computer services | 2 133 | - | - | 2 133 | 468 | 1 665 | 21.9% | 1 073 | 1 675 |
| Consultants: Business and advisory services | 60 125 | - | - | 60 125 | 58 347 | 1 778 | 97.0% | 55 142 | 54 477 |
| Laboratory services | 68 482 | - | (575) | 67 907 | 62 531 | 5 376 | 92.1% | 65 991 | 63 186 |
| Legal services | - | - | - | - | - | - | - | 11 | - |
| Contractors | 25 088 | - | - | 25 088 | 21 919 | 3 169 | 87.4% | 25 404 | 21 622 |
| Agency and support / outsourced services | 62 173 | - | - | 62 173 | 57 237 | 4 936 | 92.1% | 60 518 | 57 484 |
| Entertainment | 10 | - | - | 10 | 2 | 8 | 20.0% | 7 | 1 |
| Fleet services (including government motor transport) | 5 491 | - | - | 5 491 | 5 350 | 141 | 97.4% | 5 114 | 5 114 |
| Inventory: Food and food supplies | 5 509 | - | - | 5 509 | 5 241 | 268 | 95.1% | 4 298 | 3 961 |
| Inventory: Materials and supplies | 7 905 | - | - | 7 905 | 7 938 | (33) | 100.4% | 6 316 | 7 699 |
| Inventory: Medical supplies | 195 950 | - | - | 195 950 | 202 393 | (6 443) | 103.3% | 175 857 | 185 294 |
| Inventory: Medicine | 63 005 | - | - | 63 005 | 61 376 | 1 629 | 97.4% | 60 101 | 60 101 |
| Inventory: Other supplies | 3 589 | - | - | 3 589 | 3 370 | 219 | 93.9% | 3 306 | 3 149 |
| Consumable supplies | 76 645 | - | - | 76 645 | 75 469 | 1 176 | 98.5% | 68 791 | 68 791 |
| Consumable: Stationery, printing and office supplies | 15 160 | - | - | 15 160 | 12 327 | 2 833 | 81.3% | 9 488 | 13 295 |
| Operating leases | 4 826 | - | - | 4 826 | 4 713 | 113 | 97.7% | 3 973 | 3 973 |
| Property payments | 170 299 | - | - | 170 299 | 168 380 | 1 919 | 98.9% | 144 006 | 141 667 |
| Transport provided: Departmental activity | 1 016 | - | - | 1 016 | 840 | 176 | 82.7% | 1 158 | 786 |
| Travel and subsistence | 4 094 | - | - | 4 094 | 3 644 | 450 | 89.0% | 3 834 | 3 834 |
| Training and development | 4 388 | - | - | 4 388 | 2 885 | 1 503 | 65.7% | 4 231 | 2 761 |
| Operating payments | 1 312 | - | - | 1 312 | 1 448 | (136) | 110.4% | 1 386 | 1 386 |
| Venues and facilities | 13 | - | - | 13 | 2 | 11 | 15.4% | 12 | 12 |
| Rental and hiring | 746 | - | - | 746 | 647 | 99 | 86.7% | 640 | 612 |
| Transfers and subsidies | 14 575 | - | - | 14 575 | 12 170 | 2 405 | 83.5% | 13 975 | 13 969 |
| Departmental agencies and accounts | 69 | - | - | 69 | 52 | 17 | 75.4% | 63 | 57 |
| Departmental agencies (non-business entities) | 69 | - | - | 69 | 52 | 17 | 75.4% | 63 | 57 |
| Non-profit institutions | 2 616 | - | - | 2 616 | 2 505 | 111 | 95.8% | 2 000 | 2 000 |
| Households | 11 890 | - | - | 11 890 | 9 613 | 2 277 | 80.8% | 11 912 | 11 912 |
| Social benefits | 11 635 | - | - | 11 635 | 9 520 | 2 115 | 81.8% | 11 434 | 11 434 |
| Other transfers to households | 255 | - | - | 255 | 93 | 162 | 36.5% | 478 | 478 |
| Payments for capital assets | 38 913 | - | - | 38 913 | 40 836 | (1 923) | 104.9% | 40 017 | 41 151 |
| Machinery and equipment | 38 865 | - | - | 38 865 | 40 748 | -1 883 | 104.8% | 40 011 | 41 145 |
| Transport equipment | 8 176 | - | - | 8 176 | 9 253 | (1 077) | 113.2% | 8 638 | 9 268 |
| Other machinery and equipment | 30 689 | - | - | 30 689 | 31 495 | (806) | 102.6% | 31 373 | 31 877 |
| Software and other intangible assets | 48 | - | - | 48 | 88 | (40) | 183.3% | 6 | 6 |
| Payment for financial assets | - | - | 520 | 520 | 520 | - | 100.0% | 2 653 | 2 653 |
| Total | 2 998 910 | - | (55) | 2 998 855 | 2 955 353 | 43 502 | 98.5% | 2 728 812 | 2 728 733 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Economic classification | 2015/16 | | | | | | | 2014/15 | |
|--------------------------------------|------------------------|-------------------|-------------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | 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 | 1 614 940 | - | (426) | 1 614 514 | 1 596 771 | 17 743 | 98.9% | 1 456 311 | 1 460 354 |
| Compensation of employees | 1 142 779 | - | - | 1 142 779 | 1 139 361 | 3 418 | 99.7% | 1 029 253 | 1 028 219 |
| Goods and services | 472 161 | - | (426) | 471 735 | 457 410 | 14 325 | 97.0% | 427 058 | 432 135 |
| Transfers and subsidies | 3 720 | - | - | 3 720 | 3 727 | (7) | 100.2% | 3 957 | 3 957 |
| Departmental agencies and accounts | 19 | - | - | 19 | 19 | - | 100.0% | 18 | 18 |
| Households | 3 701 | - | - | 3 701 | 3 708 | (7) | 100.2% | 3 939 | 3 939 |
| Payments for capital assets | 25 184 | - | - | 25 184 | 24 488 | 696 | 97.2% | 24 285 | 26 028 |
| Machinery and equipment | 25 136 | - | - | 25 136 | 24 400 | 736 | 97.1% | 24 285 | 26 028 |
| Software and other intangible assets | 48 | - | - | 48 | 88 | (40) | 183.3% | - | - |
| Payment for financial assets | - | - | 371 | 371 | 371 | - | 100.0% | 2 419 | 2 419 |
| Total | 1 643 844 | - | (55) | 1 643 789 | 1 625 357 | 18 432 | 98.9% | 1 486 972 | 1 492 758 |

| Economic classification | 2015/16 | | | | | | | 2014/15 | |
|-------------------------------------|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | 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 | 263 061 | - | (8) | 263 053 | 260 707 | 2 346 | 99.1% | 243 596 | 243 596 |
| Compensation of employees | 178 526 | - | - | 178 526 | 177 318 | 1 208 | 99.3% | 163 788 | 163 788 |
| Goods and services | 84 535 | - | (8) | 84 527 | 83 389 | 1 138 | 98.7% | 79 808 | 79 808 |
| Transfers and subsidies | 2 116 | - | - | 2 116 | 800 | 1 316 | 37.8% | 1 994 | 1 982 |
| Departmental agencies and accounts | 30 | - | - | 30 | 16 | 14 | 53.3% | 26 | 14 |
| Households | 2 086 | - | - | 2 086 | 784 | 1 302 | 37.6% | 1 968 | 1 968 |
| Payments for capital assets | 2 926 | - | - | 2 926 | 4 233 | (1 307) | 144.7% | 3 154 | 3 558 |
| Machinery and equipment | 2 926 | - | - | 2 926 | 4 233 | (1 307) | 144.7% | 3 154 | 3 558 |
| Payment for financial assets | - | - | 8 | 8 | 8 | - | 100.0% | 2 | 2 |
| Total | 268 103 | - | - | 268 103 | 265 748 | 2 355 | 99.1% | 248 746 | 249 138 |

| Economic classification | 2015/16 | | | | | | | 2014/15 | |
|--------------------------------------|------------------------|-------------------|------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | 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 | 755 055 | - | (141) | 754 914 | 741 960 | 12 954 | 98.3% | 690 576 | 685 343 |
| Compensation of employees | 610 759 | - | - | 610 759 | 601 178 | 9 581 | 98.4% | 565 300 | 565 144 |
| Goods and services | 144 296 | - | (141) | 144 155 | 140 782 | 3 373 | 97.7% | 125 276 | 120 199 |
| Transfers and subsidies | 7 148 | - | - | 7 148 | 6 447 | 701 | 90.2% | 6 714 | 6 719 |
| Departmental agencies and accounts | 19 | - | - | 19 | 15 | 4 | 78.9% | 18 | 23 |
| Non-profit institutions | 2 616 | - | - | 2 616 | 2 505 | 111 | 95.8% | 2 000 | 2 000 |
| Households | 4 513 | - | - | 4 513 | 3 927 | 586 | 87.0% | 4 696 | 4 696 |
| Payments for capital assets | 5 806 | - | - | 5 806 | 7 339 | (1 533) | 126.4% | 8 366 | 8 578 |
| Machinery and equipment | 5 806 | - | - | 5 806 | 7 339 | (1 533) | 126.4% | 8 360 | 8 572 |
| Software and other intangible assets | - | - | - | - | - | - | - | 6 | 6 |
| Payment for financial assets | - | - | 141 | 141 | 141 | - | 100.0% | 228 | 228 |
| Total | 768 009 | - | - | 768 009 | 755 887 | 12 122 | 98.4% | 705 884 | 700 868 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Subprogramme: 4.4: Sub-Acute, Step Down and Chronic Medical Hospitals | | | | | | | | | |
|--|------------------------|-------------------|----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 172 975 | - | - | 172 975 | 164 754 | 8 221 | 95.2% | 158 583 | 158 583 |
| Compensation of employees | 93 034 | - | - | 93 034 | 89 439 | 3 595 | 96.1% | 85 415 | 85 415 |
| Goods and services | 79 941 | - | - | 79 941 | 75 315 | 4 626 | 94.2% | 73 168 | 73 168 |
| Transfers and subsidies | 569 | - | - | 569 | 554 | 15 | 97.4% | 715 | 716 |
| Departmental agencies and accounts | - | - | - | - | 1 | (1) | - | - | 1 |
| Households | 569 | - | - | 569 | 553 | 16 | 97.2% | 715 | 715 |
| Payments for capital assets | 1 251 | - | - | 1 251 | 1 293 | (42) | 103.4% | 781 | 854 |
| Machinery and equipment | 1 251 | - | - | 1 251 | 1 293 | (42) | 103.4% | 781 | 854 |
| Payment for financial assets | - | - | - | - | - | - | - | 2 | 2 |
| Total | 174 795 | - | - | 174 795 | 166 601 | 8 194 | 95.3% | 160 081 | 160 155 |

| Subprogramme: 4.5: Dental Training Hospitals | | | | | | | | | |
|---|------------------------|-------------------|----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 139 391 | - | - | 139 391 | 137 635 | 1 756 | 98.7% | 123 101 | 123 084 |
| Compensation of employees | 113 823 | - | - | 113 823 | 112 017 | 1 806 | 98.4% | 100 939 | 100 922 |
| Goods and services | 25 568 | - | - | 25 568 | 25 618 | (50) | 100.2% | 22 162 | 22 162 |
| Transfers and subsidies | 1 022 | - | - | 1 022 | 642 | 380 | 62.8% | 595 | 595 |
| Departmental agencies and accounts | 1 | - | - | 1 | 1 | - | 100.0% | 1 | 1 |
| Households | 1 021 | - | - | 1 021 | 641 | 380 | 62.8% | 594 | 594 |
| Payments for capital assets | 3 746 | - | - | 3 746 | 3 483 | 263 | 93.0% | 3 431 | 2 133 |
| Machinery and equipment | 3 746 | - | - | 3 746 | 3 483 | 263 | 93.0% | 3 431 | 2 133 |
| Payment for financial assets | - | - | - | - | - | - | - | 2 | 2 |
| Total | 144 159 | - | - | 144 159 | 141 760 | 2 399 | 98.3% | 127 129 | 125 814 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Programme 5: Central Hospital Services | | | | | | | | | |
|---|------------------------|-------------------|-----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| | 2015/16 | | | | | | | 2014/15 | |
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Sub programme | | | | | | | | | |
| 1 Central Hospital Services | 4 639 968 | - | 53 | 4 640 021 | 4 641 532 | (1 511) | 100.0% | 4 325 098 | 4 325 098 |
| 2 Provincial Tertiary Hospital Services | 729 721 | - | 2 | 729 723 | 718 879 | 10 844 | 98.5% | 638 979 | 638 979 |
| Total | 5 369 689 | - | 55 | 5 369 744 | 5 360 411 | 9 333 | 99.8% | 4 964 077 | 4 964 077 |

| Economic classification | 2015/16 | | | | | | | 2014/15 | |
|---|------------------------|-------------------|-----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | 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 | 5 280 905 | - | - | 5 280 905 | 5 268 274 | 12 631 | 99.8% | 4 904 934 | 4 913 009 |
| Compensation of employees | 3 645 272 | - | - | 3 645 272 | 3 606 404 | 38 868 | 98.9% | 3 374 693 | 3 374 685 |
| Salaries and wages | 3 277 891 | - | - | 3 277 891 | 3 242 945 | 34 946 | 98.9% | 3 047 902 | 3 047 902 |
| Social contributions | 367 381 | - | - | 367 381 | 363 459 | 3 922 | 98.9% | 326 791 | 326 783 |
| Goods and services | 1 635 633 | - | - | 1 635 633 | 1 661 870 | (26 237) | 101.6% | 1 530 241 | 1 538 324 |
| Advertising | 168 | - | - | 168 | 105 | 63 | 62.5% | 187 | 187 |
| Minor assets | 11 288 | - | - | 11 288 | 7 019 | 4 269 | 62.2% | 10 706 | 8 427 |
| Catering: Departmental activities | 64 | - | - | 64 | 3 | 61 | 4.7% | 82 | 14 |
| Communication (G&S) | 8 357 | - | - | 8 357 | 10 520 | (2 163) | 125.9% | 7 946 | 7 946 |
| Computer services | 966 | - | - | 966 | 451 | 515 | 46.7% | 798 | 798 |
| Consultants: Business and advisory services | 2 032 | - | - | 2 032 | 1 910 | 122 | 94.0% | 1 997 | 1 918 |
| Laboratory services | 180 892 | - | - | 180 892 | 172 183 | 8 709 | 95.2% | 187 401 | 178 840 |
| Contractors | 82 606 | - | - | 82 606 | 85 335 | (2 729) | 103.3% | 80 248 | 80 248 |
| Agency and support / outsourced services | 101 835 | - | - | 101 835 | 98 273 | 3 562 | 96.5% | 90 197 | 92 157 |
| Entertainment | 2 | - | - | 2 | - | 2 | - | 114 | 1 |
| Fleet services (including government motor transport) | 1 184 | - | - | 1 184 | 1 010 | 174 | 85.3% | 1 130 | 1 010 |
| Inventory: Food and food supplies | 12 279 | - | - | 12 279 | 9 792 | 2 487 | 79.7% | 10 802 | 10 802 |
| Inventory: Materials and supplies | 9 472 | - | - | 9 472 | 7 903 | 1 569 | 83.4% | 7 990 | 7 990 |
| Inventory: Medical supplies | 667 912 | - | - | 667 912 | 702 257 | (34 345) | 105.1% | 614 643 | 636 184 |
| Inventory: Medicine | 203 925 | - | - | 203 925 | 211 475 | (7 550) | 103.7% | 189 332 | 197 798 |
| Inventory: Other supplies | 10 965 | - | - | 10 965 | 8 805 | 2 160 | 80.3% | 11 784 | 10 347 |
| Consumable supplies | 110 318 | - | - | 110 318 | 110 333 | (15) | 100.0% | 102 349 | 102 334 |
| Consumable: Stationery, printing and office supplies | 13 595 | - | - | 13 595 | 15 888 | (2 293) | 116.9% | 13 639 | 13 639 |
| Operating leases | 2 834 | - | - | 2 834 | 2 914 | (80) | 102.8% | 2 892 | 2 892 |
| Property payments | 204 006 | - | - | 204 006 | 203 877 | 129 | 99.9% | 179 831 | 169 953 |
| Transport provided: Departmental activity | 173 | - | - | 173 | - | 173 | - | 185 | 70 |
| Travel and subsistence | 1 886 | - | - | 1 886 | 1 646 | 240 | 87.3% | 2 238 | 1 741 |
| Training and development | 4 043 | - | - | 4 043 | 3 845 | 198 | 95.1% | 4 332 | 3 666 |
| Operating payments | 934 | - | - | 934 | 1 268 | (334) | 135.8% | 1 290 | 1 290 |
| Venues and facilities | 45 | - | - | 45 | - | 45 | - | 56 | - |
| Rental and hiring | 3 852 | - | - | 3 852 | 5 058 | (1 206) | 131.3% | 8 072 | 8 072 |
| Transfers and subsidies | 24 864 | - | - | 24 864 | 27 355 | (2 491) | 110.0% | 29 128 | 29 126 |
| Departmental agencies and accounts | 42 | - | - | 42 | 71 | (29) | 169.0% | 40 | 38 |
| Departmental agencies (non-business entities) | 42 | - | - | 42 | 71 | (29) | 169.0% | 40 | 38 |
| Non-profit institutions | 9 961 | - | - | 9 961 | 9 961 | - | 100.0% | 12 415 | 12 415 |
| Households | 14 861 | - | - | 14 861 | 17 323 | (2 462) | 116.6% | 16 673 | 16 673 |
| Social benefits | 14 861 | - | - | 14 861 | 16 783 | (1 922) | 112.9% | 16 039 | 16 039 |
| Other transfers to households | - | - | - | - | 540 | (540) | - | 634 | 634 |
| Payments for capital assets | 63 920 | - | - | 63 920 | 64 727 | (807) | 101.3% | 29 387 | 21 314 |
| Buildings and other fixed structures | - | - | - | - | 27 | (27) | - | - | - |
| Buildings | - | - | - | - | 27 | (27) | - | - | - |
| Machinery and equipment | 63 920 | - | - | 63 920 | 64 700 | (780) | 101.2% | 29 387 | 21 314 |
| Transport equipment | 2 567 | - | - | 2 567 | 2 851 | (284) | 111.1% | 3 516 | 3 516 |
| Other machinery and equipment | 61 353 | - | - | 61 353 | 61 849 | (496) | 100.8% | 25 871 | 17 798 |
| Payment for financial assets | - | - | 55 | 55 | 55 | - | 100.0% | 628 | 628 |
| Total | 5 369 689 | - | 55 | 5 369 744 | 5 360 411 | 9 333 | 99.8% | 4 964 077 | 4 964 077 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Subprogramme: 5.1: Central Hospital Services | | | | | | | | | |
|---|-------------------------------|--------------------------|-----------------|----------------------------|---------------------------|-----------------|--|----------------------------|---------------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 4 593 090 | - | - | 4 593 090 | 4 589 603 | 3 487 | 99.9% | 4 279 556 | 4 287 629 |
| Compensation of employees | 3 174 258 | - | - | 3 174 258 | 3 143 432 | 30 826 | 99.0% | 2 944 491 | 2 944 483 |
| Goods and services | 1 418 832 | - | - | 1 418 832 | 1 446 171 | (27 339) | 101.9% | 1 335 065 | 1 343 146 |
| Transfers and subsidies | 12 820 | - | - | 12 820 | 15 671 | (2 851) | 122.2% | 18 573 | 18 573 |
| Departmental agencies and accounts | - | - | - | - | 34 | (34) | - | - | - |
| Non-profit institutions | - | - | - | - | - | - | - | 3 000 | 3 000 |
| Households | 12 820 | - | - | 12 820 | 15 637 | (2 817) | 122.0% | 15 573 | 15 573 |
| Payments for capital assets | 34 058 | - | - | 34 058 | 36 205 | (2 147) | 106.3% | 26 372 | 18 299 |
| Machinery and equipment | 34 058 | - | - | 34 058 | 36 205 | (2 147) | 106.3% | 26 372 | 18 299 |
| Payment for financial assets | - | - | 53 | 53 | 53 | - | 100.0% | 597 | 597 |
| Total | 4 639 968 | - | 53 | 4 640 021 | 4 641 532 | (1 511) | 100.0% | 4 325 098 | 4 325 098 |

| Subprogramme: 5.2: Provincial Tertiary Hospital Services | | | | | | | | | |
|---|-------------------------------|--------------------------|-----------------|----------------------------|---------------------------|-----------------|--|----------------------------|---------------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 687 815 | - | - | 687 815 | 678 671 | 9 144 | 98.7% | 625 378 | 625 380 |
| Compensation of employees | 471 014 | - | - | 471 014 | 462 972 | 8 042 | 98.3% | 430 202 | 430 202 |
| Goods and services | 216 801 | - | - | 216 801 | 215 699 | 1 102 | 99.5% | 195 176 | 195 178 |
| Transfers and subsidies | 12 044 | - | - | 12 044 | 11 684 | 360 | 97.0% | 10 555 | 10 553 |
| Departmental agencies and accounts | 42 | - | - | 42 | 37 | 5 | 88.1% | 40 | 38 |
| Non-profit institutions | 9 961 | - | - | 9 961 | 9 961 | - | 100.0% | 9 415 | 9 415 |
| Households | 2 041 | - | - | 2 041 | 1 686 | 355 | 82.6% | 1 100 | 1 100 |
| Payments for capital assets | 29 862 | - | - | 29 862 | 28 522 | 1 340 | 95.5% | 3 015 | 3 015 |
| Buildings and other fixed structures | - | - | - | - | 27 | (27) | - | - | - |
| Machinery and equipment | 29 862 | - | - | 29 862 | 28 495 | 1 367 | 95.4% | 3 015 | 3 015 |
| Payment for financial assets | - | - | 2 | 2 | 2 | - | 100.0% | 31 | 31 |
| Total | 729 721 | - | 2 | 729 723 | 718 879 | 10 844 | 98.5% | 638 979 | 638 979 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| | 2015/16 | | | | | | | 2014/15 | |
|---|------------------------|-------------------|----------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | 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 |
| Programme 6: Health Sciences and Training | | | | | | | | | |
| Sub programme | | | | | | | | | |
| 1 Nurse Training College | 96 480 | - | - | 96 480 | 91 555 | 4 925 | 94.9% | 87 627 | 88 801 |
| 2 Emergency Medical Services (EMS) Training College | 32 283 | - | - | 32 283 | 30 664 | 1 619 | 95.0% | 28 685 | 29 075 |
| 3 Bursaries | 83 573 | - | - | 83 573 | 83 470 | 103 | 99.9% | 78 939 | 78 739 |
| 4 Primary Health Care (PHC) Training | 1 | - | - | 1 | - | 1 | - | 1 | - |
| 5 Training (Other) | 124 629 | - | - | 124 629 | 114 104 | 10 525 | 91.6% | 119 044 | 115 496 |
| Total | 336 966 | - | - | 336 966 | 319 793 | 17 173 | 94.9% | 314 296 | 312 111 |

| Economic classification | 2015/16 | | | | | | | 2014/15 | |
|---|------------------------|-------------------|----------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | 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 | 191 861 | - | - | 191 861 | 175 384 | 16 477 | 91.4% | 175 817 | 176 494 |
| Compensation of employees | 122 734 | - | - | 122 734 | 113 676 | 9 058 | 92.6% | 111 689 | 107 967 |
| Salaries and wages | 111 296 | - | - | 111 296 | 102 336 | 8 960 | 91.9% | 101 459 | 97 737 |
| Social contributions | 11 438 | - | - | 11 438 | 11 340 | 98 | 99.1% | 10 230 | 10 230 |
| Goods and services | 69 127 | - | - | 69 127 | 61 708 | 7 419 | 89.3% | 64 128 | 68 527 |
| Advertising | 43 | - | - | 43 | 14 | 29 | 32.6% | 21 | 9 |
| Minor assets | 839 | - | - | 839 | 577 | 262 | 68.8% | 454 | 713 |
| Bursaries: Employees | 8 754 | - | - | 8 754 | 8 703 | 51 | 99.4% | 7 958 | 7 758 |
| Catering: Departmental activities | 2 225 | - | - | 2 225 | 1 665 | 560 | 74.8% | 1 623 | 1 366 |
| Communication (G&S) | 996 | - | - | 996 | 989 | 7 | 99.3% | 906 | 915 |
| Computer services | 1 | - | - | 1 | - | 1 | - | 1 | 1 |
| Consultants: Business and advisory services | 685 | - | - | 685 | 96 | 589 | 14.0% | 403 | 1 047 |
| Contractors | 1 019 | - | - | 1 019 | 127 | 892 | 12.5% | 40 | 986 |
| Agency and support / outsourced services | 7 287 | - | - | 7 287 | 5 756 | 1 531 | 79.0% | 5 476 | 5 977 |
| Entertainment | 4 | - | - | 4 | - | 4 | - | 4 | - |
| Fleet services (including government motor transport) | 1 444 | - | - | 1 444 | 1 417 | 27 | 98.1% | 1 323 | 1 402 |
| Inventory: Materials and supplies | 99 | - | - | 99 | 104 | (5) | 105.1% | 124 | 21 |
| Inventory: Medical supplies | 259 | - | - | 259 | 253 | 6 | 97.7% | 66 | 281 |
| Inventory: Medicine | 8 | - | - | 8 | 1 | 7 | 12.5% | 1 | 15 |
| Consumable supplies | 8 102 | - | - | 8 102 | 6 855 | 1 247 | 84.6% | 7 460 | 7 476 |
| Consumable: Stationery, printing and office supplies | 1 186 | - | - | 1 186 | 966 | 220 | 81.5% | 882 | 1 237 |
| Operating leases | 459 | - | - | 459 | 531 | (72) | 115.7% | 386 | 442 |
| Property payments | 10 180 | - | - | 10 180 | 10 831 | (651) | 106.4% | 9 766 | 9 130 |
| Travel and subsistence | 6 530 | - | - | 6 530 | 8 718 | (2 188) | 133.5% | 5 755 | 8 470 |
| Training and development | 16 901 | - | - | 16 901 | 12 912 | 3 989 | 76.4% | 19 467 | 19 372 |
| Operating payments | 347 | - | - | 347 | 216 | 131 | 62.2% | 201 | 408 |
| Venues and facilities | 1 687 | - | - | 1 687 | 950 | 737 | 56.3% | 1 747 | 1 292 |
| Rental and hiring | 72 | - | - | 72 | 27 | 45 | 37.5% | 64 | 209 |
| Transfers and subsidies | 136 528 | - | - | 136 528 | 136 634 | (106) | 100.1% | 131 174 | 127 798 |
| Departmental agencies and accounts | 4 569 | - | - | 4 569 | 4 581 | (12) | 100.3% | 4 335 | 4 346 |
| Departmental agencies (non-business entities) | 4 569 | - | - | 4 569 | 4 581 | (12) | 100.3% | 4 335 | 4 346 |
| Higher education institutions | 3 992 | - | - | 3 992 | 3 992 | - | 100.0% | 3 773 | 3 773 |
| Non-profit institutions | 52 735 | - | - | 52 735 | 52 733 | 2 | 100.0% | 51 656 | 48 409 |
| Households | 75 232 | - | - | 75 232 | 75 328 | (96) | 100.1% | 71 410 | 71 270 |
| Social benefits | 413 | - | - | 413 | 519 | (106) | 125.7% | 429 | 289 |
| Other transfers to households | 74 819 | - | - | 74 819 | 74 809 | 10 | 100.0% | 70 981 | 70 981 |
| Payments for capital assets | 8 577 | - | - | 8 577 | 7 775 | 802 | 90.6% | 7 300 | 7 814 |
| Machinery and equipment | 8 577 | - | - | 8 577 | 7 775 | 802 | 90.6% | 7 300 | 7 814 |
| Transport equipment | 2 043 | - | - | 2 043 | 2 095 | (52) | 102.5% | 2 201 | 2 855 |
| Other machinery and equipment | 6 534 | - | - | 6 534 | 5 680 | 854 | 86.9% | 5 099 | 4 959 |
| Payment for financial assets | - | - | - | - | - | - | - | 5 | 5 |
| Total | 336 966 | - | - | 336 966 | 319 793 | 17 173 | 94.9% | 314 296 | 312 111 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Subprogramme: 6.1: Nurse Training College | | | | | | | | | |
|---|------------------------|-------------------|----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 90 341 | - | - | 90 341 | 86 063 | 4 278 | 95.3% | 82 199 | 83 127 |
| Compensation of employees | 60 794 | - | - | 60 794 | 58 565 | 2 229 | 96.3% | 56 750 | 55 633 |
| Goods and services | 29 547 | - | - | 29 547 | 27 498 | 2 049 | 93.1% | 25 449 | 27 494 |
| Transfers and subsidies | 4 388 | - | - | 4 388 | 4 401 | (13) | 100.3% | 4 186 | 3 972 |
| Departmental agencies and accounts | 2 | - | - | 2 | 2 | - | 100.0% | 2 | 2 |
| Higher education institutions | 3 992 | - | - | 3 992 | 3 992 | - | 100.0% | 3 773 | 3 773 |
| Households | 394 | - | - | 394 | 407 | (13) | 103.3% | 411 | 197 |
| Payments for capital assets | 1 751 | - | - | 1 751 | 1 091 | 660 | 62.3% | 1 237 | 1 697 |
| Machinery and equipment | 1 751 | - | - | 1 751 | 1 091 | 660 | 62.3% | 1 237 | 1 697 |
| Payment for financial assets | - | - | - | - | - | - | - | 5 | 5 |
| Total | 96 480 | - | - | 96 480 | 91 555 | 4 925 | 94.9% | 87 627 | 88 801 |

| Subprogramme: 6.2: Emergency Medical Services (EMS) Training College | | | | | | | | | |
|--|------------------------|-------------------|----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 25 438 | - | - | 25 438 | 23 946 | 1 492 | 94.1% | 22 604 | 22 958 |
| Compensation of employees | 19 226 | - | - | 19 226 | 18 220 | 1 006 | 94.8% | 17 118 | 16 860 |
| Goods and services | 6 212 | - | - | 6 212 | 5 726 | 486 | 92.2% | 5 486 | 6 098 |
| Transfers and subsidies | 19 | - | - | 19 | 48 | (29) | 252.6% | 18 | 6 |
| Households | 19 | - | - | 19 | 48 | (29) | 252.6% | 18 | 6 |
| Payments for capital assets | 6 826 | - | - | 6 826 | 6 670 | 156 | 97.7% | 6 063 | 6 111 |
| Machinery and equipment | 6 826 | - | - | 6 826 | 6 670 | 156 | 97.7% | 6 063 | 6 111 |
| Total | 32 283 | - | - | 32 283 | 30 664 | 1 619 | 95.0% | 28 685 | 29 075 |

| Subprogramme: 6.3: Bursaries | | | | | | | | | |
|--------------------------------|------------------------|-------------------|----------|---------------------|--------------------|------------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 8 754 | - | - | 8 754 | 8 703 | 51 | 99.4% | 7 958 | 7 758 |
| Goods and services | 8 754 | - | - | 8 754 | 8 703 | 51 | 99.4% | 7 958 | 7 758 |
| Transfers and subsidies | 74 819 | - | - | 74 819 | 74 767 | 52 | 99.9% | 70 981 | 70 981 |
| Households | 74 819 | - | - | 74 819 | 74 767 | 52 | 99.9% | 70 981 | 70 981 |
| Total | 83 573 | - | - | 83 573 | 83 470 | 103 | 99.9% | 78 939 | 78 739 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Subprogramme: 6.4: Primary Health Care (PHC) Training | | | | | | | | | |
|--|------------------------|-------------------|----------|---------------------|--------------------|----------|---|---------------------|--------------------|
| | 2015/16 | | | | | | | 2014/15 | |
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | 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) | | | | | | | | | |
|--|------------------------|-------------------|----------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | 2015/16 | | | | | | | 2014/15 | |
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 67 327 | - | - | 67 327 | 56 672 | 10 655 | 84.2% | 63 055 | 62 651 |
| Compensation of employees | 42 714 | - | - | 42 714 | 36 891 | 5 823 | 86.4% | 37 821 | 35 474 |
| Goods and services | 24 613 | - | - | 24 613 | 19 781 | 4 832 | 80.4% | 25 234 | 27 177 |
| Transfers and subsidies | 57 302 | - | - | 57 302 | 57 418 | (116) | 100.2% | 55 989 | 52 839 |
| Departmental agencies and accounts | 4 567 | - | - | 4 567 | 4 579 | (12) | 100.3% | 4 333 | 4 344 |
| Non-profit institutions | 52 735 | - | - | 52 735 | 52 733 | 2 | 100.0% | 51 656 | 48 409 |
| Households | - | - | - | - | 106 | (106) | - | - | 86 |
| Payments for capital assets | - | - | - | - | 14 | (14) | - | - | 6 |
| Machinery and equipment | - | - | - | - | 14 | (14) | - | - | 6 |
| Total | 124 629 | - | - | 124 629 | 114 104 | 10 525 | 91.6% | 119 044 | 115 496 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Programme 7: Health Care Support Services | | | | | | | | | |
|--|------------------------|-------------------|---------------|---------------------|--------------------|----------|---|---------------------|--------------------|
| | 2015/16 | | | | | | | 2014/15 | |
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Sub programme | | | | | | | | | |
| 1 Laundry Services | 82 650 | - | 14 | 82 664 | 80 467 | 2 197 | 97.3% | 72 791 | 72 791 |
| 2 Engineering Services | 115 809 | - | 31 | 115 840 | 117 814 | (1 974) | 101.7% | 107 908 | 106 280 |
| 3 Forensic Services | 151 065 | - | 38 | 151 103 | 150 958 | 145 | 99.9% | 129 347 | 128 772 |
| 4 Orthotic and Prosthetic Services | 1 | - | - | 1 | - | 1 | - | 1 | - |
| 5 Cape Medical Depot | 61 716 | - | 11 656 | 73 372 | 73 738 | (366) | 100.5% | 49 570 | 48 593 |
| Total | 411 241 | - | 11 739 | 422 980 | 422 977 | 3 | 100.0% | 359 617 | 356 436 |

| Economic classification | 2015/16 | | | | | | | 2014/15 | |
|---|------------------------|-------------------|---------------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| | 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 | 382 342 | - | 11 630 | 393 972 | 393 973 | (1) | 100.0% | 333 724 | 329 920 |
| Compensation of employees | 231 151 | - | - | 231 151 | 222 286 | 8 865 | 96.2% | 205 674 | 205 051 |
| Salaries and wages | 200 743 | - | - | 200 743 | 191 825 | 8 918 | 95.6% | 178 393 | 177 770 |
| Social contributions | 30 408 | - | - | 30 408 | 30 461 | (53) | 100.2% | 27 281 | 27 281 |
| Goods and services | 151 191 | - | 11 630 | 162 821 | 171 687 | (8 866) | 105.4% | 128 050 | 124 869 |
| Advertising | - | - | - | - | 2 | (2) | - | - | - |
| Minor assets | 1 957 | - | - | 1 957 | 1 744 | 213 | 89.1% | 1 943 | 1 632 |
| Catering: Departmental activities | 232 | - | - | 232 | 84 | 148 | 36.2% | 150 | 118 |
| Communication (G&S) | 3 285 | - | - | 3 285 | 2 342 | 943 | 71.3% | 2 963 | 2 656 |
| Computer services | 2 316 | - | - | 2 316 | 1 879 | 437 | 81.1% | 1 941 | 1 941 |
| Consultants: Business and advisory services | 1 057 | - | - | 1 057 | 29 | 1 028 | 2.7% | 119 | 5 |
| Laboratory services | 592 | - | - | 592 | 481 | 111 | 81.3% | 537 | 428 |
| Contractors | 13 173 | - | - | 13 173 | 14 600 | (1 427) | 110.8% | 10 470 | 10 144 |
| Agency and support / outsourced services | 11 624 | - | - | 11 624 | 9 401 | 2 223 | 80.9% | 11 026 | 10 754 |
| Entertainment | 9 | - | - | 9 | 1 | 8 | 11.1% | 12 | 2 |
| Fleet services (including government motor transport) | 9 763 | - | - | 9 763 | 9 576 | 187 | 98.1% | 9 346 | 8 783 |
| Inventory: Materials and supplies | 11 732 | - | - | 11 732 | 9 712 | 2 020 | 82.8% | 9 659 | 9 659 |
| Inventory: Medical supplies | 3 746 | - | - | 3 746 | 3 877 | (131) | 103.5% | 3 870 | 3 870 |
| Inventory: Medicine | 8 181 | - | 11 630 | 19 811 | 25 078 | (5 267) | 126.6% | 7 | 7 |
| Inventory: Other supplies | 898 | - | - | 898 | 917 | (19) | 102.1% | 783 | 547 |
| Consumable supplies | 26 346 | - | - | 26 346 | 25 657 | 689 | 97.4% | 18 916 | 18 163 |
| Consumable: Stationery, printing and office supplies | 2 636 | - | - | 2 636 | 2 346 | 290 | 89.0% | 2 550 | 2 550 |
| Operating leases | 878 | - | - | 878 | 756 | 122 | 86.1% | 807 | 754 |
| Property payments | 41 691 | - | - | 41 691 | 52 116 | (10 425) | 125.0% | 42 047 | 42 047 |
| Travel and subsistence | 2 831 | - | - | 2 831 | 2 027 | 804 | 71.6% | 2 616 | 2 554 |
| Training and development | 678 | - | - | 678 | 874 | (196) | 128.9% | 787 | 787 |
| Operating payments | 6 992 | - | - | 6 992 | 7 847 | (855) | 112.2% | 6 978 | 6 978 |
| Venues and facilities | 84 | - | - | 84 | 65 | 19 | 77.4% | 77 | 44 |
| Rental and hiring | 490 | - | - | 490 | 276 | 214 | 56.3% | 446 | 446 |
| Transfers and subsidies | 584 | - | - | 584 | 781 | (197) | 133.7% | 894 | 894 |
| Households | 584 | - | - | 584 | 781 | (197) | 133.7% | 894 | 894 |
| Social benefits | 584 | - | - | 584 | 781 | (197) | 133.7% | 882 | 882 |
| Other transfers to households | - | - | - | - | - | - | - | 12 | 12 |
| Payments for capital assets | 28 315 | - | - | 28 315 | 28 114 | 201 | 99.3% | 23 454 | 24 077 |
| Machinery and equipment | 28 315 | - | - | 28 315 | 28 078 | 237 | 99.2% | 23 454 | 24 077 |
| Transport equipment | 13 247 | - | - | 13 247 | 14 812 | (1 565) | 111.8% | 15 599 | 16 222 |
| Other machinery and equipment | 15 068 | - | - | 15 068 | 13 266 | 1 802 | 88.0% | 7 855 | 7 855 |
| Software and other intangible assets | - | - | - | - | 36 | (36) | - | - | - |
| Payment for financial assets | - | - | 109 | 109 | 109 | - | 100.0% | 1 545 | 1 545 |
| Total | 411 241 | - | 11 739 | 422 980 | 422 977 | 3 | 100.0% | 359 617 | 356 436 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Subprogramme: 7.1: Laundry Services | 2015/16 | | | | | | | 2014/15 | |
|-------------------------------------|------------------------|-------------------|-----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| | 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 |
| Economic classification | | | | | | | | | |
| Current payments | 81 494 | - | - | 81 494 | 79 125 | 2 369 | 97.1% | 71 241 | 71 241 |
| Compensation of employees | 36 351 | - | - | 36 351 | 35 230 | 1 121 | 96.9% | 33 941 | 33 941 |
| Goods and services | 45 143 | - | - | 45 143 | 43 895 | 1 248 | 97.2% | 37 300 | 37 300 |
| Transfers and subsidies | 103 | - | - | 103 | 29 | 74 | 28.2% | 199 | 199 |
| Households | 103 | - | - | 103 | 29 | 74 | 28.2% | 199 | 199 |
| Payments for capital assets | 1 053 | - | - | 1 053 | 1 299 | (246) | 123.4% | 1 316 | 1 316 |
| Machinery and equipment | 1 053 | - | - | 1 053 | 1 299 | (246) | 123.4% | 1 316 | 1 316 |
| Payment for financial assets | - | - | 14 | 14 | 14 | - | 100.0% | 35 | 35 |
| Total | 82 650 | - | 14 | 82 664 | 80 467 | 2 197 | 97.3% | 72 791 | 72 791 |

| Subprogramme: 7.2: Engineering Services | 2015/16 | | | | | | | 2014/15 | |
|---|------------------------|-------------------|-----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | 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 |
| Economic classification | | | | | | | | | |
| Current payments | 110 187 | - | - | 110 187 | 111 390 | (1 203) | 101.1% | 101 079 | 98 828 |
| Compensation of employees | 51 067 | - | - | 51 067 | 45 456 | 5 611 | 89.0% | 44 988 | 44 365 |
| Goods and services | 59 120 | - | - | 59 120 | 65 934 | (6 814) | 111.5% | 56 091 | 54 463 |
| Transfers and subsidies | 295 | - | - | 295 | 207 | 88 | 70.2% | 396 | 396 |
| Households | 295 | - | - | 295 | 207 | 88 | 70.2% | 396 | 396 |
| Payments for capital assets | 5 327 | - | - | 5 327 | 6 186 | (859) | 116.1% | 6 407 | 7 030 |
| Machinery and equipment | 5 327 | - | - | 5 327 | 6 186 | (859) | 116.1% | 6 407 | 7 030 |
| Payment for financial assets | - | - | 31 | 31 | 31 | - | 100.0% | 26 | 26 |
| Total | 115 809 | - | 31 | 115 840 | 117 814 | (1 974) | 101.7% | 107 908 | 106 280 |

| Subprogramme: 7.3: Forensic Services | 2015/16 | | | | | | | 2014/15 | |
|--------------------------------------|------------------------|-------------------|-----------|---------------------|--------------------|------------|---|---------------------|--------------------|
| | 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 |
| Economic classification | | | | | | | | | |
| Current payments | 130 646 | - | - | 130 646 | 131 219 | (573) | 100.4% | 115 225 | 114 650 |
| Compensation of employees | 106 647 | - | - | 106 647 | 106 975 | (328) | 100.3% | 95 279 | 95 279 |
| Goods and services | 23 999 | - | - | 23 999 | 24 244 | (245) | 101.0% | 19 946 | 19 371 |
| Transfers and subsidies | 92 | - | - | 92 | 490 | (398) | 532.6% | 172 | 172 |
| Households | 92 | - | - | 92 | 490 | (398) | 532.6% | 172 | 172 |
| Payments for capital assets | 20 327 | - | - | 20 327 | 19 211 | 1 116 | 94.5% | 13 905 | 13 905 |
| Machinery and equipment | 20 327 | - | - | 20 327 | 19 175 | 1 152 | 94.3% | 13 905 | 13 905 |
| Software and other intangible assets | - | - | - | - | 36 | (36) | - | - | - |
| Payment for financial assets | - | - | 38 | 38 | 38 | - | 100.0% | 45 | 45 |
| Total | 151 065 | - | 38 | 151 103 | 150 958 | 145 | 99.9% | 129 347 | 128 772 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Subprogramme: 7.4: Orthotic and Prosthetic Services | | | | | | | | | |
|--|------------------------|-------------------|----------|---------------------|--------------------|----------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 1 | - | - | 1 | - | 1 | - | 1 | - |
| Goods and services | 1 | - | - | 1 | - | 1 | - | 1 | - |
| Total | 1 | - | - | 1 | - | 1 | - | 1 | - |

| Subprogramme: 7.5: Cape Medical Depot | | | | | | | | | |
|--|------------------------|-------------------|---------------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 60 014 | - | 11 630 | 71 644 | 72 239 | (595) | 100.8% | 46 178 | 45 201 |
| Compensation of employees | 37 086 | - | - | 37 086 | 34 625 | 2 461 | 93.4% | 31 466 | 31 466 |
| Goods and services | 22 928 | - | 11 630 | 34 558 | 37 614 | (3 056) | 108.8% | 14 712 | 13 735 |
| Transfers and subsidies | 94 | - | - | 94 | 55 | 39 | 58.5% | 127 | 127 |
| Households | 94 | - | - | 94 | 55 | 39 | 58.5% | 127 | 127 |
| Payments for capital assets | 1 608 | - | - | 1 608 | 1 418 | 190 | 88.2% | 1 826 | 1 826 |
| Machinery and equipment | 1 608 | - | - | 1 608 | 1 418 | 190 | 88.2% | 1 826 | 1 826 |
| Payment for financial assets | - | - | 26 | 26 | 26 | - | 100.0% | 1 439 | 1 439 |
| Total | 61 716 | - | 11 656 | 73 372 | 73 738 | (366) | 100.5% | 49 570 | 48 593 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Programme 8: Health Facilities Management | | | | | | | | | |
|--|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | 2015/16 | | | | | | | 2014/15 | |
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Sub programme | | | | | | | | | |
| 1 Community Health Facilities | 188 726 | - | 174 | 188 900 | 180 130 | 8 770 | 95.4% | 247 962 | 189 004 |
| 2 Emergency Medical Rescue Services | 21 146 | - | - | 21 146 | 18 611 | 2 535 | 88.0% | 9 898 | 6 697 |
| 3 District Hospital Services | 199 116 | - | (174) | 198 942 | 145 995 | 52 947 | 73.4% | 182 640 | 152 543 |
| 4 Provincial Hospital Services | 225 754 | - | - | 225 754 | 214 428 | 11 326 | 95.0% | 134 941 | 126 769 |
| 5 Central Hospital Services | 144 137 | - | - | 144 137 | 145 503 | (1 366) | 100.9% | 184 787 | 190 701 |
| 6 Other Facilities | 113 460 | - | - | 113 460 | 75 764 | 37 696 | 66.8% | 54 158 | 47 209 |
| Total | 892 339 | - | - | 892 339 | 780 431 | 111 908 | 87.5% | 814 386 | 712 923 |

| Economic classification | 2015/16 | | | | | | | 2014/15 | |
|---|------------------------|-------------------|--------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | 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 | 421 559 | - | (174) | 421 385 | 356 755 | 64 630 | 84.7% | 319 624 | 264 940 |
| Compensation of employees | 41 025 | - | - | 41 025 | 36 898 | 4 127 | 89.9% | 34 010 | 32 420 |
| Salaries and wages | 38 298 | - | - | 38 298 | 34 090 | 4 208 | 89.0% | 31 185 | 29 940 |
| Social contributions | 2 727 | - | - | 2 727 | 2 808 | (81) | 103.0% | 2 825 | 2 480 |
| Goods and services | 380 534 | - | (174) | 380 360 | 319 857 | 60 503 | 84.1% | 285 614 | 232 520 |
| Advertising | 101 | - | - | 101 | 60 | 41 | 59.4% | - | 88 |
| Minor assets | 29 926 | - | - | 29 926 | 13 523 | 16 403 | 45.2% | 39 478 | 10 417 |
| Catering: Departmental activities | 10 | - | - | 10 | 4 | 6 | 40.0% | 16 | 21 |
| Communication (G&S) | 173 | - | - | 173 | 238 | (65) | 137.6% | 148 | 164 |
| Computer services | - | - | - | - | 716 | (716) | - | - | 1 112 |
| Consultants: Business and advisory services | 685 | - | - | 685 | 29 | 656 | 4.2% | 1 744 | - |
| Infrastructure and planning services | 12 387 | - | - | 12 387 | 29 976 | (17 589) | 242.0% | - | 16 204 |
| Contractors | 38 | - | - | 38 | 227 | (189) | 597.4% | 1 360 | 59 |
| Agency and support / outsourced services | - | - | - | - | - | - | - | - | 11 |
| Entertainment | 3 | - | - | 3 | 2 | 1 | 66.7% | 17 | - |
| Fleet services (including government motor transport) | 70 | - | - | 70 | 2 | 68 | 2.9% | - | 8 |
| Inventory: Materials and supplies | 355 | - | - | 355 | 98 | 257 | 27.6% | 3 | 493 |
| Inventory: Medical supplies | 2 501 | - | - | 2 501 | 3 079 | (578) | 123.1% | - | 5 751 |
| Consumable supplies | 4 109 | - | - | 4 109 | 1 531 | 2 578 | 37.3% | - | 1 274 |
| Consumable: Stationery, printing and office supplies | 1 015 | - | - | 1 015 | 846 | 169 | 83.3% | 747 | 590 |
| Operating leases | 14 | - | - | 14 | 27 | (13) | 192.9% | - | - |
| Property payments | 326 255 | - | (174) | 326 081 | 267 220 | 58 861 | 81.9% | 240 000 | 193 635 |
| Travel and subsistence | 924 | - | - | 924 | 809 | 115 | 87.6% | 683 | 814 |
| Training and development | 1 947 | - | - | 1 947 | 1 445 | 502 | 74.2% | 1 338 | 1 195 |
| Operating payments | 21 | - | - | 21 | 20 | 1 | 95.2% | 80 | 21 |
| Venues and facilities | - | - | - | - | - | - | - | - | 1 |
| Rental and hiring | - | - | - | - | 5 | (5) | - | - | 662 |
| Transfers and subsidies | 10 032 | - | - | 10 032 | 10 136 | (104) | 101.0% | 1 693 | 1 693 |
| Non-profit institutions | 10 000 | - | - | 10 000 | 10 000 | - | 100.0% | 231 | 231 |
| Households | 32 | - | - | 32 | 136 | (104) | 425.0% | 1 462 | 1 462 |
| Social benefits | 32 | - | - | 32 | 136 | (104) | 425.0% | 1 462 | 1 462 |
| Payments for capital assets | 460 748 | - | - | 460 748 | 413 366 | 47 382 | 89.7% | 493 069 | 446 290 |
| Buildings and other fixed structures | 386 357 | - | - | 386 357 | 312 757 | 73 600 | 81.0% | 341 245 | 282 807 |
| Buildings | 386 357 | - | - | 386 357 | 312 757 | 73 600 | 81.0% | 341 245 | 282 807 |
| Machinery and equipment | 74 290 | - | - | 74 290 | 94 635 | (20 345) | 127.4% | 149 181 | 163 124 |
| Transport equipment | 30 | - | - | 30 | 1 | 29 | 3.3% | - | 3 |
| Other machinery and equipment | 74 260 | - | - | 74 260 | 94 634 | (20 374) | 127.4% | 149 181 | 163 121 |
| Software and other intangible assets | 101 | - | - | 101 | 5 974 | (5 873) | 5914.9% | 2 643 | 359 |
| Payment for financial assets | - | - | 174 | 174 | 174 | - | 100.0% | - | - |
| Total | 892 339 | - | - | 892 339 | 780 431 | 111 908 | 87.5% | 814 386 | 712 923 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Subprogramme: 8.1: Community Health Facilities | | | | | | | | | |
|---|------------------------|-------------------|------------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 75 233 | - | - | 75 233 | 91 563 | (16 330) | 121.7% | 81 037 | 53 982 |
| Goods and services | 75 233 | - | - | 75 233 | 91 563 | (16 330) | 121.7% | 81 037 | 53 982 |
| Payments for capital assets | 113 493 | - | - | 113 493 | 88 393 | 25 100 | 77.9% | 166 925 | 135 022 |
| Buildings and other fixed structures | 106 000 | - | - | 106 000 | 81 702 | 24 298 | 77.1% | 147 260 | 121 592 |
| Machinery and equipment | 7 493 | - | - | 7 493 | 6 691 | 802 | 89.3% | 19 665 | 13 430 |
| Payment for financial assets | - | - | 174 | 174 | 174 | - | 100.0% | - | - |
| Total | 188 726 | - | 174 | 188 900 | 180 130 | 8 770 | 95.4% | 247 962 | 189 004 |

| Subprogramme: 8.2: Emergency Medical Rescue Services | | | | | | | | | |
|---|------------------------|-------------------|----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 8 678 | - | - | 8 678 | 7 779 | 899 | 89.6% | 5 808 | 3 300 |
| Goods and services | 8 678 | - | - | 8 678 | 7 779 | 899 | 89.6% | 5 808 | 3 300 |
| Payments for capital assets | 12 468 | - | - | 12 468 | 10 832 | 1 636 | 86.9% | 4 090 | 3 397 |
| Buildings and other fixed structures | 12 468 | - | - | 12 468 | 10 832 | 1 636 | 86.9% | 4 090 | 3 397 |
| Total | 21 146 | - | - | 21 146 | 18 611 | 2 535 | 88.0% | 9 898 | 6 697 |

| Subprogramme: 8.3: District Hospital Services | | | | | | | | | |
|--|------------------------|-------------------|--------------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 129 983 | - | (174) | 129 809 | 95 687 | 34 122 | 73.7% | 75 161 | 61 578 |
| Compensation of employees | 4 514 | - | - | 4 514 | 4 243 | 271 | 94.0% | 5 375 | 4 501 |
| Goods and services | 125 469 | - | (174) | 125 295 | 91 444 | 33 851 | 73.0% | 69 786 | 57 077 |
| Transfers and subsidies | - | - | - | - | 11 | (11) | - | 8 | 8 |
| Households | - | - | - | - | 11 | (11) | - | 8 | 8 |
| Payments for capital assets | 69 133 | - | - | 69 133 | 50 297 | 18 836 | 72.8% | 107 471 | 90 957 |
| Buildings and other fixed structures | 51 721 | - | - | 51 721 | 28 172 | 23 549 | 54.5% | 86 089 | 70 073 |
| Machinery and equipment | 17 354 | - | - | 17 354 | 18 173 | (819) | 104.7% | 21 382 | 20 884 |
| Software and other intangible assets | 58 | - | - | 58 | 3 952 | (3 894) | 6813.8% | - | - |
| Total | 199 116 | - | (174) | 198 942 | 145 995 | 52 947 | 73.4% | 182 640 | 152 543 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Subprogramme: 8.4: Provincial Hospital Services | | | | | | | | | |
|--|------------------------|-------------------|----------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 73 195 | - | - | 73 195 | 61 613 | 11 582 | 84.2% | 39 745 | 49 998 |
| Compensation of employees | 2 383 | - | - | 2 383 | 2 485 | (102) | 104.3% | 1 545 | 1 670 |
| Goods and services | 70 812 | - | - | 70 812 | 59 128 | 11 684 | 83.5% | 38 200 | 48 328 |
| Transfers and subsidies | 6 | - | - | 6 | 6 | - | 100.0% | 1 | 1 |
| Households | 6 | - | - | 6 | 6 | - | 100.0% | 1 | 1 |
| Payments for capital assets | 152 553 | - | - | 152 553 | 152 809 | (256) | 100.2% | 95 195 | 76 770 |
| Buildings and other fixed structures | 135 042 | - | - | 135 042 | 135 372 | (330) | 100.2% | 72 695 | 65 240 |
| Machinery and equipment | 17 511 | - | - | 17 511 | 15 446 | 2 065 | 88.2% | 19 900 | 11 415 |
| Software and other intangible assets | - | - | - | - | 1 991 | (1 991) | - | 2 600 | 115 |
| Total | 225 754 | - | - | 225 754 | 214 428 | 11 326 | 95.0% | 134 941 | 126 769 |

| Subprogramme: 8.5: Central Hospital Services | | | | | | | | | |
|---|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 60 015 | - | - | 60 015 | 56 746 | 3 269 | 94.6% | 78 759 | 62 084 |
| Compensation of employees | 3 975 | - | - | 3 975 | 2 238 | 1 737 | 56.3% | 1 426 | 2 418 |
| Goods and services | 56 040 | - | - | 56 040 | 54 508 | 1 532 | 97.3% | 77 333 | 59 666 |
| Transfers and subsidies | 10 000 | - | - | 10 000 | 10 003 | (3) | 100.0% | 231 | 231 |
| Non-profit institutions | 10 000 | - | - | 10 000 | 10 000 | - | 100.0% | 231 | 231 |
| Households | - | - | - | - | 3 | (3) | - | - | - |
| Payments for capital assets | 74 122 | - | - | 74 122 | 78 754 | (4 632) | 106.2% | 105 797 | 128 386 |
| Buildings and other fixed structures | 42 746 | - | - | 42 746 | 27 387 | 15 359 | 64.1% | 23 771 | 15 884 |
| Machinery and equipment | 31 376 | - | - | 31 376 | 51 367 | (19 991) | 163.7% | 82 026 | 112 264 |
| Software and other intangible assets | - | - | - | - | - | - | - | - | 238 |
| Total | 144 137 | - | - | 144 137 | 145 503 | (1 366) | 100.9% | 184 787 | 190 701 |

| Subprogramme: 8.6: Other Facilities | | | | | | | | | |
|--|------------------------|-------------------|----------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| Economic classification | 2015/16 | | | | | | | 2014/15 | |
| | 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 | 74 455 | - | - | 74 455 | 43 367 | 31 088 | 58.2% | 39 114 | 33 998 |
| Compensation of employees | 30 153 | - | - | 30 153 | 27 932 | 2 221 | 92.6% | 25 664 | 23 831 |
| Goods and services | 44 302 | - | - | 44 302 | 15 435 | 28 867 | 34.8% | 13 450 | 10 167 |
| Transfers and subsidies | 26 | - | - | 26 | 116 | (90) | 446.2% | 1 453 | 1 453 |
| Households | 26 | - | - | 26 | 116 | (90) | 446.2% | 1 453 | 1 453 |
| Payments for capital assets | 38 979 | - | - | 38 979 | 32 281 | 6 698 | 82.8% | 13 591 | 11 758 |
| Buildings and other fixed structures | 38 380 | - | - | 38 380 | 29 292 | 9 088 | 76.3% | 7 340 | 6 621 |
| Machinery and equipment | 556 | - | - | 556 | 2 958 | (2 402) | 532.0% | 6 208 | 5 131 |
| Software and other intangible assets | 43 | - | - | 43 | 31 | 12 | 72.1% | 43 | 6 |
| Total | 113 460 | - | - | 113 460 | 75 764 | 37 696 | 66.8% | 54 158 | 47 209 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2016**

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 and Annexure 1 (A-D) 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 | Actual Expenditure | Variance | Variance as a % of Final Approp. |
|--|---------------------|--------------------|----------|----------------------------------|
| | R'000 | R'000 | R'000 | % |
| ADMINISTRATION | 680 435 | 614 141 | 66 294 | 10% |
| The under-spending can mainly be attributed to: <ul style="list-style-type: none"> ● Compensation of employees: <ul style="list-style-type: none"> - The slow rate of filling posts and targeted personnel expenditure reductions to address future Medium Term Framework (MTEF) budget shortfalls. ● Goods and services: <ul style="list-style-type: none"> - Targeted savings in respect of Advertising, Consultants as well as savings achieved on SITA related services such as Information Services. ● Transfers and Subsidies: <ul style="list-style-type: none"> - Lower than budgeted Medico Legal claim settlements. ● Payments for capital assets: <ul style="list-style-type: none"> The over-expenditure in this instance can be attributed to: <ul style="list-style-type: none"> - the procurement of additional computers for Information Technology projects e.g. Tech Refresh, Electronic Continuity of Care Record (eCCR) and Picture Archiving System (PACS) and the Radiology Information System (RIS). - the fact that financial leases 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). | | | | |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Per programme | Final Appropriation | Actual Expenditure | Variance | Variance as a % of Final Approp. |
|---|---------------------|--------------------|----------|----------------------------------|
| | R'000 | R'000 | R'000 | % |
| DISTRICT HEALTH SERVICES | 7 401 881 | 7 352 880 | 49 001 | 1% |
| <p>The under-spending can mainly be attributed to:</p> <ul style="list-style-type: none"> ● Compensation of employees: <ul style="list-style-type: none"> - Vacant funded posts not always filled for the entire financial year due to recruitment and selection processes. - Cost saving measures implemented by keeping posts vacant for longer periods as a Departmental Strategy to ensure financial relief against future reduced MTEF budgets. - Late commissioning of Community Day Centres e.g.: Nomzamo and Du Noon Community Day Centres. ● Transfers and Subsidies: <ul style="list-style-type: none"> - Claims submitted late by City of Cape Town (CoCT) on Vaccines and Tuberculosis (TB) Drug Resistance (DR) medicine utilised in City Clinics. - The attrition rate of community care workers employed by Non-Profit Institutions (NPI). ● Payments for capital assets: <ul style="list-style-type: none"> The over-expenditure in this instance can be attributed to: <ul style="list-style-type: none"> - financial leases 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). | | | | |
| EMERGENCY MEDICAL SERVICES | 937 872 | 931 132 | 6 740 | 1% |
| <p>The under-spending can mainly be attributed to:</p> <ul style="list-style-type: none"> ● Compensation of employees: <ul style="list-style-type: none"> - Targeted expenditure reduction on personnel to address future MTEF budget shortfalls. ● Goods and services: <ul style="list-style-type: none"> - Planned saving on Contractors and communication systems. ● Payments for capital assets: <ul style="list-style-type: none"> The over-expenditure in this instance can be attributed to: <ul style="list-style-type: none"> - financial leases 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 costs incurred towards the conversion of emergency vehicles. | | | | |
| PROVINCIAL HOSPITAL SERVICES | 2 998 855 | 2 955 353 | 43 502 | 1% |
| <p>The under-spending can mainly be attributed to:</p> <ul style="list-style-type: none"> ● Compensation of employees: <ul style="list-style-type: none"> - Expensive posts not filled for a full financial year and contracted staff appointments not extended. - The slow rate of filling posts and targeted personnel expenditure reduction to address future MTEF budget shortfalls. ● Goods and services: <ul style="list-style-type: none"> - Savings projects to address future MTEF budget constraints led to a reduction in expenditure on Goods and Services (G&S) in this Programme. - Stricter contract management being implemented with penalties levied against non-performing service providers. - Improved Clinical governance and protocols on the ordering and usage of blood and laboratory tests. ● Transfers and Subsidies: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> The over-expenditure in this instance can be attributed to: <ul style="list-style-type: none"> - financial leases 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). | | | | |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Per programme | Final Appropriation | Actual Expenditure | Variance | Variance as a % of Final Approp. |
|--|------------------------|-----------------------|----------|-------------------------------------|
| | R'000 | R'000 | R'000 | % |
| CENTRAL HOSPITAL SERVICES | 5 369 744 | 5 360 411 | 9 333 | 0% |
| <p>The under-spending can mainly be attributed to:</p> <ul style="list-style-type: none"> ● Compensation of employees: <ul style="list-style-type: none"> - The slow rate of filling posts and targeted personnel expenditure reduction to address future MTEF budget shortfalls. - Higher budget allocation on the Joint Staff appointments at Universities. ● Goods and services: <ul style="list-style-type: none"> - The over-expenditure in this instance can mainly be attributed to: <ul style="list-style-type: none"> - the increased patient load in this Programme. - medical supplies expenditure increased due to price increases and especially the weakening of the Rand. - new pharmaceutical contracts lead to additional expenditure on the Goods and Services (G&S) budget. ● Transfers and Subsidies: <ul style="list-style-type: none"> - The over-expenditure in this instance can mainly be attributed to: <ul style="list-style-type: none"> - a significant increase in staff resignations and retirements and subsequent leave pay-outs. | | | | |
| HEALTH SCIENCES AND TRAINING | 336 966 | 319 793 | 17 173 | 5% |
| <p>The under-spending can mainly be attributed to:</p> <ul style="list-style-type: none"> ● Compensation of employees: <ul style="list-style-type: none"> - The higher than anticipated resignations/retirement rate due to the imminent incorporation of the Western Cape College of Nursing (WCCN) into Cape Peninsula University of Technology (CPU). - Rate of attrition on the Expanded Public Works Programme (EPWP) posts in District Health Services and training co-ordinator posts at the Regional Training Centre due to difficulties in the selection processes. ● Goods and services: <ul style="list-style-type: none"> - Delays in the registration of the new National Qualification Framework (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 for training as part of the EPWP. | | | | |
| HEALTH CARE SUPPORT SERVICES | 422 980 | 422 977 | 3 | 0% |
| <p>This programme is in budget after application of virements.</p> | | | | |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2016**

| Per programme | Final Appropriation | Actual Expenditure | Variance | Variance as a % of Final Approp. |
|---|------------------------|-----------------------|----------|-------------------------------------|
| | R'000 | R'000 | R'000 | % |
| HEALTH FACILITIES MANAGEMENT | 892 339 | 780 431 | 111 908 | 13% |
| <p>The under-spending can mainly be attributed to:</p> <ul style="list-style-type: none"> • Compensation of employees: <ul style="list-style-type: none"> - Occupation Specific Dispensation (OSD) posts not filled, due to the fact that the positions require specialised scarce skills. • Goods and services: <ul style="list-style-type: none"> - Scheduled maintenance: quality of the facility condition assessments, delays in the finalisation of project briefs, and lengthy implementation periods. • Payments for capital assets: <ul style="list-style-type: none"> - Delays in particular project expenditure not meeting the available budget can mainly be attributed to slippages on project programmes. Each of the project stages (inception, feasibility, design, tendering, construction, retention and close-out) is dependent on the preceding stage, and a delay in one creates incremental delays in the stages that follow. | | | | |

4.2 Per economic classification

| Per economic classification: | Final Appropriation | Actual Expenditure | Variance | Variance as a % of Final Approp. |
|--|------------------------|-----------------------|----------|-------------------------------------|
| | R'000 | R'000 | R'000 | % |
| Current expenditure | | | | |
| Compensation of employees | 11 095 792 | 10 949 652 | 146 140 | 1% |
| Goods and services | 6 057 834 | 5 976 263 | 81 571 | 1% |
| Transfers and subsidies | | | | |
| Provinces and municipalities | 436 215 | 432 972 | 3 243 | 1% |
| Departmental agencies and accounts | 4 830 | 4 861 | (31) | -1% |
| Higher education institutions | 3 992 | 3 992 | - | 0% |
| Non-profit institutions | 465 891 | 463 520 | 2 371 | 1% |
| Households | 210 199 | 152 269 | 57 930 | 28% |
| Payments for capital assets | | | | |
| Buildings and other fixed structures | 386 357 | 312 853 | 73 504 | 19% |
| Machinery and equipment | 373 068 | 428 026 | (54 958) | -15% |
| Software and other intangible assets | 369 | 6 185 | (5 816) | -1576% |
| Payments for financial assets | 6 525 | 6 525 | - | 0% |
| <p>The variance between the total budget and expenditure of R304 million is equal to 1.6% of the budget, which is within the 2% acceptable norm.</p> <p>This variance includes underspending in Programme 8 (Health Facilities Management) of R112 million.</p> <p>The variance of R146 million between the budget and expenditure for Compensation of Employees is the result of saving initiatives to provide for the expected budget challenge in the upcoming financial years, consistent with the Cabinet decision of 26 January 2016 and as agreed with Provincial Treasury.</p> <p>The variance between the budget and expenditure for Transfers (Households) includes a saving of R56 million with respect to Claims against the State. This item is difficult to predict because it depends on decisions by the courts and on settlement processes.</p> | | | | |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2016**

4.3 Per conditional grant

| Per conditional grant | Final Appropriation | Actual Expenditure | Variance | Variance as a % of Final Approp. |
|--|------------------------|-----------------------|----------|-------------------------------------|
| | R'000 | R'000 | R'000 | % |
| National Tertiary Services Grant | 2 594 901 | 2 594 901 | - | 0% |
| Health Professions Training and Development Grant | 489 689 | 489 689 | - | 0% |
| Comprehensive HIV and AIDS Grant | 1 138 481 | 1 138 480 | 1 | 0% |
| National Health Insurance Grant | 14 862 | 12 114 | 2 748 | 18% |
| Health Facility Revitalisation Grant | 871 194 | 762 671 | 108 523 | 12% |
| Expanded Public Works Programme Integrated Grant for Provinces | 2 838 | 2 836 | 2 | 0% |
| Social Sector Expanded Public Works Programme Incentive Grant for Provinces | 1 000 | 996 | 4 | 0% |
| National Health Insurance Grant: | | | | |
| The under-spending can mainly be attributed to: | | | | |
| <ul style="list-style-type: none"> ● The National Health Insurance Conditional Grant: <ul style="list-style-type: none"> - Expenditure on the project "Oral Health Data Management" was much lower than anticipated, as it was done internally, instead of being outsourced as originally anticipated. - Lower expenditure was also recorded on the Essential Supply List (ESL) / Consumables Management project. ● Health Professionals Contracting: <ul style="list-style-type: none"> - Not all General Practitioner (GP) sessions could be filled in rural sub-districts, and not all Health Professionals could be appointed and those appointed were at a lower level. - Travel and Subsistence was also lower than budgeted for. | | | | |
| Health Facility Revitalisation Grant: | | | | |
| The under-spending can mainly be attributed to: | | | | |
| <ul style="list-style-type: none"> ● Compensation of employees: <ul style="list-style-type: none"> - Occupation Specific Dispensation (OSD) posts not filled, due to the fact that the positions require specialised scarce skills. ● Goods and services: <ul style="list-style-type: none"> - Scheduled maintenance: quality of the facility condition assessments, delays in the finalisation of project briefs, and lengthy implementation periods. ● Payments for capital assets: <ul style="list-style-type: none"> - Delays in particular project expenditure not meeting the available budget can mainly be attributed to slippages on project programmes. Each of the project stages (inception, feasibility, design, tendering, construction, retention and close-out) is dependent on the preceding stage, and a delay in one creates incremental delays in the stages that follow. | | | | |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2016**

| | Note | 2015/16 R'000 | 2015/14 R'000 |
|---|------|-------------------|-------------------|
| REVENUE | | | |
| Annual appropriation | 1 | 19 041 072 | 17 430 423 |
| Departmental revenue | 2 | 109 091 | 121 957 |
| Aid assistance | 3 | 4 631 | - |
| TOTAL REVENUE | | 19 154 794 | 17 552 380 |
| EXPENDITURE | | | |
| Current expenditure | | | |
| Compensation of employees | 4 | 10 949 652 | 10 072 353 |
| Goods and services | 5 | 5 976 263 | 5 510 960 |
| Aid assistance | 3 | 2 108 | 1 145 |
| Total current expenditure | | 16 928 023 | 15 584 458 |
| Transfers and subsidies | | | |
| Transfers and subsidies | 7 | 1 057 614 | 964 416 |
| Aid assistance | 3 | 834 | - |
| Total transfers and subsidies | | 1 058 448 | 964 416 |
| Expenditure for capital assets | | | |
| Tangible assets | 8 | 741 012 | 745 115 |
| Intangible assets | 8 | 6 185 | 2 285 |
| Total expenditure for capital assets | | 747 197 | 747 400 |
| Payments for financial assets | 6 | 6 525 | 11 274 |
| TOTAL EXPENDITURE | | 18 740 193 | 17 307 548 |
| SURPLUS/(DEFICIT) FOR THE YEAR | | 414 601 | 244 832 |
| Reconciliation of Net Surplus/(Deficit) for the year | | | |
| Voted funds | | 303 954 | 124 615 |
| Annual appropriation | | 192 676 | 19 902 |
| Conditional grants | | 111 278 | 104 713 |
| Departmental revenue | 13 | 109 091 | 121 957 |
| Aid assistance | 3 | 1 556 | (1 740) |
| SURPLUS/(DEFICIT) FOR THE YEAR | | 414 601 | 244 832 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**STATEMENT OF FINANCIAL POSITION
as at 31 March 2016**

| | Note | 2015/16 R'000 | 2014/15 R'000 |
|---|------|------------------|------------------|
| ASSETS | | | |
| Current assets | | 373 891 | 221 305 |
| Cash and cash equivalents | 9 | 331 551 | 184 899 |
| Prepayments and advances | 10 | 1 979 | 1 752 |
| Receivables | 11 | 40 361 | 34 654 |
| Non-current assets | | 22 548 | 23 808 |
| Receivables | 11 | 22 548 | 23 808 |
| TOTAL ASSETS | | 396 439 | 245 113 |
| LIABILITIES | | | |
| Current liabilities | | 378 464 | 225 124 |
| Voted funds to be surrendered to the Revenue Fund | 12 | 303 954 | 124 615 |
| Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund | 13 | 19 242 | 21 670 |
| Payables | 14 | 51 202 | 76 329 |
| Aid assistance unutilised | 3 | 4 066 | 2 510 |
| TOTAL LIABILITIES | | 378 464 | 225 124 |
| NET ASSETS | | 17 975 | 19 989 |
| Represented by: | | | |
| Recoverable revenue | | 17 975 | 19 989 |
| TOTAL | | 17 975 | 19 989 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**STATEMENT OF CHANGES IN NET ASSETS
for the year ended 31 March 2016**

| | Note | 2015/16 R'000 | 2014/15 R'000 |
|---|------|------------------|------------------|
| Recoverable revenue | | | |
| Opening balance | | 19 989 | 24 824 |
| Transfers: | | (2 014) | (4 835) |
| Irrecoverable amounts written off | 6.3 | (4 429) | (5 986) |
| Debts revised | | (88) | (93) |
| Debts recovered (included in departmental receipts) | | 859 | (1 095) |
| Debts raised | | 1 644 | 2 339 |
| Closing balance | | 17 975 | 19 989 |
| TOTAL | | 17 975 | 19 989 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**CASH FLOW STATEMENT
for the year ended 31 March 2016**

| | Note | 2015/16 R'000 | 2014/15 R'000 |
|--|-----------|-------------------|-------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | | |
| Receipts | | 19 631 444 | 18 048 770 |
| Annual appropriated funds received | 1.1 | 19 041 072 | 17 430 423 |
| Departmental revenue received | 2 | 583 165 | 615 768 |
| Interest received | 2.2 | 2 576 | 2 579 |
| Aid assistance received | 3 | 4 631 | - |
| Net (increase)/decrease in working capital | | (29 801) | 13 795 |
| Surrendered to Revenue Fund | | (712 784) | (720 815) |
| Current payments | | (16 928 023) | (15 584 458) |
| Payments for financial assets | | (6 525) | (11 274) |
| Transfers and subsidies paid | | (1 058 448) | (964 416) |
| Net cash flow available from operating activities | 15 | 895 863 | 781 602 |
| CASH FLOWS FROM INVESTING ACTIVITIES | | | |
| Payments for capital assets | 8 | (747 197) | (747 400) |
| Proceeds from sale of capital assets | 2.3 | - | 155 |
| Net cash flows from investing activities | | (747 197) | (747 245) |
| CASH FLOWS FROM FINANCING ACTIVITIES | | | |
| Increase/(decrease) in net assets | | (2 014) | (4 835) |
| Net cash flows from financing activities | | (2 014) | (4 835) |
| Net increase/(decrease) in cash and cash equivalents | | 146 652 | 29 522 |
| Cash and cash equivalents at beginning of period | | 184 899 | 155 377 |
| Cash and cash equivalents at end of period | 16 | 331 551 | 184 899 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

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.

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

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.

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.

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

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

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.

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.

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

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.

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 (not covered elsewhere)

A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial.

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.

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

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 is 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 R1 unless the fair value of the asset has been reliably estimated, in which case the fair value is used.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.

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.

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 is 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 OAG) may be recorded at R1.

Movable 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 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

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

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.

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 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.

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

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.

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 effected by management have been applied retrospectively 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 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

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

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 Principal-Agent arrangements

The department is party to a principal-agent arrangement for [include details here]. In terms of the arrangement the department is the [principal / agent] and is responsible for [include details here]. All related revenues, expenditures, assets and liabilities have been recognised or recorded in terms of the relevant policies listed herein. Additional disclosures have been provided in the notes to the financial statements where appropriate.

24 Capitalisation reserve

The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed and the related funds are received.

25 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.

26 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.

27 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

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

received, the unitary fees paid, rights and obligations of the department are recorded in the notes to the financial statements.

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:

| | 2015/16 | | 2014/15 | |
|------------------------------|-------------------|-------------------|-------------------|-------------------|
| | Final | Actual | Final | Appropriation |
| | Appropriation | Funds Received | Appropriation | received |
| | R'000 | R'000 | R'000 | R'000 |
| Administration | 680 435 | 680 435 | 583 858 | 583 858 |
| District Health Services | 7 401 881 | 7 401 881 | 6 784 724 | 6 784 724 |
| Emergency Medical Services | 937 872 | 937 872 | 880 653 | 880 653 |
| Provincial Hospital Services | 2 998 855 | 2 998 855 | 2 728 812 | 2 728 812 |
| Central Hospital Services | 5 369 744 | 5 369 744 | 4 964 077 | 4 964 077 |
| Health Sciences and Training | 336 966 | 336 966 | 314 296 | 314 296 |
| Health Care Support | 422 980 | 422 980 | 359 617 | 359 617 |
| Health Facility Management | 892 339 | 892 339 | 814 386 | 814 386 |
| Total | 19 041 072 | 19 041 072 | 17 430 423 | 17 430 423 |

1.2 Conditional grants

| | Note | 2015/16 | 2014/15 |
|---|------|------------------|------------------|
| | | R'000 | R'000 |
| Total grants received | 33 | 5 112 965 | 4 807 916 |
| Provincial grants included in Total Grants received | | 5 112 965 | 4 807 916 |

2. Departmental revenue

| | Note | 2015/16 | 2014/15 |
|---|------|----------------|----------------|
| | | R'000 | R'000 |
| Sales of goods and services other than capital assets | 2.1 | 459 229 | 431 639 |
| Interest, dividends and rent on land | 2.2 | 2 576 | 2 579 |
| Sales of capital assets | 2.3 | - | 155 |
| Transactions in financial assets and liabilities | 2.4 | 20 023 | 18 886 |
| Transfer received | 2.5 | 103 913 | 165 243 |
| Total revenue collected | | 585 741 | 618 502 |
| Less: Own revenue included in appropriation | 13 | 476 650 | 496 545 |
| Departmental revenue collected | | 109 091 | 121 957 |

2.1 Sales of goods and services other than capital assets

| | Note | 2015/16 | 2014/15 |
|--|------|----------------|----------------|
| | | R'000 | R'000 |
| Sales of goods and services produced by the department | 2 | 458 456 | 430 894 |
| Sales by market establishment | | 3 951 | 3 329 |
| Administrative fees | | 7 799 | 7 344 |
| Other sales | | 446 706 | 420 221 |
| Sales of scrap, waste and other used current goods | | 773 | 745 |
| Total | | 459 229 | 431 639 |

2.2 Interest, dividends and rent on land

| | <i>Note</i> 2 | 2015/16 R'000 | 2014/15 R'000 |
|--------------|------------------|--------------------------------|--------------------------------|
| Interest | | 2 576 | 2 579 |
| Total | | 2 576 | 2 579 |

2.3 Sale of capital assets

| | <i>Note</i> 2 | 2015/16 R'000 | 2014/15 R'000 |
|-------------------------|------------------|--------------------------------|--------------------------------|
| Tangible assets | | - | 155 |
| Machinery and equipment | | - | 155 |
| Total | | - | 155 |

2.4 Transactions in financial assets and liabilities

| | <i>Note</i> 2 | 2015/16 R'000 | 2014/15 R'000 |
|--|------------------|--------------------------------|--------------------------------|
| Receivables | | 14 621 | 15 089 |
| Other Receipts including Recoverable Revenue | | 5 402 | 3 797 |
| Total | | 20 023 | 18 886 |

2.5 Transfers received

| | <i>Note</i> 2 | 2015/16 R'000 | 2014/15 R'000 |
|---|------------------|--------------------------------|--------------------------------|
| Higher education institutions | | 27 115 | 24 149 |
| International organisations | | 76 708 | 141 094 |
| Public corporations and private enterprises | | 90 | - |
| Total | | 103 913 | 165 243 |

3. Aid assistance

| | 2015/16 R'000 | 2014/15 R'000 |
|---|------------------|------------------|
| Opening Balance | 2 510 | 4 250 |
| Transferred from statement of financial performance | 1 556 | (1 740) |
| Closing Balance | 4 066 | 2 510 |

Transferred (from) Statement of Financial Performance is made up as follows:

| | 2015/16 R'000 | 2014/15 R'000 |
|--|------------------|------------------|
| Donor Funding received | 4 631 | - |
| Statement of Financial Performance (Current Expenditure) | (2 108) | (1 145) |
| Capital Expenditure (Note 8.1) | (133) | (595) |
| Transfers made to Non Profit Organisations | (834) | - |
| Nett Total | 1 556 | (1 740) |

3.1 Analysis of balance by source

| | <i>Note</i> | 2015/16 R'000 | 2014/15 R'000 |
|-----------------------------------|-------------|------------------|------------------|
| Aid assistance from other sources | 3 | 4 066 | 2 510 |
| Closing balance | | 4 066 | 2 510 |

3.2 Analysis of balance

| | <i>Note</i> | 2015/16 R'000 | 2014/15 R'000 |
|---------------------------|-------------|------------------|------------------|
| Aid assistance unutilised | 3 | 4 066 | 2 510 |
| Closing balance | | 4 066 | 2 510 |

4. Compensation of employees

4.1 Salaries and Wages

| | 2015/16 R'000 | 2014/15 R'000 |
|----------------------------------|------------------|------------------|
| Basic salary | 7 204 384 | 6 673 527 |
| Performance award | 55 491 | 51 946 |
| Service Based | 15 186 | 14 758 |
| Compensative/circumstantial | 1 059 649 | 975 827 |
| Periodic payments | 11 558 | 12 356 |
| Other non-pensionable allowances | 1 356 625 | 1 247 439 |
| Total | 9 702 893 | 8 975 853 |

Employee cost increased due to the following:

- Annual cost of living adjustments
- Additional staff appointed under Programme 2.6 HIV-AIDS predominantly to absorb the Global Fund Exit at antiretroviral therapy sites

- Additional staff appointed in respect of the commissioning of new or additional services (e.g. Du Noon Community Health Centre)

Other non-pensionable allowances increased due to an increase in the housing allowances paid to qualifying staff.

4.2 Social contributions

| | 2015/16 R'000 | 2014/15 R'000 |
|--|-------------------|-------------------|
| Employer contributions | | |
| Pension | 825 881 | 758 538 |
| Medical | 418 485 | 336 749 |
| Bargaining council | 2 368 | 1 146 |
| Insurance | 25 | 67 |
| Total | 1 246 759 | 1 096 500 |
| Total compensation of employees | 10 949 652 | 10 072 353 |
| | | |
| Average number of employees | 31 354 | 30 983 |

5. Goods and services

| | <i>Note</i> | 2015/16 R'000 | 2014/15 R'000 |
|---|-------------|------------------|------------------|
| Administrative fees | | 1 106 | 1 021 |
| Advertising | | 26 645 | 35 124 |
| Minor assets | 5.1 | 47 489 | 51 117 |
| Bursaries (employees) | | 8 703 | 7 758 |
| Catering | | 4 192 | 3 809 |
| Communication | | 79 904 | 71 846 |
| Computer services | 5.2 | 64 709 | 74 418 |
| Consultants: Business and advisory services | | 73 427 | 77 562 |
| Infrastructure and planning services | | 29 976 | 16 204 |
| Laboratory services | | 554 754 | 570 186 |
| Legal services | | 12 145 | 10 227 |
| Contractors | | 389 949 | 358 295 |
| Agency and support / outsourced services | | 431 294 | 430 127 |
| Entertainment | | 41 | 67 |
| Audit cost – external | 5.3 | 23 701 | 25 378 |
| Fleet services | | 166 292 | 158 505 |
| Inventory | 5.4 | 2 551 696 | 2 321 286 |
| Consumables | 5.5 | 408 368 | 375 558 |
| Operating leases | | 23 850 | 23 527 |
| Property payments | 5.6 | 962 296 | 784 552 |
| Rental and hiring | | 21 961 | 16 440 |
| Transport provided as part of the departmental activities | | 1 968 | 1 882 |
| Travel and subsistence | 5.7 | 39 503 | 41 184 |
| Venues and facilities | | 1 353 | 1 546 |
| Training and development | | 35 106 | 37 782 |
| Other operating expenditure | 5.8 | 15 835 | 15 559 |
| Total | | 5 976 263 | 5 510 960 |

5.1 Minor assets

| | Note 5 | 2015/16 R'000 | 2014/15 R'000 |
|--------------------------|-----------|------------------|------------------|
| Tangible assets | | 47 489 | 51 108 |
| Machinery and equipment | | 47 489 | 51 108 |
| Intangible assets | | - | 9 |
| Software | | - | 9 |
| Total | | 47 489 | 51 117 |

5.2 Computer services

| | Note 5 | 2015/16 R'000 | 2014/15 R'000 |
|-------------------------------------|-----------|------------------|------------------|
| SITA computer services | | 17 137 | 19 048 |
| External computer service providers | | 47 572 | 55 370 |
| Total | | 64 709 | 74 418 |

The decrease in **SITA computer services** is due to under spending as a result of saving initiatives implemented in respect of transversal system applications.

The decrease in **External computer service providers** is due infrastructure delays which resulted in planned Health Information System rollout at certain facilities being deferred to next financial year.

5.3 Audit cost – External

| | Note 5 | 2015/16 R'000 | 2014/15 R'000 |
|-------------------|-----------|------------------|------------------|
| Regularity audits | | 23 701 | 20 522 |
| Investigations | | - | 4 856 |
| Total | | 23 701 | 25 378 |

5.4 Inventory

| | Note 5 | 2015/16 R'000 | 2014/15 R'000 |
|------------------------|-----------|------------------|------------------|
| Food and food supplies | | 49 496 | 51 481 |
| Materials and supplies | | 31 016 | 29 507 |
| Medical supplies | | 1 298 695 | 1 174 505 |
| Medicine | | 1 136 188 | 1 028 175 |
| Laboratory Supplies | | 36 301 | 37 618 |
| Total | | 2 551 696 | 2 321 286 |

Expenditure on medicines increased due to:

- the continued weakening of the Rand;
- general annual inflationary increases

5.5 Consumables

| | Note 5 | 2015/16 R'000 | 2014/15 R'000 |
|--|-----------|------------------|------------------|
| Consumable supplies | | 328 998 | 297 749 |
| Uniform and clothing | | 50 402 | 44 627 |
| Household supplies | | 190 909 | 173 610 |
| Building material and supplies | | 17 296 | 17 006 |
| IT consumables | | 1 925 | 1 552 |
| Other consumables | | 68 466 | 60 954 |
| Stationery, printing and office supplies | | 79 370 | 77 809 |
| Total | | 408 368 | 375 558 |

Household supplies costs increased due to

- General price inflation
- Increase in patients which drove the cost of groceries
- Increase in the disposable paper stock levels at the Central Hospitals Services

Other consumables mainly increased due to an increase in fuel prices and the full year operation of the Mobile Wellness Buses.

5.6 Property payments

| | Note 5 | 2015/16 R'000 | 2014/15 R'000 |
|----------------------------------|-----------|------------------|------------------|
| Municipal services | | 275 770 | 232 049 |
| Property management fees | | 343 465 | 301 725 |
| Property maintenance and repairs | | 343 061 | 250 778 |
| Total | | 962 296 | 784 552 |

Municipal services increased due to:

- Eskom and City of Cape Town inflationary increases
- Commissioning of new clinics

Property management fees increased due to:

- Increased security costs primary as a result of the above inflation regulatory price increases
- Increased security demand at existing and new facilities

5.7 Travel and subsistence

| | Note 5 | 2015/16 R'000 | 2014/15 R'000 |
|--------------|-----------|------------------|------------------|
| Local | | 39 183 | 40 197 |
| Foreign | | 320 | 987 |
| Total | | 39 503 | 41 184 |

5.8 Other operating expenditure

| | Note 5 | 2015/16 R'000 | 2014/15 R'000 |
|---|-----------|------------------|------------------|
| Professional bodies, membership and subscription fees | | 905 | 1 112 |
| Resettlement costs | | 4 772 | 5 527 |
| Other | | 10 158 | 8 920 |
| Total | | 15 835 | 15 559 |

6. Payments for financial assets

| | Note | 2015/16 R'000 | 2014/15 R'000 |
|--|------|------------------|------------------|
| Material losses through criminal conduct | | 47 | 2 152 |
| Theft | 6.4 | 47 | 4 |
| Other material losses | 6.1 | - | 2 148 |
| Other material losses written off | 6.2 | 2 049 | 3 136 |
| Debts written off | 6.3 | 4 429 | 5 986 |
| Total | | 6 525 | 11 274 |

Government Vehicle Damages & Losses primarily relates to cost incurred as a result of damage to the Department's motor vehicles as a result of accidents.

6.1 Other material losses

| | Note 6 | 2015/16 R'000 | 2014/15 R'000 |
|--|-----------|---|------------------|
| Nature of other material losses | | | |
| Incident | | | |
| | | Disciplinary Steps taken/ Criminal proceedings | |
| Financial Misconduct | | - | 2 148 |
| Total | | - | 2 148 |

6.2 Other material losses written off

| | Note 6 | 2015/16 R'000 | 2014/15 R'000 |
|-------------------------------------|-----------|------------------|------------------|
| Nature of losses | | | |
| Government Vehicle Damages & Losses | | 2 047 | 2 096 |
| Redundant Stock (CMD & HIV/AIDS) | | 2 | 1 040 |
| Total | | 2 049 | 3 136 |

Government Vehicle Damages & Losses primarily relates to cost incurred for damages to the Department's motor vehicles as a result of accidents.

6.3 Debts written off

| | Note 6 | 2015/16 R'000 | 2014/15 R'000 |
|------------------------------------|-----------|------------------|------------------|
| Nature of debts written off | | | |
| Salary Overpayments* | | 1 030 | 1 684 |
| Medical Bursaries** | | 2 765 | 2 965 |
| Tax | | 128 | 272 |
| Fruitless and Wasteful Expenditure | | 3 | 35 |
| Accommodation | | 54 | - |
| Telephone Accounts | | 1 | 1 |
| Supplier debtors | | 323 | 925 |
| Service rendered | | 10 | - |
| Other minor incidents | | 115 | 104 |
| Total | | 4 429 | 5 986 |

* The majority of salary overpayment 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.

6.4 Details of theft

| | Note 6 | 2015/16 R'000 | 2014/15 R'000 |
|----------------------------------|-----------|------------------|------------------|
| Nature of theft | | | |
| Computer Equipment & Peripherals | | 1 | - |
| Medical equipment | | 46 | - |
| GG Vehicle Accessories | | - | 4 |
| Total | | 47 | 4 |

7. Transfers and subsidies

| | Note | 2015/16 R'000 | 2014/15 R'000 |
|------------------------------------|----------|------------------|------------------|
| Provinces and municipalities | 34 | 432 972 | 396 459 |
| Departmental agencies and accounts | Annex 1B | 4 861 | 4 605 |
| Higher education institutions | Annex 1C | 3 992 | 3 773 |
| Non-profit institutions | Annex 1D | 463 520 | 415 717 |
| Households | Annex 1E | 152 269 | 143 862 |
| Total | | 1 057 614 | 964 416 |

8. Expenditure for capital assets

| | Note | 2015/16 R'000 | 2014/15 R'000 |
|--------------------------------------|------|------------------|------------------|
| Tangible assets | | 741 012 | 745 115 |
| Buildings and other fixed structures | 31.1 | 312 853 | 282 817 |
| Machinery and equipment | | 428 159 | 462 298 |
| Intangible assets | | 6 185 | 2 285 |
| Software | 30.1 | 6 185 | 2 285 |
| Total | | 747 197 | 747 400 |

8.1 Analysis of funds utilised to acquire capital assets – 2015/16

| | Voted funds R'000 | Aid assistance R'000 | Total 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 |

8.2 Analysis of funds utilised to acquire capital assets – 2014/15

| | Voted funds R'000 | Aid assistance R'000 | Total R'000 |
|--------------------------------------|----------------------|----------------------------|----------------|
| Tangible assets | 744 520 | 595 | 745 115 |
| Buildings and other fixed structures | 282 817 | - | 282 817 |
| Machinery and equipment | 461 703 | 595 | 462 298 |
| Intangible assets | 2 285 | - | 2 285 |
| Software | 2 285 | - | 2 285 |
| Total | 746 805 | 595 | 747 400 |

8.3 Finance lease expenditure included in Expenditure for capital assets

| | 2015/16 R'000 | 2014/15 R'000 |
|-------------------------|------------------|------------------|
| Tangible assets | | |
| Machinery and equipment | 147 162 | 128 636 |
| Total | 147 162 | 128 636 |

9. Cash and cash equivalents

| | 2015/16 R'000 | 2014/15 R'000 |
|--|------------------|------------------|
| Consolidated Paymaster General Account | 608 284 | 359 149 |
| Disbursements | (277 118) | (174 606) |
| Cash on hand | 385 | 356 |
| Total | 331 551 | 184 899 |

Consolidated Paymaster General Account

The increase is due to the underspending of the budget, refer to the Notes to the Appropriation Statement for further detail.

Disbursements

The balance relates to payments in the Statement of Financial Performance. However, the cash flow occurred in April 2016

10. Prepayments and advances

| | <i>Note</i> | 2015/16 R'000 | 2014/15 R'000 |
|------------------------|-------------|------------------|------------------|
| Travel and subsistence | | 419 | 903 |
| Advances paid | 10.1 | 1 560 | 849 |
| Total | | 1 979 | 1 752 |

10.1 Advances paid

| | <i>Note</i> | 2015/16 R'000 | 2014/15 R'000 |
|--------------------|-----------------------|------------------|------------------|
| Other Institutions | 10 <i>Annex 7A</i> | 1 560 | 849 |
| Total | | 1 560 | 849 |

10.2 Prepayments (Expensed)

| | 2015/16 R'000 | 2014/15 R'000 |
|----------------|------------------|------------------|
| Capital assets | 4 188 | - |
| Total | 4 188 | - |

11. Receivables

| | <i>Note</i> | 2015/16 | | | 2014/15 | | |
|--------------------|-------------|------------------|----------------------|----------------|------------------|----------------------|----------------|
| | | Current R'000 | Non-current R'000 | Total R'000 | Current R'000 | Non-current R'000 | Total R'000 |
| Claims recoverable | 11.1 | 12 751 | - | 12 751 | 17 023 | - | 17 023 |
| Staff debt | 11.2 | 1 411 | 8 982 | 10 393 | 459 | 9 541 | 10 000 |
| Other debtors | 11.3 | 26 199 | 13 566 | 39 765 | 17 172 | 14 267 | 31 439 |
| Total | | 40 361 | 22 548 | 62 909 | 34 654 | 23 808 | 58 462 |

11.1 Claims recoverable

| | Note 11 | 2015/16 R'000 | 2014/15 R'000 |
|------------------------|------------|------------------|------------------|
| National departments | | 3 443 | 2 676 |
| Provincial departments | | 3 563 | 2 528 |
| Public entities | | 475 | - |
| Local governments | | 5 270 | 11 819 |
| Total | | 12 751 | 17 023 |

11.2 Staff debt

| | Note 11 | 2015/16 R'000 | 2014/15 R'000 |
|-----------------------------------|------------|------------------|------------------|
| Sal: Deduction Disall Account: CA | | 22 | 16 |
| Sal: Tax Debt: CA | | 217 | 264 |
| Debt Account: CA | | 10 154 | 9 716 |
| Sal: Medical Aid | | - | 4 |
| Total | | 10 393 | 10 000 |

11.3 Other debtors

| | Note 11 | 2015/16 R'000 | 2014/15 R'000 |
|--------------------------------|------------|------------------|------------------|
| Disallowance Miscellaneous | | 3 825 | 5 051 |
| Disallowance damage and losses | | 133 | 110 |
| Damage vehicles: CA | | 1 812 | 1 681 |
| Supplier Debtors | | 3 567 | 3 824 |
| Advances: Public Entities | | 298 | 1 936 |
| Medical Bursaries | | 16 181 | 18 837 |
| CMD | | 13 949 | - |
| Total | | 39 765 | 31 439 |

11.4 Fruitless and wasteful expenditure

| | 2015/16 R'000 | 2014/15 R'000 |
|---|------------------|------------------|
| Less amounts written off | (3) | (35) |
| Transfers from note 32 Fruitless and Wasteful Expenditure | 3 | 35 |
| Total | - | - |

11.5 Impairment of receivables

| | 2015/16 R'000 | 2014/15 R'000 |
|---------------------------------------|------------------|------------------|
| Estimate of impairment of receivables | 3 118 | 521 |
| Total | 3 118 | 521 |

The impairment in the 2014-15 financial year was based on staff debt only. The Department now finds it necessary to provide for other debtors (such as medical bursary debt) based on recent trends.

12 Voted funds to be surrendered to the Revenue Fund

| | 2015/16 R'000 | 2014/15 R'000 |
|--|------------------|------------------|
| Opening balance | 124 615 | 113 019 |
| Transfer from statement of financial performance | 303 954 | 124 615 |
| Paid during the year | (124 615) | (113 019) |
| Closing balance | 303 954 | 124 615 |

13 Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund

| | 2015/16 R'000 | 2014/15 R'000 |
|--|------------------|------------------|
| Opening balance | 21 670 | 10 964 |
| Transfer from Statement of Financial Performance | 109 091 | 121 957 |
| Own revenue included in appropriation | 476 650 | 496 545 |
| Paid during the year | (588 169) | (607 796) |
| Closing balance | 19 242 | 21 670 |

14. Payables – current

| | <i>Note</i> | 2015/16 R'000 | 2014/15 R'000 |
|---------------------------------|-------------|------------------|------------------|
| Amounts owing to other entities | | | |
| Advances received | 14.1 | 50 803 | 65 762 |
| Clearing accounts | 14.2 | 399 | 4 526 |
| Other payables | 14.3 | - | 6 041 |
| Total | | 51 202 | 76 329 |

14.1 Advances received

| | <i>Note</i> | 2015/16 R'000 | 2014/15 R'000 |
|--------------------|-----------------------|------------------|------------------|
| Other institutions | 14 <i>Annex 7B</i> | 50 803 | 65 762 |
| Total | | 50 803 | 65 762 |

14.2 Clearing accounts

| | <i>Note</i> | 2015/16 R'000 | 2014/15 R'000 |
|--------------------------|-------------|------------------|------------------|
| Patient Fee Deposits | 14 | 2 | 3 |
| Sal: Pension Fund | | 5 | 915 |
| Sal: Income tax | | - | 3 588 |
| Sal: Bargaining councils | | - | 16 |
| Sal: Reversal control | | 273 | 4 |
| Sal: ACB Recalls | | 119 | - |
| Total | | 399 | 4 526 |

Funds withheld from staff in respect of Income Tax and Pension fund contributions were paid over

before year end.

14.3 Other payables

| Description | Note 14 | 2015/16 R'000 | 2014/15 R'000 |
|-----------------|------------|------------------|------------------|
| Medsas payables | | - | 6 041 |
| Total | | - | 6 041 |

15. Net cash flow available from operating activities

| | 2015/16 R'000 | 2014/15 R'000 |
|--|------------------|------------------|
| Net surplus/(deficit) as per Statement of Financial Performance | 414 601 | 244 832 |
| Add back non cash/cash movements not deemed operating activities | 481 262 | 536 770 |
| (Increase)/decrease in receivables – current | (4 447) | 12 086 |
| (Increase)/decrease in prepayments and advances | (227) | (658) |
| Increase/(decrease) in payables – current | (25 127) | 2 367 |
| Proceeds from sale of capital assets | - | (155) |
| Expenditure on capital assets | 747 197 | 747 400 |
| Surrenders to Revenue Fund | (712 784) | (720 815) |
| Own revenue included in appropriation | 476 650 | 496 545 |
| Net cash flow generated by operating activities | 895 863 | 781 602 |

16. Reconciliation of cash and cash equivalents for cash flow purposes

| | 2015/16 R'000 | 2014/15 R'000 |
|--|------------------|------------------|
| Consolidated Paymaster General account | 608 284 | 359 149 |
| Disbursements | (277 118) | (174 606) |
| Cash on hand | 385 | 356 |
| Total | 331 551 | 184 899 |

17. Contingent liabilities and contingent assets

17.1 Contingent liabilities

| Liable to | Nature | Note | 2015/16 R'000 | 2014/15 R'000 |
|---|-----------|----------|------------------|------------------|
| Housing loan guarantees | Employees | Annex 2A | 99 | 294 |
| Claims against the department | | Annex 2B | 204 055 | 217 872 |
| Intergovernmental payables (unconfirmed balances) | | Annex 4 | 196 | 2 490 |
| Total | | | 204 350 | 220 656 |

Clause 9.2 of the PSCBC Resolution 1 of 2007 provides for annual overtime adjustment in line with the annual cost of living adjustments. Salary Level 8 and above employees are subject to an 'overtime cap'. The DPSA issues an implementation circular annually to adjust the 'overtime cap' effective 1 July. The 'overtime cap' was not adjusted during the current financial period, resulting in the possible underpayment of normal overtime in respect of overtime worked by affected employees

subsequent to 1 July 2015. The extent of underpayment is still to be quantified.

18. Commitments

| | 2015/16 R'000 | 2014/15 R'000 |
|---------------------------------|------------------|------------------|
| Current expenditure | | |
| Approved and contracted | 777 725 | 734 242 |
| Approved but not yet contracted | 572 | 4 099 |
| | 778 297 | 738 341 |
| Capital expenditure | | |
| Approved and contracted | 697 352 | 559 684 |
| Approved but not yet contracted | - | 885 |
| | 697 352 | 560 569 |
| Total Commitments | 1 475 649 | 1 298 910 |

The comparative figures have been adjusted by R 38, 194 million to remove professional fees that was previously reported as part of commitments. The current year was reported in line with the aforementioned.

Included in the current year's commitments are 238 projects that are current in nature and 40 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

| | 2015/16 R'000 | | | 2014/15 R'000 |
|--|------------------|-----------------|--------------------------|--------------------------|
| Listed by economic classification | | | | |
| | 30 Days | 30+ Days | Total | Total |
| Goods and services | 92 356 | 15 791 | 108 147 | 174 281 |
| Transfers and subsidies | 42 516 | - | 42 516 | 47 542 |
| Capital assets | 7 694 | 202 | 7 896 | 4 525 |
| Other | - | - | - | 17 101 |
| Total | 142 566 | 15 993 | 158 559 | 243 449 |
| | | <i>Note</i> | 2015/16 R'000 | 2014/15 R'000 |
| Listed by programme level | | | | |
| Administration | | | 3 430 | 9 275 |
| District Health Services | | | 68 296 | 89 764 |
| Emergency Medical Services | | | 18 628 | 21 112 |
| Provincial Hospital Services | | | 13 283 | 28 940 |
| Central Hospital Services | | | 45 733 | 77 158 |
| Health Science and Training | | | 867 | 2 120 |
| Health Care Support Service | | | 669 | 14 445 |
| Health Facility Management | | | 7 653 | 635 |
| Total | | | 158 559 | 243 449 |

19.2 Payables not recognised

| | | 2015/16 R'000 | 2014/15 R'000 |
|--|----------------|--------------------------|--------------------------|
| Listed by economic classification | | | |
| | 30 Days | 30+ Days | Total |
| Goods and services | 30 968 | 26 214 | 57 182 |
| Transfers and subsidies | 1 704 | - | 1 704 |
| Capital assets | 388 | 6 181 | 6 569 |
| Other | 20 073 | 141 | 20 214 |
| Total | 53 133 | 32 536 | 85 669 |
| | | <i>Note</i> | |
| | | 2015/16 R'000 | 2014/15 R'000 |
| Listed by programme level | | | |
| Administration | | 3 093 | |
| District Health Services | | 22 147 | - |
| Emergency Medical Services | | 1 868 | - |
| Provincial Hospital Services | | 11 408 | - |
| Central Hospital Services | | 31 114 | - |
| Health Sciences and Training | | 101 | - |
| Health Care Support Service | | 15 382 | - |
| Health Facility Management | | 556 | - |
| Total | | 85 669 | - |
| | | 2015/16 R'000 | 2014/15 R'000 |
| Included in the above totals are the following: | | | |
| Confirmed balances with other departments | <i>Annex 4</i> | 2 575 | 3 960 |
| Total | | 2 575 | 3 960 |

The split between accruals and payables is a new reporting requirement and have been applied prospectively. Therefore no prior year figures have been reported.

20. Employee benefits

| | <i>Note</i> | 2015/16 R'000 | 2014/15 R'000 |
|-----------------------------------|-------------|------------------|------------------|
| Leave entitlement | | 279 685 | 288 271 |
| Service bonus (Thirteenth cheque) | | 251 804 | 232 319 |
| Performance awards | | 52 525 | 50 905 |
| Capped leave commitments | | 246 576 | 253 461 |
| Other | | 16 628 | 14 046 |
| Total | | 847 218 | 839 002 |

The amounts included in "other" above relates to long service awards that will vest in the 2016-17 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 2016 285 312

| | |
|--|-----------------------|
| Add: Negative Leave Credits included | 24 198 |
| Less: Leave captured after 31 March 2016 | (29 825) |
| Recalculated Leave entitlement | <u>279 685</u> |

21. Lease commitments

21.1 Operating leases expenditure

| | Machinery and equipment | Total |
|--|--|----------------------|
| 2015/16 | | |
| 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 | <u>31 477</u> | <u>31 477</u> |

| | Machinery and equipment | Total |
|--|--|----------------------|
| 2014/15 | | |
| Not later than 1 year | 21 541 | 21 541 |
| Later than 1 year and not later than 5 years | 16 008 | 16 008 |
| Later than five years | 63 | 63 |
| Total lease commitments | <u>37 612</u> | <u>37 612</u> |

21.2 Finance leases expenditure

| | Machinery and equipment | Total |
|--|--|-----------------------|
| 2015/16 | | |
| 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 | <u>429 104</u> | <u>429 104</u> |

| | Machinery and equipment | Total |
|--|--|-----------------------|
| 2014/15 | | |
| Not later than 1 year | 114 375 | 114 375 |
| Later than 1 year and not later than 5 years | 308 711 | 308 711 |
| Later than five years | 13 702 | 13 702 |
| Total lease commitments | <u>436 788</u> | <u>436 788</u> |

The Department of Health leased 1,666 vehicles from GMT during 2015/16. Daily tariffs are payable on a monthly basis, covering the operational costs and capital costs towards the replacement of vehicles.

22. Accrued departmental revenue

| | <i>Note</i> | 2015/16 R'000 | 2014/15 R'000 |
|---|-------------|--------------------------|--------------------------|
| Sales of goods and services other than capital assets | | <u>602 025</u> | <u>575 434</u> |
| Total | | <u>602 025</u> | <u>575 434</u> |

22.1 Analysis of accrued departmental revenue

| | Note 22 | 2015/16 R'000 | 2014/15 R'000 |
|---|------------|------------------|------------------|
| Opening balance | | 575 434 | 515 599 |
| Less: amounts received | | 418 401 | 393 360 |
| Add: amounts recognised | | 735 192 | 711 216 |
| Less: amounts written-off/reversed as irrecoverable | | 290 200 | 258 021 |
| Closing balance | | 602 025 | 575 434 |

22.2 Accrued department revenue written off

| | Note 22.1 | 2015/16 R'000 | 2014/15 R'000 |
|-------------------------|--------------|------------------|------------------|
| Nature of losses | | | |
| Patient Fees | | 290 200 | 258 021 |
| Total | | 290 200 | 258 021 |

22.3 Impairment of accrued departmental revenue

| | 2015/16 R'000 | 2014/15 R'000 |
|--|------------------|------------------|
| Estimate of impairment of accrued departmental revenue | 227 840 | 225 740 |
| Total | 227 840 | 225 740 |

23. Irregular expenditure

23.1 Reconciliation of irregular expenditure

| | 2015/16 R'000 | 2014/15 R'000 |
|---|------------------|------------------|
| Opening balance | 88 909 | 82 297 |
| Prior period Error | - | 990 |
| Add: Irregular expenditure – relating to prior year | - | 24 592 |
| Add: Irregular expenditure – relating to current year | 7 284 | 24 426 |
| Less: Prior year amounts condoned | (7 217) | (40 423) |
| Less: Current year amounts condoned | (1 407) | (2 973) |
| Less: Amounts not condoned and not recoverable | (16 218) | - |
| Closing balance | 71 351 | 88 909 |

Analysis of awaiting condonation per age classification

| | 2015/16 R'000 | 2014/15 R'000 |
|--------------|------------------|------------------|
| Current year | 5 877 | 21 453 |
| Prior years | 65 474 | 67 456 |
| Total | 71 351 | 88 909 |

23.2 Details of irregular expenditure – current year

| Incident | Disciplinary steps taken/criminal proceedings | 2015/16 R'000 |
|---|--|---------------|
| Award made to wrong bidder | To be confirmed by relevant Institutional Managers | 493 |
| Contract expanded without approval | To be confirmed by relevant Institutional Managers | 16 |
| Contract extended without approval | To be confirmed by relevant Institutional Managers | 65 |
| Incorrect bidding process followed < R500 000 | To be confirmed by relevant Institutional Managers | 1 254 |
| Incorrect delegatee making award | To be confirmed by relevant Institutional Managers | 653 |
| Insufficient proof for not using IPS | To be confirmed by relevant Institutional Managers | 140 |
| Less than 3 quotations obtained (no reason provided). | To be confirmed by relevant Institutional Managers | 40 |
| IPS not used above R10000 | To be confirmed by relevant Institutional Managers | 108 |
| Local Content not applied | To be confirmed by relevant Institutional Managers | 359 |
| No declaration of interest | To be confirmed by relevant Institutional Managers | 227 |
| No formal bidding process followed >500 000 | To be confirmed by relevant Institutional Managers | 530 |
| No valid tax clearance certificate | To be confirmed by relevant Institutional Managers | 659 |
| Not registered on relevant database | To be confirmed by relevant Institutional Managers | 270 |
| Other | To be confirmed by relevant Institutional Managers | 431 |
| Pass overs not properly documented | To be confirmed by relevant Institutional Managers | 24 |
| Quantity on invoice more than approved order. | To be confirmed by relevant Institutional Managers | 85 |
| Quotation committee awards not signed | To be confirmed by relevant Institutional Managers | 25 |
| Used invalid contract (incl. purchase outside valid contract/item not on contract). | To be confirmed by relevant Institutional Managers | 1 905 |
| Total | | 7 284 |

23.3 Details of irregular expenditure condoned

| Incident | Condoned by (condoning authority) | 2015/16 R'000 |
|--|-----------------------------------|---------------|
| Relating to Current year | | |
| Less than 3 quotations obtained (no reason provided) | Accounting officer | 1 |
| Other | Accounting officer | 233 |
| Quantity on invoice more than approved order | Accounting officer | 82 |
| Used invalid contract (incl. purchase outside valid contract/item not on contract) | Accounting officer | 1 091 |
| Relating to prior year 2014 -15 | | |
| Contract expanded without approval | Accounting officer | 68 |
| Contract extended without approval | Accounting officer | 595 |
| Other (provide short reason in column R of irregular expenditure) | Accounting officer | 66 |
| Quantity on invoice more than approved order | Accounting officer | 6 |
| Used invalid contract (incl purchase outside valid contract/item not on contract) | Accounting officer | 2015 |
| Relating to 2013-14 | | |
| Incorrect delegations | Accounting officer | 106 |
| Other | Accounting officer | 616 |
| Used invalid contract | Accounting officer | 520 |

| | | |
|------------------------------------|--------------------|------|
| Contract expanded without approval | Accounting officer | 1956 |
|------------------------------------|--------------------|------|

Relating to 2011-12

| | | |
|------------------------------------|--------------------|--------------|
| Contract expanded without approval | Accounting officer | 38 |
| Incorrect Delegations | Accounting officer | 678 |
| Interest not declared on WCSBD | National Treasury | 553 |
| Total | | 8 624 |

23.4 Details of irregular expenditure not recoverable (not condoned)

| Incident | Not condoned by (condoning authority) | 2015/16 R'000 |
|------------------------------------|--|--------------------------|
| No valid tax clearance certificate | National Treasury | 6 046 |
| Prohibited/ restricted supplier | National Treasury | 10 172 |
| Total | | 16 218 |

23.5 Prior period error

| Nature of prior period error | 2014/15 R'000 |
|--|--------------------------|
| Relating to 2013/14 <i>[affecting the opening balance]</i> | 990 |
| Contract Expanded without approval | 38 |
| Incorrect Delegations | 678 |
| Incorrect Bidding Process followed | 274 |
| Total prior period errors | 990 |

24. Fruitless and wasteful expenditure

24.1 Reconciliation of fruitless and wasteful expenditure

| | <i>Note</i> | 2015/16 R'000 | 2014/15 R'000 |
|---|-------------|--------------------------|--------------------------|
| Opening balance | | 136 | 245 |
| Less: Amounts resolved | | - | (74) |
| Less: Amounts transferred to receivables for recovery | 11.4 | (3) | (35) |
| Closing balance | | 133 | 136 |

24.2 Analysis of awaiting resolution per economic classification

| | 2015/16 R'000 | 2014/15 R'000 |
|--------------|--------------------------|--------------------------|
| Current | 133 | 136 |
| Total | 133 | 136 |

25. Related Parties

List related party relationships

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 | 2015/16 R'000 | 2014/15 R'000 |
|---|-----------------------|------------------|------------------|
| Political office bearers (provide detail below) | 1 | 2 052 | 1 514 |
| Officials: | | | |
| Level 15 to 16 | 5 | 7 249 | 7 635 |
| Level 14 (incl. CFO if at a lower level) | 11 | 12 050 | 11 054 |
| Family members of key management personnel | 1 | 371 | 1 079 |
| Total | | 21 722 | 21 282 |

27. Public Private Partnership

| | 2015/16 R'000 | 2014/15 R'000 |
|---|------------------|------------------|
| Unitary fee paid | 48 579 | 46 577 |
| Fixed component | 46 577 | 43 975 |
| Indexed component | 2 002 | 2 602 |
| Analysis of indexed component | 2 002 | 2 602 |
| Goods and services (excluding lease payments) | 2 002 | 2 602 |
| Capital / (Liabilities) | 7 382 | 8 206 |
| Plant and equipment | 7 382 | 8 206 |

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 48, 579 million (2014-15: R 46, 577 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 7, 368 million (2014-15: R 6, 170 million).

28. Provisions

| | 2015/16 R'000 | 2014/15 R'000 |
|---------------------|------------------|------------------|
| Medico Legal Claims | 28 300 | - |
| Total | 28 300 | - |

The above amount relates to claims instated against the department and where merits have been conceded to the claimant. The amount represents an estimate as the value to be paid is yet to be

determined.

28.1 Reconciliation of movement in provisions – 2015/16

| | Medico Legal Claims R'000 | Total provisions R'000 |
|-------------------------|--|---------------------------------------|
| Opening balance | - | - |
| Increase in provision | 28 300 | 28 300 |
| Settlement of provision | - | - |
| Unused amount reversed | - | - |
| Closing balance | 28 300 | 28 300 |

29. Movable Tangible Capital Assets

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

| | Opening balance R'000 | Value adjustments R'000 | Additions R'000 | Disposals R'000 | Closing Balance R'000 |
|--|--------------------------------------|--|----------------------------|----------------------------|--------------------------------------|
| MACHINERY AND EQUIPMENT | 2 797 797 | (129) | 344 596 | 141 496 | 3 000 768 |
| Transport assets | 379 228 | (129) | 68 870 | 40 534 | 407 435 |
| Computer equipment | 269 305 | - | 36 808 | 19 281 | 286 832 |
| Furniture and office equipment | 95 363 | - | 13 551 | 7 316 | 101 598 |
| Other machinery and equipment | 2 053 901 | - | 225 367 | 74 365 | 2 204 903 |
| TOTAL MOVABLE TANGIBLE CAPITAL ASSETS | 2 797 797 | (129) | 344 596 | 141 496 | 3 000 768 |

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 | 5 224 | 72 511 |

29.1 Additions

ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

| | 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 | 423 971 | 84 397 | (168 541) | 4 769 | 344 596 |
| Transport assets | 149 762 | 65 836 | (146 728) | - | 68 870 |
| Computer equipment | 32 762 | 2 649 | 1 237 | 160 | 36 808 |
| Furniture and office equipment | 14 300 | 977 | (1 809) | 83 | 13 551 |
| Other machinery and equipment | 227 147 | 14 935 | (21 241) | 4 526 | 225 367 |
| TOTAL ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS | 423 971 | 84 397 | (168 541) | 4 769 | 344 596 |

Transport assets consists of the following:

| | |
|--|------------------------------|
| <i>Payments made for the year</i> | <i>153 950</i> |
| <i>Less: Payments made for vehicles not yet received</i> | <i>(4 188)</i> |
| <i>Net Amount Reported</i> | <u><u><i>149 762</i></u></u> |

In terms of the guidance provided by National Treasury, prepaid amounts must not be reported as part of the cash expenditure for the year. In the year when the physical asset is received it should be added to non-cash addition as control is only taken of asset on receipt and will then only be regarded as an asset and recorded in the asset register.

29.2 Disposals

| | Non-cash disposal R'000 | Total disposals R'000 |
|--|-------------------------------|--------------------------|
| MACHINERY AND EQUIPMENT | 141 496 | 141 496 |
| Transport assets | 40 534 | 40 534 |
| Computer equipment | 19 281 | 19 281 |
| Furniture and office equipment | 7 316 | 7 316 |
| Other machinery and equipment | 74 365 | 74 365 |
| TOTAL DISPOSAL OF MOVABLE TANGIBLE CAPITAL ASSETS | 141 496 | 141 496 |

29.3 Movement for 2014/15

MOVEMENT IN TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

| | Opening balance | Prior period error | Additions | Disposals | Closing Balance |
|--|--------------------|--------------------------|----------------|----------------|--------------------|
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| MACHINERY AND EQUIPMENT | 2 493 467 | 87 | 426 718 | 122 475 | 2 797 797 |
| Transport assets | 343 815 | (86) | 85 497 | 49 998 | 379 228 |
| Computer equipment | 235 247 | (6 739) | 54 698 | 13 901 | 269 305 |
| Furniture and office equipment | 74 860 | 1 565 | 22 170 | 3 232 | 95 363 |
| Other machinery and equipment | 1 839 545 | 5 347 | 264 353 | 55 344 | 2 053 901 |
| TOTAL MOVABLE TANGIBLE CAPITAL ASSETS | 2 493 467 | 87 | 426 718 | 122 475 | 2 797 797 |

29.3.1 Prior period error

| | 2014/15 R'000 |
|-------------------------------------|------------------|
| Nature of prior period error | |
| Relating to 2013/14 | 87 |
| Incorrect classifications | 87 |
| Total prior period errors | <u>87</u> |

29.4 Minor assets

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

| | Intangible assets | Machinery and equipment | Total |
|---------------------------|----------------------|-------------------------------|----------------|
| | R'000 | R'000 | R'000 |
| Opening balance | 11 | 479 046 | 479 057 |
| Additions | - | 51 599 | 51 599 |
| Disposals | - | 29 152 | 29 152 |
| TOTAL MINOR ASSETS | 11 | 501 493 | 501 504 |

| | Intangible assets | Machinery and equipment | Total |
|-------------------------------------|----------------------|-------------------------------|----------------|
| Number of minor assets at cost | 4 | 349 081 | 349 085 |
| TOTAL NUMBER OF MINOR ASSETS | 4 | 349 081 | 349 085 |

Minor 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 | 25 351 | 33 324 |

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED AS AT 31 MARCH 2015

| | Intangible assets R'000 | Machinery and equipment R'000 | Total '000 |
|---------------------------|-------------------------------|--|----------------|
| Opening balance | 278 | 482 361 | 482 639 |
| Prior period error | (297) | (11 139) | (11 406) |
| Additions | - | 56 624 | 56 624 |
| Disposals | - | (48 800) | (48 800) |
| TOTAL MINOR ASSETS | 11 | 479 046 | 479 057 |

| | Intangible assets | Machinery and equipment | Total |
|-------------------------------------|----------------------|-------------------------------|----------------|
| Number of minor assets at cost | 4 | 356 305 | 356 309 |
| TOTAL NUMBER OF MINOR ASSETS | 4 | 356 305 | 356 309 |

29.4.1 Prior period error

| <i>Note</i> | 2014/15 R'000 |
|--|------------------|
| Nature of prior period error | |
| Relating to 2013/14 | (11 406) |
| Machinery & Equipment - | (11 139) |
| Intangible Assets - Expenses incorrectly capitalised | (267) |
| Relating to 2014/15 | (961) |
| Machinery & Equipment - Additions overstated | (952) |
| Intangible Assets - Tangible Asset incorrectly classified to intangible assets | (2) |
| Intangible Assets - Expenses incorrectly capitalised | (7) |
| Total prior period errors | (12 367) |

30. Intangible Capital Assets

| | Opening balance R'000 | Additions R'000 | Disposals R'000 | Closing Balance R'000 |
|--|-----------------------------|--------------------|--------------------|-----------------------------|
| SOFTWARE | 4 088 | 4 217 | 8 | 8 297 |
| TOTAL INTANGIBLE CAPITAL ASSETS | 4 088 | 4 217 | 8 | 8 297 |

30.1 Additions

ADDITIONS TO INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

| | Cash R'000 | (Develop- ment work in progress – current costs) R'000 | Received current year, not paid (Paid current year, received prior year) R'000 | Total R'000 |
|---|---------------|--|---|----------------|
| SOFTWARE | 6 184 | (1 967) | - | 4 217 |
| TOTAL ADDITIONS TO INTANGIBLE CAPITAL ASSETS | 6 184 | (1 967) | - | 4 217 |

30.2 Disposals

DISPOSALS OF INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

| | Non-cash disposal R'000 | Total disposals R'000 |
|---|-------------------------------|-----------------------------|
| SOFTWARE | 8 | 8 |
| TOTAL DISPOSALS OF INTANGIBLE CAPITAL ASSETS | 8 | 8 |

30.3 Movement for 2014/15

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

| | Opening balance R'000 | Prior period error R'000 | Additions R'000 | Disposals R'000 | Closing Balance R'000 |
|--|-----------------------------|-----------------------------------|--------------------|--------------------|-----------------------------|
| SOFTWARE | 4 094 | (590) | 584 | - | 4 088 |
| TOTAL INTANGIBLE CAPITAL ASSETS | 4 094 | (590) | 584 | - | 4 088 |

30.3.1 Prior period error

| | Note | 2014/15 R'000 |
|---|------|------------------|
| Nature of prior period error | | |
| Relating to 2011/13/14 <i>[affecting the opening balance]</i> | | (590) |
| Incorrect Classifications | | (590) |
| Relating to 2014/15 | | (1 701) |
| Software - Overstatement of additions | | (1 701) |
| Total prior period errors | | (2 291) |

31. Immovable Tangible Capital Assets

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

| | Opening balance R'000 | Additions R'000 | Disposals R'000 | Closing Balance R'000 |
|--|-----------------------------|--------------------|--------------------|-----------------------------|
| BUILDINGS AND OTHER FIXED STRUCTURES | | 12 260 | 2 723 | 405 |
| Other fixed structures | | 12 260 | 2 723 | 405 |
| TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS | | 12 260 | 2 723 | 405 |

31.1 Additions

ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

| | 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 | 313 904 | 1 143 | (312 853) | 529 | 2 723 |
| Non-residential buildings | 312 853 | - | (312 853) | - | - |
| Other fixed structures | 1 051 | 1 143 | - | 529 | 2 723 |
| TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS | 313 904 | 1 143 | (312 853) | 529 | 2 723 |

31.2 Disposals
DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

| | Non-cash disposal R'000 | Total disposals R'000 |
|---|-------------------------------|-----------------------------|
| BUILDINGS AND OTHER FIXED STRUCTURES | 405 | 405 |
| Other fixed structures | 405 | 405 |
| TOTAL DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS | 405 | 405 |

31.3 Movement for 2014/15
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 | 13 099 | (1 101) | 338 | 76 | 12 260 |
| Other fixed structures | 13 099 | (1 101) | 338 | 76 | 12 260 |
| TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS | 13 099 | (1 101) | 338 | 76 | 12 260 |

31.3.1 Prior period error

| | Note | 2014/15 R'000 |
|--|------|------------------|
| Nature of prior period error | | |
| Relating to 2013/14 <i>[affecting the opening balance]</i> | | (1 101) |
| Incorrect Classifications | | (1 101) |
| Total prior period errors | | (1 101) |

31.4 S42 Immovable assets
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 |

Assets subjected to transfer in terms of S42 of the PFMA – 2014/15

| | Number of assets | Value of assets R'000 |
|---|---------------------|-----------------------------|
| BUILDINGS AND OTHER FIXED STRUCTURES | 11 | 597 528 |
| Non-residential buildings | 11 | 597 528 |
| TOTAL | 11 | 597 528 |

32. Prior period errors

32.1 Correction of prior period errors

Note

| | 2014/15 R'000 |
|---------------------------------|------------------|
| Expenses | |
| Irregular Expenditure | 990 |
| Net effect | 990 |
| Assets | |
| Movable tangible capital assets | 87 |
| Minor Assets | (12 367) |
| Intangible Capital Assets | (2 291) |
| Immovable Assets | (1 101) |
| Net effect | (15 672) |
| Liabilities | |
| Commitments | (38 194) |
| Net effect | (38 194) |

WESTERN CAPE DEPARTMENT OF HEALTH
VOTE 6

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016

33. STATEMENT OF CONDITIONAL GRANTS RECEIVED

| NAME OF GRANT | GRANT ALLOCATION | | | | SPENT | | | 2014/15 | | |
|---|---|------------|------------------|-------------------|-----------------|-------------------------------|------------------------|------------------------------------|-------------------------|----------------------------|
| | Division of Revenue Act/Provincial Grants | Roll Overs | DORA Adjustments | Other Adjustments | Total Available | Amount received 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 |
| National Tertiary Services Grant | 2 594 901 | - | - | - | 2 594 901 | 2 594 901 | - | 100% | 2 537 554 | 2 537 554 |
| Health Professions Training and Development Grant | 489 689 | - | - | - | 489 689 | 489 689 | - | 100% | 478 767 | 478 767 |
| Comprehensive HIV and AIDS Grant | 1 138 481 | - | (1) | 1 | 1 138 481 | 1 138 481 | 1 | 100% | 1 051 794 | 1 051 793 |
| National Health Insurance Grant | 7 204 | - | 4 414 | 3 244 | 14 862 | 12 114 | 2 748 | 82% | 13 956 | 10 712 |
| Health Facility Revitalisation Grant | 804 142 | 67 052 | (34 041) | 34 041 | 871 194 | 871 194 | 108 523 | 88% | 720 848 | 619 755 |
| Expanded Public Works Programme | 2 580 | 258 | (63) | 63 | 2 838 | 2 838 | 2 | 100% | 2 417 | 2 096 |
| Integrated Grant for Provinces | | | | | | | | | | |
| Social Sector Expanded Public Works Programme Incentive Grant for Provinces | 1 000 | - | (54) | 54 | 1 000 | 1 000 | 4 | 100% | 2 580 | 2 526 |
| | 5 037 997 | 67 310 | (29 745) | 37 403 | 5 112 965 | 5 112 965 | 111 278 | | 4 807 916 | 4 703 203 |

Note: With regards to the national conditional grants unspent balances of the 2014/15 financial year, National Treasury implemented section 22(4) of the 2014 Division of Revenue Act and off-set the amounts against the 2015/16 allocations of the respective grants above.

WESTERN CAPE DEPARTMENT OF HEALTH
VOTE 6

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016

34. STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES

| NAME OF MUNICIPALITY | GRANT ALLOCATION | | | | TRANSFER | | |
|------------------------|-------------------|------------|-------------|-----------------|-----------------|----------------|--|
| | Appropriation Act | 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 |
| Other Transfers | | | | | | | |
| City of Cape Town | 440 649 | 2 431 | (6 865) | 436 215 | 432 972 | - | - |
| | 440 649 | 2 431 | (6 865) | 436 215 | 432 972 | - | - |

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016

ANNEXURE 1A
STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES

| NAME OF MUNICIPALITY | GRANT ALLOCATION | | | | TRANSFER | | | SPENT | | | 2014/15 |
|------------------------|-------------------|--------------|----------------|-----------------|-----------------|----------------|--|---------------------------------|------------------------------|--|----------------|
| | Appropriation Act | 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 | |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 |
| Other Transfers | | | | | | | | | | | |
| City of Cape Town | 440 649 | 2 431 | (6 865) | 436 215 | 432 972 | - | - | 432 972 | 432 972 | 100% | 397 341 |
| Total | 440 649 | 2 431 | (6 865) | 436 215 | 432 972 | - | - | 432 972 | 432 972 | | 397 341 |

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016

| DEPARTMENT/AGENCY/ACCOUNT | TRANSFER ALLOCATION | | | TRANSFER | | 2014/15 Appro- piation Act R'000 | |
|----------------------------|---------------------------|------------|-------------|--------------------|--------------------|---|---|
| | Adjusted appropriation | Roll Overs | Adjustments | Total Available | Actual Transfer | | % of Available funds transferred |
| | R'000 | R'000 | R'000 | R'000 | R'000 | | % |
| Health & Welfare Seta | 4 567 | - | - | 4 567 | 4 578 | 100% | 4 333 |
| COM: Licences (Radio & TV) | 263 | - | - | 263 | 283 | 108% | 272 |
| Total | 4 830 | - | - | 4 830 | 4 861 | | 4 605 |

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016

ANNEXURE 1D
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

| NON-PROFIT INSTITUTIONS | TRANSFER ALLOCATION | | | | EXPENDITURE | | 2014/15 Appro- priation Act R'000 |
|--|----------------------------------|------------|-------------|--------------------|--------------------|---|--|
| | Adjusted appropriation Act | Roll Overs | Adjustments | Total Available | Actual Transfer | % of Available funds transferred | |
| | R'000 | R'000 | R'000 | R'000 | R'000 | % | |
| Transfers | | | | | | | |
| Health Foundation Fund | 1 000 | - | - | 1 000 | 1 000 | 100% | 1 500 |
| Community Based Programmes | 397 | - | - | 397 | 281 | 71% | 500 |
| Facility Based Programmes | - | - | - | - | - | 0% | 100 |
| Community Health Clinics | 136 | - | - | 136 | 131 | 96% | 129 |
| Tuberculosis | 1 264 | - | - | 1 264 | 1 078 | 85% | 1 194 |
| National Health Insurance (NHI) | 600 | - | - | 600 | 635 | 106% | - |
| Booth Memorial | 18 731 | - | - | 18 731 | 18 777 | 100% | 17 704 |
| Life Esidimeni | 45 300 | - | - | 45 300 | 45 535 | 101% | 39 350 |
| Sarah Fox | 9 402 | - | - | 9 402 | 9 402 | 100% | 8 887 |
| Eden District Office (Chronic Care) | 580 | - | - | 580 | 525 | 91% | - |
| TB Adherence Support | 3 230 | - | - | 3 230 | 2 575 | 80% | 4 378 |
| Home Base Care | 20 819 | - | - | 20 819 | 21 335 | 102% | 15 776 |
| Mental Health | 49 312 | - | - | 49 312 | 48 725 | 99% | 46 339 |
| HIV and AIDS | 160 593 | - | - | 160 593 | 159 620 | 99% | 153 360 |
| Nutrition | 2 664 | - | - | 2 664 | 2 593 | 97% | 2 499 |
| Klipfontein/Mitchells Plain substructure | 1 338 | - | - | 1 338 | 1 229 | 92% | 1 250 |
| Global Fund contributions to NGO's | 22 896 | - | - | 22 896 | 22 736 | 99% | 23 528 |
| SA Red Cross Air Mercy | 52 317 | - | - | 52 317 | 52 144 | 100% | 49 449 |
| Alexandra Hospital | 2 616 | - | - | 2 616 | 2 505 | 96% | 2 000 |
| Sunflower Foundation | - | - | - | - | - | 0% | 3 000 |
| Maitland Cottage | 9 961 | - | - | 9 961 | 9 961 | 100% | 9 415 |
| EPWP | 52 735 | - | - | 52 735 | 52 733 | 100% | 51 656 |
| The Children's Hospital Trust | 10 000 | - | - | 10 000 | 10 000 | 100% | - |
| The Stellenbosch Trust | - | - | - | - | - | 0% | 231 |
| | 465 891 | - | - | 465 891 | 463 520 | | 432 245 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

**ANNEXURE 1F
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED**

| NAME OF ORGANISATION | NATURE OF GIFT, DONATION OR SPONSORSHIP | 2015/16 | 2015/14 |
|---|---|---------|---------|
| | | R'000 | R'000 |
| Gifts & Donations and sponsorships received for the year ending 31 March 2015 | | | 16 648 |
| Alexandra Hospital | Consumables | 4 | |
| Beaufort Hospital | Other Machinery & Equipment | 3 | |
| Brewelskloof Hospital | Consumables | 1 | |
| Brooklyn Chest Hospital | Computer Equipment | 12 | |
| Brooklyn Chest Hospital | Consumables | 2 | |
| Brooklyn Chest Hospital | Other Machinery & Equipment | 44 | |
| Cape Medical Depot | Consumables | 1 090 | |
| Cape Winelands District Office | Other Machinery & Equipment | 5 | |
| Citrusdal Hospital | Consumables | 1 | |
| Citrusdal Hospital | Other Machinery & Equipment | 19 | |
| Eerste Rivier Hospital | Other Machinery & Equipment | 1 240 | |
| False Bay Hospital | Other Machinery & Equipment | 100 | |
| George Hospital | Consumables | 38 | |
| George Hospital | Furniture & Office Equipment | 467 | |
| Groote Schuur Hospital | Consumables | 2 197 | |
| Groote Schuur Hospital | Furniture & Office Equipment | 264 | |
| Groote Schuur Hospital | Other Machinery & Equipment | 2 579 | |
| Head Office | Computer Equipment | 47 | |
| Head Office | Consumables | 7 | |
| Head Office | Other Machinery & Equipment | 14 | |
| Helderberg Hospital | Consumables | 2 | |
| Helderberg Hospital | Other Machinery & Equipment | 245 | |
| Karl Bremer | Consumables | 45 | |
| Khayelitsha Hospital | Consumables | 7 | |
| Knysna Hospital | Consumables | 3 | |
| Knysna Hospital | Other Machinery & Equipment | 71 | |
| Lentegeur Hospital | Consumables | 2 | |
| Lentegeur Hospital | Other Machinery & Equipment | 7 | |
| Mitchells Plain CHC | Other Machinery & Equipment | 9 | |
| Mitchells Plain SSO | Other Machinery & Equipment | 186 | |
| Mosselbay Hospital | Consumables | 2 | |
| Mosselbay Hospital | Other Machinery & Equipment | 86 | |
| Mowbray Maternity Hospital | Other Machinery & Equipment | 445 | |
| New Somerset Hospital | Buildings & Other Fixed Structure | 750 | |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

| | | | |
|----------------------------|-----------------------------------|---------------|---------------|
| New Somerset Hospital | Consumables | 88 | |
| New Somerset Hospital | Furniture & Office Equipment | 284 | |
| New Somerset Hospital | Other Machinery & Equipment | 857 | |
| Oudtshoorn Hospital | Consumables | 435 | |
| Oudtshoorn Hospital | Other Machinery & Equipment | 5 | |
| Paarl Hospital | Consumables | 30 | |
| Paarl Hospital | Other Machinery & Equipment | 7 | |
| Red Cross Hospital | Buildings & Other Fixed Structure | 30 | |
| Red Cross Hospital | Computer Equipment | 14 | |
| Red Cross Hospital | Consumables | 486 | |
| Red Cross Hospital | Furniture & Office Equipment | 535 | |
| Red Cross Hospital | Other Machinery & Equipment | 2 231 | |
| Swartland Hospital | Other Machinery & Equipment | 20 | |
| Tygerberg Hospital | Other Machinery & Equipment | 277 | |
| Valkenberg Hospital | Consumables | 105 | |
| Valkenberg Hospital | Furniture & Office Equipment | 3 | |
| Victoria Hospital | Computer Equipment | 5 | |
| Victoria Hospital | Consumables | 145 | |
| Victoria Hospital | Furniture & Office Equipment | 40 | |
| Victoria Hospital | Other Machinery & Equipment | 166 | |
| Vredendal Hospital | Furniture & Office Equipment | 56 | |
| Vredendal Hospital | Other Machinery & Equipment | 3 302 | |
| Western Cape Rehab Centre | Consumables | 1 | |
| Western Cape Rehab Centre | Computer Equipment | 3 | |
| West Coast District Office | Consumables | 8 | |
| Worcester | Other Machinery & Equipment | 4 | |
| TOTAL | | 19 131 | 16 648 |

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016

ANNEXURE 1G
STATEMENT OF AID ASSISTANCE RECEIVED

| NAME OF DONOR | PURPOSE | OPENING BALANCE R'000 | REVENUE R'000 | EXPENDITURE R'000 | CLOSING BALANCE R'000 |
|-------------------------|-------------------------|--------------------------|------------------|----------------------|-----------------------------|
| Received in cash | | | | | |
| EU Donor Fund | WISN PROJECT | 2 510 | 3 660 | 2 241 | 3 929 |
| BELGIUM DONOR FUND | CATCH AND MATCH PROJECT | - | 971 | 834 | 137 |
| Total | | 2 510 | 4 631 | 3 075 | 4 066 |

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016

ANNEXURE 1H
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE

| NATURE OF GIFT, DONATION OR SPONSORSHIP (Group major categories but list material items including name of organisation) | 2015/16 | 2015/14 |
|--|-----------|------------|
| | R'000 | R'000 |
| Made in kind | | |
| Church of Nazarene (Obsolete computer and furniture and Office Equipment) | - | 146 |
| SPCA Garden Route (Consumables) | - | 101 |
| Percivale Davids (Other Machinery and Equipment- wheelchairs) | - | 25 |
| Petrus Damons (Other Machinery and Equipment- wheelchairs) | - | 25 |
| Patrick Goliath (Other Machinery and Equipment - Concentrator Oxygen) | 7 | - |
| Various Creche's (Consumables - Philani Yabanthawa children's porridge) | 4 | - |
| TOTAL | 11 | 297 |

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016

ANNEXURE 2A
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2015 – LOCAL

| Guarantor institution | Guarantee in respect of | Opening balance 1 April 2015 | | Guarantees repayments/ cancelled/ reduced/ released during the year | | Closing balance 31 March 2016 | |
|-----------------------|-------------------------|------------------------------|------------|---|-----------|-------------------------------|-------|
| | | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Standard Bank | Housing | 211 | 124 | | 87 | | |
| First Rand | Housing | 12 | - | | 12 | | |
| ABSA | Housing | 71 | 71 | | - | | |
| | Total | 294 | 195 | | 99 | | |

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016

ANNEXURE 2B
STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2016

| Nature of Liability | Opening Balance 1 April 2015 R'000 | Liabilities incurred during the year R'000 | Liabilities cancelled/reduced during the year R'000 | Liabilities recoverable (Provide details hereunder) R'000 | Closing Balance 31 March 2016 R'000 |
|--|--|---|--|--|---|
| Claims against the department | | | | | |
| Medico Legal | 193 395 | 47 250 | 58 620 | - | 182 025 |
| Civil & Legal Claims including Labour Relations claims | 24 477 | 195 | 2 642 | - | 22 030 |
| Total | 217 872 | 47 445 | 61 262 | - | 204 055 |

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016

**ANNEXURE 3
CLAIMS RECOVERABLE**

| Government Entity | Confirmed balance outstanding | | Unconfirmed balance outstanding | | Total | |
|--|-------------------------------|------------|---------------------------------|------------|------------|------------|
| | 31/03/2016 | 31/03/2015 | 31/03/2016 | 31/03/2015 | 31/03/2016 | 31/03/2015 |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| PROVINCE OF THE WESTERN CAPE | | | | | | |
| Department of Transport & Public Works | - | - | 2 677 | 2 048 | 2 677 | 2 048 |
| Department of Community Safety | - | 34 | - | - | - | 34 |
| Department of Education | - | - | 35 | 13 | 35 | 13 |
| Department of the Premier | - | 150 | 57 | 4 | 57 | 154 |
| Department of Cultural Affairs | - | 56 | 279 | - | 279 | 56 |
| Department of Rural Development | - | - | 36 | 34 | 36 | 34 |
| PROVINCE OF THE EASTERN CAPE | | | | | | |
| Department of Health | - | - | 179 | 136 | 179 | 136 |
| GAUTENG PROVINCE | | | | | | |
| Department of Health | - | - | 57 | - | 57 | - |
| NORTHERN CAPE PROVINCE | | | | | | |
| Department of Health | - | - | 11 | 42 | 11 | 42 |
| DEPARTMENT OF HEALTH KWA-ZULU NATAL | | | | | | |
| Department of Health | - | 11 | 247 | - | 247 | 11 |

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

| | | | | | | |
|--|------------|---------------|---------------|---------------|---------------|---------------|
| NATIONAL DEPARTMENTS | | | | | | |
| Department of Environmental Affairs | - | 20 | - | 20 | - | - |
| Defence Force | - | 17 | 105 | 17 | 105 | 105 |
| Department of Health | - | 264 | 345 | 264 | 345 | 345 |
| Department of Correctional Services | - | 133 | 59 | 133 | 59 | 59 |
| South African Social Security Agency | 412 | 2 427 | 1 975 | 2 839 | 1 975 | 1 975 |
| South African Revenue Services | - | 475 | - | 475 | - | - |
| Justice & Constitutional Dev | - | 155 | 192 | 155 | 192 | 192 |
| | 412 | 7 069 | 4 953 | 7 481 | 5 204 | 5 204 |
| Other Government Entities | | | | | | |
| City of Cape Town (Cape Medical Depot) | - | 5 269 | 11 819 | 5 269 | 11 819 | 11 819 |
| | - | 5 269 | 11 819 | 5 269 | 11 819 | 11 819 |
| Total | 412 | 12 338 | 16 772 | 12 750 | 17 023 | 17 023 |

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016

ANNEXURE 4
INTER-GOVERNMENT PAYABLES

| GOVERNMENT ENTITY | Confirmed balance outstanding | | Unconfirmed balance outstanding | | TOTAL | |
|----------------------------------|-------------------------------|------------|---------------------------------|------------|------------|------------|
| | 31/03/2016 | 31/03/2015 | 31/03/2016 | 31/03/2015 | 31/03/2016 | 31/03/2015 |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| DEPARTMENTS | | | | | | |
| Current | | | | | | |
| WESTERN CAPE PROVINCE | | | | | | |
| Department of Social Development | 117 | - | - | 34 | 117 | 34 |
| Department of Local Government | 13 | - | - | - | 13 | - |
| Government Motor Transport | 2 092 | 3 708 | - | 374 | 2 092 | 4 082 |
| Department of Premier | 88 | 151 | - | - | 88 | 151 |
| Department of Agriculture | - | - | - | 10 | - | 10 |
| GAUTENG PROVINCE | | | | | | |
| Department of Health | 98 | - | - | - | 98 | - |
| EASTERN CAPE PROVINCE | | | | | | |
| Department of Health | 97 | - | 196 | 316 | 293 | 316 |
| NORTH WEST PROVINCE | | | | | | |
| Department of Health | - | 19 | - | 111 | - | 130 |
| KWAZULU NATAL PROVINCE | | | | | | |
| Department of Health | - | 82 | - | - | - | 82 |

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016

| | | | | | |
|--|--------------|--------------|------------|--------------|--------------|
| NORTHERN CAPE PROVINCE | | | | | |
| Department of Health | - | - | 264 | - | 264 |
| LIMPOPO | | | | | |
| Department of Health | 70 | - | - | 70 | - |
| NATIONAL DEPARTMENTS | | | | | |
| Department of Justice and Constitutional Development | - | - | 1 381 | - | 1 381 |
| TOTAL INTERGOVERNMENTAL | 2 575 | 3 960 | 196 | 2 490 | 6 450 |

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016

**ANNEXURE 5
INVENTORIES**

| Inventory | Note | 2015/16 | | 2014/15 | |
|---|------|-------------------|----------------|-------------------|----------------|
| | | Quantity | R'000 | Quantity | R'000 |
| Opening balance | | 36 609 282 | 525 235 | 37 481 777 | 464 470 |
| Add/(Less): Adjustments to prior year balance | | 4 579 | 1 485 | - | - |
| Add: Additions/Purchases - Cash | | 320 884 316 | 3 317 718 | 294 136 581 | 2 880 473 |
| Add: Additions - Non-cash | | 1 031 556 | 8 914 | 1 096 064 | 14 417 |
| (Less): Disposals | | (2 138 722) | (41 908) | (1 414 141) | (18 114) |
| (Less): Issues | | (328 396 675) | (3 217 094) | (301 083 086) | (2 742 094) |
| Add/(Less): Adjustments | | 6 147 964 | 746 | 6 392 087 | (73 917) |
| Closing balance | | 34 142 300 | 595 096 | 36 609 282 | 525 235 |

**ANNEXURE 6
MOVEMENT IN CAPITAL WORK IN PROGRESS**

| MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2016 | | | | |
|--|----------------------------|-------------------------------------|-----------------------------|----------------------------|
| | Opening balance | Current Year Capital WIP | Completed Assets | Closing balance |
| | R'000 | R'000 | R'000 | R'000 |
| BUILDINGS AND OTHER FIXED STRUCTURES | 839 348 | 328 492 | (182 710) | 985 130 |
| Non-residential buildings | 839 348 | 328 492 | (182 710) | 985 130 |
| TOTAL | 839 348 | 328 492 | (182 710) | 985 130 |

| MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2015 | | | | | |
|--|----------------------------|-------------------------------|-------------------------------------|-----------------------------|----------------------------|
| | Opening balance | Prior period error | Current Year Capital WIP | Completed Assets | Closing balance |
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| BUILDINGS AND OTHER FIXED STRUCTURES | 1 663 188 | (939 997) | 282 817 | (166 660) | 839 348 |
| Non-residential buildings | 1 663 188 | (939 997) | 282 817 | 166 660 | 839 348 |
| TOTAL | 1 663 188 | (939 997) | 282 817 | (166 660) | 839 348 |

ANNEXURE 7A
INTER-ENTITY ADVANCES PAID (note 14)

| ENTITY | Confirmed balance outstanding | | Unconfirmed balance outstanding | | TOTAL | |
|--------------------------------------|-------------------------------|------------|---------------------------------|------------|--------------|------------|
| | 31/03/2016 | 31/03/2015 | 31/03/2016 | 31/03/2015 | 31/03/2016 | 31/03/2015 |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Aan Oewer | - | - | 7 | - | 7 | - |
| ACVV | - | - | 2 | - | 2 | - |
| Afrika Tikkun | - | - | 37 | 19 | 37 | 19 |
| Arisen Women | - | - | 6 | 42 | 6 | 42 |
| Baphumelele | - | - | 6 | 1 | 6 | 1 |
| Bergrivier Motivated Women | - | - | 20 | 8 | 20 | 8 |
| Cape Flats YMCA | - | - | 10 | 1 | 10 | 1 |
| Caring Network (Wallacedene) | - | - | 144 | 7 | 144 | 7 |
| Cederberg Matzikama Aids network | - | - | 1 | - | 1 | - |
| DD Lamberts Bay | - | - | 1 | - | 1 | - |
| Deaf | - | - | 53 | - | 53 | - |
| Etafeni | - | - | 58 | 9 | 58 | 9 |
| FAMSA (Karoo) | - | - | 79 | - | 79 | - |
| Global Vision of Hope | - | - | 7 | - | 7 | - |
| Kheth Impilo Tb Enhanced | - | - | 28 | 12 | 28 | 12 |
| Koinonia | - | - | 47 | - | 47 | - |
| Leeu-Gamka Nutrition | - | - | - | 8 | - | 8 |
| Lifeline Childline | - | - | 20 | 18 | 20 | 18 |
| Mada MSAT | - | - | - | 2 | - | 2 |
| Masinedane | - | - | 104 | 3 | 104 | 3 |
| Matzicare | - | - | 1 | - | 1 | - |
| Mfesane | - | - | 1 | - | 1 | - |
| Nacosa - GF | - | - | 149 | 254 | 149 | 254 |
| Oasis | - | - | 4 | - | 4 | - |
| Oikos (Touch) | - | - | - | 18 | - | 18 |
| Opportunity To Serve Ministries | - | - | 44 | 16 | 44 | 16 |
| Partners in Sexual Health NT | - | - | 118 | - | 118 | - |
| Partners in Sexual Health West Coast | - | - | 2 | - | 2 | - |
| Philani | - | - | 26 | - | 26 | - |
| Prince Albert CBR | - | - | - | 4 | - | 4 |
| Reliable Action | - | - | 11 | 3 | 11 | 3 |
| Sacla | - | - | 116 | 19 | 116 | 19 |
| Santa (Overberg) | - | - | 2 | - | 2 | - |
| Spades Yda | - | - | 251 | 251 | 251 | 251 |
| St Lukes | - | - | 25 | - | 25 | - |
| Sweat | - | - | 2 | - | 2 | - |
| Tb/Hiv Care Association | - | - | 34 | 33 | 34 | 33 |
| Touch | - | - | 29 | - | 29 | - |
| Touching Nations | - | - | 80 | 104 | 80 | 104 |
| Tygerberg Hospice - Step Down | - | - | - | 4 | - | 4 |
| Wolanani | - | - | 7 | 1 | 7 | 1 |
| Ymca Athlone | - | - | 28 | 12 | 28 | 12 |
| Subtotal | - | - | 1 560 | 849 | 1 560 | 849 |

**ANNEXURE 7B
INTER-ENTITY ADVANCES RECEIVED (note 21 AND note 22)**

| ENTITY | Confirmed balance outstanding | | Unconfirmed balance outstanding | | TOTAL | |
|--------|-------------------------------|------------|---------------------------------|------------|------------|------------|
| | 31/03/2016 | 31/03/2015 | 31/03/2016 | 31/03/2015 | 31/03/2016 | 31/03/2015 |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |

OTHER ENTITIES

Current

| | | | | | | |
|-------------------|------------|------------|---------------|---------------|---------------|---------------|
| Spectramed | 8 | 8 | - | - | 8 | 8 |
| Fishmed | 8 | 8 | - | - | 8 | 8 |
| Golden Arrow | 12 | 12 | - | - | 12 | 12 |
| Discovery | 80 | 80 | - | - | 80 | 80 |
| RAF | - | - | 43 792 | 60 978 | 43 792 | 60 978 |
| COID/WCA | - | - | 3 610 | 2 488 | 3 610 | 2 488 |
| Vericred | - | - | 139 | 139 | 139 | 139 |
| State Departments | - | - | 15 | 83 | 15 | 83 |
| HWSETA | - | - | 3 139 | 1 966 | 3 139 | 1 966 |
| TOTAL | 108 | 108 | 50 695 | 65 654 | 50 803 | 65 762 |

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**Western Cape
Government**

Health