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# PART A:

## GENERAL INFORMATION





## 1. DEPARTMENT GENERAL INFORMATION

|                                  |  |
|----------------------------------|--|
| Full name of Department:         | Western Cape Government: Health  |
| Physical address of Head Office: | 4 Dorp Street<br>Cape Town<br>8001   |
| Postal address of Head Office:   | PO Box 2060<br>Cape Town<br>8000   |
| Contact telephone numbers:       | +27 21 483 3245 (Directorate: Communications)  |
| Fax number:                      | +27 21 483 6169  |
| E-mail address:                  | <a href="mailto:Marika.Champion@westerncape.gov.za">Marika.Champion@westerncape.gov.za</a> |
| Website address:                 | <a href="http://www.westerncape.gov.za">http://www.westerncape.gov.za</a>                  |

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## 2. LIST OF ABBREVIATIONS / ACRONYMS

|                                 |  |
|---------------------------------|--|
| ABET                            | Adult basic education and training                         |
| AFB                             | Acid-fast bacillus   |
| AGM                             | Annual General Meeting                                     |
| AGSA                            | Auditor-General of South Africa                            |
| AHU                             | Air handling unit  |
| AIDS                            | Acquired immune deficiency syndrome                        |
| ALOS                            | Average length of stay                                     |
| AO                              | Accounting Officer   |
| APL                             | Approved post list   |
| APP                             | Annual performance plan                                    |
| ART                             | Anti-retroviral treatment / therapy                        |
| ARV                             | Anti-retroviral  |
| ATA                             | Assistant to artisan                                       |
| BAS                             | Basic Accounting System                                    |
| BBBEE                           | Broad based black economic empowerment                     |
| BMI                             | Budget management instrument                               |
| BUR                             | Bed utilisation rate                                       |
| BWH                             | Beaufort West Hospital                                     |
| C4                              | Condition 4  |
| C5                              | Condition 5  |
| CA                              | Compliance assessment                                      |
| CAD                             | Computer aided dispatch                                    |
| C <sup>2</sup> AIR <sup>2</sup> | Care Competent Accountability Integrity Respect Responsive |
| CBO                             | Community-based organisation                               |
| CBR                             | Community-based response                                   |
| CBS                             | Community-based services                                   |
| CCM                             | Country Coordinating Mechanisms                            |
| CCTV                            | Closed circuit television                                  |
| CCW                             | Community care worker                                      |
| CD                              | Chief Director   |
| CD                              | Chief Directorate  |
| CD4                             | Cluster of differentiation 4 (lymphocyte)                  |
| CDC                             | Community day centre                                       |
| CDU                             | Chronic dispensing unit                                    |
| CEO                             | Chief executive officer                                    |
| CFO                             | Chief financial officer                                    |
| CHC                             | Community health centre                                    |
| CISD                            | Critical incident stress debriefing                        |
| CMD                             | Cape Medical Depot   |
| CMI                             | Compliance monitoring instrument                           |
| CNP                             | Clinical nurse practitioner                                |
| CoCT / CCT                      | City of Cape Town  |
| COPD                            | Chronic obstructive pulmonary disease                      |
| CPD                             | Continuous professional development                        |
| CPI                             | Consumer price index                                       |
| CPUT                            | Cape Peninsula University of Technology                    |

|              |  |
|--------------|--|
| CSM          | Client service manager                         |
| CSP          | Comprehensive Service Plan                     |
| CT           | Computerised tomography                        |
| D or Dir     | Director                                       |
| DB           | Database                                       |
| DD           | Deputy Director                                |
| DDG          | Deputy Director-General                        |
| DG           | Director-General                               |
| DHP          | District health plan                           |
| DHS          | Demographic and Health Survey                  |
| DHS & HP     | District health services and health programmes |
| 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           | Drug resistant                                 |
| DR-TB        | Drug resistant tuberculosis                    |
| eCare        | Electronic care                                |
| eProcurement | Electronic procurement                         |
| EC           | Emergency centre                               |
| ECM          | Enterprise/electronic content management       |
| ECO          | Emergency care officer                         |
| 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                |
| ERM          | Enterprise risk management                     |
| eRMR         | Electronic Routine Monthly Report              |
| ESL          | Essential supplies list                        |
| ETR.net      | Electronic Tuberculosis Register               |
| EU           | European Union                                 |
| FBU          | Functional business unit                       |
| FCA          | Firearms Control Act                           |
| FFMC         | Focus Financial Monitoring Committee           |
| FIU          | Forensic investigation unit                    |
| FMC          | Financial monitoring committee                 |
| FPL          | Forensic pathology laboratory                  |
| FPS          | Forensic pathology services                    |
| F&W          | Fruitless and wasteful                         |
| GCC          | General Conditions of Contract                 |
| GEMS         | Government Employees Medical Scheme            |
| GF           | Global Fund                                    |
| GG           | Government Gazette                             |
| GIAMA        | Government Immovable Asset Management Act      |

|        |   |
|--------|---|
| GN     | General notice  |
| GP     | General practitioner  |
| GP%    | Gross profit percentage   |
| GPSSBC | General Public Service Sector Bargaining Council                    |
| GSA    | Geographical service area   |
| GSH    | Groote Schuur Hospital  |
| HAART  | Highly active anti-retroviral therapy                               |
| HAST   | HIV and AIDS, STI and tuberculosis                                  |
| HC     | Health care   |
| HCBC   | Home community-based care   |
| HCRW   | Health care risk waste  |
| HCT    | HIV counselling and testing   |
| HCU    | High care unit  |
| HDI    | Historically disadvantaged individuals                              |
| HEI    | Higher education institutions                                       |
| HFRG   | Health facility revitalisation grant                                |
| HH     | Household   |
| HIRA   | Health Incident Risk Assessment                                     |
| HIS    | Hospital Information System   |
| HIV    | Human immunodeficiency virus  |
| HO     | Head office   |
| HoD    | Head of Department  |
| HP     | Health programmes   |
| HPCSA  | Health Professions Council of South Africa                          |
| HPTDG  | Health Professions Training and Development Grant                   |
| HPV    | Human Papillomavirus  |
| HR     | Human resources   |
| HRD    | Human resource development  |
| HRGC   | Hospital Revitalisation Grant Component                             |
| HRH    | Human resources for health strategy                                 |
| HRM    | Human resource management   |
| HRMC   | Human resource monitoring committee                                 |
| HRP    | Hospital revitalisation programme                                   |
| HRP    | Human Resources Plan  |
| HSRC   | Human Sciences Research Council                                     |
| HT     | Health Technology   |
| HTA    | High transmission area  |
| iMMR   | Institutional maternal mortality rate                               |
| IA     | Internal assessment   |
| IAR    | Immovable asset register  |
| IAS    | International accounting standards                                  |
| ICAS   | Independent Counselling and Advisory Services                       |
| ICD-10 | International classification of disease (10 <sup>th</sup> revision) |
| ICT    | Information and communication technology                            |
| ICU    | Intensive care unit   |
| ICU    | Information compliance unit   |
| ID     | Infectious diseases   |
| IDS    | Industrial Development Strategy                                     |

|                   |  |
|-------------------|--|
| IDU               | Infectious disease unit                          |
| IDMS              | Infrastructure Delivery Management System        |
| IEC               | Information, Education and Communication         |
| IGS               | Infrastructure Gateway System                    |
| IM                | Information management                           |
| IMCI              | Integrated management of childhood illness       |
| IMLC              | Institutional management labour committees       |
| IMO               | International Maritime Organisation              |
| IMR               | Infant mortality rate                            |
| IOD               | Injuries on duty                                 |
| IPS               | Integrated procurement solutions                 |
| ISHP              | International School Health Programmes           |
| ISBN              | International Standards Book Number              |
| IUSS              | Infrastructure Unit Systems Support              |
| IYM               | In year monitoring                               |
| JAC               | Pharmaceutical management system                 |
| KDH               | Khayelitsha District Hospital                    |
| KESS              | Khayelitsha Eastern Sub-structure                |
| kg/m <sup>2</sup> | kilogram / square meter                          |
| KPMG              | Klynveld Peat Main Goerdeler                     |
| KVA               | Kilovolt-ampere                                  |
| LABU              | Liesbeeck active birth unit                      |
| LFA               | Local Fund Agents                                |
| LinAcc            | Linear accelerator                               |
| LOGIS             | Logistic Information Systems                     |
| LRA               | Labour Relations Act                             |
| M                 | Million  |
| m <sup>2</sup>    | square meter                                     |
| M & E             | Monitoring and evaluation                        |
| M & M             | Morbidity and mortality                          |
| MCWH              | Maternal, child and women's health               |
| MCWH&N            | Maternal, child and women's health and nutrition |
| 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                        |
| MMR               | Maternal mortality ratio                         |
| MMS               | Middle management service                        |
| MOT               | Minor orthopaedic theatre                        |
| MOU               | Midwife obstetric unit                           |
| MPSA              | Minister of Public Service and Administration    |
| MRI               | Magnetic resonance imaging                       |
| MSAT              | Multi-sectorial action teams                     |
| MSM               | Men who have sex with men                        |
| MTEF              | Medium-term expenditure framework                |
| MTSF              | Medium-term strategic framework                  |

|          |  |
|----------|--|
| N / No   | Number   |
| N/A      | Not applicable / Not available / No answer                           |
| NACOSA   | Networking AIDS Community of South Africa                            |
| NCS      | National Core Standards  |
| NDoH     | National Department of Health  |
| NDP      | National Development Plan  |
| NEMA     | National Environmental Management Act                                |
| NGO      | Non-governmental organisation  |
| NH       | Nurses home  |
| NHI      | National Health Insurance  |
| NHLS     | National Health Laboratory Services                                  |
| NIDS     | National indicator dataset   |
| NIMART   | Nurse initiated management of ART                                    |
| NIMS     | Nursing Information Management System                                |
| NPC      | National Planning Commission   |
| NPI      | Non-profit Institution   |
| NPO      | Non-profit organisation  |
| NQF      | National Qualifications Framework                                    |
| NSDA     | Negotiated service delivery agreement                                |
| 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  |
| ORA      | Organisational Rights Agreement                                      |
| OSD      | Occupation specific dispensation                                     |
| OVC      | Orphans and vulnerable children                                      |
| P1       | Priority 1   |
| P2       | Priority 2   |
| p.a.     | Per annum  |
| PACK     | Practical Action Care Kit  |
| PACS     | Picture archive communication system                                 |
| PACS/RIS | Picture archive communication system and Radiological imaging system |
| PAJA     | Promotion of Administrative Justice Act                              |
| PAPB     | Pharmacist assistant post basics                                     |
| PAY      | Premier's advancement of youth (project)                             |
| PC       | Practical completion   |
| PCR      | Polymerase chain reaction  |
| PCV      | Pneumococcal conjugate vaccine                                       |
| PDE      | Patient day equivalent   |
| PDP      | Public driving permit  |
| PEAP     | Provincial employee AIDS programme                                   |
| PEP      | Post exposure prophylaxis  |
| PERMIS   | Performance Management Information System                            |
| PERSAL   | Personnel and Salary Information System                              |

|                                |   |
|--------------------------------|---|
| PES                            | Provincial equitable share  |
| PET                            | Positron emission tomography  |
| PFMA                           | Public Finance Management Act   |
| PHC                            | Primary health care   |
| PHCIS                          | Primary Health Care Information System  |
| PICT                           | Provider initiated counselling and testing  |
| PILIR                          | Policy on incapacity leave and ill-health retirement  |
| PLWHA                          | People living with HIV and AIDS   |
| PMDS                           | Performance Management Development System   |
| PMTCT                          | Prevention of mother-to-child transmission  |
| PMG                            | Paymaster General   |
| PMI                            | Patient master index  |
| PMIS                           | Project Management Information System   |
| PMT/Refund & Rem-<br>Act/Grace | Payment made as an act of grace   |
| PN                             | Practice note   |
| PPE                            | Property, plant and equipment   |
| PPHC                           | Personal primary health care  |
| PPP                            | Public private partnership  |
| PPPFA                          | Preferential Procurement Policy Framework Act   |
| PPPFA/BBBEE                    | Preferential Procurement Policy Framework Act / Broad based black economic em-<br>powerment |
| PPT                            | Planned patient transport   |
| PPTC                           | Provincial Pharmaceutical and Therapeutic Committee   |
| PREHMIS                        |   |
| PSA                            | Public Service Act  |
| PSA                            | Public Service Administration   |
| PSG                            | Provincial Strategic Goal   |
| PSI                            | Palliative / step-down / intermediate care  |
| PSCBC                          | Public Service Co-ordinating Bargaining Council   |
| PSP                            | Professional services provider  |
| PTB                            | Pulmonary tuberculosis  |
| PTC                            | Pharmaceutical and Therapeutics Committee   |
| PTMS                           | Provincial transversal management system  |
| PTI                            | Provincial Treasury instruction   |
| PTSO                           | Provincial Technical Support Officer  |
| (PTY) LTD                      | Proprietary Limited   |
| PW                             | Public Works  |
| QA                             | Quality assurance   |
| R                              | Rand  |
| RAF                            | Road Accident Fund  |
| RCAMS                          | Red Cross Air Mercy Service   |
| RCC                            | Rolling Continuation Channel  |
| RCWMCH                         | Red Cross War Memorial Children's Hospital  |
| RDHS                           | Rural District Health Services  |
| RIS                            | Radiological imaging system   |
| RIS                            | Radiology information system  |
| RMR                            | Reaction monitoring reports   |

|           |   |
|-----------|---|
| RTC       | Regional training centre  |
| RV        | Rotavirus   |
| RWOPS     | Remunerative work outside the Public Service  |
| S         | Section   |
| SA        | South Africa  |
| SA-NHANES | South African National Health and Nutrition Examination Survey                                  |
| SABS      | South African Bureau of Standards   |
| SAL       | Salary  |
| SANAC     | South African National Aids Council   |
| SANC      | South African Nursing Council   |
| SAPC      | South African Pharmacy Council  |
| SBA       | Study by assignment   |
| SCM       | Supply chain management   |
| SCOA      | Standard chart of accounts  |
| SCOPA     | Standing Committee on Public Accounts   |
| SDA       | Service delivery agreement  |
| SDC       | Step-down care  |
| SDF       | Step-down facilities  |
| SDIP      | Service delivery improvement plan   |
| SETA      | State Education and Training Authority  |
| SG        | Superintendent General  |
| 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   |
| SMME      | Small medium and micro enterprises  |
| SMS       | Senior management service   |
| SOP       | Standard operating procedure  |
| SP        | Sub-programme   |
| SPES      | Specialised and emergency services  |
| SPMS      | Staff performance management system   |
| SS        | Substructure  |
| SSO       | Sub-structure office  |
| SSS       | Staff satisfaction survey   |
| StatsSA   | Statistics South Africa   |
| STI       | Sexually transmitted infection  |
| SYSPRO    | Software package used by central hospitals for supply chain management and asse-<br>management. |
| TB        | Tuberculosis  |
| TBH       | Tygerberg Hospital  |
| TOP       | Termination of pregnancy  |
| TR        | Treasury regulations  |
| TROA      | Total clients remaining on ART (ante-retrovirals)   |
| U-AMP     | User asset management plan  |
| UCT       | University of Cape Town   |
| US        | University of Stellenbosch  |
| UWC       | University of the Western Cape  |
| VIR       | Vulcanised India Rubber   |



|         |  |
|---------|--|
| VMAT    | Volumetric Modulated Arc Therapy                       |
| WC      | Western Cape   |
| WC-IDMS | Western Cape Infrastructure Delivery Management System |
| WCCN    | Western Cape College of Nursing                        |
| WCG     | Western Cape Government                                |
| WCGE    | Western Cape Government: Education                     |
| 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                               |
| XDR     | Extreme drug resistant                                 |
| XDR-TB  | Extreme drug resistant tuberculosis                    |
| YLL     | Years of potential life lost                           |



### 3. FOREWORD BY THE MINISTER

This department, under the leadership of my predecessor, Mr Theuns Botha, has been efficient in delivering health-care services to the people of this province. My intention is to ensure that we continue with this crucial work

and to provide direction towards our goals outlined in Healthcare 2030.

The department has managed to:

- Maintain its 10 year track record of an unqualified audit
- Build new ambulance stations at Robertson and Heidelberg,
- Build a new bulk stores at Robertson Hospital,
- Upgrades and extensions at New Horizon Clinic in Plettenberg Bay and Delft CHC in the Metro,
- Build new Emergency Centre at Heideveld CDC to enable work at GF Jooste Hospital Project,
- Build new acute psychiatric units at Mitchells Plain Hospital, and George Hospitals,
- Build a new CHC in Table View- Du Noon, a CDC in Hermanus, and a Clinic in Rawsonville,
- Upgrade the OPD & Emergency Centre at Knysna Hospital.
- Commission the New Emergency Centre at Karl Bremer Hospital

*I have no doubt with the support and dedication of the staff in this Department we will continue to maintain our brilliant service delivery record, improve our health outcomes and move closer to creating an open, opportunity society for all.*

These remarkable achievements would not have been possible without the contribution of the dedicated staff members of the Health Department and the support from our strategic partners such as Department of Transport and Public Works. Staff members are the backbone of the healthcare system in the Western Cape. It is crucial that we acknowledge their self-less commitment often under difficult working conditions and a stressful environment.

While the Health Department in the Western Cape is among the best performers in the country, our policies and strategies must change to meet the growing demands of the people we serve. In order to do that we need to fully grasp the context in which we operate. The public health system services about 74 per cent of the population (uninsured) who live in the province, a figure that continues to rise. We have ascertained that majority of those who use our services are affected by, what we call, the quadruple burden of disease i.e. infectious diseases such as HIV/TB, non - communicable diseases such as high blood pressure, diabetes and cancers, maternal and child health conditions and injuries mainly from inter-personal violence and road traffic accidents.

In my term of office I have undertaken to shift the focus from merely providing a health service to addressing the root causes of our disease profile. During this period we intend to place greater emphasis on creating awareness around leading healthy lifestyles as well as investigating ways of addressing upstream factors in order to prevent diseases of this kind.

My top priorities will be, among others:

- **Implement the Person-Centred Approach to healthcare** - Part of our efforts to reform the system is to move focus from the mere delivery of service to an approach that is centred on the experience and the participation of the patient.
- **Create awareness around healthy lifestyles and behavioural changes** - Many of the cases that are dealt with on a daily basis at primary health care centres are conditions that can be avoided if one makes the right lifestyle choices. Strengthening the Western Cape on Wellness (WoW) programme is key in this regard; and I congratulate the Department on launching this initiative.
- **Strengthen the role of community health workers** - It is my belief that greater collaboration between community based carers and our facility based health workers will inevitably lessen the burden on our primary health care service.
- **Care for the carers** - One of my goals during my tenure is to ensure that our health care workers are well looked after. A cared for carer will provide a better quality service to our patients.
- **Alcohol awareness and its impact on health**- through the research we have done, it is proven that 60 per cent of all deaths caused by road traffic injuries and homicide are alcohol abuse related. Addressing this scourge will be my key priority going forward.
- **Maternal and child health**- It is a known fact that the health status of the mother affects the child. That is why more emphasis will be placed on the first 1000 days of life i.e. perinatal, prenatal and postnatal care.



Dr Nomafrench Mbombo  
Western Cape Minister Of Health

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 nationally. The maternity mortality ratio is 78 as compared to 269 for South Africa. The provincial health system, in 2014/15:



---

 **96 750**  
Babies delivered

---

 **95 393**  
Immunised children <1

---

 **80.6 %**  
TB cure rate

---



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

## 4. REPORT OF THE ACCOUNTING OFFICER

### 4.1 OVERVIEW OF THE OPERATIONS OF THE DEPARTMENT

#### Results and Challenges over the Last year

In 2014/15 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 nationally. The maternity mortality ratio is 78 as compared to 269 for South Africa. The provincial health system, in 2014/15:

Had 14 250 244 Primary Health Care (PHC) contacts

- Had 180 769 patients on ART
- Had a 80.6 per cent TB cure rate
- Delivered 96 750 babies
- Had a mother to child HIV transmission rate of 1.4 per cent
- Immunised 95 393 children under 1
- Transported 515 237 patients, of which 41 per cent were priority 1
- Admitted 540 430 patients to acute hospitals
- Performed 7 929 cataract surgery operations

The Department is committed to continuous quality improvement and increasing compliance with the National Core Standards (NCS). In 2014/15 116 fixed PHC facilities and 39 hospitals conducted NCS self-assessments with subsequent improvement plans.

In the interest of enhancing public participation and the person centredness of the health system, the Department undertook to revise the Western Cape Health Facility Boards Act 7 of 2001 and a new bill, the Western Cape Health Facility Boards and Committee Bill, 2015, is being prepared for public comment, early in the new financial year. The regulations related to the Western Cape Independent Health Complaints Committee Act 2 of 2014, was promulgated on the 21st November 2014 and the committee is likely to be established in the first half of the new financial year. In 2014/15 we received 13 580 compliments and 5 528 complaints of which 88.1 per cent was resolved within the target of 25 days.

### Enabling Factors

Effective and efficient service delivery is enabled by support services such as finance and supply chain processes, human resources, infrastructure, information management and information and communication technology (ICT).

The Department delivered health services in the Western Cape within 0.2 per cent of its equitable share budget for the financial year 2014/15. The Department is proud of the track record of an unqualified audit for the past eleven 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 31 267 filled posts as at 31 March 2015, which is an increase of 250 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 38 health facilities, continued in 2014/15. This year 9 innovation summits were held across the province to share successful practices emerging from the Project.

The revitalisation of infrastructure plays an important role in improving the environment for patients as well as staff. The Department completed the following main capital projects in 2014/15: Delft Community Day Centre – ARV consulting rooms and new pharmacy, new Du Noon Community Health Centre, new Heidelberg Ambulance Station, new Hermanus Community Day Centre, upgrade and extension of the New Horizon Clinic, replacement of Rawsonville Clinic, and Acute Psychiatric Units at George and Mitchell's Plain Hospitals.

The Department is in the process of establishing a data centre which is intended to house all the clinical and financial data in the department, as well as other data from external sources. The data centre will consolidate and harmonise the various data sources using the patient master index (PMI). The evolution of patient registration systems in the province, in which the same PMI is shared for a single patient across their hospital, community health centre and clinic records, has created new opportunities to proactively link existing patient data collected by different systems. The functionality of the data centre will be harnessed for a range of departmental needs including provision of and improvement in continuity of care; operational and routine

reporting; epidemiological analysis to determine program effectiveness; and linking clinical data, including laboratory tests and pharmacy dispensing, to financial data (business intelligence). The data centre seeks to unlock value which currently exists in the data already housed, through modest investment in formal curatorship of these data, and an iterative approach to consolidating this platform and building functionality on top of it. The data centre allows for more timely access to information regarding our clients and departmental functions, improved in-house expertise for dealing with internal queries and challenges, and decrease likelihood of duplication of services and repeat testing.

The prototype for 'The Single Patient Viewer' has been completed; it is a web-based viewing application that allows clinicians to access an integrated perspective on patient data available across various, vertical patient information systems in one platform. It provides a consolidated view of patient information along patient encounters, laboratory data, links to electronic radiological files and patient records, as well as pharmacy data. The distinct utility is in assisting the clinician to develop a comprehensive understanding of the client's interactions with the health system across the province and aid towards improved continuity of care.

ICT achievement over the last year includes:

- Clinicom and AR billing rolled out in 47 of 54 hospitals
- Primary Health Care Information System (PHCIS) and eKapa implementation in fixed facilities saw 195 install PMI, Appt in 130, eRMR in 50, eHeadcount in 68, MOU in 13 and eReception in 2 facilities
- The pharmaceutical management system, JAC has been implemented in 71 facilities
- Picture Archiving System (PACS) and the Radiology Information System (RIS) implementation has been concluded in 4 sites and PACS only, in 12 sites
- The new Emergency Medical Services (EMS) software solution for the communication centres is been implemented in phases and making good progress.
- The Tech Refresh Initiative has now concluded its second year of a 3 year process, 2 500 out of 3 000 (83.3 per cent) computers have been replaced with 500 to be replaced in the next financial year
- Single waiting list system developed for arthroplasties across the province, resulting in public confidence and donations for increasing arthroplasty procedures

During the 2014/15 financial year Tygerberg Laundry reported a possible amount of Fruitless and Wasteful to the value of R2.600 million, stemming from a recommendation from the Provincial Forensic unit.

Upon further investigation it was found that the expenditure is not regarded as F&W expenditure as it was in respect of a project to determine whether the laundry will realise any savings by installing specific technology. It was found that no significant efficiencies were gained, and therefore the use of the technology was ceased.

The submission with full motivation is in the process of being approved by the Accounting Officer.

## 4.2 OVERVIEW OF THE FINANCIAL RESULTS OF THE DEPARTMENT

### Departmental receipts

The table below provides a breakdown of the sources of revenue and performance for 2014/15.

**Table 4.2.1: Sources of revenue**

| Departmental receipts                                | 2014/15           |                                     |                                       | 2013/14           |                                  |                                    |
|--|-------------------|-------------------------------------|---------------------------------------|-------------------|----------------------------------|------------------------------------|
|  | Estimate<br>R'000 | Actual amount<br>collected<br>R'000 | (Over) / under<br>collection<br>R'000 | Estimate<br>R'000 | Actual amount collected<br>R'000 | (Over) / under collection<br>R'000 |
| Sale of goods and services other than capital assets | 349 504           | 431 639                             | (82 135)                              | 331 753           | 419 475                          | (87 722)                           |
| Transfers received                                   | 137 825           | 165 243                             | (27 418)                              | 146 954           | 158 839                          | (11 885)                           |
| Interest, dividends and rent on land                 | 932               | 2 579                               | (1 647)                               | 932               | 1 416                            | (484)                              |
| Sale of capital assets                               | 1                 | 155                                 | (154)                                 | 4                 |                                  | 4                                  |
| Financial transactions in assets and liabilities     | 8 283             | 18 886                              | (10 603)                              | 7 330             | 18 028                           | (10 698)                           |
| <b>Total</b>   | <b>496 545</b>    | <b>618 502</b>                      | <b>(121 957)</b>                      | <b>486 973</b>    | <b>597 758</b>                   | <b>(110 785)</b>                   |

The Department ended the 2014/15 financial year with a revenue surplus of R121.957 million.

The surplus is the net effect of the over recoveries for the year:

#### ● Sales of Goods and Services:

The surplus (R82.135 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 (R27.418 million) is primarily due to the surplus recorded at the Global Fund which is attributed to the prevailing Rand/Dollar exchange rate with the receipts of the last disbursement as well as the carry forward of a positive cash balance from the previous year.

#### ● Interest:

The surplus (R1.647 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 surplus (R154 000) is due to the once off sale of equipment at the George Laundry site which has since been closed.

#### ● Financial Transactions:

The surplus (R10.603 million) resulted primarily through the recovery of previous years' expenditure amongst others and the writing off of departmental debt which yielded no results after three years.

## Programme expenditure

**Table 4.2.2: Payments made by programme for the period 1 April 2014 to 31 March 2015**

| Programme name                            | 2014/15             |                    |                            | 2013/14             |                    |                            |
|---|---------------------|--------------------|----------------------------|---------------------|--------------------|----------------------------|
|   | 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               | 583 858             | 583 602            | 256                        | 521 704             | 511 447            | 10 257                     |
| Programme 2: District Health Services     | 6 784 724           | 6 767 273          | 17 451                     | 6 042 255           | 6 039 262          | 2 993                      |
| Programme 3: Emergency Medical Services   | 880 653             | 880 653            | -                          | 819 748             | 819 748            | -                          |
| Programme 4: Provincial Hospital Services | 2 728 812           | 2 728 733          | 79                         | 2 500 139           | 2 499 888          | 251                        |
| Programme 5: Central Hospital Services    | 4 964 077           | 4 964 077          | -                          | 4 565 421           | 4 565 421          | -                          |
| Programme 6: Health Sciences and Training | 314 296             | 312 111            | 2 185                      | 266 262             | 264 193            | 2 069                      |
| Programme 7: Health Care Support Services | 359 617             | 356 436            | 3 181                      | 355 538             | 339 151            | 16 387                     |
| Programme 8: Health Facilities Management | 814 386             | 712 923            | 101 463                    | 958 914             | 877 852            | 81 062                     |
| <b>Total</b>                              | <b>17 430 423</b>   | <b>17 305 808</b>  | <b>124 615</b>             | <b>16 029 981</b>   | <b>15 916 962</b>  | <b>113 019</b>             |

## Virements / roll overs

All virements applied are depicted on page 229 to 260 of the Annual Financial Statements. All virements were approved by the Accounting Officer.

Roll overs were requested for the following conditional grants and equitable share: Health Facility Revitalisation Grant (HFRG), National Health Insurance Grant (NHI), EPWP Integrated grant, Global Fund and various Non-profit institutions.

## 4.3 UNAUTHORISED, FRUITLESS AND WASTEFUL EXPENDITURE

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

A total value of R316 000 was reported as possible Fruitless and Wasteful (F&W) expenditure as at 31 March 2014. Two amounts to the value of R34 000 and R54 000 respectively, stemming from the 2009/10 and 2012/13 years respectively, were written off as a loss during the 2014/15 financial years.

The remaining balance of R124 000 are still in the process of being written off.

During the 2014/15 financial year Tygerberg Laundry reported a possible amount of Fruitless and Wasteful to the value of R2.600 million, stemming from a recommendation from the Provincial Forensic unit.

Upon further investigation it was found that the expenditure is not regarded as F&W expenditure as it was in respect of a project to determine whether the laundry will realise any savings by installing specific technology. It was found that no significant efficiencies were gained, and therefore the use of the technology was ceased.

The submission with full motivation is in the process of being approved by the Accounting Officer.

## 4.4 FUTURE PLANS OF THE DEPARTMENT

The 5yr 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>



## 4.5 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 eighth year at the end of this reporting period. The monitoring of the PPP continued through the governance structures ensuring the contractual obligations were met.

| WCRC and Lentegeur Hospital PPP for the period 1 April 2014 to 31 March 2015   |  |
|--|--|
| <b>Project name</b>  | Western Cape Rehabilitation Centre and Lentegeur Hospital Public Private Partnership   |
| <b>Brief description</b>   | Provision of equipment, facilities management and all associated services at the Western Cape Rehabilitation Centre (WCRC) and Lentegeur Hospital.   |
| <b>Date PPP agreement signed</b>   | 8 December 2006.<br>Full service commencement date was 1 March 2007.   |
| <b>Duration of PPP agreement</b>   | 12 years   |
| <b>Escalation index for unitary fee</b>  | CPI (6.0488% for 2014/2015 increase)   |
| <b>Value of payments made during the year</b>  | R52 747 228.61<br>(1 April 2014 to 31 March 2015 as approved in terms of Treasury Approval III)  |
| <b>Variations/amendments to PPP agreement</b>  | None approved during this period.  |
| <b>Cost implications of variations/amendments</b>  | See above comment.   |
| <b>Significant contingent fiscal obligations including termination payments, guarantees, warranties, and indemnities and maximum estimated value of such liabilities</b> | 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*

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. The existing Tygerberg Hospital was commissioned in 1972.

The Tygerberg Hospital Redevelopment project was procured using a public-private partnership approach. 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-usage of the existing main hospital building and staff accommodation. The feasibility study is expected to be concluded towards the end of November 2015. It will inform the way forward and will advise on the best procurement route to follow. Depending on the procurement route and available finance, it is envisaged to commence with specification and design work in 2016, leading up to an envisaged start of construction in 2018, subject to availability of funds.

## 4.6 DISCONTINUED ACTIVITIES / ACTIVITIES TO BE DISCONTINUED

The Emergency Centre service at GF Jooste Hospital plus the overnight ward was relocated to a new building at the Heideveld CHC in July 2014. The vacated GF Jooste Hospital building was handed over to Property Management.

Lentegeur hospital closed 18 beds in the Intellectual Disability Services. This was a planned activity to consolidate services. The target was set in the Annual Performance Plan prior to the bed reduction approved in terms of the Departmental policy on bed changes.

## 4.7 NEW OR PROPOSED ACTIVITIES

New Emergency Centres opened at Heideveld CHC and Karl Bremer Hospital during 2014/15. A new acute 30-bed psychiatric unit opened at Mitchells Plain Hospital and a 14-bed acute psychiatric ward was opened at Carnation Ward, Mitchells Plain Hospital (for Helderberg Hospital patients) during 2014/15. A new CHC opened at Du Noon in 2014/15.

A new CDC at Delft Symphony Way was concluded for opening early in 2015/16. A new clinic will be opened at Nomzamo, Strand in 2015/16 and the pressure on the Helderberg Hospital Emergency Centre will be relieved with some overnight beds towards the end of 2015/16.

George Hospital increased the bed numbers by 14 in the Family Medicine Speciality from August 2014. This was a planned increase in terms of additional funds made available, however the target set in the Annual Performance Plan was prior to the increased bed numbers officially approved in terms of the Departmental bed policy.

Radiology services were expanded in George with the appointment of a second Radiologist and an additional Radiographer, thus reducing the dependency and cost on outsourced services.

External service shifts at Mowbray Maternity included the shift of 20 level 1 beds with the commissioning of the Mitchell's Plain District hospital from April 2014 and the shift of the referral of Hanover Park level 1 and level 2 services to Mowbray Maternity during July 2014.

In response to the workload pressures experienced at Mowbray Maternity hospital as a result of the service shifts, the drainage area for low risk deliveries between Mowbray Maternity and New Somerset hospitals were changed. Since October 2014, pregnant women residing in Woodstock, Observatory and Salt River, University Estate and Walmer Estate now deliver at New Somerset hospital.

A service for people with Intellectual Disability and Challenging Behaviour was established on the site of Alexandra hospital and this was outsourced to Open Circle, a non-profit organisation. This service is the first of its kind in the Western Cape.

24 beds were opened at Alexandra hospital for the decanting of the forensic services from Valkenberg hospital during its construction work.

Stikland hospital established in December 2014 a Crisis Discharge Clinic as an outpatient service, focusing on patients discharged early, psycho-education and groups for family support.

An Adult Attention Deficit Disorder Clinic has been initiated at Stikland hospital  
The Groote Schuur services of the Post Anaesthetic High Care Unit have been extended to include services on a Saturday.

## 4.8 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 resulting 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 DICUs at Institutional level to ensure compliance throughout the process
- Increased frequency & delivery of SCM training related to the appropriate use of Delegations

### 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,
- Difficulty in achieving cultural shift within Institutional buying community to change view from reactive transactional supply chain activities to proactive demand management plan-led supply chain activities

## 4.9 GIFTS AND DONATIONS

The Department received gifts and donations to the value of R17 million which is disclosed in the Annual Financial Statements, page 321 to 322.

## 4.10 EXEMPTIONS AND DEVIATIONS RECEIVED FROM THE NATIONAL TREASURY

No exemptions requested or granted.

## 4.11 EVENTS AFTER THE REPORTING DATE

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

## 4.12 OTHER

### Environmental rehabilitation liability

The following activities of the Department have an impact on the environment according to the sustainable development implementation plan of the Department of Environmental Affairs in terms of NEMA.

- Medical waste management.
- Industrial waste management.
- Nuclear waste management.
- Industrial effluent.
- Electricity.
- General.

#### *Medical and industrial waste management*

The Department contracted service providers to collect and dispose medical and industrial waste at all institutions.

#### *Nuclear waste management*

Nuclear waste is removed from hospitals and shipped to the Nuclear Energy Corporation for further disposal.

#### *Industrial effluent*

Municipalities are contracted to process industrial effluent generated by laundries and laboratories to ensure the degradation of the effluent.

#### *Electricity (Energy efficiency)*

The Department is constantly reviewing the use of electricity to minimise usage to reduce the carbon emissions into the atmosphere.

#### *General*

The above examples indicate that the Department is committed to minimise the impact of its activities on the environment. The Department has appointed contractors that are committed to minimise the negative impact on the environment and it is therefore not necessary to provide for a contingent liability in the Annual Financial Statements.

### 4.13 ACKNOWLEDGEMENTS

Without the hard work and dedication of every single staff member within the Department the achievements detailed in this report would not have been possible. I would like to thank each and every one of you for the sterling work you do every day, often under great pressure and challenging circumstances. To our partners, the higher education institutions, research agencies, non-profit organisations, the private sector, organised labour and other government departments and spheres of government, my sincere thanks for your contributions over the last year. I also use this opportunity to thank Minister Botha and Minister Mbombo for their leadership and support as well as Professor Househam, my predecessor, who retired at the end of the financial year in question.

### 4.14 CONCLUSION

The systems and processes, the values, skills and competencies and the relationships both within and outside of the Department we continue to build every year helps to strengthen our resilience as a department as we enter an even more challenging financial climate over the medium term.

### 4.15 APPROVAL AND SIGN OFF

The Annual Financial Statements set out on pages 229 to 333 have been approved by the Accounting Officer.



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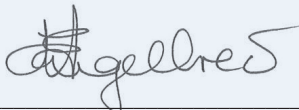
**DR BETH ENGELBRECHT**  
**Head: Health Western Cape**  
**29 May 2015**

## 5. 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 2015.

Yours faithfully



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**DR BETH ENGELBRECHT**  
Head: Health Western Cape  
29 May 2015

## 6. STRATEGIC OVERVIEW

### 6.1 VISION

Quality health for all.

### 6.2 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.

### 6.3 VALUES

The core values of the Department are:



CARING



COMPETENCE



ACCOUNTABILITY



INTEGRITY



RESPONSIVENESS



RESPECT

## 7. LEGISLATIVE AND OTHER MANDATES

### National legislation

- 1) Allied Health Professions Act, 63 of 1982
- 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) Criminal Procedure Act, 51 of 1977
- 15) Dental Technicians Act, 19 of 1979
- 16) Division of Revenue Act (Annually)
- 17) Domestic Violence Act, 116 of 1998
- 18) Drugs and Drug Trafficking Act, 140 of 1992
- 19) Employment Equity Act, 55 of 1998
- 20) Environment Conservation Act, 73 of 1998
- 21) Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972
- 22) Government Immovable Asset Management Act, 19 of 2007
- 23) Hazardous Substances Act, 15 of 1973
- 24) Health Professions Act, 56 of 1974
- 25) Higher Education Act, 101 of 1997
- 26) Inquests Act, 58 of 1959
- 27) Intergovernmental Relations Framework, Act 13 of 2005
- 28) Institution of Legal Proceedings against Certain Organs of State Act, 40 of 2002
- 29) International Health Regulations Act, 28 of 1974
- 30) Labour Relations Act, 66 of 1995
- 31) Local Government: Municipal Demarcation Act, 27 of 1998
- 32) Local Government: Municipal Systems Act, 32 of 2000
- 33) Medical Schemes Act, 131 of 1997
- 34) Medicines and Related Substances Control Amendment Act, 90 of 1997
- 35) Mental Health Care Act, 17 of 2002
- 36) Municipal Finance Management Act, 56 of 2003
- 37) National Health Act, 61 of 2003
- 38) National Health Laboratories Service Act, 37 of 2000
- 39) Non Profit Organisations Act, 71 of 1977
- 40) Nuclear Energy Act, 46 of 1999
- 41) Nursing Act, 33 of 2005
- 42) Occupational Health and Safety Act, 85 of 1993
- 43) Older Persons Act, 13 of 2006
- 44) Pharmacy Act, 53 of 1974
- 45) Preferential Procurement Policy Framework Act, 5 of 2000
- 46) Promotion of Access to Information Act, 2 of 2000
- 47) Promotion of Administrative Justice Act, 3 of 2000
- 48) Promotion of Equality and Prevention of Unfair Discrimination Act, 4 of 2000
- 49) Protected Disclosures Act, 26 of 2000
- 50) Prevention and Treatment of Drug Dependency Act, 20 of 1992
- 51) Public Audit Act, 25 of 2005
- 52) Public Finance Management Act, 1 of 1999
- 53) Public Service Act, 1994
- 54) Road Accident Fund Act, 56 of 1996



- 55) Sexual Offences Act, 23 of 1957
- 56) State Information Technology Agency Act, 88 of 1998
- 57) Skills Development Act, 97 of 1998
- 58) Skills Development Levies Act, 9 of 1999
- 59) South African Medical Research Council Act, 58 of 1991
- 60) South African Police Services Act, 68 of 1978
- 61) Sterilisation Act, 44 of 1998
- 62) Tobacco Products Control Act, 83 of 1993
- 63) Traditional Health Practitioners Act, 35 of 2004
- 64) University of Cape Town (Private) Act, 8 of 1999

## Provincial legislation

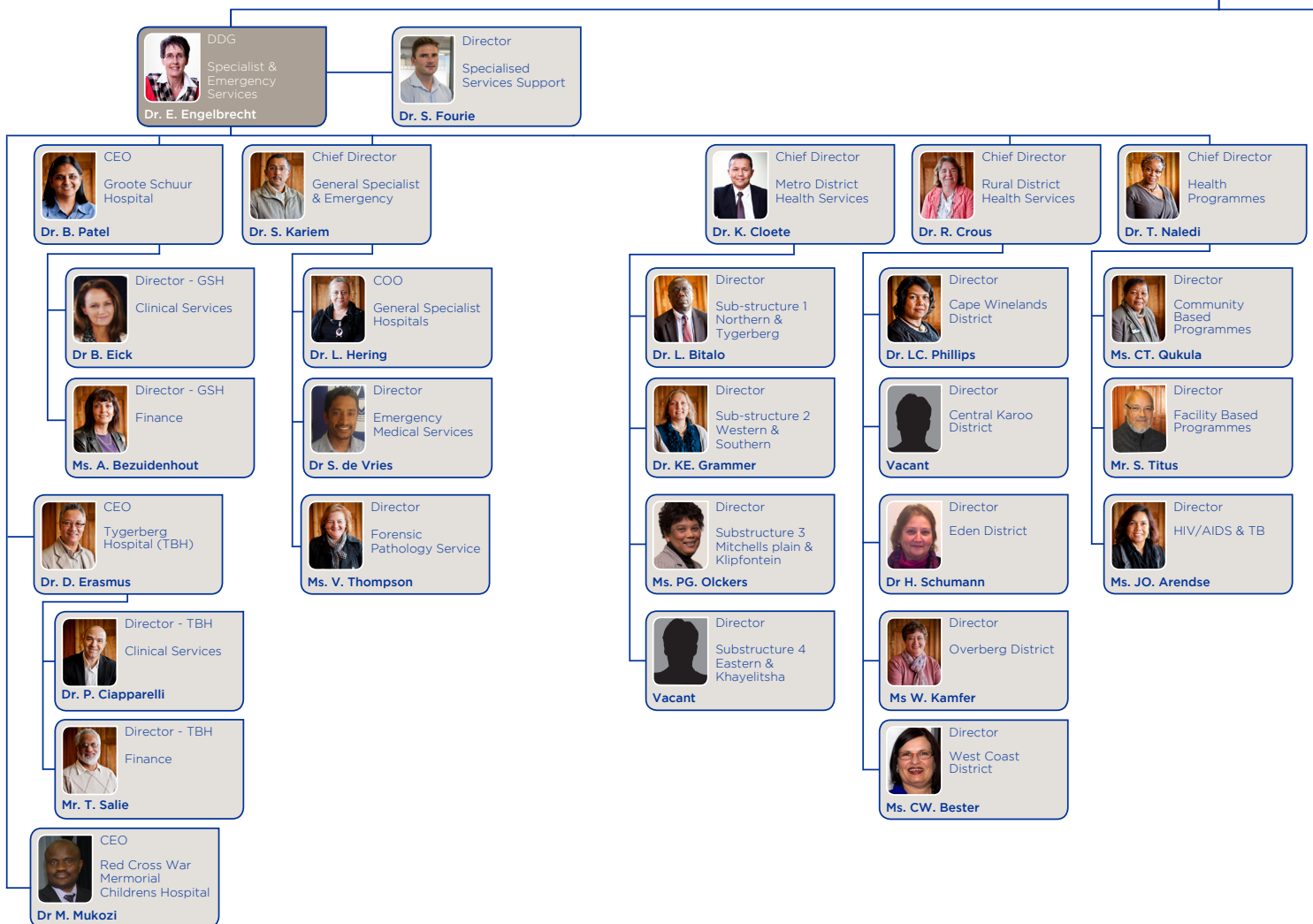
- 1) Communicable Diseases and Notification of Notifiable Medical Condition Regulations. Published in Proclamation R158 of 1987
- 2) Exhumation Ordinance, 12 of 1980. Health Act, Act 63 of 1977
- 3) Regulations Governing Private Health Establishments. Published in PN 187 of 2001
- 4) Training of Nurses and Midwives Ordinance 4 of 1984
- 5) Western Cape Ambulance Services Act, 3 of 2010
- 6) Western Cape Direct Charges Act, 6 of 2000
- 7) Western Cape District Health Councils Act, 5 of 2010
- 8) Western Cape Health Care Waste Management Act, 7 of 2007
- 9) Western Cape Health Facility Boards Act, 7 of 2001
- 10) Western Cape Health Services Fees Act, 5 of 2008
- 11) Western Cape Independent Health Complaints Committee Act, 2 of 2014
- 12) Western Cape Land Administration Act, 6 of 1998

## Government policy frameworks that govern the Department

- 1) Millennium Development Goals
- 2) Twelve Outcomes of National Government
- 3) National Development Plan
- 4) Negotiated Service Delivery Agreement
- 5) National Health Systems Priorities: The Ten Point Plan
- 6) National Health Insurance
- 7) Human Resources for Health
- 8) Provincial Strategic Objectives
- 9) Western Cape Infrastructure Delivery Management System (IDMS)
- 10) Healthcare 2030 : The Road to Wellness : (Western Cape Government: Health)
- 11) National Environmental Health Policy (GN 951 in GG 37112 of 4 December 2013)
- 12) National Health Act: Publication of Health Infrastructure Norms and Standards Guidelines (No R116 of 17 February 2014)
- 13) National Health Act: Policy on Management of Public Hospitals (12 August 2011)

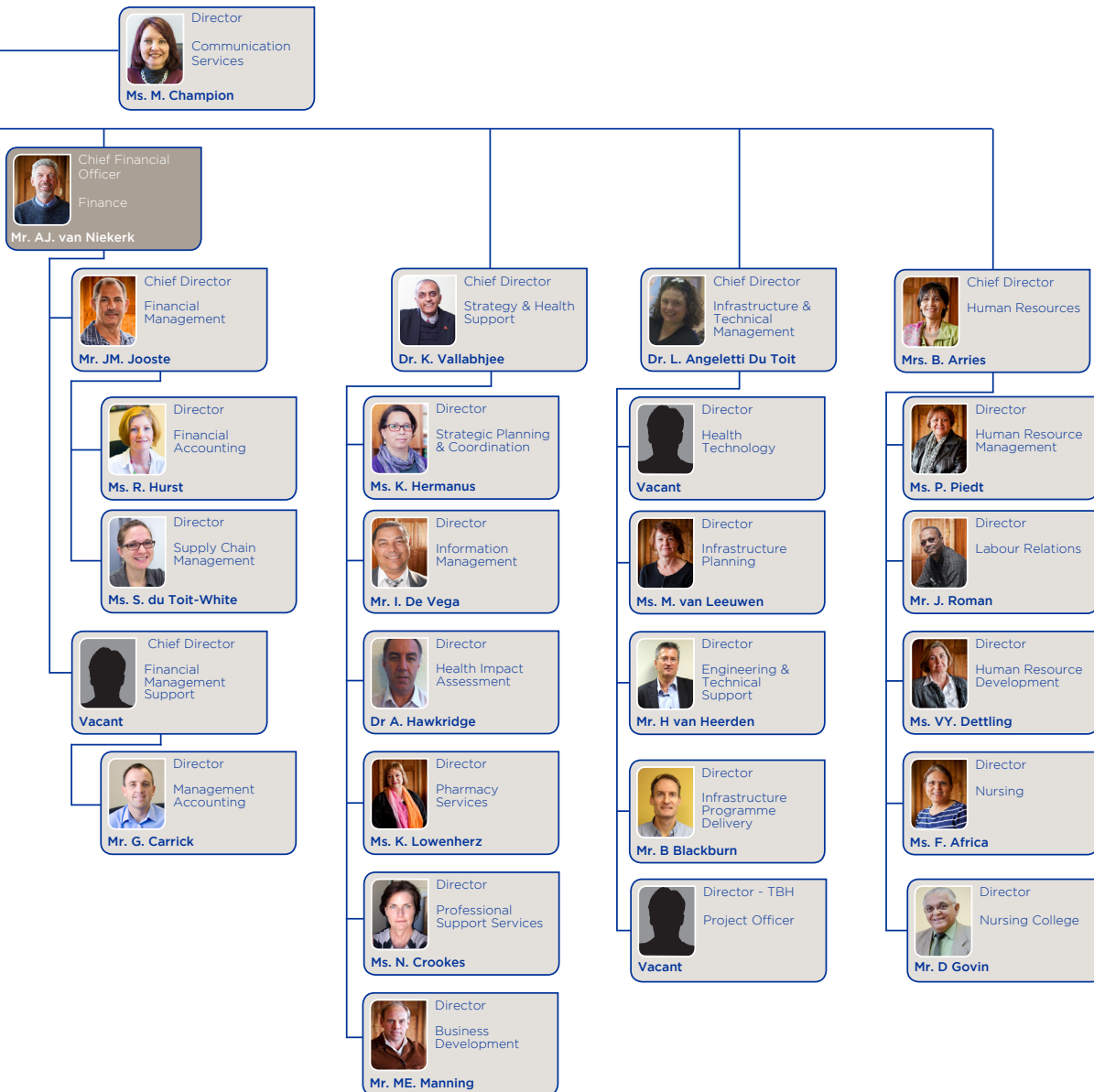
## 8. ORGANISATIONAL STRUCTURE

The organisational structure (organogram) reflects the senior management service (SMS) members as at 31 March 2015. A list of the budget programme managers during 2014/15 is provided after the organogram.



**Notes:**

Dr K. Cloete appointed from 1st March 2015 as the DDG: Chief of Operations  
 Dr B. Engelbrecht as the HoD designate from 1 October 2014  
 Prof K Househam retired 31 March 2015



**Table 8.1: Budget programme managers during 2014/15**

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



# PART B:

PERFORMANCE INFORMATION



## 1. AUDITOR GENERAL'S REPORT: PREDETERMINED OBJECTIVES

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

Refer to page 226 of the *Report of the Auditor-General*, published in Part E: Financial Information.

## 2. OVERVIEW OF DEPARTMENTAL PERFORMANCE

### 2.1 SERVICE DELIVERY ENVIRONMENT

#### Services delivered directly to the public

Western Cape Government (WCG): Health provides the following health services to a population of 6 130 791 of which 4 585 791 (74.8 per cent) are uninsured:

(1) **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 centredness 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 3 600 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. The promotion of screening for cervical and breast cancer, strengthening of family planning, earlier antenatal care, and prevention of mother-to-child transmission are focus areas for the Department.

There are 284 PHC facilities across the Province: 218 fixed clinics, 57 community day centres and 9 community health centres). Of these facilities, 91 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 26 Intermediate Care facilities in the province which equate to 781 beds of which 78 per cent reside in the Metro.

(2) **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. In 2014/15 there were 287 071 inpatient separations and 802 896 patients were seen in outpatient departments at district hospitals.

(3) **Emergency medical services (EMS) and 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 259 ambulances, 1 460 operational personnel, 141 emergency call centre agents and 110 supervisors (officers). 515 237 emergency cases were attended to in 2014/15.

(4) **Regional and 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. In 2014/15 there were 113 504 inpatient separations and 254 546 patients were seen in outpatient departments at regional hospitals.

There are six specialised TB hospitals 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 2014/15 some 4 077 inpatients were treated at TB hospitals and a further 8 615 patient contacts were attended to at outpatient departments.

Four psychiatric hospitals (Alexandra, Lenteguur, Stikland and Valkenberg Hospitals) and two sub-acute facilities (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 5 944 inpatient separations and 40 409 patient contacts at outpatient departments.

The Western Cape Rehabilitation Centre (WCRC) provides specialised rehabilitation services including orthotics and prosthetics for people with physical disabilities. In 2014/15 the WCRC had 755 inpatient separations and 9 880 outpatient headcounts.

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 121 262 oral health patient visits during 2014/15.

(5) **Tertiary and 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.

In 2014/15 there were 139 855 patient separations and 826 791 patients were seen in outpatient departments at these hospitals.

(6) **Forensic pathology services (FPS)**

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 2014/15 financial year 10 384 medico-legal cases were admitted, resulting in 10 229 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 section 4: Performance Information by Programme, of this report.



## Problems encountered and corrective steps taken

1. Significant drug stock-outs:  
The change in National tenders resulted in a wide range of pharmaceutical items being out of stock during the 2014/15 financial year. The Department embarked on an extensive risk mitigation exercise to address the impact of this challenge on service delivery. Interventions included amongst others, procuring items via provincial contracts, actively engaging suppliers to secure supplies, a communication campaign, re-distribution of supplies between health facilities, etc.
2. Fragmented PPHC service delivery in Cape Metro Health District:  
The ongoing provision of personal primary health care (PPHC) services by both City Health and WCG: Health in the Cape Metro Health District, results in sub-optimal and fragmented service provision in response to health care needs in the District. The Inter-Government Committee (IGC) between WCG and the City of Cape Town took a political decision in June 2014 that the PPHC service rendered by City Health should be transferred to WCG: Health. This decision has not been implemented, because of a difference of opinion between the parties on the process to be followed to implement the decision. The officials of WCG: Health and City Health have agreed to a framework of co-operation to improve the management of the relationship, in the interim.
3. Acute service pressures in Metro hospitals:  
The acute service pressures in Metro hospitals have gradually increased over the past 3-5 years, in spite of the building and commissioning two new hospitals (Khayelitsha and Mitchells Plain hospitals) on the Cape Flats. The pressures are acutely experienced in the emergency centres of all Metro hospitals, and are exacerbated by an increasing number of behaviourally disturbed patients. The Helderberg Hospital experienced significant pressures in the latter half of 2014, which resulted a Department-wide response plan to relieve the pressures. The interventions included the commissioning of 14 additional beds at Carnation Ward at Mitchells Plain Hospital for behaviourally disturbed patients presenting to Helderberg Hospital, urgent infrastructure amendments, increased PHC capacity in the drainage area, etc.

- (1) Infrastructure requirements:  
The infrastructure requirements in the Province, especially in relation to primary health care and district services, remain extensive. The Health Facility Revitalisation Grant (as published in the annual Division of Revenue Act) is utilised to fund these infrastructure requirements through the construction of new facilities and the upgrading, extension and maintenance of existing facilities. However, given the scale of requirements in relation to available funds, this backlog remains a moving target and it will take many years in order for it to be adequately addressed.

Some challenges are still being experienced with the implementation of projects. It is anticipated, however, that with the on-going implementation and institutionalisation of the Western Cape Infrastructure Delivery Management System (WC-IDMS) in both WCG: Health and WCG: Transport and Public Works, these challenges will be addressed.

The process of establishing infrastructure norms and standards for the Province to improve service delivery is being aligned with the Infrastructure Unit Systems Support (IUSS) development of guidelines for health infrastructure, issued by the National Department of Health. To date thirty Infrastructure Unit Support System (IUSS) guidelines have been gazetted and another twenty-two guidelines have been drafted. These documents will form the basis of a comprehensive set of provincial infrastructure development guidelines with province specific specifications being added where applicable.

## External developments that impacted on the demand for services or service delivery

- (1) **Prevalence and multi-morbidity of chronic diseases:**  
The prevalence of chronic diseases and their risk factor trends continue to fuel the escalating service pressures on the Department. 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.
- (2) **Medicine availability:**  
As a result of poor management and the late award 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 are unable to increase production within a short time to meet the demands of a national contract.  
  
Percentage of pharmaceutical orders finalised within 3 working days is well above the target of 80 per cent. Extensive steps have been undertaken to maintain and even improve on this current level of service.  
Percentage of queries resolved within 2 working days is well above the target of 80 per cent. We will do our utmost to maintain and even improve on the impact of the level of service.
- (3) **Upstream determinants of health:**  
Drugs and alcohol abuse continue to play a significant causative role in many emergency cases and hospital admissions.
- (4) **Population denominators:**  
Despite the release of Census 2011 data there remains uncertainty about the accuracy of population information, especially at sub-district and age-group level. This impacts significantly on the Department's ability to set accurate and meaningful targets. An investigation is being planned by the Directorate: Health Impact Assessment's unit to attempt to resolve this problem.
- (5) **Infrastructure requirements:**  
The implementation and institutionalisation of the WC-IDMS – as regulated by Provincial Treasury Instructions Chapter 16B (PTI 16B) and the Standard for an Infrastructure Delivery Management System and Standard for a Construction Procurement System – progressed well during 2014/15. However, late in the financial year, Provincial Treasury began a process of review of PTI16B and the Standards; more recently, National Treasury published Draft National Treasury Regulations for Supply Chain Management – due still to be finalised, but likely to be applicable from 01 April 2016 – as well as a Draft Standard for the Infrastructure Delivery Management System. Both of these developments are likely to have an impact on the implementation and institutionalisation of the IDMS in the Western Cape during 2015/16, and potentially, therefore on the delivery of infrastructure.

## 2.2 SERVICE DELIVERY IMPROVEMENT PLAN

While there are a number of quality improvement initiatives taking place within the Department, the SDIP only focuses on three of these initiatives. Patient-centred care is a core area of focus in Healthcare 2030 and therefore the SDIP concentrates on the improvement of the patient experience at reception services in the following health facilities:

- Khayelitsha District Hospital;
- Michael Mapongwana Community Health Centre; and
- Khayelitsha Site B Clinic.

The overall client satisfaction rate following surveys conducted at facilities for 2014/15 was 85 per cent indicating that 85 per cent of patients surveyed were generally satisfied with the level of service. However, waiting times, cleanliness of the toilets and the cost to get to health facilities remain challenges. Another measure of departmental performance in this area is that the department in 2014/15 received 5 621 complaints and 13 686 compliments, the number of compliments far exceeding the number of complaints.

The National Department of Health, Office of Health Standards Compliance (OHSC) conducted unannounced mock audits at 23 facilities in the period November 2014 to March 2015. In total 155 facilities conducted self-assessments in 2014/15. The National Department of Health gazetted the proposed norms and standards regulations in terms of section 90 (1)(b) and (c) of the National Health Act, 2003 (Act No.61 of 2003) as amended and the procedures pertaining to the functioning of the Office of Health Standards Compliance and its board in terms of section 90(1)(a) of the National Health Act, 2003 (Act No61 of 2003) as amended for public comment.

An Adverse Incident Reporting System has been developed and added to Sinjani which will be rolled out in 2015/16.

The tables below highlight the improvement plan and the achievements to date. The feedback provided is in response to the areas identified in the 2013 to 2016 SDIP.

**Table 2.2.1: Main services and standards**

| Service Delivery Improvement Plan |  |   |  |   |
|-----------------------------------|--|---|--|---|
| Main services                     | Beneficiaries  | Current / actual standard of service  | Desired standard of service  | Actual achievements   |
| Reception services                | · All current and future clients of Khayelitsha District Hospital (KDH).                       | a) Standardised process to measure waiting times developed and piloted successfully at Khayelitsha Hospital.<br><br>b) Training of all staff at Khayelitsha Hospital – 100%.        | a) Baseline waiting times measured at reception areas in Khayelitsha Hospital.     | a) A waiting time survey was conducted. Waiting time measured by Queue- Matic system (work in progress) ≤ 10 minutes due to ECM.  |
|                                   | · All current and future clients of Michael Mapongwana (MM) CHC and Khayelitsha Site-B Clinic. | a) Standardised process to measure waiting times developed and piloted successfully at MM CHC and Site-B Clinic.<br><br>b) Training of all staff at MM CHC and Site-B Clinic – 100% | a) Baseline waiting times measured at reception areas in MM CHC and Site-B Clinic. | a) 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. |

**Table 2.2.2: Batho Pele arrangements with beneficiaries (Consultation access, etc.)**

| Service Delivery Improvement Plan   |   |  |
|---|---|--|
| Current / actual arrangements   | Desired arrangements  | Actual achievements  |
| <b>Reception services – Khayelitsha District Hospital (KDH)</b>   |   |  |
| <p><b>Consultation:</b></p> <p>a) Structured complaints and compliments system.</p> <p>b) Client satisfaction survey.</p> <p>c) Up-to-date notice boards with relevant information.</p> <p>d) Designated client service manager (CSM) for reception.</p>  | <p><b>Consultation:</b></p> <p>a) Structured complaints and compliments system.</p> <p>b) Client satisfaction survey.</p> <p>c) Up-to-date notice boards with relevant information.</p> <p>d) Designated client service manager for reception.</p>  | <p><b>Consultation:</b></p> <p>a) Structured complaint / compliment management system in place.</p> <p>b) Client satisfaction survey conducted in October 2014.</p> <p>c) Procedure on how to lodge a complaint explained on posters.</p> <p>d) Designated complaints champion/officer who follow-up on complaints to ensure compliance with the 25 day resolution date.</p> <p><b>Additional achievement:</b></p> <p>e) Suggestion boxes at various service points.</p>   |
| <p><b>Access:</b></p> <p>a) Khayelitsha District Hospital, Cnr Walter Sisulu &amp; Steve Biko Road, Khayelitsha (reception services).</p>   | <p><b>Access:</b></p> <p>a) Khayelitsha District Hospital, Cnr Walter Sisulu &amp; Steve Biko Road, Khayelitsha (reception services).</p>   | <p><b>Access:</b></p> <p>a) Khayelitsha District Hospital, Cnr Walter Sisulu &amp; Steve Biko Road, Khayelitsha (reception services).</p>  |
| <p><b>Courtesy:</b></p> <p>a) Structured complaints and compliments system (Provincial Circular H 78/2011).</p> <p>b) Client satisfaction survey.</p> <p>c) Verbal and written communication (brochures and posters).</p> <p>d) Facility Board meetings (includes community representatives).</p> <p>e) Complaints hotline.</p> <p>f) The National Patients' Right Charter, 1999.</p> <p>g) Name tags.</p> <p>h) Designated client service manager for reception.</p> | <p><b>Courtesy:</b></p> <p>a) Structured complaints and compliments system (Provincial Circular H 78/2011).</p> <p>b) Client satisfaction survey.</p> <p>c) Verbal and written communication (brochures and posters).</p> <p>d) Facility Board meetings (includes community representatives).</p> <p>e) Complaints hotline.</p> <p>f) The National Patients' Right Charter, 1999.</p> <p>g) Name tags.</p> <p>h) Designated client service manager for reception.</p> | <p><b>Courtesy:</b></p> <p>a) Structured complaints and compliments system.</p> <p>b) Client satisfaction survey conducted October 2014.</p> <p>c) Notice boards in place and regularly updated.</p> <p>d) Facility board meetings – Have a fully functional health committee, meets bi-monthly.</p> <p>e) Complaints hotline information displayed as required on notice boards.</p> <p>f) Patients' Rights Charter displayed in all areas of the facility.</p> <p>g) All staff wears name badges.</p> <p>h) Designated complaints champion/officer who follow-up on complaints to ensure compliance with the 25 day resolution date.</p> <p><b>Additional achievements:</b></p> <p>i) Complaints and compliments displayed on notice boards "Mood Boards".</p> |
| <p><b>Openness and transparency:</b></p> <p>a) Structured complaints and compliments system.</p> <p>b) Client satisfaction survey.</p> <p>c) Direct feedback and notice boards.</p> <p>d) Verbal and written communication (brochures and posters).</p> <p>e) Designated client service manager for reception.</p> <p>f) Facility Board meetings (includes community representatives).</p>  | <p><b>Openness and transparency:</b></p> <p>a) Structured complaints and compliments system.</p> <p>b) Client satisfaction survey.</p> <p>c) Direct feedback and notice boards.</p> <p>d) Verbal and written communication (brochures and posters).</p> <p>e) Designated client service manager for reception.</p> <p>f) Facility Board meetings (includes community representatives).</p>  | <p><b>Openness and transparency:</b></p> <p>a) Structured complaints and compliments system.</p> <p>b) Client satisfaction survey conducted October 2014.</p> <p>c) Feedback placed on the notice board.</p> <p>d) Notice boards in place and regularly updated.</p> <p>e) Designated complaints champion/officer who follow-up on complaints to ensure compliance with the 25 day resolution date.</p> <p>f) Facility board meetings – have a fully functional health committee, meets bi-monthly.</p>  |
| <p><b>Value for money:</b></p> <p>a) Within approved budget of Khayelitsha Hospital.</p>  | <p><b>Value for money:</b></p> <p>a) Within approved budget of Khayelitsha Hospital.</p>  | <p><b>Value for money:</b></p> <p>a) Within approved budget of Khayelitsha Hospital.</p>   |
| <b>Reception services – Michael Mapongwana (MM) CHC and Khayelitsha Site-B Clinic</b>   |   |  |
| <p><b>Consultation:</b></p> <p>a) Structured complaints and compliments system.</p> <p>b) Client satisfaction survey.</p> <p>c) Up-to-date notice boards with relevant information.</p>   | <p><b>Consultation:</b></p> <p>a) Structured complaints and compliments system.</p> <p>b) Client satisfaction survey.</p> <p>c) Up-to-date notice boards with relevant information.</p>   | <p><b>Consultation:</b></p> <p>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 the SINJANI system. Structured complaint / compliment management system in place.</p> <p>b) Client satisfaction survey was done last year, report compiled and submitted to Khayelitsha Eastern Sub-structure (KESS).</p> <p>c) Noticeboards within the facility with Batho Pele principles, patient's rights, mission vision and values.</p>  |

| Service Delivery Improvement Plan  |  |   |
|--|--|---|
| Current / actual arrangements  | Desired arrangements   | Actual achievements   |
| d) Designated client service manager (CSM) for reception.  | d) Designated client service manager for reception.  | 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.   |
| <b>Access:</b><br>a) Michael Mapongwana CHC, Steve Biko Road, Harare, Khayelitsha (reception services).<br>b) Site-B Clinic, Sulani Drive, Khayelitsha (reception services).   | <b>Access:</b><br>a) Michael Mapongwana CHC, Steve Biko Road, Harare, Khayelitsha (reception services).<br>b) Site-B Clinic, Sulani Drive, Khayelitsha (reception services).   | <b>Access:</b><br>a) Michael Mapongwana CHC, Steve Biko Road, Harare, Khayelitsha (reception services).<br>b) Site-B Clinic, Sulani Drive, Khayelitsha (reception services).  |
| <b>Courtesy:</b><br>a) Structured complaints and compliments system (Provincial Circular H 78/2011).<br><br>b) Client satisfaction survey.<br><br>c) Verbal and written communication (brochures and posters).<br><br>d) Facility Board meetings (includes community representatives).<br><br>e) Complaints hotline.<br><br>f) The National Patients' Right Charter, 1999.<br><br>g) Name tags.<br><br>h) Designated client service manager for reception. | <b>Courtesy:</b><br>a) Structured complaints and compliments system (Provincial Circular H 78/2011).<br><br>b) Client satisfaction survey.<br><br>c) Verbal and written communication (brochures and posters).<br><br>d) Facility Board meetings (includes community representatives).<br><br>e) Complaints hotline.<br><br>f) The National Patients' Right Charter, 1999.<br><br>g) Name tags.<br><br>h) Designated client service manager for reception. | <b>Courtesy:</b><br>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.<br><br>b) Client satisfaction survey conducted August 2014.<br><br>c) Complaints and compliments posters detailing complaints and compliments process displayed.<br><br>d) 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.<br><br>e) Complaints hotline information displayed as required on notice boards.<br><br>f) Patients' Rights Charter and responsibilities as well as health care workers' rights and responsibilities displayed in all areas of the facility.<br><br>g) Resolve challenges with supply chain and strive to make sure that all staff wears name badges.<br><br>h) 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.<br><br><b>Additional achievements:</b><br>i) Compliance with relevant legislation done.<br>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.<br>k) Head of departments hold general meetings for all staff on a monthly basis. Clinician's meetings, weekly on Fridays. |
| <b>Openness and transparency:</b><br>a) Structured complaints and compliments system.<br><br>b) Client satisfaction survey.<br><br>c) Direct feedback and notice boards.<br><br>d) Verbal and written communication (brochures and posters).<br><br>e) Designated client service manager for reception.<br><br>f) Facility Board meetings (includes community representatives).  | <b>Openness and transparency:</b><br>a) Structured complaints and compliments system.<br><br>b) Client satisfaction survey.<br><br>c) Direct feedback and notice boards.<br><br>d) Verbal and written communication (brochures and posters).<br><br>e) Designated client service manager for reception.<br><br>f) Facility Board meetings (includes community representatives).  | <b>Openness and transparency:</b><br>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.<br><br>b) Client satisfaction survey conducted August 2014.<br><br>c) Notice boards in place and regularly updated.<br><br>d) Complaints and compliments posters detailing complaints and compliments process displayed.<br><br>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.<br><br>f) 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.   |
| <b>Value for money:</b><br>a) Within approved budgets of Michael Mapongwana CHC and Khayelitsha Site B Clinic.   | <b>Value for money:</b><br>a) Within approved budgets of Michael Mapongwana CHC and Khayelitsha Site B Clinic.   | <b>Value for money:</b><br>a) Within approved budgets of Michael Mapongwana CHC and Khayelitsha Site B Clinic.  |

**Table 2.2.3: Service delivery information tool**

| Service Delivery Improvement Plan  |  |   |
|--|--|---|
| Current / actual information tools   | Desired information tools  | Actual achievements   |
| <b>Reception services – Khayelitsha District Hospital (KDH)</b>  |  |   |
| <p>a) Direct feedback and notice boards.</p> <p>b) Verbal and written communication (brochures and posters).</p> <p>c) Facility Board meetings (includes community representatives).</p> <p>d) Written feedback on complaints.</p> <p>e) Service Charter.</p> <p>f) Client satisfaction survey.</p> <p>g) Designated client service manager for reception.</p> | <p>a) Direct feedback and notice boards.</p> <p>b) Verbal and written communication (brochures and posters).</p> <p>c) Facility Board meetings (includes community representatives).</p> <p>d) Written feedback on complaints.</p> <p>e) Service Charter.</p> <p>f) Client satisfaction survey.</p> <p>g) Designated client service manager for reception.</p> | <p>a) Notice boards in place.</p> <p>b) Complaints and compliments posters detailing complaints and compliments process displayed.</p> <p>c) BI-monthly Facility Board meetings.</p> <p>d) Face to face meeting and telephone conversations.</p> <p>e) Service Charter on all notice boards.</p> <p>f) Client satisfaction survey conducted October 2014.</p> <p>g) Designated complaints champion/officer who follow-up on complaints to ensure compliance with the 25 day resolution date.</p> <p><b>Additional achievements:</b></p> <p>h) Communication and service booklet in progress.</p> <p>i) Help desk assistant post to be activated via the HF2 process (work in progress).</p>   |
| <b>Reception services – Michael Mapongwana (MM) CHC and Khayelitsha Site-B Clinic</b>  |  |   |
| <p>a) Direct feedback and notice boards.</p> <p>b) Verbal and written communication (brochures and posters).</p> <p>c) Facility Board meetings (includes community representatives).</p> <p>d) Written feedback on complaints.</p> <p>e) Service Charter.</p> <p>f) Client satisfaction survey.</p> <p>g) Designated client service manager for reception.</p> | <p>a) Direct feedback and notice boards.</p> <p>b) Verbal and written communication (brochures and posters).</p> <p>c) Facility Board meetings (includes community representatives).</p> <p>d) Written feedback on complaints.</p> <p>e) Service Charter.</p> <p>f) Client satisfaction survey.</p> <p>g) Designated client service manager for reception.</p> | <p>a) Notice boards in place around the facility – which displays all the patient's rights charter / Batho Pele principles.</p> <p>b) Complaints and compliments posters detailing complaints and compliments process displayed.</p> <p>c) Health Committee meetings – Have a fully functional health committee, AGM elected, with minuted minutes, Constitution meets monthly.</p> <p>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.</p> <p>d) Monthly Health Committee Meetings.</p> <p>e) Service Charter still to be printed by Provincial Head Office.</p> <p>f) Client satisfaction survey conducted August 2014.</p> <p>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.</p> |

**Table 2.2.4: Complaints mechanism**

| Service Delivery Improvement Plan   |   |   |
|---|---|---|
| Current / actual complaints mechanism   | Desired complaints mechanism                        | Actual achievements   |
| <b>Reception services – Khayelitsha District Hospital (KDH)</b>                       |   |   |
| a) Structured complaints and compliments system.                                      | a) Structured complaints and compliments system.    | a) Structured complaints and compliments system.  |
| b) Client satisfaction survey.  | b) Client satisfaction survey.                      | b) Client satisfaction survey conducted October 2014.   |
| c) Designated client service manager for reception.                                   | c) Designated client service manager for reception. | c) Designated complaints champion/officer who follow-up on complaints to ensure compliance with the 25 day resolution date.   |
| <b>Reception services – Michael Mapongwana (MM) CHC and Khayelitsha Site-B Clinic</b> |   |   |
| a) Structured complaints and compliments system.                                      | a) Structured complaints and compliments system.    | a) Complaints and compliment boxes are in place in all departments. Helpdesk clerk opens the boxes every Monday, and then the head of departments address the complaints and compliments and meet the turnaround times. All this info is captured on SINJANI. |
| b) Client satisfaction survey.  | b) Client satisfaction survey.                      | b) Client satisfaction survey conducted in August 2014.   |
| c) Designated client service manager for reception.                                   | c) Designated client service manager for reception. | 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.   |

## 2.3 ORGANISATIONAL ENVIRONMENT

### Resignations and/or appointments in Senior Management Service

The following changes occurred in the senior management service (SMS) during 2014/15 as a result of attrition:

*Retirements at the end of the previous financial year:*

- Von Zeuner PW, Director: Health Technology, CD Infrastructure & Technical, 31 December 2014.
- Groenewald WA, Senior Medical Physic Manager: Tygerberg Hospital, 30 November 2014
- Basson RM, Senior Manager Nursing: Tygerberg Hospital, 31 October 2014
- Bitalo LS, Director, Northern Sub Structure: Metro District Health Services, 28 February 2015

*Terminations and transfers out of WCG: Health:*

- H Van der Westhuizen, Director: Office of the Minister, 31 January 2015.
- L Martin, Director Project Officer: Tygerberg Hospital, 31 December 2014
- BS Mashedi, Chief Executive Officer: Victoria Hospital, 30 April 2014

*New appointments:*

- TB Mabuda, Senior Manager: Tygerberg Hospital, 01 February 2015.
- NM Crookes, Director: Professional Support Service, 01 August 2014
- M Champion, Director: Communication, 01 July 2014
- JJF Coetzee, Director: Office of the Minister, 01 February 2015

*Promotions and transfers:*

- F Van Der Watt, CEO: Lentegeur Hospital, 01 April 2014
- M Moodley, CEO: Victoria Hospital, 01 August 2014
- K Hermanus, Director: Strategy Planning & Coordination, 01 July 2014
- E Engelbrecht, Superintendent General, 01 October 2014
- KR Cloete, DDG, 01 March 2015
- A Hawkrige, Director: Health Impact Assessment, 01 February 2015



## Restructuring

The departmental organisational structure is reviewed on an annual basis with due regard to service delivery needs, operational requirements and the departmental Annual Performance Plan. Where deviations or needs are identified priority projects for the amendment of said structures and new organisational design are investigated and, if approved, implemented through a process of organisation development. Such interventions then culminate in the restructuring of various organisational structures within the Department.

To address the above, a review of the macro structure of the Department in terms of purpose and function, responsibility, span of control, job description and level was conducted with the view to promote better cohesion in service delivery.

It became necessary to redesign the Chief Directorate Human Resources to the Chief Directorate: People Management. This is in line with the strategy of building the best run regional government in the world as well as with the goals and objectives of the Western Cape Government's People Management Strategy

To bring the CD: HR in line with the strategic approach of the Province, the prevailing components within the Chief Directorate were restructured to ensure compliance towards the new objectives mentioned above.

The major difference between the current and recommended structure is the establishment of a new component (Directorate) that will serve as the strategic focal point with regard to the people management function for the department, incorporating all three disciplines of human resource management, human resource development and labour relations. This Directorate primarily deal with the formulation of strategies, policies, practices for all three disciplines as well as organisational development aspects. One of the objectives of this change is to become a business partner by providing strategic guidance and advice in terms of a transversal context to clients who includes line- and staff managers working at head office, health facilities as well as at district and regional offices.

The new organization and post structure of the CD: People Management is based on a new service model that provides for a more strategic focus making provision for four Directorates namely People Strategy, People Practices and Administration, Labour Relations and People Development.

An investigation for a newly designed organisational structure for the Directorate: Health Technology (HT) a component within Infrastructure Management was conducted by a Consultant appointed by National Treasury

Over the past few years the number of Health Facilities in the Province has increased substantially which led to an increase in the workload in terms of the planning, procurement, commissioning and maintenance of healthcare equipment which are essential for the provision of quality healthcare services. This was mainly due the following changes:

- Primary Health Clinics were transferred from Local Government (rural areas) to the Department of Health.
- Mortuaries were transferred from the South African Police Services to the Department of Health.
- Emergency Medical Services were transferred from Local Government (Rural and Metropole) the Department of Health.
- Expansion of services based on the Comprehensive Services Plan of the Department of Health.

With due regard to the above structural factors the existing service delivery platform is not achieving the desired impact in terms of maintenance.

The proposed service delivery model is based on the principles of a 'Hub & Spoke model'. The 'Hub & Spoke model' implies that a central consolidator, referred to as the 'Hub', provides a single face to Health Facilities while seamless extensions of the 'Hub', referred to as the 'Spoke', are leveraged to provide certain services across multiple Health Facility Locations

The 'Hub' is responsible for management responsibilities, which includes customer relations, regulatory compliance, uniform standards of delivery and management of human and financial resources.

## Strike actions

There were no strikes during the reporting period.

## Significant system failures

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

## 2.4 KEY POLICY DEVELOPMENTS AND LEGISLATIVE CHANGES

### Key policy developments

#### *National Policies*

#### **Medium Term Strategic Framework (MTSF) 2014 – 2019**

A MTSF has been developed containing the following: Social determinants of health addressed; health system strengthened; health information systems improved; prevent and reduce the disease burden and promote health; financing of universal health coverage achieved; human resource production, development and management improved; management positions and appointments reviewed and accountability mechanisms strengthened; improve quality through the use of evidence; and meaningful public-private partnerships.

#### **National Health Insurance**

This Green Paper outlines the following aims: To provide improved access to quality health services for all South Africans irrespective of whether they are employed or not; to pool risks and funds so that equity and social solidarity will be achieved through the creation of a single fund; to procure services on behalf of the entire population and efficiently mobilise and control key financial resources; and to strengthen the under-resourced and strained public sector so as to improve health systems performance.

#### **Operation Phakisa – Ideal Clinic Initiative of South Africa**

The Operation Phakisa approach to improving service delivery is based on the government of Malaysia's Big Fast Results methodology which has a track record of achieving impressive results in very short timeframes. Through this process 8 work streams have been identified nationally to fast track delivery on the Ideal Clinic Initiative. The work streams cover Service delivery; Waiting times; Infrastructure (including maintenance and equipment); Human resources for health; Financial management; Supply chain management; Scale up and sustainability of the Ideal Clinics across the country; and lastly, Institutional arrangements. Priorities have been set for each of these streams.

#### **National Health Act: Publication of Health Infrastructure Norms and Standards Guidelines (No R116 of 17 February 2014) and GN 512 of 30 June 2014**

The guidelines are for public reference information and for application by Provincial Departments of Health in the planning and implementation of public sector health facilities. The approved guidelines will be applicable to the planning, design and implementation of all new building projects. Any deviations from the voluntary standards should be motivated during the Infrastructure Delivery Management Systems (IDMS) gateway approval process. The guidelines should not be seen as requirements necessitating the alteration and upgrading of all existing healthcare facilities.

#### *Provincial Policies*

#### **Provincial Strategic Goals (PSG) 2014-2019**

The Western Cape Government has identified the following 5 strategic goals for the Province over the next 5 years:

- PSG 1: Creating Opportunities for growth and job.
- PSG 2: Improve education outcomes and opportunities for youth development.
- PSG 3: Increase wellness, safety and tackle social ills.
- PSG 4: Build a quality living environment resilient to climate change.
- PSG 5: Embed good governance and integrated service delivery through partnerships and spatial alignment.

The Department is the lead for PSG 3 and works in partnership with the Departments of Social Development, Community Safety and Culture and Sports.

#### **Healthcare 2030 – the Road to Wellness**

Healthcare 2030 – the Road to Wellness was endorsed by the provincial cabinet of the Western Cape Government in 2014, signalling the third wave of health care reform in the Province since 1994. The document outlines the Department's vision for the health system and provides a strategic framework to direct developments in the public health sector for the next 15 years. Healthcare 2030 is intended to enhance the health system's responsiveness to people's needs and expectations; with careful consideration given to person-centredness, integrated care provisioning, continuity of care and the life course approach.

## Legislative changes

The Western Cape Independent Health Complaints Committee Act, 2014 (Act No. 2 of 2014), was assented to, passed and promulgated on 31 March 2014;

However, a proclamation was signed and published by the Provincial Premier on the Government Gazette of 30 July 2014 in order to determine the commencement of the Act to render its provisions effective;

The Regulations Relating to Independent Health Complaints Committee Act, 2015 were promulgated on 21 November 2014.

### 3. STRATEGIC OUTCOME ORIENTED GOALS

The Strategic Goals for Western Cape Government: Health for 2010 to 2014 are:

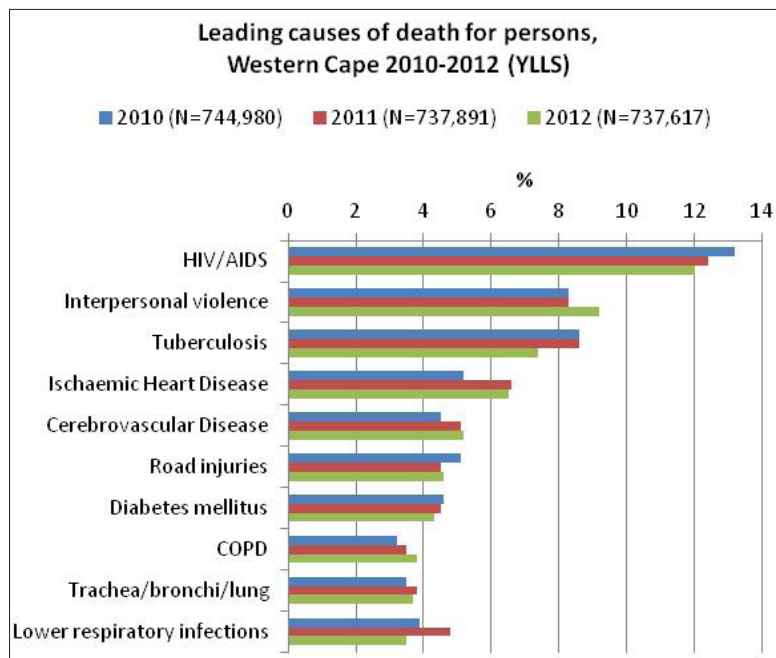
- 1.1. Address the burden of disease.
- 1.2. Improve the quality of health services and the patient experience.
- 1.3. Ensure and maintain organisational strategic management capacity and synergy.
- 1.4. Develop and maintain a capacitated workforce to deliver required health services.
- 1.5. Develop and maintain appropriate health technology, infrastructure and information communication technology (ICT).
- 1.6. Optimal financial management to maximise health outcomes.

#### 3.1 ADDRESS THE BURDEN OF DISEASE

This strategic goal is aligned with the strategic outcome of national government to improve health care and life expectancy among all South Africans and with the provincial strategic objective of increasing wellness.

The Western Cape Province, and South Africa as a country, continues to suffer from the quadruple burden of disease which consists of HIV and TB; child and maternal health; non-communicable diseases; and injuries. The *Western Cape Mortality Surveillance Report* for 2012<sup>1</sup> shows that HIV and TB remain the leading single causes of premature mortality in the Province; however, premature mortality due to HIV shows a decrease in 2012 compared to 2011, a trend noted in the previous annual report. Premature mortality due to some (e.g. cerebrovascular disease) but not all (e.g. not in ischaemic heart disease or diabetes mellitus) chronic diseases continued to increase from 2011 to 2012, after having increased the previous year.

**Figure 3.1** :Leading causes of death, measured in years of potential life lost (YLL), for all persons in Western Cape, 2010 and 2011



[Source: Groenewald P, Evans J, Morden E, Zinyakatira N, Neethling I, Msemburi W, Daniels J, Vismer M, Coetzee D, Bradshaw D. *Western Cape Mortality Profile 2012*. Cape Town: South African Medical Research Council, 2015. ISBN: 978-1-920618-45-2]

<sup>1</sup> Groenewald P, Evans J, Morden E, Zinyakatira N, Neethling I, Msemburi W, Daniels J, Vismer M, Coetzee D, Bradshaw D. *Western Cape Mortality Profile 2012*. Cape Town: South African Medical Research Council, 2015. ISBN: 978-1-920618-45-2

## HIV and TB

One of the strategic objectives of the Department is to implement an effective HIV prevention strategy to decrease the HIV prevalence in the age group 15 - 24 years to 11 per cent in 2014/15. The prevalence of HIV in surveyed pregnant women in this age group <20 years reduced from 11.6 per cent in 2011 to 10.4 per cent in 2012 but has risen to 12.5 per cent in 2014. The increase in HIV prevalence among those under 24 is of concern, as prevalent infections in this age group are assumed to be new or recent. It is thus of utmost importance to improve HIV preventive programmes for the youth. The HIV prevalence among the reproductive age population (15 - 49 years) in the Western Cape has increased from 5.3 per cent in 2008 to 7.8 per cent in 2012<sup>2</sup>. The failure to observe a decline in prevalence in high HIV burden areas in the Province may be partly due to the declining mortality as a result of improved access to anti-retroviral therapy (ART). Further, according to the Human Sciences Research Council (HSRC) community survey report, condom use has declined from 34 per cent in 2008 to 24.3 per cent in 2012, highlighting the need to better address the behavioural determinants of HIV.

The anti-retroviral treatment programme continues to expand rapidly with 180 769 persons on treatment at the end of 2014/15. The Department is continuing with the strong drive towards nurse-based initiation and prescription (NIMART). A total of 432 Nurses are now authorised as NIMART practitioners and the province has 189 Nurse Mentors trained to provide on-site clinical mentorship to the nurse initiators.

The Department is continuing to strengthen treatment adherence through the roll out of adherence clubs, alternative distribution sites and wellness hubs throughout the province. A total of 1 077 adherence clubs are now in place, enrolling 30 793.

The prevention of mother-to-child-transmission (PMTCT) rate is continually decreasing in the Western Cape, and remains the lowest in country, with a rate of 1.4 per cent in 2014/15 compared to a national estimate of 2.2 per cent in 2013/14. A large part of the success of the PMTCT programme in the Western Cape has been due to progressive provincial policies and successful partnerships with the local authority health services, academic institutions and non-governmental organisations as well as dedicated managers and staff. The Province has opted to place all HIV positive pregnant women on lifelong ART (Option B+) in the antenatal setting and this significantly benefits the pregnant mother, reduces the risk of transmission to the unborn baby and addresses ART as a prevention strategy.

The Western Cape has one of the highest number of new TB infections in South Africa with around 703 cases per 100 000. Whilst there has been a reduction in the number of TB cases over time, greater emphasis needs to be placed on strategies for effective prevention, particularly in key populations of higher risk, if we are to bring the number of TB cases down to levels even of other high burden countries. The incidence of multi-drug resistant (MDR) and extreme drug resistant (XDR) TB continues to increase, and despite efforts for earlier diagnosis, there remains a large gap between the number of patients diagnosed with multidrug-resistant TB and those who start treatment.

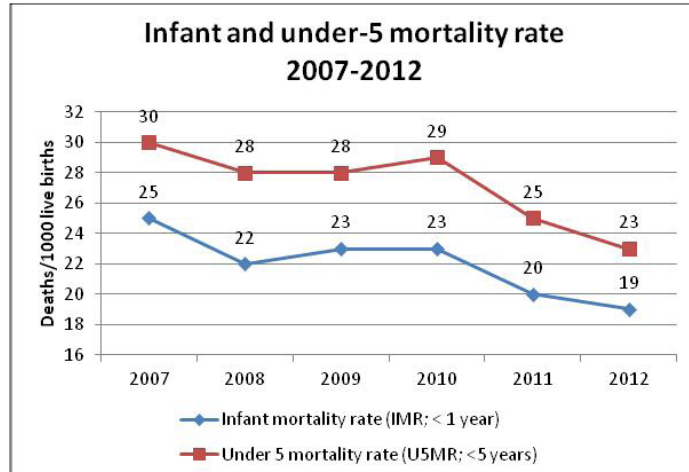
<sup>2</sup> Shisana, O, Rehle, T, Simbayi LC, Zuma, K, Jooste, S, Zungu N, Labadarios, D, Onoya, D et al. (2014) South African National HIV Prevalence, Incidence and Behaviour Survey, 2012. Cape Town, HSRC Press

**Child and Maternal/Women’s Health**

*Child health*

Infant and child (under 5) mortality rates continue to decrease in the Western Cape as shown in the figure below.

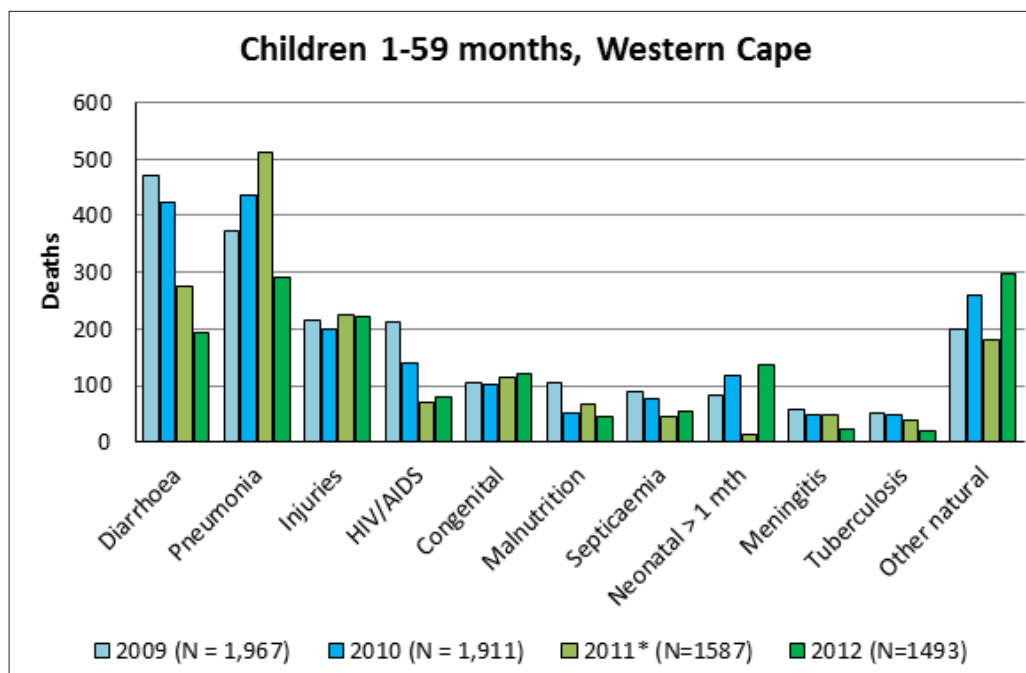
**Figure 3.2: Trends in infant and under five mortality rates per 1 000 live births, Western Cape 2007 – 2012**



[Source: Groenewald P, Evans J, Morden E, Zinyakatira N, Neethling I, Msemburi W, Daniels J, Vismer M, Coetzee D, Bradshaw D. Western Cape Mortality Profile 2012. Cape Town: South African Medical Research Council, 2015. ISBN: 978-1-920618-45-2]

The leading causes of death in children under five years of age in 2012 were neonatal causes, diarrhoea, pneumonia, injuries and congenital causes (Figure 3.3). HIV and diarrhoeal deaths have decreased from 2009 to 2011; diarrhoeal deaths continued to decrease in 2012 whereas HIV deaths did not. There was a marked increase in pneumonia deaths in 2011, followed by a marked decrease in 2012. Increased case finding from mortuary records in 2011 are likely to explain the decrease in pneumonia deaths in 2012.

**Figure 3.3: Change in child causes of death, Western Cape 2009 - 2012**

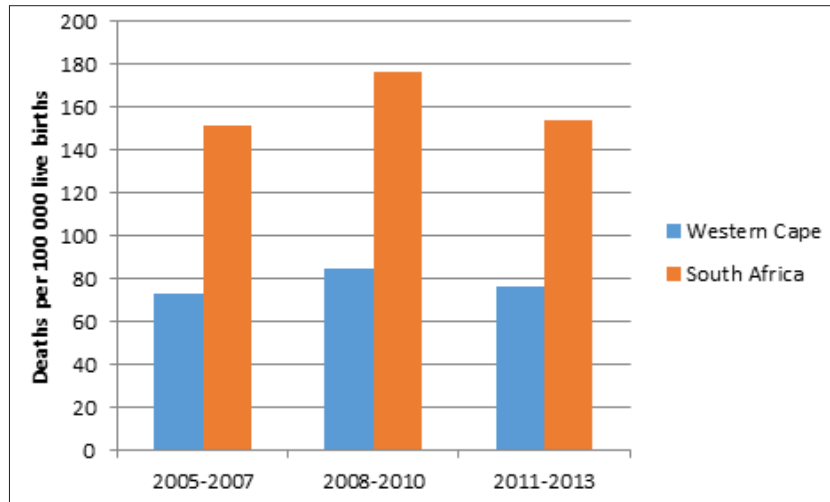


[Source: Groenewald P, Evans J., Morden E, Zinyakatira N, Neethling I, Msemburi W, Daniels J, Vismer M, Coetzee D, Bradshaw D. Western Cape Mortality Profile 2012. Cape Town: South African Medical Research Council, 2015. ISBN: 978-1-920618-45-2]

Maternal and Women's Health

Interim findings from the most recent confidential enquiry into maternal deaths (2011 - 2013) show the institutional maternal mortality rate (iMMR) in the Western Cape was 75.99 per 100 000 live births, significantly lower than the national average of 158.29 per 100 000 live births.

**Figure 3.4: Maternal deaths in the Western Cape 2005 - 2013**



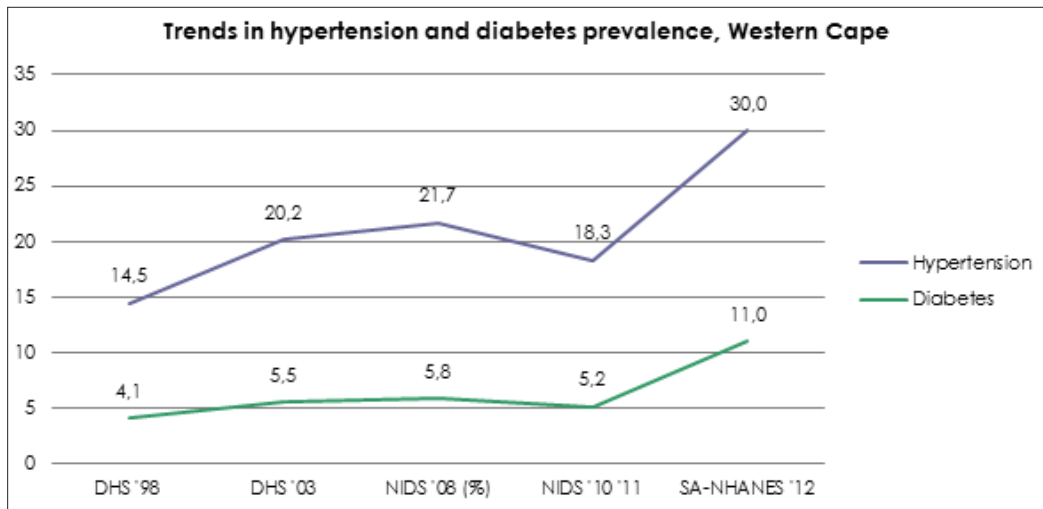
[Source: Pattinson R, Fawcus S, Moodley J. Sixth report on Confidential Enquiries into Maternal Deaths in South Africa 2011 and 2013. National Executive Committee for Confidential Enquiries into Maternal Deaths]

Leading causes of maternal deaths in the Western Cape were non-pregnancy related infections (33.5 per cent), medical and surgical disorders (19.5 per cent), hypertension (18 per cent), pregnancy-related sepsis (8 per cent) and obstetric haemorrhage (7 per cent). The proportion of deaths due to medical and surgical disorders continue to increase (11 per cent in 2008 to 2010, compared with 19.5 per cent in 2011 to 2013), highlighting the need to improve services that manage pregnant women with pre-existing conditions especially HIV and ART.

**Non-communicable disease**

Non-communicable diseases account for the largest proportion of deaths in the Western Cape and account for almost half of all premature mortality in the province. Results from national community based surveys indicate there is an increasing trend in the prevalence of non-communicable diseases in the Western Cape, specifically hypertension and type two diabetes mellitus (Figure 3.5). The burden of non-communicable diseases is likely to worsen given the high prevalence of risk factors in the Province. Results from the South African National Health and Nutrition Examination Survey (SA-NHANES) conducted in 2012 found over half of the Western Cape respondents were overweight or obese (body mass index greater than or equal to 25kg/m<sup>2</sup>), a third were smokers, and two thirds physically unfit.

**Figure 3.5: Hypertension and diabetes prevalence for the Western Cape based on national health surveys**



[Sources:

DHS '98: Department of Health. *The South African Demographic and Health Survey 1998*

DHS '03: Department of Health, Medical Research Council, OrcMacro. *South Africa Demographic and Health Survey 2003*

NIDS '08: Southern Africa Labour and Development Research Unit. *National Income Dynamics Study 2008*

NIDS '10 '11: Southern Africa Labour and Development Research Unit. *National Income Dynamics Study 2010/11*

SA-NHANES: Shisana, O et al. *South African National Health and Nutrition Examination Survey, 2012*]

The co-occurrence of multiple conditions in the same patient (multi-morbidity) is increasingly becoming the norm. A study conducted at ten primary health care facilities in the Province found that 65 per cent of patients presenting with chronic conditions had co-morbidities<sup>3</sup>. This has implications for the complexity of clinical diagnosis and treatment, cost of providing care and the prognosis.

<sup>3</sup> [Source: Isaacs, AA et al. A snapshot of non-communicable disease profiles and their prescription costs at ten primary healthcare facilities in the western half of the Cape Metropole. *S.Afr Fam Pract.* Volume 56, no 1; 2014].



## Injuries

Violence is the leading cause of injury in the Western Cape. Interpersonal violence, the second leading cause of premature death in the Province in 2012, accounts for over half of all violent injuries in the Western Cape. Substance abuse, particularly alcohol abuse, remains one of the most important drivers of the injury burden, accounting for over half of violent injuries and a third of transport related injuries.

### 3.2 IMPROVE THE QUALITY OF HEALTH SERVICES AND THE PATIENT EXPERIENCE

Improving the quality of services and the patient experience are priorities for the Health Departments of both the National and Western Cape Governments. The overall client satisfaction rate following surveys conducted at facilities for 2014/15 was 85 per cent indicating patients surveyed were generally satisfied with the level of service. However, waiting times, cleanliness of toilets and the cost to get to health facilities remain challenges.

Another measure of departmental performance in this area is that the Department in 2014/15 received 5 621 complaints and 13 686 compliments, the number of compliments far exceeding the number of complaints.

### 3.3 ENSURE AND MAINTAIN ORGANISATIONAL STRATEGIC MANAGEMENT CAPACITY AND SYNERGY

A new organisational component, Organisational Compliance, was established to monitor and evaluate current organisation and post structures on a continuous basis to ensure staff members are functioning according to the purpose and functions of the approved organisational structure and are in possession of job descriptions that reflect said purpose and functions. Should this not be the case interventions should be implemented to rectify the situation.

The component Organisation Compliance must also ensure that the approved structure is in line with the operational requirements and service delivery needs. If this is not the case, projects to address structural deficiencies must be identified to undergo an organisational design process. Such projects are identified annually.

Some of the organisational designs projects that were revised during 2014/15 include:

- Redesign of Radiography structures for the rollout of digital services at Regional Hospitals as well as at Groote Schuur Hospital.
- The Directorate: Engineering and Technical Services.
- George Laundry restructuring.

For more detail on restructuring, refer to the paragraph under section 2.3 *Organisational Environment* dealt with earlier in Part B: Performance information of this report.

### 3.4 DEVELOP AND MAINTAIN A CAPACITATED WORKFORCE TO DELIVER THE REQUIRED HEALTH SERVICES

Workforce planning for the health services is challenging and complex. However, it is an important process to deliver optimal health care for all. In line with National Government, Western Cape Government and WCG: Health's strategic goals and priorities, it is required to ensure a capacitated and values-driven workforce to manage the burden of disease and ensure quality of care and improved patient experience. There is a need for a dedicated team to develop and rigorously drive an integrated HR strategy that focuses on the HR priorities for 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. Based on the Department's strategic direction and Annual Performance Plan, an analysis is conducted of the external and internal environment, trends and changes of the macro environment as well as the workforce. A gap analysis is conducted to determine the problem areas. After the gap analysis has been finalised, the areas with the highest impact potential are identified and listed as priorities. Action plans are then developed to address these priority areas.

More detail on the staff establishment is available in *Part D: Human Resources Management* of this report.

### 3.5 DEVELOP AND MAINTAIN APPROPRIATE HEALTH TECHNOLOGY, INFRASTRUCTURE AND ICT

#### *Health technology and infrastructure*

This strategic goal impacts directly on the Chief Directorate: Infrastructure and Technical Management. During 2014/15 various infrastructure, health technology, and maintenance projects were completed, some of which are listed below:

Delft Community Day Centre – ARV consulting rooms and new pharmacy.  
Du Noon Community Health Centre – new.  
George Hospital – upgrade of Acute Psychiatric Unit.  
Heidelberg Ambulance Station – new.  
Hermanus Community Day Centre – new.  
Knysna Hospital – upgrade of Emergency Centre and new Outpatients Department.  
Mitchell's Plain Hospital – new Acute Psychiatric Unit.  
New Horizon Clinic, Plettenberg Bay – upgrade and extensions.  
Rawsonville Clinic – replacement.  
Robertson Ambulance Station – new.  
Robertson Hospital – new bulk store.  
Ceres Hospital upgrade fire alarm system.  
Malmesbury Hospital – laundry upgrade ventilation.  
Tygerberg Hospital – 2nd and 4th floor theatres new air-handling units.

In terms of the 12 outcomes announced by the Department of Performance Monitoring and Evaluation, two outcomes in particular relate to infrastructure, namely:

Revitalisation of primary health care; and  
Improved physical infrastructure for healthcare delivery.

Various primary health care projects were in construction during 2014/15, for example:

Asanda Clinic in Nonzamo, Strand.  
Eerste River Umfuleni temporary CDC in Eerste River.  
Inzame Zabantu Clinic – ARV consulting rooms and new pharmacy.  
Symphony Way Community Day Centre in Delft.  
Worcester CDC – extension of dental suite.

Significant achievements in 2014/15 with respect to the National Development Plan are:

Management significantly improved within the Chief Directorate: Infrastructure and Technical Management with the implementation of the WC-IDMS and associated training for relevant staff members.

#### *Laundries*

Good progress was made to provide a cost effective and efficient laundry service to all health facilities by 2014/15 with the following as highlights:

The upgrading, extension and equipping of Lentegeur Regional Laundry were completed during 2013/14 and the laundry service rendered from this facility has become more cost effective and efficient.

The results of the investigation into improving the cost effectiveness and efficiency of the laundry service at George Regional Laundry, undertaken in 2013/14, resulted in the closure of the facility in September 2014. The service is run more cost-effectively as an outsourced service.

Unfortunately, the 2014/15 strategic plan target for rendering the in-house laundry service at an average cost of R4.56 per item laundered in-house was not achieved as the average cost per item laundered in-house in 2014/15 was R4.75. Although fewer items were laundered, fixed costs e.g. salaries remained the same. A reduction in the number of items laundered thus results in an increase in cost per item laundered. The closure of George Regional Laundry in September 2014 and the fact that Khayelitsha Hospital preferred to outsource the laundry service for theatre linen contributed to the reduction in the number of items laundered in-house.

## Maintenance

The strategic plan target: "Ensure that 91.8 per cent of all engineering emergency cases reported are attended to within 48 hours by 2014/15", was unfortunately not attained as performance for 2014/15 was 86.5 per cent. Each emergency is assessed to ensure that it is in fact an emergency where after approval is granted for work to continue. Although approval is granted within 48 hours, the results are skewed due to some inaccuracies in the system, which are in the process of being rectified.

In order to improve efficiency and better utilisation of scarce skills, work was begun during the 2011/12 financial year on the *Blueprint: Organisation and Establishment for the Provisioning of Day-to-day, Routine and Emergency Building Maintenance Services* and the *Blueprint on the Organisation and Establishment for the Provision of Health Technology Services by the Department of Health*. This work is part of the Infrastructure Delivery Management System Capacitation Framework initiative.

Phased implementation is planned to begin during 2015/16. This will see the establishment of maintenance hubs, located in strategically identified geographical areas across the Province and supported by mobile workshops, which will be centres for the rendering of technical and health technology services.

## Expenditure and delivery of projects

Programme 8 (Health Facilities Management) attempted to achieve the 2014/15 strategic plan targets to spend 100 per cent of the annual allocated budgets as well as achieve 100 per cent of projects planned for completion annually. Despite various mechanisms being in place to monitor expenditure and to facilitate projects to achieving completion, these targets were unfortunately not achieved.

Attempts to improve the delivery of capital infrastructure projects – key to increasing expenditure – continue. Factors hampering this delivery and which are being addressed include:

- Prolonged times for the awarding of bids and for the completion of project design and construction.
- Delays in concluding project final accounts.
- Delays in the filling of built environment professional posts in WCG: Health.
- Poor Contractor and Professional Service Provider (PSP) performance.

Further efforts are being made with respect to Scheduled Maintenance, where the delays in the finalisation of project briefs, due to the poor quality of Facility Condition Assessments, are negatively impacting on expenditure.

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.

It is anticipated, however, that with the on-going implementation and institutionalisation of the WC-IDMS in both WCG: Health and WCG: Transport and Public Works, many of the above factors will be addressed and expenditure will return to an optimal state.

### *Information and Communication Technology (ICT)*

ICT has been recognised as a critical enabler of good service delivery. This is a dynamically changing field with innovative developments occurring all the time. The Department is considering structured mechanisms to embrace innovation in a more organised manner.

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 87 per cent or 47 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 71 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 4 sites with PACS/RIS and 12 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 2 500 computers have been replaced with 500 to be replaced in the 2015/16 financial year.

The Department is also developing a range of tools in Business Intelligence to access information to better manage the service.

## **3.6 OPTIMAL FINANCIAL MANAGEMENT TO MAXIMISE HEALTH OUTCOMES**

The Department once again achieved an unqualified audit report of the annual financial statements (2013/14). Despite severe service pressures it efficiently utilised its allocated equitable share budget for the current financial period, with an acceptable underspend of just 0.2 per cent. It has continued to focus on the reduction of irregular expenditure and greatly reduced the occurrence thereof for transactions that it has control of.

The following initiatives support the Department's on going drive to improve financial management processes:

- (1) Implementation of the "Compliance Assessment" (CA) whereby internal control officials perform monthly checks on financial transactions.
- (2) Implementation of the "Essential Supplies List" and the monitoring thereof, to ensure standardisation in respect of clinical consumables used as well as the development of transversal contracts to procure these items.
- (3) The continued management of funded posts through the Approved Post List in order to control personnel expenditure.
- (4) The exercising of financial and regulatory governance by the sitting of monthly Financial Monitoring Committee (FMC) meetings, culminating in the departmental FMC chaired by the HOD.
- (5) The running of finance workshops for the various Chief Executive Officers and other key personnel to improve their understanding of the financial and regulatory governance employed by the department.

## **TWELVE NATIONAL OUTCOMES OF THE NATIONAL GOVERNMENT**

The National Government follows an outcomes-based approach and the National Ministers have signed a performance agreement with the President for twelve targeted outcomes. The outcome applicable to health is: "Improve healthcare and life expectancy among all South Africans". This outcome is addressed under the provincial strategic outcome oriented goal "Address the burden of disease".

### **NATIONAL DEVELOPMENT PLAN: HEALTH CARE FOR ALL**

In terms of the National Development Plan (NDP), the health system should provide quality care to all, free at the point of service, or paid for by publicly provided or privately funded insurance by 2030. The objectives of the NDP are:

By 2030, life expectancy should reach at least 70 for both men and women.

The under-20 age group should largely be an HIV-free generation.

The infant mortality rate should decline from 43 to 20 per 1 000 live births and the under-five mortality rate should be less than 30 per 1 000 from 104 today.

Maternal mortality should decline from 500 to 100 from 100 000 live births.

All HIV-positive people should be on treatment and preventive measures such as condoms and micro-biocides should be widely available, especially to young people.

Reduce non-communicable diseases by 28 per cent and deaths from drug abuse, road accidents and violence by 50 per cent.

Everyone has access to an equal standard of basic health care regardless of their income.

## 4. PERFORMANCE INFORMATION BY PROGRAMME

The activities of WCG: Health 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 2014. This information was formally implemented by WCG: Health from 1 April 2014 going forward and all population-based targets in the 2014/15 Annual Performance Plan and Annual Report is 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 2012/13 for the 2014/15 APP. The purpose is to be able to compare the reported costs from year to year.

### 4.1 PROGRAMME 1: ADMINISTRATION

#### Purpose of the programme

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

- 1) To have an effective and efficient and skilled workforce.
- 2) Develop and maintain a comprehensive Human Resource Plan for the Department.
- 3) Promote efficient financial resource use.

### **Strategic objectives, performance indicators, planned targets and actual achievements**

#### **1) To have an effective and efficient and skilled workforce**

At the end of the 2014/15 financial year, the Department achieved a commendable performance of 33.4 medical officers per 100 000 people. Moreover, the Department filled 2 046 of 2 088 medical officer posts translating into a vacancy rate of 2 per cent. This is an improvement compared to the 3.4 per cent vacancy rate for 2013/14. It is important to note that during the course of the financial year, an additional 35 medical officer posts were added to the approved post list to meet service delivery needs.

In addition, the Department achieved a performance of 99.2 professional nurses per 100 000 people, which was slightly above the target of 98.5 set for the year. An additional 186 professional nurse posts were added to the Approved Post List in order to improve service delivery. However, not all of the additional posts could be filled. This resulted in an increase in the professional nurse vacancy rate to 5.6 per cent at the end of the 2014/15 financial year, compared to 4.5 per cent recorded for 2013/14.

Furthermore, the Department achieved a performance of 6.9 pharmacists per 100 000 people, which was slightly above the target of 6.6 set for the year. Although 441 pharmacist posts form part of the Approved Post List, only 424 of these were filled. Thus the vacancy rate for pharmacists is 3.9 per cent. However, this is an improvement from the 6.3 per cent vacancy rate at the end of the previous year. In addition, 14 additional pharmacist posts were added to the Approved Post List in 2014/15 to improve service delivery.

#### **2) Develop and maintain a comprehensive Human Resource Plan for the Department**

In order to ensure a capacitated workforce that could meet service delivery needs, the departmental Human Resources Plan (HRP) was reviewed. However there were no major amendments made to the HRP and notification was submitted to the Department of Public Services and Administration (DPSA) in order to ensure compliance.

#### **3) Promote efficient financial resource use**

The Department spent R12.602 billion which is 0.2 per cent below the equitable share allocation of R12.618 billion. This translated into an under spending of R15.608 million that largely relates to the filling of posts as a result of the APL which fluctuates on a monthly/quarterly basis. Although closely monitored, it is very difficult to plan and manage expenditure for the filling of all posts, as posts are filled on an on-going basis to ensure service delivery needs. The department deems the deviation as acceptable.

**Table 4.1.1: Public health personnel as at 31 March 2015**

| Categories  | Number employed | % of total employed | Number per 100 000 people | Number per 100 000 uninsured people | Vacancy rate | % of total personnel budget | Annual cost per staff member |
|---|-----------------|---------------------|---------------------------|-------------------------------------|--------------|-----------------------------|------------------------------|
| Medical officers                                  | 2 046           | 6.54%               | 33.4                      | 44.6                                | 2.01%        | 15.9%                       | 636 889                      |
| Medical specialists                               | 683             | 2.18%               | 11.1                      | 14.9                                | 3.12%        | 9.2%                        | 1 212 677                    |
| Dental specialists                                | 6               | 0.02%               | 0.1                       | 0.1                                 | 0.00%        | 0.1%                        | 1 541 241                    |
| Dentists  | 96              | 0.31%               | 1.6                       | 2.1                                 | 6.80%        | 0.7%                        | 575 177                      |
| Professional nurse                                | 6 081           | 19.45%              | 99.2                      | 132.6                               | 5.65%        | 23.5%                       | 335 627                      |
| Staff nurses                                      | 2 473           | 7.91%               | 40.3                      | 53.9                                | 6.25%        | 5.6%                        | 199 037                      |
| Nursing assistant                                 | 4 079           | 13.05%              | 66.5                      | 88.9                                | 5.16%        | 7.6%                        | 166 884                      |
| Pharmacists                                       | 424             | 1.36%               | 6.9                       | 9.2                                 | 3.85%        | 2.4%                        | 486 714                      |
| Physiotherapists                                  | 144             | 0.46%               | 2.3                       | 3.1                                 | 2.70%        | 0.5%                        | 262 910                      |
| Occupational therapists                           | 171             | 0.55%               | 2.8                       | 3.7                                 | 3.39%        | 0.5%                        | 264 302                      |
| Psychologists                                     | 75              | 0.24%               | 1.2                       | 1.6                                 | 6.25%        | 0.4%                        | 407 680                      |
| Radiographers                                     | 471             | 1.51%               | 7.7                       | 10.3                                | 6.25%        | 1.8%                        | 326 554                      |
| Emergency medical staff                           | 1 864           | 5.96%               | 30.4                      | 40.6                                | 6.00%        | 4.9%                        | 244 163                      |
| Dieticians  | 88              | 0.28%               | 1.4                       | 1.9                                 | 2.22%        | 0.3%                        | 288 996                      |
| Other allied health professionals and technicians | 1 503           | 4.81%               | 24.5                      | 32.8                                | 6.93%        | 4.4%                        | 268 542                      |
| Other staff                                       | 11 063          | 35.38%              | 180.4                     | 241.2                               | 3.85%        | 22.2%                       | 182 778                      |
| <b>Grand total</b>                                | <b>31 267</b>   | <b>100.00%</b>      | <b>510.0</b>              | <b>681.8</b>                        | <b>5.79%</b> | <b>100.0%</b>               | <b>284 093</b>               |

Note: Annual cost per staff member represents the total expenditure incurred divided by the number of payments made between the period 01/04/2014 - 31/03/2015



**Table 4.1.2: Strategic objectives for Administration 2014/15**

| Programme 1: Administration  |   |                    |                |                |                    |                                 |  |  |  |  |
|--|---|--------------------|----------------|----------------|--------------------|---------------------------------|--|--|--|--|
| Strategic objectives   | Performance indicator   | Actual achievement |                | Planned target | Actual achievement |                                 | Deviation *  | Comment on deviation   |  |  |
|  |   | 2013/14            | 2014/15        | 2014/15        | 2014/15            |                                 |  |  |  |  |
| <b>STRATEGIC GOAL 1: Ensure and maintain organisational strategic management capacity and synergy.</b>         |   |                    |                |                |                    |                                 |  |  |  |  |
| 1.1 To have an effective and efficient and skilled workforce.  | 1.1.1 Medical officers per 100 000 people   |                    | 33.1           | 32.7           | 33.4               | 0.7                             | Performance was above target and Department views this as a positive result. |  |  |  |
|  |   | Numerator:         | 1 984          | 2 003          | 2 046              | 43                              |  |  |  |  |
|  |   | Denominator:       | 59.98          | 61.308         | 61.308             | 0                               |  |  |  |  |
|  | 1.1.2 Professional nurses per 100 000 people  |                    | 99.7           | 98.5           | 99.2               | 0.7                             |  | Performance was above target and Department views this as a positive result. |  |  |
|  |   | Numerator:         | 5 978          | 6 039          | 6 081              | 42                              |  |  |  |  |
|  |   | Denominator:       | 59.98          | 61.308         | 61.308             | 0                               |  |  |  |  |
|  | 1.1.3 Pharmacists per 100 000 people  |                    | 6.7            | 6.6            | 6.9                | 0.3                             |  |  | Performance was above target and Department views this as a positive result. |  |
|  |   | Numerator:         | 400            | 406            | 424                | 18                              |  |  |  |  |
|  |   | Denominator:       | 59.98          | 61.308         | 61.308             | 0                               |  |  |  |  |
| <b>STRATEGIC GOAL 2: Develop and maintain a capacitated workforce to deliver the required health services.</b> |   |                    |                |                |                    |                                 |  |  |  |  |
| 2.1 Develop and maintain a comprehensive Human Resource Plan for the Department.                               | 2.1.1 Amended Human Resource Plan submitted timeously to DPSA                       | Yes                | Yes            | Yes            | None               | Target achieved – no deviation. |  |  |  |  |
| <b>STRATEGIC GOAL 3: Optimal financial management to maximise health outcomes.</b>                             |   |                    |                |                |                    |                                 |  |  |  |  |
| 3.1 Promote efficient financial resource use.  | 3.1.1 Percentage of the annual equitable share budget allocation spent <sup>1</sup> |                    | 99.8%          | 100.0%         | 99.8%              | (0.2%)                          | The department deems the deviation as acceptable.                            |  |  |  |
|  |   | Numerator:         | 11 517 782 000 | 12 618 213 000 | 12 602 605 000     | (15 608 000)                    |  |  |  |  |
|  |   | Denominator:       | 11 544 801 000 | 12 618 213 000 | 12 622 507 000     | 4 294 000                       |  |  |  |  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

**Table 4.1.3: Performance indicators for Administration 2014/15**

| Programme 1: Administration                                  |  |                           |                               |                        |  |
|--|--|---------------------------|-------------------------------|------------------------|--|
| Performance indicator  | Actual achievement<br>2013/14                        | Planned target<br>2014/15 | Actual achievement<br>2014/15 | Deviation *<br>2014/15 | Comment on deviation   |
| <b>SECTOR SPECIFIC INDICATORS</b>                            |  |                           |                               |                        |  |
| 1. Develop a provincial Human Resources for Health plan      | Not required to report                               | None                      | Yes                           | None                   | Target achieved – no deviation.  |
| 2. Develop a provincial long-term health plan                | Not required to report                               | None                      | Yes                           | None                   | Target achieved – no deviation.  |
| 3. Proportion of health facilities connected to the internet | Not required to report<br>Numerator:<br>Denominator: | None                      | 80.9 %<br>250<br>309**        | None                   | As this is a new performance indicator, a baseline target could not be set for the 2014/15 financial year. |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

\*\* The number of health facilities used in the denominator has been defined by the province as including all hospitals, CHC's, CDC's, clinics, satellites and excludes mobiles, intermediate care facilities, health posts, reproductive health centres, non-medical sites, correctional centres, City of Cape Town (CoCT) managed facilities, EMS stations and Forensic Pathology Laboratories.

### Strategies to overcome areas of under-performance

No material under-performance identified for Administration.

### Changes to planned targets

No targets were changed during the year.

### Linking performance with budgets

**Table 4.1.4: Summary of expenditure for Administration 2014/15**

| Expenditure            | 2014/15             |                    |                            | 2013/14             |                    |                            |
|------------------------|---------------------|--------------------|----------------------------|---------------------|--------------------|----------------------------|
|                        | 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                      |
| 1.1: Office of the MEC | 6 862               | 6 862              | 0                          | 6 754               | 6 310              | 444                        |
| 1.2: Management        | 576 996             | 576 740            | 256                        | 514 950             | 505 137            | 9 813                      |
| <b>Total</b>           | <b>583 858</b>      | <b>583 602</b>     | <b>256</b>                 | <b>521 704</b>      | <b>511 447</b>     | <b>10 257</b>              |

Programme 1 is almost at a break-even point.

Funds were prioritised for distribution of chronic medication to stable chronic patients via the Department of Health's Chronic Dispensing Unit (CDU), implementation of an electronic recruitment solution, settlement of medico legal claims and strengthening of information technology via the technical refresh project.

These priorities assisted in improving the quality of healthcare services.

## 4.2 PROGRAMME 2: DISTRICT HEALTH SERVICES

### Purpose of the programme

The purpose of District Health Services and Health Programmes (Programme 2) is 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 (including facility and community-based 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.
- Sub-programme 2.6: HIV, AIDS, STI and TB  
Rendering a primary health care service for HIV disease, AIDS, sexually transmitted infections and tuberculosis.
- 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. 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

- (1) Increase access to PHC services in the DHS in the Western Cape.
- (2) Allocate sufficient funds to ensure access to and the sustained delivery of the full package of quality PHC services by 2014/15.
- (3) Improve the experience of clients utilising the PHC services.

### **Strategic objectives, performance indicators, planned targets and actual achievements**

#### 1) **Increase access to PHC services in the DHS in the Western Cape**

Access to PHC services must be seen in the context of the PHC utilisation rate of 2.3 visits per person as well as the community based services provided by Community Care Workers and the use of alternate sites to dispense medicines to chronic patients.

#### 2) **Allocate sufficient funds to ensure access to and the sustained delivery of the full package of quality PHC services by 2014/15**

The Department spent R573 per uninsured person on PHC services, which was within than 5 per cent of its target of R580.

## Improve the experience of clients utilising the PHC services

Ninety six per cent of the complaints were resolved within 25 working days which has shown an improved responsiveness of the PHC service to the concerns of patients. Almost 49 per cent of the PHC facilities conducted an annual patient satisfaction survey, which is major improvement from the 25 per cent achieved in the previous year. About 81 per cent of the respondents were generally satisfied with the service which also showed improvement when compared to 77 per cent in the previous year.

**Table 4.2.1: Strategic objectives for District Health Services 2014/15**

| Programme 2: District Health Services - District Health Services   |  |                    |                |                    |              |  |
|--|--|--------------------|----------------|--------------------|--------------|--|
| Strategic objectives   | Performance indicator  | Actual achievement | Planned target | Actual achievement | Deviation *  | Comment on deviation   |
|  |  | 2013/14            | 2014/15        | 2014/15            | 2014/15      |  |
| <b>STRATEGIC GOAL 1: Address the burden of disease.</b>  |  |                    |                |                    |              |  |
| 1.1 Increase access to PHC services in the DHS in the Western Cape.  | 1.1.1 PHC utilisation rate (annualised)  | 2.4                | 2.4            | 2.3                | (0.1)        | The Department was slightly under target. While the Department strives to maximise access, in parallel, it seeks to decongest health facilities by increasing the provision of community based care and off-site provision of medication. This is why PHC headcount decreased. |
|  | Numerator:   | 14 336 969         | 14 588 126     | 14 250 244         | (337 882)    |  |
|  | Denominator:   | 5 998 164          | 6 130 791      | 6 130 791          | 0            |  |
| <b>STRATEGIC GOAL 2: Optimal financial management to maximise health outcomes.</b>   |  |                    |                |                    |              |  |
| 2.1 Allocate sufficient funds to ensure access to and the sustained delivery of the full package of quality PHC services by 2014/15. | 2.1.1 Provincial PHC expenditure per uninsured person in 2012/13 rands   | R511               | R 580          | R 573              | (R 7)        | Expenditure slightly lower than target which is ideal. The Department considers this deviation as having achieved the target.  |
|  | Numerator:   | 2 393 395 790      | 2 661 186 439  | 2 628 024 431      | (33 162 008) |  |
|  | Denominator:   | 4 679 521          | 4 585 791      | 4 585 791          | 0            |  |
| <b>STRATEGIC GOAL 3: Improve the quality of health services and the patient experience.</b>  |  |                    |                |                    |              |  |
| 3.1 Improve the experience of clients utilising the PHC services.  | 3.1.1 Complaint resolution within 25 working days rate (of complaints received <sup>2</sup> in PHC facilities) | 87.0%              | 84.3%          | 90.8%              | 6.5%         | Performance was above target and Department views this as a positive result. The complaint numbers are higher than predicted because the City of Cape Town data is included in the performance whereas it was not included in the baseline data.                               |
|  | Numerator:   | 1 354              | 1 031          | 2 600              | 1 569        |  |
|  | Denominator:   | 1 556 <sup>3</sup> | 1 223          | 2 863              | 1 640        |  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

Note:

Strategic objective indicators are repeated in the performance indicator table below to maintain consistency with information published in the 2014/15 Annual Performance Plan.

**Table 4.2.2: Performance indicators for District Health Services 2014/15**

| Programme 2: District Health Services - District Health Services                     |                        |                |                    |                |  |
|--|------------------------|----------------|--------------------|----------------|--|
| Performance indicator  | Actual achievement     | Planned target | Actual achievement | Deviation *    | Comment on deviation   |
|  | 2013/14                | 2014/15        | 2014/15            | 2014/15        |  |
| <b>SECTOR SPECIFIC INDICATORS</b>  |                        |                |                    |                |  |
| 1. Provincial PHC expenditure per uninsured person                                   | R511                   | R 665          | R 657              | (R 8)          | Expenditure slightly lower than target, which is ideal. The Department considers this deviation as a positive result.  |
| Numerator:   | 2 393 395 790          | 3 051 722 000  | R 3 013 693 387    | (R 38 028 613) |  |
| Denominator:   | 4 679 521              | 4 585 791      | 4 585 791          | 0              |  |
| 2. PHC utilisation rate (annualised)   | 2.4                    | 2.4            | 2.3                | (0.1)          | The Department is slightly under target. While the Department strives to maximise access, in parallel, it seeks to decongest health facilities by increasing the provision of community based care and off-site provision of medication. This is why PHC headcount decreased.  |
| Numerator:   | 14 336 969             | 14 588 126     | 14 250 244         | (337 882)      |  |
| Denominator:   | 5 998 164              | 6 130 791      | 6 130 791          | 0              |  |
| 3. Outreach household (OHH) registration visit coverage                              | N/A                    | N/A            | N/A                | -              | The outreach team-model has not been implemented by the Western Cape.  |
| 4. PHC supervisor visit rate (fixed clinic / CHC / CDC)                              | 85.5% *                | 94.2%          | 83.2%              | (11.0%)        | The Province underperformed on this indicator. This was mainly due to the City of Cape Town in the Cape Town District having a different approach to supervisory visits. While they visit facilities every month, they have a lengthy tool which is completed over 3 months for certain of their facilities so thus only counted once in a three month period whereas the Provincial facilities complete a full supervisory visit each month. There have been ongoing discussions between the Province and the City of Cape Town about this indicator so that the approach can be aligned. |
| Numerator:   | 2 873                  | 3 120          | 2 834              | (286)          |  |
| Denominator:   | 3 360                  | 3 312          | 3 408              | 96             |  |
| 5. Complaint resolution within 25 working days rate (PHC facilities)                 | 93.1%                  | 88.6%          | 96.2%              | 7.6%           | Performance was above target and the Department views this as a positive result. The complaint numbers are higher than predicted because the City of Cape Town data are included in the performance whereas it was not included in the baseline data.  |
| Numerator:   | 1 354                  | 1 031          | 2 600              | 1 569          |  |
| Denominator:   | 1 455 <sup>5</sup>     | 1 164          | 2 702              | 1 538          |  |
| 6. Percentage of PHC facilities conducting annual patient satisfaction surveys (PSS) | 25.7%                  | 25.0%          | 48.9%              | 23.9%          | The Department performed better than target which is a pleasing result. The number of facilities conducting the survey is higher than predicted because the City of Cape Town data is included in the performance whereas they were not included in the baseline data. Improved scheduling and appointment of designated QA managers has improved the process.   |
| Numerator:   | 72                     | 69             | 139                | 70             |  |
| Denominator:   | 280                    | 276            | 284                | 8              |  |
| 7. Patient satisfaction rate (PHC facilities)  | 77.7%                  | 78.0%          | 81.7%              | 3.8%           | Performance was above target and Department views this as a positive result.   |
| Numerator:   | 31 363                 | 29 669         | 38 510             | 8 841          |  |
| Denominator:   | 40 349                 | 38 060         | 47 120             | 9 060          |  |
| 8. Number of fully-fledged district clinical specialist teams appointed              | N/A                    | N/A            | N/A                | -              | The outreach team-model has not been implemented by the Western Cape.  |
| 9. Number of fully-fledged ward based outreach teams appointed                       | N/A                    | N/A            | N/A                | -              | The outreach team-model has not been implemented by the Western Cape.  |
| 10. School ISHP coverage   | Not required to report | 61.6%          | 50.3%              | (11.3%)        | This was a new indicator and the denominator used for setting the target was subsequently determined to be incorrect. The denominator has since been corrected and updated making the target % less easy to reach for this financial year. In practice, more schools were screened than targeted. A more accurate percentage target will be set in future years.   |
| Numerator:   | -                      | 680            | 733                | 53             |  |
| Denominator:   | -                      | 1 105          | 1 456              | 351            |  |
| 11. School Grade 1 screening coverage (annualised)                                   | Not required to report | 29.1%          | 41.6%              | 12.5%          | This was also a new indicator and the denominator used was also inaccurately determined when the target was set. This was subsequently corrected and updated. In practice, more children were screened than was set by the target and the Department views this as a positive result. A more accurate percentage target will be set in future years.   |
| Numerator:   | -                      | 35 927         | 44 271             | 8 344          |  |
| Denominator:   | -                      | 123 428        | 106 501            | (16 927)       |  |

| Programme 2: District Health Services - District Health Services  |                        |                |                    |              |   |
|---|------------------------|----------------|--------------------|--------------|---|
| Performance indicator   | Actual achievement     | Planned target | Actual achievement | Deviation *  | Comment on deviation  |
|   | 2013/14                | 2014/15        | 2014/15            | 2014/15      |   |
| 12. School Grade 4 screening coverage (annualised)  | Not required to report | 0.0%           | 1.1%               | 1.1%         | Routine grade 4 screening was not part of Departmental policy during this financial year, therefore limited screening of grade 4 learners was performed.  |
| Numerator:  | -                      | -              | 966                | 966          |   |
| Denominator:  | -                      | -              | 90 652             | 90 652       |   |
| 13. School Grade 8 screening coverage (annualised)  | Not required to report | 0.0%           | 0.6%               | 0.6%         | Routine grade 8 screening was not part of Departmental policy during this financial year, therefore limited screening of grade 8 learners was performed.  |
| Numerator:  | -                      | -              | 439                | 439          |   |
| Denominator:  | -                      | -              | 75 604             | 75 604       |   |
| 14. Percentage of fixed PHC facilities that have conducted gap-assessments for compliance against the national core standards | 28.2%                  | 29.0%          | 40.8%              | 11.9%        | The Department achieved a much higher percentage than planned with this target and the Department views this as a positive result. City of Cape Town facilities are included in the numerator whereas they were not included in the baseline data.<br>Note: Incorrect denominator (number of PHC facilities) set in APP |
| Numerator:  | 79                     | 80             | 116                | 36           |   |
| Denominator:  | 280                    | 276            | 284                | 8            |   |
| 15. Compliance rate of PHC facilities with the national core standards  | Not required to report | None           | Not reported       | Not reported | As this is a new performance indicator, no baseline information was available to set a target in the 2014/15 Annual Performance Plan.   |
| Numerator:  | -                      | -              | -                  | -            |   |
| Denominator:  | -                      | -              | -                  | -            |   |
| <b>OTHER PROVINCIAL INDICATORS</b>  |                        |                |                    |              |   |
| 16. PHC utilisation rate under 5 years (annualised)   | 3.82                   | 4.1            | 4.0                | (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. The Department therefore considers this deviation as having achieved the target.   |
| Numerator:  | 2 147 046              | 2 179 209      | 2 123 134          | (56 075)     |   |
| Denominator:  | 562 219                | 528 578        | 528 578            | 0            |   |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

## Strategies to overcome areas of under-performance

There will be ongoing discussions with the City of Cape Town to align approaches to supervisory visits with the Province. The School Health Screening revised denominator data is available and more accurate targets will be set in future.

## Changes to planned targets

No targets were changed during the year.

## DISTRICT HOSPITAL SERVICES

### Strategic objectives

- (1) Increase access to acute district hospital services in the Western Cape.
- (2) Allocate sufficient funds to ensure access to the full package of quality district hospital services by 2014/15.
- (3) Improve the experience of clients utilising district hospital services.

### **Strategic objectives, performance indicators, planned targets and actual achievements**

#### **Increase access to acute district hospital services in the Western Cape.**

There has been a significant improvement in access to district hospital beds as evidenced by the increase of 207 beds when compared to the previous year. This is particularly significant in the Cape Town metro district where the large district hospitals are generally under pressure with bed occupancies ranging between 90-120 per cent.

#### **Allocate sufficient funds to ensure access to the full package of quality district hospital services by 2014/15.**

The slightly reduced actual expenditure per PDE for district hospitals when compared to the target is as a result of the increased PDEs at these hospitals which is indicative of service pressures they experience.

#### **Improve the experience of clients utilising district hospital services.**

Of the patients who participated in the survey, 87.6 per cent indicated they were satisfied with the district hospital service. This was slightly below target. However, the district hospitals have shown an improved responsiveness to the concerns of patients as evidenced by the 90.1 per cent of the complaints being resolved within 25 working days.



**Table 4.2.3: Strategic objectives for District Hospital Services 2014/15**

| Programme 2: District Health Services - District Hospital Services                          |  |  |                |                    |               |                      |  |
|---|--|--|----------------|--------------------|---------------|----------------------|--|
| Strategic objectives  | Performance indicator  | Actual achievement   | Planned target | Actual achievement | Deviation *   | Comment on deviation |  |
|   |  |  |                |                    |               |                      | 2013/14  |
| <b>STRATEGIC GOAL 1: Address the burden of disease.</b>                                     |  |  |                |                    |               |                      |  |
| 1.1   | Increase access to acute district hospital services in the Western Cape.   | 1.1.1 Number of usable district hospital beds  | 2 684          | 2 845              | 2891          | 46                   | A number of hospitals increased their bed numbers in the Cape Metro (mostly Mitchell's Plain District Hospital), not all of which were anticipated at the start of the financial year. |
| <b>STRATEGIC GOAL 2: Optimal financial management to maximise health outcomes.</b>          |  |  |                |                    |               |                      |  |
| 2.1   | Allocate sufficient funds to ensure access to the full package of quality district hospital services by 2014/15. | 2.1.1 Expenditure per patient day equivalent (PDE) in 2012/13 rands (district hospitals) | R 1 506        | R 1 627            | R 1 603       | (R 24)               | Expenditure slightly lower than target which is ideal. The Department considers this a positive result.  |
|   |  | Numerator:   | 1 951 461 161  | 2 147 256 852      | 2 190 918 320 | 43 661 468           |  |
|   |  | Denominator:   | 1 296 142      | 1 320 012          | 1 366 684     | 46 672               |  |
| <b>STRATEGIC GOAL 3: Improve the quality of health services and the patient experience.</b> |  |  |                |                    |               |                      |  |
| 3.1   | Improve the experience of clients utilising district hospital services.  | 3.1.1 Patient satisfaction rate (district hospitals)                                     | 90.0%          | 89.0%              | 87.6%         | (1.4%)               | The Department performed slightly less than target. The Department considers this deviation as having achieved the target.   |
|   |  | Numerator:   | 8 334          | 5 792              | 6 631         | 839                  |  |
|   |  | Denominator:   | 9 260          | 6 508              | 7 568         | 1 060                |  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

Note:

Strategic objective indicators are repeated in the performance indicator table below to maintain consistency with information published in the 2014/15 Annual Performance Plan.

**Table 4.2.4: Performance indicators for District Hospital Services 2014/15**

| Programme 2: District Health Services - District Hospital Services |   |                |                    |               |                      |   |
|--|---|----------------|--------------------|---------------|----------------------|---|
| Performance indicator  | Actual achievement  | Planned target | Actual achievement | Deviation *   | Comment on deviation |   |
|  | 2013/14   | 2014/15        | 2014/15            | 2014/15       |                      |   |
| <b>SECTOR SPECIFIC INDICATORS</b>                                  |   |                |                    |               |                      |   |
| 1.   | Average length of stay (district hospitals)                       | 3.2 days       | 3.2 days           | 3.2 days      | 0.0 days             | Target achieved – no deviation.   |
|  | Numerator:  | 863 755        | 866 659            | 908 493       | 41 834               |   |
|  | Denominator:  | 271 963        | 274 009            | 287 071       | 13 062               |   |
| 2.   | Inpatient bed utilisation rate (district hospitals)               | 88.7%          | 83.4%              | 89.4%         | 6.0%                 | A higher than anticipated bed occupancy rate was measured. 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 be admitted. The Department considers this a positive result. |
|  | Numerator:  | 863 755        | 866 659            | 908 493       | 41 833               |   |
|  | Denominator:  | 973 562        | 1 038 539          | 1 016 119     | -22 420              |   |
| 3.   | Expenditure per patient day equivalent (PDE) (district hospitals) | R 1 506        | R 1 865            | R 1 838       | (R 27)               | Expenditure slightly lower than target which is ideal. The Department considers this deviation as having achieved the target.   |
|  | Numerator:  | 1 951 461 161  | 2 462 372 000      | 2 512 440 894 | 50 068 894           |   |
|  | Denominator:  | 1 296 142      | 1 320 012          | 1 366 684     | 46 672               |   |

| Programme 2: District Health Services - District Hospital Services   |                        |                |                    |             |   |
|--|------------------------|----------------|--------------------|-------------|---|
| Performance indicator  | Actual achievement     | Planned target | Actual achievement | Deviation * | Comment on deviation  |
|  | 2013/14                | 2014/15        | 2014/15            | 2014/15     |   |
| 4. Complaint resolution within 25 working days rate (district hospitals)   | 85.0%                  | 78.4%          | 90.1%              | 12.4%       | A much higher performance than target was achieved and this is a positive result for the Department.  |
| Numerator:   | 883                    | 1 237          | 1 192              | (45)        |   |
| Denominator:   | 1 039                  | 1 577          | 1 323              | (264)       |   |
| 5. Mental health admission rate (district hospitals)   | Not applicable         | Not applicable | 1.9%               | -           | As this is a new performance indicator, no baseline information was available to set a target in the 2014/15 Annual Performance Plan.   |
| Numerator:   | -                      | -              | 5 401              | -           |   |
| Denominator:   | 271 963                | 274 009        | 287 071            | -           |   |
| 6. Patient satisfaction rate (district hospitals)  | 90.0%                  | 89.0%          | 87.6%              | (1.4%)      | The marginal deviation from the performance target is considered by the Department as having achieved the target.   |
| Numerator:   | 8 334                  | 5 792          | 6 631              | 839         |   |
| Denominator:   | 9 260                  | 6 508          | 7 568              | 1 060       |   |
| 7. Percentage of hospitals that have conducted gap-assessments for compliance against the national core standards (district hospitals) | 47.1%                  | 76.5%          | 64.7%              | (11.8%)     | While more district hospitals conducted these assessments than in the previous year, the number achieved was still under target. The target set was possibly over ambitious and a more realistic target will be set in future years. However, the Department is keen for all hospitals to conduct such assessments in future. |
| Numerator:   | 16                     | 26             | 22                 | (4)         |   |
| Denominator:   | 34                     | 34             | 34                 | 0           |   |
| 8. Percentage of hospitals assessed as compliant with the extreme measures of the national core standards (district hospitals)         | Not required to report | None           | 4.5%               | -           | As this is a new performance indicator, no baseline information was available to set a target in the 2014/15 Annual Performance Plan.   |
| Numerator:   | -                      | -              | 1                  | -           |   |
| Denominator:   | -                      | -              | 22                 | -           |   |
| <b>OTHER PROVINCIAL INDICATORS</b>   |                        |                |                    |             |   |
| 9. Mortality and morbidity review rate (district hospitals)  | 93.8%                  | 93.5%          | 86.5%              | (7.1%)      | The proportion achieved here was slightly less than the target. The Department expects that under certain circumstances, such meetings are not able to take place as scheduled.   |
| Numerator:   | 319                    | 318            | 294                | (24)        |   |
| Denominator:   | 340                    | 340            | 340                | 0           |   |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

## Strategies to overcome areas of under-performance

The Department will work hard at strengthening its quality assurance capacity so that as many hospitals as possible are able to conduct gap assessments.

The importance of morbidity and mortality meetings will be emphasised to ensure that these meeting are prioritised. Bed occupancy rates will be monitored carefully. The Department has increased its bed numbers beyond what was targeted. Further increased bed capacity will be planned for if needed. A new GF Jooste Hospital is in the planning stages and once completed will help relieve bed capacity pressures in the future.

It is expected that Mitchell's Plain and Khayelitsha District Hospitals will reach greater stability in hospital activity over the near future which will improve the predictability of planning for service provision.

## Changes to planned targets

No targets were changed during the year.

## HIV AND AIDS, STIs AND TB CONTROL (HAST)

### Strategic objective

(1) MDG Goal 6: Have halted and begun to reverse the spread of HIV and AIDS and TB by 2014/15.

### Strategic objectives, performance indicators, planned targets and actual achievements

**MDG Goal 6: Have halted and begun to reverse the spread of HIV and AIDS and TB by 2014/15.**

The prevalence of HIV has decreased in women between 15-24 years from 10.4 per cent in 2013/14 to 10.2 per cent in 2014/15. Interventions which led to reduction need to strengthened.

**Table 4.2.5: Strategic objectives for HIV and AIDS, STIs and TB Control 2014/15**

| Programme 2: District Health Services - HIV and AIDS, STIs and TB control                      |  |                    |                |                    |             |   |
|--|--|--------------------|----------------|--------------------|-------------|---|
| Strategic objectives   | Performance indicator                            | Actual achievement | Planned target | Actual achievement | Deviation * | Comment on deviation  |
|  |  | 2013/14            | 2014/15        | 2014/15            | 2014/15     |   |
| <b>STRATEGIC GOAL 1: Address the burden of disease.</b>  |  |                    |                |                    |             |   |
| 1.1 MDG Goal 6: Have halted and begun to reverse the spread of HIV and AIDS and TB by 2014/15. | 1.1.1 HIV prevalence in women aged 15 – 24 years | 10.4%              | 10.4%          | 10.2%              | (0.2%)      | This is slightly below target and the Department regards this as a positive result. |
|  | Numerator:                                       | 392                | 391            | 355                | (36)        |   |
|  | Denominator:                                     | 3 776              | 3 768          | 3 479              | (289)       |   |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

**Table 4.2.6: Performance indicators for HIV and AIDS, STIs and TB Control 2014/15**

| Programme 2: District Health Services - HIV and AIDS, STIs and TB control |                        |                |                    |             |  |
|---|------------------------|----------------|--------------------|-------------|--|
| Performance indicator   | Actual achievement     | Planned target | Actual achievement | Deviation * | Comment on deviation   |
|   | 2013/14                | 2014/15        | 2014/15            | 2014/15     |  |
| <b>SECTOR SPECIFIC INDICATORS</b>   |                        |                |                    |             |  |
| 1. Total clients remaining on ART (TROA) at end of reporting period       | 156 703                | 174 868        | 180 769            | 5 901       | A higher than target retention in care was achieved and the Department considers this as having achieved target.   |
| 2. Number of medical male circumcisions conducted                         | 16 602                 | 21 502         | 15 498             | (6 004)     | The target was not reached. Social mobilisation remains a challenge. However initiatives are on-going to encourage community support.  |
| 3. TB (new pulmonary) defaulter rate                                      | 7.5%                   | 7.1%           | 8.3%               | 1.3%        | This slight increase in defaulter rate requires close monitoring and further action if it increases further.   |
| Numerator:  | 1 025                  | 1 035          | 1 086              | 51          |  |
| Denominator:  | 13 614                 | 14 659         | 13 006             | (1 653)     |  |
| 4. TB AFB sputum result turn-around time under 48 hours rate              | 72.2%                  | 69.9%          | 71.4%              | 1.5%        | This is slightly above target and the department regards this result as being on target. The lower absolute number of sputum tests is probably due to increasing Genexpert use.  |
| Numerator:  | 211 299                | 255 831        | 146 828            | (109 003)   |  |
| Denominator:  | 292 659                | 365 882        | 205 643            | (160 239)   |  |
| 5. TB new client treatment success rate                                   | 84.9% <sup>6</sup>     | 85.5%          | 82.7%              | (2.8%)      | Prior to 2014/15 the department took this indicator to mean new SMEAR POSITIVE disease. In 2014/15 this indicator was defined to mean all cases of TB diagnosed in the year, hence the significant change in numerator and denominator. This is slightly below target and future trends will be monitored closely. |
| Numerator:  | 11 720                 | 36 765         | 37 049             | 284         |  |
| Denominator:  | 13 805                 | 43 000         | 44 805             | 1 805       |  |
| 6. HIV testing coverage 15 - 49 years (annualised) <sup>7</sup>           | 29.9%                  | 30.7%          | 33.7%              | 3.1%        | This is slightly above target and indicates a greater uptake of HIV testing. The Department considers this to be a positive result.  |
| Numerator:  | 986 223                | 1 047 168      | 1 151 571          | 104 403     |  |
| Denominator:  | 3 300 676              | 3 415 792      | 3 415 792          | 0           |  |
| 7. TB (new pulmonary) cure rate   | 83.7%                  | 82.5%          | 80.6%              | (1.9%)      | This is slightly below target and the Department regards this result as being on target.   |
| Numerator:  | 11 392                 | 12 097         | 10 482             | (1 615)     |  |
| Denominator:  | 13 614                 | 14 659         | 13 006             | (1 653)     |  |
| 8. TB MDR confirmed treatment initiation rate                             | Not required to report | None           | -                  | None        | As this is a new performance indicator, no baseline information was available to set a target in the 2014/15 Annual Performance Plan.  |
| Numerator:  | -                      | -              | 1 063              | -           |  |
| Denominator:  | -                      | -              | -                  | -           |  |
| <b>OTHER PROVINCIAL INDICATORS</b>  |                        |                |                    |             |  |
| 9. Male condom distribution coverage (annualised)                         | 59.3                   | 56.9           | 55.7               | (1.2)       | This is slightly below target and the department regards this result as being on target.   |
| Numerator:  | 127 606 318            | 126 134 602    | 123 416 309        | (2 718 293) |  |
| Denominator:  | 2 152 485              | 2 216 129      | 2 216 129          | 0           |  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

## Strategies to overcome areas of under-performance

The slightly higher TB defaulter rate and slightly lower TB cure rate will be monitored closely and appropriate action taken should this be necessary.

## Changes to planned targets

No targets were changed during the year.

## MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCWH & N)

### Strategic objectives

- (1) MDG goal 4: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.
- (2) MDG goal 5: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.

### Strategic objectives, performance indicators, planned targets and actual achievements

#### MDG goal 4: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

The mortality rate for acute malnutrition has decreased compared to 2013/14 while death rate from other causes such as diarrhoea and pneumonia seem to have plateaued. These trends will be monitored closely and interventions further strengthened.

#### MDG goal 5: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.

The maternal mortality ratio (MMR) has decreased substantially from 68.6 per 100 000 live births in 2013/14 to 55 per 100 000 live births in 2014/15. Interventions to maintain this trajectory need to be strengthened.

**Table 4.2.7: Strategic objectives for Maternal, Child and Women's Health (MCWH) and Nutrition 2014/15**

| Programme 2: District Health Services - Maternal, Child and Women's Health and Nutrition       |   |                    |                |                    |             |  |
|--|---|--------------------|----------------|--------------------|-------------|--|
| Strategic objectives   | Performance indicator                                 | Actual achievement | Planned target | Actual achievement | Deviation * | Comment on deviation   |
|  |   | 2013/14            | 2014/15        | 2014/15            | 2014/15     |  |
| <b>STRATEGIC GOAL 1: Address the burden of disease.</b>  |   |                    |                |                    |             |  |
| 1.1 MDG goal 4: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.    | 1.1.1 Immunisation coverage under 1 year (annualised) | 80.4%              | 91.9%          | 90.1%              | (1.8%)      | This is slightly below target and the Department regards this result as being on target. |
|  | Numerator:  | 89 202             | 95 393         | 93 542             | (1 851)     |  |
|  | Denominator:  | 110 889            | 103 781        | 103 781            | 0           |  |
| 1.2 MDG goal 5: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio. | 1.2.1 Maternal mortality in facility ratio (MMR)      | 68.6 per 100 000   | 61 per 100 000 | 55                 | (6)         | This is slightly below target and the Department considers this to be a positive result. |
|  | Numerator:  | 66                 | 59             | 54                 | (5)         |  |
|  | Denominator:  | 0.96               | 0.964          | 0.975              | 0.011       |  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

Note:

Strategic objective indicators are repeated in the performance indicator table below to maintain consistency with information published in the 2014/15 Annual Performance Plan.

**Table 4.2.8: Performance indicators for Maternal, Child and Women's Health (MCWH) and Nutrition 2014/15**

| Programme 2: District Health Services - Maternal, Child and Women's Health and Nutrition |                        |                |                    |             |   |
|--|------------------------|----------------|--------------------|-------------|---|
| Performance indicator  | Actual achievement     | Planned target | Actual achievement | Deviation * | Comment on deviation  |
|  | 2013/14                | 2014/15        | 2014/15            | 2014/15     |   |
| <b>SECTOR SPECIFIC INDICATORS</b>  |                        |                |                    |             |   |
| 1. Immunisation coverage under 1 year (annualised)                                       | 80.4%                  | 91.9%          | 90.1%              | (1.8%)      | This is slightly below target and the Department regards this result as being on target.  |
| Numerator:   | 89 202                 | 95 393         | 93 542             | (1 851)     |   |
| Denominator:   | 110 889                | 103 781        | 103 781            | 0           |   |
| 2. Vitamin A coverage 12 – 59 months (annualised)  | 42.7%                  | 44.8%          | 47.3%              | 2.6%        | This is slightly above target and the Department regards this result as a positive result.  |
| Numerator:   | 378 972                | 380 243        | 402 264            | 22 021      |   |
| Denominator:   | 887 562                | 849 594        | 849 594            | 0           |   |
| 3. Deworming 12 – 59 months coverage (annualised)  | 31.4%                  | 30.2%          | 41.7%              | 11.6%       | A much higher performance than target was achieved and this is a positive result for the Department.  |
| Numerator:   | 278 694                | 256 449        | 354 631            | 98 182      |   |
| Denominator:   | 887 562                | 849 594        | 849 594            | 0           |   |
| 4. Child under 2 years underweight for age incidence (annualised)                        | 19                     | 18             | 14                 | (4)         | This is beyond what was targeted and the Department regards this result as being a positive outcome due to its efforts with respect to child nutrition. |
| Numerator:   | 4 117                  | 3 793          | 2 985              | (808)       |   |
| Denominator:   | 212                    | 209            | 209                | 0           |   |
| 5. Measles 1st dose under 1 year coverage (annualised)                                   | 83.6%                  | 92.0%          | 93.3%              | 1.3%        | This is slightly above target and the Department regards this result as being on target.  |
| Numerator:   | 92 674                 | 95 455         | 96 806             | 1 351       |   |
| Denominator:   | 110 889                | 103 781        | 103 781            | 0           |   |
| 6. Pneumococcal vaccine (PCV) 3rd dose coverage (annualised)                             | 82.9%                  | 92.1%          | 92.8%              | 0.7%        | This is slightly above target and the Department regards this result as being on target.  |
| Numerator:   | 91 952                 | 95 590         | 96 296             | 706         |   |
| Denominator:   | 110 889                | 103 781        | 103 781            | 0           |   |
| 7. Rotavirus (RV) 2nd dose coverage (annualised)   | 83.6%                  | 91.5%          | 94.4%              | 2.9%        | This is slightly above target and the Department regards this result as being on target.  |
| Numerator:   | 92 665                 | 94 927         | 97 956             | 3 029       |   |
| Denominator:   | 110 889                | 103 781        | 103 781            | 0           |   |
| 8. Cervical cancer screening coverage (annualised)                                       | 63.6%                  | 57.0%          | 57.2%              | 0.2%        | This is slightly above target and the Department regards this result as being on target.  |
| Numerator:   | 87 397                 | 88 789         | 89 162             | 373         |   |
| Denominator:   | 137 341                | 155 833        | 155 833            | 0           |   |
| 9. HPV vaccine coverage amongst Grade 4 girls <sup>a</sup>                               | Not required to report | None           | 79.8%              | None        | As this is a new performance indicator, no baseline information was available to set a target in the 2014/15 Annual Performance Plan.                   |
| Numerator:   | -                      | -              | 33 644             | -           |   |
| Denominator:   | -                      | -              | 42 168             | -           |   |
| 10. Antenatal 1st visit before 20 weeks rate   | 61.0%                  | 64.0%          | 65.8%              | 1.8%        | This is slightly above target and the Department regards this result as being on target.  |
| Numerator:   | 60 384                 | 62 021         | 64 604             | 2 583       |   |
| Denominator:   | 99 069                 | 96 879         | 98 136             | 1 257       |   |
| 11. Infant given NVP within 72 hours after birth uptake rate                             | 98.7%                  | 98.6%          | 99.1%              | 0.5%        | This is slightly above target and the Department regards this result as being a positive result.  |
| Numerator:   | 13 184                 | 12 739         | 14 098             | 1 359       |   |
| Denominator:   | 13 351                 | 12 918         | 14 224             | 1 308       |   |
| 12. Infant 1st PCR test positive around 6 weeks rate                                     | 1.9%                   | 1.7%           | 1.4%               | (0.3%)      | This is slightly below target and the Department considers this to be a positive result.  |
| Numerator:   | 242                    | 208            | 190                | (18)        |   |
| Denominator:   | 12 617                 | 12 127         | 13 645             | 1 518       |   |
| 13. Couple year protection rate (annualised)   | 73.0%                  | 61.3%          | 59.2%              | (2.1%)      | This is slightly below target and the Department regards this result as being on target.  |
| Numerator:   | 1 072 570              | 1 044 679      | 1 008 850          | (35 829)    |   |
| Denominator:   | 1 470 176              | 1 704 472      | 1 704 472          | 0           |   |
| 14. Maternal mortality in facility ratio (MMR)   | 68.6 per 100 000       | 61 per 100 000 | 55.39              | (5.61)      | This is slightly below target and the Department considers this to be a positive result.  |
| Numerator:   | 66                     | 59             | 54                 | (5)         |   |
| Denominator:   | 0.96                   | 0.964          | 0.975              | 0.011       |   |
| 15. Delivery in facility under 18 years rate   | 6.3%                   | 6.6%           | 6.1%               | (0.5%)      | This indicator is lower than expected and this is perceived positively by the Department.   |
| Numerator:   | 6 026                  | 6 400          | 5 894              | (506)       |   |
| Denominator:   | 95 337                 | 96 750         | 96 990             | 240         |   |

| Programme 2: District Health Services - Maternal, Child and Women's Health and Nutrition |                    |                |                    |             |  |
|--|--------------------|----------------|--------------------|-------------|--|
| Performance indicator  | Actual achievement | Planned target | Actual achievement | Deviation * | Comment on deviation   |
|  | 2013/14            | 2014/15        | 2014/15            | 2014/15     |  |
| 16. Child under 1 year mortality in facility rate (annualised)                           | 9.2                | 10             | 11                 | 1           | This indicator is higher than expected and this will be closely monitored and acted upon.  |
| Numerator:   | 1 049              | 1 054          | 1 144              | 90          |  |
| Denominator:   | 114.22             | 107            | 107                | 0           |  |
| 17. Inpatient death under 5 years rate   | 1.3%               | 1.3%           | 1.4%               | 0.1%        | This is slightly above target. The reason for this increase needs to be investigated and this indicator needs to be monitored carefully. |
| Numerator:   | 1 183              | 1 192          | 1 302              | 110         |  |
| Denominator:   | 93 908             | 92 042         | 93 231             | 1 189       |  |
| 18. Child under 5 years severe acute malnutrition case fatality rate                     | 2.2%               | 3.1%           | 1.8%               | (1.3%)      | This indicator is substantially lower than expected and this is perceived positively by the Department.                                  |
| Numerator:   | 14                 | 19             | 18                 | (1)         |  |
| Denominator:   | 634                | 604            | 986                | 382         |  |
| 19. Child under 5 years diarrhoea case fatality rate                                     | 0.2%               | 0.2%           | 0.2%               | 0.0%        | Target achieved – no deviation.  |
| Numerator:   | 12                 | 8              | 12                 | 4           |  |
| Denominator:   | 7 528              | 4 748          | 7 704              | 2 956       |  |
| 20. Child under 5 years pneumonia case fatality rate                                     | 0.4%               | 0.5%           | 0.4%               | (0.1%)      | This is slightly below target and the Department considers this to be a positive result.   |
| Numerator:   | 27                 | 30             | 32                 | 2           |  |
| Denominator:   | 6 395              | 6 318          | 7 445              | 1 127       |  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

## Strategies to overcome areas of under-performance

The increase in cases of acute malnutrition requires further investigation.  
The increase in under 5 case mortality needs to be investigated.

## Changes to planned targets

No targets were changed during the year.

## DISEASE PREVENTION AND CONTROL (DPC)

### Strategic objectives

- (1) Plan for epidemics and disasters.
- (2) Provide for cataract surgeries.

### Strategic objectives, performance indicators, planned targets and actual achievements

#### Plan for epidemics and disasters.

While the numbers of deaths from malaria cases remained small, the more recent threat of Ebola resulted in the Department strengthening its outbreak responsiveness and preparedness plans.

#### Provide for cataract surgeries.

The Department has appreciably improved its output regarding cataract surgery when compared to the 2013/14 year.

**Table 4.2.9: Strategic objectives for Disease prevention and control (DPC) 2014/15**

| Programme 2: District Health Services - Disease prevention and control |  |                               |                           |                               |                        |   |
|--|--|-------------------------------|---------------------------|-------------------------------|------------------------|---|
| Strategic objectives   | Performance indicator  | Actual achievement<br>2013/14 | Planned target<br>2014/15 | Actual achievement<br>2014/15 | Deviation *<br>2014/15 | Comment on deviation  |
| <b>STRATEGIC GOAL 1: Address the burden of disease.</b>                |  |                               |                           |                               |                        |   |
| 1.1 Plan for epidemics and disasters.                                  | 1.1.1 Malaria case fatality rate                                 | 1.6%                          | 0.0%                      | 1.6%                          | 1.6%                   | Malaria is an imported disease in this Province. The number of cases and deaths are unpredictable and depends on the degree of travel amongst its citizens. There were many more cases reported in this year compared to the previous year. While the case fatality rate was higher than targeted, it was the same as in the previous year. The Department will continue to monitor it carefully. |
|  | Numerator:   | 2                             | 0                         | 3                             | 3                      |   |
|  | Denominator:   | 123                           | 90                        | 186                           | 96                     |   |
| 1.2 Provide for cataract surgeries.                                    | 1.2.1 Cataract surgery rate in uninsured population (annualised) | 1 282                         | 1 724                     | 1 729                         | 6                      | This is very slightly above target and the Department regards this result as being on target.   |
|  | Numerator:   | 7 692                         | 7 904                     | 7 929                         | 25                     |   |
|  | Denominator:   | 6.00                          | 4.586                     | 4.586                         | 0                      |   |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

Note:

Strategic objective indicators are repeated in the performance indicator table below to maintain consistency with information published in the 2014/15 Annual Performance Plan.



**Table 4.2.10: Performance indicators for Disease prevention and control (DPC) 2014/15**

| Programme 2: District Health Services - Disease prevention and control |                               |                           |                               |                        |   |
|--|-------------------------------|---------------------------|-------------------------------|------------------------|---|
| Performance indicator  | Actual achievement<br>2013/14 | Planned target<br>2014/15 | Actual achievement<br>2014/15 | Deviation *<br>2014/15 | Comment on deviation  |
| <b>SECTOR SPECIFIC INDICATORS</b>                                      |                               |                           |                               |                        |   |
| 1. Hypertension incidence (annualised)                                 | 9                             | 11                        | 7.47                          | (3.44)                 | This result is below target and suggests that hypertension is being under-detected in the Province. The chronic disease audit findings will be reviewed and detection methods improved where required.  |
| Numerator:   | 17 585                        | 21 556                    | 14 754                        | (6 802)                |   |
| Denominator:   | 1 901                         | 1 975                     | 1 975                         | 0                      |   |
| 2. Diabetes incidence (annualised)                                     | 1                             | 2                         | 1.1                           | (0.5)                  | This result is below target and suggests that diabetes is being under-detected in the Province. The chronic disease audit findings will be reviewed and detection methods improved where required.  |
| Numerator:   | 7 854                         | 9 236                     | 6 473                         | (2 763)                |   |
| Denominator:   | 6 017                         | 6 131                     | 6 131                         | 0                      |   |
| 3. Malaria case fatality rate  | 0.8%                          | 0.0%                      | 1.6%                          | 1.6%                   | Malaria is an imported disease in this Province. The number of cases and deaths are unpredictable and depends on the degree of travel amongst its citizens. There were many more cases reported in this year compared to the previous year. While the case fatality rate was higher than targeted, it was the same as in the previous year. The Department will continue to monitor it carefully. |
| Numerator:   | 1                             | 0                         | 3                             | 3                      |   |
| Denominator:   | 123                           | 90                        | 186                           | 96                     |   |
| 4. Cataract surgery rate in uninsured population (annualised)          | 1 282                         | 1 724                     | 1 729                         | 5                      | This is very slightly above target and the Department regards this result as being on target.   |
| Numerator:   | 7 692                         | 7 904                     | 7 929                         | 25                     |   |
| Denominator:   | 6.00                          | 4.586                     | 5                             | 0                      |   |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

## Strategies to overcome areas of under-performance

Under-detection of chronic diseases such as hypertension and diabetes is possible given these results. The chronic disease audits will be reviewed and mechanisms put in place to improve detection where appropriate. The increase in malaria cases and the mortality rate will be monitored carefully to ensure that this remains at an acceptable level.

## Changes to planned targets

No targets were changed during the year.

## Linking performance with budgets

**Table 4.2.11: Summary of expenditure for District Health Services 2014/15**

| Sub-programme                 | 2014/15                      |                             |                                     | 2013/14                      |                             |                                     |
|-------------------------------|------------------------------|-----------------------------|-------------------------------------|------------------------------|-----------------------------|-------------------------------------|
|                               | Final appropriation<br>R'000 | Actual expenditure<br>R'000 | (Over) / under expenditure<br>R'000 | Final appropriation<br>R'000 | Actual expenditure<br>R'000 | (Over) / under expenditure<br>R'000 |
| 2.1: District Management      | 308 300                      | 306 284                     | 2 016                               | 291 569                      | 273 897                     | 17 672                              |
| 2.2: Community Health Clinics | 1 045 380                    | 1 036 408                   | 8 972                               | 968 405                      | 958 255                     | 10 150                              |
| 2.3: Community Health Centres | 1 501 520                    | 1 496 331                   | 5 189                               | 1 339 288                    | 1 315 348                   | 23 940                              |
| 2.4: Community-Based Services | 176 923                      | 174 671                     | 2 252                               | 165 448                      | 163 891                     | 1 557                               |
| 2.5: Other Community Services | 1                            | -                           | 1                                   | 1                            | -                           | 1                                   |
| 2.6: HIV, AIDS, STI and TB    | 1 082 794                    | 1 082 792                   | 2                                   | 927 547                      | 927 547                     | -                                   |
| 2.7: Nutrition                | 37 507                       | 36 223                      | 1 284                               | 32 376                       | 35 606                      | (3 230)                             |
| 2.8: Coroner Services         | 1                            | -                           | 1                                   | 1                            | -                           | 1                                   |
| 2.9: District Hospitals       | 2 505 226                    | 2 512 441                   | (7 215)                             | 2 162 615                    | 2 210 739                   | (48 124)                            |
| 2.10: Global Fund             | 127 072                      | 122 123                     | 4 949                               | 155 005                      | 153 979                     | 1 026                               |
| <b>Total</b>                  | <b>6 784 724</b>             | <b>6 767 273</b>            | <b>17 451</b>                       | <b>6 042 255</b>             | <b>6 039 262</b>            | <b>2 993</b>                        |

Programme 2 recorded an outcome of R6.767 billion of its R6.785 billion final appropriation. This translates into an under expenditure of 0.3 per cent or R17.451 million which can mainly be attributed to:

*Global Fund:*

- Due to funding being discontinued by the Global Fund, limited contract staff has been appointed resulting in under-expenditure in Compensation of Employees.
- There was an under-expenditure in Goods and Services due to: expenditure not incurred for Quality Assurance, Audit Fees allocation for the 2014/15 audit not paid, and Anti-retroviral medicine at Khayelitsha Community Health Centre being funded from alternative funding sources.
- Delayed signing of service level agreements led to projects not being realised in the Objective Community Based Response. In addition, the City of Cape Town was unable to finalise agreements with NPIs due to tax clearance certificates not being produced. Hence, the under-expenditure in Transfers and Subsidies to Non-profit Institutions (NPI's)

*National Health Insurance Grant (NHI):*

- Discontinuation of one of the projects on Contract Management due to poor bidding responses from the industry led to an under-expenditure.
- Expenditure incurred on certain projects was less than the initial budget.
- Three hundred and twenty General Practitioner (GP) sessions were planned. However, the sessions could not be awarded due to the unavailability of medical professionals in the rural areas. This also led to an under-spending.
- Under-expenditure occurred due to GPs being appointed at a lower level than budgeted for. The budget provided for GP sessions at level three.
- GP expenditure on Travel and Subsistence and the administration cost was less than budgeted for resulting in a surplus.
- Budget allocation for National Health Insurance Grant (NHI) Clerk not appointed also resulted in a surplus.

*Compensation of Employees:*

- Vacant posts on the Approved Post List (APL) were funded for the entire financial year, but not filled for the whole year. This resulted in an under-expenditure.
- Due to difficulty in attracting certain categories of staff, such as nurses, these positions were filled with agency staff. This translated to an under-expenditure in the permanent staff establishment and a concomitant over-expenditure in Goods and Services.
- Late commissioning of institutions such as Symphony Way and Du Noon Community Day Centres also resulted in the under-spending in personnel expenditure.

*Transfer Payments:*

- The under spending was due to delayed submission of claims from Non-profit Institutions (NPI).
- Approximately R1 Million was underpaid on the Life Esidimeni Contract in the 2014/15 financial year due to a difference of opinion in the interpretation of a financial clause in the Service Level Agreement (SLA).
- Under-expenditure was incurred within the Home Based Care programme due to high attrition of community care workers.
- HIV Counselling and Testing (HCT) programme as funded by the Comprehensive HIV and Aids Grant within Rural and Metro Districts did not materialise.

## 4.3 PROGRAMME 3: EMERGENCY MEDICAL SERVICES

### Purpose of the programme

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, special 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

- (1) Fully implement the Comprehensive Service Plan (CSP) model for EMS by 2014/15.
- (2) Provide roadside to bedside definitive emergency care with defined emergency time frames within and across geographic and clinical service platforms.
- (3) Manage all patients at the appropriate level of care within the appropriate packages of care.

### Strategic objectives, performance indicators, planned targets and actual achievements

#### **Fully implement the Comprehensive Service Plan (CSP) model for EMS by 2014/15**

Emergency Medical Services (EMS) has over the last few years succeeded in expanding the footprint of the service delivery platform to include more remote communities such as Murraysburg and Bitterfontein. This commitment is evident in the success achieved through the Leeu-Gamka project that has seen a great deal of investment in training and development of the local community. This investment has culminated in the establishment of a modern and self-sufficient ambulance station to serve the communities along one of the most dangerous stretch of roads in the province.

#### **Provide roadside to bedside definitive emergency care with defined emergency time frames within and across geographic and clinical service platforms**

The implementation of the EMS Evolution project (the upgrade and roll out of a modern, state of the art Computer Aided Dispatch (CAD) system) has brought along with it substantial change management challenges. This is evident in the drop in the P1 response time performance and is inevitable in a project of this scope and complexity. It is further anticipated that whilst performance will improve it is likely that the full impact will only be realised at the completion of the project in 2016. In mitigation of this the organization has embarked on an intensive and rigorous performance management programme that appears to have shown early signs of improvement, as is evident in the performance achieved in the fourth quarter of the 2014/15 financial year.

#### **Manage all patients at the appropriate level of care within the appropriate packages of care**

The growth in the interfacility workload numbers continue to present EMS with a challenge and much work and analysis has gone into better understanding this indicator. This has been incorporated into the EMS CAD and should see a significant improvement in the process of requesting, tracking and measuring this demand.

**Table 4.3.1: Strategic objectives for EMS and patient transport 2014/15**

| Programme 3: Emergency Medical Services   |   |                    |                |                    |             |  |
|---|---|--------------------|----------------|--------------------|-------------|--|
| Strategic objectives  | Performance indicator   | Actual achievement | Planned target | Actual achievement | Deviation * | Comment on deviation   |
|   |   | 2013/14            | 2014/15        | 2014/15            | 2014/15     |  |
| <b>STRATEGIC GOAL 1: Address the burden of disease.</b>   |   |                    |                |                    |             |  |
| 1.1 Fully implement the Comprehensive Service Plan (CSP) model for EMS by 2014/15.  | 1.1.1 Rostered ambulances per 10 000 people                           | 0.28               | 0.27           | 0.26               | (0.02)      | Staff attrition and challenges of translation of staff to new occupational levels (for example Intermediate Life Support to Advanced Life Support) has resulted in a slightly lower achievement against target, although operational levels have been largely maintained through overtime.   |
|   | Numerator:  | 166                | 167            | 158                | (9)         |  |
|   | Denominator:  | 600                | 613.079        | 613.079            | 0           |  |
| 1.2 Provide roadside to bedside definitive emergency care with defined emergency time frames within and across geographic and clinical service platforms. | 1.2.1 EMS P1 urban response under 15 minutes rate                     | 70.9%              | 75.0%          | 61.0%              | (14.0%)     | The implementation of a new Computer Aided Dispatch (CAD) system resulted in a more difficult transition than expected with concomitant difficulty in achieving adequate response times. The end of the financial year saw achievement of target, but due to the fact that it was not sustained during the year resulted in a lower than planned average   |
|   | Numerator:  | 130 899            | 144 225        | 112 100            | (32 125)    |  |
|   | Denominator:  | 184 584            | 192 299        | 183 694            | (8 605)     |  |
|   | 1.2.2 EMS P1 rural response under 40 minutes rate                     | 85.3%              | 90.0%          | 83.1%              | (6.9%)      |  |
|   | Numerator:  | 25 234             | 27 678         | 23 972             | (3 706)     |  |
|   | Denominator:  | 29 588             | 30 754         | 28 844             | (1 910)     |  |
| 1.3 Manage all patients at the appropriate level of care within the appropriate packages of care.   | 1.3.1 Percentage of ambulance patients transferred between facilities | 23.0%              | 22.8%          | 20.4%              | 2.3%        | Whilst the proportion that these case types constitute of the total demand has dropped the more telling fact is the increase in the absolute numbers of the patients transferred. These transfers bring with them their own challenges in terms of scarce skills and equipment and also more demanding with longer mission times. It is for this reason that the CAD system has been designed to create greater efficiency in servicing these cases. |
|   | Numerator:  | 169 450            | 171 247        | 176 945            | 5 698       |  |
|   | Denominator:  | 739 981            | 751 820        | 864 912            | 113 092     |  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

Note:

Strategic objective indicators are repeated in the performance indicator table below to maintain consistency with information published in the 2014/15 Annual Performance Plan.

**Table 4.3.2: Performance indicators for EMS and patient transport 2014/15**

| Programme 3: Emergency Medical Services         |                    |                |                    |             |   |
|---|--------------------|----------------|--------------------|-------------|---|
| Performance indicator                           | Actual achievement | Planned target | Actual achievement | Deviation * | Comment on deviation  |
|   | 2013/14            | 2014/15        | 2014/15            | 2014/15     |   |
| <b>SECTOR SPECIFIC INDICATORS</b>               |                    |                |                    |             |   |
| 1. EMS operational ambulance coverage           | 0.41               | 0.41           | 0.40               | (0.01%)     | This target reflects the actual fleet numbers and was achieved through the effective management of fleet replacement and procurement. It is thus a dynamic measure reflecting the waxing and waning of the fleet as a result of replacements, accidents and rationalization strategies.     |
| Numerator:                                      | 248                | 253            | 246                | (7)         |   |
| Denominator:                                    | 600                | 613.079        | 613.079            | 0           |   |
| 2. EMS P1 urban response under 15 minutes rate  | 70.9%              | 75.0%          | 61.0%              | (14.0%)     | The implementation of a new Computer Aided Dispatch (CAD) system resulted in a more difficult transition than expected with concomitant difficulty in achieving adequate response times.  |
| Numerator:                                      | 130 899            | 144 225        | 112 100            | (32 125)    |   |
| Denominator:                                    | 184 584            | 192 299        | 183 694            | (8 605)     |   |
| 3. EMS P1 rural response under 40 minutes rate  | 85.3%              | 90.0%          | 83.1%              | (6.9%)      | Rural areas also experienced the transitional challenges of the new CAD system, but relatively lower call volume as well as better mitigation strategies in these areas resulted in a lower overall performance drop for the financial year.  |
| Numerator:                                      | 25 234             | 27 678         | 23 972             | (3 706)     |   |
| Denominator:                                    | 29 588             | 30 754         | 28 844             | (1 910)     |   |
| 4. EMS P1 call response under 60 minutes rate   | 96.5%              | 80.0%          | 95.0%              | 15.0%       | This reflects all Priority 1 calls in the province responded to within 60 minutes and the performance achieved illustrates the need to set a more appropriate target.   |
| Numerator:                                      | 206 626            | 178 443        | 201 841            | 23 398      |   |
| Denominator:                                    | 214 172            | 223 053        | 212 538            | (10 515)    |   |
| <b>OTHER PROVINCIAL INDICATORS</b>              |                    |                |                    |             |   |
| 5. Total number of EMS emergency cases          | 514 901            | 538 368        | 515 237            | (23 131)    | Overall case volume was lower than expected. This reflects overall EMS workload for ambulance cases in the province.  |
| 6. EMS all calls response under 60 minutes rate | 78.2%              | 80.0%          | 72.7%              | (7.3%)      | This target reflects the Priority 1 and Priority 2 calls responded to within 60 minutes. The necessity of prioritising emergency calls over non-urgent calls reflects the difficulties in servicing P2 calls in a reasonable time frame, with the result of not fully achieving the target. |
| Numerator:                                      | 482 035            | 506 740        | 452 379            | (54 361)    |   |
| Denominator:                                    | 616 645            | 633 425        | 622 297            | (11 128)    |   |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

## Strategies to overcome areas of under-performance

EMS has implemented several initiatives to improve performance in deficient areas that should result in an overall enhancement in service delivery for the 2015/16 financial year. Firstly, weekly provincial performance meetings between the communications, operations, fleet and supply chain components addressing the weekly performance and providing mitigation strategies to overcome specific challenges have been institutionalised.

Secondly, enhanced management and supervision within the communications centers to specifically look at Priority 1 performance on an hourly basis and escalate problems to senior management when they arise have also been strengthened.

Thirdly, standardised reports (including hourly reports sent to mobile phones) that allow for a more robust analysis of performance are produced.

Finally, a Client Relationship Manager to address complaints and liaise with clients where service is sub-optimal has been appointed.

## Changes to planned targets

No targets were changed during the year.

## Linking performance with budgets

**Table 4.3.3: Summary of expenditure for Emergency Medical Services 2014/15**

| Expenditure<br>Sub-programme                        | 2014/15             |                    |                            | 2013/14             |                    |                            |
|---|---------------------|--------------------|----------------------------|---------------------|--------------------|----------------------------|
|   | 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                      |
| 3.1: Emergency Medical Services                     | 811 644             | 812 615            | (971)                      | 756 822             | 755 571            | 1 251                      |
| 3.2: Planned patient transport (PPT)<br>– HealthNET | 69 009              | 68 038             | 971                        | 62 926              | 64 177             | (1 251)                    |
| <b>Total</b>  | <b>880 653</b>      | <b>880 653</b>     | <b>-</b>                   | <b>819 748</b>      | <b>819 748</b>     | <b>-</b>                   |

**Note:**

EMS has intentionally curbed expenditure in sub programme 3.2: Planned Patient Transport (PPT) – HealthNET to offset the over expenditure in terms of capital (Machinery and equipment) in sub-programme 3.1: Emergency Medical Services. The over expenditure was incurred through the purchase of 10 additional ambulances in an effort to fulfil a critical shortage within the fleet. This includes the purchase of 5 4x4 ambulances to enable access in the rural districts to several isolated communities with poor road infrastructure. Whilst the expenditure was incurred towards the end of the financial year, as is the case with the procurement and build of these specialised vehicles, they will only become operational in the coming year.

In addition the department identified an urgent need to purchase a fuel tanker as part of its contingency in ensuring that all health facilities are able to continue services during a prolonged power outage.

## 4.4 PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

### Purpose of the programme

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

### Sub-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 provide for the hospitalisation of acutely ill and complex TB patients (including patients with multi-drug resistant (MDR) and extreme drug resistant (XDR) TB).
- Sub-programme 4.3: Psychiatric 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) HOSPITALS

### Strategic objectives

- (1) Ensure access to general specialist hospital services.
- (2) Reduce facility maternal mortality.
- (3) Allocate sufficient funds to ensure the sustained delivery of the full package of quality general specialist hospital services.
- (4) Ensure that management provides sustained support and strategic direction in the delivery of health services.
- (5) Improve the quality of health services.

### **Strategic objectives, performance indicators, planned targets and actual achievements**

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 contributed to improved service co-ordination and communication between institutions across the various levels of care.

## Ensure access to general specialist hospital services

The Department continued to strengthen general specialist services within regional hospitals and ensured equity of access to services within geographic service areas. A total of 1 389 regional hospital beds were provided with an overall bed utilisation rate of 84.8 per cent and an average length of stay of 3.7 days.

Fourteen additional beds were opened in the family medicine speciality in George Hospital in August 2014. Although this was a planned increase in terms of additional funding being made available, the Annual Performance Plan target was set prior to the approval of the increased bed numbers as per the departmental bed policy.

Radiology services were expanded in George with the appointment of a second radiologist and an additional radiographer, thus reducing the dependency and cost on outsourced services.

A tuberculosis project was launched at George Hospital to deal with the high burden of tuberculosis in the George area. The intervention included establishing a standard pathway for patients with suspected tuberculosis presenting to the emergency care, updating policies, providing training on masks to improve usage, designing a discharge summary and submitting discharges electronically to primary health care services. The interventions resulted in reducing the longest length of stay of a patient with suspected tuberculosis in the emergency care by 40 per cent.

Service shifts were implemented at Mowbray Maternity Hospital which included shifting twenty level one beds from April 2014 with the commissioning of Mitchell's Plain Hospital and shifting level one and level two services from Hanover Park MOU to Mowbray Maternity Hospital during July 2014. The Liesbeeck active birth unit (LABU) was decommissioned in July 2014 and the Liesbeeck postnatal ward was commissioned.

To address the workload pressures experienced at Mowbray Maternity Hospital due to the service shifts, the drainage areas for low risk deliveries at Mowbray Maternity Hospital and New Somerset Hospital were changed. As of October 2014, pregnant women residing in Woodstock, Observatory, Salt River, University Estate and Walmer Estate delivered at New Somerset Hospital.

The hospitals continued to treat chronic diseases to improve the overall health of individuals with multiple chronic conditions, the emergency centres within the hospitals provided an optimal service to improve the patient experience, and an arthroplasty project was furthermore launched during 2014/15 to address the orthopaedic backlog on joint replacements.

A third specialist was appointed in each of the major specialties across all rural regional hospitals and this improved access to specialist services in the rural districts and strengthened the hospitals' capacity to provide outreach and support.

## Reduce facility maternal mortality

Maternal, women's, neonatal and child health was improved by providing specialist obstetric and gynaecology, as well as paediatric outreach services. The caesarean section rate for 2014/15 was 41.4 per cent. The caesarean section rate is driven up by Mowbray Maternity, New Somerset and Worcester hospitals. The increase in the obstetrics population at New Somerset, which is a referral hospital, has contributed to the service outputs. The caesarean section rate at New Somerset hospital, which is higher than the set target, is appropriate for the level of service provided as most midwife obstetric unit referrals are for obstructed labour and foetal distress, requiring emergency sections to prevent poor foetal outcomes. The hospital's caesarean section rate remains high as it is the referral hospital for complicated obstetric cases.



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

Budgets were allocated equitably to align with the expected outcomes to deliver an optimal service at an average patient day cost of R2 623. The hospitals in this sub-programme were allocated 54.2 per cent of the R2.729 billion 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.

Posts were filled in accordance with the approved post list (APL) and the financial year was ended at 95.1 per cent of the approved post list. The affordable APL was funded at 95.9 per cent.

Supply chain management processes improved overall within the regional hospitals. Mini-contracts, for example patient food and other goods and services, were established to ensure uninterrupted service delivery.

Cost containment strategies included the monitoring of agency staff expenditure, blood and related products, electricity, laboratory services, and medical and surgical supplies. The strategies were reported on a monthly basis to the Focus Financial Monitoring Committee (FFMC) meetings to ensure the optimal utilisation of allocated budgets and create savings that could be channelled towards other service areas.

The implementation of Functional Business Units (FBU) remained a priority and was monitored by a steering committee chaired by the Accounting Officer, emphasising the importance of this priority within WCG: Health. Accountability at cost centre unit is a key factor in ensuring the successful implementation of this process.

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

Functional business units were designed for creating decentralised accountability, covering clinical activities, quality of care, human and financial resources management as well as information matters accountability. The FBUs for example monitored whether beds are optimally utilised and that average lengths of stay are monitored. Each hospital developed an annual operational plan which provided an overview of the expected and achieved deliverables.

Staff competencies were improved through training and development and the allocated budgets were appropriately spent.

George Hospital implemented the IMPAX Pictured Archived Communication System (PACS) and Radiology Information System (RIS). This state-of-the-art digital system provides the hospital's radiology department with a single, integrated solution for data management and reporting. The one-touch access to patient information will generate faster results and increase workflow efficiencies which, in turn, will result in quicker patient turn-around times and thus decrease patient waiting times, while providing a fast and accurate diagnosis.

Enterprise Content Management (ECM) was implemented at George Hospital. The new scan centre is operational and the benefits include eliminating waiting times for patient folders, providing remote access to information, easing information sharing and enabling the electronic capturing of information.

## 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 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 104.7 per cent exceeding the target set 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 of 89.5 per cent exceeded the target set and the overall analysis revealed the improved patient satisfaction rate.

Adverse incidents and patient complaints were investigated and the complaint resolution rate within 25 working days for regional hospitals was 93.6 per cent, an improvement from the previous financial year, reflecting the strategy to enhance the patient experience within health services.

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 assessments.

**Table 4.4.1: Strategic objectives for General (Regional) Hospitals 2014/15**

| Sub-programme 4.1: General (Regional) Hospitals  |   |                    |  |                    |               |                      |               |   |              |
|--|---|--------------------|--|--------------------|---------------|----------------------|---------------|---|--------------|
| Strategic objectives   | Performance indicator   | Actual achievement | Planned target   | Actual achievement | Deviation *   | Comment on deviation |               |   |              |
|  |   | 2013/14            | 2014/15  | 2014/15            | 2014/15       |                      |               |   |              |
| <b>STRATEGIC GOAL 1: Address the burden of disease.</b>  |   |                    |  |                    |               |                      |               |   |              |
| 1.1  | Ensure access to general specialist hospital services.  | 1.1.1              | Number of usable beds (regional hospitals)   | 1 373              | 1 375         | 1 389                | 14            | There was an increase of 14 beds in the family medicine speciality at George Hospital as from Aug 2014. The target was set prior to the final bed approvals.  |              |
| 1.2  | Reduce facility maternal mortality.   | 1.2.1              | Delivery by caesarean section rate (regional hospitals)                            | 41.1%              | 40.1%         | 41.4%                | 1.3%          | The caesarean section rate is driven up by Mowbray Maternity and New Somerset hospitals. Mowbray Maternity hospital's caesarean section rate remains high as they are the referral hospital for complicated cases. The Department will continue to strengthen mechanisms to achieve the desired performance target. |              |
|  |   |                    |  | Numerator:         | 11 347        | 10 910               | 10 524        |   | 386          |
|  |   |                    |  | Denominator:       | 27 613        | 27 210               | 25 413        |   | 1 797        |
| <b>STRATEGIC GOAL 2: Optimal financial management to maximise health outcomes.</b>                     |   |                    |  |                    |               |                      |               |   |              |
| 2.1  | Allocate sufficient funds to ensure the sustained delivery of the full package of quality regional hospital.  | 2.1.1              | Expenditure per patient day equivalent (PDE) in 2012/13 rands (regional hospitals) | R 2 046            | R 2 283       | R 2 306              | R 23          | 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 this deviation as having achieved the target.  |              |
|  |   |                    |  | Numerator:         | 1 179 437 376 | 1 286 695 340        | 1 301 726 840 |   | (15 031 500) |
|  |   |                    |  | Denominator:       | 576 489       | 563 604              | 564 442       |   | 838          |
| <b>STRATEGIC GOAL 3: Ensure and maintain organisational strategic management capacity and synergy.</b> |   |                    |  |                    |               |                      |               |   |              |
| 3.1  | Ensure that management provides sustained support and strategic direction in the delivery of health services. | 3.1.1              | Inpatient bed utilisation rate (regional hospitals)                                | 87.6%              | 85.6%         | 84.3%                | (1.3%)        | 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. The Department therefore considers a deviation of less than 5% as having achieved the target.                        |              |
|  |   |                    |  | Numerator:         | 438 392       | 429 400              | 425 987       |   | (3 413)      |
|  |   |                    |  | Denominator:       | 500 226       | 501 875              | 505 337       |   | (3 462)      |
|  |   | 3.1.2              | Average length of stay (regional hospitals)  | 3.7 days           | 3.8 days      | 3.8 days             | 0days         | 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:         | 438 392       | 429 400              | 425 987       |   | (3 413)      |
| Denominator:   | 117 015   | 112 650            | 113 504  | 854                |               |                      |               |   |              |

| Sub-programme 4.1: General (Regional) Hospitals   |  |                    |                |                    |             |  |
|---|--|--------------------|----------------|--------------------|-------------|--|
| Strategic objectives  | Performance indicator  | Actual achievement | Planned target | Actual achievement | Deviation * | Comment on deviation   |
|   |  | 2013/14            | 2014/15        | 2014/15            | 2014/15     |  |
|   |  |                    |                |                    |             | Due to the increased acute service pressures, the patients admitted to regional hospitals stayed for a marginally shorter period than anticipated as discharge protocols address the acute service load. |
| <b>STRATEGIC GOAL 4: Improve the quality of health services and improve the patient experience.</b> |  |                    |                |                    |             |  |
| 4.1 Improve the quality of health services.   | 4.1.1 Mortality and morbidity review rate (regional hospitals) | 133.5%             | 100.0%         | 104.7%             | 4.7%        | 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.                                       |
|   | Numerator:   | 227                | 170            | 178                | 8           |  |
|   | Denominator:   | 170                | 170            | 170                | 0           |  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

Note:  
Strategic objective indicators are repeated in the performance indicator table below to maintain consistency with information published in the 2014/15 Annual Performance Plan.

**Table 4.4.2: Performance indicators for General (Regional) Hospitals 2014/15**

| Sub-programme 4.1: General (Regional) Hospitals                          |                        |                |                    |             |  |  |
|--|------------------------|----------------|--------------------|-------------|--|--|
| Performance indicator  | Actual achievement     | Planned target | Actual achievement | Deviation * | Comment on deviation   |  |
|  | 2013/14                | 2014/15        | 2014/15            | 2014/15     |  |  |
| <b>SECTOR SPECIFIC INDICATORS</b>  |                        |                |                    |             |  |  |
| 1. Average length of stay (regional hospitals)                           | 3.7 days               | 3.8 days       | 3.8 days           | 0.06days    | 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.<br><br>Due to the increased acute service pressures, the patients admitted to regional hospitals stayed for a marginally shorter period than anticipated as discharge protocols address the acute service load. |  |
| Numerator:   | 438 392                | 429 400        | 425 987            | (3 413)     |  |  |
| Denominator:   | 117 015                | 112 650        | 113 504            | 854         |  |  |
| 2. Inpatient bed utilisation rate (regional hospitals)                   | 87.6%                  | 85.6%          | 84.3%              | (1.3%)      | 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. The Department therefore considers a deviation of less than 5% as having achieved the target.   |  |
| Numerator:   | 438 392                | 429 400        | 425 987            | (3 413)     |  |  |
| Denominator:   | 500 226                | 501 875        | 505 337            | (3 462)     |  |  |
| 3. Expenditure per patient day equivalent (PDE) (regional hospitals)     | R 2 046                | R 2 618        | R 2 645            | (R 27)      | 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 this deviation as having achieved the target.   |  |
| Numerator:   | 1 179 437 376          | 1 475 521 000  | 1 492 758 409      | 17 237 409  |  |  |
| Denominator:   | 576 489                | 563 604        | 564 442            | 838         |  |  |
| 4. Complaint resolution within 25 working days rate (regional hospitals) | 91.57%                 | 92.7%          | 93.6%              | 0.9%        | The reporting system has improved as has the health service's focus on improving the person – centred experience, resulting in fewer complaints logged.<br><br>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:   | 380                    | 380            | 294                | 86          |  |  |
| Denominator:   | 415                    | 410            | 314                | 96          |  |  |
| 5. Mental health admission rate (regional hospitals)                     | Not required to report | 1.7%           | 1.8%               | 0.1%        | Mental health admission rate is a new indicator. Minimal fluctuation in patient activity. Mental health admissions 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:   | -                      | 1 890          | 2 054              | 164         |  |  |
| Denominator:   | 117 015                | 112 650        | 113 504            | 854         |  |  |

| Sub-programme 4.1: General (Regional) Hospitals  |                        |                |                    |             |   |
|--|------------------------|----------------|--------------------|-------------|---|
| Performance indicator  | Actual achievement     | Planned target | Actual achievement | Deviation * | Comment on deviation  |
|  | 2013/14                | 2014/15        | 2014/15            | 2014/15     |   |
| 6. Patient satisfaction rate (regional hospitals)  | 89.2%                  | 85.7%          | 89.5%              | 3.8%        | The performance standards of the hospitals improved as guided by the national care standards, resulting in more patients being satisfied with the treatment received. |
| Numerator:   | 3 115                  | 3 000          | 2 579              | (421)       |   |
| Denominator:   | 3 491                  | 3 500          | 2 883              | (617)       |   |
| 7. Percentage of hospitals that have conducted gap-assessments for compliance against the national core standards (regional hospitals) | 100.0%                 | 100.0%         | 100.0%             | 0.0%        | All regional hospitals conducted a gap assessment against the National Core Standards.  |
| Numerator:   | 5                      | 5              | 5                  | 0           |   |
| Denominator:   | 5                      | 5              | 5                  | 0           |   |
| 8. Percentage of hospitals assessed as compliant with the extreme measures of national core standards (regional hospitals)             | Not required to report | None           | 0%                 | -           | As this is a new performance indicator, a baseline target could not be set for the 2014/15 financial year.  |
| Numerator:   | -                      | -              | 0                  | -           |   |
| Denominator:   | -                      | -              | 5                  | -           |   |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

## 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 remains 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 vacant third specialist posts in the rural regional hospitals will be filled to ensure optimal service delivery across the service disciplines and to support the district health services with outreach and support.

Additional funding for the arthroplasty project will reduce the waiting times for joint replacements. These will be performed at George, Worcester, Paarl and New Somerset Hospitals.

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

- (1) Ensure access to TB Hospital services.
- (2) Allocate sufficient funds to ensure the sustained delivery of the full package of quality TB Hospital services.
- (3) Ensure that management provides sustained support and strategic direction in the delivery of health services.
- (4) Improve the quality of health services.

### Strategic objectives, performance indicators, planned targets and actual achievements

#### Ensure access to TB Hospital services

The seriously ill and complex TB patients are admitted to the TB Hospital platform with its 1 026 beds. The majority of TB patients are managed within the PHC service. In recent years, even MDR TB patients are being managed on an ambulatory basis.

#### Allocate sufficient funds to ensure the sustained delivery of the full package of quality TB Hospital services

The expenditure for TB patients in hospitals has increased. This is understandable given that more and more of the admitted patients are now either multi- or extreme drug resistant TB clients who stay longer, require more investigations and more costly second and third generation TB drugs to be treated.

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

The provincial averaged indicators of bed occupancy and length of stay, masks the impact of the longer staying, more complex patients and the pressure on beds for certain categories of patients at specific institutions.

## Improve the quality of health services

The improved patient satisfaction rate and the 100 per cent of complaints resolved within 25 working days shows an improved responsiveness of the TB hospital service to patient concerns.

**Table 4.4.3: Strategic objectives for Tuberculosis Hospitals 2014/15**

| Sub-programme 4.2: Tuberculosis Hospitals  |   |  |                |                    |             |                      |   |
|--|---|--|----------------|--------------------|-------------|----------------------|---|
| Strategic objectives   | Performance indicator   | Actual achievement   | Planned target | Actual achievement | Deviation * | Comment on deviation |   |
|  |   | 2013/14  | 2014/15        | 2014/15            | 2014/15     |                      |   |
| <b>STRATEGIC GOAL 1: Address the burden of disease.</b>  |   |  |                |                    |             |                      |   |
| 1.1  | Ensure access to TB Hospital services.  | 1.1.1 Number of usable beds (TB hospitals)   | 1 026          | 1 026              | 1 026       | 0                    | Target achieved – no deviation.   |
| <b>STRATEGIC GOAL 2: Optimal financial management to maximise health outcomes.</b>                     |   |  |                |                    |             |                      |   |
| 2.1  | Allocate sufficient funds to ensure the sustained delivery of the full package of quality TB Hospital services. | 2.1.1 Expenditure per patient day equivalent (PDE) in 2012/13 rands (TB hospitals) | R729           | R 752              | R 851       | (R 99)               | 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 this deviation as having achieved the target. |
|  |   | Numerator:   | 198 807 605    | 210 220 615        | 233 813 155 | (23 592 540)         |   |
|  |   | Denominator:   | 272 789        | 279 651            | 274 719     | (4 932)              |   |
| <b>STRATEGIC GOAL 3: Ensure and maintain organisational strategic management capacity and synergy.</b> |   |  |                |                    |             |                      |   |
| 3.1  | Ensure that management provides sustained support and strategic direction in the delivery of health services.   | 3.1.1 Inpatient bed utilisation rate (TB hospitals)                                | 72.3%          | 74.0%              | 72.6%       | 1.4%                 | 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 this deviation as having achieved the target. |
|  |   | Numerator:   | 270 148        | 277 255            | 271 847     | 5 408                |   |
|  |   | Denominator:   | 373 466        | 374 531            | 374 531     | 0                    |   |
|  |   | 3.1.2 Average length of stay (TB hospitals)  | 73.7 days      | 72.5 days          | 66.7 days   | 5.8 days             | 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 this deviation as having achieved the target. |
|  |   | Numerator:   | 270 148        | 277 255            | 271 847     | 5 408                |   |
| Denominator:   | 3 664   | 3 822  | 4 077          | 255                |             |                      |   |
| <b>STRATEGIC GOAL 4: Improve the quality of health services and improve the patient experience.</b>    |   |  |                |                    |             |                      |   |
| 4.1  | Improve the quality of health services  | 4.1.1 Morbidity and mortality review rate (TB hospitals)                           | 132.0%         | 100.0%             | 134.0%      | 34.0%                | Performance was above target and Department views this as a positive result.  |
|  |   | Numerator:   | 66             | 50                 | 67          | 17                   |   |
|  |   | Denominator:   | 50             | 50                 | 50          | 0                    |   |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

Note:  
Strategic objective indicators are repeated in the performance indicator table below to maintain consistency with information published in the 2014/15 Annual Performance Plan.

**Table 4.4.4: Performance indicators for Tuberculosis Hospitals 2014/15**

| Sub-programme 4.2: Tuberculosis Hospitals  |                        |                |                    |             |   |
|--|------------------------|----------------|--------------------|-------------|---|
| Performance indicator  | Actual achievement     | Planned target | Actual achievement | Deviation * | Comment on deviation  |
|  | 2013/14                | 2014/15        | 2014/15            | 2014/15     |   |
| <b>SECTOR SPECIFIC INDICATORS</b>  |                        |                |                    |             |   |
| 1. Inpatient bed utilisation rate (TB hospitals)   | 72.3%                  | 74.0%          | 72.6%              | 1.4%        | 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 this deviation as having achieved the target. |
| Numerator:   | 270 148                | 277 255        | 271 847            | 5 408       |   |
| Denominator:   | 373 466                | 374 531        | 374 531            | 0           |   |
| 2. Expenditure per patient day equivalent (PDE) (TB hospitals)   | R729                   | R 862          | R 907              | (R 45)      | 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 this deviation as having achieved the target. |
| Numerator:   | 198 807 605            | 241 071 000    | 249 138 376        | (8 067 376) |   |
| Denominator:   | 272 789                | 279 651        | 274 719            | 4 932       |   |
| 3. Complaint resolution within 25 working days rate (TB hospitals)   | 100.0%                 | 83.7%          | 100.0%             | 16.3%       | Performance was above target and Department views this as a positive result.  |
| Numerator:   | 44                     | 36             | 44                 | 8           |   |
| Denominator:   | 44                     | 43             | 44                 | 1           |   |
| 4. Mental health admission rate  | N/A                    | N/A            | N/A                | N/A         |   |
| Numerator:   | -                      | -              | -                  | -           |   |
| Denominator:   | -                      | -              | -                  | -           |   |
| 5. Patient satisfaction rate (TB hospitals)  | 89.6%                  | 87.0%          | 91.0%              | 4.0%        | Performance was above target and Department views this as a positive result.  |
| Numerator:   | 398                    | 470            | 523                | 53          |   |
| Denominator:   | 444                    | 540            | 575                | 35          |   |
| 6. Percentage of hospitals that have conducted gap-assessments for compliance against the national core standards (TB hospitals) | 16.7%                  | 66.7%          | 66.7%              | 0.0%        | Target achieved – no deviation.   |
| Numerator:   | 1                      | 4              | 4                  | 0           |   |
| Denominator:   | 6                      | 6              | 6                  | 0           |   |
| 7. Percentage of hospitals assessed as compliant with the extreme measures of national core standards (TB hospitals)             | Not required to report | None           | 0.0%               | None        | As this is a new performance indicator, a baseline target could not be set for the 2014/15 financial year.  |
| Numerator:   | -                      | -              | 0                  | -           |   |
| Denominator:   | -                      | -              | 4                  | -           |   |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

## Strategies to overcome areas of under-performance

No material under-performance identified for TB Hospitals.

## Changes to planned targets

No targets were changed during the year.

## PSYCHIATRIC HOSPITALS

### Strategic objectives

- (1) Address the burden of disease by ensuring access to psychiatric hospital services.
- (2) Address the burden of disease by ensuring access to step-down facilities.
- (3) Allocate sufficient funds to ensure the sustained delivery of the full package of quality regional hospital services.
- (4) Ensure that management provides sustained support and strategic direction in the delivery of health services.
- (5) Improve the quality of health services and the patient experience.

### Strategic objectives, performance indicators, planned targets and actual achievements

This sub-programme funded 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 psychiatric 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, mental illness or severe challenging behaviour) are provided at Lentegeur and Alexandra Hospitals. Acute psychiatric services, including a range of specialised therapeutic programmes, are provided at Lentegeur, Stikland and Valkenberg Hospitals.

Forensic psychiatric services included observation services for prisoners awaiting trial (at Valkenberg Hospital only) and state patient services for people who have been found unfit to stand trial (at Valkenberg and Lentegeur Hospitals).

### Address the burden of disease by ensuring access to psychiatric hospital services

Management of mentally ill patients continued with the provision of 1 680 beds in psychiatric hospitals. Lentegeur Hospital closed 18 beds in the intellectual disability services and, although this was a planned activity to consolidate services, the target in the Annual Performance Plan was finalised prior to the approval of the bed reduction in terms of the departmental policy on bed changes.

As a result of the ongoing revitalisation process at Valkenberg Hospital, 24 beds were opened at Alexandra Hospital to accommodate the decanting of forensic services from Valkenberg to Alexandra Hospital.

In December 2014, Stikland Hospital established a crisis discharge clinic – an outpatient service that focuses on patients who are discharged early, psycho-education and family support groups. An adult attention deficit disorder clinic was also initiated at Stikland Hospital.

The psychiatric hospitals continued to provide an outreach and support service to acute regional and district hospitals.



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

The sub-acute facilities, New Beginnings and William Slater, continued to relieve pressure in the acute psychiatric services by providing 145 beds to ensure a continuum of care from acute hospital to community based residential services. Intensive psycho-social rehabilitation services were provided for patients that required a longer stay in a semi-institutional, structured environment.

A service for people with intellectual disability and challenging behaviour was established on the site of Alexandra Hospital. A non-profit organisation, Open Circle, was commissioned to represent this vulnerable group of people and their families. This service is the first of its kind in the Western Cape. The overall funding package was made available through transfer payments to Open Circle as well as Hurdy Gurdy Group Homes.

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

Budgets were allocated equitably to align with the expected deliverables and the average patient day cost was R1137. The budget for this sub-programme remained under pressure due to the burden on acute services adding to the patient day cost.

Psychiatric hospitals were allocated 26.4 per cent of the Programme 4 budget in 2014/15 and the budget was used to address the acute patient load, strengthen inpatient and outpatient services, and provide follow-up ambulatory care at district and community-based services.

The National Department of Justice paid an amount of R15 531 570 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**

Engagement within the geographical service areas ensured management of acute psychiatric service pressures across the platform.

The implementation of Functional Business Units (FBU) remained a priority and was monitored by a steering committee chaired by the Accounting Officer, emphasising the importance of this priority within WCG: Health. The approved post list (APL) for psychiatric hospitals was filled at 94.1 per cent. The affordable APL is funded at 95.9 per cent.

Each hospital developed an annual operational plan which provided an overview of the expected and achieved deliverables.

## **Improve the quality of health services and the patient experience**

Monthly mortality and morbidity review meetings (rate achieved was 115 per cent) were held ensuring the monitoring of adverse and safety and security incidents to improve the management of clinical risks.

The results from the client satisfaction surveys were assessed and 85.8 per cent of respondents indicated that they were generally satisfied with the way they were treated in psychiatric 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 psychiatric hospitals conducted compliance assessments.

The Mental Health Review Board continued its activities in terms of the Mental Health Care Act and continued their investigation of the 72-hour assessment capabilities at district level health facilities. The process for the appointment of a second Mental Health Review Board for the Western Cape has commenced. Proposed amendments to the Mental Health Care Act Regulations were submitted to the National Department of Health.

**Table 4.4.5: Strategic objectives for Psychiatric Hospitals 2014/15**

| Sub-programme 4.3: Psychiatric Hospitals   |  |                    |   |                    |             |                      |           |   |
|--|--|--------------------|---|--------------------|-------------|----------------------|-----------|---|
| Strategic objectives   | Performance indicator  | Actual achievement | Planned target  | Actual achievement | Deviation * | Comment on deviation |           |   |
|  |  | 2013/14            | 2014/15   | 2014/15            | 2014/15     |                      |           |   |
| <b>STRATEGIC GOAL 1: Address the burden of disease.</b>  |  |                    |   |                    |             |                      |           |   |
| 1.1  | Address the burden of disease by ensuring access to psychiatric hospital services.                                       | 1.1.1              | Number of usable beds (psychiatric hospitals)   | 1 698              | 1 698       | 1 680                | (18)      | Lentegeur Hospital closed 18 beds. It was approved for closure in terms of a planning process. The target was set prior to the bed numbers being approved in terms of the departmental policy on bed changes.   |
| 1.2  | Address the burden of disease by ensuring access to step-down facilities.  | 1.2.1              | Number of usable beds (step-down facilities)  | 145                | 145         | 145                  | 0         | Target achieved - no deviations.  |
|  |  | 1.2.2              | Inpatient bed utilisation rate (step-down facilities)                                 | 82.2%              | 84.1%       | 89.0%                | 4.9%      | This is a reflection of service pressures experienced in these step-down facilities.<br>New Beginnings: There has been an increase in the inpatient days which is a result of the increase in admissions and turnover of clients being referred from both Lentegeur and Stikland Hospitals. 62 of the beds at New Beginnings are residential beds and are always 100% filled with little or no separations from these beds. |
|  |  |                    | Numerator:  | 43 504             | 44 485      | 47 125               | 2 640     |   |
|  |  |                    | Denominator:  | 52 931             | 52 925      | 52 931               | 6         | William Slater: Increase at William Slater as patients tested positive for substance use, weekend leave privileges were withdrawn, whilst receiving individual intervention to manage their substance use/abuse.  |
| <b>STRATEGIC GOAL 2: Optimal financial management to maximise health outcomes.</b>                     |  |                    |   |                    |             |                      |           |   |
| 2.1  | Allocate sufficient funds to ensure the sustained delivery of the full package of quality psychiatric hospital services. | 2.1.1              | Expenditure per patient day equivalent (PDE) in 2012/13 rands (psychiatric hospitals) | R1 106             | R 1 158     | R 1 137              | R 18      | Expenditure per patient day equivalent 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 this deviation as having achieved the target.   |
|  |  |                    | Numerator:  | 629 874 490        | 655 206 638 | 639 597 496          | 6 365 786 |   |
|  |  |                    | Denominator:  | 569 423            | 565 978     | 562 696              | (3 282)   |   |
| <b>STRATEGIC GOAL 3: Ensure and maintain organisational strategic management capacity and synergy.</b> |  |                    |   |                    |             |                      |           |   |
| 3.1  | Ensure that management provides sustained support and strategic direction in the delivery of health services.            | 3.1.1              | Inpatient bed utilisation rate (psychiatric hospitals)                                | 89.7%              | 89.2%       | 88.9%                | 0.3%      | Bed utilisation 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 this deviation of less than 5% as having achieved the target.  |
|  |  |                    | Numerator:  | 555 745            | 552 625     | 549 227              | 3 399     | 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.   |
|  |  |                    | Denominator:  | 619 838            | 619 770     | 617 648              | (2 122)   |   |
|  |  | 3.1.2              | Average length of stay (psychiatric hospitals)  | 91.4 days          | 89.1 days   | 92.4 days            | 3.3 days  | Average length of stay in psychiatric services 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 this deviation of less than 5% as having achieved the target.   |
|  |  |                    | Numerator:  | 555 745            | 552 625     | 549 227              | 3 399     | On average patients stayed longer than anticipated due to the acuity of mental illness. Average length of stay varies significantly between acute, chronic, intellectual disability and forensic services.  |
|  |  |                    | Denominator:  | 6 080              | 6 200       | 5 944                | (256)     |   |
| <b>STRATEGIC GOAL 4: Improve the quality of health services and improve the patient experience.</b>    |  |                    |   |                    |             |                      |           |   |
| 4.1  | Improve the quality of health services and the patient experience.   | 4.1.1              | Mortality and morbidity review rate (psychiatric hospitals)                           | 120.0%             | 100.0%      | 115.0%               | 15.0%     | More meetings were conducted than planned, resulting in improved clinical governance and enhancing the quality of patient care.   |
|  |  |                    | Numerator:  | 48                 | 40          | 46                   | 6         |   |
|  |  |                    | Denominator:  | 40                 | 40          | 40                   | 0         |   |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

Note:

Strategic objective indicators are repeated in the performance indicator table below to maintain consistency with information published in the 2014/15 Annual Performance Plan.

**Table 4.4.6: Performance indicators for Psychiatric Hospitals 2014/15**

| Sub-programme 4.3: Psychiatric Hospitals  |                        |                |                    |             |  |
|---|------------------------|----------------|--------------------|-------------|--|
| Performance indicator   | Actual achievement     | Planned target | Actual achievement | Deviation * | Comment on deviation   |
|   | 2013/14                | 2014/15        | 2014/15            | 2014/15     |  |
| <b>SECTOR SPECIFIC INDICATORS</b>   |                        |                |                    |             |  |
| 1. Inpatient bed utilisation rate (psychiatric hospitals)   | 89.7%                  | 89.2%          | 88.9%              | 0.3%        | Bed utilisation 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 this deviation of less than 5% as having achieved the target. 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. |
| Numerator:  | 555 745                | 552 625        | 549 227            | 3 399       |  |
| Denominator:  | 619 838                | 619 770        | 617 648            | (2 122)     |  |
| 2. Expenditure per patient day equivalent (PDE) (psychiatric hospitals)   | R1 106                 | R 1 328        | R1 303             | R 25        | Expenditure per patient day equivalent 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 this deviation as having achieved the target.  |
| Numerator:  | 629 874 490            | 751 359 800    | 733 459 979        | 17 899 821  |  |
| Denominator:  | 569 423                | 565 978        | 562 696            | 3 282       |  |
| 3. Complaint resolution within 25 working days rate (psychiatric hospitals)   | 92.1%                  | 96.8%          | 98.2%              | 1.4%        | The reporting system has improved as has the health service's focus on improving the patient-centred experience, resulting in fewer complaints logged.   |
| Numerator:  | 93                     | 92             | 112                | 20          |  |
| Denominator:  | 101                    | 95             | 114                | 19          |  |
| 4. Mental health admission rate   | N/A                    | N/A            | N/A                | N/A         | Not applicable.  |
| Numerator:  | -                      | -              | -                  | -           |  |
| Denominator:  | -                      | -              | -                  | -           |  |
| 5. Patient satisfaction rate (psychiatric hospitals)  | 84.5%                  | 91.8%          | 85.8%              | (6.0%)      | Overall the satisfaction rate 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.  |
| Numerator:  | 631                    | 560            | 685                | 125         |  |
| Denominator:  | 747                    | 610            | 798                | 188         |  |
| 6. Percentage of hospitals that have conducted gap-assessments for compliance against the national core standards (psychiatric hospitals) | 100.0%                 | 100.0%         | 100.0%             | 0.0%        | Target achieved – no deviation.  |
| Numerator:  | 4                      | 4              | 4                  | 0           |  |
| Denominator:  | 4                      | 4              | 4                  | 0           |  |
| 7. Percentage of hospitals assessed as compliant with the extreme measures of national core standards (psychiatric hospitals)             | Not required to report | None           | 0%                 | -           | As this is a new performance indicator, a baseline target could not be set for the 2014/15 financial year.   |
| Numerator:  | -                      | -              | 0                  | -           |  |
| Denominator:  | -                      | -              | 4                  | -           |  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

## 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, and district and community based services. Funding transfer payments to Open Circle and Hurdy Gurdy will ensure the continuation of this very important service.

An intermediate ward will be established at Lentegeur Hospital and intellectual disability services will be consolidated to ensure maximum efficiencies are gained.

The service established at William Slater matches the pre-discharge service at other hospitals. To convert this to a unit for less stable patients, the staffing model must shift from an intermediate care facility to an in-patient care unit, depending on the availability of sufficient funds.

## Changes to planned targets

No targets were changed during the year.

## REHABILITATION SERVICES

### Strategic objectives

- (1) Address the burden of disease by ensuring access to rehabilitation services.
- (2) Allocate sufficient funds to ensure the sustained delivery of the full package of quality rehabilitation hospital services.
- (3) Ensure that management provides sustained support and strategic direction in the delivery of health services.
- (4) Improve the quality of health services and the patient experience.

### Strategic objectives, performance indicators, planned targets and actual achievements

This sub-programme funded the activities of the Western Cape Rehabilitation Centre (WCRC), which provides specialised rehabilitation services for people with physical disabilities. The Orthotic and Prosthetic Centre (OPC) resorts under the management of the WCRC.

A public private partnership (PPP) was established for the provision of equipment, facilities management and all associated services at the WCRC and Lentegeur Hospital (which is on the same site). The PPP between WCG: Health and Mpilisweni Consortium was the first of its kind within the Department. This twelve year contract concluded its eighth year at the end of this reporting period. The PPP procurement methodology has demonstrated improved control regarding efficient and effective service delivery.

### Address the burden of disease by ensuring access to rehabilitation services

The WCRC, a 156-bed facility, provided a specialised, comprehensive, multi-disciplinary inpatient and outpatient rehabilitation service to persons with physical disabilities. It also provided support to the district health services to facilitate the development of quality rehabilitation services for persons with physical disabilities.

The service included the provision of mobility and other assistive devices, including orthotics and prosthetics where indicated, and provided a platform for rehabilitation related training. Specialised outpatient services were provided at urology, orthopaedics, plastics and specialised seating clinics.

Due to acute bed pressures at WCRC, patients were discharged at a lower outcome level, requiring the focus to shift to community and other resources outside WCRC, so that higher outcome levels can be achieved post discharge. Service solutions for the prevention of secondary complications in persons with disabilities were facilitated, particularly in high risk groups such as the spinal cord injured.

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

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

Sufficient funds were allocated to ensure the delivery of specialised rehabilitation services and address the objectives within an affordable cost per patient day of R2 343. This sub-programme demonstrated strong financial controls, remaining within the allocated cost per patient day.

This sub-programme was allocated 5.8 percent of the 2014/15 Programme 4 budget and was appropriately used to enhance integration of rehabilitation services across the service platform.

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 monitored by both the Provincial and National Treasuries.

## Ensure that management provides sustained support and strategic direction in the delivery of health 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 at 95.4 per cent. The affordable APL is funded at 95.9 per cent.

## Improve the quality of health services and the patient experience

WCRC celebrated its tenth birthday in 2014/15 and systems and processes that were implemented for specialised rehabilitation services were reviewed. Technical quality received a lot of attention and the goal for next year will be to maintain targets. Monthly mortality and morbidity meetings improved management and mitigation of clinical risks.

One of the focus areas is to develop tools to identify clients who are at high risk of developing complications within the facility, or while they are on weekend leave, or on discharge.

Task teams continued with active participation in identified priority areas such as reducing patient falls, pressure sores and catheter-acquired urinary tract infections.

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 was assessed and quality improvement plans are based on the outcome. WCRC showed an improvement in all areas, though compliance remains a challenge. Marked improvements were recorded in the percentage compliance with documentation and waiting times.

**Table 4.4.7: Strategic objectives for Rehabilitation Hospitals 2014/15**

| Sub-programme 4.4: Rehabilitation Hospitals   |  |                    |                |                    |             |  |
|---|--|--------------------|----------------|--------------------|-------------|--|
| Strategic objectives  | Performance indicator  | Actual achievement | Planned target | Actual achievement | Deviation * | Comment on deviation   |
|   |  | 2013/14            | 2014/15        | 2014/15            | 2014/15     |  |
| <b>STRATEGIC GOAL 1: Address the burden of disease.</b>   |  |                    |                |                    |             |  |
| 1.1 Address the burden of disease by ensuring access to rehabilitation services.  | 1.1.1 Number of usable beds (rehabilitation hospitals)   | 156                | 156            | 156                | 0           | Target achieved - no deviation.  |
| <b>STRATEGIC GOAL 2: Optimal financial management to maximise health outcomes.</b>  |  |                    |                |                    |             |  |
| 2.1 Allocate sufficient funds to ensure the sustained delivery of the full package of quality rehabilitation hospital services. | 2.1.1 Expenditure per patient day equivalent (PDE) in 2012/13 rands (rehabilitation hospitals) | R 1 951            | R 2 387        | R 2 343            | (R 44)      | 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 Department therefore considers a deviation of less than 5% as having achieved the target. Fiscal discipline applied contributed to the reduced cost per patient day. |
|   | Numerator:   | 92 843 113         | 107 962 449    | 111 238 324        | 3 275 875   |  |
|   | Denominator:   | 47 589             | 45 227         | 47 483             | 2 256       |  |

| Sub-programme 4.4: Rehabilitation Hospitals   |  |                    |                |                    |             |  |
|---|--|--------------------|----------------|--------------------|-------------|--|
| Strategic objectives  | Performance indicator  | Actual achievement | Planned target | Actual achievement | Deviation * | Comment on deviation   |
|   |  | 2013/14            | 2014/15        | 2014/15            | 2014/15     |  |
| <b>STRATEGIC GOAL 3: Ensure and maintain organisational strategic management capacity and synergy.</b>            |  |                    |                |                    |             |  |
| 3.1 Ensure that management provides sustained support and strategic direction in the delivery of health services. | 3.1.1 Inpatient bed utilisation rate (rehabilitation hospitals)      | 77.6%              | 75.9%          | 77.6%              | 1.7%        | 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.<br><br>The BUR increased due to the increased demand from acute hospitals to admit patients for rehabilitation. The increased levels of acuity of patients on admission resulted in fewer suspensions as many patients were not yet ready and safe for week-end leave. Social factors also contributed to the increased BUR as some patients are indigent and require placement outside the Department of Health. |
|   | Numerator:   | 44 176             | 43 210         | 44 188             | 978         |  |
|   | Denominator:   | 56 946             | 56 940         | 56 946             | 6           |  |
|   | 3.1.2 Average length of stay (rehabilitation hospitals)              | 50.8 days          | 48.3 days      | 58.5 days          | (10.2 days) |  |
|   | Numerator:   | 44 176             | 43 210         | 44 188             | (978)       |  |
|   | Denominator:   | 869                | 895            | 755                | (140)       |  |
| <b>STRATEGIC GOAL 4: Improve the quality of health services and improve the patient experience.</b>               |  |                    |                |                    |             |  |
| 4.1 Improve the quality of health services and the patient experience.  | 4.1.1 Morbidity and mortality review rate (rehabilitation hospitals) | 120.0%             | 100.0%         | 120.0%             | 20.0%       | More meetings were conducted than planned resulting in improved clinical governance and enhancing the quality of patient care.   |
|   | Numerator:   | 12                 | 10             | 12                 | 2           |  |
|   | Denominator:   | 10                 | 10             | 10                 | 0           |  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

Note:  
Strategic objective indicators are repeated in the performance indicator table below to maintain consistency with information published in the 2014/15 Annual Performance Plan.

**Table 4.4.8: Performance indicators for Rehabilitation Hospitals 2014/15**

| Sub-programme 4.4: Rehabilitation Hospitals  |                        |                |                    |             |  |
|--|------------------------|----------------|--------------------|-------------|--|
| Performance indicator  | Actual achievement     | Planned target | Actual achievement | Deviation * | Comment on deviation   |
|  | 2013/14                | 2014/15        | 2014/15            | 2014/15     |  |
| <b>SECTOR SPECIFIC INDICATORS</b>  |                        |                |                    |             |  |
| 1. Inpatient bed utilisation rate (rehabilitation hospitals)   | 77.6%                  | 75.9%          | 77.6%              | 1.7%        | 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.<br>The BUR increased due to the increased demand from acute hospitals to admit patients for rehabilitation. The increased levels of acuity of patients on admission resulted in fewer suspensions as many patients were not yet ready and safe for week-end leave. Social factors also contributed to the increased BUR as some patients are indigent and require placement outside the Department of Health. |
| Numerator:   | 44 176                 | 43 210         | 44 188             | 978         |  |
| Denominator:   | 56 946                 | 56 940         | 56 946             | 6           |  |
| 2. Expenditure per patient day equivalent (PDE) (rehabilitation hospitals)   | R 1 951                | R 2 737        | R 2 687            | R 50        | 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 Department therefore considers a deviation of less than 5% as having achieved the target. Fiscal discipline applied contributed to the reduced cost per patient day.   |
| Numerator:   | 92 843 113             | 123 806 200    | 127 562 817        | (3 756 617) |  |
| Denominator:   | 47 589                 | 45 227         | 47 483             | (2 256)     |  |
| 3. Complaint resolution within 25 working days rate (rehabilitation hospitals)   | 100.0%                 | 100.0%         | 93.9%              | (6.1%)      | Two complaints were not resolved within the prescribed timeframe.  |
| Numerator:   | 43                     | 30             | 31                 | 1           |  |
| Denominator:   | 43                     | 30             | 33                 | 3           |  |
| 4. Mental health admission rate (rehabilitation hospitals)   | N/A                    | N/A            | N/A                | N/A         | Not applicable.  |
| Numerator:   | -                      | -              | -                  | -           |  |
| Denominator:   | -                      | -              | -                  | -           |  |
| 5. Patient satisfaction rate (rehabilitation hospitals)  | 93.1%                  | 91.8%          | 93.5%              | 1.7%        | Target exceeded. More patients indicated that they were satisfied with treatment received.   |
| Numerator:   | 230                    | 202            | 203                | 1           |  |
| Denominator:   | 247                    | 220            | 217                | -3          |  |
| 6. Percentage of hospitals that have conducted gap-assessments against the national core standards (rehabilitation hospitals)    | 100.0%                 | 100.0%         | 100.0%             | 0.0%        | Target achieved – no deviations.   |
| Numerator:   | 1                      | 1              | 1                  | 0           |  |
| Denominator:   | 1                      | 1              | 1                  | 0           |  |
| 7. Percentage of hospitals assessed as compliant with the extreme measures of national core standards (rehabilitation hospitals) | Not required to report | None           | 0%                 | -           | As this is a new performance indicator, a baseline target could not be set for the 2014/15 financial year.   |
| Numerator:   | -                      | -              | 0                  | -           |  |
| Denominator:   | -                      | -              | 1                  | -           |  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

## **Strategies to overcome areas of under-performance**

Average length of stay (ALOS) is a demand-driven indicator which means it is not possible for the Department to predict with 100 per cent accuracy the number of people that will require a health service. Several things which are outside the control of the Department contributed to the increase ALOS, such as increased acuity levels and complexity of patients admitted to WCRC, complicated surgical cases that requires a longer stay and social factors such as placement problems.

Patients contributing to the longer length of stay; including placement problems, medical complications and patients from foreign countries requiring repatriation; will be managed through the appropriate structures and other government institutions.

Development of adequate rehabilitation services at primary level within the geographic service areas will continue to ensure the retention of functional gains after discharge of clients back into their communities. The efficient running of the Technical Rehabilitation Task Team will be a facilitator of treatment initiatives outside WCRC to achieve higher outcome levels post discharge.

Some of the focus areas that have been identified include managing of stroke patients directly in the community and facilitating adherence to the core package of wheelchair and seating services at all levels. The nurse to bed ratio must be improved in line with the increased patient acuity. The current nurse to bed ratio is 1:1. Due to budget limitations within the approved post list, 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

### Strategic objectives

- (1) Ensure access to dental training hospitals.

### **Strategic objectives, performance indicators, planned targets and actual achievements**

This sub-programme funded oral health services based at the dental faculty of the University of the Western Cape (UWC), also referred to as the oral health centre (OHC), and was mostly responsible for the training of certain categories of oral health professionals namely dentists 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, orthodontics, surgical procedures and maxilla-facial procedures.

The Oral Health Plan for 2014/15 took a pragmatic approach and focused on specific identifiable aspects that could be implemented with minimal cost implications. The plan is deeply embedded in the services and aimed at the strengthening of oral health services.

### Ensure access to dental training hospitals

The rate of dental caries in the Western Cape is very high. The Oral Health Centre is the only provincial facility that provides a comprehensive denture service for state patients. A policy document was developed which introduced a number of preventative strategies aimed at primary school children with the objective of reducing the high burden of oral disease. 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 4.9 per cent of the 2014/15 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 oral health plan.

Oral hygienists form the backbone for oral health promotion and prevention and posts were activated in the rural districts - two posts were funded from this sub-programme. The Approved Post List was filled at 94.0 per cent - the affordable target being 95.9 per cent.

The Dental Faculty at UWC provided up-skilling and training of oral hygienists to improve the quality of clinical procedures performed.

**Table 4.4.9: Strategic objectives for Dental Training Hospitals 2014/15**

| Sub-programme 4.5: Dental Training Hospitals            |  |                    |                |                    |             |   |
|---|--|--------------------|----------------|--------------------|-------------|---|
| Strategic objectives                                    | Performance indicator  | Actual achievement | Planned target | Actual achievement | Deviation * | Comment on deviation  |
|   |  | 2013/14            | 2014/15        | 2014/15            | 2014/15     |   |
| <b>STRATEGIC GOAL 1: Address the burden of disease.</b> |  |                    |                |                    |             |   |
| 1.1 Ensure access to dental training hospitals.         | 1.1.1 Number of oral health patient visits per annum                             | 114 848            | 112 010        | 121 262            | 9 252       | 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, dependent on student availability. Posts were also filled to address the service demand.  |
|   | 1.1.2 Number of removable oral health prosthetic devices manufactured (dentures) | 4 722              | 4 220          | 3 883              | (337)       | The number of removable oral health prosthetic devices 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 is mainly a student driven service, dependent on student availability. Students are not available during examination times and holiday periods. |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

Note:

Strategic objective indicators are repeated in the performance indicator table below to maintain consistency with information published in the 2014/15 Annual Performance Plan.

**Table 4.4.10: Performance indicators for Dental Training Hospitals 2014/15**

There are no nationally prescribed indicators for Dental Training Hospitals.

### 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.

### Changes to planned targets

No targets were changed during the year.

## Linking performance with budgets

**Table 4.4.11: Summary of expenditure for Provincial Hospital Services 2014/15**

| Expenditure                       | 2014/15                      |                             |                                     | 2013/14                      |                             |                                     |
|-----------------------------------|------------------------------|-----------------------------|-------------------------------------|------------------------------|-----------------------------|-------------------------------------|
|                                   | Final appropriation<br>R'000 | Actual expenditure<br>R'000 | (Over) / under expenditure<br>R'000 | Final appropriation<br>R'000 | Actual expenditure<br>R'000 | (Over) / under expenditure<br>R'000 |
| 4.1: General (Regional) Hospitals | 1 486 972                    | 1 492 758                   | (5 786)                             | 1 336 786                    | 1 336 141                   | 645                                 |
| 4.2: Tuberculosis Hospitals       | 248 746                      | 249 138                     | (392)                               | 223 809                      | 225 222                     | (1 413)                             |
| 4.3: Psychiatric Hospitals        | 705 884                      | 700 868                     | 5 016                               | 664 819                      | 668 413                     | (3 594)                             |
| 4.4: Rehabilitation Services      | 160 081                      | 160 155                     | (74)                                | 150 147                      | 150 328                     | (181)                               |
| 4.5: Dental Training Hospitals    | 127 129                      | 125 814                     | 1 315                               | 124 578                      | 119 784                     | 4 794                               |
| <b>Total</b>                      | <b>2 728 812</b>             | <b>2 728 733</b>            | <b>79</b>                           | <b>2 500 139</b>             | <b>2 499 888</b>            | <b>251</b>                          |

Programme 4's annual expenditure came within 0.1 per cent of the allocated budget, ensuring that the budget was optimally spent in line with the objectives set for the programme and its entities. Despite the service demand, the programme's ability to apply stringent fiscal control is evident in the balanced budget and financial compliance measures implemented.

Areas of overspending mainly occurred within *Goods and Services* in regional hospitals, mostly in medical supplies, which is a marker of the service demand.

Sub-programme 4.3: Psychiatric Hospitals showed a saving within *Goods and Services*, mostly in agency staff, as a targeted intervention was implemented to reduce costs and dependency on agency services by ensuring that posts are filled permanently.

The surplus within dental training hospitals mainly reflects within the capital budget as key equipment could not be delivered in time prior to 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 protected the highly specialised services by filling a third specialist post in the rural regional hospitals. Targeted campaigns included additional arthroplasty procedures for patients that have been on waiting lists for long periods.

The growth in the burden of mental illness placed pressure on the acute psychiatric services, but the management strategies attempted addressing the burden. Forensic observations were increased at Valkenberg Hospital.

## 4.5 PROGRAMME 5: CENTRAL HOSPITAL SERVICES

### Purpose of the programme

To provide tertiary and quaternary health services and create 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.

### General overview of the programme

This programme funds the delivery of highly specialised tertiary and quaternary services as well as a component of general specialist services in two central hospitals and one tertiary hospital. The central and tertiary hospitals also serve as an important research and training platform for under- and post-graduate health professionals.

Central and tertiary hospitals provide services for the Province and receive referrals from across the country. The lists of services provided are detailed below. Tertiary services are partially funded/subsidised through the National Tertiary Services Conditional Grant (refer to the section on conditional grants).

**Table 4.5.1: Highly specialised services provided in central and tertiary hospitals**

| Discipline                     | Sub-discipline   |
|--------------------------------|--|
| Critical care (intensive care) | Adult critical care  |
|                                | Paediatric critical care                                       |
|                                | Neonatal critical care   |
| Obstetrics and gynaecology     | Maternal-foetal medicine                                       |
|                                | Oncology   |
|                                | Reproductive medicine  |
|                                | Urogynaecology   |
| Surgery                        | General surgery, including hepatobiliary and abdominal surgery |
|                                | Cardiothoracic surgery   |
|                                | Neurosurgery   |
|                                | Ophthalmology  |
|                                | Plastic and reconstructive surgery                             |
|                                | Urology  |
|                                | Ear, nose and throat   |
|                                | Maxillofacial surgery  |
|                                | Vascular surgery   |
|                                | Trauma surgery   |
| Orthopaedics                   | Hand surgery   |
|                                | Orthopaedics   |
|                                | Spinal surgery   |
|                                | Paediatric orthopaedics  |
| Paediatric surgery             | Paediatric general surgery                                     |
|                                | Paediatric neurosurgery  |
|                                | Paediatric ophthalmology                                       |
|                                | Paediatric otolaryngology                                      |
|                                | Paediatric urology   |

| Discipline                     | Sub-discipline                           |
|--------------------------------|--|
| Paediatric medicine            | General paediatrics                      |
|                                | Paediatric cardiology                    |
|                                | Paediatric clinical haematology/oncology |
|                                | Paediatric gastroenterology              |
|                                | Paediatric infectious diseases           |
|                                | Paediatric nephrology                    |
|                                | Paediatric neurology                     |
|                                | Paediatric pulmonology                   |
| Medicine                       | Allergology                              |
|                                | Cardiology                               |
|                                | Clinical haematology/oncology            |
|                                | Dermatology                              |
|                                | Emergency medicine                       |
|                                | Endocrinology                            |
|                                | Gastroenterology                         |
|                                | General medicine                         |
|                                | Geriatrics                               |
|                                | Hepatology                               |
|                                | Infectious diseases                      |
|                                | Nephrology                               |
|                                | Neurology                                |
|                                | Pulmonology                              |
|                                | Rheumatology                             |
| Radiation and imaging medicine | Radiation medicine                       |
|                                | Radiology                                |
|                                | Nuclear medicine                         |
|                                | PET scanning                             |
|                                | Diagnostic radiology                     |
| Psychiatry                     | General psychiatry                       |
|                                | Forensic psychiatry                      |
| Psychiatry                     | Child and Adolescent Psychiatry          |

## **CENTRAL HOSPITAL SERVICES**

### **Strategic objectives**

- (1) Reduce maternal mortality due to complications during delivery.
- (2) Ensure the delivery of central hospital services to manage the burden of disease at the appropriate level of care.
- (3) Ensure optimal access to central hospital services to manage the burden of disease.
- (4) Allocate, manage and generate sufficient funds to ensure sustained delivery of the full package of quality, central hospital services.
- (5) Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for central hospital services.
- (6) Improve the quality of health services.

### **Strategic objectives, performance indicators, planned targets and actual achievements**

#### **Reduce maternal mortality due to complications during delivery**

To improve maternal, child and women's health services and health outcomes, all hospitals retained their baby-friendly hospital status and promoted breastfeeding.

The hospitals ensure strict adherence to the PMTCT regime policy to help reduce the transmission of HIV from mothers to babies.

#### **Ensure the delivery of central hospital services to manage the burden of disease at the appropriate level of care**

The staff employed by central hospitals played an active role in providing outreach and support within the Geographic Service Area (GSA). In addition to strengthening general specialist services and contributions to the GSA service priorities, support was also provided to the newly commissioned Mitchell's Plain Hospital.

#### **Ensure optimal access to central hospital services to manage the burden of disease**

Tygerberg and Groote Schuur Hospitals contributed towards improving equity of access by participating in the arthroplasty waiting list project, applying uniform clinical criteria and reviewing waiting times to prioritise patient requiring elective arthroplasty surgery. Waiting times have been significantly reduced.

The management of bottleneck areas such as intensive care units (ICU), theatres and radiology were improved inter alia by:

- Monitoring starting times for theatre lists to ensure optimal use of available operating time.
- Monitoring theatre cancellation rates and compliance with the completion of the World Health Organisation (WHO) safety check list.

#### **Allocate, manage and generate sufficient funds to ensure sustained delivery of the full package of quality, central hospital services**

Decentralised decision making was improved through strengthening the implementation of Functional Business Units (FBUs) for each clinical discipline. The mapping of cost centres to FBU structures were reviewed.

#### **Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for central hospital services**

Audit compliance for predetermined objectives, financial and human resources management were strengthened by conducting regular reviews and completing Compliance Management Instrument (CMI) templates.

## Improve the quality of health services

Morbidity and mortality meetings as well as regular clinical audit of selected cases were conducted. A selected bundle from the best care always initiative was implemented in certain areas to improve the patient-centred approach to quality of care. Other strategies included measuring and reducing waiting times. The hospitals also implemented a system to monitor and improve responsiveness to infections caused by selected organisms, conducted and responded to the findings of the annual patient satisfaction survey and put plans and measures in place to improve compliance against the national core standards.

**Table 4.5.2: Strategic objectives for Central Hospitals 2014/15**

| Sub-programme 5.1: Central Hospital Services   |   |                    |                |                    |              |   |
|--|---|--------------------|----------------|--------------------|--------------|---|
| Strategic objectives   | Performance indicator   | Actual achievement | Planned target | Actual achievement | Deviation *  | Comment on deviation  |
|  |   | 2013/14            | 2014/15        | 2014/15            | 2014/15      |   |
| <b>STRATEGIC GOAL 1: Address the burden of disease.</b>  |   |                    |                |                    |              |   |
| 1.1 Reduce maternal mortality due to complications during delivery.  | 1.1.1 Delivery by caesarean section rate (central hospitals)<br>Numerator:<br>Denominator:                            | 48.5%              | 49.2%          | 49.8               | (0.6%)       | 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 this deviation as having achieved the target. Each case is evaluated on clinical merit before performing the caesarean section. |
|  |   | 5 046              | 5 396          | 5 173              | (223)        |   |
|  |   | 10 405             | 10 978         | 10 393             | (585)        |   |
| 1.2 Ensure the delivery of central hospital services to manage the burden of disease at the appropriate level of care.   | 1.2.1 Number of usable beds (central hospitals)   | 2 359              | 2 359          | 2 359              | 0            | Target achieved – no deviation.   |
| 1.3 Ensure optimal access to central hospital services to manage the burden of disease.  | 1.3.1 Inpatient bed utilisation rate (central hospitals)<br>Numerator:<br>Denominator:                                | 85.1%              | 85.6%          | 85.8%              | 0.2%         | 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 this deviation as having achieved the target.   |
|  |   | 729 091            | 736 932        | 738 641            | 1 709        |   |
|  |   | 856 566            | 861 035        | 861 129            | 94           |   |
| <b>STRATEGIC GOAL 2: Optimal financial management to maximise health outcomes.</b>   |   |                    |                |                    |              |   |
| 2.1 Allocate, manage and generate sufficient funds to ensure sustained delivery of the full package of quality, central hospital services.                             | 2.1.1 Expenditure per patient day equivalent (PDE) in 2012/13 rands (central hospitals)<br>Numerator:<br>Denominator: | R3 523             | R 3 694        | R 3 736            | (R 42)       | 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 this deviation as having achieved the target.   |
|  |   | 3 511 033 649      | 3 737 062 081  | 3 771 606 149      | (34 544 068) |   |
|  |   | 996 506            | 1 011 751      | 1 009 499          | (2 253)      |   |
| <b>STRATEGIC GOAL 3: Ensure and maintain organisational strategic management capacity and synergy.</b>   |   |                    |                |                    |              |   |
| 3.1 Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for central hospital services. | 3.1.1 Average length of stay (central hospitals)<br>Numerator:<br>Denominator:  | 6.2 days           | 6.1 days       | 6.2 days           | (0.1 days)   | 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 this deviation as having achieved the target.   |
|  |   | 729 091            | 736 932        | 738 641            | 1 709        |   |
|  |   | 118 351            | 121 635        | 119 127            | (2 508)      |   |
| <b>STRATEGIC GOAL 4: Improve the quality of health services and improve the patient experience.</b>  |   |                    |                |                    |              |   |
| 4.1 Improve the quality of health services.  | 4.1.1 Morbidity and mortality review rate (central hospitals)<br>Numerator:<br>Denominator:                           | 94.3%              | 86.7%          | 95.6%              | 8.9%         | 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.  |
|  |   | 66                 | 78             | 86                 | 8            |   |
|  |   | 70                 | 90             | 90                 | 0            |   |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

Note:  
Strategic objective indicators are repeated in the performance indicator table below to maintain consistency with information published in the 2014/15 Annual Performance Plan.

**Table 4.5.3: Performance indicators for Central Hospitals 2014/15**

| Sub-programme 5.1: Central Hospital Services  |                        |                |                    |              |  |
|---|------------------------|----------------|--------------------|--------------|--|
| Performance indicator   | Actual achievement     | Planned target | Actual achievement | Deviation *  | Comment on deviation   |
|   | 2013/14                | 2014/15        | 2014/15            | 2014/15      |  |
| <b>SECTOR SPECIFIC INDICATORS</b>   |                        |                |                    |              |  |
| 1. Average length of stay (central hospitals)   | 6.2 days               | 6.1 days       | 6.2 days           | (0.1 days)   | 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 this deviation as having achieved the target.  |
| Numerator:  | 729 091                | 736 932        | 738 641            | 1 709        |  |
| Denominator:  | 118 351                | 121 635        | 119 127            | (2 508)      |  |
| 2. Inpatient bed utilisation rate (central hospitals)   | 85.1%                  | 85.6%          | 85.8%              | 0.2%         | 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 this deviation as having achieved the target.  |
| Numerator:  | 729 091                | 736 932        | 738 641            | 1 709        |  |
| Denominator:  | 856 566                | 861 035        | 861 129            | 94           |  |
| 3. Expenditure per patient day equivalent (PDE) (central hospitals)   | R 3 523                | R 4 236        | R 4 284            | (R 49)       | 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 this deviation as having achieved the target. There has been a marginal over expenditure in terms of the planned target, service outputs also marginally exceeded the planned target, specifically for outpatient related services. The nett effect is a small cost per PDE deviation. |
| Numerator:  | 3 511 033 649          | 4 285 485 000  | 4 325 098 494      | (39 613 494) |  |
| Denominator:  | 996 506                | 1 011 751      | 1 009 499          | (2 253)      |  |
| 4. Complaint resolution within 25 working days rate (central hospitals)   | 84.4%                  | 82.5%          | 83.9%              | 1.4%         | 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 this deviation as having achieved the target.  |
| Numerator:  | 760                    | 707            | 773                | 66           |  |
| Denominator:  | 900                    | 857            | 921                | 64           |  |
| 5. Mental health admission rate (central hospitals)   | 1.4%                   | 1.4%           | 1.4%               | 0.0%         | Target achieved – no deviation.  |
| Numerator:  | 1 627                  | 1 715          | 1 682              | (33)         |  |
| Denominator:  | 118 351                | 121 635        | 119 127            | (2 508)      |  |
| 6. Patient satisfaction rate (central hospitals)  | 89.3%                  | 91.0%          | 90.7%              | (0.4%)       | 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 this deviation as having achieved the target.  |
| Numerator:  | 2 791                  | 3 533          | 2 347              | (1 186)      |  |
| Denominator:  | 3 127                  | 3 880          | 2 588              | (1 292)      |  |
| 7. Percentage of hospitals that have conducted gap-assessments for compliance against the national core standards (central hospitals) | 100%                   | 100.0%         | 100.0%             | 0.0%         | Target achieved – no deviation.  |
| Numerator:  | 2                      | 2              | 2                  | 0            |  |
| Denominator:  | 2                      | 2              | 2                  | 0            |  |
| 8. Percentage of hospitals assessed as compliant with the extreme measures of national core standards (central hospitals)             | Not required to report | None           | 0%                 | -            | As this is a new performance indicator, no baseline information was available to set a target in the 2014/15 Annual Performance Plan.  |
| Numerator:  | -                      | -              | 0                  | -            |  |
| Denominator:  | -                      | -              | 2                  | -            |  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.



## Strategies to overcome areas of under-performance

No material under-performance identified for Central Hospital Services.

## Changes to planned targets

No targets were changed during the year.

## GROOTE SCHUUR HOSPITAL

### Strategic objectives

- (1) Reduce maternal mortality due to complications during delivery.
- (2) Ensure the delivery of central hospital services to manage the burden of disease at the appropriate level of care.
- (3) Ensure optimal access to central hospital services to manage the burden of disease.
- (4) Allocate, manage and generate sufficient funds to ensure sustained delivery of the full package of quality, central hospital services.
- (5) Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for central hospital services.
- (6) Improve the quality of health services.

### Strategic objectives, performance indicators, planned targets and actual achievements

#### Reduce maternal mortality due to complications during delivery

Access to a comprehensive maternal service was improved by supporting the commissioning of a breast cancer clinic at Mitchell's Plain Hospital. Preparatory work for the commissioning of a colposcopy clinic at Mitchell's Plain Hospital has been finalised and the clinic will be commissioned in 2015/16.

#### Ensure the delivery of central hospital services to manage the burden of disease at the appropriate level of care

Mental health services, especially related to post natal conditions, were strengthened with the appointment of a sessional psychiatrist with interest in maternal psychiatric support, and the commissioning of an OPD clinic to support mothers who experience early or late pregnancy loss.

Systems were strengthened by providing clinical staff to perform structured outreach in surgery, medicine and obstetrics and gynaecology at Mitchell's Plain Hospital.

#### Ensure optimal access to central hospital services to manage the burden of disease

The management of bottleneck areas such as intensive care units (ICU), theatres and radiology were improved inter alia by:

- Commissioning additional post-operative high care beds to ensure improved patient flow and work output.
- Commissioning additional theatre lists for orthopaedic and oncological surgery. Additional urgent theatre lists were commissioned on Mondays and Thursdays.

#### Allocate, manage and generate sufficient funds to ensure sustained delivery of the full package of quality, central hospital services

Decentralised decision making was improved through strengthening the implementation of Functional Business Units (FBUs) for each clinical discipline. The mapping of cost centres to FBU structures was reviewed.

Key high cost equipment for Groote Schuur Hospital included:

- A MRI scanner.
- A neurology catheterisation laboratory.
- A cardiac catheterisation laboratory.
- A mammography unit.
- A centricity software system catheterisation laboratory.

## **Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for central hospital services**

Groote Schuur Hospital established a hub to explore innovative and efficient ways of delivering health services. The hospital participated in initiatives to improve audit compliance for predetermined objectives, financial management and human resources management by conducting regular reviews and CMI templates. An infrastructure project to accommodate a new linear accelerator is still ongoing.

## **Improve the quality of health services**

An antibiotic stewardship committee was established and is conducting regular meetings. The best care always programme to reduce hospital acquired infections was sustained in selected areas in the hospital.

**Table 4.5.4: Strategic objectives for Groote Schuur Hospital 2014/15**

| Sub-programme 5.1: Central Hospital Services – Groote Schuur Hospital  |  |                    |                |                    |             |   |
|--|--|--------------------|----------------|--------------------|-------------|---|
| Strategic objectives   | Performance indicator  | Actual achievement | Planned target | Actual achievement | Deviation * | Comment on deviation  |
|  |  | 2013/14            | 2014/15        | 2014/15            | 2014/15     |   |
| <b>STRATEGIC GOAL 1: Address the burden of disease.</b>  |  |                    |                |                    |             |   |
| 1.1 Reduce maternal mortality due to complications during delivery.  | 1.1.1 Delivery by caesarean section rate (Groote Schuur Hospital)                            | 56.7%              | 57.0%          | 58.8%              | 1.8%        | 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 this deviation as having achieved the target. Each case is evaluated on clinical merit before performing the caesarean section.   |
|  | Numerator:   | 1 685              | 1 792          | 1 699              | (93)        |   |
|  | Denominator:   | 2 970              | 3 144          | 2 890              | (254)       |   |
| 1.2 Ensure the delivery of central hospital services to manage the burden of disease at the appropriate level of care.   | 1.2.1 Number of usable beds (Groote Schuur Hospital)   | 975                | 975            | 975                | -           | Target achieved – no deviation.   |
| 1.3 Ensure optimal access to central hospital services to manage the burden of disease.  | 1.3.1 Inpatient bed utilisation rate (Groote Schuur Hospital)                                | 84.7%              | 85.0%          | 84.9%              | (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. The Department therefore considers this deviation as having achieved the target.   |
|  | Numerator:   | 297 539            | 302 494        | 302 322            | (172)       |   |
|  | Denominator:   | 351 351            | 355 875        | 355 914            | 39          |   |
| <b>STRATEGIC GOAL 2: Optimal financial management to maximise health outcomes.</b>   |  |                    |                |                    |             |   |
| 2.1 Allocate, manage and generate sufficient funds to ensure sustained delivery of the full package of quality, central hospital services.                             | 2.1.1 Expenditure per patient day equivalent (PDE) in 2012/13 rands (Groote Schuur Hospital) | R3 860             | R 4 030        | R 4 037            | (R 7)       | 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 this deviation as having achieved the target. There has been a marginal over expenditure in terms of the planned target, service outputs also marginally exceeded the planned target, specifically for outpatient related services. The net effect is a small cost per PDE deviation. |
|  | Numerator:   | 1 679 680 074      | 1 780 781 062  | 1 790 679 723      | (9 898 661) |   |
|  | Denominator:   | 435 121            | 441 862        | 443 542            | 1 680       |   |
| <b>STRATEGIC GOAL 3: Ensure and maintain organisational strategic management capacity and synergy.</b>   |  |                    |                |                    |             |   |
| 3.1 Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for central hospital services. | 3.1.1 Average length of stay (Groote Schuur Hospital)  | 6.1 days           | 6.0 days       | 6.1 days           | (0.1 days)  | 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 this deviation as having achieved the target. The length of stay will be influenced by the acuity of the patients.  |
|  | Numerator:   | 297 539            | 302 494        | 302 322            | (172)       |   |
|  | Denominator:   | 49 012             | 50 416         | 49 362             | (1 252)     |   |
| <b>STRATEGIC GOAL 4: Improve the quality of health services and improve the patient experience.</b>  |  |                    |                |                    |             |   |
| 4.1 Improve the quality of health services.  | 4.1.1 Mortality and morbidity review rate (Groote Schuur Hospital)                           | 90.0%              | 90.0%          | 90.0%              | 0%          | Target achieved – no deviation.   |
|  | Numerator:   | 27                 | 36             | 36                 | 0           |   |
|  | Denominator:   | 30                 | 40             | 40                 | 0           |   |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

Note: Strategic objective indicators are repeated in the performance indicator table below to maintain consistency with information published in the 2014/15 Annual Performance Plan.

**Table 4.5.5: Performance indicators for Groote Schuur Hospital 2014/15**

| Sub-programme 5.1: Central Hospital Services  |                        |                |                    |              |   |  |
|---|------------------------|----------------|--------------------|--------------|---|--|
| Performance indicator   | Actual achievement     | Planned target | Actual achievement | Deviation *  | Comment on deviation  |  |
|   | 2013/14                | 2014/15        | 2014/15            | 2014/15      |   |  |
| <b>SECTOR SPECIFIC INDICATORS</b>   |                        |                |                    |              |   |  |
| 1. Average length of stay (Groote Schuur Hospital)  | 6.1 days               | 6.0 days       | 6.1 days           | (0.1 days)   | 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 this deviation as having achieved the target. The length of stay will be influenced by the acuity of the patients.  |  |
| Numerator:  | 297 539                | 302 494        | 302 322            | (172)        |   |  |
| Denominator:  | 49 012                 | 50 416         | 49 362             | (1 252)      |   |  |
| 2. Inpatient bed utilisation rate (Groote Schuur Hospital)  | 84.7%                  | 85.0%          | 84.9%              | (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. The Department therefore considers this deviation as having achieved the target.   |  |
| Numerator:  | 297 539                | 302 494        | 302 322            | (172)        |   |  |
| Denominator:  | 351 351                | 355 875        | 355 914            | 39           |   |  |
| 3. Expenditure per patient day equivalent (PDE) (Groote Schuur Hospital)  | R3 860                 | R 4 622        | R4 630             | (R 8)        | 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 this deviation as having achieved the target. There has been a marginal over expenditure in terms of the planned target, service outputs also marginally exceeded the planned target, specifically for outpatient related services. The net effect is a small cost per PDE deviation. |  |
| Numerator:  | 1 679 680 074          | 2 042 115 000  | 2 053 466 313      | (11 351 313) |   |  |
| Denominator:  | 435 121                | 441 862        | 443 542            | 1 680        |   |  |
| 4. Complaint resolution within 25 working days rate (Groote Schuur Hospital)  | 89.1%                  | 85.0%          | 90.2%              | 5.3%         | The hospital has put in place a mechanism whereby a list of complaints is compiled and circulated by Quality Assurance to all senior managers indicating the status of the complaints and the timeframes to resolution, in order to remain within the desired timeframe. This is a desirable deviation as the performance has therefore exceeded the planned target. The target will be adjusted over the MTEF.   |  |
| Numerator:  | 415                    | 361            | 489                | 128          |   |  |
| Denominator:  | 466                    | 425            | 542                | 117          |   |  |
| 5. Mental health admission rate (Groote Schuur Hospital)  | 2.6%                   | 2.7%           | 2.8%               | 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. The Department therefore considers this deviation as having achieved the target. This is a desirable deviation as the performance has therefore exceeded the planned target (more access has been provided). The target will be adjusted over the MTEF.  |  |
| Numerator:  | 1 276                  | 1 350          | 1 372              | 22           |   |  |
| Denominator:  | 49 012                 | 50 416         | 49 362             | (1 054)      |   |  |
| 6. Patient satisfaction rate (Groote Schuur Hospital)   | 88.2%                  | 90.0%          | 89.7%              | (0.3%)       | 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 this deviation as having achieved the target.   |  |
| Numerator:  | 2 090                  | 2 763          | 1 568              | (1 195)      |   |  |
| Denominator:  | 2 370                  | 3 070          | 1 748              | (1 322)      |   |  |
| 7. Hospital conducted a gap-assessments for compliance against the national core standards (Groote Schuur Hospital) | Yes                    | Yes            | Yes                | -            | Target achieved – no deviation.   |  |
| 8. Hospital assessed as compliant with the extreme measures of the national core standards (Groote Schuur Hospital) | Not required to report | None           | 0.0%               | -            | As this is a new performance indicator, no baseline information was available to set a target in the 2014/15 Annual Performance Plan.   |  |
| Numerator:  | -                      | -              | 0                  | -            |   |  |
| Denominator:  | -                      | -              | 1                  | -            |   |  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

## Strategies to overcome areas of under-performance

No material under-performance for the hospital.

## Changes to planned targets

No targets were changed during the year.

## TYGERBERG HOSPITAL

### Strategic objectives

- (1) Reduce maternal mortality due to complications during delivery.
- (2) Ensure the delivery of central hospital services to manage the burden of disease at the appropriate level of care.
- (3) Ensure optimal access to central hospital services to manage the burden of disease.
- (4) Allocate, manage and generate sufficient funds to ensure sustained delivery of the full package of quality, central hospital services.
- (5) Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for central hospital services.
- (6) Improve the quality of health services.

### Strategic objectives, performance indicators, planned targets and actual achievements

#### Reduce maternal mortality due to complications during delivery

A new dual energy linear accelerator (LinAcc) was installed with capacity to perform Volumetric Modulated Arc Therapy (VMAT) techniques. These techniques enable shorter treatment times and thus faster access to radiotherapy for breast cancer cases.

#### Ensure the delivery of central hospital services to manage the burden of disease at the appropriate level of care

The space utilisation and workflow in the emergency centre was improved by commissioning a 16-bed area in C 1 D West to decongest medical emergency unit F1.

A dedicated Infectious Diseases Paediatric ward with capacity for source isolation was commissioned.

#### Ensure optimal access to central hospital services to manage the burden of disease

Theatre access for emergency orthopaedic cases improved by commissioning additional emergency lists on Saturdays and Sundays and four MOTs (minor orthopaedic theatres).

Access to the adult critical burns unit were optimised by reviewing referral criteria and improving communication and consultation support with burns specialists.

#### Allocate, manage and generate sufficient funds to ensure sustained delivery of the full package of quality, central hospital services

Decentralised decision making was improved through strengthening the implementation of Functional Business Units (FBUs) for each clinical discipline. The mapping of cost centres to FBU structures was reviewed.

Key high cost equipment purchased for Tygerberg Hospital included:

- A vascular laboratory.
- A linear accelerator (remaining R5 million paid in 2014/15).
- 10 anaesthetic monitors.
- 25 patient x-ray laser systems.

## Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for central hospital services

In terms of infrastructure, detailed planning was completed on the upgrading of the emergency centre. Building work will commence in 2015/16. A rolling multi-year lift replacement programme continued and in 2014/15 ten lifts were upgraded. In addition, the hospital achieved full functionality of the radiology information system (RIS), a new magnetic resonance imaging (MRI) scanner was commissioned and a new linear accelerator for oncology services was commissioned. Various stakeholders from the hospital participated in the feasibility planning for the redevelopment of Tygerberg Hospital. Clinical governance and leadership across levels of care were strengthened by providing specialist anaesthetist support to Metro East (i.e. Khayelitsha and Eastern Sub-districts).

### Improve the quality of health services

Pharmacology played a leading role in consolidating antibiotic stewardship activities in Tygerberg Hospital. Pharmacology further chaired the Pharmaceutical and Therapeutics Committee (PTC) and provided consulting ward round services to selected areas.

A (dedicated) clinical leader was appointed to support the implementation of the Best Care Always initiative. This person is also head of the unit for infection prevention and control in the hospital.

**Table 4.5.6: Strategic objectives for Tygerberg Hospital 2014/15**

| Sub-programme 5.1: Central Hospital Services   |  |                    |                |                    |              |  |
|--|--|--------------------|----------------|--------------------|--------------|--|
| Strategic objectives   | Performance indicator  | Actual achievement | Planned target | Actual achievement | Deviation *  | Comment on deviation   |
|  |  | 2013/14            | 2014/15        | 2014/15            | 2014/15      |  |
| <b>STRATEGIC GOAL 1: Address the burden of disease.</b>  |  |                    |                |                    |              |  |
| 1.1 Reduce maternal mortality due to complications during delivery.  | 1.1.1 Delivery by caesarean section rate (Tygerberg Hospital)                            | 45.2%              | 46.0%          | 46.3%              | (0.3%)       | 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 this deviation as having achieved the target. Each case is evaluated on clinical merit before performing the caesarean section.  |
|  | Numerator:   | 3 361              | 3 604          | 3 474              | (130)        |  |
|  | Denominator:   | 7 435              | 7 834          | 7 503              | (331)        |  |
| 1.2 Ensure the delivery of central hospital services to manage the burden of disease at the appropriate level of care.                     | 1.2.1 Number of usable beds (Tygerberg Hospital)   | 1 384              | 1 384          | 1 384              | -            | Target achieved – no deviation.  |
| 1.3 Ensure optimal access to central hospital services to manage the burden of disease.  | 1.3.1 Inpatient bed utilisation rate (Tygerberg Hospital)                                | 85.4%              | 86.0%          | 86.4%              | 0.4%         | 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 this deviation as having achieved the target. Although the Department has increased access to healthcare for patients through the establishment of Khayelitsha District Hospital, Tygerberg Hospital remains under pressure since accepting referrals from Khayelitsha District Hospital.    |
|  | Numerator:   | 431 552            | 434 438        | 436 319            | 1 881        |  |
|  | Denominator:   | 505 215            | 505 160        | 505 215            | 55           |  |
| <b>STRATEGIC GOAL 2: Optimal financial management to maximise health outcomes.</b>   |  |                    |                |                    |              |  |
| 2.1 Allocate, manage and generate sufficient funds to ensure sustained delivery of the full package of quality, central hospital services. | 2.1.1 Expenditure per patient day equivalent (PDE) in 2012/13 rands (Tygerberg Hospital) | R3 262             | R 3 433        | R 3 500            | (R 67)       | 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 this deviation as having achieved the target. There has been a marginal over expenditure in terms of the planned target. Service outputs were also marginally lower than the planned target, specifically for outpatient related services. The net effect is a small cost per PDE deviation. |
|  | Numerator:   | 1 831 353 574      | 1 956 281 018  | 1 980 926 427      | (24 645 409) |  |
|  | Denominator:   | 561 385            | 569 889        | 565 956            | (3 933)      |  |

| Sub-programme 5.1: Central Hospital Services   |  |                    |                |                    |             |  |
|--|--|--------------------|----------------|--------------------|-------------|--|
| Strategic objectives   | Performance indicator  | Actual achievement | Planned target | Actual achievement | Deviation * | Comment on deviation   |
|  |  | 2013/14            | 2014/15        | 2014/15            | 2014/15     |  |
| <b>STRATEGIC GOAL 3: Ensure and maintain organisational strategic management capacity and synergy.</b>   |  |                    |                |                    |             |  |
| 3.1 Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for central hospital services. | 3.1.1 Average length of stay (Tygerberg Hospital)              | 6.2 days           | 6.1 days       | 6.3 days           | (0.2 days)  | 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 this deviation as having achieved the target. The length of stay will be influenced by the acuity of the patients. In general Tygerberg Hospital is faced with an increasing acuity (sicker patients) as a result of the burden of HIV and AIDS. |
|  | Numerator:   | 431 552            | 434 438        | 436 319            | 1 881       |  |
|  | Denominator:   | 69 339             | 71 219         | 69 765             | (1 454)     |  |
| <b>STRATEGIC GOAL 4: Improve the quality of health services and improve the patient experience.</b>  |  |                    |                |                    |             |  |
| 4.1 Improve the quality of health services.  | 4.1.1 Mortality and morbidity review rate (Tygerberg Hospital) | 97.5%              | 84.0%          | 100.0              | 16.0%       | This is a desirable deviation as more meetings were held than originally planned. The performance has therefore exceeded the planned target. The target will be reviewed and adjusted over the MTEF.   |
|  | Numerator:   | 39                 | 42             | 50                 | 8           |  |
|  | Denominator:   | 40                 | 50             | 50                 | 0           |  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

Note:  
Strategic objective indicators are repeated in the performance indicator table below to maintain consistency with information published in the 2014/15 Annual Performance Plan.

**Table 4.5.7: Performance indicators for Tygerberg Hospital 2014/15**

| Sub-programme 5.1: Central Hospital Services                             |                    |                |                    |               |  |              |
|--|--------------------|----------------|--------------------|---------------|--|--------------|
| Performance indicator  | Actual achievement | Planned target | Actual achievement | Deviation *   | Comment on deviation   |              |
|  | 2013/14            | 2014/15        | 2014/15            | 2014/15       |  |              |
| <b>SECTOR SPECIFIC INDICATORS</b>  |                    |                |                    |               |  |              |
| 1. Average length of stay (Tygerberg Hospital)                           | 6.2 days           | 6.1 days       | 6.3 days           | (0.2)         | 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 this deviation as having achieved the target. The length of stay will be influenced by the acuity of the patients. In general Tygerberg Hospital is faced with an increasing acuity (sicker patients) as a result of the burden of HIV and AIDS.   |              |
|  | Numerator:         | 431 552        | 434 438            | 436 319       |  | 1 881        |
|  | Denominator:       | 69 339         | 71 219             | 69 765        |  | (1 454)      |
| 2. Inpatient bed utilisation rate (Tygerberg Hospital)                   | 85.4%              | 86.0%          | 86.4%              | 0.4%          | 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 this deviation as having achieved the target. Although the Department has increased access to healthcare for patients through the establishment of Khayelitsha District Hospital, Tygerberg Hospital remains under pressure since accepting referrals from Khayelitsha District Hospital.    |              |
|  | Numerator:         | 431 552        | 434 438            | 436 319       |  | 1 881        |
|  | Denominator:       | 505 215        | 505 160            | 505 215       |  | 55           |
| 3. Expenditure per patient day equivalent (PDE) (Tygerberg Hospital)     | R3 262             | R 3 937        | R 4 014            | (R 77)        | 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 this deviation as having achieved the target. There has been a marginal over expenditure in terms of the planned target. Service outputs were also marginally lower than the planned target, specifically for outpatient related services. The net effect is a small cost per PDE deviation. |              |
|  | Numerator:         | 1 831 353 574  | 2 243 370 000      | 2 271 632 182 |  | (28 262 182) |
|  | Denominator:       | 561 385        | 569 889            | 565 956       |  | (3 933)      |
| 4. Complaint resolution within 25 working days rate (Tygerberg Hospital) | 79.5%              | 80.0%          | 74.9%              | (5.2%)        | A number of complex psychiatry complaints required referral to the Mental Health Review Board prior to resolution. This delayed the ability to resolve the complaints within the desired timeframe.  |              |
|  | Numerator:         | 345            | 346                | 284           |  | (62)         |
|  | Denominator:       | 434            | 432                | 379           |  | (53)         |
| 5. Mental health admission rate (Tygerberg Hospital)                     | 0.5%               | 0.5%           | 0.4%               | (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. The buffering effect of Khayelitsha District Hospital in the drainage area resulted in less patients being admitted to Tygerberg Hospital.  |              |
|  | Numerator:         | 351            | 365                | 310           |  | (55)         |
|  | Denominator:       | 69 339         | 71 219             | 69 765        |  | (1 454)      |

| Sub-programme 5.1: Central Hospital Services  |                        |                |                    |             |  |
|---|------------------------|----------------|--------------------|-------------|--|
| Performance indicator   | Actual achievement     | Planned target | Actual achievement | Deviation * | Comment on deviation   |
|   | 2013/14                | 2014/15        | 2014/15            | 2014/15     |  |
| 6. Patient satisfaction rate (Tygerberg Hospital)   | 92.6%                  | 95.0%          | 92.7%              | (2.3%)      | This is a marginal deviation and the hospital considers this deviation as having achieved the targets. Performance over 90% is considered as commendable.  |
| Numerator:  | 701                    | 770            | 779                | 9           |  |
| Denominator:  | 757                    | 810            | 840                | 30          |  |
| 7. Hospital conducted a gap-assessments for compliance against the national core standards (Tygerberg Hospital) | Yes                    | Yes            | Yes                | -           | Target achieved - no deviation.  |
| 8. Hospital assessed as compliant with the extreme measures of the national core standards (Tygerberg Hospital) | Not required to report | None           | 0%                 | -           | As this is a new performance indicator, no baseline information was available to set a target in the 2014/15 Annual Performance Plan. On conclusion of the assessment, it was found that Tygerberg Hospital is compliant with the extreme measures of the national core standards. |
| Numerator:  | -                      | -              | 0                  | -           |  |
| Denominator:  | -                      | -              | 1                  | -           |  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.



## Strategies to overcome areas of under-performance

### *Mental health admission rate*

The buffering effect of Khayelitsha District Hospital in the drainage area resulted in less patients being admitted to Tygerberg Hospital. The targets over the MTEF will be adjusted cognisant of the impact of the newly commissioned hospitals.

### **Changes to planned targets**

No targets were changed during the year.

## **PROVINCIAL TERTIARY HOSPITALS – RED CROSS WAR MEMORIAL CHILDREN'S HOSPITAL**

### **Strategic objectives**

- (1) Ensure the delivery of tertiary hospital services to manage the burden of disease at the appropriate level of care.
- (2) Ensure optimal access to tertiary hospital services to manage the burden of disease.
- (3) Allocate, manage and generate sufficient funds to ensure sustained delivery of the full package of quality, tertiary hospital services.
- (4) Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for tertiary hospital services.
- (5) Improve the quality of health services.

### **Strategic objectives, performance indicators, planned targets and actual achievements**

There is one provincial tertiary hospital in the Western Cape, namely Red Cross War Memorial Children's Hospital. All targets set were largely achieved.

Financial and service support was provided to Maitland Cottage Home, a provincially aided orthopaedic hospital, which serves as an extension of Red Cross War Memorial Children's Hospital to provide highly specialised paediatric orthopaedic surgery.

The following services are provided by Maitland Cottage Home:

- General paediatric orthopaedic elective surgery which include limb reconstruction and pelvic osteotomies as well as soft tissue releases for patients with cerebral palsy.
- Pre- and post-operative management of patients that received spinal surgery at Red Cross War Memorial Children's Hospital.
- Non-operative orthopaedic management of patients for example splinting of fractures and hosting a specialised outpatient club foot clinic.
- Red Cross War Memorial Children's Hospital plays a key role in the governance of Maitland Cottage Home by means of site visits and regular meetings.

### **Ensure the delivery of tertiary hospital services to manage the burden of disease at the appropriate level of care**

The management of paediatric burn cases was improved with the appointment of a dedicated medical officer to support the service.

Two additional intensive care unit beds were commissioned which improved access to critical care.

### **Ensure optimal access to tertiary hospital services to manage the burden of disease**

Maitland Cottage Home operated 85 beds, admitted 1 159 patients and performed 544 operations during the 2014/15 year.

### **Allocate, manage and generate sufficient funds to ensure sustained delivery of the full package of quality, tertiary hospital services**

Decentralised decision making was improved through strengthening the implementation of Functional Business Units (FBUs) for each clinical discipline. The mapping of cost centres to FBU structures was reviewed.

Key high cost equipment purchased for Red Cross War Memorial Children's Hospital included an Ultrasound machine.

## Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for tertiary hospital services

The hospital participated in initiatives to improve audit compliance for predetermined objectives, financial management and human resources management by conducting regular reviews and CMI templates.

### Improve the quality of health services

A dedicated Quality Assurance Manager was appointed at the beginning of October 2014.

**Table 4.5.8: Strategic objectives for Tertiary Hospitals – Red Cross War Memorial Children’s Hospital 2014/15**

| Sub-programme 5.2: Provincial Tertiary Hospital Services  |   |                    |                |                    |                |  |  |
|---|---|--------------------|----------------|--------------------|----------------|--|--|
| Strategic objectives  | Performance indicator   | Actual achievement | Planned target | Actual achievement | Deviation *    | Comment on deviation   |  |
|   |   | 2013/14            | 2014/15        | 2014/15            | 2014/15        |  |  |
| <b>STRATEGIC GOAL 1: Address the burden of disease.</b>   |   |                    |                |                    |                |  |  |
| 1.1 Reduce maternal mortality due to complications during delivery.   | 1.1.1 Delivery by caesarean section rate (RCWMCH)                               | Not applicable     | Not applicable | Not applicable     | Not applicable | Not applicable.  |  |
|   | Numerator:  | -                  | -              | -                  | -              |  |  |
|   | Denominator:  | -                  | -              | -                  | -              |  |  |
| 1.2 Ensure the delivery of tertiary hospital services to manage the burden of disease at the appropriate level of care.   | 1.2.1 Number of usable beds (RCWMCH)  | 270                | 272            | 272                | -              | Target achieved – no deviation.  |  |
|   |   |                    |                |                    |                |  |  |
| 1.3 Ensure optimal access to tertiary hospital services to manage the burden of disease.  | 1.3.1 Inpatient bed utilisation rate (RCWMCH)                                   | 83.6%              | 85.0%          | 82.1%              | (2.9%)         | 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 this deviation as having achieved the target. The opening of the Khayelitsha and Mitchell's Plain Hospitals absorbed some of the patient load from Red Cross War Memorial Children's Hospital. |  |
|   | Numerator:  | 82 503             | 84 388         | 81 472             | (2 917)        |  |  |
|   | Denominator:  | 98 713             | 99 280         | 99 291             | 11             |  |  |
| <b>STRATEGIC GOAL 2: Optimal financial management to maximise health outcomes.</b>  |   |                    |                |                    |                |  |  |
| 2.1 Allocate, manage and generate sufficient funds to ensure sustained delivery of the full package of quality, tertiary hospital services.                             | 2.1.1 Expenditure per patient day equivalent (PDE) in 2012/13 rands (in RCWMCH) | R3 760             | R 3 954        | R 4 212            | (R 258)        | 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 this deviation as having achieved the target.  |  |
|   | Numerator:  | 511 063 961        | 554 345 460    | 548 997 050        | 5 348 410      |  |  |
|   | Denominator:  | 135 927            | 140 209        | 130 349            | (9 861)        |  |  |
| <b>STRATEGIC GOAL 3: Ensure and maintain organisational strategic management capacity and synergy.</b>  |   |                    |                |                    |                |  |  |
| 3.1 Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for tertiary hospital services. | 3.1.1 Average length of stay (RCWMCH)   | 3.7 days           | 3.7 days       | 3.9 days           | (0.2 days)     | The length of stay will be influenced by the acuity of the patients. There has been a reduction in the number of short stay patients with the opening of the Khayelitsha and Mitchells Plain District hospitals.   |  |
|   | Numerator:  | 82 503             | 84 388         | 81 472             | (2 917)        |  |  |
|   | Denominator:  | 22 101             | 22 808         | 20 728             | (2 080)        |  |  |
| <b>STRATEGIC GOAL 4: Improve the quality of health services and improve the patient experience.</b>   |   |                    |                |                    |                |  |  |
| 4.1 Improve the quality of health services.   | 4.1.1 Mortality and morbidity review rate (RCWMCH)                              | 100.0%             | 100.0%         | 100.0%             | -              | Target achieved – no deviation.  |  |
|   | Numerator:  | 10                 | 11             | 11                 | -              |  |  |
|   | Denominator:  | 10                 | 11             | 11                 | -              |  |  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

Note:

Strategic objective indicators are repeated in the performance indicator table below to maintain consistency with information published in the 2014/15 Annual Performance Plan.

**Table 4.5.9: Performance indicators for Tertiary Hospitals – Red Cross War Memorial Children’s Hospital 2014/15**

| Sub-programme 5.2: Provincial Tertiary Hospital Services   |                        |                |                    |                |  |
|--|------------------------|----------------|--------------------|----------------|--|
| Performance indicator  | Actual achievement     | Planned target | Actual achievement | Deviation *    | Comment on deviation   |
|  | 2013/14                | 2014/15        | 2014/15            | 2014/15        |  |
| <b>SECTOR SPECIFIC INDICATORS</b>  |                        |                |                    |                |  |
| 1. Average length of stay (RCWMCH)   | 3.7 days               | 3.7 days       | 3.9 days           | (0.2 days)     | The length of stay will be influenced by the acuity of the patients. There has been a reduction in the number of short stay patients with the opening of the Khayelitsha and Mitchells Plain District hospitals.   |
| Numerator:   | 82 503                 | 84 388         | 81 472             | (2 917)        |  |
| Denominator:   | 22 101                 | 22 808         | 20 728             | (2 080)        |  |
| 2. Inpatient bed utilisation rate (RCWMCH)   | 83.6%                  | 85.0%          | 82.1%              | (2.9%)         | 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 this deviation as having achieved the target. The opening of the Khayelitsha and Mitchell’s Plain Hospitals absorbed some of the patient load from Red Cross War Memorial Children’s Hospital. |
| Numerator:   | 82 503                 | 84 388         | 81 472             | (2 917)        |  |
| Denominator:   | 98 713                 | 99 280         | 99 291             | 11             |  |
| 3. Expenditure per patient day equivalent (PDE) (RCWMCH)   | R3 760                 | R 4 534        | R 4 830            | R 296          | 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 this deviation as having achieved the target.  |
| Numerator:   | 511 063 961            | 635 697 000    | 629 563 698        | 6 133 302      |  |
| Denominator:   | 135 927                | 140 209        | 130 349            | (9 861)        |  |
| 4. Complaint resolution within 25 working days rate (RCWMCH)   | 72.4%                  | 90.0%          | 72.1%              | (17.9%)        | The quality assurance manager post, which is important to supporting this process, was vacant, for a big part of the 2014/15 year, resulting in delays with the resolution of complaints. The post was eventually filled with effect from 1 October 2014.  |
| Numerator:   | 105                    | 115            | 145                | 30             |  |
| Denominator:   | 145                    | 128            | 201                | 73             |  |
| 5. Mental health admission rate (RCWMCH)   | Not applicable         | Not applicable | Not applicable     | Not applicable | Not applicable.  |
| Numerator:   | -                      | -              | -                  | -              |  |
| Denominator:   | -                      | -              | -                  | -              |  |
| 6. Patient satisfaction rate (RCWMCH)  | 93.1%                  | 94.0%          | 92.1%              | (1.9%)         | 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 in the survey period. The Department therefore considers this deviation as having achieved the target.   |
| Numerator:   | 1 411                  | 1 316          | 1 382              | 66             |  |
| Denominator:   | 1 515                  | 1 400          | 1 500              | 100            |  |
| 7. Hospital conducted a gap-assessments for compliance against the national core standards (RCWMCH Hospital) | Yes                    | Yes            | Yes                | -              | Target achieved.   |
| 8. Hospital assessed as compliant with the extreme measures of the national core standards (RCWMCH Hospital) | Not required to report | None           | 0.0%               | -              | As this is a new performance indicator, no baseline information was available to set a target in the 2014/15 Annual Performance Plan.  |
| Numerator:   | -                      | -              | 0                  | -              |  |
| Denominator:   | -                      | -              | 1                  | -              |  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

## Strategies to overcome areas of under-performance

### *Complaint resolution within 25 working days*

The Quality Assurance Manager post has been filled and the efficient and effective resolution of complaints will be one of the key performance outputs of this post. A significant improvement has been seen since the filling of the post.

### *Average length of stay*

The health seeking behaviour and case mix at the hospital has changed since the opening of the Khayelitsha District Hospital and Mitchells Plain District Hospital, which influenced the length of stay. The targets will be adjusted over the MTEF to better align with the expected case mix.

## Changes to planned targets

No targets were changed during the year.

## Linking performance with budgets

**Table 4.5.10: Summary of expenditure for Central Hospital Services 2014/15**

| Expenditure<br>Sub-programme               | 2014/15                      |                             |  | 2013/14                      |                             |                                     |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|-------------------------------------|
|  | Final appropriation<br>R'000 | Actual expenditure<br>R'000 | (Over) / under<br>expenditure<br>R'000 | Final appropriation<br>R'000 | Actual expenditure<br>R'000 | (Over) / under expenditure<br>R'000 |
| 5.1: Central Hospital Services             | 4 325 098                    | 4 325 098                   | -                                      | 3 978 226                    | 3 977 523                   | 703                                 |
| 5.2: Provincial Tertiary Hospital Services | 638 979                      | 638 979                     | -                                      | 587 195                      | 587 898                     | (703)                               |
| <b>Total</b>                               | <b>4 964 077</b>             | <b>4 964 077</b>            | <b>-</b>                               | <b>4 565 421</b>             | <b>4 565 421</b>            | <b>-</b>                            |

There was no under- or over-expenditure recorded for the programme. No material underperformance was recorded in any of the planned service targets.

## 4.6 PROGRAMME 6: HEALTH SCIENCES AND TRAINING

### Purpose of the programme

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

### Sub-programmes

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

(Directorate: Western Cape College of Nursing – WCCN)

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

- (1) Develop, implement, monitor and evaluate a comprehensive Training Plan guided by the Human Resource Plan for health and support professionals in line with the Comprehensive Service Plan (CSP).
- (2) Use the Expanded Public Works Programme (EPWP) to create employment opportunities linked to training in line with the Human Resource Plan.

## Strategic objectives, performance indicators, planned targets and actual achievements

### Develop, implement, monitor and evaluate a comprehensive Training Plan guided by the Human Resource Plan for health and support professionals in line with the Comprehensive Service Plan (CSP)

Human Resource Development (HRD) played an important role in ensuring 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 education, training and development of the current (the critical skills) and prospective employees (the scarce skills) were funded primarily through Programme 6. To this end the Department 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.

### Use the Expanded Public Works Programme (EPWP) to create employment opportunities linked to training in line with the Human Resource Plan

The Expanded Public Works Programme (EPWP) funded the training of Community Care Workers (Home Community Based Carers) on formal accredited training leading to a qualification in Ancillary Health Care. EPWP also funded the service delivery of Community Care Workers 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 (180)
- Finance and HR interns (linked to the Premier's Advancement of Youth Programme: PAY) (138)
- Learner Basic and Post Basic Pharmacists Assistant internship (96)
- Assistant to Artisan (ATA) project (110)

**Table 4.6.1: Strategic objectives for Health Sciences and Training 2014/15**

| Programme 6: Health Sciences and Training  |   |                    |         |                |         |  |                      |
|--|---|--------------------|---------|----------------|---------|--|----------------------|
| Strategic objectives   | Performance indicator   | Actual achievement |         | Planned target |         | Deviation *  | Comment on deviation |
|  |   | 2013/14            | 2014/15 | 2014/15        | 2014/15 |  |                      |
| <b>STRATEGIC GOAL 1: Develop and maintain a capacitated workforce to deliver the required health services.</b>   |   |                    |         |                |         |  |                      |
| 1.1 Develop, implement, monitor and evaluate a comprehensive Training Plan guided by the Human Resource Plan for health and support professionals in line with the Comprehensive Service Plan (CSP). | 1.1.1 Basic nurse students graduating (at nursing college and HEIs) | 411                | 600     | 476            | (124)   | 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.   |                      |
|  | 1.1.2 EMC intake on accredited HPCSA courses                        | 159                | 174     | 96             | (78)    | An HPCSA circular called for certain HPCSA accredited courses (ECT Emergency Care Technician and the CAA) to be suspended resulting in no further intake of Emergency Care Technician courses in June 2014 and January 2015. |                      |
| 1.2 Use the Expanded Public Works Programme (EPWP) to create employment opportunities linked to training in line with the Human Resource Plan.   | 1.2.1 Intake of Home Community Based Carers (HCBCs)                 | 1400               | 1 200   | 739            | (461)   | 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.   |                      |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

Note:  
Strategic objective indicators are repeated in the performance indicator table below to maintain consistency with information published in the 2013/14 Annual Performance Plan.

**Table 4.6.2: Performance indicators for Health Sciences and Training 2014/15**

| Programme 6: Health Sciences and Training                                 |                        |                |                    |             |  |
|---|------------------------|----------------|--------------------|-------------|--|
| Performance indicator   | Actual achievement     | Planned target | Actual achievement | Deviation * | Comment on deviation   |
|   | 2013/14                | 2014/15        | 2014/15            | 2014/15     |  |
| <b>SECTOR SPECIFIC INDICATORS</b>   |                        |                |                    |             |  |
| 1. Basic professional nurse students graduating (at nursing college)      | 238                    | 240            | 273                | 33          | 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 2013 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. |
| 2. Proportion of bursary holders permanently appointed                    | Not required to report | None           | None               | None        | As this is a new performance indicator, a baseline target could not be set for the 2014/15 financial year.   |
| <b>OTHER PROVINCIAL INDICATORS</b>  |                        |                |                    |             |  |
| 3. Intake of nurse students (1st to 4th year at HEIs and nursing college) | 2 243                  | 2 570          | 2 145              | (425)       | Reduced intake, 2 145, against projected target of 2 570. (CPUT/ Western Cape College of Nursing.) This is due to reduced bursaries provided to students as a result of funding constraints.   |
| 4. Students with bursaries from the province                              | 2 546                  | 2 500          | 2402               | (98)        | Reduced intake, 2402, against projected target of 2500. This is due to reduced budget.   |
| 5. Intake of data capturer interns  | 163                    | 140            | 180                | 40          | Increase in intake, 180 over target of 140. This is due to the increase in demand for data capturers primarily within the district health system, and the availability of EPWP budget.   |
| 6. Intake of pharmacy assistants  | 96                     | 85             | 96                 | 11          | Increased intake, 96 over target of 85. This is due to the lesser than anticipated attrition on the basic pharmacist assistants' course of 2013/14.  |
| 7. Intake of assistant to artisan (ATA) interns                           | 127                    | 120            | 110                | (10)        | Reduced intake, 110, against projected target of 120, due to intern availability.  |
| 8. Intake of HR and finance interns                                       | 130                    | 140            | 138                | (2)         | Reduced intake, 137, against projected target of 140. This is due to reduced availability of interns.  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

## 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 Home Community Based Carers (HCBCs) funded through the EPWP

Intake of Home Community Based Carers will be based on service delivery needs, the accreditation of the new NQF level 3 Health Promotions Officer (Community Health Worker) qualification and the availability of funding.

### 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 absorb 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 the availability of funding and the availability of candidates

## Changes to planned targets

No targets were changed during the year.

## Linking performance with budgets

**Table 4.6.3: Summary of expenditure for Health Sciences and Training 2014/15**

| Expenditure  | 2014/15                      |                             |                                     | 2013/14                      |                             |                                     |
|--|------------------------------|-----------------------------|-------------------------------------|------------------------------|-----------------------------|-------------------------------------|
|  | Final appropriation<br>R'000 | Actual expenditure<br>R'000 | (Over) / under expenditure<br>R'000 | Final appropriation<br>R'000 | Actual expenditure<br>R'000 | (Over) / under expenditure<br>R'000 |
| 6.1: Nurse Training College                            | 87 627                       | 88 801                      | (1 174)                             | 80 027                       | 79 031                      | 996                                 |
| 6.2: Emergency Medical Services (EMS) Training College | 28 685                       | 29 075                      | (390)                               | 21 808                       | 23 186                      | (1 378)                             |
| 6.3: Bursaries   | 78 939                       | 78 739                      | 200                                 | 53 001                       | 52 716                      | 285                                 |
| 6.4: Primary Health Care (PHC) Training                | 1                            |                             | 1                                   | 1                            | -                           | 1                                   |
| 6.5: Training (Other)                                  | 119 044                      | 115 496                     | 3 548                               | 111 425                      | 109 260                     | 2 165                               |
| <b>Total</b>   | <b>314 296</b>               | <b>312 111</b>              | <b>2 185</b>                        | <b>266 262</b>               | <b>264 193</b>              | <b>2 069</b>                        |

### Reasons for over-expenditure

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

The over spending in the Nurse Training College was mainly as a result of unscheduled maintenance and the outsourcing of student meals due to the delayed procurement of "owned" buildings for our rural campuses by the Department of Transport & Public Works.

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

The Directorate Community Based Programmes was allocated an amount of R50 million to fund the Non-Profit Organisations (NPOs) in the four sub-structures within Metro District Health Services to drive the Community Care Workers programme. Under expenditure was mostly due to the following reasons:

- The high attrition of community care workers
- The late filling of NPO posts
- Many NPOs failing to spend the training allowance

## 4.7 PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

### Purpose of the programme

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

### Sub-programmes

- Sub-programme 7.1: Laundry Services  
Rendering a laundry and related technical support service to health facilities.
- Sub-programme 7.2: Engineering Services  
Rendering a maintenance service to equipment and engineering installations, and minor maintenance to buildings.
- Sub-programme 7.3: Forensic Pathology Services  
Rendering specialised forensic and medico-legal services in order to establish the circumstances and causes surrounding unnatural death.
- This function has been transferred from Sub-programme 2.8.  
Providing the Inspector of Anatomy functions in terms of Chapter 8 of the National Health Act and its Regulations.
- Sub-programme 7.4: Orthotic and Prosthetic Services  
Rendering specialised orthotic and prosthetic services.
- This service is reported in Sub-programme 4.4.
- Sub-programme 7.5: Cape Medical Depot  
Managing the supply of pharmaceuticals and medical supplies to health facilities.  
Note that Sub-programme 7.5 has been renamed in line with the incorporation of the trading entity into the Department. Please refer to Sub-programme 7.5 for detail.



## LAUNDRY SERVICES

### Strategic objective

Provide a cost effective and efficient laundry service to all health facilities by 2014/15.

### Strategic objectives, performance indicators, planned targets and actual achievements

#### Provide a cost effective and efficient laundry service to all health facilities by 2014/15.

The laundry service addresses the strategic goal to develop and maintain appropriate health technology, infrastructure and ICT by:

- Ensuring that an uninterrupted laundry service is rendered to all health facilities in the Province thereby ensuring an ongoing supply of clean disinfected linen (bedding, theatre linen and clothing, dressing linen, etc.)
- Ensuring that support is provided to institutions with respect to specifications for outsourced laundry services.
- Health facilities cannot provide essential health care services without an ongoing supply of clean, disinfected linen. Although the targets set for the cost per item laundered (both in-house and outsourced) were not achieved, an uninterrupted laundry service was still provided to all health facilities in the province, which is key to rendering the required health care service.

**Table 4.7.1: Strategic objectives for Laundry Services 2014/15**

| Sub-programme 7.1: Laundry Services  |  |                    |                |                    |             |   |
|--|--|--------------------|----------------|--------------------|-------------|---|
| Strategic objectives   | Performance indicator                          | Actual achievement | Planned target | Actual achievement | Deviation * | Comment on deviation  |
|  |  | 2013/14            | 2014/15        | 2014/15            | 2014/15     |   |
| <b>STRATEGIC GOAL 1: Develop and maintain appropriate health technology, infrastructure and ICT.</b> |  |                    |                |                    |             |   |
| 1.1 Effective and efficient laundry service.   | 1.1.1 Average cost per item laundered in-house | R4.40              | R 4.56         | R4.75              | 0.7%        | The annual cost per piece laundered was higher than the annual target mainly due to the following:<br>Fewer items were laundered, but fixed costs e.g. salaries remained the same. A reduction in the number of items laundered thus results in an increase in the cost per item laundered. The closure of George Regional Laundry in September 2014, resulting in this service being outsourced, and Khayelitsha Hospital opting to outsource the laundry service for theatre linen, contributed to the reduction in the number of items laundered in-house. |
|  | Numerator:                                     | 63 260 438         | 70 165 285     | 61 105 421         | (8.2%)      |   |
|  | Denominator:                                   | 14 376 272         | 15 387 124     | 12 862 253         | (8.7%)      |   |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

Note:

Strategic objective indicators are repeated in the performance indicator table below to maintain consistency with information published in the 2014/15 Annual Performance Plan.

**Table 4.7.2: Performance indicators for Laundry Services 2014/15**

| Sub-programme 7.1: Laundry Services           |                    |                |                    |             |   |
|---|--------------------|----------------|--------------------|-------------|---|
| Performance indicator                         | Actual achievement | Planned target | Actual achievement | Deviation * | Comment on deviation  |
|   | 2013/14            | 2014/15        | 2014/15            | 2014/15     |   |
| <b>OTHER PROVINCIAL INDICATORS</b>            |                    |                |                    |             |   |
| 1. Average cost per item laundered outsourced | R3.19              | R 3.22         | R3.28              | (R0.06)     | The main reason is the contract entered into for the laundry service at Westfleur Hospital was based on cost per kilogram and not cost per piece. The weight of wet soiled items negatively impacted on the service rendered at this facility. The new contract, recently entered into, is correctly based on cost per piece. |
| Numerator:                                    | 22 685 064         | 25 844 702     | 27 417 693         | (1 572 991) |   |
| Denominator:                                  | 7 118 224          | 8 026 305      | 8 364 679          | (338 374)   |   |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

## Strategies to overcome areas of under-performance

The production capacity at the newly upgraded Lentegour Regional Laundry will be maximised. Balancing the workload between in-house and outsourced laundry services is being monitored on a continuous basis to ensure the rendering of an uninterrupted laundry service. The measurement and reporting of linen losses will be improved.

## Changes to planned targets

No targets were changed during the year.

## ENGINEERING SERVICES

### Strategic objectives

- (1) Effective and efficient maintenance service to all health facilities.
- (2) Efficiency and effectiveness of Engineering Services.

### **Strategic objectives, performance indicators, planned targets and actual achievements**

#### **Effective and efficient maintenance service to all health facilities.**

Engineering Services addresses the strategic goal to develop and maintain appropriate health technology, infrastructure and ICT by:

- Ensuring that an effective and efficient maintenance service is rendered to all health facilities
- Ensuring that efficient and effective engineering services are rendered

The target to spend the total Programme 7.2 maintenance budget was almost achieved with a deviation of 4.6 per cent. This confirms that an effective and efficient maintenance service was rendered to all health facilities. This performance contributed positively to the rendering of an uninterrupted healthcare service to the Western Cape population.

## Efficiency and effectiveness of Engineering Services

Due to inaccuracies in the system, the target with respect to emergency engineering cases was not met. It is, however, important to note that emergency engineering cases were addressed which ensured that healthcare services were not adversely affected. In addition to this, targets set for both the completion of engineering maintenance and clinical engineering jobs were exceeded, which confirms that an effective and efficient maintenance service was rendered to all health facilities.

**Table 4.7.3: Strategic objectives for Engineering Services 2014/15**

| Sub-programme 7.2: Engineering Services  |   |                    |                |                    |  |  |
|--|---|--------------------|----------------|--------------------|--|--|
| Strategic objectives   | Performance indicator   | Actual achievement | Planned target | Actual achievement | Deviation *  | Comment on deviation   |
|  |   | 2013/14            | 2014/15        | 2014/15            | 2014/15  |  |
| <b>STRATEGIC GOAL 1: Develop and maintain appropriate health technology, infrastructure and ICT.</b> |   |                    |                |                    |  |  |
| 1.1 Effective and efficient maintenance service to all health facilities.                            | 1.1.1 Percentage of engineering emergency cases addressed within 48 hours | 94.1%              | 91.8%          | 87.6%              | (4.2%)   | Although approval is granted within 48 hours, the results are skewed due to inaccuracies in the system.  |
|  | Numerator:  | 190                | 191            | 346                | 155  |  |
|  | Denominator:  | 202                | 208            | 395                | 187  |  |
| 1.2 Efficiency and effectiveness of Engineering Services.  | 1.2.1 Percentage of maintenance budget spent                              | 103.8%             | 100.0%         | 95.4%              | 3.8%   | Under-expenditure on day-to-day building maintenance is mainly due to:<br>Compliance with PTI 16B.   |
|  | Numerator:  | 107 356 000        | 108 880 000    | 106 279 752        | 6.1%   | The use of the Framework Agreement of WCGIPW.  |
|  | Denominator:  | 103 400 000        | 108 880 000    | 111 419 000        | 2.2%   | Delays in procurement due to the new electronic purchasing system.<br>Vacancies due to scarce skills positions.  |
|  | 1.2.2 Percentage of clinical engineering maintenance jobs completed       | 95.0%              | 88.0%          | 92.9%              | 22.6%  | Compliance with PTI 16B was implemented during the third quarter of 2014/15 during which time institutions were trained in the efficient use of the Framework Agreement. |
|  | Numerator:  | 12 182             | 11 880         | 10 607             | 52.3%  | Annual target exceeded, which is to the advantage of the Department.   |
|  | Denominator:  | 12 820             | 13 500         | 11 414             | 24.2%  |  |
|  | 1.2.3 Percentage of engineering maintenance jobs completed                | 82.0%              | 84.7%          | 92.6%              | 9.9%   |  |
| Numerator:   | 12 039  | 12 757             | 12 664         | (2.8%)             | Annual target exceeded, which is to the advantage of the Department. |  |
| Denominator:   | 14 677  | 15 069             | 13 676         | 7.8%               |  |  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

Note:  
Strategic objective indicators are repeated in the performance indicator table below to maintain consistency with information published in the 2014/15 Annual Performance Plan.

**Table 4.7.4: Performance indicators for Engineering Services 2014/15**

| Sub-programme 7.2: Engineering Services   |                        |                |                    |             |  |
|---|------------------------|----------------|--------------------|-------------|--|
| Performance indicator   | Actual achievement     | Planned target | Actual achievement | Deviation * | Comment on deviation   |
|   | 2013/14                | 2014/15        | 2014/15            | 2014/15     |  |
| <b>OTHER PROVINCIAL INDICATORS</b>  |                        |                |                    |             |  |
| 1. Percentage of selected hospitals utilising more energy than the provincial benchmark   | Not required to report | 51.9%          | 48.1%              | (3.8%)      | Target exceeded (lower percentage indicates that more hospitals are utilising less energy than the benchmark set).<br>Hospitals exceeding benchmark:<br>Beaufort West, Brewelskloof, Caledon, Groote Schuur, Karl Bremer, Lentegeur, Oudtshoorn, Paarl, Red Cross, Riversdale, Stikland, Vredenburg, Worcester. A number of these facilities host other services on site, which skews the actual result. Three of the 13 sites exceeded the benchmark by less than 10%.<br>(Information for Uniondale Hospital unavailable.) |
| Numerator:  | -                      | 14             | 13                 | (1)         |  |
| Denominator:  | -                      | 27             | 27                 | 0           |  |
| 2. Percentage of selected hospitals exceeding the provincial benchmark for average maximum energy demand per hospital bed per month | Not required to report | 40.7%          | 51.9%              | 11.2%       | More hospitals did not achieve the benchmark in terms of maximum energy demand.<br>Hospitals exceeding benchmark:<br>Beaufort West, Brewelskloof, Caledon, Groote Schuur, Karl Bremer, Ladismith, Lentegeur, Oudtshoorn, Paarl, Red Cross, Riversdale, Stikland, Vredenburg and Worcester. A number of these facilities host other services on the site which skews the actual result. Two of the 14 sites exceeded the benchmark by less than 10%.  |
| Numerator:  | -                      | 11             | 14                 | 3           |  |
| Denominator:  | -                      | 27             | 27                 | 0           | Some facilities are not charged for kVA and as such it is not indicated on the municipal account from which most data is gathered.   |
| 3. Percentage of selected hospitals utilising more water than the provincial benchmark  | Not required to report | 51.9%          | 37.0%              | (14.9%)     | Target exceeded (lower percentage indicates that more hospitals are utilising less water than the benchmark set).<br>Hospitals exceeding benchmark:<br>Beaufort West, Brewelskloof, Groote Schuur, Karl Bremer, Knysna, Lentegeur, Stikland, Swartland (Malmesbury), Uniondale, Vredenburg. A number of these facilities host other services on site which skews the actual results. One of the sites exceeded the benchmark by less than 10%.   |
| Numerator:  | -                      | 14             | 10                 | (4)         |  |
| Denominator:  | -                      | 27             | 27                 | 0           |  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

## Strategies to overcome areas of under-performance

Institutionalise the Infrastructure Delivery Management System (IDMS) in accordance with Provincial Treasury Instruction 16B, *Standard for an Infrastructure Delivery Management System*, and *Standard for a Construction Procurement System*. Implement the maintenance hub organisational development study including both health technology and building maintenance as funding is made available.

Continue to strive to fill all technical posts with qualified and experienced personnel and ensure that adequate succession plans are put in place.

Routine maintenance by clinical engineering will be continued, to reduce downtime of medical life support equipment.

## Changes to planned targets

No targets were changed during the year.

## FORENSIC PATHOLOGY SERVICES

### Strategic objective

- (1) Ensure access to a Forensic Pathology Service.

### Strategic objectives, performance indicators, planned targets and actual achievements

#### Ensure access to a Forensic Pathology Service

The Forensic Pathology Service (FPS) addresses the burden of disease by ensuring access to the service through the management of response times as well as turnaround time of forensic pathology cases and by informing policy, interventions and research through provision of accurate Injury Mortality surveillance data and expertise and by further instituting a child death review process in Metro West.

The overall target for response times were achieved as 77 per cent of cases were responded to within 40 minutes.

The service exceeded the target that was set in that 73.9 per cent cases were examined within 3 days. The Winelands Overberg and Eden Central Karoo districts were the biggest contributors to exceeding the target in that they achieved a target of 82 per cent and 80 per cent respectively. The Metro also exceeded the target despite having experienced a 5.1 per cent increase in caseload and case complexity.

The service exceeded the target that was set in that 75.5 per cent cases were released within 5 days. The Metro and Winelands Overberg districts were the biggest contributors to exceeding the target in that they achieved a target of 76 per cent and 78 per cent respectively. Operational staff or doctors having to travel continue to have an impact on turnaround time for post-mortem examination and release, specifically in the West Coast district. Scientific identification of the deceased also continues to impact on release times.

**Table 4.7.5: Strategic objectives for Forensic Pathology Services 2014/15**

| Sub-programme 7.3: Forensic Pathology Services          |   |                    |                |                    |             |   |       |
|---|---|--------------------|----------------|--------------------|-------------|---|-------|
| Strategic objectives                                    | Performance indicator   | Actual achievement | Planned target | Actual achievement | Deviation * | Comment on deviation  |       |
|   |   | 2013/14            | 2014/15        | 2014/15            | 2014/15     |   |       |
| <b>STRATEGIC GOAL 1: Address the burden of disease.</b> |   |                    |                |                    |             |   |       |
| 1.1 Ensure access to a Forensic Pathology Service.      | 1.1.1 Percentage of FPS cases responded to within 40 minutes                          | 77.8%              | 78.0%          | 77.0%              | (1.0%)      | 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 this deviation as having achieved the target. |       |
|   |   | Numerator:         | 7 266          | 7 823              | 7 418       |   | (414) |
|   |   | Denominator:       | 9 340          | 10 030             | 9 639       |   | -391  |
|   | 1.1.2 Percentage of FPS cases examined within 3 days                                  | 72.3%              | 70.0%          | 73.9%              | 3.9%        | 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 this deviation as having achieved the target. |       |
|   |   | Numerator:         | 7 217          | 7 421              | 7 559       |   | 138   |
|   |   | Denominator:       | 9 984          | 10 602             | 10 229      |   | (373) |
|   | 1.1.3 Percentage of FPS cases released within 5 days (excluding unidentified persons) | 74.4%              | 74.0%          | 75.5%              | 1.5%        | 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 this deviation as having achieved the target. |       |
|   |   | Numerator:         | 7 177          | 7 335              | 7 379       |   | 44    |
|   |   | Denominator:       | 9 646          | 9 913              | 9 771       |   | (142) |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

Note:

Strategic objective indicators are repeated in the performance indicator table below to maintain consistency with information published in the 2014/15 Annual Performance Plan.

**Table 4.7.6: Performance indicators for Forensic Pathology Services 2014/15**

There are no prescribed national indicators for Sub-programme 7.3.

### **Strategies to overcome areas of under-performance**

Actual performance is largely driven by case admission which the service has no real influence over. It was however agreed that adjusted realistic target must be set at district level. The service will further be capacitated by an expansion of the Approved Post List as with the filling of a Specialist post.

An organisational development investigation was conducted with recommendation to expand the medical capacity as well as Forensic Pathology support personnel.

### **Changes to planned targets**

No targets were changed during the year.

## **ORTHOTIC AND PROSTHETIC SERVICES**

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

## **CAPE MEDICAL DEPOT**

### **Strategic objective**

- (1) To ensure optimum pharmaceutical stock levels to meet the demand.
- (2) Ensure timeous processing of orders received from facilities.
- (3) Ensure timeous resolution of demander queries received by the CMD.

### **Strategic objectives, performance indicators, planned targets and actual achievements**

The CMD facilitates the procurement, warehousing and distribution of pharmaceutical stock and consumables to facilities registered with CMD as demanders, including City of Cape Town clinics to ensure optimal stock availability to facilities and ultimately patients visiting these facilities.

The Cape Medical Depot's scope includes supplying management information relating the procurement, availability, warehousing and distribution of products to the Head of Health of the province, the Directorate Pharmacy Services, the National Department of Health, demanders and other relevant stakeholders.

CMD also prepacks bulk into patient ready packs, does quality control testing of medication, monitor provincial performance management of pharmaceutical and non-pharmaceutical suppliers, and ensure compliance with relevant legislative prescripts as stipulated by the Pharmacy Council of South Africa and Medicines Control Council

### **To ensure optimum pharmaceutical stock levels to meet the demand**

The depot under performed in this area for the second half of the 2014/15 financial year due to the reasons mentioned under deviations but is working tirelessly to ensure targets are reached going forward. Efforts include:

- Sourcing and apportioning the stock that is available to facilities as it is received.
- Repacking certain medicines available in bulk into smaller patient ready pack sizes to meet demands
- Medicine is being sourced off-contract and buyouts initiated against defaulting suppliers
- Management has engaged with contracted suppliers to expedite delivery of essential medicines.

The Department has released a guideline advising on alternative medication that may be used safely in certain cases when stock is unavailable. Also as an interim measure, facilities have been requested not to place large orders, but rather to replenish stock more frequently which allows a greater distribution of the medication that is available. Re-distribution of medicines where possible between the facilities is also being done in order to ensure that all the facilities have medicines available for the patients. Provincial contracts for medicines on the provincial code list and not on National Contracts, has been awarded to enable efficient procurement of these medicines. The contracted suppliers defaulting for late and / or non-delivery of medicines, are also penalized according to the General Condition of Contract (GCC).

### **Ensure timeous processing of orders received from facilities**

This target has been set to improve service delivery to facilities. Positive deviation from target obtained. Percentage of pharmaceutical orders for available medication finalised within 3 working days is well above the target of 80 per cent. We will do our utmost to maintain and even improve on this current level of service.

## Ensure timeous resolution of demander queries received by the CMD

This target has been set to monitor on-going quality improvement efforts to demander service delivery. Positive deviation from target obtained. Percentage of demander queries resolved within 2 working days is well above the target of 80 per cent. We will do our utmost to maintain and even improve on this current level of service.

**Table 4.7.7: Strategic objectives for the Cape Medical Depot 2014/15**

| Sub-programme 7.5: Cape Medical Depot  |   |                        |                |                    |             |   |
|--|---|------------------------|----------------|--------------------|-------------|---|
| Strategic objectives   | Performance indicator   | Actual achievement     | Planned target | Actual achievement | Deviation * | Comment on deviation  |
|  |   | 2013/14                | 2014/15        | 2014/15            | 2014/15     |   |
| <b>STRATEGIC GOAL 1: Ensure and maintain organisational strategic management capacity and synergy.</b> |   |                        |                |                    |             |   |
| 1.1 To ensure optimum pharmaceutical stock levels to meet the demand.                                  | 1.1.1 Percentage of pharmaceutical stock available                                    | 94.8%                  | 97.0%          | 88.1%              | (8.9%)      | As a result of poor consultation, communication and management, the removal of provincially coded medicines not listed in the National Essential Medicines list, from national tenders / contracts, together with the late award of pharmaceutical tenders by the National Department of Health, resulted in supply challenges which ultimately caused short and / or no supply of pharmaceuticals. Many of the contracted suppliers are unable to increase production within the prescribed time as per the GCC in order to meet the demands of a national contract. |
|  | Numerator:  | 746                    | 735            | 672                | (63)        |   |
|  | Denominator:  | 787                    | 758            | 763                | 5           |   |
| 1.2 Ensure timeous processing of orders received from facilities.                                      | 1.2.1 Percentage of pharmaceutical orders finalised (processed) within 3 working days | Not required to report | 80.0%          | 94.9%              | 14.9%       | Annual target exceeded, which is to the advantage of the Department.  |
|  | Numerator:  | -                      | 320 000        | 335 664            | 15 664      |   |
|  | Denominator:  | -                      | 400 000        | 353 670            | (46 330)    |   |
| 1.3 Ensure timeous resolution of demander queries received by the CMD.                                 | 1.3.1 Percentage of pharmaceutical demander queries resolved within 2 working days    | Not required to report | 80.0%          | 97.5%              | 17.5%       | Annual target exceeded, which is to the advantage of the Department.  |
|  | Numerator:  | -                      | 240            | 2 723              | 2 483       |   |
|  | Denominator:  | -                      | 300            | 2 793              | 2 493       |   |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

Note:

Strategic objective indicators are repeated in the performance indicator table below to maintain consistency with information published in the 2014/15 Annual Performance Plan.

**Table 4.7.8: Performance indicators for the Cape Medical Depot 2014/15**

There are no prescribed national indicators for Sub-programme 7.3.

### Strategies to overcome areas of under-performance

No material under-performance identified for the Sub-programme.

### Changes to planned targets

No targets were changed during the year.

### Linking performance with budgets

**Table 4.7.9: Summary of expenditure for Health Care Support Services 2014/15**

| Expenditure                           | 2014/15             |                    |                            | 2013/14             |                    |                            |
|---------------------------------------|---------------------|--------------------|----------------------------|---------------------|--------------------|----------------------------|
|                                       | Final appropriation | Actual expenditure | (Over) / under expenditure | Final appropriation | Actual expenditure | (Over) / under expenditure |
| Sub-programme                         | R'000               | R'000              | R'000                      | R'000               | R'000              | R'000                      |
| 7.1: Laundry Services                 | 72 791              | 72 791             | -                          | 73 729              | 69 859             | 3 870                      |
| 7.2: Engineering Services             | 107 908             | 106 280            | 1 628                      | 103 404             | 107 355            | (3 951)                    |
| 7.3: Forensic Pathology Services      | 129 347             | 128 772            | 575                        | 114 645             | 114 819            | (174)                      |
| 7.4: Orthotic and Prosthetic Services | 1                   | -                  | 1                          | 1                   | -                  | 1                          |
| 7.5: Cape Medical Depot               | 49 570              | 48 593             | 977                        | 63 759              | 47 118             | 16 641                     |
| <b>Total</b>                          | <b>359 617</b>      | <b>356 436</b>     | <b>3 181</b>               | <b>355 538</b>      | <b>339 151</b>     | <b>16 387</b>              |

### Reasons for under - spending

The under-spending can mainly be attributed to:

- Engineering - mainly within Good and Services

1. Contractors: Preventative maintenance on medical equipment within the 4th quarter was not completed by end March 2015.
2. Fleet Services: underutilised vehicles which have been returned to Government Motor Transport.
3. Inventory: Material & Supplies: With the change over from one electronic purchasing system to another brought many challenges for both Suppliers and Institutions resulting in delayed expenditure.
4. Travel and Subsistence: Officials using own transport in the past have been provided with subsidised vehicles which resulted in savings on tariffs paid.

- Forensic Pathology Services - mainly within Goods and Services

1. Minor Assets were re-prioritised to fund an anticipated over expenditure in Travel and Subsistence.
2. Communication: Stricter control measures implemented on private calls.
3. Consumable Supplies: Due to stock on hand from the previous financial year less consumables were purchased against budgeted funds.

- Cape Medical Depot

1. Savings were made due to the awarding of a new courier and waste removal contract at lower rates.



## 4.8 PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

### Purpose of the programme

The provision of new health facilities and the upgrading and maintenance of existing facilities.

### Sub-programmes

Sub-programme 8.1: Community Health Facilities  
Planning, design, construction, upgrading, refurbishment, additions, and maintenance of community health centres, community day centres, and clinics.

Sub-programme 8.2: Emergency Medical Services  
Planning, design, construction, upgrading, refurbishment, additions, and maintenance of emergency medical services facilities.

Sub-programme 8.3: District Hospital Services  
Planning, design, construction, upgrading, refurbishment, additions, and maintenance of district hospitals.

Sub-programme 8.4: Provincial Hospital Services  
Planning, design, construction, upgrading, refurbishment, additions, and maintenance of provincial hospitals.

Sub-programme 8.5: Central Hospital Services  
Planning, design, construction, upgrading, refurbishment, additions, and maintenance of central hospitals.

Sub-programme 8.6: Other Facilities  
Planning, design, construction, upgrading, refurbishment, additions, and maintenance of other health facilities, including forensic pathology facilities and nursing colleges.

### Strategic objectives

Ensure that 100.0 per cent of the annual allocated budgets are spent.

Ensure 100.0 per cent achievement of projects planned for completion annually.

### Strategic objectives, performance indicators, planned targets and actual achievements

#### Develop and maintain appropriate health technology, infrastructure and ICT

Programme 8 (Health Facilities Management) will continue in its aim to spend the total annual allocated budget and achieve all planned project deliverables. In spite of various mechanisms being in place to monitor expenditure and oversee progress of projects, challenges remain. These challenges include longer design and procurement periods, construction delays, poor performance of PSPs and availability of unencumbered sites. WCGH continuously engage with its sole Implementing Agent, WCG: Transport and Public Works, regarding mechanisms to accelerate delivery of projects. WCGH has developed a standard satellite clinic and clinic layout and work is underway on developing a standard plan type for community day centres and for community health centres. A benchmark is furthermore being developed for a district hospital layout to reflect the preferred configuration where site constraints permit. The Chief Directorate continues to work closely with the health services to ensure infrastructure adequately addresses the service needs.

In terms of performance, neither of the targets for the two strategic objectives were met. This is mainly due to challenges as stated above.

With respect to the other six performance targets, one has been achieved, namely the percentage of facilities in Eden District with a condition rating of C4 to C5.

**Table 4.8.1: Strategic objectives for Health Facilities Management 2014/15**

| Programme 8: Health Facilities Management  |  |                    |                |                    |             |  |  |
|--|--|--------------------|----------------|--------------------|-------------|--|--|
| Strategic objectives   | Performance indicator  | Actual achievement | Planned target | Actual achievement | Deviation * | Comment on deviation   |  |
|  |  | 2013/14            | 2014/15        | 2014/15            | 2014/15     |  |  |
| <b>STRATEGIC GOAL 1: Develop and maintain appropriate health technology, infrastructure and ICT.</b> |  |                    |                |                    |             |  |  |
| 1.1 Effective and efficient management of infrastructure expenditure.                                | 1.1.1 Percentage of Programme 8 capital budget spent (excluding maintenance) | 82.6%              | 100.0%         | 82.9%              | (27.6%)     | Main contributors to the under-performance: Vredenburg Hospital Phase 2B on hold due to WCGTPW's legal dispute with contractor. Delays in achieving the Practical Completion of Rawsonville Clinic, Du Noon CHC and Delft Symphony Way CDC. Delay in tender award of District Six CDC project (5 months) and Paarl Hospital acute psychiatric unit project (4 months). Valkenberg Hospital and Napier Clinic – poor performance of PSP consultants delaying design stage. Lack of credible project cash flows aligned with project specific IGS stage deliverables.  |  |
|  | Numerator:   | 425 339 929        | 332 420 000    | 283 038 829        | (24.7%)     |  |  |
|  | Denominator:   | 514 935 000        | 332 420 000    | 341 476 200        | 4.1%        |  |  |
| 1.2 Effective and efficient management of infrastructure delivery.                                   | 1.2.1 Percentage of Programme 8 capital projects completed                   | 16.7%              | 100.0%         | 80.0%              | (83.3%)     | A combination of delays to construction on site, slow progress during design phase, procurement delays in awarding of bids contributed to under performance. Practical Completion (PC) achieved:<br>Robertson Ambulance Station<br>Robertson Hospital bulk store<br>Heidelberg Ambulance Station<br>New Horizon Clinic in Plettenberg Bay<br>Heideveld temporary CDC - enabling work for GF Jooste Hospital<br>Mitchell's Plain Hospital Acute Psychiatric Unit<br>Du Noon CHC<br>Rawsonville Clinic<br>Hermanus CDC<br>George Hospital Acute Psychiatric Unit<br>Knysna Hospital new Emergency Centre & OPD<br>Knysna Hospital and EMS rehabilitation<br>The latter two projects were undertaken as one combined project. |  |
|  | Numerator:   | 1                  | 15             | 12                 | (83.3%)     |  |  |
|  | Denominator:   | 6                  | 15             | 15                 | 0.0%        |  |  |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

Note:  
Strategic objective indicators are repeated in the performance indicator table below to maintain consistency with information published in the 2014/15 Annual Performance Plan.

**Table 4.8.2: Performance indicators for Health Facilities Management 2014/15**

| Programme 8: Health Facilities Management   |                        |                |                    |                |  |         |
|---|------------------------|----------------|--------------------|----------------|--|---------|
| Performance indicator   | Actual achievement     | Planned target | Actual achievement | Deviation *    | Comment on deviation   |         |
|   | 2013/14                | 2014/15        | 2014/15            | 2014/15        |  |         |
| <b>SECTOR SPECIFIC INDICATORS</b>   |                        |                |                    |                |  |         |
| 1. Proportion of Programme 8 maintenance budget spent on maintenance (preventative and scheduled) | Not required to report | 100.0%         | 87.1%              | 0.0%           | No deviation in terms of preventative maintenance 98.8% of budget was spent.<br><br>Scheduled maintenance – inadequate scoping of projects based on facility condition assessments and delays to preparation of design and tender documentation; slow progress on site; lack of credible cash flows aligned with IGS stage deliverables from Implementing Agent. |         |
|   | Numerator:             | -              | 226 775 000        | 208 913 491    |  | 0.0%    |
|   | Denominator:           | -              | 226 775 000        | 239 984 000    |  | 0.0%    |
| 2. Number of districts spending more than 90% of maintenance budget                               | Not required to report | None           | Not applicable     | Not applicable | Not required to report on.   |         |
| <b>OTHER PROVINCIAL INDICATORS</b>  |                        |                |                    |                |  |         |
| 3. Percentage of preventative maintenance budget spent  | 100.0%                 | 100.0%         | 98.8%              | (27.6%)        | 98.8% of budget spent, which is considered acceptable to the Department.   |         |
|   | Numerator:             | 20 465 000     | 29 822 000         | 29 451 642     |  | (24.7%) |
|   | Denominator:           | 20 465 000     | 29 822 000         | 29 822 000     |  | 4.1%    |
| 4. Percentage of Programme 8 health technology budget spent                                       | 111.8%                 | 100.0%         | 96.1%              | (6.5%)         | 96.1% of budget spent, which is considered acceptable to the Department.   |         |
|   | Numerator:             | 245 750 000    | 125 282 000        | 183 391 491    |  | 4.9%    |
|   | Denominator:           | 219 823 000    | 125 282 000        | 190 859 000    |  | 12.2%   |
| 5. Percentage of strategic briefs completed   | 100.0%                 | 100.0%         | 45.5%              | 0.0%           | Only 5 of 11 identified Strategic Briefs due for completion in 2014/15 were completed due to the fact that there was either no site available, no business case had been submitted or because the standard clinic layout had not been signed off. An additional 10 Strategic Briefs were, however, completed and submitted during the financial year.            |         |
|   | Numerator:             | 8              | 11                 | 5              |  | 0.0%    |
|   | Denominator:           | 8              | 11                 | 11             |  | 0.0%    |

| Programme 8: Health Facilities Management  |                        |                |                    |             |                      |
|--|------------------------|----------------|--------------------|-------------|----------------------|
| Performance indicator  | Actual achievement     | Planned target | Actual achievement | Deviation * | Comment on deviation |
|  | 2013/14                | 2014/15        | 2014/15            | 2014/15     |                      |
| 6. Percentage of facilities in Eden District with a condition rating of C4 to C5 | Not required to report | 58.7%          | 58.7%              | (83.3%)     | Target achieved.     |
| Numerator:   | -                      | 27             | 27                 | (83.3%)     |                      |
| Denominator:   | -                      | 46             | 46                 | 0.0%        |                      |

\* This refers to the deviation between the planned target and the actual achievement for 2014/15.

## Strategies to overcome areas of under-performance

Institutionalise the IDMS in accordance with the revised Provincial Treasury Instruction 16B, *Standard for an Infrastructure*

*Delivery Management System*, and *Standard for a Construction Procurement System*.

Review and update the Service Delivery Agreement between WCG: Health and WCG: Transport and Public Works.

Address the shortfall in the scoping of scheduled maintenance projects in collaboration with WCG: Transport and Public Works.

Expand on standardisation of designs for health facilities per type.

Align budget with capacity both within WCG: Health and WCG: Transport and Public Works.

Planning that ensures that additional projects are ready for implementation where current projects fail or are stalled in addition to the performance-based incentive.

Continue to enhance the definition of service package (refinement of the strategic brief template).

Continue to institutionalise the infrastructure unit support system (IUSS) design guidelines.

Increased use of standard designs.

Implementation of develop and construct strategy.

## Changes to planned targets

No targets were changed during the year.

## Linking performance with budgets

**Table 4.8.3: Summary of expenditure for Health Facilities Management 2014/15**

| Expenditure<br>Sub-programme      | 2014/15             |                    |                            | 2013/14             |                    |                            |
|-----------------------------------|---------------------|--------------------|----------------------------|---------------------|--------------------|----------------------------|
|                                   | 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                      |
| 8.1: Community Health Facilities  | 247 962             | 189 004            | 58 958                     | 268 654             | 176 571            | 92 083                     |
| 8.2: Emergency Medical Services   | 9 898               | 6 697              | 3 201                      | 23 270              | 16 481             | 6 789                      |
| 8.3: District Hospital Services   | 182 640             | 152 543            | 30 097                     | 314 092             | 291 238            | 22 854                     |
| 8.4: Provincial Hospital Services | 134 941             | 126 769            | 8 172                      | 122 548             | 143 984            | (21 436)                   |
| 8.5: Central Hospital Services    | 184 787             | 190 701            | (5 914)                    | 169 069             | 205 925            | (36 856)                   |
| 8.6: Other Facilities             | 54 158              | 47 209             | 6 949                      | 61 281              | 43 653             | 17 628                     |
| <b>Total</b>                      | <b>814 386</b>      | <b>712 923</b>     | <b>101 463</b>             | <b>958 914</b>      | <b>877 852</b>     | <b>81 062</b>              |

### Reasons for the under-expenditure:

Most of the under expenditure (87.7 per cent) is related to scheduled maintenance and capital projects, which are implemented by the Department of Transport & Public Works. In particular, project expenditure did not meet the budget available mainly due to slippages of the project program versus the projected cash flow. Such delays are the result of prolonged bid stage in the awarding of bids, finalisation of final accounts, design and construction stages. Each of the project stage (inception, feasibility, design, tendering, construction, retention and close-out) is dependent on the precedent stage, and a delay in one creates incremental delays in the following stages.

In addition, other causes of delay include: Organisational Development and Quality Assurance. Typically, these are delays in filling the built environment professional posts due to the shortage of such skills. The under expenditure related to Scheduled Maintenance was largely driven by the quality of the facility condition assessments, delays in the finalisation of the project brief, and prolonged period for implementation. In addition, under spending related to Capital Projects is as a result of a dispute with contractors and contractors' performance, and inadequate contract and project management. Furthermore, under expenditure regarding Health Technology was due to the PACS RIS implementation and the long lead time for getting all the necessary approvals from SITA.

## 5. TRANSFER PAYMENTS

### 5.1 TRANSFER PAYMENTS TO ALL ORGANISATIONS OTHER THAN PUBLIC ENTITIES

This section provides information on transfer payments made to provinces, municipalities, departmental agencies (excluding public entities), higher education institutions, public corporations, private enterprises, foreign governments, non-profit institutions and households. It also provides information on where funds were budgeted to be transferred, but transfers were not made and the reasons for not transferring funds.

All transfer payments to Non-Profit Organisations (NPO's) are managed in accordance with Finance Instruction G3/2013.

**Table 5.1.1: Transfer payments made for the period 1 April 2014 to 31 March 2015**

| 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 |
| <b>Transfers to municipalities</b>                     |                              |   |  |                             |                            |   |   |
| 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  | 396 459                     | 396 459                    | N/A   | City of Cape Town                       |
| <b>Transfers to Departmental Agencies and Accounts</b> |                              |   |  |                             |                            |   |   |
| Health and Welfare SETA                                | Statutory body               | Human Resource Development  | Yes  | 4 344                       | 4 344                      | N/A   |   |
| Radio and Television                                   | Licensing authorities        | Licences  | Yes  | 261                         | 261                        | N/A   | Departmental                            |
| <b>Transfers to Universities and Technikons</b>        |                              |   |  |                             |                            |   |   |
| Cape Peninsula University of Technology                | Higher Education Institution | Nursing training – Management fee and appointment of mentors in line with the Memorandum of Agreement concluded between Western Cape Department of Health and Cape Peninsula University of Technology.              | Yes  | 3 733                       | 3 733                      | N/A   | City of Cape Town                       |
| <b>Transfers to Non-profit institutions</b>            |                              |   |  |                             |                            |   |   |
| Health Foundation                                      | Non-profit institutions      | To raise funds to improve public health care resources  | Yes  | 1 500                       | 1 500                      | 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  | 14                          | 14                         | N/A   | City of Cape Town                       |
| Various non-profit institutions                        | Facility-based Programmes    | To identify children who have defaulted immunisation in the Delft area and referred to mobile clinics for immunisation.   | Yes  | 98                          | 98                         | N/A   | City of Cape Town                       |
| Booth Memorial   | Provincially aided hospitals | Intermediate care facility – adult.   | Yes  | 17 704                      | 17 704                     | N/A   | City of Cape Town                       |
| Life Esidimeni   | Contract hospital            | Intermediate care facility – adult.   | Yes  | 38 327                      | 38 327                     | N/A   | City of Cape Town                       |
| Sarah Fox  | Provincially aided hospitals | Intermediate care facility – child.   | Yes  | 8 887                       | 8 887                      | N/A   | City of Cape Town                       |
| Various Non-profit Institutions                        | Non-profit Institutions      | Community Health Clinics: Vaccines and Tuberculosis treatment   | Yes  | 104                         | 104                        | N/A   | Central Karoo District                  |
| Various Non-profit Institutions                        | Non-profit Institutions      | Tuberculosis treatment  |  | <b>1 134</b>                | <b>1 134</b>               | N/A   |   |
|  |                              |   | Yes  | 651                         | 651                        | N/A   | Cape Winelands District                 |
|  |                              |   | Yes  | 358                         | 358                        | N/A   | Eden District                           |
|  |                              |   | Yes  | 125                         | 125                        | N/A   | West Coast District                     |

Vote 6: Health  
Western Cape Government

| 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 | TB Adherence and Counselling   |  | <b>3 835</b>               | <b>3 835</b>               |   |   |
|   |                         |  | Yes  | 1 348                      | 1 348                      | N/A   | Eden District                           |
|   |                         |  | Yes  | 94                         | 94                         | N/A   | Klipfontein/M Plain SS Area             |
|   |                         |  | Yes  | 216                        | 216                        | N/A   | Northern/Tygerberg SS Area              |
|   |                         |  | Yes  | 2 177                      | 2 177                      | N/A   | West Coast District                     |
| Various Non-profit Institutions                     | Non-profit Institutions | Home Based Care  |  | <b>13 824</b>              | <b>13 824</b>              |   |   |
|   |                         |  | Yes  | 7 482                      | 7 482                      | N/A   | Khayelitsha/Eastern SS Area             |
|   |                         |  | Yes  | 2 249                      | 2 249                      | N/A   | Klipfontein/M Plain SS Area             |
|   |                         |  | Yes  | 56                         | 56                         | N/A   | Northern/Tygerberg SS Area              |
|   |                         |  | Yes  | 4037                       | 4037                       | N/A   | West Coast District                     |
| Various Non-profit Institutions                     | Non-profit Institutions | Mental health  |  | <b>45 822</b>              | <b>45 822</b>              |   |   |
|   |                         |  | Yes  | 2 525                      | 2 525                      | N/A   | Cape Winelands District                 |
|   |                         |  | Yes  | 250                        | 250                        | N/A   | Central Karoo District                  |
|   |                         |  | Yes  | 10 113                     | 10 113                     | N/A   | Khayelitsha/Eastern SS Area             |
|   |                         |  | Yes  | 7 790                      | 7 790                      | N/A   | Klipfontein/M Plain SS Area             |
|   |                         |  | Yes  | 14 868                     | 14 868                     | N/A   | Northern/Tygerberg SS Area              |
|   |                         |  | Yes  | 3 515                      | 3 515                      | N/A   | Overberg District                       |
|   |                         |  | Yes  | 6761                       | 6761                       | 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   |  | <b>148 274</b>             | <b>148 274</b>             |   |   |
|   |                         |  | Yes  | 26 538                     | 26 538                     | N/A   | Cape Winelands District                 |
|   |                         |  | Yes  | 5 293                      | 5 293                      | N/A   | Central Karoo District                  |
|   |                         |  | Yes  | 18 440                     | 18 440                     | N/A   | Eden District                           |
|   |                         |  | Yes  | 2 070                      | 2 070                      | N/A   | HIV/AIDS & TB                           |
|   |                         |  | Yes  | 9 199                      | 9 199                      | N/A   | Khayelitsha/Eastern SS Area             |
|   |                         |  | Yes  | 9 826                      | 9 826                      | N/A   | Klipfontein/M Plain SS Area             |
|   |                         |  | Yes  | 35 203                     | 35 203                     | N/A   | Northern/Tygerberg SS Area              |
|   |                         |  | Yes  | 12 996                     | 12 996                     | N/A   | Overberg District                       |
|   |                         |  | Yes  | 19 100                     | 19 100                     | N/A   | West Coast District                     |
| Various Non-profit Institutions                     | Nutrition               | Rendering of a Nutrition intervention service to address malnutrition in the Western Cape  |  | <b>2 172</b>               | <b>2 172</b>               |   |   |
|   |                         |  | Yes  | 60                         | 60                         | N/A   | Central Karoo District                  |
|   |                         |  | Yes  | 426                        | 426                        | N/A   | Eden District                           |
|   |                         |  | Yes  | 838                        | 838                        | N/A   | Khayelitsha/Eastern SS Area             |
|   |                         |  | Yes  | 250                        | 250                        | N/A   | Klipfontein/M Plain SS Area             |
|   |                         |  | Yes  | 292                        | 292                        | N/A   | Northern/Tygerberg SS Area              |
|   |                         |  | Yes  | 306                        | 306                        | N/A   | Western/Southern SS Area                |
| 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  | 1 250                      | 1 250                      | N/A   | Klipfontein / M Plain SS area           |
| Various Non-profit Institutions                     | Global Fund             | Providing HIV/AIDS, and Tuberculosis treatments, Palliative Care and Community Base response to strengthen the Comprehensive HIV/AIDS programme. |  | <b>22 490</b>              | <b>22 490</b>              |   |   |
|   |                         |  | Yes  | 1 816                      | 1 816                      | N/A   | Cape Winelands District                 |
|   |                         |  | Yes  | 705                        | 705                        | N/A   | Central Karoo District                  |
|   |                         |  | Yes  | 10 154                     | 10 154                     | N/A   | Eden District                           |
|   |                         |  | Yes  | 4 034                      | 4 034                      | N/A   | HIV/AIDS & TB                           |
|   |                         |  | Yes  | 2 138                      | 2 138                      | N/A   | Khayelitsha/Eastern SS Area             |
|   |                         |  | Yes  | 2 081                      | 2 081                      | N/A   | Overberg District                       |
| Yes   | 1 562                   | 1 562  | N/A  | West Coast District        |                            |   |   |
| SA Red Cross Air Mercy                              | Non-profit Institutions | Transporting critically ill and injured patients   | Yes  | 47 227                     | 47 227                     | 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  | 2 000                      | 2 000                      | N/A   | City of Cape Town                       |

| 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 |
| Maitland Cottage                              | Step down care           | Payment for paediatric orthopaedic hospital  | Yes  | 9 415                      | 9 415                      | N/A   | City of Cape Town                       |
| Sunflower Foundation                          | Non-profit Institutions  | Funding of the Sunflower Fund for tissue typing of bone marrow donors for inclusion in the South African Bone Marrow Registry  | Yes  | 3 000                      | 3 000                      | 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  | 48 409                     | 48 409                     | N/A   | Various                                 |
| The Stellenbosch Trust                        | Sunheart foundation fund | To promote cardiology training, research, services and infrastructure development  | Yes  | 231                        | 231                        | 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  | 53 407                     | 53 407                     | N/A   | Departmental                            |
| Various claimants                             | Various claimants        | Claims against the state: households   | Yes  | 19 272                     | 19 272                     | N/A   | Departmental                            |
| Various claimants                             | Tertiary Institutions    | Bursaries  | Yes  | 70 981                     | 70 981                     | N/A   |   |
| Various claimants                             | Various claimants        | PMT/Refund & Rem-Act/ Grace  | Yes  | 90                         | 90                         | N/A   | Departmental                            |
|   |                          | Donations and Gifts: Cash  |  | 112                        | 112                        |   |   |
| Ndiyeva Audiology and Intervention Conference | Deaf Sector              | Sponsorship for audio visual hiring at conference held at Stellenbosch   | Yes  | 12                         | 12                         | N/A   | City of Cape Town                       |
| Hospice Palliative Care Association (HPCA)    | Tuberculosis treatments  | Cash donation towards the erecting of temporary structures by HPCA to isolate Drug Resistance TB Treatment Failure patients in order to prevent further spreading TB related issues to family members and within the Community | Yes  | 100                        | 100                        | N/A   | City of Cape Town                       |
| <b>Total Transfers</b>                        |                          |  |  | <b>964 416</b>             | <b>964 416</b>             |   |   |

**Table 5.1.2: Transfer payments budgeted for in the period 1 April 2014 to 31 March 2015, but no transfer payments were 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                | 405                         | -                          | TB Adherence Counselors were incorrectly paid against the Objective: Home Based Care. |   |
|                                      |                         |   | 210                         | -                          |   | Khayelitsha/Eastern SS Area             |
|                                      |                         |   | 195                         | -                          |   | Western/Southern SS Area                |

## 6. CONDITIONAL GRANTS

### CONDITIONAL GRANTS AND EARMARKED FUNDS RECEIVED

#### 6.1 HEALTH FACILITY REVITALISATION GRANT (HFRG)

In addition to equitable share funds being allocated to infrastructure projects in 2014/15, funding was also provided through the Health Facility Revitalisation Grant as stipulated in the Division of Revenue Act, Act No. 10 of 2014. 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 2014/15 financial year in line with Healthcare 2030.

**Table 6.1.1: Health Facility Revitalisation Grant received during the period 1 April 2014 to 31 March 2015**

| Health Facility Revitalisation Grant (HFRG)    |   |
|--|---|
| Department who transferred the grant           | National Department of Health   |
| Purpose of the grant                           | <ul style="list-style-type: none"> <li>To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including health technology, organisational design (OD) systems and quality assurance (QA).</li> <li>Supplement expenditure on health infrastructure delivered through public-private partnerships.</li> <li>To enhance capacity to deliver health infrastructure.</li> </ul>  |
| 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                        | R720.8 million  |
| Amount received (R'000)                        | R720.8 million (including roll-over funding of R81.0 million)<br>R182.5 million of this funding was allocated to health technology,<br>R34.1 million to organisational development and quality assurance, and<br>R120.3 million to maintenance.   |
| Reasons if amount as per DORA was not received | Not applicable.   |
| Amount spent by the department (R'000)         | R619.7 million (86.0%)<br>R182.5 million of this amount was spent on health technology,<br>R34.1 million on organisational development and quality assurance, and<br>R120.3 million on maintenance.   |
| Reasons for the funds unspent by the entity    | <ul style="list-style-type: none"> <li>Prolonged times for the awarding of bids and for the completion of project design and construction.</li> <li>Delays in concluding project final accounts.</li> <li>Delays in the filling of built environment professional posts in WCG: Health.</li> <li>Poor contractor and PSP performance.</li> <li>Delays in the finalisation of project briefs due to the poor quality of Facility Condition Assessments, negatively impacts on Scheduled Maintenance projects.</li> </ul> <p>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. Health Technology projects follow infrastructure projects. Delays in the latter therefore directly impact on the execution of health technology projects and thus expenditure on these. Despite delays on infrastructure projects, effective mitigating strategies ensured that the budget allocation for health technology was fully spent.</p> <p>It is anticipated, however, that with the on-going implementation and institutionalisation of the WC-IDMS in both WCG: Health and WCG: Transport and Public Works, many of the above factors will be addressed and expenditure will return to an optimal state.</p> |
| Reasons for deviations on performance          | Refer to table below.   |
| Measures taken to improve performance          | <ul style="list-style-type: none"> <li>Improve quality of briefs and provide more definitive scope of works through analysis of facility condition assessments.</li> <li>Improve project monitoring and reporting by ensuring use of the Project Management Information System (PMS) by Implementing Agent.</li> <li>Penalty clauses for poor performance by PSPs to be included in all new appointment documents.</li> <li>Alignment of budget with capacity both within WCG: Health and WCG: Transport and Public Works.</li> <li>Ongoing implementation and institutionalisation of the WC-IDMS.</li> <li>All retention projects are monitored at the monthly IPPR meeting, with a view to closing these out as soon as possible in terms of the DoRA requirement. (A one year maintenance period is common.) Final Account and Latent Defects Schedules are monitored at IPPR monthly meetings in order to expedite close-out of projects.</li> <li>Bringing projects forward to tender stage to ensure a pipeline of projects.</li> <li>Request submitted to roll-over HFRG funds to 2015/16.</li> </ul>   |



| Health Facility Revitalisation Grant (HFRG)      |   |
|--|---|
| Monitoring mechanism by the receiving department | Monthly infrastructure projects progress review meetings with the implementing department, project meetings and site meetings. The implementing department also records progress and provides project documents on Rational Portfolio Management, which is software that WCG: Health has access to. In addition to this, the Department utilises the PMS to update project information and progress, with some of the information being updated by WCG: Transport and Public Works. |

*Expected outputs of the grant and 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.

It is furthermore important to note that

**Table 6.1.2: Expected and actual outputs for the Health Facility Revitalisation Grant for the period 1 April 2014 to 31 March 2015**

| Health Facility Revitalisation Grant (HFRG)   |          |          |  |
|---|----------|----------|--|
| Outputs   | Expected | Achieved | Reasons for deviation  |
| Number of health facilities planned (number of projects in identification / feasibility phase). | 34       | 47       | <p>More projects were in identification / feasibility phase at the end of 2014/15 compared to at the beginning of the financial year due to the following:</p> <p>Delayed progress of some projects moving from identification / feasibility phase to design / tender phase.</p> <p>More projects identified.</p> <p>Lack of available land.</p> |
| Number of health facilities designed (number of projects in design / tender phase)              | 30       | 27       | <p>Less projects progressed to design / tender stage which can be attributed to:</p> <p>Delays in projects moving from identification / feasibility phase to design / tender phase.</p>  |
| Number of health facilities constructed (number of projects in construction / handover phase)   | 19       | 18       | <p>Fewer projects achieved handover phase by the end of the financial year than anticipated, due to:</p> <p>Delays in projects moving from design / tender phase to construction / handover phase.</p>   |
| Number of facilities equipped   | 21       | 27       | <p>More facilities were equipped during the financial year than expected. This is mainly due to:</p> <p>A substantial portion of the funding was moved to Health Technology to ensure expenditure is achieved.</p> <p>Moving of funding was required due to slow spending on infrastructure projects.</p>  |
| Number of health facilities operationalised   | 16       | 12       | <p>Some projects were slightly delayed due to various reasons cited above, which led to not all facilities being able to be operationalised. This information is based on the generally accepted assumption that operationalisation is effected after a period of six months from achieving practical completion.</p>                            |

Provincial Treasury confirmed that all transfers were deposited into the accredited bank account of the Provincial Treasury. In the management of the Hospital 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.

## 6.2 EPWP INTEGRATED GRANT FOR PROVINCES

**Table 6.2.1: EPWP Integrated Grant for Provinces received during the period 1 April 2014 to 31 March 2015**

| Expanded Public Works Programme (EPWP) Integrated Grant for Provinces |   |                          |
|---|---|--------------------------|
| <b>Department who transferred the grant</b>                           | National Department of Public Works   |                          |
| <b>Purpose of the grant</b>   | <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> <p>Road maintenance and the maintenance of buildings.<br/>Low traffic volume roads and rural roads.<br/>Other economic and social infrastructure.<br/>Tourism and cultural industries.<br/>Sustainable land based livelihoods.<br/>Waste management.</p> |                          |
| <b>Expected outputs of the grant</b>                                  | <b>Output as per framework</b>  | <b>Annual target</b>     |
|   | Increase number of people employed and receiving income through the EPWP  | 45                       |
|   | Women   | 55%                      |
|   | Youth   | 55%                      |
|   | People with disabilities  | 2%                       |
|   | Increase income per EPWP beneficiary  | R75                      |
|   | Increase average duration of work opportunities created   | 3 months                 |
| <b>Actual outputs achieved</b>  | <b>Output as per framework</b>  | <b>Outputs achieved:</b> |
|   | Increase number of people employed and receiving income through the EPWP  | 125                      |
|   | Women   | 61 (49%)                 |
|   | Youth   | 118 (94%)                |
|   | People with disabilities  | 2 (2%)                   |
|   | Increase income per EPWP beneficiary  | R84                      |
| <b>Amount per amended DORA</b>  | R2 417 000  |                          |
| <b>Amount received (R'000)</b>  | R2 417 000  |                          |
| <b>Reasons if amount as per DORA was not received</b>                 | Not applicable.   |                          |
| <b>Amount spent by the department (R'000)</b>                         | R2 096 448  |                          |
| <b>Reasons for the funds unspent by the entity</b>                    | Procurement of protective clothing for the beneficiaries was very slow due to Local Production and Content. Orders were placed but delivery could not be made before end March.   |                          |
| <b>Reasons for deviations on performance</b>                          | Although targets with respect to the proportion of beneficiaries, namely women, youth and people with disabilities were not stipulated in the 2014/15 Business Plan, the results are reflected.   |                          |
| <b>Measures taken to improve performance</b>                          | The institution is in the process of getting all protective clothing on a transversal contract with head office.  |                          |
| <b>Monitoring mechanism by the receiving department</b>               | <p>Projects are monitored at various levels:<br/>One project manager (not EPWP appointment) and two supervisors (EPWP appointees) oversee projects.<br/>Written feedback received from facilities.<br/>Attendance registers maintained on a daily basis.<br/>Weekly progress report submitted by Team Leaders.</p>  |                          |

No administration costs were incurred by the Department with respect to the EPWP Integrated Grant for Provinces. All administrative costs were borne by WCG: Transport and Public Works. 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 – due to project commencement in May 2014, Quarter 1 Report was submitted late.

### 6.3 NATIONAL TERTIARY SERVICES GRANT (NTSG)

Table 6.3.1: National Tertiary Services Grant received during the period 1 April 2014 to 31 March 2015

| 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                    | <b>Indicator</b>   | <b>Annual target</b>  |
|  | Day patient separations - Total  | 12 302                |
|  | Inpatient days - Total   | 576 729               |
|  | Inpatient separations - Total  | 90 210                |
|  | Outpatient first attendance - total  | 218 004               |
|  | Outpatient follow-up attendances   | 561 012               |
| Actual outputs achieved                          | <b>Indicator</b>   | <b>Actual outputs</b> |
|  | Day patient separations - Total  | 13 320                |
|  | Inpatient days - Total   | 582 741               |
|  | Inpatient separations - Total  | 93 559                |
|  | Outpatient first attendances   | 218 541               |
|  | Outpatient follow-up attendances - Total   | 580 129               |
| Amount per amended DORA                          | R2 537 554   |                       |
| Amount received (R'000)                          | R2 537 554   |                       |
| Reasons if amount as per DORA was not received   | Not applicable   |                       |
| Amount spent by the department (R'000)           | R2 400 714   |                       |
| 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.

## 6.4 HEALTH PROFESSIONS TRAINING AND DEVELOPMENT GRANT (HPTDG)

**Table 6.4.1: Health Professions Training and Development Grant received during the period 1 April 2014 to 31 March 2015**

| Health Professions Training and Development Grant (HPTDG) |  |                       |
|---|--|-----------------------|
| <b>Department who transferred the grant</b>               | National Department of Health  |                       |
| <b>Purpose of the grant</b>                               | Support Provinces to fund service costs associated with training of health science trainees on the public health service platform.         |                       |
| <b>Expected outputs of the grant</b>                      | <b>Indicator</b>   | <b>Annual target</b>  |
|   | Number of enrolled medical undergraduate students  | 2 750                 |
|   | Number a of enrolled dental undergraduate students   | 410                   |
|   | Number of registrars   | 680                   |
|   | Number of medical specialists  | 940                   |
| <b>Actual outputs achieved</b>                            | <b>Indicator</b>   | <b>Actual outputs</b> |
|   | Number of enrolled medical undergraduate students  | 2 808                 |
|   | Number a of enrolled dental undergraduate students   | 429                   |
|   | Number of registrars   | 680                   |
|   | Number of medical specialists  | 940                   |
| <b>Amount per amended DORA</b>                            | R478 767   |                       |
| <b>Amount received (R'000)</b>                            | R478 767   |                       |
| <b>Reasons if amount as per DORA was not received</b>     | Not applicable.  |                       |
| <b>Amount spent by the department (R'000)</b>             | R478 767   |                       |
| <b>Reasons for the funds unspent by the entity</b>        | Not applicable.  |                       |
| <b>Reasons for deviations on performance</b>              | Not applicable.  |                       |
| <b>Measures taken to improve performance</b>              | Not applicable.  |                       |
| <b>Monitoring mechanism by the receiving department</b>   | Quarterly reports (reflecting expenditure and grant outputs) provided to the National Department of Health as well as Provincial Treasury. |                       |

The actual outputs reflect the status at the end of the financial year (31 March 2015). The academic year follows a calendar years while the grant follows a financial year cycle. This results in the financial year spanning two enrolment cycles.

There was an intake of students for the academic year in the fourth quarter of the financial year. Student enrolment is concluded after the submission of the business plan. Students are subjected to a selection process by the higher education institutions before they can enrol. The additional student's enrolments align to national strategic intent but require additional funding to sustain.

All targets were achieved and exceeded. The additional posts/outputs are not necessarily supported by the HPTDG due to the funding deficit estimated at R190.7 million. Other sources of funding are applied to bridge this funding gap.

Some of the specialists reported are part time/ sessional staff and not full time equivalents.

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.

## 6.5 COMPREHENSIVE HIV AND 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 fourteen 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 a 13.4 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.

Table 6.6.12 below provides detail in terms of the actual activities funded, the budget allocation, actual expenditure and the percentage spent for 2014/15.

**Table 6.6.12 Budget allocation and expenditure in 2014/15**

| 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 350.   | 656 184                   | 696 919                    | 106.11  |
| Home-based care   | Community-based care for category 3 clients within home.   | 52 000                    | 50 288                     | 96.71   |
| High transmission areas                                   | NPOs contracted to work with vulnerable groups and IEC (Information, Education and Communication) material production. | 12 379                    | 10 482                     | 84.67   |
| Post exposure prophylaxis for victims of sexual assault   | Clinical and forensic management of survivors (adults & children) of sexual assault.                                   | 943                       | 504                        | 53.46   |
| Prevention of mother-to-child transmission (PMTCT) of HIV | Management of HIV positive pregnant women and their babies.  | 39 935                    | 37 182                     | 93.11   |
| Program management and strengthening                      | Personnel within the Western Cape Province Health who manage & conduct monitoring & evaluation.                        | 36 246                    | 36 320                     | 100.20  |
| Regional training centre (RTC)                            | Training of health care staff in HIV and AIDS.   | 10 745                    | 9 358                      | 87.10   |
| Step-down care  | Inpatient care at NPO driven facilities.   | 47 010                    | 46 327                     | 98.55   |
| HIV counselling and testing (HCT)                         | Advise to test & consent, HIV rapid test and post-test counselling   | 55 027                    | 53 414                     | 97.07   |
| Medical male circumcisions (MMC) programme                | Provision of medical circumcisions to males over the age of 15 years.  | 18 256                    | 16 863                     | 92.37   |
| STI and Condoms   | Provision of male and female condoms.  | 68 132                    | 49 412                     | 72.52   |
| TB and HIV integration                                    | Prevention of new HIV, STI and TB infections. Sustain health and wellness.   | 54 307                    | 44 723                     | 82.35   |
| Total   |  | 1 051 794                 | 1 051 793                  | 100%    |

**Table 6.6.13 Comprehensive HIV and AIDS Conditional Grant received during the period 1 April 2014 to 31 March 2015**

| Department who transferred the grant                  |  | National Treasury via National Department of Health |
|---|--|---|
| <b>Purpose of the grant</b>                           | To provide <i>additional</i> and <i>targeted</i> 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   |   |
| <b>Expected outputs of the grant</b>                  | Performance measure / indicator  | Target  |
|   | ART: Number of facilities accredited as ART service points   | 260   |
|   | ART: Number of registered ART patients   | 174 854   |
|   | PMTCT: Number of antenatal clients tested for HIV  | 90 000  |
|   | PMTCT: Nevirapine dose to baby rate<br>Numerator: Infants given Nevirapine within 72hrs after birth<br>Denominator: Live births to HIV positive women  | 95%   |
|   | PMTCT: Transmission rate<br>Numerator: Infants HIV PCR positive around 6 weeks<br>Denominator: Infants PCR tested for HIV around 6 weeks   | 1.7 %   |
|   | 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: Testing rate<br>Numerator: Number of clients tested for HIV<br>Denominator: Number of clients counselled for HIV  | 98%   |
|   | MMC: Number of males > 15 years circumcised  | 21 502  |
|   | HCBC: Number of Home Based Carers receiving stipends   | 3 700   |
|   | Step-down care: Number of step-down care facilities funded   | 26  |
| <b>Actual outputs achieved</b>                        | Performance measure / indicator  | Actual outputs                                      |
|   | ART: Number of facilities accredited as ART service points   | 258   |
|   | ART: Number of registered ART patients   | 180 769   |
|   | PMTCT: Number of antenatal clients tested for HIV  | 88 141  |
|   | PMTCT: Nevirapine dose to baby rate<br>Numerator: Infants given Nevirapine within 72hrs after birth<br>Denominator: Live births to HIV positive women  | 99.1%   |
|   | PMTCT: Transmission rate<br>Numerator: Infants HIV PCR positive around 6 weeks<br>Denominator: Infants PCR tested for HIV around 6 weeks   | 1.4%  |
|   | 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: Testing rate<br>Numerator: Number of clients tested for HIV<br>Denominator: Number of clients counselled for HIV  | 98.8%   |
|   | MMC: Number of males > 15 years circumcised  | 14 279  |
|   | HCBC: Number of Home Based Carers receiving stipends   | 3 536   |
|   | Step-down care: Number of step-down care facilities funded   | 26  |
| <b>Amount per amended DORA</b>                        | R1 051 794 000   |   |
| <b>Amount received (R'000)</b>                        | R1 051 794 000   |   |
| <b>Reasons if amount as per DORA was not received</b> | Not applicable   |   |
| <b>Amount spent by the department (R'000)</b>         | R1 051 792 937   |   |
| <b>Reasons for the funds unspent by the entity</b>    | Not applicable   |   |
| <b>Reason for deviation on performance</b>            | <p><b>Number of facilities accredited as ART service points.</b> This target was not achieved due to human resource and infrastructure challenges required to start new sites as well as the closure of an established ART site due to repeated vandalism.</p> <p><b>Number of registered ART patients.</b> This target has been met. A change in the eligibility criteria for ART initiation was implemented as of 1 January 2015 in the Western Cape Province, this change contributed to the increase in ART enrolments which subsequently resulted in the total number of patients remaining in care target being achievement.</p> <p><b>Number of antenatal clients tested for HIV.</b> 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 (88 599). In total, 88 141 clients were tested. The data discrepancy of 458 is likely to be related to terminated pregnancies (TOP) since facilities strictly adhere to testing 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 &amp; Tier.net) and could potentially contribute towards data drop-off.</p> <p><b>Number of males &gt; 15 years circumcised.</b> The target was not achieved. The NDoH target for the WCP was 50 000 and the WC set an APP target at 21 502 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 wrt cultural practices on traditional circumcision. Moslem &amp; 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.</p> <p><b>Number of Home Based Carers receiving stipends.</b> SLAs with NPOs signed for 3 600 home-based carers. Target under-achieved by 164 carers due to staff attrition and delays in subsequent recruitment and selection processes (attrition rate of 4.43%).</p> |   |

|  |  |
|--|--|
| <p><b>Measures taken to improve performance</b></p>            | <p><b>Number of facilities accredited as ART service points.</b> District management have been engaged to gain buy-in for expansion of the ART service points going forward.</p> <p><b>Number of registered ART patients.</b> On-going implementation support to districts will be provided to maintain good performance and further investing in innovation strategies such as ART clubs.</p> <p><b>Number of antenatal clients tested for HIV.</b> Re-iteration to all facility based counsellors to continue to target all antenatal clients for HCT.</p> <p><b>Number of males &gt; 15 years circumcised.</b> The budget allocation was reduced and the target will not be increased for 2015/16. The staff allocation was also aligned to the set district targets. Department of Culture and Sport have been engaged regarding traditional circumcisions. Training of traditional circumcisers and the reporting of the circumcisions has been addressed. A formal partnership with Metropolitan health ensuring that various GP's are trained in MMC will facilitate access for clients who do not necessarily access the public sector facilities.</p> <p><b>Number of Home Based Carers receiving stipends.</b> No intervention is required as this will fluctuate with operational requirements and within the allocated budget.</p> |
| <p><b>Monitoring mechanism by the receiving department</b></p> | <p>Monthly Financial Reporting<br/>Quarterly programme performance reporting<br/>Bi-annual Conditional Grant review conducted by the National DoH<br/>Annual HIV Conditional Grant Evaluation report</p>   |

The Western Cape Department of Health has successfully implemented the programmes under this grant and met most of the targets. The prevalence of HIV in all surveyed pregnant women is 17.1 per cent. There has been a downward trend year in the < 20 age group since 2010 and in the 20 to 24 age groups since 2009. Although this reduction in the age group 15 – 24 years is not statistically significant, the WCDoH remains hopeful that as HIV interventions are expanded, there will be a continued downward trend of HIV prevalence in this age group.

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.

123 289 789 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 1 227 679 against the provincial target of 1 500 000 (82 per cent). HIV counselling and testing provides an important entry into care and treatment. There was an underperformance on achieving the male medical circumcision targets and only 66 per cent of the provincial target and 28.5 per cent of the more ambitious national targets were met. There has also been a significant decrease in performance of 13.9 per cent (from 16 596 to 14 279) in MMC's on the previous year.

Work in high transmission areas has changed this year through the introduction of additional indicators. These are total head count at all sites, number of truckers seen, number of sex workers seen, number of MSM seen and number of male and female condoms distributed at HTA sites. It is an important addition in that it allows the sub-programme to track progress on work done with key populations. At present targets set for these indicators are overachieved but this should be corrected through careful monitoring using 2013/14 as the baseline. In 2014/15 there were 108 HTA sites (new and old) and 30 834 clients were seen at the sites.

By the end of 2014/15 there were 258 fully functional ART service points in the Western Cape Province, which was an under-achievement of the target of 260. Due to repeated vandalism an established ART site (Klip Road clinic) was closed for all health services, which contributed to the underachievement. A total of 180 769 patients were retained in care on ARV treatment which was above the set target of 174 854.

A total of 432 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 189 mentors maintained due to no mentors training course being on offer for 14/15. A total of 1 077 ART chronic clubs have been 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 30 793 clients in these clubs.

The home- and community-based care service design framework was developed to inform service re-design and related planning for the departmental strategy, Healthcare 2030. There were 19 of the 26 step down facilities (SDF) funded by the HIV Conditional Grant in the Western Cape.

In 2014/2015 the Regional Training Centre (RTC) made good progress with ensuring that all training offered is:

- Competency based and mentoring is offered where needed
- Standardised and aligned to Health policy
- Equally accessible via a Therapeutic Training Calendar and a Clinical Training Prospectus on the Intranet

The RTC also now offer a much wider variety of courses for health professionals and also adapted training offered to facility based counsellors. The RTC prospectus now includes 34 courses all addressing burden of disease and most inclusive of TB and HIV content. A wider range of courses other than HIV and TB are also offered. The RTC are also well represented at various forums to ensure good communication with all relevant stakeholders and to ensure that training offered address all relevant needs and priorities. The RTC conducted therapeutic training for 855 facility based counsellors and community health workers. In addition to this, non-formal training was provided to 1 205 nurses, doctors and pharmacists.

## 6.6 NATIONAL HEALTH INSURANCE GRANT

**Table 6.6.1: National Health Insurance Grant received during the period 1 April 2014 to 31 March 2015**

| National Health Insurance (NHI) Grant       |  |
|---|--|
| <b>Department who transferred the grant</b> | National Department of Health  |
| <b>Purpose of the grant</b>                 | <ul style="list-style-type: none"> <li>· 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.</li> <li>· To undertake health system strengthening activities in identified focus areas.</li> <li>· To assess the effectiveness of interventions/activities undertaken in the district funded through this grant.</li> </ul>  |
| <b>Expected outputs of the grant</b>        | <ul style="list-style-type: none"> <li>· Continued employment of a DD: Monitoring and Evaluation.</li> <li>· Execute an assessment of the community care worker "Practical Action Care Kit" (PACK) training initiatives.</li> <li>· Conduct an NHI workshop, compile and implement action plans.</li> <li>· Development and implementation of a comprehensive woman's health strategy, and assessing the impact of progress thereof on select indicators.</li> <li>· Provision of PACK booklets and brochures for usage by community care workers.</li> <li>· Development of an appropriate rural model for community care workers.</li> <li>· Incorporating community care workers into an integrated rational patient referral system in the Eden District.</li> <li>· Streamlining the contract management system (particularly non-negotiables) according to the LEAN principles, developing user-friendly contract management tools, and capacitating staff through on-the-job training to implement it.</li> <li>· Assessing the impact of pharmacist assistant support to PHC clinics in terms of pharmaceutical supplies, budget control and loss control.</li> <li>· Assessing wastage of chronic disease medicine by patients, the underlying reasons for wastage, and proposed strategies to improve non-wastage.</li> <li>· Development of an innovative rural model to allow the staff category of pharmacist assistant post basics (PAPB) to up-skill to pharmacist technician without disruption to services.</li> <li>· Compare the effectiveness of the pharmaceutical sub-depot to virtual warehousing and direct delivery with regards to the delivery of pharmaceuticals.</li> <li>· Implementation of a patient folder management system at Oudtshoorn, Riversdale, Uniondale and Mossel Bay District Hospitals.</li> </ul> |
| <b>Actual outputs achieved</b>              | <ul style="list-style-type: none"> <li>· A DD: Monitoring and Evaluation was recruited and appointed, fulfilling all project management duties.</li> <li>· An assessment of the community care worker PACK training initiatives was executed, resulting in a report and presentation:</li> <li>- In total 96 community care workers (CCWs) and 277 chronic disease patients were interviewed throughout the Eden District.</li> <li>- Recommendations were made regarding the future implementation of PACK training among CCWs and the usage of PACK materials.</li> <li>· An NHI workshop was conducted, with 51 representatives on a national, provincial, district and sub-district level that attended:</li> <li>- A report was written on the proceedings, outcomes and evaluation of the NHI workshop.</li> <li>- An action plan was developed, approved and implemented.</li> <li>· A comprehensive woman's health strategy and action plan was developed and documented, based on inputs from the situational analysis, a desktop study and key-informant interviews at select PHC facilities in the Eden District:</li> <li>- The situational analysis was completed with reports on each of the following groups: women clients, CCWs, health professionals and non-professionals working at PHC clinics, and males and females in the general public.</li> <li>- Some actions were implemented at selected PHC facilities as per action plan.</li> <li>- The impact of woman's health interventions were assessed on selected health indicators.</li> </ul>  |



| National Health Insurance (NHI) Grant                 |  |
|---|--|
|   | <ul style="list-style-type: none"> <li>· PACK booklets and brochures for use by CCWs were provided:</li> <li>· 3 000 CCW PACK booklets (covering 7 chronic diseases) were printed in English and Afrikaans.</li> <li>· 9 950 patient pads with 100 leaflets each were printed in English/Xhosa and Xhosa/Afrikaans (covering 7 chronic diseases).</li> <li>· All printed materials were distributed to PHC facilities across all sub-districts.</li> <li>· An appropriate rural model for CCWs were developed:</li> <li>· 20 community wellness workers (CWWs) and a NPO nurse were appointed for a period of six months in the Oudtshoorn Sub-district. CWWs were paid a monthly stipend for 8 hours work per day. A project manager was appointed to manage the project and to document the model.</li> <li>· 7 129 households were surveyed during a household registration process in Oudtshoorn, that resulted in the compilation of a community profile on the current burden of diseases.</li> <li>· A headcount of 41 141 people was recorded for the six months; 4.5% of these headcounts were referred to PHC facilities of which 21.7% did attend the clinics. A detailed assessment has been made on the headcounts and referrals to clinics. An assessment has also been done on the appropriateness of referral and back-referrals (based on a 4-month period), which indicated that 88% of all referrals by CCWs were appropriate.</li> <li>· Based on the above inputs, a rural model was developed for community wellness workers that highlighted, amongst others, the: <ul style="list-style-type: none"> <li>▪ Household registration processes.</li> <li>▪ CWW and NPO nurse job descriptions and supervisory processes.</li> <li>▪ Training modules according to the National Qualifications Framework (NQF) requirements.</li> <li>▪ Screening tools and the usage thereof.</li> <li>▪ Referral and back-referral processes and tools.</li> <li>▪ Monitoring and evaluation and daily data management.</li> </ul> </li> <li>· An integrated rational patient referral system in the Eden District (that incorporates community care workers) were developed. A project manager was appointed who conducted a desktop as well as a literature study, linked with key-informant interviews at hospitals and PHC facilities. This referral system covers: <ul style="list-style-type: none"> <li>· Patient flow.</li> <li>· Communication and training.</li> <li>· Clinical pathways.</li> <li>· Clinical protocols.</li> <li>· Supervision and monitoring and evaluation.</li> </ul> </li> <li>· The project to streamline the contract management system (particularly non-negotiables) according to LEAN principles, develop user-friendly contract management tools, and capacitate staff through on-the-job training was discontinued due to a lack of interest during the tendering phase.</li> <li>· The impact of pharmacist assistant support to PHC clinics in terms of pharmaceutical supplies, budget control and loss control has been assessed:</li> <li>· An observational study was conducted at 21 PHC facilities in the Eden District. The study focused on roles and functions, medicine supplies management, costing analysis, and constraints experienced.</li> <li>· Recommendations for improved pharmaceutical management services on a PHC level have been proposed.</li> <li>· The wastage of chronic disease medicine by patients and the underlying reasons for wastage were determined and strategies to improve non-wastage were proposed:</li> <li>· 621 patients using chronic disease medicines were interviewed at selected PHC facilities and unused medicines were collected from the patients.</li> <li>· The report details the level of non-adherence and wastage of chronic disease medicines among patients and the underlying patient, medicine, health systems, and financial reasons thereof; quantifies wastage of chronic medicines; and make recommendations to improve patient adherence to chronic medicine usage.</li> </ul> |
|   | <ul style="list-style-type: none"> <li>· An innovative rural model to allow the staff category of pharmacist assistant post basics (PAPB) to up-skill to pharmacist technician without disruption to services, has been developed:</li> <li>· Interviews were conducted with 74 pharmacist assistants to determine opinions towards such a model, study methods, and the need for such up-skilling.</li> <li>· This was augmented with 42 interviews with pharmacists to obtain opinions on the need and possible assistance in course presentation.</li> <li>· A rural model has been develop taking the regulations and requirements of the South African Pharmacy Council (SAPC) and NQF into account, however, approval still needs to be obtained. This model includes, amongst other aspects such as HR and facility requirements, curriculum, duration, mode of delivery, recognition of prior learning, financial implications, and the way forward.</li> <li>· The effectiveness of the pharmaceutical sub-depot to virtual warehousing and direct delivery with regards to the delivery of pharmaceuticals, was compared:</li> <li>· A report was compiled with a presentation to management that focused on: <ul style="list-style-type: none"> <li>▪ Profiling the different delivery systems.</li> <li>▪ Comparing these systems.</li> <li>▪ Evaluating PHC facilities in the Eden District.</li> </ul> </li> <li>· Identifying the most effective pharmaceutical distribution model for the Eden District based on the PHC evaluations and advantages or disadvantages of each distribution system</li> <li>· A patient folder management system was implemented at Oudtshoorn, Riversdale, Uniondale and Mossel Bay District Hospitals, resulting in a presentation to management and a report.</li> <li>· Folder systems were evaluated.</li> <li>· On the job-training among all filing administrative clerks were conducted.</li> <li>· A folder management system were implemented at each of these facilities, resulting in: <ul style="list-style-type: none"> <li>▪ 86 790 folders being captured.</li> <li>▪ 33 880 folders being archived.</li> <li>▪ 52 910 folders being disposed (about 13 tons of wastage).</li> <li>▪ Recommendations were made on the maintenance of the folder systems at district hospitals.</li> </ul> </li> </ul>  |
| <b>Amount per amended DORA</b>                        | R 7 000 000  |
| <b>Amount received (R'000)</b>                        | R 7 000 000  |
| <b>Reasons if amount as per DORA was not received</b> | N/A  |
| <b>Amount spent by the department (R'000)</b>         | R 6 189 722  |
| <b>Reasons for the funds unspent by the entity</b>    | The activity "Streamlining the Contract Management (particularly non-negotiables) system according to LEAN principles, developing user-friendly contract management tools, and capacitating staff through on-the-job training to implement it" was discontinued during the 2014/15 financial year. Not one organisation expressed interest during the Integrated Procurement Solution (IPS) tender process for the above-mentioned activity. It was therefore decided to discontinue the activity as not enough time was left in the remainder of the year to execute such a large and complex project.  |
| <b>Reasons for deviations on performance</b>          | Same as above.   |
| <b>Measures taken to improve performance</b>          | 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 thereof.   |

| National Health Insurance (NHI) Grant            |   |
|--|---|
| Monitoring mechanism by the receiving department | <ul style="list-style-type: none"> <li>A DD M&amp;E was appointed.</li> <li>Weekly progress reports were compiled, provided and discussed with the Eden District NHI team.</li> <li>Financial and quarterly reports were submitted to NDoH and Provincial Treasury.</li> <li>Bi-weekly progress reports (e-mail or phone) from appointed service providers and monthly project meetings.</li> </ul> |

**Table 6.6.2: General practitioners on contract using the NHI Grant received during the period 1 April 2014 to 31 March 2015**

| 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 contracting medical practitioners within the NHI pilot districts.  |
| Expected outputs of the grant                    | <ul style="list-style-type: none"> <li>General practitioners (GPs) recruited and appointed.</li> <li>Clinical package of care relevant to health service rendered by GPs.</li> <li>Ensure compliance with national and provincial guidelines and adherence to the Essential Medicines List (EML), by means of appropriate training courses.</li> <li>Relevant development and monitoring meetings attended.</li> <li>Relevant administrative duties completed by GPs and NHI project co-ordinator.</li> <li>Relevant administrative duties of project done by clerk.</li> </ul>   |
| Actual outputs achieved                          | <ul style="list-style-type: none"> <li>GPs recruited and appointed:</li> <li>22 GPs were appointed during the year, while 7 GPs terminated their services.</li> <li>Between 207 and 301 of the 320 GP sessions per week were taken-up by GPs, i.e. between 65% and 94%. On average 250 sessions per week were taken-up by GPs (78%).</li> <li>Clinical package of care relevant to health service rendered by GPs:</li> <li>All GPs complied to the specified performance as per signed contracts.</li> <li>47 769 PHC patients were seen by GPs during the period. That is on average 3.9 patients per session.</li> <li>Ensure compliance with national and provincial guidelines and adherence to Essential Medicines List, by means of appropriate training courses:</li> <li>Induction of new GPs was during 2015.</li> <li>No formal training of GPs took place.</li> <li>At a local level, GPs were given the necessary information.</li> <li>397 hours were spent on local training during the year (average of 33 hours per month).</li> <li>Relevant development and monitoring meetings attended:</li> <li>Not all GPs attended the required meetings.</li> <li>14 morbidity and mortality meetings were attended in total.</li> <li>No monitoring and evaluation meetings were attended.</li> <li>84 unspecified meetings took place.</li> <li>Relevant administrative duties completed by GPs and NHI project co-ordinator:</li> <li>All GPs fulfilled their administrative duties, by completing their monthly timesheets and travel claims.</li> <li>Relevant administrative duties of project done by clerk:</li> <li>Sourced and appointed an administrative clerk.</li> <li>Captured GP administrative data on a monthly basis, with monthly quality checks.</li> <li>Filing system has been put in place.</li> </ul> |
| Amount per amended DORA                          | R 6 955 520   |
| Amount received (R'000)                          | R 6 955 520   |
| Reasons if amount as per DORA was not received   | N/A   |
| Amount spent by the department (R'000)           | R 4 522 761   |
| Reasons for the funds unspent by the entity      | <p>A range of reasons exist:</p> <ul style="list-style-type: none"> <li>Not all GP sessions were filled during the year, while some GPs terminated their services.</li> <li>Not all GPs have been appointed on a Level 3, while the business plan has been worked out on Level 3 appointments.</li> <li>Subsistence and transport (S&amp;T) by GPs were considerably lower than budgeted for.</li> <li>Due to the uncertainty on the transfer payments from NDoH, it was decided during October not to fill any vacant GP sessions or any GP sessions that become vacant.</li> </ul>  |
| Reasons for deviations on performance            | <p>A range of reasons contributed to the non-delivery of activities:</p> <ul style="list-style-type: none"> <li>Sourcing and appointment of GPs for 320 sessions per week: A decision was taken by the Eden District Office, not to appoint any new GPs, and not to fill any posts when existing GPs terminate services, due to the fact that no transfer of payments were received from NDoH by the end of the 3rd quarter of the financial year.</li> <li>GPs undergoing training to ensure compliance with national and provincial guidelines, adherence to EML, and chronic disease management: At a local level, doctors were orientated as to the services by local managers.</li> <li>Relevant development and monitoring meetings attended by GPs: GPs did attend meetings, though did not specify the nature of the meetings.</li> </ul>   |
| 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"> <li>NDoH was informed about the decision not to appoint any new GPs, until the transfer of payments have been done.</li> <li>Local on-the-job training among GPs was done where needed.</li> <li>GPs were requested to be more specific on their timesheets regarding the nature of the meetings that they have attended.</li> </ul>   |
| Monitoring mechanism by the receiving department | <ul style="list-style-type: none"> <li>A NHI administrative clerk was appointed to check and capture GP timesheets.</li> <li>Weekly progress reports were compiled, and discussed with the Eden District NHI team.</li> <li>Financial and quarterly reports were submitted to NDoH and Provincial Treasury.</li> </ul>  |

## 6.7 SOCIAL SECTOR EPWP INCENTIVE GRANT FOR PROVINCES

**Table 6.7.1: Social Sector EPWP Incentive Grant received during the period 1 April 2014 to 31 March 2015**

| Social Sector EPWP Incentive Grant for Provinces |  |
|--|--|
| Department who transferred the grant             | Western Cape Government Treasury   |
| Purpose of the grant                             | To increase work opportunities through internships based on PGW Health need.   |
| Expected outputs of the grant                    | Improved quality of life of unemployed people through employment creation and increased income, and the improved support services in PGW Health. |
| Actual outputs achieved                          | 330 intern opportunities (367 full-time equivalents)   |
| Amount per amended DORA                          | R9 797   |
| Amount received (R'000)                          | R9 797   |
| Reasons if amount as per DORA was not received   | Not applicable   |
| Amount spent by the department (R'000)           | R9 797   |
| 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 review meetings. Internship agreements Manage service level agreements with training providers.  |

## 7. DONOR FUNDS

### DONOR FUND RECEIVED

#### 7.1 GLOBAL FUND – ROLLING CONTINUATION CHANNEL

Table 7.1.1: Global Fund Rolling Continuation Channel fund received for the period 1 April 2014 to 31 March 2015

| Global Fund (GF)                          |   |
|---|---|
| Name of donor                             | The Global Fund (GF) – Rolling Continuation Channel (RCC) – Phases I & II   |
| Full amount of the funding                | RCC-I: R452 448 638<br>RCC-II: R296 797 656 (Total budget 1 October 2013 – 31 March 2016)   |
| Period of the commitment                  | RCC-I: 1 July 2010 – 30 June 2013 (extended until 30 September 2013)<br>RCC-II: 1 October 2013 – 31 March 2016 (formal planned exit strategy period of the GF to ensure sustainability, with a grant close out period: 1 April – 31 December 2016)  |
| Purpose of the funding                    | <p><b>To strengthen, expand and sustain the Western Cape HIV &amp; AIDS Prevention, Treatment and Care Programme through funding the following programmes and projects:</b></p> <ul style="list-style-type: none"> <li>• <b>Antiretroviral Treatment (ART) Programme:</b> The investment of the GF in the WC ART programme has resulted in an accelerated increase in the number of patients commenced 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. This process is successfully underway and has ensured that services are sustained.</li> <li>• <b>Prevention of Mother-to-Child Transmission (PMTCT):</b> The GF investment in the WC PMTCT programme is focused on bridging the gap between staff able to be funded through existing departmental streams and personnel necessary to ensure that the PMTCT programme is successful and that the system is strengthened. This approach has supported the departmental thrust towards reducing vertical transmission of HIV from mother to child and aided in ensuring improved quality of care.</li> <li>• <b>Palliative / Step-Down / Intermediate Care Programme (PSI Care):</b> Through the GF the WCDoH has been able to increase the bed availability for PSI Care within the rural areas. From the 1<sup>st</sup> July 2012 to date, the incremental takeover by departmental funding of these NPO driven PSI Care facilities, has been successful and ensured sustainability.</li> <li>• <b>HIV &amp; AIDS and TB Community Based Response (CBR):</b> The objective of this small grants project has been to kick start new NPOs in such a manner as to improve their governance, fundraising mechanisms and provide overall training with the aim of better establishing them to be self-sufficient. Further to these NPOs, through the support they provide, empower communities to address HIV &amp; AIDS and TB related needs by implementing projects that mitigate the causes and impact of these diseases within the community.<br/>Multi-Sectorial Action Teams (MSATS) operating at a community level drive these projects (while supporting other projects and community efforts with aligned goals) and are accountable to the local District Health Offices.</li> </ul> <p>Although the funding emanating through the current Rolling Contingency Channel of the Global Fund Grant comes to an end on the 31st March 2016, the formal close out period lasting 6 – 9 months will then commence.</p> |
|   | <p>HIV and AIDS, and TB community based response (CBR): The objective of this project is to empower communities to address HIV and AIDS and TB related needs, and to implement projects that mitigate the causes and impact of these diseases within the community. Multi-sectorial action teams (MSATS), operating at a community level, drive these projects and are accountable to the local district health offices.<br/>Funding emanating through the current Rolling Contingency Channel of Global Fund Grant culminates on the 31st March 2016 after which a close out period will commence.</p>   |
| Expected outputs                          | Refer table below.  |
| Actual outputs achieved                   | Refer table below.  |
| Amount received in current period (R'000) | RCC-I: R401 234 233<br>RCC-II: R195 652 531   |
| Amount spent by the department (R'000)    | RCC-I: R399 729 753<br>RCC-II: R207 053 421   |
| Reasons for under/over expenditure        | <p>Reasons for under / over Expenditure</p> <ol style="list-style-type: none"> <li>i. GF ART PROGRAMME (including PMTCT). The under-expenditure relates predominantly to the following: <ol style="list-style-type: none"> <li>a. Consultants advisory services allocation for quality control</li> <li>b. Audit fees carried over from previous year, audits of 2014 / 2015 and 2015 / 2016</li> <li>c. ARV medicines as a result of the exit of Khayelitsha CHC from the GF to HIV conditional grant funding</li> </ol> </li> <li>ii. GF CBR PROGRAMME. The under-expenditure relates predominantly to the following: <ol style="list-style-type: none"> <li>a. Non-filling of one GF contract post at the Provincial office.</li> <li>b. Accruals awaiting payment in relation to services rendered from NACOSA (sub-recipient)</li> <li>c. NPOs within the Central Karoo NPOs unable to realise some of its projects</li> <li>d. Savings in relation to services rendered by the City of Cape Town</li> </ol> </li> <li>iii. GF PSI CARE <ol style="list-style-type: none"> <li>a. Patient admissions that were budgeted for exceeded the number of actual admissions.</li> </ol> </li> </ol>   |
| Monitoring mechanism by the donor         | <p>The Global Fund does not have a country-level presence outside of its offices in Geneva, Switzerland and therefore contract Local Fund Agents (LFAs) to oversee, verify and report on grant performance. In the case of the Western Cape Global Fund grant, the KPMG is the contracted LFA to perform this function.<br/>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.</p>  |

**Table 7.1.2: Outputs achieved with the Global Fund programme**

| Global Fund (GF)   |                |                             |                         |                                   |                         |            |   |
|--|----------------|-----------------------------|-------------------------|-----------------------------------|-------------------------|------------|---|
| Strategic objectives   | Actual 2013/14 | Target RCC-I Apr - Sep 2014 | Actual outputs achieved | Target RCC-II Oct 2014 - Mar 2015 | Actual outputs achieved | % achieved | Comment on deviation  |
| Number of PLWHAs receiving ARV treatment                               | 22 044         | 14 416                      | 14 769                  | 15 177                            | 15 334                  | 101%       | The new ART guidelines allowing treatment to commence at CD4 ≤ 500 has meant an increased number of enrolments & patients remaining in care.  |
| % of HIV-infected pregnant women receiving dual PMTCT therapy or HAART | 89%            | 91%                         | 90%                     | 91%                               | 91%                     | 100%       | The PMTCT programme continues to be successful.   |
| Number of patients admitted to hospices for palliative/step-down care  | 339            | 262                         | 297                     | 115                               | 102                     | 89%        | Facilities continue to provide holistic care. However, some patients require longer stay for clinical reasons which impacts the number of patient admissions per quarter. Staff collaborate with hospital staff & social workers to manage these challenges. Bethesda has started renovations, which has slowed down admission rates. |
| Number of OVCs reached through CBO project                             | 1 387          | 251                         | 269                     | 251                               | 272                     | 108%       | The target for this indicator continues to be overachieved as the additional children accommodated within the last quarter remain in care. Some districts reach more children than targeted for while continuing to implement the CBR Service package requirements.   |
| Number of people reached through CBO income generation project         | 185            | 125                         | 105                     | 125                               | 121                     | 97%        | There has been improvement within this indicator in relation to target (89% to 93%) achievement quarter-on-quarter. The additional time and teaching the provincial Support & Verification Unit together with districts has invested at projects continues to pay off.  |

## 7.2 EUROPEAN UNION – WORKLOAD INDICATORS STAFFING NEED

**Table 7.2.1: European Union Workload Indicators Staffing Need fund received for the period 1 April 2014 to 31 March 2015**

| Workload Indicator Staffing Need (WISN)             |  |
|---|--|
| <b>Name of donor</b>                                | European Union via National Department of Health   |
| <b>Full amount of the funding</b>                   | R4 250 000   |
| <b>Period of the commitment</b>                     | 2014/15 financial year   |
| <b>Purpose of the funding</b>                       | Investigation/Research into the implementation of Workload Indicators for Staffing Norms (WISN). This is a National initiative coordinated by the NDoH.    |
| <b>Expected outputs</b>                             | N/A  |
| <b>Actual outputs achieved</b>                      | Piloted the project in the Eden district. Appointed 8 Provincial Technical Support Officers to assist with the project.                                    |
| <b>Amount received in current period (R'000)</b>    | R4 250 000   |
| <b>Amount spent by the department (R'000)</b>       | R1 740 188.53  |
| <b>Reasons for the funds unspent</b>                | 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. |
| <b>Monitoring mechanism by the donor</b>            | Reporting to the donor is a responsibility of NDoH with input from Provinces when requested.   |
| <b>Was the funding received in cash or in-kind?</b> | Cash   |

## 8. CAPITAL INVESTMENT

### 8.1 CAPITAL INVESTMENT, MAINTENANCE AND ASSET MANAGEMENT PLAN

#### Capital investment

*Progress made on implementing capital investment*

Good progress was made during 2014/15 with 87.5 per cent of the capital appropriation being spent i.e. R712.9 million of the available R814.4 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 this delivery and which are being addressed include:

Prolonged times for the awarding of bids and for the completion of project design and construction  
Delays in concluding project final accounts

Delays in the filling of built environment professional posts in WCGH

Poor contractor and PSP performance

Further efforts are being made with respect to Scheduled Maintenance, where the delays in the finalisation of project briefs due to the poor quality of Facility Condition Assessments, are negatively impacting on expenditure.

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. Health Technology projects follow infrastructure projects. Delays in the latter therefore directly impact on the execution of health technology projects and thus expenditure on these. Despite delays on infrastructure projects, effective mitigating strategies enabled 96.1 per cent of the budget allocation for health technology to be spent. The under expenditure is due to the PACS-RIS project implementation. Delays were experienced in the procurement process, which required the approval of the State Information Technology Agency (SITA).

With respect to infrastructure, 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 and WCG: Transport and Public Works, 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 2013/14. In comparing the two financial years, it is evident that expenditure for 2014/15 (87.54%) is marginally lower than that for 2013/14 (91.55% spent).

**Table 8.1: Capital expenditure on infrastructure projects 1 April 2014 to 31 March 2015**

| Expenditure                                      | 2014/15             |                    |                            | 2013/14             |                    |                            |
|--|---------------------|--------------------|----------------------------|---------------------|--------------------|----------------------------|
|  | 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                       | 159 862             | 138 682            | 21 180                     | 252 081             | 200 874            | 51 207                     |
| Existing infrastructure assets                   | 654 293             | 574 010            | 80 283                     | 680 513             | 650 478            | 30 035                     |
| Upgrades and additions                           | 72 003              | 60 725             | 11 278                     | 97 267              | 68 942             | 28 325                     |
| Rehabilitation, renovations and refurbishments * | 342 306             | 303 467            | 38 839                     | 386 049             | 395 009            | -8 960                     |
| Maintenance and repairs                          | 239 984             | 209 818            | 30 166                     | 197 197             | 186 527            | 10 670                     |
| Infrastructure transfer                          | 231                 | 231                | -0                         | 26 320              | 26 500             | -180                       |
| Current  |                     |                    |                            |                     |                    | -                          |
| Capital  | 231                 | 231                | -0                         | 26 320              | 26 500             | -180                       |
| <b>Total</b>                                     | <b>814 386</b>      | <b>712 923</b>     | <b>101 463</b>             | <b>958 914</b>      | <b>877 852</b>     | <b>81 062</b>              |

\* Health technology, organisational development and quality assurance are reported as part of rehabilitation, renovations and refurbishments.

Infrastructure projects completed in 2014/15 compared to target

The table below reflects the projects that were planned to achieve completion in 2014/15 and reasons for deviations.

**Table 8.2: Infrastructure projects scheduled for completion during 2014/15**

| Capital investment  |   |  |
|---|---|--|
| Projects scheduled to achieve practical completion in 2014/15   | Practical completion achieved / not achieved 2014/15  | Comments / reasons for deviations  |
| Du Noon CHC – new   | Practical Completion achieved. 31/10/2014 with 8 month delay as original Practical Completion date: 20/02/2014.     | Target achieved. Delay to main electrical connection on site. Slow progress by contractor. Same contractor as Vredenburg Hospital Phase 2B contract that is on hold due to legal dispute with WCGTPW (Implementing Agent). |
| Heidelberg Ambulance Station – new  | Practical completion achieved. 13/05/2014 with 1.5 month delay as original Practical Completion date: 24/03/2014.   | Target achieved.   |
| Heideveld temporary CDC – enabling work for GF Jooste Hospital  | Practical completion achieved. 22/08/2014 with 6 month delay as original Practical Completion date: 03/02/2014.     | Target achieved. Change in scope of work. Dewatering of site at construction start. Design delay in structural steel and internal demountable walling.   |
| George Hospital – Acute Psychiatric Unit  | Practical completion achieved. 10/12/2014 with 12 month delay as original Practical Completion date: 09/12/2013.    | Target achieved. Original bid re-advertised. Delay in preparation of tender documentation and bid award by Implementing Agent.   |
| Hermanus CDC – new  | Practical completion achieved. 19/11/2014 with 9 month delay as original Practical Completion date: 20/02/2014.     | Target achieved. Slow progress on sit by contractor. Extension of time claims.   |
| Knysna Hospital – new Emergency Centre & OPD (two projects were combined and undertaken as one – this project also includes Knysna Hospital and EMS rehabilitation) | Practical completion achieved. 23/01/2015 with 11 month delay as original Practical Completion date: 14/02/2014.    | Target achieved. Scope of work change. Extension of time.  |
| Mitchell's Plain Hospital – Acute Psychiatric Unit  | Practical completion achieved. 14/10/2014 with 4 month delay as original Practical Completion date: 06/06/2014.     | Target achieved. Slow progress by contractor on site. Delay in attending to incomplete items to achieve Practical Completion.  |
| New Horizon Clinic – upgrade and additions  | Practical completion achieved. 30/07/2014 with 3 month delay as original Practical Completion date: 24/04/2014.     | Target achieved. Extension of time claims. Mechanical/plumbing issue.  |
| Rawsonville Clinic – replacement  | Practical completion achieved. 11/12/2014 with 3 month delay as original Practical Completion date: 03/09/2014.     | Target achieved. Slow progress by contractor. Delay in attending to incomplete items to achieve Practical Completion.  |
| Robertson Ambulance Station – replacement   | Practical completion achieved. 23/04/2014 with 3 month delay as original Practical Completion date: 27/01/2014.     | Target achieved. Interrupted power supply on site. Extension of time claims.   |
| Robertson Hospital – new bulk store   | Practical completion achieved. 23/04/2014 with 3 month delay as original Practical Completion date: 24/01/2014.     | Target achieved. Delay in attending to poor workmanship on site.   |
| Delft Symphony Way CDC – new  | Practical completion not achieved. Original Practical Completion date: 26/03/2014. Currently in delay by 14 months. | Project delayed due to slow performing contractor and consultant performance.  |
| Groote Schuur Hospital – hybrid theatre   | Practical completion not achieved.  | Delays in planning. Project in tender stage.   |
| Groote Schuur Hospital – new linear accelerator   | Practical completion not achieved. Original Practical Completion date: 01/10/2014. Currently in delay by 8 months.  | Project delayed due to contractor's performance. Contractor in penalties. Slow progress on site.   |



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 commencement date in 2015/16 and projects completed subsequent to 2012/13 are reflected.

**Table 8.3: Performance measures for the Capital Infrastructure Programme**

| Capital investment |     |                       |  |   |                  |              |
|--------------------|-----|-----------------------|--|---|------------------|--------------|
| No                 | SP  | District Municipality | Facility                                 | Project description / Type of infrastructure        | Project duration |              |
|                    |     |                       |  |   | Date: Start      | Date: Finish |
| 1                  | 8.1 | City of Cape Town     | Athlone: Dr Abdurahman CDC               | CDC Replacement                                     | 01-Jul-15        | 31-Mar-19    |
| 2                  | 8.3 | City of Cape Town     | Atlantis: Westfleur Hospital             | Emergency Centre and Paediatric Ward Additions      | 01-Apr-12        | 01-Dec-16    |
| 3                  | 8.1 | Central Karoo         | Beaufort West: Hill Side Clinic          | Clinic Replacement                                  | 01-Apr-12        | 31-Dec-16    |
| 4                  | 8.4 | City of Cape Town     | Belhar: Tygerberg Regional Hospital      | Replacement Hospital Phase 1                        | 01-Apr-15        | 31-Mar-23    |
| 5                  | 8.3 | City of Cape Town     | Bellville: Karl Bremer Hospital          | Emergency Centre Upgrade and Additions              | 01-Apr-09        | 31-Mar-14    |
| 6                  | 8.3 | City of Cape Town     | Bellville: Karl Bremer Hospital          | New Bulk Store                                      | 01-Apr-13        | 30-Apr-17    |
| 7                  | 8.4 | City of Cape Town     | Brooklyn: Brooklyn Chest TB Hospital     | New MDR & XDR wards                                 | 01-Apr-09        | 31-May-13    |
| 8                  | 8.2 | Overberg              | Caledon: Caledon Ambulance Station       | Communication Centre extension to Ambulance Station | 01-Aug-14        | 30-Jan-17    |
| 9                  | 8.2 | Overberg              | Caledon: Caledon Ambulance Station       | Communication Centre extension to Ambulance Station | 01-Nov-14        | 30-Jan-17    |
| 10                 | 8.3 | Overberg              | Caledon: Caledon Hospital                | Upgrade - Disa ward phase 2                         | 01-Apr-09        | 31-Jul-13    |
| 11                 | 8.3 | Cape Winelands        | Ceres: Ceres Hospital                    | Entrance and security upgrade                       | 01-Apr-15        | 30-Apr-16    |
| 12                 | 8.1 | West Coast            | Citrusdal: Citrusdal Clinic              | Upgrade and Additions                               | 01-Apr-15        | 31-Mar-16    |
| 13                 | 8.3 | West Coast            | Citrusdal: Citrusdal Hospital            | Upgrade and additions of children ward              | 01-Apr-15        | 31-Dec-16    |
| 14                 | 8.2 | Cape Winelands        | De Doorns: De Doorns Ambulance Station   | Ambulance Station Replacement                       | 31-Aug-14        | 30-Jun-17    |
| 15                 | 8.1 | Cape Winelands        | De Doorns: De Doorns CDC                 | CDC Upgrade and Additions                           | 31-Mar-14        | 30-Jun-18    |
| 16                 | 8.1 | City of Cape Town     | Delft: Delft CHC                         | ARV Consulting rooms and New Pharmacy               | 01-Apr-10        | 30-Oct-14    |
| 17                 | 8.1 | City of Cape Town     | Delft: Symphony Way CDC                  | New Community Day Centre                            | 01-Apr-10        | 31-Oct-14    |
| 18                 | 8.1 | City of Cape Town     | District Six: District Six CDC           | CDC Replacement                                     | 01-Apr-10        | 31-Mar-17    |
| 19                 | 8.1 | City of Cape Town     | Du Noon: Du Noon CHC                     | New Community Health Centre                         | 01-Apr-10        | 30-Nov-14    |
| 20                 | 8.3 | City of Cape Town     | Eerste River: Eerste River Hospital      | Acute Psychiatric Unit                              | 01-Mar-15        | 30-Apr-19    |
| 21                 | 8.1 | City of Cape Town     | Eerste River: Kleinlei CDC               | CDC Upgrade and Additions                           | 01-Dec-14        | 30-Nov-18    |
| 22                 | 8.1 | City of Cape Town     | Elsies River: Elsie's River CHC          | CHC Replacement                                     | 01-Jun-15        | 31-Oct-19    |
| 23                 | 8.1 | Overberg              | Gansbaai: Gansbaai Clinic                | Clinic Upgrade and Additions                        | 01-Jun-14        | 31-Mar-18    |
| 24                 | 8.1 | Overberg              | Gansbaai: Gansbaai Clinic                | Clinic Upgrade and Additions                        | 01-Jun-14        | 03-Jun-18    |
| 25                 | 8.1 | Eden                  | George: Centrum CDC                      | CDC Replacement                                     | 01-Jun-15        | 30-Apr-17    |
| 26                 | 8.6 | Eden                  | George: Eden Nurse College               | Nurse hostel upgrade (York Hostel)                  | 01-Apr-13        | 31-Mar-17    |
| 27                 | 8.4 | Eden                  | George: George Regional Hospital         | Psychiatric Evaluation Unit                         | 12-Aug-12        | 23-Dec-14    |
| 28                 | 8.4 | Eden                  | George: Harry Comay TB Hospital          | Hospital upgrade Phase 2                            | 01-Apr-11        | 30-Jun-13    |
| 29                 | 8.1 | Eden                  | George: Thembalethu CDC                  | CDC Replacement                                     | 01-Oct-13        | 30-Nov-19    |
| 30                 | 8.1 | City of Cape Town     | Goodwood: Ruyterwacht CDC                | CDC Replacement                                     | 01-Jul-11        | 31-Aug-13    |
| 31                 | 8.4 | City of Cape Town     | Green Point: Somerset Hospital           | Acute Psychiatric Unit                              | 01-Mar-15        | 31-Mar-18    |
| 32                 | 8.4 | City of Cape Town     | Green Point: Somerset Hospital           | Upgrading of theatres and ventilation               | 01-Feb-15        | 30-Jun-17    |
| 33                 | 8.1 | City of Cape Town     | Hanover Park: Hanover Park CHC           | CHC Replacement                                     | 01-Apr-15        | 31-Dec-21    |
| 34                 | 8.2 | Eden                  | Heidelberg: Heidelberg Ambulance Station | New Ambulance Station                               | 01-Apr-11        | 31-Jul-14    |

## Vote 6: Health Western Cape Government

| Capital investment |     |                       |  |   |                  |              |
|--------------------|-----|-----------------------|--|---|------------------|--------------|
| No                 | SP  | District Municipality | Facility   | Project description / Type of infrastructure  | Project duration |              |
|                    |     |                       |  |   | Date: Start      | Date: Finish |
| 35                 | 8.2 | Eden                  | Heidelberg: Heidelberg Ambulance Station                   | New Ambulance Station   | 01-Apr-11        | 31-May-14    |
| 36                 | 8.1 | City of Cape Town     | Heideveld: Heideveld CDC - Temporary EC at Klipfontein Hub | Enabling work for the GF Jooste Hospital Project: New Emergency Centre at Heideveld CHC     | 01-Oct-12        | 31-Jul-14    |
| 37                 | 8.1 | Overberg              | Hermanus: Hermanus CDC                                     | CDC Replacement   | 01-Apr-10        | 30-Nov-14    |
| 38                 | 8.1 | City of Cape Town     | Hout Bay: Hout Bay CDC                                     | CDC Replacement   | 01-Aug-15        | 31-Mar-19    |
| 39                 | 8.1 | City of Cape Town     | Khayelitsha: Michael Mapongwana CDC                        | CDC Upgrade and Additions   | 01-Nov-14        | 31-Mar-17    |
| 40                 | 8.3 | City of Cape Town     | Khayelitsha: Khayelitsha Hospital                          | 30 bed Acute Psychiatric Unit   | 01-Jan-15        | 31-Mar-18    |
| 41                 | 8.3 | City of Cape Town     | Khayelitsha: Khayelitsha Hospital                          | CT Scan Infrastructure  | 01-Aug-14        | 31-May-17    |
| 42                 | 8.3 | City of Cape Town     | Khayelitsha: Khayelitsha Hospital                          | EC Ventilation Upgrade  | 01-Apr-15        | 31-Mar-15    |
| 43                 | 8.3 | City of Cape Town     | Khayelitsha: Khayelitsha Hospital                          | Ward completion   | 01-Aug-14        | 31-May-16    |
| 44                 | 8.1 | City of Cape Town     | Khayelitsha: Site B CHC                                    | CHC Upgrade and Additions   | 01-Aug-15        | 31-Dec-20    |
| 45                 | 8.1 | Central Karoo         | Klaarstroom: Klaarstroom Clinic                            | Clinic Replacement  | 01-Apr-12        | 31-May-13    |
| 46                 | 8.6 | Eden                  | Knysna: Knysna FPL   | FPL Replacement   | 01-Aug-14        | 31-Mar-18    |
| 47                 | 8.6 | Eden                  | Knysna: Knysna FPL   | FPL Replacement   | 01-Nov-14        | 31-Mar-19    |
| 48                 | 8.3 | Eden                  | Knysna: Knysna Hospital                                    | Hospital and Ambulance Station Rehabilitation   | 01-Apr-09        | 31-Mar-15    |
| 49                 | 8.3 | Eden                  | Knysna: Knysna Hospital                                    | New Emergency Centre and OPD  | 01-Apr-09        | 23-Dec-14    |
| 50                 | 8.1 | Eden                  | Ladismith: Ladismith Clinic                                | Clinic Replacement  | 01-Mar-15        | 30-Sep-20    |
| 51                 | 8.1 | Central Karoo         | Laingsburg: Laingsburg Clinic                              | Clinic Upgrade and Additions  | 01-Jun-14        | 30-Apr-18    |
| 52                 | 8.6 | Central Karoo         | Laingsburg: Laingsburg FPL                                 | FPL Replacement   | 01-Aug-14        | 30-Apr-17    |
| 53                 | 8.6 | Central Karoo         | Laingsburg: Laingsburg FPL                                 | FPL Replacement   | 01-Nov-14        | 30-Apr-17    |
| 54                 | 8.1 | West Coast            | Malmesbury: Abbotdale Satellite Clinic                     | Clinic Replacement  | 21-Feb-15        | 31-Mar-17    |
| 55                 | 8.1 | West Coast            | Malmesbury: Chatsworth Clinic                              | Clinic Replacement  | 31-Mar-16        | 31-Mar-18    |
| 56                 | 8.2 | West Coast            | Malmesbury: Malmesbury Ambulance Station                   | Ambulance Station Replacement   | 01-Apr-10        | 31-May-13    |
| 57                 | 8.3 | West Coast            | Malmesbury: Swartland Hospital                             | Emergency Centre Upgrade and Additions  | 01-Apr-10        | 31-May-13    |
| 58                 | 8.1 | City of Cape Town     | Mamre: Mamre CDC   | Clinic Extensions   | 01-Apr-15        | 01-Dec-16    |
| 59                 | 8.3 | City of Cape Town     | Manenberg: New GF Jooste Hospital                          | Hospital Replacement phase 1  | 01-Jun-15        | 31-Mar-21    |
| 60                 | 8.3 | City of Cape Town     | Manenberg: New GF Jooste Hospital                          | Hospital Replacement phase 1  | 01-Jun-15        | 31-Mar-23    |
| 61                 | 8.1 | Central Karoo         | Matjiesfontein: Matjiesfontein Satellite Clinic            | Clinic Replacement  | 01-Oct-14        | 30-Jun-16    |
| 62                 | 8.1 | City of Cape Town     | Mfuleni: Mfuleni CDC                                       | Temporary CDC Replacement   | 01-Apr-14        | 31-Mar-15    |
| 63                 | 8.4 | City of Cape Town     | Mitchell's Plain: Lentegeur Hospital                       | Conference Centre Upgrade   | 30-Jul-14        | 30-Apr-15    |
| 64                 | 8.6 | City of Cape Town     | Mitchell's Plain: Lentegeur Regional Laundry               | Boiler House Upgrade including, supply, install, and commissioning of one coal fired boiler | 01-Apr-12        | 28-Feb-14    |
| 65                 | 8.6 | City of Cape Town     | Mitchell's Plain: Lentegeur Regional Laundry               | Regional Laundry Upgrade & Extension  | 01-Apr-11        | 30-Jun-13    |
| 66                 | 8.3 | City of Cape Town     | Mitchell's Plain: Mitchell's Plain Hospital                | EC Ventilation Upgrade  | 01-Apr-15        | 31-Mar-15    |
| 67                 | 8.3 | City of Cape Town     | Mitchell's Plain: Mitchell's Plain Hospital                | Psychiatric Evaluation Unit   | 01-Mar-13        | 30-Sep-14    |
| 68                 | 8.1 | Overberg              | Napier: Napier Clinic                                      | Clinic Replacement  | 01-Apr-12        | 31-Dec-16    |
| 69                 | 8.5 | City of Cape Town     | Observatory: Groote Schuur Hospital                        | Central Kitchen: Floor Replacement  | 01-Jun-13        | 31-Oct-15    |
| 70                 | 8.5 | City of Cape Town     | Observatory: Groote Schuur Hospital                        | Emergency Centre Upgrade and Additions  | 01-Apr-12        | 31-Mar-18    |
| 71                 | 8.5 | City of Cape Town     | Observatory: Groote Schuur Hospital                        | Emergency Centre Upgrade and Additions  | 01-Apr-12        | 31-Mar-21    |
| 72                 | 8.5 | City of Cape Town     | Observatory: Groote Schuur Hospital                        | Hybrid theatre  | 01-Apr-13        | 31-Dec-15    |

| Capital investment |     |                       |   |  |                  |              |
|--------------------|-----|-----------------------|---|--|------------------|--------------|
| No                 | SP  | District Municipality | Facility  | Project description / Type of infrastructure                             | Project duration |              |
|                    |     |                       |   |  | Date: Start      | Date: Finish |
| 73                 | 8.5 | City of Cape Town     | Observatory: Groote Schuur Hospital   | New Linear Accelerator Installation New Bunker                           | 01-Jun-13        | 31-May-15    |
| 74                 | 8.5 | City of Cape Town     | Observatory: Groote Schuur Hospital   | NMB fire detection Phase 2   | 01-Apr-09        | 01-Jun-14    |
| 75                 | 8.6 | City of Cape Town     | Observatory: Observatory Forensic Pathology Centre                          | FPL Replacement  | 01-Apr-12        | 31-Mar-18    |
| 76                 | 8.4 | City of Cape Town     | Observatory: Valkenberg Hospital  | Acute Precinct Redevelopment   | 01-Apr-10        | 31-Mar-24    |
| 77                 | 8.4 | City of Cape Town     | Observatory: Valkenberg Hospital  | Forensic Precinct Enabling Work  | 01-Apr-10        | 31-Mar-19    |
| 78                 | 8.4 | City of Cape Town     | Observatory: Valkenberg Hospital  | Forensic Precinct: Admission, Assessment, High Security, Medium Security | 01-Apr-10        | 30-Sep-21    |
| 79                 | 8.4 | City of Cape Town     | Observatory: Valkenberg Hospital  | Forensic Precinct: Low Security, Chronic and OT                          | 01-Apr-10        | 31-Mar-24    |
| 80                 | 8.4 | City of Cape Town     | Observatory: Valkenberg Hospital  | Masterplan up to stage 3   | 01-Apr-08        | 30-Sep-13    |
| 81                 | 8.4 | City of Cape Town     | Observatory: Valkenberg Hospital  | Pharmacy and OPD   | 01-Apr-10        | 30-Sep-20    |
| 82                 | 8.4 | City of Cape Town     | Observatory: Valkenberg Hospital  | Relocation of William Slater to Ward 15 and 16                           | 01-Oct-15        | 31-Mar-19    |
| 83                 | 8.4 | City of Cape Town     | Observatory: Valkenberg Hospital  | Renovations to the historical administration building (phase 1)          | 01-Apr-10        | 31-Dec-16    |
| 84                 | 8.4 | City of Cape Town     | Observatory: Valkenberg Hospital  | Renovations to the historical administration building (phase 2)          | 01-Apr-10        | 31-Mar-18    |
| 85                 | 8.4 | Cape Winelands        | Paarl: Paarl Hospital   | Psychiatric Evaluation Unit  | 01-Apr-11        | 30-Jun-16    |
| 86                 | 8.6 | City of Cape Town     | Parow: Cape Medical Depot   | Cape Medical Depot replacement   | 01-Apr-15        | 31-Mar-18    |
| 87                 | 8.5 | City of Cape Town     | Parow: Tygerberg Central Hospital   | Hospital Replacement (PPP)   | 01-Apr-12        | 31-Mar-23    |
| 88                 | 8.5 | City of Cape Town     | Parow: Tygerberg Hospital   | CD WEST (EC phase 2)   | 01-Jun-14        | 31-Mar-18    |
| 89                 | 8.5 | City of Cape Town     | Parow: Tygerberg Hospital   | Emergency Centre Upgrade and Additions                                   | 01-Apr-09        | 31-Mar-14    |
| 90                 | 8.5 | City of Cape Town     | Parow: Tygerberg Hospital   | General Paediatric Outpatient Service Renovations                        | 01-Apr-14        | 31-Oct-16    |
| 91                 | 8.5 | City of Cape Town     | Parow: Tygerberg Hospital   | Sunheart Trust   | 01-Apr-14        | 31-Mar-15    |
| 92                 | 8.5 | City of Cape Town     | Parow: Tygerberg Hospital General Paediatric Outpatient Service Renovations | General Paediatric Outpatient Service Renovations                        | 01-Apr-14        | 31-Oct-16    |
| 93                 | 8.1 | City of Cape Town     | Phillipi: Inzame Zabantu Clinic   | ARV Consulting rooms and New Pharmacy                                    | 01-Apr-10        | 28-May-14    |
| 94                 | 8.1 | City of Cape Town     | Phillipi: Inzame Zabantu Clinic   | ARV Consulting rooms and New Pharmacy                                    | 01-Apr-10        | 01-Oct-14    |
| 95                 | 8.2 | West Coast            | Piketberg: Piketberg Ambulance Station                                      | Ambulance Station Replacement  | 01-Apr-10        | 30-Jun-16    |
| 96                 | 8.1 | Eden                  | Plettenberg Bay: New Horizon Clinic   | Clinic Upgrade and Additions   | 01-Apr-12        | 31-Jul-14    |
| 97                 | 8.2 | Central Karoo         | Prince Albert: Prince Albert Ambulance Station                              | Ambulance station upgrade and additions                                  | 30-Nov-15        | 31-Mar-18    |
| 98                 | 8.1 | Cape Winelands        | Prince Alfred Hamlet: Prince Alfred Hamlet Clinic                           | Clinic Replacement   | 01-Apr-11        | 31-Oct-17    |
| 99                 | 8.1 | City of Cape Town     | Ravensmead: Ravensmead CDC  | CDC Replacement  | 01-Apr-15        | 30-Nov-19    |
| 100                | 8.1 | Cape Winelands        | Rawsonville: Rawsonville Clinic   | Clinic Replacement   | 01-Apr-10        | 30-Dec-14    |
| 101                | 8.2 | Cape Winelands        | Robertson: Robertson Ambulance Station                                      | Ambulance Station Replacement  | 01-Apr-11        | 31-May-14    |
| 102                | 8.3 | Cape Winelands        | Robertson: Robertson Hospital   | New Bulk Store   | 01-Apr-11        | 31-May-14    |
| 103                | 8.5 | City of Cape Town     | Rondebosch: Red Cross Children's Hospital                                   | Masterplan   | 01-Apr-15        | 31-Mar-16    |
| 104                | 8.5 | City of Cape Town     | Rondebosch: Red Cross Children's Hospital                                   | Project in Partnership with CHT  | 01-Apr-15        | 31-Mar-24    |
| 105                | 8.5 | City of Cape Town     | Rondebosch: Red Cross Children's Hospital                                   | Radiology upgrade & Extension (in partnership CHT)                       | 01-Apr-13        | 01-Jun-16    |
| 106                | 8.3 | City of Cape Town     | Somerset West: Helderberg Hospital  | Emergency Centre Upgrade and Additions                                   | 01-Apr-13        | 30-Apr-18    |
| 107                | 8.4 | City of Cape Town     | Somerset West: Helderberg Hospital  | Hospital Replacement   | 01-Mar-16        | 31-Mar-24    |

| Capital investment |     |                       |  |  |                  |              |
|--------------------|-----|-----------------------|--|--|------------------|--------------|
| No                 | SP  | District Municipality | Facility                                     | Project description / Type of infrastructure       | Project duration |              |
|                    |     |                       |  |  | Date: Start      | Date: Finish |
| 108                | 8.3 | City of Cape Town     | Somersets: Helderberg                        | Emergency Centre temporary accommodation           | 01-Apr-15        | 31-Mar-17    |
| 109                | 8.1 | West Coast            | St Helena Bay: Sandy Point Clinic            | Clinic Replacement                                 | 01-Apr-15        | 31-Mar-17    |
| 110                | 8.3 | Cape Winelands        | Stellenbosch: Stellenbosch Hospital          | Emergency Centre Upgrade and Additions             | 01-Apr-13        | 31-Jul-18    |
| 111                | 8.1 | Cape Winelands        | Stellenbosch: Victoria Street clinic         | Rehabilitation of clinic                           | 01-Apr-13        | 31-Mar-17    |
| 112                | 8.4 | City of Cape Town     | Stikland: Stikland Hospital                  | Ex pharmacy to be covered to archive               | 01-Apr-14        | 30-Sep-17    |
| 113                | 8.6 | City of Cape Town     | Stikland: Stikland Nurse College             | College Renovations                                | 01-Apr-12        | 31-Mar-18    |
| 114                | 8.1 | City of Cape Town     | Strand: Nomzamo Asanda Clinic                | New clinic   | 01-Apr-10        | 01-Nov-15    |
| 115                | 8.2 | Overberg              | Swellendam: Swellendam Ambulance Station     | Upgrade and Additions                              | 31-Mar-15        | 30-Jun-17    |
| 116                | 8.6 | City of Cape Town     | Thornton: Western Cape Rehabilitation Centre | Orthotic & Prosthetic Centre upgrade               | 01-Dec-14        | 31-Mar-18    |
| 117                | 8.1 | Various               | Various Pharmacies upgrade                   | Pharmacies rehabilitation                          | 31-Mar-15        | 01-Mar-17    |
| 118                | 8.3 | Various               | Various Pharmacies upgrade                   | Pharmacy rehabilitation                            | 31-Mar-15        | 01-Mar-17    |
| 119                | 8.1 | Overberg              | Villiersdorp: Villiersdorp Clinic            | Clinic Replacement                                 | 01-Apr-15        | 31-Mar-19    |
| 120                | 8.3 | West Coast            | Vredenburg: Vredenburg Hospital              | Hospital upgrade Phase 2B                          | 01-Apr-07        | 31-Mar-18    |
| 121                | 8.1 | Cape Winelands        | Wellington: Wellington CDC                   | Pharmacy additions and alterations                 | 01-Apr-13        | 30-Sep-16    |
| 122                | 8.1 | Cape Winelands        | Wolseley: Wolseley Clinic                    | Clinic Replacement                                 | 01-Apr-11        | 30-Sep-16    |
| 123                | 8.1 | Cape Winelands        | Worcester: Avian Park Clinic                 | New clinic   | 01-Apr-15        | 30-Nov-17    |
| 124                | 8.6 | Cape Winelands        | Worcester: Boland Nurse College              | Nurses accommodation at Erica Hostel, R & R        | 01-Apr-12        | 31-May-16    |
| 125                | 8.6 | Cape Winelands        | Worcester: Boland Nurse College              | Nurses accommodation at the Erica hostel additions | 01-Apr-12        | 31-Aug-15    |
| 126                | 8.6 | Cape Winelands        | Worcester: Boland Nurse College              | Training facility at Keerom                        | 01-Apr-12        | 31-May-18    |
| 127                | 8.1 | Cape Winelands        | Worcester: Worcester CDC                     | Dental suite additions and alterations             | 01-Apr-12        | 30-Nov-15    |
| 128                | 8.4 | Cape Winelands        | Worcester: Worcester Hospital                | Fire compliance                                    | 01-Apr-15        | 31-Mar-16    |
| 129                | 8.4 | Cape Winelands        | Worcester: Worcester Hospital                | Hospital Upgrade Phase 5                           | 01-Apr-12        | 28-Feb-16    |
| 130                | 8.3 | City of Cape Town     | Wynberg: Victoria Hospital                   | New Emergency Centre                               | 01-Apr-12        | 31-Mar-18    |
| 131                | 8.3 | City of Cape Town     | Wynberg: Victoria Hospital                   | Upgrade of Peads ward (in partnership with trust)  | 01-Oct-13        | 31-Mar-14    |

**Notes:**

Date: Start Starting planning date (i.e. project brief submitted to implementing department).

Date: Finish Construction completion date / take over date (i.e. practical completion date).

*Facilities that were closed down or downgraded during 2014/15*

George Laundry was closed down in September 2014.

The table below reflects facilities that have been identified for disposal in the short to medium term.

**Table 8.4: Accommodation identified for disposal**

| Disposals                            |   |               |
|--------------------------------------|---|---------------|
| Asset description                    | Disposal rationale  | Disposal year |
| Portion of Alexandra Hospital        | Consolidation of services and future services in specific precinct in order to relinquish land as requested by Rationalization program of WCGT&PW             | 2015          |
| Elsies River CHC                     | Relocate to newly built facility  | 2019          |
| GF Jooste Hospital                   | Replacement of hospital required. Site not big enough for replacement facility  | 2014          |
| Malmesbury Crèche building           | Relinquished in 2014  | 2014          |
| Montagu 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.   | 2024          |
| Portion of Nelspoort Hospital        | The hospital is still being used but will be rationalised and subsequently space will be rationalised. Letter send to HOD in Dec 2014                         | 2014          |
| 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          |
| Robbie Nurock - Community Day Centre | New CDC in planning stage (District Six CDC) to replace old facility which is not in the correct position.  | 2016          |
| Salt River FPS                       | To be replaced by purpose built new facility which will be conducive to research.   | 2017          |
| Portion of Somerset Hospital         | Helen Bowden Nursing College  | 2015          |
| Woodstock CDC                        | New CDC in planning stage (District Six CDC) to replace the current facility.   | 2016          |

## Maintenance

### *Progress made on maintenance of infrastructure*

The budget allocation for Programme 8 scheduled maintenance in 2014/15 was R210.2 million, 73 per cent funded through the Health Facility Revitalisation Grant and 27 per cent through (Provincial Equitable Share). 85.4 per cent of the total scheduled maintenance budget was spent. In addition to this, a budget of R29.8 million was allocated to preventive maintenance of which 98.8 per cent was spent. The preventive maintenance allocation is specifically aimed at maintaining newly completed facilities to the correct maintenance standard.

The maintenance expenditure remains lower than industry norms, which recommends that the maintenance budget for health facilities should be set at 4 per cent of the infrastructure replacement value. The current budget allocation is significantly below this norm.

Significant progress has, however, been made during the period under review to reduce the maintenance backlog. This is evident in the following:

- New facilities currently being constructed, replaced, upgraded or revitalised – see list of projects under the section "Capital investment".
- Projects that are funded by means of the Health Facilities Revitalisation Grant.

Committed Maintenance Projects that are carried forward to 2015/16

The committed maintenance projects (with a minimum project value of R500 000) that are carried forward to 2015/16 are listed in the table below.

**Table 8.5: Committed maintenance projects carried forward to 2015/16**

| Committed maintenance projects |       |                                       |  |   |
|--------------------------------|-------|---------------------------------------|--|---|
| No                             | SP    | District                              | Facility                                   | Brief description   |
| 1                              | 8.4   | Metro: Northern / Tygerberg           | Bellville: Stikland Hospital               | Medical suite general repair, painting internal including electrical and mechanical (Phase 2)   |
| 2                              | 8.4   | Metro: Northern / Tygerberg           | Bellville: Stikland Hospital               | Supply and install ventilation in wards with extraction system and future projects  |
| 3                              | 8.1   | Metro: Northern / Tygerberg           | Bishop Lavis: Bishop Lavis CDC             | Maintenance including trauma, EC, pharmacy and storage improvement  |
| 4                              | 8.4.2 | Metro: Southern / Western             | Brooklyn: Brooklyn Chest Hospital          | Maintenance. Upgrade of wards including electrical upgrade and diesel storage tanks   |
| 5                              | 8.3   | Overberg                              | Caledon: Caledon hospital                  | Electrification of house and laundry  |
| 6                              | 8.1   | Cape Winelands                        | Ceres: Nduli Clinic                        | Maintenance as per FCA  |
| 7                              | 8.3   | West Coast                            | Citrusdal: Hospital                        | Roads (part of contract)  |
| 8                              | 8.1   | Metro: Mitchell's Plain / Klipfontein | Crossroads CDC                             | Maintenance - Pharmacy - Install new privacy partitions to serving windows, New private consultation room, Paint throughout, covered deliveries   |
| 9                              | 8.3   | Metro: Eastern / Khayelitsha          | Eerste River: Eerste River Hospital        | Maintenance including fire compliance and diesel storage tank   |
| 10                             | 8.3   | Metro: Southern / Western             | Fish Hoek: False Bay Hospital              | Reconstruction of road and replacement of water towers  |
| 11                             | 8.3   | Metro: Southern / Western             | Fish Hoek: False Bay Hospital              | Maintenance including electrical and mechanical. Security issues around fire safety. Waterproofing issues and burglar bars.   |
| 12                             | 8.4   | Metro: Southern / Western             | Green Point: Somerset Hospital             | Repairs, renovations and upgrading, including electrical and mechanical works to 3rd and 6th floors of the New Somerset Hospital, Louis Blumberg NH and wards: Barkley; Ebden; and Lady lock.   |
| 13                             | 8.4   | Metro: Southern / Western             | Green Point: Somerset Hospital             | Admin roof  |
| 14                             | 8.4   | Metro: Southern / Western             | Green Point: Somerset Hospital             | Electrical & M work to labour ward  |
| 15                             | 8.4   | Metro: Southern / Western             | Green Point: Somerset Hospital             | CSSD roof repair and upgrade  |
| 16                             | 8.4   | Metro: Southern / Western             | Green Point: Somerset Hospital             | Install new kitchen canopy  |
| 17                             | 8.1   | Metro: Mitchell's Plain / Klipfontein | Gugulethu: Gugulethu CHC                   | Maintenance of CHC & Pharmacy - new serving window privacy screens, review shelving layout, including electrical  |
| 18                             | 8.1   | Metro: Southern / Western             | Kensington CDC                             | Maintenance - Pharmacy - Alter internal layout to create additional space in dispensary, Add 1 x serving window, new privacy partitions to serving windows, Covered secure delivery / receiving |
| 19                             | 8.1   | Metro: Eastern / Khayelitsha          | Khayelitsha: Khayelitsha CHC Site B MOU    | Site B MOU – pharmacy upgrades - revised layouts, new serving windows & privacy screens, new modular shelving, general painting, covered deliveries   |
| 20                             | 8.1   | Metro: Eastern / Khayelitsha          | Khayelitsha: Khayelitsha CHC Site B Ubuntu | Site B Ubuntu – pharmacy upgrades – revised layouts, new serving windows & privacy screens, new modular shelving, general painting, covered deliveries  |
| 21                             | 8.1   | Metro: Eastern / Khayelitsha          | Khayelitsha: Macassar CDC                  | Macassar – pharmacy upgrades – revised layouts, new serving windows & privacy screens, new modular shelving, general painting, covered deliveries   |
| 22                             | 8.1   | Metro: Eastern / Khayelitsha          | Khayelitsha: Nolongile Clinic              | Nolongile – pharmacy upgrades – revised layouts, new serving windows & privacy screens, new modular shelving, general painting, covered deliveries  |
| 23                             | 8.1   | West Coast                            | Klawer: Klawer Clinic                      | Maintenance. Extension of 40m <sup>2</sup>  |
| 24                             | 8.1   | Overberg                              | Kleinmond: Kleinmond Clinic                | Electrical installation   |
| 25                             | 8.3   | Eden                                  | Knysna: Knysna Hospital                    | Maintenance work under Capital project  |
| 26                             | 8.1   | West Coast                            | Lutzville: Koekenaap Clinic                | Maintenance. Sketch plan given to PW  |
| 27                             | 8.1   | Metro: Southern / Western             | Maitland: Maitland CDC                     | Maintenance – Pharmacy – Alter internal layout to create additional space in dispensary, Add 1 x serving window, new privacy partitions to serving windows, Covered secure delivery / receiving |

| Committed maintenance projects |       |                                       |  |   |
|--------------------------------|-------|---------------------------------------|--|---|
| No                             | SP    | District                              | Facility                               | Brief description   |
| 28                             | 8.4.2 | West Coast                            | Malmesbury: ID Hospital                | Install fire alarm system, installation of emergency exits, concrete slab & under cover tunnel to unit and concrete paved ways on premises (X3) to wards for serving purposes and food trolley access, pavements, ramp for entry points for ambulance services / disabled access  |
| 29                             | 8.1   | Central Karoo                         | Merweville Clinic                      | Maintenance   |
| 30                             | 8.4   | Metro: Mitchell's Plain / Klipfontein | Mitchell's Plain: Lentegeur Hospital   | Maintenance works on (2) wards (Ward 6 & 102)   |
| 31                             | 8.3   | Eden                                  | Mossel Bay: Mossel Bay Hospital        | Kangaroo unit. MC. Briefing document forwarded to Works but must be prefab.   |
| 32                             | 8.4   | Metro: Southern / Western             | Mowbray: Mowbray Maternity Hospital    | Fire detection  |
| 33                             | 8.1   | Central Karoo                         | Nelspoort: Nelspoort Clinic            | FCA maintenance (possible compensation event)   |
| 34                             | 8.4.2 | Central Karoo                         | Nelspoort: Nelspoort TB Hospital       | Ward therapy and possible extension to BWH admin  |
| 35                             | 8.5   | Metro: Southern / Western             | Observatory: Groote Schuur Hospital    | C garage upgrade  |
| 36                             | 8.3   | Eden                                  | Oudtshoorn: Oudtshoorn hospital        | R & R fire detection and PA system  |
| 37                             | 8.6   | Metro: Northern / Tygerberg           | Parow: Tygerberg EMS training          | Repair and renovations including electrical to EMS training centre  |
| 38                             | 8.5   | Metro: Northern / Tygerberg           | Parow: Tygerberg Hospital              | AHU phase 2   |
| 39                             | 8.5   | Metro: Northern / Tygerberg           | Parow: Tygerberg hospital lift upgrade | Lifts Year 3, Lift upgrades 14 plus 1, modernisation & refurbishment of outstanding lifts at TBH plus maintenance plus Mowbray  |
| 40                             | 8.3   | West Coast                            | Porterville: Lapa Munnik Hospital      | Boundary fence  |
| 41                             | 8.3   | Central Karoo                         | Prince Albert: Prince Albert Hospital  | Internal alterations to accommodate pharmacy (two contracts, R250,000 for other contract)   |
| 42                             | 8.6   | Metro: Southern / Western             | Retreat: Zwaanswyk                     | Upgrading of Main incomer electrical supply   |
| 43                             | 8.3   | Metro: Eastern / Khayelitsha          | Somerset West: Helderberg Hospital     | Maintenance – pharmacy / OPD – internal alterations to enlarge pharmacy, secure covered receiving, new modular shelving   |
| 44                             | 8.1   | Metro: Eastern / Khayelitsha          | Strand: Gustrouw CDC                   | Pharmacy upgrade and internal & external  |
| 45                             | 8.1   | Metro: Eastern / Khayelitsha          | Strand: Strand Clinic                  | Pharmacy – revised layout, new shelving, privacy screens to serving windows, staff tea sink, cover to deliveries. Additional consultation rooms requested.  |
| 46                             | 8.6   | West Coast                            | Vredendal: FPL                         | Work as per request from Steven and mechanical work   |
| 47                             | 8.3   | West Coast                            | Vredendal: Vredendal Hospital          | Minor Capital: Upgrade of Psychiatric Ward. [Calming room only] Minor Caps for rest. Convert pig swill fridge outside food service unit into pharmacy storage area, cooler system in main store, convert small kitchen area into linen store and linen store into assistive devices at ward c, convert chemical store in corridor into cleaning store, and convert back room in ward c into household chemical store. Convert 3 small chemical and crockery store outside main kitchen into one storage area. |
| 48                             | 8.1   | Cape Winelands                        | Wellington: McCrone House Clinic       | Storm water drainage, wash bay and staircase  |
| 49                             | 8.3   | Metro: Southern / Western             | Wynberg: Victoria Hospital             | Maintenance. Windows, fascias, gutters. ARV/HIV rescue centre upgrade, bulk store upgrade, crèche upgrade, female surgical ward, mail surgical ward, HCU, operating theatre   |

Preventive Maintenance

The table below provides a list of the preventative (routine) maintenance projects undertaken during 2014/15.

**Table 8.7: Preventative (routine) maintenance projects undertaken during 2014/15**

| Preventative maintenance projects |     |                |  |   |
|-----------------------------------|-----|----------------|--|---|
| No                                | SP  | District       | Facility   | Brief description   |
| 1                                 | 8.6 | Eden           | Beaufort West Forensic Pathology Laboratory                                      | Servicing of air-conditioning system.   |
| 2                                 | 8.3 | Eden           | Beaufort West Hospital   | Servicing of air conditioning and ventilation as well as fire detection systems.  |
| 3                                 | 8.2 | Overberg       | Caledon Ambulance Station  | Servicing of air conditioning and ventilation, fire detection and electrical systems as well as painting.   |
| 4                                 | 8.3 | Overberg       | Caledon Hospital   | Servicing of air conditioning and ventilation, fire detection and electrical systems as well as painting.   |
| 5                                 | 8.3 | Cape Winelands | Ceres Hospital   | Servicing of mechanical and electrical systems.   |
| 6                                 | 8.3 | Cape Town      | Eerste River Hospital  | Servicing of: air-conditioning, mechanical and electrical systems, heat pumps, fire detection and sprinkler systems.  |
| 7                                 | 8.4 | Eden           | George Hospital  | Servicing of: high voltage electrical, electrical, fire detection, air-conditioning and ventilation systems as well and maintenance to building envelope.   |
| 8                                 | 8.2 | Eden           | George EMS   | Servicing of fire detection, air-conditioning and Civil works as well and maintenance to building envelope.   |
| 9                                 | 8.6 | Eden           | George FPL   | Servicing of : fire detection, air-conditioning and ventilation systems as well and maintenance to building envelope.   |
| 10                                | 8.4 | Eden           | Harry Comay Hospital   | Servicing of: fire detection, air-conditioning and ventilation systems as well.   |
| 11                                |     | Various        | George, Khayelitsha, Mitchell's Plain, Paarl, Vredenburg and Worcester Hospitals | Asset Management and Maintenance system.  |
| 12                                | 8.5 | Cape Town      | Groote Schuur Hospital   | Servicing of chillers, steam pipe installations, two fire detection systems, uninterrupted power supplies and access control system. Cleaning of water storage tanks was also undertaken.   |
| 13                                | 8.3 | Overberg       | Hermanus Hospital  | Servicing of air conditioning and ventilation, fire detection and electrical systems as well as painting.   |
| 14                                | 8.6 | Overberg       | Hermanus FPL   | Servicing of : fire detection, air-conditioning and ventilation systems as well and maintenance to building envelope.   |
| 15                                | 8.2 | Overberg       | Hermanus Ambulance Station   | Servicing of : fire detection, air-conditioning and ventilation systems.  |
| 16                                | 8.3 | Cape Town      | Khayelitsha Hospital   | Garden services. Service and maintenance of: Fire detection system, access control & CCTV systems, plumbing and water reticulation systems as well as air-conditioning systems.   |
| 17                                | 8.1 | Eden           | Knysna CDC   | Servicing of mechanical systems   |
| 18                                | 8.2 | Eden           | Leeu-Gamka Ambulance Station   | Servicing of air conditioning system.   |
| 19                                | 8.1 | West Coast     | Malmesbury CDC   | Servicing of: Air-conditioning & Ventilation, mechanical - and electrical systems as well as fire detection system.   |
| 20                                | 8.6 | West Coast     | Malmesbury Forensic Pathology Laboratory   | Servicing of: Air-conditioning & Ventilation, mechanical - and electrical systems as well as fire detection system.   |
| 21                                | 8.1 | Eden           | Melkhoufontein Clinic  | Servicing of air-conditioning and ventilation systems as well as electrical reticulation system.  |
| 22                                | 8.1 | West Coast     | Montagu Clinic   | Servicing of air-conditioning and ventilation systems as well as Paint work.  |
| 23                                | 8.3 | Cape Town      | Mitchell's Plain Hospital  | Servicing of Fire detection system, access control system, electric fence.  |
| 24                                | 8.4 | Cape Town      | Mowbray Maternity Hospital   | Servicing of mechanical fire detection systems, electrical system, painting.  |
| 25                                | 8.3 | Eden           | Oudtshoorn Hospital (bulk pharmacy)  | Servicing of air-conditioning and ventilation system as well as fire detection system.  |
| 26                                | 8.1 | Eden           | Klaarstroom Clinic   | Servicing of mechanical equipment.  |
| 27                                | 8.4 | Cape Winelands | Paarl Hospital   | Servicing of fire detection, access control and CCTV systems as well as servicing of Building Management System, mechanical systems and electrical systems. Cleaning of roofs and gutters as well as bird-proofing was also undertaken. |
| 28                                | 8.6 | Cape Winelands | Paarl FPL  | Servicing of fire detection, air-conditioning and ventilation systems as well as maintenance to building envelope.  |
| 29                                | 8.1 | Eden           | Plettenberg Bay: Kwanokuthula Community Day Centre                               | Servicing of mechanical and electrical systems and electronic systems   |
| 30                                | 8.2 | Eden           | Plettenberg Bay: Kwanokuthula EMS  | Servicing of mechanical and electrical systems and electronic systems   |



| Preventative maintenance projects |     |                |  |  |
|-----------------------------------|-----|----------------|--|--|
| No                                | SP  | District       | Facility                                   | Brief description  |
| 31                                | 8.5 | Metro          | Red Cross War Memorial Children's Hospital | Servicing of mechanical and electrical systems as well as servicing of fire detection system.  |
| 32                                | 8.3 | Eden           | Riversdale Hospital                        | Servicing of air-conditioning and fire detection systems as well as servicing of electrical distribution boards.                         |
| 33                                | 8.1 | Eden           | Riversdale Clinic                          | Servicing of air-conditioning and fire detection systems as well as servicing of electrical distribution boards.                         |
| 34                                | 8.2 | Eden           | Riversdale Ambulance station               | Servicing of air-conditioning and fire detection systems as well as servicing of electrical distribution boards.                         |
| 35                                | 8.3 | Cape Winelands | Robertson Hospital                         | Servicing of air-conditioning system.  |
| 36                                | 8.1 | Cape Winelands | Simondium Clinic                           | Servicing of air-conditioning, water reticulation systems, electrical systems, fire detection system and garden services.                |
| 37                                | 8.1 | Overberg       | Stanford Clinic                            | Servicing of air-conditioning and fire detection systems.  |
| 38                                | 8.1 | Cape Winelands | TC Newman Community Day Centre             | Servicing of air-conditioning and fire detection systems, electrical infrastructure.   |
| 39                                | 8.5 | Metro          | Tygerberg Hospital                         | Servicing of chillers, cooling towers, air-conditioning systems, electrical distribution boards as well as water proofing of some roofs. |
| 40                                |     | Various        | Various facilities                         | Preventative maintenance to pressure vessels.  |
| 41                                | 8.3 | West Coast     | Vredenburg Hospital                        | Servicing of mechanical and fire detection systems.  |
| 42                                | 8.3 | West Coast     | Vredendal Hospital                         | Servicing of mechanical and fire detection systems.  |
| 43                                | 8.2 | West Coast     | Vredendal Ambulance Station                | Servicing of mechanical systems.   |
| 44                                | 8.1 | Cape Winelands | Wellington Community Day Centre            | Servicing of air-conditioning, water reticulation systems, electrical systems, fire detection system and garden services.                |
| 45                                | 8.1 | Cape Winelands | Worcester Community Day Centre             | Servicing of air conditioning and ventilation, fire detection and electrical systems.  |
| 46                                | 8.2 | Cape Winelands | Worcester EMS                              | Servicing of air conditioning and ventilation, electronic systems.   |
| 47                                | 8.4 | Cape Winelands | Worcester Hospital                         | Servicing of fire detection, access control and CCTV systems as well as mechanical systems and electrical systems.                       |
| 48                                | 8.6 | Cape Winelands | Worcester FPL                              | Servicing of fire detection, cold and freezer rooms as well as mechanical systems and electrical systems.                                |

#### *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 (PT116B) has designated the Western Cape Government: Transport and Public Works (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 2014/15 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
- Emergency Maintenance: Procured by WCGH (Directorate: Engineering and Technical Support), in alignment with procedure outlined in PT116B

In addition, early in the 2014/15 financial year, WCGH partnered with the Western Cape Government: Education (WCGE), in the procurement of a Framework Contract for a Management Contractor to improve the quality of existing infrastructure within the Western Cape Province. During November 2014, WCGH began procuring for Day-to-day Maintenance projects at health facilities through this Framework Contract.

The Directorate: Supply Chain Management, in the Chief Directorate: Financial Management, has begun the establishment of a Sub-Directorate for Infrastructure Procurement. Once established, the procurement of the above mentioned maintenance work will all be carried out through this Sub-Directorate.

*Maintenance backlog and planned measures to reduce the maintenance backlog*

The total maintenance backlog for all WCG: Health facilities, based on the estimated value of the buildings and allocated budgets, are estimated to be R790.5 million in 2015/16. Calculations, shown over the following MTEF, are reflected in the table below.

**Table 8.8: Health facilities maintenance backlog (May 2015)**

| Financial Year | Estimated Value of Buildings | Estimated Value of Buildings escalated @10% p.a. | Cost of Maintenance Required @ 3.5% p.a. | Cumulative Maintenance Required | Actual Maintenance Budget inclusive of R, R & R, scheduled, preventative and day-to-day maintenance at hospitals etc. | Cumulative Actual Maintenance + rehabilitation, renovations and refurbishments | Estimated Total Backlog (1)-(2) | Life-cycle costing requirement | Shortfall of Life-cycle costing per year |
|----------------|------------------------------|--|--|---------------------------------|---|--|---------------------------------|--------------------------------|--|
| 2015/16        | 37 000 000 000               | 37 000 000 000                                   | 1 295 000 000                            | 1 295 000 000                   | 504 472 000   | 504 472 000  | 790 528 000                     | 1 278 367 000                  | 773 895 000                              |
| 2016/17        | 37 000 000 000               | 40 700 000 000                                   | 1 424 500 000                            | 2 215 028 000                   | 493 241 000   | 997 713 000  | 1 721 787 000                   | 1 355 069 020                  | 861 828 020                              |
| 2017/18        | 40 700 000 000               | 44 770 000 000                                   | 1 566 950 000                            | 3 288 737 000                   | 522 506 000   | 1 520 219 000  | 2 766 231 000                   | 1 436 373 161                  | 913 867 161                              |

Note:  
Replacement value is as per existing building areas; areas not used will be relinquished to reduce maintenance.  
Life-cycle costing requirement based on individual condition rating of each facility.

Both the life-cycle costing and maintenance backlog calculations indicate that an approximate amount of R1.200 million per annum is required for maintenance.

Current financial and human resource constraints hamper the ability to spend such large amounts each year. Framework contractors have been appointed by WCG: Transport and Public Works to enable faster turn-around times on maintenance projects. Maintenance projects to the value of R95 million were committed by the end of March 2015, which indicates that this strategy is bearing fruit.

Success in terms of performance-based bidding resulted in R158 million being added to WCG: Health's baseline allocation. In its quest to ensure funding is expended, WCG: Health will continue its pro-active approach to identify maintenance work required based on facility condition assessments for the MTEF. Additional resources and / or outsourcing will be considered to bring facilities up to the required standard. The replacement of facilities in a poor or very poor condition is critical to the success of the maintenance plan –replacement of Tygerberg Hospital, for example, will decrease the life-cycle requirement by more than R300 million per year.

The sharp increase in the maintenance budget figures as reflected above is more likely to be due to improved available data than to an actual increase in maintenance backlog. Nonetheless, a substantial maintenance backlog does exist and the necessary budget is being sought to address this in order to ensure that all facilities are returned to optimal condition. Due to the budget deficit, the Chief Directorate is required to annually analyse the priority of projects executed in terms of the required norms and standards.

Planned maintenance projects are prioritised based on facility condition assessments undertaken by WCG: Transport and Public Works and on inputs received from the end-user. These assessment reports have cost estimates and priority ratings which inform budget allocation for maintenance needs at each specific facility. The projects are prioritised as per the categories below to ensure that critical works receive urgent attention.

| Facility condition assessments                              |   |   |
|---|---|---|
| Priority number   | Clarification   | Examples  |
| <b>CURRENTLY CRITICAL</b>                                   |   |   |
| 1 – Dangerous situation                                     | Life threatening situations, condition which could lead to serious injury. Serious water damage to facades, 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 and Safety Act and regulations      | Safety equipment and all regulations.   | Fire-fighting equipment. Compliance certificates for electrical installations and lifts. Tests.   |
| <b>POTENTIALLY CRITICAL</b>                                 |   |   |
| 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.  |
| <b>NECESSARY BUT NOT CRITICAL</b>                           |   |   |
| 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.  |

The Department has implemented the following measures to reduce the backlog over the MTEF:

- Replacement or upgrading of existing facilities with the most dilapidated infrastructure first.
- Continuous improvement of planning and execution of projects.
- Concurrent implementation of projects located within a specific radius.
- Increase of routine and day-to-day maintenance at facility level.
- Implementation of routine maintenance programme for all new health facilities completed since 2006.

The importance of ensuring that an accurate and up-to-date Immovable Asset Register (IAR) of all facilities is readily available (including both owned and leased properties) cannot be over-emphasised. Providing such an IAR is the responsibility of WCG: Transport and Public Works which is currently in the process of verifying its own asset register; when this is completed, a more accurate asset register will be available.

Closely aligned to the IAR is the need for regular and accurate facility condition assessments of all facilities operated under the auspices of the Department. The Government Immovable Asset Management Act (GIAMA) places the responsibility for the latter with WCG: Transport and Public Works which is currently addressing this issue.

Based on the current information available in the 2015/16 User Asset Management Plan (U-AMP) as well as considering the maintenance budget allocated to engineering and to health facilities, it is evident that, unless there is an increase in resources in the future, the maintenance backlog will continue to increase.

*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 introduction of the Performance Based Incentive System – enhanced for the 2015/16 financial year – as part of the Division of Revenue Act, has the potential to increase funding allocation for the delivery of health infrastructure in the province.

## **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.

Various standard operating procedures are in the process of being finalised and the first, covering asset counts, has been issued during this period. The rest are planned to be finalised and issued during the new financial year.



# PART C:

## GOVERNANCE



## 1. INTRODUCTION

Commitment by the Department to maintain the highest standards of governance is fundamental to the management of public finances and resources. Users want assurance that the Department has good governance structures in place to effectively, efficiently and economically utilise the state resources, which is funded by the tax payer.

## 2. RISK MANAGEMENT

### RISK MANAGEMENT POLICY AND STRATEGY

Western Cape Government 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 2014/15 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 2015/16 Annual Performance Plan.

### PROGRESS WITH MANAGEMENT OF RISK

There has been significant progress with the management of risks during the 2014/5 year, 14 departmental risks were identified through a rigorous process of engagement.

### **3. FRAUD AND CORRUPTION**

The Western Cape Government 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 forensic investigation 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. not malicious). 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 to the South African Police Services.

During this financial year, Fifty three (53) investigations were completed by the forensic investigation unit whilst thirty (30) matters were referred to the Department for an internal investigation. Ten (10) investigations confirmed fraud or corruption, ten (10) investigations confirmed irregularities and/or non-compliance, two (2) investigation confirmed theft, two (2) investigations indicated that there was no fraud, corruption or irregularity and in twenty five (25) instances the preliminary investigation did not confirm the allegation of fraud, theft or corruption. At the end of the financial year, the matters remaining on the case list of the Department reduced from twenty nine (29) to twelve (12).

### **4. MINIMISING CONFLICT OF INTEREST**

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

- (1) The code of conduct document as issued by National Treasury; and
- (2) 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.

### **5. 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. Formal 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 633 employees attended the code of conduct workshops, and 3491 attended the Public Service Induction Training during 2014/15.

The Directorate: Labour Relations aims to reach all employees, new or existing, to ensure that everyone is in possession of the code of conduct pocket booklet. Attendance at the said workshops is compulsory and proof will exist that the employees were aware of the expected behavioural standards by virtue of the attendance records.

Breach of the code of conduct is immediately addressed in terms of the formal and informal disciplinary code and procedures. A total of 152 employees were disciplined for breach of code of conduct during 2014/15.

### **6. HEALTH SAFETY AND 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.

### **7. PORTFOLIO COMMITTEES**

Not applicable to the Western Cape Department of Health.



## 8. SCOPA RESOLUTIONS

Table 8.1: SCOPA resolutions

| SCOPA resolutions                          |   |   |   |  |
|--|---|---|---|--|
| Resolution no.                             | Subject   | Details   | Response by the department  | Resolved (Yes/No)  |
| <b>Pages:</b> 243-246 of the Annual Report | <p><b>Heading:</b> "SCOPA resolutions"</p> <p><b>Description:</b><br/>The Committee thanked the Department for publishing its resolutions and actions taken in its Annual Report.</p>   | <p>The Committee agreed that:</p> <ol style="list-style-type: none"> <li>1. The Department publishes the Committee's opening comments of this report specific to this Department, the table of resolutions and the list of information requested by the Committee, in all future Annual Reports.</li> </ol> | Ongoing   | Ongoing with the publishing of the Department's 2014/15 Annual Report.   |
| <b>Page:</b> 306 of the Annual Report      | <p><b>Heading:</b> "Achievement of planned targets"</p> <p><b>Description:</b><br/>The Committee noted that of the total number of 196 targets planned for the year, 96 targets were not fully achieved during the year under review. This represents 49% of total planned targets that were not fully achieved during the year under review.</p> | <ol style="list-style-type: none"> <li>2. The matter of the achievement of planned targets must be brought to the attention of the relevant Standing Committee to monitor and report back to the Public Accounts Committee on the outcome of the oversight undertaken in this regard.</li> </ol>            | <p>The matter of the achievement of planned targets:</p> <ol style="list-style-type: none"> <li>1. In terms of 2013-14 targets, setting exact targets for a demand driven service is very difficult as, although we can predict trends based on historic data, it is impossible to be exact. Having a strict measure of 0% deviation is therefore not feasible. In light of this the department internally considered targets as being achieved if the actual performance is within a 10% range from the planned target. The Department also implemented a decentralised approach for target setting and built targets from the bottom up using historical data and planning norms to obtain a provincial target for 2014-15.</li> <li>2. A formal communication was also sent to the AGSA, NDOH and Treasury regarding the practice of considering targets achieved against a 0% deviation (rather than allowing for a 10% deviation).</li> <li>3. It should be noted that as of 2014/15 Treasury changed the calculation conceptually from a percentage deviation to a percentage achieved. Using this revised methodology, the outcome of performance indicators achieved against targets was assessed by Provincial Treasury as 81% for quarter 1 of 2014/15, 72% for quarter 2 of 2014/15 and 83% for quarter 3.</li> <li>4. Monitoring of the performance against the targets is done on a quarterly basis at the quarterly M&amp;E meetings and actions are developed to improve performance for those indicators with partial achievement.</li> </ol> | <p>Ongoing, and as scheduled by the relevant Standing Committee.</p> <p>A report should be forwarded to the Public Accounts Committee on the outcomes of the briefing by the relevant Standing Committee by the end of the 2014/15 financial year.</p> |

| SCOPA resolutions                          |  |   |  |  |
|--|--|---|--|--|
| Resolution no.                             | Subject  | Details   | Response by the department   | Resolved (Yes/No)  |
| <b>Page:</b> 308 of the Annual Report      | <p><b>Heading:</b> "Investigations"</p> <p><b>Description:</b><br/>The Committee noted that 51 new cases relating to alleged conflict of interest, corruption, human resource irregularities, theft, financial irregularities, nepotism and procurement fraud were reported to the Forensic Investigating Unit during the year.</p> <ul style="list-style-type: none"> <li>· 28 cases relating to alleged human resource irregularities and procurement fraud that were reported to the Forensic Investigating Unit have been referred back to the Department for finalisation.</li> <li>· 61 cases relating to alleged corruption, financial irregularities, procurement fraud, theft and human resources irregularities that were reported to the Forensic Investigating Unit have been closed.</li> </ul> | 3. That the Department and the Forensic Investigation Unit briefs the Committee on progress achieved and the outcomes of these investigations.  | <p>The Department has a monitoring process whereby the implementation of recommendations are investigated for feasibility, and monitored for implementation.</p> <p>FIU Report attached (Annexure A)</p>   | Briefing to be scheduled by the Public Accounts Committee  |
| <b>Pages:</b> 367-369 of the Annual Report | <p><b>Heading:</b> "Irregular Expenditure"</p> <p><b>Description:</b><br/>The Committee noted that the Department experienced a recurrence of irregular expenditure and takes cognisance that this hampers the Department from reaching an unqualified audit opinion with no findings.</p>   | 1. The Department should develop and implement a consequential management mechanism that will ensure that all employees are aware of the consequences if found party to the contribution to the problem of irregular expenditure. | Irregular expenditure and its consequence are included in the Departmental financial management training, including the CEO training. All managers are therefore targeted for the relevant training.   | Briefing to be scheduled by the Public Accounts Committee. |
|  |  | 2. The Committee encourages the Department to concentrate on improving its drivers of internal control.   | <p>Internal control is an activity that is the responsibility of every single line manager. It is the controls built into a process to ensure compliance/mitigate risk. The Department from a central point have already implemented various internal controls, for example,</p> <ul style="list-style-type: none"> <li>· SCM implemented: <ul style="list-style-type: none"> <li>- bidding/quotation templates and committees</li> <li>- ESL</li> <li>- Procurement planning</li> </ul> </li> <li>· Accounting implemented policy on debts, Petty Cash, and budgets</li> <li>· FFMC to monitor expenditure, BMI and APL.</li> <li>· The Department have also implemented a comprehensive compliance monitoring and reporting proses.</li> </ul> |  |
|  |  | 3. The Department is encouraged to focus on improving its record keeping, reporting and compliancy mechanisms which are relevant to the financial and performance management frameworks.  | The Department issued two policies and combined it into one during 2014 which clearly spell out the process for the safekeeping of accounting and SCM records. It also spells out the process whereby documents must be controlled when issued to outside agencies such as FIU, AG, etc. The Department also monitor the availability of batches by means of the IA.   |  |

| SCOPA resolutions |         |   |  |                   |
|-------------------|---------|---|--|-------------------|
| Resolution no.    | Subject | Details   | Response by the department   | Resolved (Yes/No) |
|                   |         | 4. the Committee requests that the department concentrates on improving and strengthening its internal audit function | <p>Internal Audit is very important to this Department as the Department's budget for Goods and Services is more than 50% of the Province's budget for Goods and Services. For this reason and because of the highly decentralised nature of this Department, this Department represents a significant portion of the Province's audit burden.</p> <p>The Health Department's Head Office has a significant organisational structure to monitor compliance to laws and regulations at the decentralised sites, while Internal Audit is managed by the Department of the Premier. The physical and organisational distance between the Department's compliance structures and Internal Audit makes optimal efficiency of the Internal Audit function a challenge. The Health Department concentrates on improving and strengthening its internal audit function by assisting with the identification and definition of projects, by addressing operation problems with respect to access to staff and documentation, by providing training where required and by providing detailed responses to audit findings. The Department also complements internal audit with an extensive internal assessment process to detect and report on non-compliance to laws and regulations.</p> |                   |

**The Department of Health should provide the Committee with:**

- A detailed report which explains the different financial variances as per Note 4.1, as indicated on pages 330 and 332 of the Annual Report of the Department.
- A copy of the Subsistence and Travel Policy which the Department adheres to.
- A detailed report which explains the financial occurrence under the heading "Other" as per Note 5.8, as indicated on page 354 of the Annual Report of the Department.
- A detailed breakdown of all infrastructure projects/matters that are currently underway between the Department and the Department of Transport and Public Works.

## 9. PRIOR MODIFICATIONS TO AUDIT REPORTS

### FINANCE

No matters to report.

### INFORMATION MANAGEMENT

#### Prior modifications to audit reports

| 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  |
|---|--|--|---|
| <p>· AOPO: Reported information not reliable: Patient folders do not exist or could not be obtained</p>   | Other important matters  | 2010-11                                | <p>Folder audits are conducted monthly by each facility as part of the CMI and is monitored during ICU assessments</p> <p>A Records Management Compliance Unit has been established to assess records management in facilities, provide training and assist in implementing appropriate controls like:</p> <ol style="list-style-type: none"> <li>Document loans - records the movement of folders in and out of Medical Records</li> <li>Disposals - records authorised disposal of eligible folders</li> <li>Removals - records the borrowing or loan of folders out of the facility</li> <li>Regular checks for misfiling</li> </ol> <p>The following circulars have been promulgated to guide folder use and management:</p> <ul style="list-style-type: none"> <li>- Circular H 14-2014 - opening of folders for all patients</li> <li>- Circular H 187-2014 - patient records standards</li> <li>- Circular H 223-2014 - keeping good patient records</li> <li>- Circular H 71-2013 - destruction of patient folders</li> <li>- Circular H 78-2013 - removal of folders from facilities – a revision of this circular is underway to communicate that: <ul style="list-style-type: none"> <li>§ Facility managers are ultimately responsible for the creation and protection of patient folders;</li> <li>§ Folder management can be delegated to a senior member of the facility staff;</li> <li>§ Daily maintenance and control of folders is to be assigned to a "Records Manager";</li> <li>§ The few circumstances in which folders may be borrowed or removed from a facility, the authorisations required and the records that should be kept to account for these borrowings or removals.</li> </ul> </li> </ul> <p>De-cluttering project initiated at Mowbray Maternity Hospital to de-clutter registries, merge files and arrange alternative storage. Planning is underway to continue the project in other critical facilities.</p> |
| <p>· AOPO: Reported information not reliable: Complaints and Compliments lodged are not kept by the facility on the prescribed data collection forms and captured on SINJANI</p> <p>· AOPO: Reported information not reliable: No supporting evidence for complaints lodged by the public could be provided even though the complaints was captured on Sinjani</p> <p>· AOPO: Reported information not reliable: Complaints lodged at facility could not be traced to SINJANI</p> | Other important matters  | 2010-11                                | <p>Lack of complaints reporting was brought to the attention of CoCT in a meeting in July 2014. Subsequent development of DHIS has taken place to accommodate the requirements for complaints and compliments reporting which will be implemented in 2015-16. Complaints monitoring was included in the facility CMI, which was implemented April 2015.</p> <p>The ICU incorporated complaints and compliments assessments in their assessment tool and processes.</p> <p>Sinjani report has been specified for development enabling a summary of the complaints and compliments and sign off process. Development planned for 2015-16.</p> <p>Complaints and compliments are included in the facility data sign off process.</p>   |

|  |                                |                |   |
|--|--------------------------------|----------------|---|
| <ul style="list-style-type: none"> <li>· AOPO: Reported information not reliable: Information recorded on Sinjani/routine monthly report (RMR) is inconsistent with service tick register or patient based software application</li> <li>· AOPO: Reported information not reliable: Information recorded on patient folder is inconsistent with Clinicom (patient based software application) and thus the total on Sinjani is not accurate and complete</li> <li>· AOPO: Reported information not reliable: Information recorded on the patient folder could not be traced to the patient based software application - Primary Health Care Information System (PHCIS) or Prehmis</li> <li>· AOPO: No evidence of events recorded in the service point registers could be found in the patient folders</li> <li>· AOPO: Reported information not reliable: Information recorded on data collection tool (patient based software application) inconsistent with patient folder</li> </ul> | <p>Other important matters</p> | <p>2010-11</p> | <p><u>CMI</u>: The CMI was revised and implemented April '15 to address issues like the patient satisfaction survey, complaints and compliments, patient folders etc. Facilities conduct audits of patient folders as part of the CMI on a monthly basis. The audit tool was revised for 2015-16 to refine and expand the audit. It also now includes a requirement to document the root causes, remedial action plans and progress.</p> <p><u>ICU</u>: Compliance unit does assessments, develops remedial plans and works in sub-district to implement in all facilities with a specific focus on support and implementation of uniform remedial actions. The ICU audits folders during facility assessment visits as well.</p> <p><u>Training</u>: Various training modules are offered by the directorate and innovative training methods like e-Learning is being developed to address training needs and bring about efficiency gains in a resource constrained environment. The first module has been developed and software is currently being tested.</p> <p>A road show was conducted in March '15 to train users on definitions, SOP's, circulars and new tools with a focus on findings raised by the auditor.</p> <p>Initial talks have commenced to coordinate "partner efforts" to reinforce provincial processes so that we leverage this additional manpower and ensure standardisation.</p> <p>Long term a standardised folder structure is being developed and a committee has been established to standardise patient records as per Circular H 187 of 2014.</p> <p>Electronic registers are being developed to replace manual registers. This is a long term project dependent on realignment of patient and process flow in facilities towards optimal processes. The facility SOP includes review and sign off of registers and reports and guides the secure storage of registers.</p> <p>The national department has also initiated a rationalisation of manual registers project.</p> <p>Indicator database was developed with clear definitions for user access.</p> <p>Circular H223-2014 - keeping good patient records distributed.</p> |
| <ul style="list-style-type: none"> <li>· AOPO: Reported information not reliable: Information recorded on service form is inconsistent with information recorded on Client satisfaction survey module on SINJANI for 2013-14</li> </ul>  | <p>Other important matters</p> | <p>2010-11</p> | <p>The CMI was revised to include an audit of client satisfaction survey forms as of April 2015.</p> <p>ICU's assess patient satisfaction survey forms and reports during facility assessment visits</p>  |

## 10. INTERNAL CONTROL UNIT

### FINANCE

The Department consists of five rural districts and one metro district, which in turn consists of four sub-structures, a regional office for general and specialised hospital services, three central hospitals and several head office institutions. There are several sub-districts reporting to each district or sub-structure, with several institutions reporting to each of these.

Although it is the responsibility of every institutional manager to ensure compliance with various financial prescripts, including supply chain management (SCM) and accounting, it is the Accounting Officer's responsibility to monitor the level of compliance to the various prescripts. For this purpose compliance detection units, called devolved internal control units (DICUs), have been established at head office and at district and sub-structure levels. The DICUs evaluate the level of compliance with SCM and accounting prescripts at institutions under the control of a specific district or sub-structure. The DICUs use two sets of compliance monitoring tools, namely the internal assessment (IA), which is in essence a batch audit, and the compliance assessment (CA), which monitors a range of compliance issues varying from asset and warehouse management, to payments.

The findings are reported via an electronic process to institutional and district managers, and the office of the CFO. The findings are discussed at the district financial control committee (consisting of the district and institutional managers) and the central financial control committee (chaired by the Accounting Officer).

Where necessary an action plan will be compiled, with specific due dates, to improve the level of compliance with financial prescripts.

### INFORMATION MANAGEMENT

The Department consists of four hundred and ninety five provincially managed facilities made up of fifty four hospitals, eighteen forensic pathology laboratories, forty nine emergency medical stations, three hundred and forty five primary health care facilities ranging from CHC's to mobiles and twenty nine other facilities. In addition there are one hundred and twenty nine municipally managed primary health care facilities, two thousand two hundred and nine schools and five hundred and sixty six non provincial health facilities that submit data regularly. This makes a total of three thousand four hundred and twenty facilities reporting data.

The performance information management internal control unit consists of twelve staff and a manager. This unit 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.

During 2014/15, the unit utilised a team approach working in a sub-district as a whole to ensure a consistent message and standardisation within the sub-district. The unit assessed the facilities using the results of the base line assessments and remedial action plans conducted and developed during 2013/14 and compared this to the follow up assessments conducted in 2014/15 to determine whether the remedial action plans had been implemented and to assess whether there was improvement in compliance. The unit utilises a compliance monitoring tool to assess the facilities. The tool incorporates a range of compliance issues with particular focus on findings raised by the auditor general. 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.

The unit supported the information management community in the province with on-the-job training and implementation of tools for data collection, collation and data quality verification. 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 IM 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 Monitoring and Evaluation Services sub-directorate is to render an efficient and effective client/consultancy support service to human resource offices and line managers within the 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 human resource 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 district and 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.
- Training: Developed and updated comprehensive user-friendly procedural manuals for HR staff and line managers.
- Functional training:
  - HR responsibility training of line managers was conducted at twelve institutions in the Metro and rural areas. HR Functional training was conducted at three institutions in the rural area. Formal Training on how to audit leave prior to 1 July 2000 was conducted at one of the rural hospitals.
  - Training to DICU's regarding the HR Audit Action Plan and how to conduct compliance investigations took place at one of the rural district Offices. Utilising management reports in order to ensure compliance was conducted at academic/regional offices.
- Ad-hoc investigations:
  - Were conducted that included alleged fraudulent activities with regard to recruitment and selection and overtime claims.
  - A request from the Premier regarding Housing.
  - An investigation regarding a payment of Commuted Overtime.
- Assisted with Pension Backlog at the Directorate: Engineering. Grievances at Helderberg and Tygerberg Hospitals. Progress in terms of specific aspects of human resource management:
  - Developed management reports that enhance the ability to identify possible non-compliance.
  - Finalised the development of user friendly procedural manuals (e.g. people monitoring tool-kit).
  - Annual implementation of control/reporting systems such as the Quarterly Action Plan and Compliance Monitoring Instrument.

## 11. INTERNAL AUDIT AND 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, one consulting engagements and four follow-ups. The details of these engagements are included in the Audit Committee report.

The Audit Committee is established as oversight bodies, providing independent oversight over governance, risk management and control processes in the Department, which include oversight and responsibilities relating to:

- Internal audit function.
- External audit function (Auditor-General of South Africa - AGSA).
- Departmental accounting and reporting.
- Departmental accounting policies.
- Review of AGSA management and audit report.
- Review of 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 11.1: Audit Committee members**

| Audit committee members |   |                      |   |                |                |                             |
|-------------------------|---|----------------------|---|----------------|----------------|-----------------------------|
| Name                    | Qualifications                                | Internal or external | If internal, position in the Department | Date appointed | Date resigned  | Number of meetings attended |
| Mr Ameen Amod           | BCOM (Hons), MBA, CIA, CGAP, CRMA             | External             | N/A                                     | 01 Jan 2013    | N/A            | 8                           |
| Mr Mervyn Buton         | BCOMPT, BCOMPT (Hons), CA (SA)                | External             | N/A                                     | 01 June 2012   | N/A            | 8                           |
| Mr Herman van der Merwe | B Com Maths, B ACC (Hons, CA(SA), CIMA, M ACC | External             | N/A                                     | 01 June 2012   | 25 August 2014 | 3                           |
| Mr Terence Arendse      | CA (SA), CERT IN THE THEORY OF ACCOUNTS       | External             | N/A                                     | 01 Jan 2014    | N/A            | 8                           |
| Ms Bonita Petersen      | BCOM, BCOM (Hons), CA (SA)                    | External             | N/A                                     | 01 Jan 2014    | N/A            | 8                           |



## 12. Audit committee report

We are pleased to present our report for the financial year ended 31 March 2015.

### 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.

### 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 a 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 work was completed during the year under review:

#### Follow ups:

- Beaufort West
- Performance Information (PI)
- Finance Compliance Monitoring Instrument (CMI)
- Accruals and Commitments

#### Assurance Engagements:

- Performance Information CMI (PI CMI)
- Fraud Prevention
- In Year Monitoring (IYM) reporting
- Networks and Computer Systems
- Transfer Payments
- Fire at Health Facilities

#### Consulting Engagements:

- Financial Statements: Inventory reporting

#### The areas of concern by the Audit Committee are:

- Institutionalisation of root cause analysis at facility level to enforce accountability (PI CMI);
- The absence of detailed Standard Operating Procedures (SOPs) for Information Management processes(PI CMI);
- Monitoring, Reporting and oversight on Implementation of the Fraud Prevention Plan;
- Monitoring, Reporting and oversight on Implementation of obligations outlined in the service schedules relating to ICT services (C-el and Departmental) in the Networks and Computer Systems audit;
- Limitation of scope reported in the Networks and Computer Systems audit which resulted in certain control activities not being evaluated.

The Provincial Forensic Services (PFS) presented us with statistics that indicate that, for the year under review, 53 cases were closed, 68 new cases were opened and 12 cases were in progress as at 31 March 2015. The Audit Committee continues to monitor Departmental progress relating to prevention, detection and investigation on a quarterly 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 the Department's processes for compliance with legal and regulatory provisions;

- reviewed the information on predetermined objectives as reported in the Annual Report;
- reviewed material adjustments resulting from the audit of the Department;
- reviewed, and where appropriate, recommended changes to the interim financial statements as presented by the Department for the six months ending 30 September 2014.

**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.



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**Mr Ameen Amod**  
**Chairperson of the Audit Committee**  
**Department of Health**  
**Date: 19 August 2015**



# PART D:

## HUMAN RESOURCE MANAGEMENT



## 1. 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.

## 2. INTRODUCTION

Human resources (HR) has a pivotal role in ensuring the success of the 2030 strategy to address the requirements for a person-centred quality health service, as staff are the most critical enabler.

HR, through 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.

### 2.1 THE VALUE OF HUMAN CAPITAL IN THE DEPARTMENT

#### Status of human resources in the Department

The Department employs 31 267 staff members who are comprised of 63 per cent health professionals and 37 per cent administrative support staff. Ninety-two per cent of staff are employed in a permanent capacity.

Overview of the workforce:

- 72 per cent are females and 28 per cent are males.
- 27 per cent are Black; 15 per cent are White, 56 per cent are Coloured and 2 per cent are Indian.
- 54 per cent of senior management positions are held by females.
- 158 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.
  - 43 per cent aged 25 to 40 years.
  - 42 per cent aged 41 to 55 years.
  - 8 per cent aged 56 to 60 years.
  - 3 per cent aged 61 to 65 years.

Human Resources roles and responsibilities:

- 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 2014/15 and the impact of these priorities

People management (the human factor in human resource management):

WCG: Health has a staff establishment of 31 267 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 needs to be greater 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 valued based system within all HR practices and processes.

#### 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 is an area that needs to be addressed.

This despite the implementation of various strategies such as the occupational specific dispensations which provided higher salaries and improved career-pathing, and the use of bursaries to attract scarce skills.

The new electronic exit interview system will be rolled out by the end of Quarter 1 2015/16. Training is currently underway and on completion the system will go live.

#### Unqualified HR audit:

The Department achieved an unqualified audit report in 2013/14 in respect of HR matters. The implementation of the HR Compliance Monitoring Instrument (CMI) and Quarterly HR Audit Action Plan has proven to be an effective tool to improve compliance to the HR regulatory framework.

The purpose of the HR-CMI and Audit Action Plan is to ensure compliance with HR practices by HR practitioners, HR managers and line managers.

- The CMI is utilised as a reporting tool by the line manager to the hospital CEO to ensure that line managers at institutions comply with HR responsibilities.
- The Quarterly HR Audit Action Plan is utilised as a reporting tool by all HRM 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 six chamber meetings and six HR task team meetings. An Organisational Rights Agreement was concluded with the main aim to reduce the number of Institutional Management Labour Committee (IMLC) meetings to bi-monthly instead of monthly meetings. It also made provision for the Office Bearers and Labour Relations Officers to attend IMLC meetings to deal with specific disputes or burning issues. Currently there are more than fifty fully functional Institutional Management Labour Committees (IMLCs) within the Department which ensure sound interaction with organised labour at institutional level.

Dispute Management and handling of all FIU and other financial related disciplinary cases are handled by the provincial office to ensure efficiency and consistency.

There has been constant interaction with internal and external stakeholders on various labour related matters to ensure we maintain sound labour relations and promote labour peace. Continuous capacity building and outreach to managers to effectively manage employee relations.

#### Training:

Human Resource Development (HRD) 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.

Education, training and development strategies range from bursaries, internships and learnerships to the competency-based clinical skills linked to continuous professional development (CPD) to address critical skills gaps and capacity of existing health and support professionals. There is also emphasis on leadership and management development to ensure good corporate governance, sound leadership and build transformational leaders in Health. In addition technical and functional training takes place to improve the capacity of the support services, and relational skills on communication, interpersonal skills and customer care address the interface between the frontline staff and the patient.

The Expanded Public Works Programme (EPWP) skills development focus has traditionally been on community-based services through the training of home community-based carers on four accredited National Qualifications Framework (NQF) levels of training in Ancillary Health Care and Community Health Work.

In addition internship opportunities are offered to the youth as a job creation initiative:

- 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).
- Basic Ambulance Assistants.
- Emergency Care Technicians.

Employment equity:

An Employment Strategy policy is being developed to implement affirmative action programmes which will be applied in conjunction with the Employment Equity Plan to address all designated groups acknowledged under the Employment Equity Act.

The Department is committed to transformation. An Employment Equity Compliance Audit was successfully conducted in the Department.

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.

Barret Values Survey:

The Barrett value survey process in 2011 and 2013 aimed to establish a set of organisational values that will promote a high-performance organisational culture that will facilitate improved service delivery.

The current culture experienced by employees in terms of positive values is Accountability, Client orientation, Accessibility, Continuous Improvement & team work. The potentially limiting values are red tape, control, hierarchy, cost reduction and confusion. The C<sup>2</sup>AIR<sup>2</sup> Club Challenge was a strategy developed to address these potentially limiting values.

A Barret Value survey will be conducted in 2015/16.

A Staff Satisfaction Survey will be conducted in 2015/16.

Employee health and wellness programme:

#### **Wellness Management & Health and Productivity**

The Department recognises that employees play a fundamental role in attaining patient centred care. The Employee Health and Wellness Programme (EHWP) encompasses the following:

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



The overall engagement rate of the EHWP services provided showed a 26.1 per cent utilisation rate during the period under review, which significantly increased from 22.1 per cent in the 2013/14 financial year. During the 2014/15 period and the preceding period the most commonly utilised service was Professional Counselling, which constituted 58.5 per cent of the total engagement rate.

The proportion of Western Cape Government Health users who were formally referred during the 2014/15 period was 5.9 per cent (208 cases). This compares to 5.9 per cent (182 cases) during the previous period and 5.1 per cent against the private sector benchmark.

An E-care programme has been introduced to all employees.

429 employees have profiled themselves on the e-Care service showing a significant increase from the 2013/14 period whereby 265 employees have profiled themselves.

### **HIV and AIDS, STI's and TB**

The Department's HIV workplace programme is guided by the Provincial Strategic Plan on HIV and AIDS, STI'S and TB 2012 - 2016 and the Transversal Workplace Policy on HIV and AIDS. A total of 4944 employees were tested for the period 2014/15, compared to a total of 3160 (10.8 per cent) employees who were tested in the previous financial year.

This shows a significant increase in HCT testing thus improving targeted interventions. The number of employees that tested positive for HIV was 97 employees in 2014/15 whereby 32 employees tested positive during 2013/14 and 58 employees in 2012/13.

### **Safety, Health, Environment, Risk and Quality (SHERQ)**

The Department's Safety, Health, Environment, Risk and Quality (SHERQ) programme is guided by the Provincial SHERQ Policy. The policy has recently been approved and adopted by the Department. 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.

The programme provides health and safety audits and health risk assessments which are designed to help identify risk factors that exist in the workplace.

The Department carried out 19 Health Incident Risk Assessments (HIRA) for the period 2014/15 to ensure compliance. Health and safety committee audits are conducted annually. The audit determines whether facility committees are compliant with the OHS Act 1993.

For the period 2014/15 a total of 37 training sessions was provided. The programme trained a total of 637 employees who represent 70 committees within the Metro and rural areas.

Diversity management:

### **Disability**

The mainstreaming of gender and disability strategy has been implemented in 2014/15. The department has 158 persons with disabilities.

The two factors found to have influenced the employment of persons with disabilities are:

- The historical inequality in education and inaccessibility into further and higher education and training for individuals with disabilities who have the potential for further studies.
- The nature of the work within the department is predominantly in the health and support profession which requires a matric and higher educational qualifications as entry into certain occupational categories.

## **Gender**

The Department has achieved 54 per cent females at Senior Management level in 2014/15. To continue sustainability and growth of the number of 54 per cent for females at senior management the department embarked on capacity building initiatives such as coaching programmes and women in management training.

The coaching programme was further rolled out at middle management level.

Change Management:

## **The C<sup>2</sup>AIR<sup>2</sup> Club Programme**

The C<sup>2</sup>AIR<sup>2</sup> Club programme was launched in August 2013 and is known as the C<sup>2</sup>AIR<sup>2</sup> Club Challenge. The C<sup>2</sup>AIR<sup>2</sup> Club Challenge focuses on living the departmental values. It is a unique and innovative change initiative to create satisfied patients, through healthy, caring and committed employees who provide a quality healthcare service.

Phase 1 of the C<sup>2</sup>AIR<sup>2</sup> Club Challenge ended in November 2014 which included 38 health care facilities. The Department is in the process of implementing Phase 2 of the programme.

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 388 nursing staff was granted SBA for basic and post basic training.

A study investigating the competencies of nurse managers is in process. Continuous Professional Development pilot is implemented to ensure that nurses are competent to manage the increasing burden of diseases.

## **NIMS**

The Nursing Information Management System (NIMS) is an automated booking system linking WCG: Health and the currently contracted agencies. NIMS complies with the fair tendering process and allows all nine agencies a fair chance to nominate agency nurses against requests from the services for additional nurses.

To date, ninety eight (98) 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. The activation of NIMS has been implemented in all districts to date.

A NIMS training manual was implemented to assist with smooth functioning and a Certificate was issued to acknowledge attendance.

## **Formal Nursing – Utilization of clinical platform**

During the 2014 academic year, 4606 nursing students, attending -16 different under- and post-graduate nurse training programmes, were managed on the clinical placement platform.

Placement of community service practitioners is a collaborative process between the National and Provincial Departments of Health and the South African Nursing Council (SANC). Thirty six (36) placements were allocated on the 1<sup>st</sup> August 2014 and three hundred and thirty four (334) for 1<sup>st</sup> February 2014.

## **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.

The Nurse dress Code policy was implemented to improve the nursing image and enhance adherence to infection prevention and control standards.

Nursing made in-roads and gained recognition to form part of decision making at Provincial Clinical Governance Committees that influence policies and service practice standards.

Nursing specialist's forums were established and well-coordinated as a nursing strategy to influence nursing practice policies through nursing policy development and reviews and the Policy on Resuscitation and emergency trolley checklist was reviewed.

Competence Development Programme for Community service nurses was developed and implemented to ensure that community service nurses are capacitated with relevant knowledge and skills within their scope of practice in order to enhance the quality of nursing care.

The Directorate: Nursing Services supported the standardisation of the patient record system for recording of nursing care activities to comply with the national core standards (checklist on patient records). The new system for patient records has been developed in consultation with clinicians.

## **2.2 WORKFORCE PLANNING FRAMEWORK AND KEY STRATEGIES TO ATTRACT AND RECRUIT A 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 WCG: Health. The workforce planning framework used by the Department is aligned to the HR planning template provided by the Department of Public Service and Administration. Based on the Department's strategic direction and Annual Performance Plan, an analysis is conducted of the external and internal environment, trends and changes of the macro environment and the workforce. This is followed by a gap analysis to determine priorities that would have the greatest impact. This planning process is done on an annual basis.

## **2.3 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.

## **2.4 EMPLOYEE WELLNESS**

Refer to paragraph 10 under "*Human resource priorities for the year under review*" earlier in this section.

## **2.5 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 human resources in the Department in order to ensure wide participation and buy-in from managers.

Achievements:

- Reviewed the Recruitment and Selection Policy.
- A Draft State Housing Policy is in progress.
- Developed a People Management Toolkit which is available to all staff on the WCG: Health's website.
- Developed a Sabbatical Leave Policy.

## **2.6 CHALLENGES FACED BY THE DEPARTMENT**

### **Structural 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. The currently designed and approved organisational structures for the Department (based on service needs and workload indicators) compared with the approved staff establishment (based on filled and funded vacancies according to available budget) reflects a 5.8 per cent vacancy rate.

### **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:**

43 Percent of the workforce is between the ages 25 to 40 years and 42 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.

## **2.7 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
- Occupational Health and Safety Capacity Building and Compliance
- Address Employment Equity to improve EE Statistics of Disability and MMS
- Leadership and Management Development
- 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
- 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
- Develop a Non-Financial Incentive System

### 3. HUMAN RESOURCES OVERSIGHT STATISTICS

#### 3.1 PERSONNEL RELATED EXPENDITURE

The following tables summarise final audited expenditure by programme (Table 3.1.1) and by salary bands (Table 3.1.2). 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 3.1.1 are drawn from the Basic Accounting System and the figures in Table 3.1.2 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.

| Budget programmes in WCG: Health |                              |
|----------------------------------|------------------------------|
| Programme                        | 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 3.1.1: Personnel costs by programme, 2014/15**

| Programme    | Total expenditure (R'000) | Personnel expenditure (R'000) | Training expenditure (R'000) | Goods and services (R'000) | Personnel related expenditure                            |  |                     |
|--------------|---------------------------|-------------------------------|------------------------------|----------------------------|--|--|---------------------|
|              |                           |                               |                              |                            | Personnel expenditure as a per cent of total expenditure | Average personnel expenditure per employee (R'000) | Number of employees |
| Programme 1  | 583 602                   | 246 449                       | 1 018                        | 0                          | 42per cent   | 362  | 681                 |
| Programme 2  | 6 767 272                 | 3 654 420                     | 8 344                        | 220 089                    | 54per cent   | 311  | 11 752              |
| Programme 3  | 880 653                   | 507 872                       | 639                          | 0                          | 58per cent   | 251  | 2 020               |
| Programme 4  | 2 728 734                 | 1 943 488                     | 2 761                        | 38 704                     | 71per cent   | 314  | 6 193               |
| Programme 5  | 4 964 077                 | 3 374 685                     | 3 667                        | 64 273                     | 68per cent   | 367  | 9 202               |
| Programme 6  | 312 111                   | 107 968                       | 312 111                      | 14                         | 35per cent   | 359  | 301                 |
| Programme 7  | 356 436                   | 205 051                       | 787                          | 279                        | 58per cent   | 265  | 773                 |
| Programme 8  | 712 923                   | 31 420                        | 1 195                        | 11                         | 5per cent  | 0  | 61                  |
| <b>Total</b> | <b>17,305,808</b>         | <b>10,072,353</b>             | <b>330,552</b>               | <b>323,370</b>             | <b>58per cent</b>  | <b>325</b>   | <b>30,983</b>       |

**Notes:**

- The number of employees refers to all individuals remunerated during the reporting period, excluding the Minister.
- Expenditure of sessional, periodical and extra-ordinary appointments are included in the expenditure but not in the personnel totals which will inflate the average personnel cost per employee.
- Personnel expenditure: This excludes standard chart of accounts (SCOA) item Household (HH)/Employer Social Benefits on the Basic Accounting System (BAS).
- Goods and services: Consists of the Standard chart of accounts (SCOA) item Agency and Outsourced services: Admin and Support Staff, Nursing staff and Professional Staff.
- The total number of employees is the average of employees that was in service as on 1 April 2014 and 31 March 2015.

**Table 3.1.2: Personnel expenditure by salary band, 2014/15**

| Personnel related expenditure              |                               |   |  |                     |
|--|-------------------------------|---|--|---------------------|
| Salary band                                | Personnel expenditure (R'000) | per cent of total personnel expenditure | Average personnel expenditure per employee (R'000) | Number of employees |
| Lower skilled (Levels 1 - 2)               | 295 457                       | 2.95                                    | 120  | 2 454               |
| Skilled (Level 3 - 5)                      | 2 023 564                     | 20.19                                   | 174  | 11 603              |
| Highly skilled production (Levels 6 - 8)   | 2 393 890                     | 23.88                                   | 270  | 8 874               |
| Highly skilled supervision (Levels 9 - 12) | 5 243 889                     | 52.31                                   | 657  | 7 987               |
| Senior and top management (Levels 13 - 16) | 67 548                        | 0.67                                    | 1 039  | 65                  |
| <b>Total</b>                               | <b>10 024 348</b>             | <b>100.00</b>                           | <b>324</b>   | <b>30 983</b>       |

**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 2014 to March 2015).

The following tables provide a summary per programme (Table 3.1.3) and salary bands (Table 3.1.4), 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 3.1.3: Salaries, Overtime, Housing Allowance and Medical Assistance by programme, 2014/15**

| Personnel related expenditure |                  |   |                |   |                   |  |                    |   |
|-------------------------------|------------------|---|----------------|---|-------------------|--|--------------------|---|
| Programme                     | Salaries         |   | Overtime       |   | Housing allowance |  | Medical assistance |   |
|                               | Amount (R'000)   | Salaries as a per cent of personnel costs | Amount (R'000) | Overtime as a per cent of personnel costs | Amount (R'000)    | Housing allowance as a per cent of personnel costs | Amount (R'000)     | Medical assistance as a per cent of personnel costs |
| Programme 1                   | 225 190          | 2.25                                      | 1 295          | 0.01                                      | 4 841             | 0.05   | 7 875              | 0.08  |
| Programme 2                   | 3 263 006        | 32.55                                     | 220 284        | 2.20                                      | 89 190            | 0.89   | 122 536            | 1.22  |
| Programme 3                   | 435 664          | 4.35                                      | 30 481         | 0.30                                      | 17 846            | 0.18   | 28 102             | 0.28  |
| Programme 4                   | 1 680 488        | 16.76                                     | 145 633        | 1.45                                      | 50 616            | 0.50   | 68 992             | 0.69  |
| Programme 5                   | 2 749 147        | 27.42                                     | 378 434        | 3.78                                      | 69 151            | 0.69   | 94 301             | 0.94  |
| Programme 6                   | 95 826           | 0.96                                      | 1 013          | 0.01                                      | 1 944             | 0.02   | 3 144              | 0.03  |
| Programme 7                   | 170 647          | 1.70                                      | 16 724         | 0.17                                      | 6 739             | 0.07   | 10 566             | 0.11  |
| Programme 8                   | 34 049           | 0.34                                      | 54             | 0.00                                      | 135               | 0.00   | 435                | 0.00  |
| <b>Total</b>                  | <b>8 654 017</b> | <b>86.33</b>                              | <b>793 918</b> | <b>7.92</b>                               | <b>240 462</b>    | <b>2.40</b>  | <b>335 951</b>     | <b>3.35</b>   |

**Notes:**

- Salaries, overtime, housing allowance and medical assistance are calculated as a per cent of the total personnel expenditure which appears in Table 3.1.2 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 024 348 of the total personnel expenditure.
- The totals of table 3.1.3 and 3.1.4 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 3.1.4: Salaries, Overtime, Housing Allowance and Medical Assistance by salary band, 2014/15**

| Personnel related expenditure              |                  |   |                |   |                   |  |                    |   |
|--|------------------|---|----------------|---|-------------------|--|--------------------|---|
| Salary Band                                | Salaries         |   | Overtime       |   | Housing allowance |  | Medical assistance |   |
|  | Amount (R'000)   | Salaries as a per cent of personnel costs | Amount (R'000) | Overtime as a per cent of personnel costs | Amount (R'000)    | Housing allowance as a per cent of personnel costs | Amount (R'000)     | Medical assistance as a per cent of personnel costs |
| Lower skilled (Levels 1 - 2)               | 242 168          | 2.42                                      | 6 983          | 0.07                                      | 22 393            | 0.22   | 23 912             | 0.24  |
| Skilled (Level 3 - 5)                      | 1 716 079        | 17.12                                     | 72 027         | 0.72                                      | 105 928           | 1.06   | 129 530            | 1.29  |
| Highly skilled production (Levels 6 - 8)   | 2 137 653        | 21.32                                     | 76 100         | 0.76                                      | 74 860            | 0.75   | 105 277            | 1.05  |
| Highly skilled supervision (Levels 9 - 12) | 4 491 289        | 44.80                                     | 638 715        | 6.37                                      | 37 281            | 0.37   | 76 605             | 0.76  |
| Senior and top management (Levels 13 - 16) | 66 828           | 0.67                                      | 93             | 0.00                                      |                   | 0.00   | 627                | 0.01  |
| <b>Total</b>                               | <b>8 654 017</b> | <b>86.33</b>                              | <b>793 918</b> | <b>7.92</b>                               | <b>240 462</b>    | <b>2.40</b>  | <b>335 951</b>     | <b>3.35</b>   |

**Notes:**

- The totals of table 3.1.3 and 3.1.4 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).

### 3.2 EMPLOYMENT AND VACANCIES

The following tables summarise the number of posts on the establishment, the number of employees, the percentage of vacant posts, and whether there are any staff additional to the establishment. This information is presented in terms of three key variables: programme (Table 3.2.1), salary band (Table 3.2.2) and critical occupation (Table 3.2.3). The Department has identified critical occupations that need to be monitored. Table 3.2.3 provides establishment and vacancy information for key critical occupations of the Department.

**Table 3.2.1: Employment and vacancies by programme as on 31 March 2015**

| Employment and vacancies |                        |                        |                       |   |   |
|--------------------------|------------------------|------------------------|-----------------------|---|---|
| Programme                | Number of funded posts | Number of posts filled | Vacancy rate per cent | Number of persons additional to the establishment | Vacancy rate taking additional staff into account |
| Programme 1              | 805                    | 700                    | 13.04                 | 54  | 6.71per cent                                      |
| Programme 2              | 12 709                 | 12 030                 | 5.34                  | 30  | 0.24per cent                                      |
| Programme 3              | 2 128                  | 1 995                  | 6.25                  | 0   | 0.00per cent                                      |
| Programme 4              | 6 599                  | 6 297                  | 4.58                  | 25  | 0.38per cent                                      |
| Programme 5              | 9 682                  | 9 090                  | 6.11                  | 13  | 0.13per cent                                      |
| Programme 6              | 333                    | 313                    | 6.01                  | 4   | 1.20per cent                                      |
| Programme 7              | 847                    | 769                    | 9.21                  | 9   | 1.06per cent                                      |
| Programme 8              | 87                     | 73                     | 16.09                 | 29  | 33.33per cent                                     |
| <b>Total</b>             | <b>33 190</b>          | <b>31 267</b>          | <b>5.79</b>           | <b>164</b>  | <b>0.49per cent</b>                               |

**Notes:**

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



**Table 3.2.2: Employment and vacancies by salary band, as at 31 March 2015**

| Employment and vacancies                   |                        |                        |                       |   |   |
|--|------------------------|------------------------|-----------------------|---|---|
| Salary Band                                | Number of funded posts | Number of posts filled | Vacancy rate per cent | Number of persons additional to the establishment | Vacancy rate taking additional staff into account |
| Lower skilled (Levels 1 - 2)               | 2 806                  | 2 576                  | 8.20                  | 5   | 0.18per cent                                      |
| Skilled (Level 3 - 5)                      | 12 579                 | 11 719                 | 6.84                  | 74  | 0.59per cent                                      |
| Highly skilled production (Levels 6 - 8)   | 9 237                  | 8 861                  | 4.07                  | 40  | 0.43per cent                                      |
| Highly skilled supervision (Levels 9 - 12) | 8 498                  | 8 048                  | 5.30                  | 43  | 0.51per cent                                      |
| Senior management (Levels 13 - 16)         | 70                     | 63                     | 10.00                 | 2   | 2.86per cent                                      |
| <b>Total</b>                               | <b>33 190</b>          | <b>31 267</b>          | <b>5.79</b>           | <b>164</b>  | <b>0.49per cent</b>                               |

**Notes:**

- The information in each case reflects the situation as at 31 March 2015. For an indication of changes in staffing patterns over the year under review, please refer to section 3.4 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 3.2.3: Employment and vacancies by critical occupations, as at 31 March 2015**

| Employment and vacancies          |                        |                        |                       |   |   |
|-----------------------------------|------------------------|------------------------|-----------------------|---|---|
| Salary Band                       | Number of funded posts | Number of posts filled | Vacancy rate per cent | Number of persons additional to the establishment | Vacancy rate taking additional staff into account |
| Medical orthotist and prosthetist | 16                     | 14                     | 12.50                 | 0   | 0.00per cent                                      |
| Medical physicist                 | 13                     | 11                     | 15.38                 | 0   | 0.00per cent                                      |
| Clinical technologist             | 91                     | 85                     | 6.59                  | 0   | 0.00per cent                                      |
| Pharmacist                        | 441                    | 424                    | 3.85                  | 1   | 0.23per cent                                      |
| Industrial technician             | 74                     | 64                     | 13.51                 | 0   | 0.00per cent                                      |
| <b>Total</b>                      | <b>635</b>             | <b>598</b>             | <b>5.83</b>           | <b>1</b>  | <b>0.16per cent</b>                               |

**Notes:**

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

### 3.3 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 3.3.1 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 3.3.1: Job Evaluation, 1 April 2014 and 31 March 2015**

| Job evaluation                              |                 |                          |  |                |                             |                  |                             |
|---|-----------------|--------------------------|--|----------------|-----------------------------|------------------|-----------------------------|
| Salary band                                 | Number of posts | Number of jobs evaluated | per cent of posts evaluated by salary band | Posts upgraded |                             | Posts downgraded |                             |
|   |                 |                          |  | Number         | per cent of posts evaluated | Number           | per cent of posts evaluated |
| Lower skilled (Levels 1 - 2)                | 2 579           | 0                        | 0.00                                       | 0              | 0.00                        | 0                | 0.00                        |
| Skilled (Level 3 - 5)                       | 12 103          | 27                       | 0.22                                       | 1              | 3.70                        | 0                | 0.00                        |
| Highly skilled production (Levels 6 - 8)    | 9 288           | 63                       | 0.68                                       | 25             | 39.68                       | 0                | 0.00                        |
| Highly skilled supervision (Levels 9 - 12)  | 8 419           | 26                       | 0.31                                       | 73             | 280.77                      | 0                | 0.00                        |
| Senior Management Service Band A (Level 13) | 53              | 0                        | 0.00                                       | 0              | 0.00                        | 0                | 0.00                        |
| Senior Management Service Band B (Level 14) | 9               | 0                        | 0.00                                       | 0              | 0.00                        | 0                | 0.00                        |
| Senior Management Service Band C (Level 15) | 4               | 0                        | 0.00                                       | 0              | 0.00                        | 0                | 0.00                        |
| Senior Management Service Band D (Level 16) | 1               | 0                        | 0.00                                       | 0              | 0.00                        | 0                | 0.00                        |
| <b>Total</b>                                | <b>32 456</b>   | <b>116</b>               | <b>0.36</b>                                | <b>99</b>      | <b>85.34</b>                | <b>0</b>         | <b>0.00</b>                 |

**Notes:**

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

**Table 3.3.2: Profile of employees whose salary positions were upgraded due to their posts being upgraded, 1 April 2013 and 31 March 2014**

| Job evaluation            |          |          |           |           |           |
|---------------------------|----------|----------|-----------|-----------|-----------|
| Gender                    | African  | Indian   | Coloured  | White     | Total     |
| Female                    | 4        | 0        | 13        | 10        | 27        |
| Male                      | 2        | 0        | 11        | 9         | 22        |
| <b>Total</b>              | <b>6</b> | <b>0</b> | <b>24</b> | <b>19</b> | <b>49</b> |
| Employees with disability | 0        | 0        | 1         | 1         | 2         |

**Notes:**

Nature of appointment sessional is excluded.

Table 3.3.3 summarises the number of cases where salary levels exceeded the grade determined by job evaluation (including higher notches awarded). Reasons for the deviation are provided in each case.

**Table 3.3.3: Employees who have been granted higher salaries than those determined by job evaluation per race group, 1 April 2014 and 31 March 2015**

| Job evaluation                         |                     |                      |                                       |   |                      |
|--|---------------------|----------------------|---------------------------------------|---|----------------------|
| Major occupation                       | Number of employees | Job evaluation level | Remuneration on a higher salary level | Remuneration on a higher notch of the same salary level | Reason for deviation |
| Deputy Director                        | 1                   | 11                   | 12                                    | 12th of 12  | Recruitment          |
| Assistant Director                     | 1                   | 9                    | 10                                    | 9th of 10   | Recruitment          |
| Strategic and Technical Advisor (IDMS) | 1                   | 14                   | 14                                    | 12th of 14  | Recruitment          |
| Chief Executive Officer                | 1                   | 13                   | 13                                    | 4th of 13   | Recruitment          |

|   |   |    |    |            |                     |
|---|---|----|----|------------|---------------------|
| Administrative Officer  | 2 | 7  | 8  | 1st of 8   | Recruitment         |
| Principal Communications Officer  | 1 | 8  | 9  | 1st of 9   | Retention           |
| Facility Manager  | 1 | 11 | 11 | 11th of 11 | Retention           |
| Senior Manager Nursing  | 1 | 13 | 13 | 12th of 13 | Recruitment         |
| <b>Total number of employees whose salaries exceed the level determined by job evaluation (including awarding of higher notches) in 2014/15</b> |   |    |    |            | <b>9</b>            |
| <b>Percentage of total employed</b>   |   |    |    |            | <b>0.03per cent</b> |

The following table summarises the beneficiaries of the above in terms of race, gender, and disability.

**Table 3.3.4: Employees who have been granted higher salaries than those determined by job evaluation per race group, 1 April 2014 and 31 March 2015**

| Job evaluation            |          |          |          |          |          |
|---------------------------|----------|----------|----------|----------|----------|
| Gender                    | African  | Asian    | Coloured | White    | Total    |
| Female                    | 0        | 0        | 2        | 0        | 2        |
| Male                      | 2        | 1        | 2        | 2        | 7        |
| <b>Total</b>              | <b>2</b> | <b>1</b> | <b>4</b> | <b>2</b> | <b>9</b> |
| Employees with disability |          |          |          |          | None     |

### 3.4 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 3.4.1) and by critical occupations (Table 3.4.2).

**Table 3.4.1: Annual turnover rates by salary band for the period 1 April 2014 to 31 March 2015**

| Employment changes                          |  |                       |                                  |                               |                                    |                                 |                       |
|---|--|-----------------------|----------------------------------|-------------------------------|------------------------------------|---------------------------------|-----------------------|
| Salary band                                 | Number of employees per band as at 31 March 2014 | Turnover rate 2013/14 | Appointments into the Department | Transfers into the Department | Terminations out of the Department | Transfers out of the Department | Turnover rate 2014/15 |
| Lower skilled (Levels 1 - 2)                | 2 444  | 9.12                  | 482                              | 5                             | 168                                | 1                               | 6.91                  |
| Skilled (Level 3 - 5)                       | 11 544   | 7.54                  | 1 572                            | 16                            | 1 201                              | 47                              | 10.81                 |
| Highly skilled production (Levels 6 - 8)    | 8 934  | 13.85                 | 1 280                            | 34                            | 1 484                              | 35                              | 17.00                 |
| Highly skilled supervision (Levels 9 - 12)  | 8 032  | 18.27                 | 1 296                            | 70                            | 1 475                              | 38                              | 18.84                 |
| Senior Management Service Band A (Level 13) | 49   | 4.26                  | 4                                | 0                             | 7                                  | 0                               | 14.29                 |
| Senior Management Service Band B (Level 14) | 9  | 20.00                 | 1                                | 0                             | 0                                  | 0                               | 0.00                  |
| Senior Management Service Band C (Level 15) | 4  | 33.33                 | 0                                | 0                             | 0                                  | 0                               | 0.00                  |
| Senior Management Service Band D (Level 16) | 1  | 100.00                | 0                                | 0                             | 0                                  | 0                               | 0.00                  |
| <b>Total</b>                                | <b>31 017</b>                                    | <b>12.29</b>          | <b>4 635</b>                     | <b>125</b>                    | <b>4 335</b>                       | <b>121</b>                      | <b>14.37</b>          |

**Notes:**

- A transfer is when a Public Service official moves from one department to another, on the same salary level.
- Nature of appointment seasonal 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 3.4.2: Annual turnover rates by critical occupation, 1 April 2014 to 31 March 2015**

| Employment changes                |  |                       |                                  |                               |                                    |                                 |                       |
|-----------------------------------|--|-----------------------|----------------------------------|-------------------------------|------------------------------------|---------------------------------|-----------------------|
| Occupation                        | Number of employees per occupation at 1 April 2014 | Turnover rate 2013/14 | Appointments into the Department | Transfers into the Department | Terminations out of the Department | Transfers out of the Department | Turnover rate 2014/15 |
| Clinical technologist             | 82   | 23.26                 | 15                               | 0                             | 13                                 | 2                               | 18.29                 |
| Industrial technician             | 63   | 6.25                  | 4                                | 0                             | 4                                  | 0                               | 6.35                  |
| Medical orthotist and prosthetist | 14   | 41.67                 | 2                                | 0                             | 2                                  | 0                               | 14.29                 |

|                   |            |              |            |          |            |          |              |
|-------------------|------------|--------------|------------|----------|------------|----------|--------------|
| Medical physicist | 12         | 9.09         | 1          | 0        | 2          | 0        | 16.67        |
| Pharmacists       | 400        | 30.05        | 108        | 4        | 83         | 0        | 20.75        |
| <b>Total</b>      | <b>571</b> | <b>26.12</b> | <b>130</b> | <b>4</b> | <b>104</b> | <b>2</b> | <b>18.56</b> |

**Notes:**

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Any differences in numbers between 2014 and 2015 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 3.4.3: Staff leaving the employ of the Department, 1 April 2014 to 31 March 2015**

| Employment changes           |              |                         |  |
|------------------------------|--------------|-------------------------|--|
| Exit category                | Number       | per cent of total exits | Number of exits as a per cent of total number of employees as at 31 March 2015 |
| Death                        | 86           | 1.98                    | 0.28   |
| Resignation*                 | 1 974        | 45.53                   | 6.31   |
| Expiry of contract           | 1 567        | 36.14                   | 5.01   |
| Transfer                     | 3            | 0.07                    | 0.01   |
| Dismissal – operational      | 0            | 0.00                    | 0.00   |
| Discharged due to ill-health | 78           | 1.80                    | 0.25   |
| Dismissal – misconduct       | 94           | 2.17                    | 0.30   |
| Dismissal – incapacity       | 6            | 0.14                    | 0.02   |
| Retirement                   | 528          | 12.18                   | 1.69   |
| <b>Total</b>                 | <b>4 336</b> | <b>100.00</b>           | <b>13.87</b>   |

\* Resignations are further discussed in tables 3.4.4 and 3.4.5.

**Notes:**

- Nat Table 3.4.3 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 2015 (31 267): Number of terminations divided by 31 267 (filled posts on 31 March 2015) multiplied by 100.
- 984 of the 1567 contract expiry's were people from the medical, pharmaceutical interns, community service and registrars

**Table 3.4.4: Reasons why staff resigned, 1 April 2014 to 31 March 2015**

| Employment changes             |              |                                |
|--------------------------------|--------------|--------------------------------|
| Termination type               | Number       | per cent of total terminations |
| No reason                      | 56           | 2.84per cent                   |
| Absconded                      | 3            | 0.15per cent                   |
| Age                            | 12           | 0.61per cent                   |
| Bad health                     | 21           | 1.06per cent                   |
| Better remuneration            | 414          | 20.97per cent                  |
| Breach PDP                     | 2            | 0.10per cent                   |
| Contract expired               | 7            | 0.35per cent                   |
| Domestic problems              | 21           | 1.06per cent                   |
| Emigration                     | 6            | 0.30per cent                   |
| Further studies                | 95           | 4.81per cent                   |
| Housewife                      | 46           | 2.33per cent                   |
| Insufficient progress possible | 2            | 0.10per cent                   |
| Marriage                       | 3            | 0.15per cent                   |
| Misconduct                     | 1            | 0.05per cent                   |
| Nature of work                 | 142          | 7.19per cent                   |
| Other occupation               | 149          | 7.55per cent                   |
| Own business                   | 3            | 0.15per cent                   |
| Personal grievances            | 113          | 5.72per cent                   |
| Pregnancy                      | 1            | 0.05per cent                   |
| Resigning of position          | 868          | 43.97per cent                  |
| Transfer (spouse)              | 7            | 0.35per cent                   |
| Transport problem              | 2            | 0.10per cent                   |
| <b>Total</b>                   | <b>1 974</b> | <b>100.00</b>                  |

**Notes:**

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

**Table 3.4.5: Different age groups of staff who resigned, 1 April 2014 to 31 March 2015**

| Employment changes |              |                                |
|--------------------|--------------|--------------------------------|
| Age group          | Number       | per cent of total resignations |
| Ages <19           | 0            | 0.00per cent                   |
| Ages 20 to 24      | 42           | 2.13per cent                   |
| Ages 25 to 29      | 260          | 13.17per cent                  |
| Ages 30 to 34      | 284          | 14.39per cent                  |
| Ages 35 to 39      | 246          | 12.46per cent                  |
| Ages 40 to 44      | 263          | 13.32per cent                  |
| Ages 45 to 49      | 308          | 15.60per cent                  |
| Ages 50 to 54      | 311          | 15.75per cent                  |
| Ages 55 to 59      | 191          | 9.68per cent                   |
| Ages 60 to 64      | 64           | 3.24per cent                   |
| Ages 65 >          | 5            | 0.25per cent                   |
| <b>Total</b>       | <b>1 974</b> | <b>100per cent</b>             |

**Table 3.4.6: Granting of employee initiated severance packages by salary band, 1 April 2014 and 31 March 2015**

| Employment changes   |                                 |   |  |   |
|--|---------------------------------|---|--|---|
| Total number of employee initiated severance packages in 2014/15 |                                 |   |  | 3   |
|  |                                 |   |  |   |
| Utilisation of consultants                                       |                                 |   |  |   |
| Salary band  | Number of applications received | Number of applications referred to the MPSA | Number of applications supported by MPSA | Number of packages approved by Department |
| Lower skilled (Levels 1 - 2)                                     | 0                               | 0   | 0  | 0   |
| Skilled (Level 3 - 5)  | 1                               | 0   | 0  | 0   |
| Highly skilled production (Levels 6 - 8)                         | 0                               | 0   | 0  | 0   |
| Highly skilled supervision (Levels 9 - 12)                       | 2                               | 2   | 2  | 2   |
| Senior management (Levels 13 - 16)                               | 1                               | 1   | 1  | 1   |
| <b>Total</b>   | <b>3</b>                        | <b>3</b>                                    | <b>3</b>                                 | <b>3</b>                                  |

**Table 3.4.7: Promotions by salary band, 1 April 2014 and 31 March 2015**

| Employment changes                         |                         |                                    |   |   |  |
|--|-------------------------|------------------------------------|---|---|--|
| Occupation                                 | Employees 31 March 2014 | 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)               | 2 444                   | 33                                 | 1.35  | 1 389   | 56.83  |
| Skilled (Level 3 - 5)                      | 11 544                  | 636                                | 5.51  | 6 549   | 56.73  |
| Highly skilled production (Levels 6 - 8)   | 8 934                   | 545                                | 6.10  | 2 982   | 33.38  |
| Highly skilled supervision (Levels 9 - 12) | 8 032                   | 500                                | 6.23  | 2 366   | 29.46  |
| Senior and top management (Levels 13 - 16) | 63                      | 5                                  | 7.94  | 39  | 61.90  |
| <b>Total</b>                               | <b>31 017</b>           | <b>1 719</b>                       | <b>5.54</b>   | <b>13 325</b>                                       | <b>42.96</b>                                 |

**Notes:**

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

**Table 3.4.8: Promotions by critical occupation, 1 April 2014 and 31 March 2015**

| Employment changes                |                              |                                    |  |   |  |
|-----------------------------------|------------------------------|------------------------------------|--|---|--|
| Occupation                        | Employees as at 1 April 2013 | 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             | 82                           | 10                                 | 12.20  | 36  | 44   |
| Industrial technician             | 63                           | 4                                  | 6.35   | 45  | 71   |
| Medical orthotist and prosthetist | 14                           | 1                                  | 7.14   | 7   | 50   |
| Medical physicist                 | 12                           | 0                                  | 0.00   | 8   | 67   |
| Pharmacists                       | 400                          | 34                                 | 8.50   | 165   | 41.25  |
| <b>Total</b>                      | <b>571</b>                   | <b>49</b>                          | <b>8.58</b>  | <b>261</b>  | <b>45.71</b>                                 |

**Notes:**

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

### 3.5 EMPLOYMENT EQUITY

**Table 3.5.1: Total number of employees (including employees with disabilities) in each of the following occupational bands, as at 31 March 2015**

| Employment equity  |              |              |            |              |              |               |            |              |                   |            |               |
|--|--------------|--------------|------------|--------------|--------------|---------------|------------|--------------|-------------------|------------|---------------|
| Occupational levels  | Male         |              |            |              | Female       |               |            |              | Foreign nationals |            | Total         |
|  | African      | Coloured     | Indian     | White        | African      | Coloured      | Indian     | White        | Male              | Female     |               |
| Top management<br>(Levels 14-16)   | 1            | 3            | 1          | 2            | 1            | 1             | 1          | 3            | 0                 | 0          | 13            |
| Senior management<br>(Levels 13)   | 1            | 7            | 2          | 9            | 1            | 12            | 0          | 15           | 0                 | 0          | 47            |
| Professionally qualified and experienced specialists and mid-management<br>(Levels 11-12)  | 55           | 247          | 74         | 520          | 75           | 332           | 102        | 648          | 39                | 36         | 2 128         |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents<br>(Levels 8- 10) | 206          | 669          | 11         | 192          | 635          | 2 838         | 74         | 1 027        | 6                 | 11         | 5 669         |
| Semi-skilled and discretionary decision making<br>(Level 4-7)  | 1 068        | 2 539        | 32         | 288          | 2 873        | 6 739         | 44         | 925          | 8                 | 3          | 14 519        |
| Unskilled and defined decision making<br>(Levels 1-3)  | 799          | 1 104        | 6          | 59           | 2 140        | 2 102         | 2          | 34           | 0                 | 1          | 6 247         |
| <b>Sub-total</b>   | <b>2 130</b> | <b>4 569</b> | <b>126</b> | <b>1 070</b> | <b>5 725</b> | <b>12 024</b> | <b>223</b> | <b>2 652</b> | <b>53</b>         | <b>51</b>  | <b>28 623</b> |
| Temporary employees  | 154          | 244          | 89         | 394          | 352          | 672           | 108        | 511          | 61                | 59         | 2 644         |
| <b>Total</b>   | <b>2 284</b> | <b>4 813</b> | <b>215</b> | <b>1 464</b> | <b>6 077</b> | <b>12 696</b> | <b>331</b> | <b>3 163</b> | <b>114</b>        | <b>110</b> | <b>31 267</b> |

- 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 3.5.2.

**Table 3.5.2: Total number of employees (with disabilities only) in each of the following occupational bands as on 31 March 2015**

| Employment equity  |           |           |          |           |           |           |          |           |                   |          |            |
|--|-----------|-----------|----------|-----------|-----------|-----------|----------|-----------|-------------------|----------|------------|
| Occupational levels  | Male      |           |          |           | Female    |           |          |           | Foreign nationals |          | Total      |
|  | African   | Coloured  | Indian   | White     | African   | Coloured  | Indian   | White     | Male              | Female   |            |
| Top management<br>(Levels 14-16)   | 0         | 0         | 0        | 0         | 0         | 0         | 0        | 0         | 0                 | 0        | 0          |
| Senior management<br>(Levels 13)   | 0         | 0         | 0        | 0         | 0         | 0         | 0        | 0         | 0                 | 0        | 0          |
| Professionally qualified and experienced specialists and mid-management<br>(Levels 11-12)  | 0         | 2         | 0        | 1         | 0         | 2         | 0        | 2         | 0                 | 0        | 7          |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents<br>(Levels 8- 10) | 0         | 2         | 0        | 3         | 0         | 4         | 1        | 8         | 0                 | 0        | 18         |
| Semi-skilled and discretionary decision making<br>(Level 4-7)  | 13        | 26        | 0        | 14        | 14        | 21        | 0        | 17        | 0                 | 0        | 105        |
| Unskilled and defined decision making<br>(Levels 1-3)  | 8         | 6         | 0        | 3         | 1         | 7         | 0        | 1         | 0                 | 0        | 26         |
| <b>Sub-total</b>   | <b>21</b> | <b>36</b> | <b>0</b> | <b>21</b> | <b>15</b> | <b>34</b> | <b>1</b> | <b>28</b> | <b>0</b>          | <b>0</b> | <b>156</b> |
| Temporary employees  | 0         | 1         | 0        | 1         | 0         | 0         | 0        | 0         | 0                 | 0        | 2          |
| <b>Total</b>   | <b>21</b> | <b>37</b> | <b>0</b> | <b>22</b> | <b>15</b> | <b>34</b> | <b>1</b> | <b>28</b> | <b>0</b>          | <b>0</b> | <b>158</b> |

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

**Table 3.5.3: Recruitment, 1 April 2014 to 31 March 2015**

| Employment equity   |            |            |           |            |              |              |            |            |                   |           |              |
|---|------------|------------|-----------|------------|--------------|--------------|------------|------------|-------------------|-----------|--------------|
| Occupational levels   | Male       |            |           |            | Female       |              |            |            | Foreign nationals |           | Total        |
|   | African    | Coloured   | Indian    | White      | African      | Coloured     | Indian     | White      | Male              | Female    |              |
| Top management<br>(Levels 14-16)  | 0          | 0          | 0         | 0          | 0            | 0            | 0          | 0          | 0                 | 0         | 0            |
| Senior management<br>(Levels 13)  | 1          | 0          | 0         | 0          | 0            | 0            | 0          | 2          | 0                 | 0         | 3            |
| Professionally qualified and experienced specialists and mid-management<br>(Levels 11-12)   | 8          | 26         | 12        | 60         | 17           | 49           | 25         | 86         | 10                | 11        | 304          |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents<br>(Levels 8-10) | 11         | 19         | 0         | 5          | 34           | 99           | 1          | 41         | 0                 | 1         | 211          |
| Semi-skilled and discretionary decision making<br>(Level 4-7)   | 112        | 129        | 3         | 16         | 420          | 449          | 9          | 67         | 1                 | 0         | 1 206        |
| Unskilled and defined decision making<br>(Levels 1-3)   | 108        | 98         | 2         | 9          | 457          | 229          | 0          | 6          | 0                 | 0         | 909          |
| <b>Sub-total</b>  | <b>240</b> | <b>272</b> | <b>17</b> | <b>90</b>  | <b>928</b>   | <b>826</b>   | <b>35</b>  | <b>202</b> | <b>11</b>         | <b>12</b> | <b>2 633</b> |
| Temporary employees   | 111        | 184        | 51        | 178        | 343          | 652          | 76         | 328        | 37                | 42        | 2 002        |
| <b>Total</b>  | <b>351</b> | <b>456</b> | <b>68</b> | <b>268</b> | <b>1 271</b> | <b>1 478</b> | <b>111</b> | <b>530</b> | <b>48</b>         | <b>54</b> | <b>4 635</b> |

**Notes:**

- Recruitment refers to new employees, including transfers into the Department, as per Table 3.4.1.
- 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 3.5.4: Promotions, 1 April 2014 to 31 March 2015**

| Employment equity   |            |            |           |           |            |            |           |            |                   |          |              |
|---|------------|------------|-----------|-----------|------------|------------|-----------|------------|-------------------|----------|--------------|
| Occupational levels   | Male       |            |           |           | Female     |            |           |            | Foreign nationals |          | Total        |
|   | African    | Coloured   | Indian    | White     | African    | Coloured   | Indian    | White      | Male              | Female   |              |
| Top management<br>(Levels 14 - 16)  | 0          | 1          | 0         | 0         | 0          | 0          | 0         | 1          | 0                 | 0        | 2            |
| Senior management<br>(Levels 13)  | 0          | 0          | 1         | 1         | 0          | 1          | 0         | 0          | 0                 | 0        | 3            |
| Professionally qualified and experienced specialists and mid-management<br>(Levels 11 - 12)   | 6          | 23         | 5         | 18        | 5          | 21         | 5         | 34         | 1                 | 1        | 119          |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents<br>(Levels 8 - 10) | 32         | 59         | 0         | 29        | 53         | 240        | 7         | 88         | 1                 | 1        | 510          |
| Semi-skilled and discretionary decision making<br>(Levels 4 - 7)  | 109        | 169        | 1         | 11        | 181        | 352        | 3         | 36         | 0                 | 0        | 862          |
| Unskilled and defined decision making<br>(Levels 1 - 3)   | 19         | 20         | 0         | 2         | 22         | 65         | 0         | 1          | 0                 | 0        | 129          |
| <b>Total</b>  | <b>166</b> | <b>272</b> | <b>7</b>  | <b>61</b> | <b>261</b> | <b>679</b> | <b>15</b> | <b>160</b> | <b>2</b>          | <b>2</b> | <b>1 625</b> |
| Temporary employees   | 3          | 11         | 3         | 21        | 5          | 34         | 1         | 14         | 2                 | 0        | 94           |
| <b>Grand total</b>  | <b>169</b> | <b>283</b> | <b>10</b> | <b>82</b> | <b>266</b> | <b>713</b> | <b>16</b> | <b>174</b> | <b>4</b>          | <b>2</b> | <b>1 719</b> |

**Notes:**

- Promotions refer to the total number of employees promoted within the Department, as per Table 3.4.7.
- 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 3.5.5: Terminations, 1 April 2014 to 31 March 2015**

| Employment equity   |            |            |           |            |            |              |            |            |                   |           |              |
|---|------------|------------|-----------|------------|------------|--------------|------------|------------|-------------------|-----------|--------------|
| Occupational levels   | Male       |            |           |            | Female     |              |            |            | Foreign nationals |           | Total        |
|   | African    | Coloured   | Indian    | White      | African    | Coloured     | Indian     | White      | Male              | Female    |              |
| Top management<br>(Levels 14-16)  | 0          | 0          | 0         | 0          | 0          | 0            | 0          | 0          | 0                 | 0         | 0            |
| Senior management<br>(Levels 13)  | 1          | 1          | 0         | 2          | 0          | 0            | 0          | 1          | 0                 | 0         | 5            |
| Professionally qualified and experienced specialists and mid-management<br>(Levels 11-12)   | 7          | 15         | 12        | 55         | 8          | 37           | 11         | 72         | 2                 | 1         | 220          |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents<br>(Levels 8-10) | 20         | 46         | 1         | 17         | 79         | 283          | 7          | 84         | 0                 | 0         | 537          |
| Semi-skilled and discretionary decision making<br>(Level 4-7)   | 73         | 186        | 1         | 27         | 230        | 762          | 2          | 92         | 1                 | 0         | 1 374        |
| Unskilled and defined decision making<br>(Levels 1-3)   | 43         | 100        | 1         | 6          | 102        | 274          | 0          | 2          | 0                 | 0         | 528          |
| <b>Sub-total</b>  | <b>144</b> | <b>348</b> | <b>15</b> | <b>107</b> | <b>419</b> | <b>1 356</b> | <b>20</b>  | <b>251</b> | <b>3</b>          | <b>1</b>  | <b>2 664</b> |
| Temporary employees   | 91         | 134        | 49        | 170        | 287        | 484          | 81         | 315        | 30                | 30        | 1 671        |
| <b>Total</b>  | <b>235</b> | <b>482</b> | <b>64</b> | <b>277</b> | <b>706</b> | <b>1 840</b> | <b>101</b> | <b>566</b> | <b>33</b>         | <b>31</b> | <b>4 335</b> |

**Notes:**

- Terminations refer to those employees who have left the employ of the Department, including transfers to other departments, as per Table 3.4.1.
- 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 3.5.6: Disciplinary actions, 1 April 2014 to 31 March 2015**

| Employment equity    |         |          |        |       |         |          |        |       |                   |        |       |
|----------------------|---------|----------|--------|-------|---------|----------|--------|-------|-------------------|--------|-------|
| Disciplinary actions | Male    |          |        |       | Female  |          |        |       | Foreign nationals |        | Total |
|                      | African | Coloured | Indian | White | African | Coloured | Indian | White | Male              | Female |       |
| Total                | 254     | 395      | 4      | 32    | 229     | 402      | 0      | 38    | 0                 | 0      | 1354  |

**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 3.12.2 and Table 3.12.3.

**Table 3.5.7: Skills development, 1 April 2014 to 31 March 2015**

| Employment equity  |             |             |           |            |             |             |            |             |              |
|--|-------------|-------------|-----------|------------|-------------|-------------|------------|-------------|--------------|
| Occupational category  | Male        |             |           |            | Female      |             |            |             | Total        |
|  | African     | Coloured    | Indian    | White      | African     | Coloured    | Indian     | White       |              |
| Top management<br>(Levels 14-16)   | 0           | 0           | 0         | 0          | 0           | 0           | 0          | 0           | 0            |
| Senior management<br>(Levels 13)   | 1           | 5           | 0         | 5          | 0           | 5           | 0          | 9           | 25           |
| Professionally qualified and experienced specialists and mid-management<br>(Levels 11-12)  | 196         | 354         | 53        | 308        | 826         | 2516        | 105        | 1168        | 5526         |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents<br>(Levels 8- 10) | 719         | 1608        | 19        | 182        | 1555        | 3024        | 14         | 396         | 7517         |
| Semi-skilled and discretionary decision making<br>(Level 4-7)  | 26          | 180         | 0         | 28         | 9           | 42          | 0          | 1           | 296          |
| Unskilled and defined decision making<br>(Levels 1-3)  | 149         | 322         | 1         | 22         | 271         | 458         | 1          | 16          | 1240         |
| <b>Sub-total</b>   | <b>1101</b> | <b>2469</b> | <b>73</b> | <b>545</b> | <b>2661</b> | <b>6045</b> | <b>120</b> | <b>1590</b> | <b>14604</b> |
| Temporary employees  | 0           | 0           | 0         | 0          | 0           | 0           | 0          | 0           | 0            |
| <b>Total</b>   | <b>1101</b> | <b>2469</b> | <b>73</b> | <b>545</b> | <b>2661</b> | <b>6045</b> | <b>120</b> | <b>1590</b> | <b>14604</b> |

**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 3.13.2.

### 3.6 SIGNING OF PERFORMANCE 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 3.6.1: Signing of Performance Agreements by SMS members as at 31 May 2014**

| Signing of performance agreements by SMS members |                                      |                                 |   |  |
|--|--------------------------------------|---------------------------------|---|--|
| SMS level  | Number of funded SMS posts per level | Number of SMS members per level | Number of signed performance agreements per level | Signed performance agreements as per cent of SMS members per level |
| Head of Department                               | 1                                    | 1                               | 1   | 100per cent  |
| Salary Level 16, but not HoD                     | 0                                    | 0                               | 0   | 0.00per cent   |
| Salary Level 15                                  | 4                                    | 4                               | 4   | 100per cent  |
| Salary Level 14                                  | 10                                   | 10                              | 10  | 100per cent  |
| Salary Level 13                                  | 53                                   | 48                              | 45  | 93.75per cent  |
| <b>Total</b>                                     | <b>68</b>                            | <b>63</b>                       | <b>60</b>   | <b>95.24per cent</b>   |

**Notes:**

- The allocation of performance-related rewards (cash bonus) for Senior Management Service members is dealt with later in the report. Please refer to Table 3.8.5.

**Table 3.6.2: Reasons for not having concluded Performance Agreements with all SMS members on 31 May 2014**

| Signing of performance agreements by SMS members               |
|--|
| Reasons for not concluding Performance Agreements with all SMS |
| Three hard copies not received.                                |

**Table 3.6.3: Disciplinary steps taken against SMS members for not having concluded Performance Agreements on 31 May 2014**

| Signing of performance agreements by SMS members   |
|--|
| Disciplinary steps taken against SMS members for not having concluded Performance Agreements |
| None   |

### 3.7 FILLING OF SMS POSTS

**Table 3.7.1: SMS post information as at 30 September 2014**

| Filling of SMS posts         |  |  |  |  |  |
|------------------------------|--|--|--|--|--|
| SMS level                    | Total number of funded SMS posts per level | Total number of SMS posts filled per level | per cent of SMS posts filled per level | Total number of SMS posts vacant per level | per cent of SMS posts vacant per level |
| Head of Department           | 1  | 1  | 100.00per cent                         | 0  | 0.00per cent                           |
| Salary Level 16, but not HoD | 0  | 0  | 0.00per cent                           | 0  | 0.00per cent                           |
| Salary Level 15              | 4  | 4  | 100.00per cent                         | 0  | 0.00per cent                           |
| Salary Level 14              | 10   | 10   | 100.00per cent                         | 0  | 0.00per cent                           |
| Salary Level 13              | 53   | 51   | 96.23per cent                          | 2  | 3.77per cent                           |
| <b>Total</b>                 | <b>68</b>                                  | <b>66</b>                                  | <b>97.06per cent</b>                   | <b>2</b>                                   | <b>2.94per cent</b>                    |

**Notes:**

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

**Table 3.7.2: SMS post information as 31 March 2015**

| Filling of SMS posts         |  |  |  |  |  |
|------------------------------|--|--|--|--|--|
| SMS level                    | Total number of funded SMS posts per level | Total number of SMS posts filled per level | per cent of SMS posts filled per level | Total number of SMS posts vacant per level | per cent of SMS posts vacant per level |
| Head of Department           | 1  | 1  | 100.00per cent                         | 0  | 0.00per cent                           |
| Salary Level 16, but not HoD | 1  | 1  | 100.00per cent                         | 0  | 0.00per cent                           |
| Salary Level 15              | 4  | 4  | 100.00per cent                         | 0  | 0.00per cent                           |
| Salary Level 14              | 10   | 9  | 90.00per cent                          | 1  | 10.00per cent                          |
| Salary Level 13              | 54   | 49   | 90.74per cent                          | 5  | 9.26per cent                           |
| <b>Total</b>                 | <b>70</b>                                  | <b>64</b>                                  | <b>91.43per cent</b>                   | <b>6</b>                                   | <b>8.57per cent</b>                    |

**Table 3.7.3: Advertising and filling of SMS posts as at 31 March 2015**

| Filling of SMS posts         |   |  |  |
|------------------------------|---|--|--|
| SMS level                    | Advertising   | Filling of posts   |  |
|                              | Number of vacancies per level advertised in 6 months of becoming vacant | Number of vacancies per level filled in 6 months after becoming vacant | Number of vacancies per level not filled in 6 months but filled in 12 months |
| Head of Department           | 0   | 0  | 0  |
| Salary Level 16, but not HoD | 0   | 0  | 0  |
| Salary Level 15              | 1   | 1  | 0  |
| Salary Level 14              | 0   | 0  | 0  |
| Salary Level 13              | 6   | 5  | 1  |
| <b>Total</b>                 | <b>7</b>  | <b>6</b>   | <b>1</b>   |

**Note:**

The HOD position went vacant on 31 March 2015. A designate HOD was filled as at 1 October 2014.

**Table 3.7.4: Reasons for not having complied with the filling of funded vacant SMS posts - Advertised within 6 months and filled within 12 months after becoming vacant**

| Filling of SMS posts         |                            |
|------------------------------|----------------------------|
| SMS level                    | Reasons for non-compliance |
| Head of Department           | N/A                        |
| Salary Level 16, but not HoD | N/A                        |
| Salary Level 15              | N/A                        |
| Salary Level 14              | N/A                        |
| Salary Level 13              | N/A                        |

**Table 3.7.5: Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months**

| Filling of SMS posts   |
|--|
| Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months |
| Not applicable   |

### 3.8 EMPLOYEE PERFORMANCE

**Table 3.8.1: Notch progressions by salary band, 1 April 2014 to 31 March 2015**

| Performance rewards                        |                               |   |  |
|--|-------------------------------|---|--|
| Salary band                                | Employees as at 31 March 2014 | Progressions to another notch within a salary level | Notch progressions as a per cent of employees by salary band |
| Lower skilled (Levels 1 - 2)               | 2 444                         | 1 389   | 56.83  |
| Skilled (Level 3 - 5)                      | 11 544                        | 6 549   | 56.73  |
| Highly skilled production (Levels 6 - 8)   | 8 934                         | 2 982   | 33.38  |
| Highly skilled supervision (Levels 9 - 12) | 8 032                         | 2 366   | 29.46  |
| Senior and top management (Levels 13 - 16) | 63                            | 39  | 61.90  |
| <b>Total</b>                               | <b>31 017</b>                 | <b>13 325</b>                                       | <b>42.96</b>   |

**Notes:**

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

**Table 3.8.2: Notch progressions by critical occupation, 1 April 2014 to 31 March 2015**

| Performance rewards                        |                               |   |  |
|--|-------------------------------|---|--|
| Salary band                                | Employees as at 31 March 2014 | Progressions to another notch within a salary level | Notch progressions as a per cent of employees by salary band |
| Lower skilled (Levels 1 - 2)               | 2 444                         | 1 389   | 56.83  |
| Skilled (Level 3 - 5)                      | 11 544                        | 6 549   | 56.73  |
| Highly skilled production (Levels 6 - 8)   | 8 934                         | 2 982   | 33.38  |
| Highly skilled supervision (Levels 9 - 12) | 8 032                         | 2 366   | 29.46  |
| Senior and Top management (Levels 13 - 16) | 63                            | 39  | 61.90  |
| <b>Total</b>                               | <b>31 017</b>                 | <b>13 325</b>                                       | <b>42.96</b>   |

**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 2013/14, but paid in the financial year 2014/15. The information is presented in terms of race, gender, and disability (Table 3.8.3), salary bands (Table 3.8.4 and Table 3.8.5) and critical occupations (Table 3.8.6).

**Table 3.8.3: Performance Rewards by race, gender and disability, 1 April 2014 to 31 March 2015**

| Performance rewards         |                         |                              |                                |               |                         |
|-----------------------------|-------------------------|------------------------------|--------------------------------|---------------|-------------------------|
| Race and Gender             | Beneficiary profile     |                              |                                | Cost          |                         |
|                             | Number of beneficiaries | Number of employees in group | per cent of total within group | Cost (R'000)  | Per capita cost (R,000) |
| <b>African</b>              |                         |                              |                                |               |                         |
| Male                        | 275                     | 2 232                        | 12.32per cent                  | 1 747         | 6                       |
| Female                      | 700                     | 5 557                        | 12.60per cent                  | 4 405         | 6                       |
| <b>Asian</b>                |                         |                              |                                |               |                         |
| Male                        | 34                      | 219                          | 15.53per cent                  | 623           | 18                      |
| Female                      | 53                      | 330                          | 16.06per cent                  | 752           | 14                      |
| <b>Coloured</b>             |                         |                              |                                |               |                         |
| Male                        | 933                     | 4 839                        | 19.28per cent                  | 6 831         | 7                       |
| Female                      | 2 610                   | 13 096                       | 19.93per cent                  | 20 409        | 8                       |
| <b>White</b>                |                         |                              |                                |               |                         |
| Male                        | 287                     | 1 502                        | 19.11per cent                  | 5 872         | 20                      |
| Female                      | 721                     | 3 242                        | 22.24per cent                  | 10 266        | 14                      |
| Employees with a disability | 30                      | 150                          | 20.00per cent                  | 242           | 8                       |
| <b>Total</b>                | <b>5 613</b>            | <b>31 017</b>                | <b>18.10</b>                   | <b>50 905</b> | <b>9</b>                |

**Notes:**

The above table relates to performance rewards for the performance year 2013/14 and payment effected in the 2014/15 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 3.8.4: Performance Rewards by salary band for personnel below Senior Management Service level, 1 April 2014 to 31 March 2015**

| Performance rewards                        |                         |                                    |                                       |               |                              |   |
|--|-------------------------|------------------------------------|---------------------------------------|---------------|------------------------------|---|
| Salary band                                | Beneficiary profile     |                                    |                                       | Cost          |                              |   |
|  | Number of beneficiaries | Total number of employees in group | per cent of total within salary bands | Cost (R'000)  | Average cost per beneficiary | Cost as a per cent of the total personnel expenditure |
| Lower skilled (Levels 1 - 2)               | 397                     | 2 444                              | 16.24                                 | 1 234         | 3                            | 0.01  |
| Skilled (Level 3 - 5)                      | 1 920                   | 11 544                             | 16.63                                 | 8 843         | 5                            | 0.09  |
| Highly skilled production (Levels 6 - 8)   | 1 683                   | 8 934                              | 18.84                                 | 12 541        | 7                            | 0.13  |
| Highly skilled supervision (Levels 9 - 12) | 1 592                   | 8 032                              | 19.82                                 | 27 573        | 17                           | 0.28  |
| <b>Total</b>                               | <b>5 592</b>            | <b>30 954</b>                      | <b>18.07</b>                          | <b>50 191</b> | <b>9</b>                     | <b>0.50</b>   |

**Notes:**

The cost is calculated as a percentage of the total personnel expenditure for salary levels 1-12, reflected in Table 3.1.2.

Nature of appointment sessional is excluded.

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

**Table 3.8.5: Performance related rewards (cash bonus), by salary band, for Senior Management Service level, 1 April 2014 to 31 March 2015**

| Performance rewards                         |                         |                                    |                                       |              |                              |   |  |
|---|-------------------------|------------------------------------|---------------------------------------|--------------|------------------------------|---|--|
| Salary band                                 | Beneficiary profile     |                                    |                                       | Cost         |                              |   |  |
|   | Number of beneficiaries | Total number of employees in group | per cent of total within salary bands | 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) | 15                      | 49                                 | 31                                    | 406          | 27                           | 0.004   | 15                                     |
| Senior Management Service Band B (Level 14) | 2                       | 9                                  | 22                                    | 64           | 32                           | 0.001   | 2                                      |
| Senior Management Service Band C (Level 15) | 3                       | 4                                  | 75                                    | 111          | 37                           | 0.001   | 3                                      |
| Senior Management Service Band D (Level 16) | 1                       | 1                                  | 100                                   | 134          | 134                          | 0.001   | 1                                      |
| <b>Total</b>                                | <b>21</b>               | <b>63</b>                          | <b>33</b>                             | <b>715</b>   | <b>34</b>                    | <b>0.007</b>  | <b>21</b>                              |

**Notes:**

The cost is calculated as a percentage of the total personnel expenditure for salary levels 13-16, reflected in Table 3.1.2.

**Table 3.8.6: Performance Rewards by critical occupations, 1 April 2014 to 31 March 2015**

| Performance rewards               |                         |                                    |                                     |              |                              |   |
|-----------------------------------|-------------------------|------------------------------------|-------------------------------------|--------------|------------------------------|---|
| Salary band                       | Beneficiary profile     |                                    |                                     | Cost         |                              |   |
|                                   | Number of beneficiaries | Total number of employees in group | per cent of total within occupation | Cost (R'000) | Average cost per beneficiary | Cost as a per cent of the total personnel expenditure |
| Clinical technologist             | 19                      | 82                                 | 23.17                               | 227          | 12                           | 0.00per cent  |
| Industrial technician             | 11                      | 63                                 | 17.46                               | 131          | 12                           | 0.00per cent  |
| Medical orthotist and prosthetist | 2                       | 14                                 | 14.29                               | 25           | 13                           | 0.00per cent  |
| Medical physicist                 | 4                       | 12                                 | 33.33                               | 105          | 26                           | 0.00per cent  |
| Pharmacists                       | 86                      | 400                                | 21.50                               | 1 623        | 19                           | 0.02per cent  |
| <b>Total</b>                      | <b>122</b>              | <b>571</b>                         | <b>21.37</b>                        | <b>2 111</b> | <b>17</b>                    | <b>0.02per cent</b>                                   |

**Notes:**

Nature of appointment seasonal is excluded.  
Nature of appointments periodical and abnormal is also excluded. No posts.  
Performance awards includes merit awards and allowance 0228



### 3.9 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 3.9.1: Foreign workers by salary band, 1 April 2014 to 31 March 2015**

| Foreign workers                            |              |                   |               |                   |           |                 |
|--|--------------|-------------------|---------------|-------------------|-----------|-----------------|
| Salary band                                | 1 April 2014 |                   | 31 March 2015 |                   | Change    |                 |
|  | Number       | per cent of total | Number        | per cent of total | Number    | per cent Change |
| Lower skilled (Levels 1 - 2)               | 0            | 0.00              | 0             | 0.00              | 0         | 0               |
| Skilled (Level 3 - 5)                      | 9            | 4.74              | 7             | 3.13              | -2        | -6              |
| Highly skilled production (Levels 6 - 8)   | 12           | 6.32              | 19            | 8.48              | 7         | 21              |
| Highly skilled supervision (Levels 9 - 12) | 168          | 88.42             | 198           | 88.39             | 30        | 88              |
| Senior management (Levels 13 - 16)         | 1            | 0.53              | 0             | 0.00              | -1        | -3              |
| <b>Total</b>                               | <b>190</b>   | <b>100.00</b>     | <b>224</b>    | <b>100.00</b>     | <b>34</b> | <b>100</b>      |

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

**Table 3.9.2: Foreign workers by major occupation, 1 April 2013 to 31 March 2015**

| Foreign workers                        |              |                   |               |                   |           |                 |
|--|--------------|-------------------|---------------|-------------------|-----------|-----------------|
| Major occupation                       | 1 April 2014 |                   | 31 March 2015 |                   | Change    |                 |
|  | Number       | per cent of total | Number        | per cent of total | Number    | per cent Change |
| Admin office workers                   | 1            | 0.53              | 0             | 0.00              | -1        | -2.94           |
| Craft related workers                  | 0            | 0.00              | 0             | 0.00              | 0         | 0.00            |
| Elementary occupations                 | 1            | 0.53              | 1             | 0.45              | 0         | 0.00            |
| Professionals and managers             | 155          | 81.58             | 187           | 83.48             | 32        | 94.12           |
| Service workers                        | 8            | 4.21              | 7             | 3.13              | -1        | -2.94           |
| Senior officials and managers          | 1            | 0.53              | 0             | 0.00              | -1        | -2.94           |
| Technical and associated professionals | 24           | 12.63             | 29            | 12.95             | 5         | 14.71           |
| <b>Total</b>                           | <b>190</b>   | <b>100.00</b>     | <b>224</b>    | <b>100</b>        | <b>34</b> | <b>100.00</b>   |

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

### 3.10 LEAVE UTILISATION FOR THE PERIOD 1 JANUARY 2014 TO 31 DECEMBER 2014

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 3.10.1) and incapacity leave (Table 3.10.2). In both cases, the estimated cost of the leave is also provided.

**Table 3.10.1: Sick leave, 1 January 2014 to 31 December 2014**

| Leave utilisation                          |                |  |                                      |                                      |  |                           |                        |
|--|----------------|--|--------------------------------------|--------------------------------------|--|---------------------------|------------------------|
| Salary band                                | Total days     | per cent days with medical certification | Number of employees using sick leave | Total number of employees 31-12-2013 | per cent of total employees using sick leave | Average days per employee | Estimated cost (R'000) |
| Lower skilled (Levels 1 - 2)               | 19 821         | 86.81per cent                            | 2 123                                | 2 554                                | 83.12per cent                                | 8                         | 6                      |
| Skilled (Level 3 - 5)                      | 96 726         | 85.57per cent                            | 10 444                               | 11 749                               | 88.89per cent                                | 8                         | 43                     |
| Highly skilled production (Levels 6 - 8)   | 78 534         | 86.08per cent                            | 8 099                                | 8 892                                | 91.08per cent                                | 9                         | 55                     |
| Highly skilled supervision (Levels 9 - 12) | 48 135         | 82.12per cent                            | 5 922                                | 8 612                                | 68.76per cent                                | 6                         | 68                     |
| Senior management (Levels 13 – 16)         | 339            | 87.61per cent                            | 41                                   | 66                                   | 62.12per cent                                | 5                         | 1                      |
| <b>Total</b>                               | <b>243 555</b> | <b>85.16per cent</b>                     | <b>26 629</b>                        | <b>31 873</b>                        | <b>83.55per cent</b>                         | <b>8</b>                  | <b>173</b>             |

**Notes:**  
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 3.10.2.  
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 3.10.2: Incapacity leave (temporary and permanent), 1 January 2014 to 31 December 2014**

| Leave utilisation                          |               |  |  |                           |  |                           |                        |
|--|---------------|--|--|---------------------------|--|---------------------------|------------------------|
| Salary band                                | Total days    | per cent days with medical certification | Number of employees using incapacity leave | Total number of employees | per cent of total employees using incapacity leave | Average days per employee | Estimated cost (R'000) |
| Lower skilled (Levels 1 - 2)               | 2 169         | 100.00per cent                           | 65   | 2 554                     | 2.55per cent                                       | 33                        | 1                      |
| Skilled (Level 3 - 5)                      | 14 023        | 100.00per cent                           | 371  | 11 749                    | 3.16per cent                                       | 38                        | 6                      |
| Highly skilled production (Levels 6 - 8)   | 14 964        | 100.00per cent                           | 361  | 8 892                     | 4.06per cent                                       | 41                        | 10                     |
| Highly skilled supervision (Levels 9 - 12) | 6 453         | 100.00per cent                           | 190  | 8 612                     | 2.21per cent                                       | 34                        | 10                     |
| Senior management (Levels 13 – 16)         | 127           | 100.00per cent                           | 1  | 66                        | 1.52per cent                                       | 0                         | 0                      |
| <b>Total</b>                               | <b>37 736</b> | <b>100.00</b>                            | <b>988</b>                                 | <b>31 873</b>             | <b>3.10per cent</b>                                | <b>38</b>                 | <b>27</b>              |

**Notes:**  
The leave dispensation as determined in the "Leave Determination", read with the applicable collective agreements, provides for normal sick leave of 36 working days in a sick leave cycle of three years. If an employee has exhausted his or her normal sick leave, the employer must conduct an investigation into the nature and extent of the employee's incapacity. Such investigations must be carried out in accordance with item 10(1) of Schedule 8 of the Labour Relations Act (LRA).  
Incapacity leave is not an unlimited amount of additional sick leave days at an employee's disposal. Incapacity leave is additional sick leave granted conditionally at the employer's discretion, as provided for in the Leave Determination and Policy on Incapacity Leave and Ill-Health Retirement (PILIR).  
Nature of appointment sessional, periodical and abnormal is not included.  
Annual leave cycle is from 1 January - 31 December of each year.

Table 3.10.3 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 3.10.3: Annual Leave, 1 January 2014 to 31 December 2014**

| Leave utilisation                          |                  |  |                           |
|--|------------------|--|---------------------------|
| Salary band                                | Total days taken | Total number of employees using annual leave | Average days per employee |
| Lower skilled (Levels 1 - 2)               | 52 567           | 2 413  | 22                        |
| Skilled (Level 3 - 5)                      | 269 514          | 11 839                                       | 23                        |
| Highly skilled production (Levels 6 - 8)   | 228 897          | 9 315  | 25                        |
| Highly skilled supervision (Levels 9 - 12) | 198 767          | 8 368  | 24                        |
| Senior management (Levels 13 - 16)         | 1 824            | 67   | 27                        |
| <b>Total</b>                               | <b>751 569</b>   | <b>32 002</b>                                | <b>23</b>                 |

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

**Table 3.10.4: Capped leave, 1 January 2014 to 31 December 2014**

| Leave utilisation                          |  |                                  |  |   |   |  |
|--|--|----------------------------------|--|---|---|--|
| Salary band                                | Total capped leave available as at 31 Dec 2013 | Total days of capped leave taken | Number of employees using capped leave | Average number of days taken per employee | Number of employees with capped leave as at 31 Dec 2014 | Total capped leave available as at 31 Dec 2014 |
| Lower skilled (Levels 1 - 2)               | 4 187  | 104                              | 16                                     | 7   | 272   | 2 605  |
| Skilled (Level 3 - 5)                      | 56 148   | 4 036                            | 219                                    | 18  | 2 536   | 49 916   |
| Highly skilled production (Levels 6 - 8)   | 151 126  | 8 629                            | 404                                    | 21  | 3 514   | 131 567  |
| Highly skilled supervision (Levels 9 - 12) | 106 387  | 5 351                            | 316                                    | 17  | 2 595   | 97 853   |
| Senior management (Levels 13 - 16)         | 1 526  | 422                              | 5                                      | 84  | 23  | 1 075  |
| <b>Total</b>                               | <b>319 374</b>                                 | <b>18 542</b>                    | <b>960</b>                             | <b>19</b>                                 | <b>8 940</b>  | <b>283 016</b>                                 |

**Notes:**  
It is possible for the total number of capped leave days to increase as employees who were promoted or transferred into the Department, retain their capped leave credits, which form part of that specific salary band and ultimately the departmental total.  
Nature of appointment sessional, periodical and abnormal is not included.  
Annual leave cycle is from 1 January - 31 December of each year.  
Number of employees as at 31 December 2014 is the total staff complement and not only those with capped leave.

Table 3.10.5 summarises payments made to employees as a result of leave not taken.

**Table 3.10.5: Leave pay-outs for the period 1 April 2014 and 31 March 2015**

| Leave utilisation   |                      |                     |                              |
|---|----------------------|---------------------|------------------------------|
| Reason  | Total amount (R'000) | Number of employees | Average per employee (R'000) |
| Leave pay-outs for 2014/15 due to non-utilisation of leave for the previous cycle | 749                  | 96                  | 8                            |
| Capped leave pay-outs on termination of service for 2014/15                       | 609                  | 23                  | 26                           |
| Current leave pay-outs on termination of service 2014/15                          | 114                  | 12                  | 10                           |
| <b>Total</b>  | <b>1 472</b>         | <b>131</b>          | <b>11</b>                    |

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

### 3.11 HIV/AIDS & HEALTH PROMOTION PROGRAMMES

**Table 3.11.1: Steps taken to reduce the risk of occupational exposure, 1 April 2014 to 31 March 2015**

| HIV and AIDS & Health promotion programmes  |                                    |                             |              |     |                   |    |                         |   |  |
|---|------------------------------------|-----------------------------|--------------|-----|-------------------|----|-------------------------|---|--|
| Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)  | Key steps taken to reduce the risk |                             |              |     |                   |    |                         |   |  |
| <p>Employees in clinical areas, i.e. doctors, nurses, medical students, general workers and paramedics are more at risk of contracting TB, HIV and related infectious diseases.<br/>Young employees, falling into the category of youth, have also been identified to be at high risk.<br/>The table below depicts the nature of injuries reported by employees for 2014/15:</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>116</td> </tr> <tr> <td>Tuberculosis (TB)</td> <td>34</td> </tr> <tr> <td>Multi-drug resistant TB</td> <td>2</td> </tr> </tbody> </table> | Nature of injury on duty           | Total no. of cases reported | Needle prick | 116 | Tuberculosis (TB) | 34 | Multi-drug resistant TB | 2 | <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Infection control measures are implemented.</li> <li>Responsive and educational programs targeting behavioural risks have been implemented.</li> </ul> |
| Nature of injury on duty  | Total no. of cases reported        |                             |              |     |                   |    |                         |   |  |
| Needle prick  | 116                                |                             |              |     |                   |    |                         |   |  |
| Tuberculosis (TB)   | 34                                 |                             |              |     |                   |    |                         |   |  |
| Multi-drug resistant TB   | 2                                  |                             |              |     |                   |    |                         |   |  |

**Table 3.11.2: Details of Health Promotion and HIV/AIDS programmes, 1 April 2014 – 31 March 2015**

| HIV and AIDS & Health promotion programmes  |                        |    |  |                 |                  |              |           |              |                 |              |                        |              |                  |              |                  |
|---|------------------------|----|--|-----------------|------------------|--------------|-----------|--------------|-----------------|--------------|------------------------|--------------|------------------|--------------|------------------|
| Question  | Yes                    | No | Details, if yes  |                 |                  |              |           |              |                 |              |                        |              |                  |              |                  |
| (1) Has the Department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.  | ✓                      |    | Mrs Bernadette Arries<br>Chief Director: People Management   |                 |                  |              |           |              |                 |              |                        |              |                  |              |                  |
| (2) Does the Department have a dedicated unit or has it designated specific staff members to promote the health and well-being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose. | ✓                      |    | <p><u>Health and Wellness within the Directorate: People Practices and Administration, Health and Wellness at Head Office level:</u></p> <table border="1"> <tbody> <tr> <td>Deputy Director</td> <td>Ms Sandra Newman</td> </tr> <tr> <td>Practitioner</td> <td>Ms M Buis</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>Ms Kelly Fortune</td> </tr> <tr> <td>Practitioner</td> <td>Mr Nabeel Ismail</td> </tr> </tbody> </table> <p><u>Institutional and district level:</u></p> <ul style="list-style-type: none"> <li>Groote Schuur Hospital: Ruth Halford</li> <li>Tygerberg Hospital: Sayeeda Dhansay</li> <li>Red Cross Hospital: Ntombuzuko Ponono</li> <li>Associated Psychiatric Hospitals: Jessica Minnaar, Anne Marie Basson</li> <li>Cape Winelands District: BJ Vd Merwe</li> <li>Overberg District: Dumaliesele September</li> <li>West Coast District: Ester van Ster</li> <li>Eden/Central Karoo Districts: Nuruh Davids</li> <li>MDHS: Albertus Oor</li> <li>EMS: Liesl Meter</li> <li>FPS: Vonita Thompson</li> </ul> | Deputy Director | Ms Sandra Newman | Practitioner | Ms M Buis | Practitioner | Ms Lisl Mullins | Practitioner | Ms Caldine Van Willing | Practitioner | Ms Kelly Fortune | Practitioner | Mr Nabeel Ismail |
| Deputy Director   | Ms Sandra Newman       |    |  |                 |                  |              |           |              |                 |              |                        |              |                  |              |                  |
| Practitioner  | Ms M Buis              |    |  |                 |                  |              |           |              |                 |              |                        |              |                  |              |                  |
| Practitioner  | Ms Lisl Mullins        |    |  |                 |                  |              |           |              |                 |              |                        |              |                  |              |                  |
| Practitioner  | Ms Caldine Van Willing |    |  |                 |                  |              |           |              |                 |              |                        |              |                  |              |                  |
| Practitioner  | Ms Kelly Fortune       |    |  |                 |                  |              |           |              |                 |              |                        |              |                  |              |                  |
| Practitioner  | Mr Nabeel Ismail       |    |  |                 |                  |              |           |              |                 |              |                        |              |                  |              |                  |

| HIV and AIDS & Health promotion programmes   |     |    |   |
|--|-----|----|---|
| Question   | Yes | No | Details, if yes   |
| (3) Has the Department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of this programme.  | ✓   |    | <p>The Department follows an integrated approach whereby internal and external services are utilised. An independent service provider, ICAS, has been appointed to provide this confidential service and three institutions have an internal service in addition to the external service</p> <p><u>Programmes and services offered:</u></p> <p>(1) Counselling and support services:</p> <ul style="list-style-type: none"> <li>• 24/7/365 telephone counselling</li> <li>• The service is available to all employees and their household members.</li> <li>• Face to face counselling (8 session model) per issue</li> <li>• Case management</li> <li>• Trauma/critical incident management</li> <li>• HIV and AIDS counselling</li> </ul> <p>(2) Life management services:</p> <ul style="list-style-type: none"> <li>• Family care</li> <li>• Money management</li> <li>• Legal information and advice</li> </ul> <p>(3) Managerial consultancy and referral services:</p> <ul style="list-style-type: none"> <li>• Managerial consultancy</li> <li>• Formal Referral Programme</li> </ul> <p>(4) Training Services:</p> <ul style="list-style-type: none"> <li>• Targeted training interventions based on identified needs and trends.</li> </ul> <p>(5) E - Care</p> <ul style="list-style-type: none"> <li>• E-Care is an innovative online healthcare service to help improve Employee Health and Wellness.</li> </ul> |
|  |     |    | <p><u>Key elements – HIV and AIDS/STI programmes:</u></p> <ul style="list-style-type: none"> <li>• To ensure that every employee within the Department receives appropriate and accurate HIV and AIDS, and STI risk-reduction education.</li> <li>• To create a non-discriminatory work environment.</li> <li>• To prevent occupational exposure to potentially infectious blood and blood products and to manage occupational exposures that occurred.</li> <li>• To provide HIV counselling and testing services for those employees who wish to determine their own HIV status.</li> <li>• To determine the impact of HIV and AIDS on the Department in order to plan accordingly.</li> <li>• To promote the use of and to provide SABS approved male and female condoms.</li> <li>• Awareness of available services.</li> <li>• Education and training.</li> <li>• Counselling.</li> <li>• Critical incident stress debriefing (CISD).</li> <li>• Reporting and evaluating.</li> </ul>  |
| (4) Has the Department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent. | ✓   |    | <p>HIV/AIDS, STI, and TB are 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).</p> <p><u>Health Departmental Committee:</u></p> <p>Ms Sandra Newman: Head Office</p> <p>Ms Ruth Halford: Groote Schuur Hospital</p> <p>Ms Sayeeda Dhansay: Tygerberg Hospital</p> <p>Ms Ntombozuko Ponono: Red Cross Hospital</p> <p>Ms M Marlie, Ms J Minnar: Associated Psychiatric Hospitals</p> <p>BJ Vd Merwe: Cape Winelands District</p> <p>Mr Dumalisele September: Overberg District</p> <p>Ms E van Ster: West Coast District</p> <p>Ms N Davids: Eden/Central Karoo Districts</p> <p>Mr Albertus Oor: MDHS</p> <p>Ms L Meter: Emergency Medical Services</p> <p>Ms Vonita Thompson</p>   |

| HIV and AIDS & Health promotion programmes   |                        |           |  |                      |                        |  |  |        |          |          |              |             |           |             |
|--|------------------------|-----------|--|----------------------|------------------------|--|--|--------|----------|----------|--------------|-------------|-----------|-------------|
| Question   | Yes                    | No        | Details, if yes  |                      |                        |  |  |        |          |          |              |             |           |             |
| (5) Has the Department reviewed its employment policies and practices to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed. | ✓                      |           | <ul style="list-style-type: none"> <li>Operational plans 2014/2015</li> <li>HIV/AIDS/STI/TB</li> <li>Safety, Health, Environment, Risk &amp; Quality</li> <li>Health &amp; Productivity Management</li> <li>Wellness Management</li> <li>HIV/AIDS/STI/TB policy</li> <li>Safety, Health, Environment, Risk &amp; Quality</li> <li>Health &amp; Productivity Management</li> <li>Wellness Management</li> </ul> <p>HIV/AIDS/STI/TB workplace programme</p>  |                      |                        |  |  |        |          |          |              |             |           |             |
| (6) Has the Department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.  | ✓                      |           | <ul style="list-style-type: none"> <li>HIV/AIDS/STI/TB in awareness campaigns.</li> <li>Ongoing awareness and communication strategies.</li> <li>Programmes and interventions to break social barriers and stigma.</li> <li>Workshops and information sessions.</li> <li>Promotes openness.</li> </ul> <p>Promotes the need for confidentiality with regards to testing and status.</p>  |                      |                        |  |  |        |          |          |              |             |           |             |
| (7) Does the Department encourage its employees to undergo voluntary counselling and testing? If so, list the results that you have achieved.  | ✓                      |           | <p>The Department of Health has appointed the following NGOs to render an on-site HIV Counselling and Testing (HCT) service to all employees:</p> <ul style="list-style-type: none"> <li>Partners in Sexual Health: Metro East</li> <li>Wolanani: Metro West</li> <li>Diakonale Dienste: West Coast District</li> <li>@Heart: Cape Winelands District</li> <li>Right to Care: Overberg District</li> <li>That's It: Eden District</li> <li>Right to Care: Central Karoo District</li> </ul> <p><b>Results:</b></p> <table border="1"> <thead> <tr> <th rowspan="2">Department of Health</th> <th colspan="3">No of employees tested</th> </tr> <tr> <th>Tested</th> <th>Positive</th> <th>Negative</th> </tr> </thead> <tbody> <tr> <td><b>TOTAL</b></td> <td><b>4944</b></td> <td><b>97</b></td> <td><b>4847</b></td> </tr> </tbody> </table> <p><b>Notes:</b></p> <p>Employees who test positive are supported via the Employee Health and Wellness Programme. Employees are also encouraged to join GEMS in cases where they have not already joined a medical aid.</p> <p>The Programme is currently aligned with national HCT initiative.</p> | Department of Health | No of employees tested |  |  | Tested | Positive | Negative | <b>TOTAL</b> | <b>4944</b> | <b>97</b> | <b>4847</b> |
| Department of Health   | No of employees tested |           |  |                      |                        |  |  |        |          |          |              |             |           |             |
|  | Tested                 | Positive  | Negative   |                      |                        |  |  |        |          |          |              |             |           |             |
| <b>TOTAL</b>   | <b>4944</b>            | <b>97</b> | <b>4847</b>  |                      |                        |  |  |        |          |          |              |             |           |             |
| (8) 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 serve 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>  |                      |                        |  |  |        |          |          |              |             |           |             |

### 3.12 LABOUR RELATIONS

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

**Table 3.12.1: Collective agreements for the period 1 April 2014 and 31 March 2015**

| Labour relations                      |                  |
|---------------------------------------|------------------|
| Organisational Rights Agreement (ORA) | 10 December 2014 |

Table 3.12.2 summarises the outcome of disciplinary hearings conducted within the Department for the year under review.

**Table 3.12.2: Misconduct and disciplinary hearings finalised, 1 April 2014 to 31 March 2015**

| Labour relations                      |              |                     |
|---------------------------------------|--------------|---------------------|
| Outcomes of disciplinary hearings     | Number       | per cent of total   |
| Correctional counselling              | 306          | 23per cent          |
| Verbal warning                        | 302          | 22per cent          |
| Written warning                       | 412          | 30per cent          |
| Final written warning                 | 228          | 17per cent          |
| Suspended without pay                 | 2            | 0.1per cent         |
| Fine                                  | 0            | 0per cent           |
| Demotion                              | 60           | 4per cent           |
| Dismissal                             | 40           | 3per cent           |
| Not guilty                            | 4            | 0.3per cent         |
| Case withdrawn                        | 0            | 0per cent           |
| <b>Total</b>                          | <b>1 354</b> | <b>100per cent</b>  |
| <b>Percentage of total employment</b> |              | <b>4.33per cent</b> |

**Notes:**  
Outcomes of disciplinary hearings refer to formal cases only.

**Table 3.12.3: Types of misconduct addressed at disciplinary hearings for the period 1 April 2014 and 31 March 2015**

| Labour relations                               |             |                    |
|--|-------------|--------------------|
| Type of misconduct                             | Number      | per cent of total  |
| Absent from work without reason or permission  | 636         | 47per cent         |
| Code of conduct (improper/unacceptable manner) | 152         | 11per cent         |
| Insubordination                                | 138         | 10per cent         |
| Fails to comply with or contravenes acts       | 223         | 16per cent         |
| Negligence                                     | 15          | 1.1per cent        |
| Misuse of WCG property                         | 81          | 6per cent          |
| Steals, bribes or commits fraud                | 25          | 2per cent          |
| Substance abuse                                | 24          | 2per cent          |
| Sexual harassment                              | 7           | 0.5per cent        |
| Discrimination                                 | 4           | 0.3per cent        |
| Assault or threatens to assault                | 9           | 0.7per cent        |
| Desertions                                     | 40          | 3per cent          |
| Social grant fraud                             | 0           | 0per cent          |
| <b>Total</b>                                   | <b>1354</b> | <b>100per cent</b> |

**Table 3.12.4: Grievances lodged, 1 April 2014 and 31 March 2015**

| Labour relations                         |            |                    |
|--|------------|--------------------|
| Grievances                               | Number     | per cent of total  |
| Number of grievances resolved            | 337        | 92per cent         |
| Number of grievances not resolved        | 31         | 8per cent          |
| <b>Total number of grievances lodged</b> | <b>368</b> | <b>100per cent</b> |

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

**Table 3.12.5: Disputes lodged with Councils, 1 April 2014 and 31 March 2015**

| Labour relations                       |           |                    |
|--|-----------|--------------------|
| Disputes lodged with Councils          | Number    | per cent of total  |
| <b>Conciliations</b>                   |           |                    |
| Deadlocked                             | 74        | 96per cent         |
| Settled                                | 1         | 1per cent          |
| Withdrawn                              | 2         | 3per cent          |
| <b>Total number of disputes lodged</b> | <b>77</b> | <b>100per cent</b> |

| Labour relations                       |           |                    |
|--|-----------|--------------------|
| Disputes lodged with Councils          | Number    | per cent of total  |
| <b>Arbitrations</b>                    |           |                    |
| Upheld in favour of employee           | 13        | 25per cent         |
| Dismissed in favour of employer        | 30        | 57per cent         |
| Settled                                | 10        | 18per cent         |
| <b>Total number of disputes lodged</b> | <b>53</b> | <b>100per cent</b> |

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

**Table 3.12.6: Strike actions, 1 April 2014 and 31 March 2015**

| Labour relations                                       |          |
|--|----------|
| Total number of person working days lost               | 0        |
| Total cost (R'000) of working days lost                | 0        |
| Amount (R'000) recovered as a result of no work no pay | <b>0</b> |

**Table 3.12.7 Precautionary suspensions, 1 April 2014 and 31 March 2015**

| Labour relations                                   |               |
|--|---------------|
| Number of people suspended                         | 31            |
| Number of people whose suspension exceeded 60 days | 4             |
| Average number of days suspended                   | 33            |
| Cost of suspension (R'000)                         | R 1002 979.66 |

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



### 3.13 SKILLS DEVELOPMENT

This section highlights the efforts of the Department with regard to skills development. Table 3.13.1 reflect the training needs as at the beginning of the period under review, and Table 3.13.2 the actual training provided.

**Table 3.13.1: Training needs identified, 1 April 2014 and 31 March 2015**

| Skills development                         |        |  |  |   |                         |               |
|--|--------|--|--|---|-------------------------|---------------|
| Occupational category                      | Gender | Number of employees as at 1 April 2014 | 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 | 80                                     | 0  | 79  | 0                       | 79            |
|  | Male   | 151                                    | 0  | 43  | 0                       | 43            |
| Professionals                              | Female | 9 093                                  | 0  | 6 638                                     | 0                       | 6 638         |
|  | Male   | 2 952                                  | 0  | 3 574                                     | 0                       | 3 574         |
| Technicians and associate professionals    | Female | 788                                    | 0  | 4 470                                     | 0                       | 4 470         |
|  | Male   | 492                                    | 0  | 2 407                                     | 0                       | 2 407         |
| Clerks                                     | Female | 2 613                                  | 39   | 2 593                                     | 0                       | 2 632         |
|  | Male   | 1 382                                  | 19   | 1 397                                     | 0                       | 14 16         |
| Service and sales workers                  | Female | 7 296                                  | 0  | 3 252                                     | 0                       | 3 252         |
|  | Male   | 1 965                                  | 0  | 1 751                                     | 0                       | 1 751         |
| 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  | 238                                       | 0                       | 238           |
|  | Male   | 0                                      | 0  | 128                                       | 0                       | 128           |
| Plant and machine operators and assemblers | Female | 5                                      | 0  | 96  | 0                       | 96            |
|  | Male   | 162                                    | 0  | 53  | 0                       | 53            |
| Elementary occupations                     | Female | 2 350                                  | 0  | 1 813                                     | 0                       | 1 813         |
|  | Male   | 1 688                                  | 0  | 976                                       | 0                       | 976           |
| Sub-total                                  | Female | <b>22 223</b>                          | <b>39</b>  | <b>19 179</b>                             | <b>0</b>                | 19 218        |
|  | Male   | <b>8 792</b>                           | <b>19</b>  | <b>10 329</b>                             | <b>0</b>                | <b>10 348</b> |
| <b>Total</b>                               |        | <b>31 017</b>                          | <b>58</b>  | <b>29 508</b>                             | <b>*2 023</b>           | <b>29 566</b> |
| Employees with disabilities                | Female | 79                                     | 0  | 0   | 0                       | 0             |
|  | Male   | 81                                     | 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 3.13.2: Training provided, 1 April 2014 and 31 March 2015**

| Skills development                         |        |   |   |   |                         |        |
|--|--------|---|---|---|-------------------------|--------|
| Occupational category                      | Gender | Number of employees as at 31 March 2015 | Training provided within the reporting period |   |                         |        |
|  |        |   | Learnerships                                  | Skills programmes and other short courses | Other forms of training | Total  |
| Legislators, senior officials and managers | Female | 85                                      | 0   | 28  | 0                       | 28     |
|  | Male   | 151                                     | 0   | 12  | 0                       | 12     |
| Professionals                              | Female | 9 334                                   | 0   | 11 488                                    | 0                       | 11 488 |
|  | Male   | 3 053                                   | 0   | 2 100                                     | 0                       | 2 100  |

| Skills development                         |        |   |   |   |                         |               |
|--|--------|---|---|---|-------------------------|---------------|
| Occupational category                      | Gender | Number of employees as at 31 March 2015 | Training provided within the reporting period |   |                         |               |
|  |        |   | Learnerships                                  | Skills programmes and other short courses | Other forms of training | Total         |
| Technicians and associate professionals    | Female | 789                                     | 0   | 4 778                                     | 0                       | 4 778         |
|  | Male   | 512                                     | 0   | 1 107                                     | 0                       | 1 107         |
| Clerks                                     | Female | 2 667                                   | 59  | 2 193                                     | 0                       | 2 252         |
|  | Male   | 1 383                                   | 11  | 1 311                                     | 0                       | 1 322         |
| Service and sales workers                  | Female | 7 180                                   | 0   | 2 043                                     | 0                       | 2 043         |
|  | Male   | 1 964                                   | 0   | 35 67                                     | 0                       | 3 567         |
| 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   | 6   | 0                       | 6             |
|  | Male   | 0                                       | 0   | 245                                       | 0                       | 245           |
| Plant and machine operators and assemblers | Female | 5                                       | 0   | 63  | 0                       | 63            |
|  | Male   | 158                                     | 0   | 165                                       | 0                       | 165           |
| Elementary occupations                     | Female | 2 317                                   | 0   | 1 056                                     | 0                       | 1 056         |
|  | Male   | 1 669                                   | 0   | 704                                       | 0                       | 704           |
| Sub-total                                  | Female | <b>22 377</b>                           | <b>59</b>                                     | <b>21 655</b>                             | <b>0</b>                | <b>21 714</b> |
|  | Male   | <b>8 890</b>                            | <b>11</b>                                     | <b>9 211</b>                              | <b>0</b>                | <b>9 222</b>  |
| <b>Total</b>                               |        | <b>31 267</b>                           | <b>70</b>                                     | <b>30 866</b>                             | <b>0</b>                | <b>30 936</b> |
| Employees with disabilities                | Female | 78                                      | 0   | 35  | 0                       | 35            |
|  | Male   | 80                                      | 0   | 30  | 0                       | 30            |

**Notes:**

The above table identifies the number of training courses attended by individuals during the period under review.

### 3.14 INJURY ON DUTY

Table 3.14.1 provides basic information on injury on duty.

**Table 3.14.1: Injury on duty for the period 1 April 2014 and 31 March 2015**

| Injury on duty                        |            |                     |
|---------------------------------------|------------|---------------------|
| Nature of injury on duty              | Number     | per cent of total   |
| Required basic medical attention only | 474        | 83                  |
| Temporary total disablement           | 53         | 9                   |
| Permanent disablement                 | 43         | 7                   |
| Fatal                                 | 1          | 1                   |
| <b>Total</b>                          | <b>571</b> | <b>100</b>          |
| <b>Percentage of total employment</b> |            | <b>1.83per cent</b> |

### 3.15 UTILISATION OF CONSULTANTS

The following tables relate information on the utilisation of consultants in the Department. In terms of the Public Service Regulations "consultant" means a natural or juristic person or a partnership who or which provides in terms of a specific contract on an ad hoc basis any of the following professional services to a Department against remuneration received from any source:

- (a) The rendering of expert advice;
- (b) The drafting of proposals for the execution of specific tasks; and
- (c) The execution of a specific task which is of a technical or intellectual nature, but excludes an employee of a department.

**Table 3.15.1: Report on consultant appointments using appropriated funds, 1 April 2014 to 31 March 2015**

| Utilisation of consultants                     |  |                      |                        |
|--|--|----------------------|------------------------|
| Project title                                  | Total number of consultants that worked on project | Duration (work days) | Contract value in Rand |
| Aizon Systems                                  | Unknown  | Unknown              | R 1 043.00             |
| Alexander Forbes Health (Pty) Ltd              | Unknown  | Unknown              | R 4 500.00             |
| Break Through Human Resources                  | Unknown  | Unknown              | R 24 960.00            |
| Business Connexion (Pty) Ltd                   | Unknown  | Unknown              | R 1 866 294.00         |
| Cebano Consultants (Pty) Ltd                   | Unknown  | Unknown              | R 425 683.00           |
| Creative Consulting & Development              | Unknown  | Unknown              | R 335 559.00           |
| Dimension Data (Pty) Ltd                       | Unknown  | Unknown              | R 501 588.00           |
| Ernest & Young                                 | Unknown  | Unknown              | R 6 270 538.00         |
| Evolution Strategies cc                        | Unknown  | Unknown              | R 234 099.00           |
| F Gamielidien                                  | Unknown  | Unknown              | R 2 677.00             |
| Firewire System Solutions                      | Unknown  | Unknown              | R 47 080.00            |
| Folio Online                                   | Unknown  | Unknown              | R 436 668.00           |
| Friends of Children                            | Unknown  | Unknown              | R 9 250.00             |
| Giovanni Milandri                              | Unknown  | Unknown              | R 5 760.00             |
| Harlan CA Cloete t/a Siyakhana                 | Unknown  | Unknown              | R 303 848.00           |
| Health System Technologies                     | Unknown  | Unknown              | R 722 053.00           |
| Health System Trust                            | Unknown  | Unknown              | R 385 722.00           |
| Imperial Health Sciences                       | Unknown  | Unknown              | R 498 210.00           |
| JA Ireland                                     | Unknown  | Unknown              | R 492 899.00           |
| J du P Projects                                | Unknown  | Unknown              | R 517 036.00           |
| Kroll Mie (Pty) Ltd                            | Unknown  | Unknown              | R 7 394.00             |
| Leadtrain Assessments                          | Unknown  | Unknown              | R 21 732.00            |
| Legal services                                 | Unknown  | Unknown              | R 10 227 409.91        |
| Litha Lefthu Management Solutions              | Unknown  | Unknown              | R 14 488.00            |
| Makana Technologies & Solutions                | Unknown  | Unknown              | R 217 781.00           |
| Managed Integrity Evaluation Resource Services | Unknown  | Unknown              | R 1 064 215.00         |
| Management Sciences for Health                 | Unknown  | Unknown              | R 458 405.00           |
| Mpilisweni Facility Services Council           | Unknown  | Unknown              | R 55 476 924.00        |
| Nelson Mandela Metropolitan                    | Unknown  | Unknown              | R 466 184.00           |
| South African Bureau of Standards              | Unknown  | Unknown              | R 1 104 574.00         |
| SABS Commercial                                | Unknown  | Unknown              | R 52 543.00            |
| South African Medical Research Council         | Unknown  | Unknown              | R 1 050 982.00         |
| T Zabow  | Unknown  | Unknown              | R 7 301.00             |
| The Assessment Toolbox                         | Unknown  | Unknown              | R 7 244.00             |
| South African Pharmacy Council                 | Unknown  | Unknown              | R 3 143.00             |
| Thread Media cc                                | Unknown  | Unknown              | R 66 496.00            |
| University of Cape Town                        | Unknown  | Unknown              | R 3 555 127.00         |
| University of Stellenbosch                     | Unknown  | Unknown              | R 25 450.00            |
| Work Dynamics (Pty) Ltd                        | Unknown  | Unknown              | R 21 732.00            |
| Workability RTW                                | Unknown  | Unknown              | R 5 130.00             |
| ZGM Consulting (Pty) Ltd                       | Unknown  | Unknown              | R 823 282.00           |

| Utilisation of consultants |  |                            |                              |
|----------------------------|--|----------------------------|------------------------------|
| Project title              | Total number of consultants that worked on project | Duration (work days)       | Contract value in Rand       |
| Aizon Systems              | Unknown  | Unknown                    | R 1 043.00                   |
| Total number of projects   | Total individual consultants                       | Total duration (work days) | Total contract value in Rand |
| 41                         | Unknown  | Unknown                    | R 87 763 003.91              |

**Table 3.15.2: Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs), 1 April 2014 to 31 March 2015**

| Utilisation of consultants                     |                                    |                                     |  |
|--|------------------------------------|-------------------------------------|--|
| Project title                                  | Percentage ownership by HDI groups | Percentage management by HDI groups | Number of consultants from HDI groups that work on the project |
| Aizon Systems                                  | N                                  | Unknown                             | Unknown  |
| Alexander Forbes Health (Pty) Ltd              | N                                  | Unknown                             | Unknown  |
| Break Through Human Resources                  | 3                                  | Unknown                             | Unknown  |
| Business Connexion (Pty) Ltd                   | 2                                  | Unknown                             | Unknown  |
| Cebano Consultants (Pty) Ltd                   | 3                                  | Unknown                             | Unknown  |
| Creative Consulting & Development              | 2                                  | Unknown                             | Unknown  |
| Dimension Data (Pty) Ltd                       | 2                                  | Unknown                             | Unknown  |
| Ernest & Young                                 | 2                                  | Unknown                             | Unknown  |
| Evolution Strategies cc                        | N                                  | Unknown                             | Unknown  |
| F Gamielien                                    | 3                                  | Unknown                             | Unknown  |
| Firewire System Solutions                      | 3                                  | Unknown                             | Unknown  |
| Folio Online                                   | N                                  | Unknown                             | Unknown  |
| Friends of Children                            | N                                  | Unknown                             | Unknown  |
| Giovanni Milandri                              | N                                  | Unknown                             | Unknown  |
| Harlan CA Cloete t/a Siyakhana                 | 3                                  | Unknown                             | Unknown  |
| Health System Technologies                     | 3                                  | Unknown                             | Unknown  |
| Health System Trust                            | N                                  | Unknown                             | Unknown  |
| Imperial Health Sciences                       | N                                  | Unknown                             | Unknown  |
| JA Ireland                                     | 4                                  | Unknown                             | Unknown  |
| J du P Projects                                | N                                  | Unknown                             | Unknown  |
| Kroll Mie (Pty) Ltd                            | N                                  | Unknown                             | Unknown  |
| Leadtrain Assessments                          | N                                  | Unknown                             | Unknown  |
| Legal Services                                 | N                                  | Unknown                             | Unknown  |
| Litha Lethu Management Solutions               | N                                  | Unknown                             | Unknown  |
| Makana Technologies & Solutions                | N                                  | Unknown                             | Unknown  |
| Managed Integrity Evaluation Resource Services | N                                  | Unknown                             | Unknown  |
| Management Sciences for Health                 | N                                  | Unknown                             | Unknown  |
| Mpilisweni Facility Services Council           | N                                  | Unknown                             | Unknown  |
| Nelson Mandela Metropolitan                    | N                                  | Unknown                             | Unknown  |
| South African Bureau of Standards              | N                                  | Unknown                             | Unknown  |
| SABS Commercial                                | N                                  | Unknown                             | Unknown  |
| South African Medical Research Council         | N                                  | Unknown                             | Unknown  |
| T Zabow  | N                                  | Unknown                             | Unknown  |
| The Assessment Toolbox                         | 1                                  | Unknown                             | Unknown  |
| South African Pharmacy Council                 | N                                  | Unknown                             | Unknown  |
| Thread Media cc                                | N                                  | Unknown                             | Unknown  |
| University of Cape Town                        | 4                                  | Unknown                             | Unknown  |
| University of Stellenbosch                     | N                                  | Unknown                             | Unknown  |
| Work Dynamics (Pty) Ltd                        | 1                                  | Unknown                             | Unknown  |
| Workability RTW                                | N                                  | Unknown                             | Unknown  |
| ZGM Consulting (Pty) Ltd                       | N                                  | Unknown                             | Unknown  |

Note: \*The Preferential Procurement Policy Framework Act no longer requires the HDI status of bidders to be recorded when competing for bids and has been replaced with the BBBEE scorecard. The BBBEE information on the above consultants is indicated where available.

**Table 3.15.3: Report on consultant appointments using Donor funds, 1 April 2014 to 31 March 2015**

| Utilisation of consultants |  |                            |                              |
|----------------------------|--|----------------------------|------------------------------|
| Project title              | Total number of consultants that worked on project | Duration (work days)       | Contract value in Rand       |
| Nil                        |  |                            |                              |
|                            |  |                            |                              |
|                            |  |                            |                              |
| Total number of projects   | Total individual consultants                       | Total duration (work days) | Total contract value in Rand |
| Nil                        |  |                            |                              |

**Table 3.15.4: Analysis of consultant appointments using Donor funds, in terms of Historically Disadvantaged Individuals (HDIs), 1 April 2014 and 31 March 2015**

| Utilisation of consultants |                                    |                                     |  |
|----------------------------|------------------------------------|-------------------------------------|--|
| Project title              | Percentage ownership by HDI groups | Percentage management by HDI groups | Number of consultants from HDI groups that work on the project |
| Nil                        |                                    |                                     |  |
|                            |                                    |                                     |  |
|                            |                                    |                                     |  |



# PART E:

## FINANCIAL INFORMATION





# 1. 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

#### 1. Introduction

I have audited the financial statements of the Western Cape Department of Health set out on pages 229 to 316, which comprise the appropriation statement, the statement of financial position as at 31 March 2015, 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.

#### 2. Accounting officer's responsibility for the financial statements

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, 2014 (Act No. 10 of 2014) (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.

#### 3. Auditor-general's responsibility

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.

#### 6. Opinion

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 2015 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.

#### 7. Emphasis of matters

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

### **Restatement of corresponding figures**

8. As disclosed in notes 10, 12.2, 12.3, 21, 24.5, 25.3, 29.3.1, 29.4.1, 30.2.1, 31.3.1 and 32 to the financial statements, the corresponding figures for 31 March 2014 have been restated as a result of an error discovered during 2015 in the financial statements of the department at, and for the year ended, 31 March 2014.

### **Material losses and impairments**

9. 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.

10. As disclosed in note 23.3 to the financial statements, a material allowance for impairments of R226 million (2014: R183 million) was provided for.

### **Significant uncertainties**

11. As disclosed in note 18.1 to the financial statements, the department has a contingent liability of R221 million (2014: R180 million). This includes an amount of R218 million (R179 million) that relates to claims against the department, of which the majority are claims for medical negligence.

### **Additional matter**

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

### **Unaudited supplementary schedules**

13. The supplementary information set out on pages 317 to 333 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 and regulatory requirements**

14. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and the general notice issued in terms thereof, I have a responsibility to report findings on the reported performance information against predetermined objectives for selected programmes presented in the annual performance report, non-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**

15. I performed procedures to obtain evidence about the usefulness and reliability of the reported performance information for the following selected programmes presented in the annual performance report of the department for the year ended 31 March 2015:

- Programme 2: district health services on pages 62 to 63; 65 to 66; 68; 70 to 71 and 73
- Programme 5: central hospital services on pages 104; 108; 111 to 112 and 115

16. I evaluated the reported performance information against the overall criteria of usefulness and reliability.

17. I 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).

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

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

#### **Programme 2: District Health Services**

##### **Reliability of reported performance information**

20. The FMPPI requires auditees to have appropriate systems to collect, collate, verify and store performance information to ensure valid, accurate and complete reporting of actual achievements against planned objectives, indicators and targets. Overall, three significantly important indicators in the programme were not reliable. I was unable to obtain sufficient appropriate audit evidence for these indicators. In addition, the reported performance information was not always valid, accurate and complete when compared to the source information or evidence provided. This was due to learning screening forms not being provided in support of the totals reported, as well as a lack of recording and monitoring performance, monitoring the completeness of source documentation in support of actual achievements, and frequently reviewing the validity of reported achievements against source documentation.

#### **Programme 5: Central Hospital Services**

21. I did not identify any material findings on the usefulness and reliability of the reported performance information for this programme.

#### **Additional matters**

22. I draw attention to the following matters:

##### **Achievement of planned targets**

23. Refer to the annual performance report on pages 59 to 74 and 100 to 116 for information on the achievement of planned targets for the year. This information should be considered in the context of the material findings on the reliability of the reported performance information for the selected programmes reported in paragraph 20 of this report.

##### **Adjustment of material misstatements**

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

##### **Compliance with legislation**

25. I performed procedures to obtain evidence that the department had complied with applicable legislation regarding financial matters, financial management and other related matters. My findings on material non-compliance with specific matters in key legislation, as set out in the general notice issued in terms of the PAA, is as follows:

##### **Expenditure management**

26. Effective steps were not taken to prevent irregular expenditure, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1.

##### **Internal control**

27. I considered internal control relevant to my audit of the financial statements, 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 annual performance report and the findings on compliance with legislation included in this report.

##### **Leadership**

28. 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 2.

### Financial and performance management

29. Due to a lack of sufficient monitoring controls over the capturing of performance information on service registers and inappropriate processes being implemented for new indicators, material misstatements within the reported performance information were detected.

30. Management did not implement sufficient controls and processes to prevent all irregular expenditure. Although processes implemented by management resulted in the detection and reduction of irregular expenditure, these processes were not adequate to prevent similar instances of irregular expenditure from recurring.

### Other reports

#### Performance audits

31. During the year under review, a performance audit on physical security at the health care facilities of the department was conducted. The audit focused on the efficiency and effectiveness of physical security measures at health care facilities. The key findings of the performance audit will be included in the 2014-15 PFMA general report on provincial audit outcomes of the Western Cape.

The outcomes of the performance audit on the readiness of government to report on its performance were included in, and tabled as part of, the 2013-14 PFMA consolidated general report on national and provincial audit outcomes and the 2013-14 PFMA general report on provincial audit outcomes of the Western Cape. The department was one of the 61 institutions audited during this audit. The performance audit focused on the following:

- The systems and processes that government departments have put in place to report on their performance.
- The performance reporting guidance and oversight that government departments have received.

#### Investigations

32. Twelve open cases relevant to the department appeared in Provincial Forensic Services' (PFS) case register at the end of the financial year under review. The movement of cases is as follows:

- Sixty-eight new cases relating to alleged conflict of interest, corruption, human resource irregularities, theft, financial irregularities, nepotism, fraud and procurement fraud and other irregularities were reported to PFS during the year.
- Fifty-three cases were closed during the financial year. Twenty-nine of these cases required only a preliminary investigation, 2 investigations revealed no fraud and no irregularity and the outcome of the remaining 22 cases were fraud / corruption / theft / irregularity / non-compliance. Thirty cases were referred to the department for further action and in respect of the 2 cases; those allegations were incorporated into other existing cases.

Auditor-General



AUDITOR-GENERAL  
SOUTH AFRICA

*Auditing to build public confidence*

Cape Town  
29 July 2015

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Appropriation per programme  |                        |                   |          |                     |                    |                |   |                     |                    |
|--|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
|  | 2014/15                |                   |          |                     |                    |                |   | 2013/14             |                    |
|  | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance       | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|  | R'000                  | R'000             | R'000    | R'000               | R'000              | R'000          | %                                       | R'000               | R'000              |
| <b>Voted Funds and Direct Charges</b>  |                        |                   |          |                     |                    |                |   |                     |                    |
| <b>Programme</b>   |                        |                   |          |                     |                    |                |   |                     |                    |
| 1. Administration  | 600 079                | -                 | (16 221) | 583 858             | 583 602            | 256            | 100.0                                   | 521 704             | 511 447            |
| 2. District Health Services  | 6 784 724              | -                 | -        | 6 784 724           | 6 767 273          | 17 451         | 99.7                                    | 6 042 255           | 6 039 262          |
| 3. Emergency Medical Services  | 875 364                | -                 | 5 289    | 880 653             | 880 653            | -              | 100.0                                   | 819 748             | 819 748            |
| 4. Provincial Hospital Services  | 2 737 267              | -                 | (8 455)  | 2 728 812           | 2 728 733          | 79             | 100.0                                   | 2 500 139           | 2 499 888          |
| 5. Central Hospital Services   | 4 925 116              | -                 | 38 961   | 4 964 077           | 4 964 077          | -              | 100.0                                   | 4 565 421           | 4 565 421          |
| 6. Health Sciences and Training  | 314 296                | -                 | -        | 314 296             | 312 111            | 2 185          | 99.3                                    | 266 262             | 264 193            |
| 7. Health Care Support Services  | 379 191                | -                 | (19 574) | 359 617             | 356 436            | 3 181          | 99.1                                    | 355 538             | 339 151            |
| 8. Health Facilities Management  | 814 386                | -                 | -        | 814 386             | 712 923            | 101 463        | 87.5                                    | 958 914             | 877 852            |
| <b>Programme sub total</b>   | <b>17 430 423</b>      | <b>-</b>          | <b>-</b> | <b>17 430 423</b>   | <b>17 305 808</b>  | <b>124 615</b> | <b>99.3</b>                             | <b>16 029 981</b>   | <b>15 916 962</b>  |
| <b>Total</b>   | <b>17 430 423</b>      | <b>-</b>          | <b>-</b> | <b>17 430 423</b>   | <b>17 305 808</b>  | <b>124 615</b> | <b>99.3</b>                             | <b>16 029 981</b>   | <b>15 916 962</b>  |
| <b>Reconciliation with Statement of Financial Performance</b>                    |                        |                   |          |                     |                    |                |   |                     |                    |
| <b>Add:</b>  |                        |                   |          |                     |                    |                |   |                     |                    |
| Departmental receipts  |                        |                   |          | 121 957             |                    |                |   | 110 785             |                    |
| Aid assistance   |                        |                   |          | -                   |                    |                |   | 4 250               |                    |
| <b>Actual amounts per Statement of Financial Performance (Total Revenue)</b>     |                        |                   |          | <b>17 552 380</b>   |                    |                |   | <b>16 145 016</b>   |                    |
| <b>Add: Aid assistance</b>   |                        |                   |          |                     | 1 740              |                |   |                     | -                  |
| <b>Actual amounts per Statement of Financial Performance (Total Expenditure)</b> |                        |                   |          |                     | <b>17 307 548</b>  |                |   |                     | <b>15 916 962</b>  |

National Treasury issued an approval to only disclose Annual Financial Statement 2013/14 information at economic classification level 3.

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Appropriation per Economic Classification             |                        |                   |                |                     |                    |                |   |                     |                    |
|---|------------------------|-------------------|----------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| Economic classification                               | 2014/15                |                   |                |                     |                    |                |   | 2013/14             |                    |
|   | Adjusted Appropriation | Shifting of Funds | Virement       | Final Appropriation | Actual Expenditure | Variance       | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000          | R'000               | R'000              | R'000          | %                                       | R'000               | R'000              |
| <b>Current payments</b>                               | <b>15 672 298</b>      | -                 | (28 100)       | <b>15 644 198</b>   | <b>15 583 313</b>  | <b>60 885</b>  | <b>99.6</b>                             | <b>14 200 735</b>   | <b>14 193 542</b>  |
| Compensation of employees                             | 10 230 626             | -                 | (109 365)      | 10 121 261          | 10 072 353         | 48 908         | 99.5                                    | 9 288 633           | 9 237 938          |
| Salaries and wages                                    | 9 077 137              | -                 | (84 609)       | 8 992 528           | 8 975 853          | 16 675         | 99.8                                    | -                   | -                  |
| Social contributions                                  | 1 153 489              | -                 | (24 756)       | 1 128 733           | 1 096 500          | 32 233         | 97.1                                    | -                   | -                  |
| Goods and services                                    | 5 441 672              | -                 | 81 265         | 5 522 937           | 5 510 960          | 11 977         | 99.8                                    | 4 912 102           | 4 955 604          |
| Administrative fees                                   | 1 097                  | -                 | -              | 1 097               | 1 021              | 76             | 93.1                                    | -                   | -                  |
| Advertising   | 33 975                 | -                 | 1 649          | 35 624              | 35 124             | 500            | 98.6                                    | -                   | -                  |
| Minor assets  | 79 994                 | -                 | 3 485          | 83 479              | 51 117             | 32 362         | 61.2                                    | -                   | -                  |
| Audit costs: External                                 | 28 267                 | -                 | (2 087)        | 26 180              | 25 378             | 802            | 96.9                                    | -                   | -                  |
| Bursaries: Employees                                  | 7 958                  | -                 | -              | 7 958               | 7 758              | 200            | 97.5                                    | -                   | -                  |
| Catering: Departmental activities                     | 6 705                  | -                 | (449)          | 6 256               | 3 809              | 2 447          | 60.9                                    | -                   | -                  |
| Communication (G&S)                                   | 73 183                 | -                 | 119            | 73 302              | 71 846             | 1 456          | 98.0                                    | -                   | -                  |
| Computer services                                     | 88 331                 | -                 | (13 913)       | 74 418              | 74 418             | -              | 100.0                                   | -                   | -                  |
| Consultants: Business and advisory services           | 87 747                 | -                 | (5 948)        | 81 799              | 77 562             | 4 237          | 94.8                                    | -                   | -                  |
| Infrastructure and planning services                  | -                      | -                 | -              | -                   | 16 204             | (16 204)       | 0.0                                     | -                   | -                  |
| Laboratory services                                   | 572 613                | -                 | -              | 572 613             | 570 186            | 2 427          | 99.6                                    | -                   | -                  |
| Legal services  | 6 157                  | -                 | 4 089          | 10 246              | 10 227             | 19             | 99.8                                    | -                   | -                  |
| Contractors   | 327 358                | -                 | 29 904         | 357 262             | 358 295            | (1 033)        | 100.3                                   | -                   | -                  |
| Agency and support / outsourced services              | 400 337                | -                 | 29 790         | 430 127             | 430 127            | -              | 100.0                                   | -                   | -                  |
| Entertainment   | 410                    | -                 | -              | 410                 | 67                 | 343            | 16.3                                    | -                   | -                  |
| Fleet services (including government motor transport) | 163 671                | -                 | (3 882)        | 159 789             | 158 505            | 1 284          | 99.2                                    | -                   | -                  |
| Inventory: Food and food supplies                     | 49 981                 | -                 | 1 500          | 51 481              | 51 481             | -              | 100.0                                   | -                   | -                  |
| Inventory: Materials and supplies                     | 24 094                 | -                 | 3 126          | 27 220              | 29 507             | (2 287)        | 108.4                                   | -                   | -                  |
| Inventory: Medical supplies                           | 1 116 042              | -                 | 22 767         | 1 138 809           | 1 174 505          | (35 696)       | 103.1                                   | -                   | -                  |
| Inventory: Medicine                                   | 998 735                | -                 | 3 742          | 1 002 477           | 1 028 175          | (25 698)       | 102.6                                   | -                   | -                  |
| Inventory: Other supplies                             | 39 845                 | -                 | -              | 39 845              | 37 618             | 2 227          | 94.4                                    | -                   | -                  |
| Consumable supplies                                   | 283 017                | -                 | 13 179         | 296 196             | 297 749            | (1 553)        | 100.5                                   | -                   | -                  |
| Consumable: Stationery, printing and office supplies  | 69 082                 | -                 | 2 154          | 71 236              | 77 809             | (6 573)        | 109.2                                   | -                   | -                  |
| Operating leases                                      | 21 792                 | -                 | 1 735          | 23 527              | 23 527             | -              | 100.0                                   | -                   | -                  |
| Property payments                                     | 847 106                | -                 | (12 907)       | 834 199             | 784 552            | 49 647         | 94.0                                    | -                   | -                  |
| Transport provided: Departmental activity             | 2 392                  | -                 | -              | 2 392               | 1 882              | 510            | 78.7                                    | -                   | -                  |
| Travel and subsistence                                | 36 381                 | -                 | 328            | 36 709              | 41 184             | (4 475)        | 112.2                                   | -                   | -                  |
| Training and development                              | 41 343                 | -                 | 390            | 41 733              | 37 782             | 3 951          | 90.5                                    | -                   | -                  |
| Operating payments                                    | 17 077                 | -                 | (1 518)        | 15 559              | 15 559             | -              | 100.0                                   | -                   | -                  |
| Venues and facilities                                 | 2 766                  | -                 | 6              | 2 772               | 1 546              | 1 226          | 55.8                                    | -                   | -                  |
| Rental and hiring                                     | 14 216                 | -                 | 4 006          | 18 222              | 16 440             | 1 782          | 90.2                                    | -                   | -                  |
| <b>Transfers and subsidies</b>                        | <b>991 757</b>         | -                 | <b>(9 858)</b> | <b>981 899</b>      | <b>964 416</b>     | <b>17 483</b>  | <b>98.2</b>                             | <b>892 891</b>      | <b>881 528</b>     |
| Provinces and municipalities                          | 397 341                | -                 | -              | 397 341             | 396 459            | 882            | 99.8                                    | 359 275             | 354 525            |
| Municipalities  | 397 341                | -                 | -              | 397 341             | 396 459            | 882            | 99.8                                    | -                   | -                  |
| Municipal bank accounts                               | 397 341                | -                 | -              | 397 341             | 396 459            | 882            | 99.8                                    | -                   | -                  |
| Departmental agencies and accounts                    | 4 578                  | -                 | 27             | 4 605               | 4 605              | -              | 100.0                                   | 4 324               | 4 324              |
| Departmental agencies (non-business entities)         | 4 578                  | -                 | 27             | 4 605               | 4 605              | -              | 100.0                                   | -                   | -                  |
| Higher education institutions                         | 3 773                  | -                 | -              | 3 773               | 3 773              | -              | 100.0                                   | 3 580               | 3 480              |
| Non-profit institutions                               | 432 509                | -                 | (264)          | 432 245             | 415 717            | 16 528         | 96.2                                    | 416 570             | 408 767            |
| Households  | 153 556                | -                 | (9 621)        | 143 935             | 143 862            | 73             | 99.9                                    | 109 142             | 110 432            |
| Social benefits                                       | 45 254                 | -                 | 8 226          | 53 480              | 53 407             | 73             | 99.9                                    | -                   | -                  |
| Other transfers to households                         | 108 302                | -                 | (17 847)       | 90 455              | 90 455             | -              | 100.0                                   | -                   | -                  |
| <b>Payments for capital assets</b>                    | <b>766 368</b>         | -                 | <b>26 684</b>  | <b>793 052</b>      | <b>746 805</b>     | <b>46 247</b>  | <b>94.2</b>                             | <b>932 030</b>      | <b>837 567</b>     |
| Buildings and other fixed structures                  | 341 245                | -                 | 10             | 341 255             | 282 817            | 58 438         | 82.9                                    | 504 975             | 415 566            |
| Buildings   | 341 245                | -                 | 10             | 341 255             | 282 817            | 58 438         | 82.9                                    | -                   | -                  |
| Machinery and equipment                               | 422 283                | -                 | 24 927         | 447 210             | 461 703            | (14 493)       | 103.2                                   | 417 323             | 420 399            |
| Transport equipment                                   | 125 906                | -                 | 19 024         | 144 930             | 153 967            | (9 037)        | 106.2                                   | -                   | -                  |
| Other machinery and equipment                         | 296 377                | -                 | 5 903          | 302 280             | 307 736            | (5 456)        | 101.8                                   | -                   | -                  |
| Software and other intangible assets                  | 2 840                  | -                 | 1 747          | 4 587               | 2 285              | 2 302          | 49.8                                    | 9 732               | 1 602              |
| <b>Payment for financial assets</b>                   | <b>-</b>               | -                 | <b>11 274</b>  | <b>11 274</b>       | <b>11 274</b>      | <b>-</b>       | <b>100.0</b>                            | <b>4 325</b>        | <b>4 325</b>       |
| <b>Total</b>  | <b>17 430 423</b>      | -                 | -              | <b>17 430 423</b>   | <b>17 305 808</b>  | <b>124 615</b> | <b>99.3</b>                             | <b>16 029 981</b>   | <b>15 916 962</b>  |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Programme 1: Administration          |                        |                   |                 |                     |                    |            |   |                     |                    |
|--------------------------------------|------------------------|-------------------|-----------------|---------------------|--------------------|------------|---|---------------------|--------------------|
| Sub programme                        | 2014/15                |                   |                 |                     |                    |            |   | 2013/14             |                    |
|                                      | 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              |
| 1. Office of the Provincial Minister | 6 786                  | -                 | 76              | 6 862               | 6 862              | -          | 100.0                                   | 6 754               | 6 310              |
| 2. Management                        | 593 293                | -                 | (16 297)        | 576 996             | 576 740            | 256        | 100.0                                   | 514 950             | 505 137            |
| <b>Total</b>                         | <b>600 079</b>         | <b>-</b>          | <b>(16 221)</b> | <b>583 858</b>      | <b>583 602</b>     | <b>256</b> | <b>100.0</b>                            | <b>521 704</b>      | <b>511 447</b>     |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Programme 1 per Economic classification               | 2014/15                |                   |                 |                     |                    |            |   | 2013/14             |                    |
|---|------------------------|-------------------|-----------------|---------------------|--------------------|------------|---|---------------------|--------------------|
|   | Adjusted Appropriation | Shifting of Funds | Virement        | Final Appropriation | Actual Expenditure | Variance   | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000           | R'000               | R'000              | R'000      | %                                       | R'000               | R'000              |
| <b>Current payments</b>                               | 542 247                | -                 | (9 871)         | 532 376             | 532 120            | 256        | 100.0                                   | 479 441             | 471 493            |
| Compensation of employees                             | 251 677                | -                 | (5 218)         | 246 459             | 246 449            | 10         | 100.0                                   | 223 037             | 215 664            |
| Salaries and wages                                    | 222 150                | -                 | (3 041)         | 219 109             | 219 141            | (32)       | 100.0                                   | -                   | -                  |
| Social contributions                                  | 29 527                 | -                 | (2 177)         | 27 350              | 27 308             | 42         | 99.8                                    | -                   | -                  |
| Goods and services                                    | 290 570                | -                 | (4 653)         | 285 917             | 285 671            | 246        | 99.9                                    | 256 404             | 255 829            |
| Administrative fees                                   | 1 022                  | -                 | -               | 1 022               | 1 014              | 8          | 99.2                                    | -                   | -                  |
| Advertising   | 28 917                 | -                 | 1 597           | 30 514              | 30 514             | -          | 100.0                                   | -                   | -                  |
| Minor assets  | 2 021                  | -                 | 938             | 2 959               | 2 947              | 12         | 99.6                                    | -                   | -                  |
| Audit costs: External                                 | 26 645                 | -                 | (2 087)         | 24 558              | 24 558             | -          | 100.0                                   | -                   | -                  |
| Catering: Departmental activities                     | 1 447                  | -                 | (448)           | 999                 | 956                | 43         | 95.7                                    | -                   | -                  |
| Communication (G&S)                                   | 7 724                  | -                 | 62              | 7 786               | 7 774              | 12         | 99.8                                    | -                   | -                  |
| Computer services                                     | 78 542                 | -                 | (12 884)        | 65 658              | 64 625             | 1 033      | 98.4                                    | -                   | -                  |
| Consultants: Business and advisory services           | 19 396                 | -                 | (6 329)         | 13 067              | 13 067             | -          | 100.0                                   | -                   | -                  |
| Legal services  | 6 146                  | -                 | 4 089           | 10 235              | 10 227             | 8          | 99.9                                    | -                   | -                  |
| Contractors   | 100 815                | -                 | 11 024          | 111 839             | 112 872            | (1 033)    | 100.9                                   | -                   | -                  |
| Entertainment   | 161                    | -                 | -               | 161                 | 40                 | 121        | 24.8                                    | -                   | -                  |
| Fleet services (including government motor transport) | 3 832                  | -                 | -               | 3 832               | 3 491              | 341        | 91.1                                    | -                   | -                  |
| Inventory: Materials and supplies                     | 138                    | -                 | (9)             | 129                 | 10                 | 119        | 7.8                                     | -                   | -                  |
| Inventory: Medical supplies                           | 16                     | -                 | -               | 16                  | 7                  | 9          | 43.8                                    | -                   | -                  |
| Consumable supplies                                   | 270                    | -                 | -               | 270                 | 118                | 152        | 43.7                                    | -                   | -                  |
| Consumable: Stationery, printing and office supplies  | 3 520                  | -                 | -               | 3 520               | 3 481              | 39         | 98.9                                    | -                   | -                  |
| Operating leases                                      | 801                    | -                 | 46              | 847                 | 847                | -          | 100.0                                   | -                   | -                  |
| Property payments                                     | 483                    | -                 | (208)           | 275                 | 131                | 144        | 47.6                                    | -                   | -                  |
| Travel and subsistence                                | 6 142                  | -                 | -               | 6 142               | 7 098              | (956)      | 115.6                                   | -                   | -                  |
| Training and development                              | 790                    | -                 | 228             | 1 018               | 1 018              | -          | 100.0                                   | -                   | -                  |
| Operating payments                                    | 958                    | -                 | (219)           | 739                 | 729                | 10         | 98.6                                    | -                   | -                  |
| Venues and facilities                                 | 118                    | -                 | -               | 118                 | 46                 | 72         | 39.0                                    | -                   | -                  |
| Rental and hiring                                     | 666                    | -                 | (453)           | 213                 | 101                | 112        | 47.4                                    | -                   | -                  |
| <b>Transfers and subsidies</b>                        | <b>46 015</b>          | <b>-</b>          | <b>(20 581)</b> | <b>25 434</b>       | <b>25 434</b>      | <b>-</b>   | <b>100.0</b>                            | <b>33 717</b>       | <b>31 504</b>      |
| Departmental agencies and accounts                    | 7                      | -                 | (2)             | 5                   | 5                  | -          | 100.0                                   | 6                   | 4                  |
| Departmental agencies (non-business entities)         | 7                      | -                 | (2)             | 5                   | 5                  | -          | 100.0                                   | -                   | -                  |
| Non-profit institutions                               | 1 500                  | -                 | -               | 1 500               | 1 500              | -          | 100.0                                   | 2 000               | 2 000              |
| Households  | 44 508                 | -                 | (20 579)        | 23 929              | 23 929             | -          | 100.0                                   | 31 711              | 29 500             |
| Social benefits                                       | 7 321                  | -                 | (805)           | 6 516               | 6 516              | -          | 100.0                                   | -                   | -                  |
| Other transfers to households                         | 37 187                 | -                 | (19 774)        | 17 413              | 17 413             | -          | 100.0                                   | -                   | -                  |
| <b>Payments for capital assets</b>                    | <b>11 817</b>          | <b>-</b>          | <b>11 114</b>   | <b>22 931</b>       | <b>22 931</b>      | <b>-</b>   | <b>100.0</b>                            | <b>8 487</b>        | <b>8 391</b>       |
| Machinery and equipment                               | 11 643                 | -                 | 9 368           | 21 011              | 21 011             | -          | 100.0                                   | 8 324               | 7 669              |
| Transport equipment                                   | 4 289                  | -                 | 2 846           | 7 135               | 7 135              | -          | 100.0                                   | -                   | -                  |
| Other machinery and equipment                         | 7 354                  | -                 | 6 522           | 13 876              | 13 876             | -          | 100.0                                   | -                   | -                  |
| Software and other intangible assets                  | 174                    | -                 | 1 746           | 1 920               | 1 920              | -          | 100.0                                   | 163                 | 722                |
| <b>Payment for financial assets</b>                   | <b>-</b>               | <b>-</b>          | <b>3 117</b>    | <b>3 117</b>        | <b>3 117</b>       | <b>-</b>   | <b>100.0</b>                            | <b>59</b>           | <b>59</b>          |
| <b>Total</b>  | <b>600 079</b>         | <b>-</b>          | <b>(16 221)</b> | <b>583 858</b>      | <b>583 602</b>     | <b>256</b> | <b>100.0</b>                            | <b>521 704</b>      | <b>511 447</b>     |



**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Subprogramme: 1.1: Office of the Provincial Minister |                        |                   |           |                     |                    |          |   |                     |                    |
|--|------------------------|-------------------|-----------|---------------------|--------------------|----------|---|---------------------|--------------------|
| Economic classification                              | 2014/15                |                   |           |                     |                    |          |   | 2013/14             |                    |
|  | Adjusted Appropriation | Shifting of Funds | Virement  | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|  | R'000                  | R'000             | R'000     | R'000               | R'000              | R'000    | %                                       | R'000               | R'000              |
| <b>Current payments</b>                              | 6 759                  | -                 | (377)     | 6 382               | 6 382              | -        | 100.0                                   | 6 724               | 6 050              |
| Compensation of employees                            | 5 091                  | -                 | 76        | 5 167               | 5 317              | (150)    | 102.9                                   | 4 718               | 4 619              |
| Goods and services                                   | 1 668                  | -                 | (453)     | 1 215               | 1 065              | 150      | 87.7                                    | 2 006               | 1 431              |
| <b>Transfers and subsidies</b>                       | 3                      | -                 | 60        | 63                  | 63                 | -        | 100.0                                   | 3                   | -                  |
| Departmental agencies and accounts                   | 3                      | -                 | (3)       | -                   | -                  | -        | -                                       | 3                   | -                  |
| Households   | -                      | -                 | 63        | 63                  | 63                 | -        | 100.0                                   | -                   | -                  |
| <b>Payments for capital assets</b>                   | 24                     | -                 | 393       | 417                 | 417                | -        | 100.0                                   | 27                  | 260                |
| Machinery and equipment                              | 24                     | -                 | 393       | 417                 | 417                | -        | 100.0                                   | 27                  | 260                |
| <b>Total</b>   | <b>6 786</b>           | <b>-</b>          | <b>76</b> | <b>6 862</b>        | <b>6 862</b>       | <b>-</b> | <b>100.0</b>                            | <b>6 754</b>        | <b>6 310</b>       |

| Subprogramme: 1.2: Management        |                        |                   |                 |                     |                    |            |   |                     |                    |
|--------------------------------------|------------------------|-------------------|-----------------|---------------------|--------------------|------------|---|---------------------|--------------------|
| Economic classification              | 2014/15                |                   |                 |                     |                    |            |   | 2013/14             |                    |
|                                      | Adjusted Appropriation | Shifting of Funds | Virement        | Final Appropriation | Actual Expenditure | Variance   | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|                                      | R'000                  | R'000             | R'000           | R'000               | R'000              | R'000      | %                                       | R'000               | R'000              |
| <b>Current payments</b>              | 535 488                | -                 | (9 494)         | 525 994             | 525 738            | 256        | 100.0                                   | 472 717             | 465 443            |
| Compensation of employees            | 246 586                | -                 | (5 294)         | 241 292             | 241 132            | 160        | 99.9                                    | 218 319             | 211 045            |
| Goods and services                   | 288 902                | -                 | (4 200)         | 284 702             | 284 606            | 96         | 100.0                                   | 254 398             | 254 398            |
| <b>Transfers and subsidies</b>       | 46 012                 | -                 | (20 641)        | 25 371              | 25 371             | -          | 100.0                                   | 33 714              | 31 504             |
| Departmental agencies and accounts   | 4                      | -                 | 1               | 5                   | 5                  | -          | 100.0                                   | 3                   | 4                  |
| Non-profit institutions              | 1 500                  | -                 | -               | 1 500               | 1 500              | -          | 100.0                                   | 2 000               | 2 000              |
| Households                           | 44 508                 | -                 | (20 642)        | 23 866              | 23 866             | -          | 100.0                                   | 31 711              | 29 500             |
| <b>Payments for capital assets</b>   | 11 793                 | -                 | 10 721          | 22 514              | 22 514             | -          | 100.0                                   | 8 460               | 8 131              |
| Machinery and equipment              | 11 619                 | -                 | 8 975           | 20 594              | 20 594             | -          | 100.0                                   | 8 297               | 7 409              |
| Software and other intangible assets | 174                    | -                 | 1 746           | 1 920               | 1 920              | -          | 100.0                                   | 163                 | 722                |
| <b>Payment for financial assets</b>  | -                      | -                 | 3 117           | 3 117               | 3 117              | -          | 100.0                                   | 59                  | 59                 |
| <b>Total</b>                         | <b>593 293</b>         | <b>-</b>          | <b>(16 297)</b> | <b>576 996</b>      | <b>576 740</b>     | <b>256</b> | <b>100.0</b>                            | <b>514 950</b>      | <b>505 137</b>     |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| <b>Programme 2: District Health Services</b> |                                   |                              |                 |                                |                               |                 |  |                                |                               |
|--|-----------------------------------|------------------------------|-----------------|--------------------------------|-------------------------------|-----------------|--|--------------------------------|-------------------------------|
| <b>Sub programme</b>                         | <b>2014/15</b>                    |                              |                 |                                |                               |                 |  | <b>2013/14</b>                 |                               |
|  | <b>Adjusted<br/>Appropriation</b> | <b>Shifting of<br/>Funds</b> | <b>Virement</b> | <b>Final<br/>Appropriation</b> | <b>Actual<br/>Expenditure</b> | <b>Variance</b> | <b>Expenditure as<br/>% of final<br/>appropriation</b> | <b>Final<br/>Appropriation</b> | <b>Actual<br/>Expenditure</b> |
|  | <b>R'000</b>                      | <b>R'000</b>                 | <b>R'000</b>    | <b>R'000</b>                   | <b>R'000</b>                  | <b>R'000</b>    | <b>%</b>   | <b>R'000</b>                   | <b>R'000</b>                  |
| 1. District Management                       | 309 512                           | -                            | (1 212)         | 308 300                        | 306 284                       | 2 016           | 99.3   | 291 569                        | 273 897                       |
| 2. Community Health Clinics                  | 1 045 380                         | -                            | -               | 1 045 380                      | 1 036 408                     | 8 972           | 99.1   | 968 405                        | 958 255                       |
| 3. Community Health Centres                  | 1 522 971                         | -                            | (21 451)        | 1 501 520                      | 1 496 331                     | 5 189           | 99.7   | 1 339 288                      | 1 315 348                     |
| 4. Community Based Services                  | 176 908                           | -                            | 15              | 176 923                        | 174 671                       | 2 252           | 98.7   | 165 448                        | 163 891                       |
| 5. Other Community Services                  | 1                                 | -                            | -               | 1                              | -                             | 1               | -  | 1                              | -                             |
| 6. HIV and Aids                              | 1 082 794                         | -                            | -               | 1 082 794                      | 1 082 792                     | 2               | 100.0  | 927 547                        | 927 547                       |
| 7. Nutrition                                 | 37 507                            | -                            | -               | 37 507                         | 36 223                        | 1 284           | 96.6   | 32 376                         | 35 606                        |
| 8. Coroner Services                          | 1                                 | -                            | -               | 1                              | -                             | 1               | 0.0  | 1                              | -                             |
| 9. District Hospitals                        | 2 482 578                         | -                            | 22 648          | 2 505 226                      | 2 512 441                     | (7 215)         | 100.3  | 2 162 615                      | 2 210 739                     |
| 10. Global Fund                              | 127 072                           | -                            | -               | 127 072                        | 122 123                       | 4 949           | 96.1   | 155 005                        | 153 979                       |
| <b>Total</b>                                 | <b>6 784 724</b>                  | <b>-</b>                     | <b>-</b>        | <b>6 784 724</b>               | <b>6 767 273</b>              | <b>17 451</b>   | <b>99.7</b>  | <b>6 042 255</b>               | <b>6 039 262</b>              |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Prgramme 2 per Economic classification                | 2014/15                |                   |              |                     |                    |                |   | 2013/14             |                    |
|---|------------------------|-------------------|--------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
|   | Adjusted Appropriation | Shifting of Funds | Virement     | Final Appropriation | Actual Expenditure | Variance       | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000        | R'000               | R'000              | R'000          | %                                       | R'000               | R'000              |
| <b>Current payments</b>                               | <b>5 957 882</b>       | -                 | (9 357)      | <b>5 948 525</b>    | <b>5 941 044</b>   | <b>7 481</b>   | <b>99.9</b>                             | <b>5 307 220</b>    | <b>5 315 443</b>   |
| Compensation of employees                             | 3 740 481              | -                 | (45 201)     | 3 695 280           | 3 654 420          | 40 860         | 98.9                                    | 3 314 944           | 3 294 783          |
| Salaries and wages                                    | 3 296 732              | -                 | (44 316)     | 3 252 416           | 3 241 746          | 10 670         | 99.7                                    | -                   | -                  |
| Social contributions                                  | 443 749                | -                 | (885)        | 442 864             | 412 674            | 30 190         | 93.2                                    | -                   | -                  |
| Goods and services                                    | 2 217 401              | -                 | 35 844       | 2 253 245           | 2 286 624          | (33 379)       | 101.5                                   | 1 992 276           | 2 020 660          |
| Administrative fees                                   | 28                     | -                 | -            | 28                  | 2                  | 26             | 7.1                                     | -                   | -                  |
| Advertising   | 4 854                  | -                 | -            | 4 854               | 4 291              | 563            | 88.4                                    | -                   | -                  |
| Minor assets  | 16 052                 | -                 | -            | 16 052              | 15 094             | 958            | 94.0                                    | -                   | -                  |
| Audit costs: External                                 | 1 622                  | -                 | -            | 1 622               | 820                | 802            | 50.6                                    | -                   | -                  |
| Catering: Departmental activities                     | 2 763                  | -                 | -            | 2 763               | 1 123              | 1 640          | 40.6                                    | -                   | -                  |
| Communication (G&S)                                   | 30 691                 | -                 | -            | 30 691              | 29 614             | 1 077          | 96.5                                    | -                   | -                  |
| Computer services                                     | 4 895                  | -                 | -            | 4 895               | 4 265              | 630            | 87.1                                    | -                   | -                  |
| Consultants: Business and advisory services           | 9 163                  | -                 | -            | 9 163               | 6 971              | 2 192          | 76.1                                    | -                   | -                  |
| Laboratory services                                   | 318 684                | -                 | -            | 318 684             | 327 732            | (9 048)        | 102.8                                   | -                   | -                  |
| Contractors   | 37 243                 | -                 | 1 101        | 38 344              | 42 807             | (4 463)        | 111.6                                   | -                   | -                  |
| Agency and support / outsourced services              | 236 350                | -                 | 25 899       | 262 249             | 263 333            | (1 084)        | 100.4                                   | -                   | -                  |
| Entertainment   | 90                     | -                 | -            | 90                  | 19                 | 71             | 21.1                                    | -                   | -                  |
| Fleet services (including government motor transport) | 27 607                 | -                 | -            | 27 607              | 27 260             | 347            | 98.7                                    | -                   | -                  |
| Inventory: Food and food supplies                     | 36 135                 | -                 | 246          | 36 381              | 36 718             | (337)          | 100.9                                   | -                   | -                  |
| Inventory: Materials and supplies                     | 1 665                  | -                 | -            | 1 665               | 2 301              | (636)          | 138.2                                   | -                   | -                  |
| Inventory: Medical supplies                           | 335 822                | -                 | -            | 335 822             | 334 753            | 1 069          | 99.7                                    | -                   | -                  |
| Inventory: Medicine                                   | 752 506                | -                 | -            | 752 506             | 769 742            | (17 236)       | 102.3                                   | -                   | -                  |
| Inventory: Other supplies                             | 23 972                 | -                 | -            | 23 972              | 23 575             | 397            | 98.3                                    | -                   | -                  |
| Consumable supplies                                   | 78 680                 | -                 | 7 632        | 86 312              | 87 655             | (1 343)        | 101.6                                   | -                   | -                  |
| Consumable: Stationery, printing and office supplies  | 37 906                 | -                 | -            | 37 906              | 40 513             | (2 607)        | 106.9                                   | -                   | -                  |
| Operating leases                                      | 10 789                 | -                 | 706          | 11 495              | 11 501             | (6)            | 100.1                                   | -                   | -                  |
| Property payments                                     | 211 766                | -                 | -            | 211 766             | 221 481            | (9 715)        | 104.6                                   | -                   | -                  |
| Transport provided: Departmental activity             | 1 049                  | -                 | -            | 1 049               | 1 026              | 23             | 97.8                                    | -                   | -                  |
| Travel and subsistence                                | 13 303                 | -                 | -            | 13 303              | 14 535             | (1 232)        | 109.3                                   | -                   | -                  |
| Training and development                              | 9 732                  | -                 | -            | 9 732               | 8 344              | 1 388          | 85.7                                    | -                   | -                  |
| Operating payments                                    | 4 553                  | -                 | 260          | 4 813               | 4 675              | 138            | 97.1                                    | -                   | -                  |
| Venues and facilities                                 | 699                    | -                 | -            | 699                 | 141                | 558            | 20.2                                    | -                   | -                  |
| Rental and hiring                                     | 8 782                  | -                 | -            | 8 782               | 6 333              | 2 449          | 72.1                                    | -                   | -                  |
| <b>Transfers and subsidies</b>                        | <b>726 452</b>         | -                 | <b>2 756</b> | <b>729 208</b>      | <b>717 331</b>     | <b>11 877</b>  | <b>98.4</b>                             | <b>661 565</b>      | <b>649 430</b>     |
| Provinces and municipalities                          | 397 341                | -                 | -            | 397 341             | 396 459            | 882            | 99.8                                    | 359 275             | 354 525            |
| Municipalities  | 397 341                | -                 | -            | 397 341             | 396 459            | 882            | 99.8                                    | -                   | -                  |
| Municipal bank accounts                               | 397 341                | -                 | -            | 397 341             | 396 459            | 882            | 99.8                                    | -                   | -                  |
| Departmental agencies and accounts                    | 121                    | -                 | 26           | 147                 | 144                | 3              | 98.0                                    | 102                 | 102                |
| Departmental agencies (non-business entities)         | 121                    | -                 | 26           | 147                 | 144                | 3              | 98.0                                    | -                   | -                  |
| Non-profit institutions                               | 314 994                | -                 | -            | 314 994             | 303 935            | 11 059         | 96.5                                    | 290 409             | 282 636            |
| Households  | 13 996                 | -                 | 2 730        | 16 726              | 16 793             | (67)           | 100.4                                   | 11 779              | 12 167             |
| Social benefits                                       | 13 598                 | -                 | 2 242        | 15 840              | 15 907             | (67)           | 100.4                                   | -                   | -                  |
| Other transfers to households                         | 398                    | -                 | 488          | 886                 | 886                | -              | 100.0                                   | -                   | -                  |
| <b>Payments for capital assets</b>                    | <b>100 390</b>         | -                 | <b>4 963</b> | <b>105 353</b>      | <b>107 260</b>     | <b>(1 907)</b> | <b>101.8</b>                            | <b>72 617</b>       | <b>73 536</b>      |
| Buildings and other fixed structures                  | -                      | -                 | 10           | 10                  | 10                 | -              | 100.0                                   | 16 540              | 16 543             |
| Buildings   | -                      | -                 | 10           | 10                  | 10                 | -              | 100.0                                   | -                   | -                  |
| Machinery and equipment                               | 100 372                | -                 | 4 953        | 105 325             | 107 250            | (1 925)        | 101.8                                   | 56 059              | 56 861             |
| Transport equipment                                   | 42 814                 | -                 | 4 414        | 47 228              | 48 078             | (850)          | 101.8                                   | -                   | -                  |
| Other machinery and equipment                         | 57 558                 | -                 | 539          | 58 097              | 59 172             | (1 075)        | 101.9                                   | -                   | -                  |
| Software and other intangible assets                  | 18                     | -                 | -            | 18                  | -                  | 18             | 0.0                                     | 18                  | 132                |
| <b>Payment for financial assets</b>                   | <b>-</b>               | -                 | <b>1 638</b> | <b>1 638</b>        | <b>1 638</b>       | <b>-</b>       | <b>100.0</b>                            | <b>853</b>          | <b>853</b>         |
| <b>Total</b>  | <b>6 784 724</b>       | -                 | -            | <b>6 784 724</b>    | <b>6 767 273</b>   | <b>17 451</b>  | <b>99.7</b>                             | <b>6 042 255</b>    | <b>6 039 262</b>   |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Subprogramme: 2.1: District Management |                        |                   |                |                     |                    |              |   |                     |                    |
|--|------------------------|-------------------|----------------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification                | 2014/15                |                   |                |                     |                    |              |   | 2013/14             |                    |
|  | Adjusted Appropriation | Shifting of Funds | Virement       | Final Appropriation | Actual Expenditure | Variance     | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|  | R'000                  | R'000             | R'000          | R'000               | R'000              | R'000        | %                                       | R'000               | R'000              |
| <b>Current payments</b>                | 293 098                | -                 | (3 046)        | 290 052             | 288 584            | 1 468        | 99.5                                    | 277 628             | 260 747            |
| Compensation of employees              | 251 311                | -                 | (3 153)        | 248 158             | 248 158            | -            | 100.0                                   | 232 000             | 223 673            |
| Goods and services                     | 41 787                 | -                 | 107            | 41 894              | 40 426             | 1 468        | 96.5                                    | 45 628              | 37 074             |
| <b>Transfers and subsidies</b>         | 3 337                  | -                 | -              | 3 337               | 2 807              | 530          | 84.1                                    | 2 470               | 1 339              |
| Departmental agencies and accounts     | 7                      | -                 | -              | 7                   | 7                  | -            | 100.0                                   | 8                   | 6                  |
| Non-profit institutions                | 600                    | -                 | -              | 600                 | 111                | 489          | 18.5                                    | -                   | -                  |
| Households                             | 2 730                  | -                 | -              | 2 730               | 2 689              | 41           | 98.5                                    | 2 462               | 1 333              |
| <b>Payments for capital assets</b>     | 13 077                 | -                 | 956            | 14 033              | 14 015             | 18           | 99.9                                    | 10 907              | 11 247             |
| Machinery and equipment                | 13 059                 | -                 | 956            | 14 015              | 14 015             | -            | 100.0                                   | 10 889              | 11 247             |
| Software and other intangible assets   | 18                     | -                 | -              | 18                  | -                  | 18           | -                                       | 18                  | -                  |
| <b>Payment for financial assets</b>    | -                      | -                 | 878            | 878                 | 878                | -            | 100.0                                   | 564                 | 564                |
| <b>Total</b>                           | <b>309 512</b>         | <b>-</b>          | <b>(1 212)</b> | <b>308 300</b>      | <b>306 284</b>     | <b>2 016</b> | <b>99.3</b>                             | <b>291 569</b>      | <b>273 897</b>     |

| Subprogramme: 2.2: Community Health Clinics |                        |                   |          |                     |                    |              |   |                     |                    |
|---|------------------------|-------------------|----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification                     | 2014/15                |                   |          |                     |                    |              |   | 2013/14             |                    |
|   | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance     | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000    | R'000               | R'000              | R'000        | %                                       | R'000               | R'000              |
| <b>Current payments</b>                     | 772 563                | -                 | (2 815)  | 769 748             | 761 819            | 7 929        | 99.0                                    | 721 104             | 712 169            |
| Compensation of employees                   | 460 147                | -                 | (2 815)  | 457 332             | 448 241            | 9 091        | 98.0                                    | 425 336             | 423 899            |
| Goods and services                          | 312 416                | -                 | -        | 312 416             | 313 578            | (1 162)      | 100.4                                   | 295 768             | 288 270            |
| <b>Transfers and subsidies</b>              | 247 123                | -                 | -        | 247 123             | 246 268            | 855          | 99.7                                    | 234 165             | 230 355            |
| Provinces and municipalities                | 244 122                | -                 | -        | 244 122             | 244 122            | -            | 100.0                                   | 231 615             | 227 891            |
| Departmental agencies and accounts          | 11                     | -                 | -        | 11                  | 17                 | (6)          | 154.5                                   | 9                   | 5                  |
| Non-profit institutions                     | 1 323                  | -                 | -        | 1 323               | 1 238              | 85           | 93.6                                    | 1 312               | 964                |
| Households                                  | 1 667                  | -                 | -        | 1 667               | 891                | 776          | 53.4                                    | 1 229               | 1 495              |
| <b>Payments for capital assets</b>          | 25 694                 | -                 | 2 800    | 28 494              | 28 306             | 188          | 99.3                                    | 13 136              | 15 731             |
| Machinery and equipment                     | 25 694                 | -                 | 2 800    | 28 494              | 28 306             | 188          | 99.3                                    | 13 136              | 15 731             |
| <b>Payment for financial assets</b>         | -                      | -                 | 15       | 15                  | 15                 | -            | 100.0                                   | -                   | -                  |
| <b>Total</b>                                | <b>1 045 380</b>       | <b>-</b>          | <b>-</b> | <b>1 045 380</b>    | <b>1 036 408</b>   | <b>8 972</b> | <b>99.1</b>                             | <b>968 405</b>      | <b>958 255</b>     |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Subprogramme: 2.3: Community Health Centres |                        |                   |                 |                     |                    |              |   |                     |                    |
|---|------------------------|-------------------|-----------------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification                     | 2014/15                |                   |                 |                     |                    |              |   | 2013/14             |                    |
|   | Adjusted Appropriation | Shifting of Funds | Virement        | Final Appropriation | Actual Expenditure | Variance     | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000           | R'000               | R'000              | R'000        | %                                       | R'000               | R'000              |
| <b>Current payments</b>                     | 1 503 435              | -                 | (23 158)        | 1 480 277           | 1 475 682          | 4 595        | 99.7                                    | 1 329 807           | 1 305 473          |
| Compensation of employees                   | 853 037                | -                 | (28 946)        | 824 091             | 810 463            | 13 628       | 98.3                                    | 754 017             | 729 683            |
| Goods and services                          | 650 398                | -                 | 5 788           | 656 186             | 665 219            | (9 033)      | 101.4                                   | 575 790             | 575 790            |
| <b>Transfers and subsidies</b>              | 2 182                  | -                 | 1 329           | 3 511               | 3 601              | (90)         | 102.6                                   | 2 066               | 2 080              |
| Departmental agencies and accounts          | 11                     | -                 | -               | 11                  | 1                  | 10           | 9.1                                     | 3                   | 11                 |
| Households                                  | 2 171                  | -                 | 1 329           | 3 500               | 3 600              | (100)        | 102.9                                   | 2 063               | 2 069              |
| <b>Payments for capital assets</b>          | 17 354                 | -                 | 10              | 17 364              | 16 680             | 684          | 96.1                                    | 7 234               | 7 614              |
| Buildings and other fixed structures        | -                      | -                 | 10              | 10                  | 10                 | -            | 100.0                                   | -                   | -                  |
| Machinery and equipment                     | 17 354                 | -                 | -               | 17 354              | 16 670             | 684          | 96.1                                    | 7 234               | 7 614              |
| <b>Payment for financial assets</b>         | -                      | -                 | 368             | 368                 | 368                | -            | 100.0                                   | 181                 | 181                |
| <b>Total</b>                                | <b>1 522 971</b>       | <b>-</b>          | <b>(21 451)</b> | <b>1 501 520</b>    | <b>1 496 331</b>   | <b>5 189</b> | <b>99.7</b>                             | <b>1 339 288</b>    | <b>1 315 348</b>   |

| Subprogramme: 2.4: Community Based Services |                        |                   |           |                     |                    |              |   |                     |                    |
|---|------------------------|-------------------|-----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification                     | 2014/15                |                   |           |                     |                    |              |   | 2013/14             |                    |
|   | Adjusted Appropriation | Shifting of Funds | Virement  | Final Appropriation | Actual Expenditure | Variance     | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000     | R'000               | R'000              | R'000        | %                                       | R'000               | R'000              |
| <b>Current payments</b>                     | 43 635                 | -                 | -         | 43 635              | 45 432             | (1 797)      | 104.1                                   | 39 894              | 42 936             |
| Compensation of employees                   | 37 431                 | -                 | -         | 37 431              | 39 466             | (2 035)      | 105.4                                   | 33 091              | 37 125             |
| Goods and services                          | 6 204                  | -                 | -         | 6 204               | 5 966              | 238          | 96.2                                    | 6 803               | 5 811              |
| <b>Transfers and subsidies</b>              | 132 616                | -                 | -         | 132 616             | 128 507            | 4 109        | 96.9                                    | 125 266             | 120 387            |
| Departmental agencies and accounts          | 2                      | -                 | -         | 2                   | -                  | 2            | -                                       | 2                   | -                  |
| Non-profit institutions                     | 132 434                | -                 | -         | 132 434             | 128 400            | 4 034        | 97.0                                    | 125 021             | 120 272            |
| Households                                  | 180                    | -                 | -         | 180                 | 107                | 73           | 59.4                                    | 243                 | 115                |
| <b>Payments for capital assets</b>          | 657                    | -                 | -         | 657                 | 717                | (60)         | 109.1                                   | 288                 | 568                |
| Machinery and equipment                     | 657                    | -                 | -         | 657                 | 717                | (60)         | 109.1                                   | 288                 | 568                |
| <b>Payment for financial assets</b>         | -                      | -                 | 15        | 15                  | 15                 | -            | 100.0                                   | -                   | -                  |
| <b>Total</b>                                | <b>176 908</b>         | <b>-</b>          | <b>15</b> | <b>176 923</b>      | <b>174 671</b>     | <b>2 252</b> | <b>98.7</b>                             | <b>165 448</b>      | <b>163 891</b>     |

| Subprogramme: 2.5: Other Community Services |                        |                   |          |                     |                    |          |   |                     |                    |
|---|------------------------|-------------------|----------|---------------------|--------------------|----------|---|---------------------|--------------------|
| Economic classification                     | 2014/15                |                   |          |                     |                    |          |   | 2013/14             |                    |
|   | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000    | R'000               | R'000              | R'000    | %                                       | R'000               | R'000              |
| <b>Current payments</b>                     | 1                      | -                 | -        | 1                   | -                  | 1        | -                                       | 1                   | -                  |
| Goods and services                          | 1                      | -                 | -        | 1                   | -                  | 1        | -                                       | 1                   | -                  |
| <b>Total</b>                                | <b>1</b>               | <b>-</b>          | <b>-</b> | <b>1</b>            | <b>-</b>           | <b>1</b> | <b>-</b>                                | <b>1</b>            | <b>-</b>           |

**WESTERN CAPE GOVERNMENT HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| <b>Subprogramme: 2.6: HIV and Aids</b> |                        |                   |          |                     |                    |          |   |                     |                    |
|--|------------------------|-------------------|----------|---------------------|--------------------|----------|---|---------------------|--------------------|
|  | 2014/15                |                   |          |                     |                    |          |   | 2013/14             |                    |
|  | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|  | R'000                  | R'000             | R'000    | R'000               | R'000              | R'000    | %                                       | R'000               | R'000              |
| <b>Economic classification</b>         |                        |                   |          |                     |                    |          |   |                     |                    |
| <b>Current payments</b>                | 818 362                | -                 | -        | 818 362             | 822 298            | (3 936)  | 100.5                                   | 695 795             | 699 481            |
| Compensation of employees              | 408 118                | -                 | -        | 408 118             | 400 192            | 7 926    | 98.1                                    | 368 570             | 355 425            |
| Goods and services                     | 410 244                | -                 | -        | 410 244             | 422 106            | (11 862) | 102.9                                   | 327 225             | 344 056            |
| <b>Transfers and subsidies</b>         | 262 949                | -                 | -        | 262 949             | 258 720            | 4 229    | 98.4                                    | 227 972             | 225 530            |
| Provinces and municipalities           | 109 589                | -                 | -        | 109 589             | 109 589            | -        | 100.0                                   | 87 394              | 87 394             |
| Non-profit institutions                | 153 360                | -                 | -        | 153 360             | 148 274            | 5 086    | 96.7                                    | 140 578             | 137 599            |
| Households                             | -                      | -                 | -        | -                   | 857                | (857)    | -                                       | -                   | 537                |
| <b>Payments for capital assets</b>     | 1 483                  | -                 | -        | 1 483               | 1 774              | (291)    | 119.6                                   | 3 780               | 2 536              |
| Machinery and equipment                | 1 483                  | -                 | -        | 1 483               | 1 774              | (291)    | 119.6                                   | 3 780               | 2 536              |
| <b>Total</b>                           | <b>1 082 794</b>       | <b>-</b>          | <b>-</b> | <b>1 082 794</b>    | <b>1 082 792</b>   | <b>2</b> | <b>100.0</b>                            | <b>927 547</b>      | <b>927 547</b>     |

| <b>Subprogramme: 2.7: Nutrition</b> |                        |                   |          |                     |                    |              |   |                     |                    |
|-------------------------------------|------------------------|-------------------|----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
|                                     | 2014/15                |                   |          |                     |                    |              |   | 2013/14             |                    |
|                                     | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance     | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|                                     | R'000                  | R'000             | R'000    | R'000               | R'000              | R'000        | %                                       | R'000               | R'000              |
| <b>Economic classification</b>      |                        |                   |          |                     |                    |              |   |                     |                    |
| <b>Current payments</b>             | 30 355                 | -                 | -        | 30 355              | 29 531             | 824          | 97.3                                    | 25 848              | 28 769             |
| Compensation of employees           | 6 970                  | -                 | -        | 6 970               | 7 208              | (238)        | 103.4                                   | 5 925               | 6 136              |
| Goods and services                  | 23 385                 | -                 | -        | 23 385              | 22 323             | 1 062        | 95.5                                    | 19 923              | 22 633             |
| <b>Transfers and subsidies</b>      | 7 135                  | -                 | -        | 7 135               | 6 675              | 460          | 93.6                                    | 6 528               | 6 832              |
| Provinces and municipalities        | 4 636                  | -                 | -        | 4 636               | 4 503              | 133          | 97.1                                    | 4 400               | 4 400              |
| Non-profit institutions             | 2 499                  | -                 | -        | 2 499               | 2 172              | 327          | 86.9                                    | 2 128               | 2 432              |
| <b>Payments for capital assets</b>  | 17                     | -                 | -        | 17                  | 17                 | -            | 100.0                                   | -                   | 5                  |
| Machinery and equipment             | 17                     | -                 | -        | 17                  | 17                 | -            | 100.0                                   | -                   | 5                  |
| <b>Total</b>                        | <b>37 507</b>          | <b>-</b>          | <b>-</b> | <b>37 507</b>       | <b>36 223</b>      | <b>1 284</b> | <b>96.6</b>                             | <b>32 376</b>       | <b>35 606</b>      |

| <b>Subprogramme: 2.8: Coroner Services</b> |                        |                   |          |                     |                    |          |   |                     |                    |
|--|------------------------|-------------------|----------|---------------------|--------------------|----------|---|---------------------|--------------------|
|  | 2014/15                |                   |          |                     |                    |          |   | 2013/14             |                    |
|  | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|  | R'000                  | R'000             | R'000    | R'000               | R'000              | R'000    | %                                       | R'000               | R'000              |
| <b>Economic classification</b>             |                        |                   |          |                     |                    |          |   |                     |                    |
| <b>Current payments</b>                    | 1                      | -                 | -        | 1                   | -                  | 1        | -                                       | 1                   | -                  |
| Goods and services                         | 1                      | -                 | -        | 1                   | -                  | 1        | -                                       | 1                   | -                  |
| <b>Total</b>                               | <b>1</b>               | <b>-</b>          | <b>-</b> | <b>1</b>            | <b>-</b>           | <b>1</b> | <b>-</b>                                | <b>1</b>            | <b>-</b>           |

WESTERN CAPE GOVERNMENT HEALTH  
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APPROPRIATION STATEMENT  
for the year ended 31 March 2015

| Subprogramme: 2.9: District Hospitals |                        |                   |               |                     |                    |                |   |                     |                    |
|---------------------------------------|------------------------|-------------------|---------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| Economic classification               | 2014/15                |                   |               |                     |                    |                |   | 2013/14             |                    |
|                                       | Adjusted Appropriation | Shifting of Funds | Virement      | Final Appropriation | Actual Expenditure | Variance       | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|                                       | R'000                  | R'000             | R'000         | R'000               | R'000              | R'000          | %                                       | R'000               | R'000              |
| <b>Current payments</b>               | 2 431 882              | -                 | 19 686        | 2 451 568           | 2 456 334          | (4 766)        | 100.2                                   | 2 135 950           | 2 184 768          |
| Compensation of employees             | 1 680 646              | -                 | (10 263)      | 1 670 383           | 1 658 153          | 12 230         | 99.3                                    | 1 442 698           | 1 465 627          |
| Goods and services                    | 751 236                | -                 | 29 949        | 781 185             | 798 181            | (16 996)       | 102.2                                   | 693 252             | 719 141            |
| <b>Transfers and subsidies</b>        | 8 588                  | -                 | 1 403         | 9 991               | 9 994              | (3)            | 100.0                                   | 5 862               | 6 607              |
| Departmental agencies and accounts    | 90                     | -                 | 26            | 116                 | 119                | (3)            | 102.6                                   | 80                  | 80                 |
| Non-profit institutions               | 1 250                  | -                 | -             | 1 250               | 1 250              | -              | 100.0                                   | -                   | -                  |
| Households                            | 7 248                  | -                 | 1 377         | 8 625               | 8 625              | -              | 100.0                                   | 5 782               | 6 527              |
| <b>Payments for capital assets</b>    | 42 108                 | -                 | 1 197         | 43 305              | 45 751             | (2 446)        | 105.6                                   | 20 695              | 19 256             |
| Machinery and equipment               | 42 108                 | -                 | 1 197         | 43 305              | 45 751             | (2 446)        | 105.6                                   | 20 695              | 19 124             |
| Software and other intangible assets  | -                      | -                 | -             | -                   | -                  | -              | -                                       | -                   | 132                |
| <b>Payment for financial assets</b>   | -                      | -                 | 362           | 362                 | 362                | -              | 100.0                                   | 108                 | 108                |
| <b>Total</b>                          | <b>2 482 578</b>       | <b>-</b>          | <b>22 648</b> | <b>2 505 226</b>    | <b>2 512 441</b>   | <b>(7 215)</b> | <b>100.3</b>                            | <b>2 162 615</b>    | <b>2 210 739</b>   |

| Subprogramme: 2.10: Global Fund      |                        |                   |          |                     |                    |              |   |                     |                    |
|--------------------------------------|------------------------|-------------------|----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification              | 2014/15                |                   |          |                     |                    |              |   | 2013/14             |                    |
|                                      | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance     | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|                                      | R'000                  | R'000             | R'000    | R'000               | R'000              | R'000        | %                                       | R'000               | R'000              |
| <b>Current payments</b>              | 64 550                 | -                 | (24)     | 64 526              | 61 364             | 3 162        | 95.1                                    | 81 192              | 81 100             |
| Compensation of employees            | 42 821                 | -                 | (24)     | 42 797              | 42 539             | 258          | 99.4                                    | 53 307              | 53 215             |
| Goods and services                   | 21 729                 | -                 | -        | 21 729              | 18 825             | 2 904        | 86.6                                    | 27 885              | 27 885             |
| <b>Transfers and subsidies</b>       | 62 522                 | -                 | 24       | 62 546              | 60 759             | 1 787        | 97.1                                    | 57 236              | 56 300             |
| Provinces and municipalities         | 38 994                 | -                 | -        | 38 994              | 38 245             | 749          | 98.1                                    | 35 866              | 34 840             |
| Non-profit institutions              | 23 528                 | -                 | -        | 23 528              | 22 490             | 1 038        | 95.6                                    | 21 370              | 21 369             |
| Households                           | -                      | -                 | 24       | 24                  | 24                 | -            | 100.0                                   | -                   | 91                 |
| <b>Payments for capital assets</b>   | -                      | -                 | -        | -                   | -                  | -            | -                                       | 16 577              | 16 579             |
| Buildings and other fixed structures | -                      | -                 | -        | -                   | -                  | -            | -                                       | 16 540              | 16 543             |
| Machinery and equipment              | -                      | -                 | -        | -                   | -                  | -            | -                                       | 37                  | 36                 |
| <b>Total</b>                         | <b>127 072</b>         | <b>-</b>          | <b>-</b> | <b>127 072</b>      | <b>122 123</b>     | <b>4 949</b> | <b>96.1</b>                             | <b>155 005</b>      | <b>153 979</b>     |

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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| <b>Programme 3: Emergency Medical Services</b> |                        |                   |              |                     |                    |          |   |                     |                    |
|--|------------------------|-------------------|--------------|---------------------|--------------------|----------|---|---------------------|--------------------|
|  | 2014/15                |                   |              |                     |                    |          |   | 2013/14             |                    |
|  | 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                         | 805 866                | -                 | 5 778        | 811 644             | 812 615            | (971)    | 100.1                                   | 756 822             | 755 571            |
| 2. Planned Patient Transport                   | 69 498                 | -                 | (489)        | 69 009              | 68 038             | 971      | 98.6                                    | 62 926              | 64 177             |
| <b>Total</b>                                   | <b>875 364</b>         | <b>-</b>          | <b>5 289</b> | <b>880 653</b>      | <b>880 653</b>     | <b>-</b> | <b>100.00</b>                           | <b>819 748</b>      | <b>819 748</b>     |

|   | 2014/15                |                   |                |                     |                    |                |   | 2013/14             |                    |
|---|------------------------|-------------------|----------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
|   | Adjusted Appropriation | Shifting of Funds | Virement       | Final Appropriation | Actual Expenditure | Variance       | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000          | R'000               | R'000              | R'000          | %                                       | R'000               | R'000              |
| <b>Programme 3 per Economic classification</b>        |                        |                   |                |                     |                    |                |   |                     |                    |
| <b>Current payments</b>                               | <b>760 394</b>         | <b>-</b>          | <b>(3 363)</b> | <b>757 031</b>      | <b>754 826</b>     | <b>2 205</b>   | <b>99.7</b>                             | <b>723 577</b>      | <b>722 184</b>     |
| Compensation of employees                             | 510 829                | -                 | (2 068)        | 508 761             | 507 873            | 888            | 99.8                                    | 487 212             | 486 359            |
| Salaries and wages                                    | 436 933                | -                 | -              | 436 933             | 436 680            | 253            | 99.9                                    | -                   | -                  |
| Social contributions                                  | 73 896                 | -                 | (2 068)        | 71 828              | 71 193             | 635            | 99.1                                    | -                   | -                  |
| Goods and services                                    | 249 565                | -                 | (1 295)        | 248 270             | 246 953            | 1 317          | 99.5                                    | 236 365             | 235 825            |
| Minor assets  | 1 466                  | -                 | 428            | 1 894               | 1 894              | -              | 100.0                                   | -                   | -                  |
| Catering: Departmental activities                     | 252                    | -                 | -              | 252                 | 8                  | 244            | 3.2                                     | -                   | -                  |
| Communication (G&S)                                   | 8 067                  | -                 | (1 561)        | 6 506               | 6 421              | 85             | 98.7                                    | -                   | -                  |
| Computer services                                     | 52                     | -                 | -              | 52                  | 1                  | 51             | 1.9                                     | -                   | -                  |
| Consultants: Business and advisory services           | 164                    | -                 | -              | 164                 | 77                 | 87             | 47.0                                    | -                   | -                  |
| Contractors   | 83 167                 | -                 | 6 390          | 89 557              | 89 557             | -              | 100.0                                   | -                   | -                  |
| Agency and support / outsourced services              | 661                    | -                 | -              | 661                 | 411                | 250            | 62.2                                    | -                   | -                  |
| Entertainment   | 5                      | -                 | -              | 5                   | 4                  | 1              | 80.0                                    | -                   | -                  |
| Fleet services (including government motor transport) | 114 798                | -                 | (3 361)        | 111 437             | 111 437            | -              | 100.0                                   | -                   | -                  |
| Inventory: Materials and supplies                     | 1 083                  | -                 | 251            | 1 334               | 1 334              | -              | 100.0                                   | -                   | -                  |
| Inventory: Medical supplies                           | 9 000                  | -                 | (465)          | 8 535               | 8 365              | 170            | 98.0                                    | -                   | -                  |
| Inventory: Medicine                                   | 530                    | -                 | -              | 530                 | 512                | 18             | 96.6                                    | -                   | -                  |
| Consumable supplies                                   | 16 913                 | -                 | (4 815)        | 12 098              | 11 938             | 160            | 98.7                                    | -                   | -                  |
| Consumable: Stationery, printing and office supplies  | 1 544                  | -                 | 960            | 2 504               | 2 504              | -              | 100.0                                   | -                   | -                  |
| Operating leases                                      | 2 564                  | -                 | 563            | 3 127               | 3 118              | 9              | 99.7                                    | -                   | -                  |
| Property payments                                     | 6 479                  | -                 | 29             | 6 508               | 6 508              | -              | 100.0                                   | -                   | -                  |
| Travel and subsistence                                | 1 872                  | -                 | 266            | 2 138               | 2 138              | -              | 100.0                                   | -                   | -                  |
| Training and development                              | 828                    | -                 | -              | 828                 | 639                | 189            | 77.2                                    | -                   | -                  |
| Operating payments                                    | 57                     | -                 | 15             | 72                  | 72                 | -              | 100.0                                   | -                   | -                  |
| Venues and facilities                                 | 63                     | -                 | -              | 63                  | 10                 | 53             | 15.9                                    | -                   | -                  |
| Rental and hiring                                     | -                      | -                 | 5              | 5                   | 5                  | -              | 100.0                                   | -                   | -                  |
| <b>Transfers and subsidies</b>                        | <b>50 013</b>          | <b>-</b>          | <b>380</b>     | <b>50 393</b>       | <b>48 171</b>      | <b>2 222</b>   | <b>95.6</b>                             | <b>42 087</b>       | <b>42 106</b>      |
| Departmental agencies and accounts                    | 12                     | -                 | 3              | 15                  | 15                 | -              | 100.0                                   | 12                  | 12                 |
| Departmental agencies (non-business entities)         | 12                     | -                 | 3              | 15                  | 15                 | -              | 100.0                                   | -                   | -                  |
| Non-profit institutions                               | 49 449                 | -                 | -              | 49 449              | 47 227             | 2 222          | 95.5                                    | 41 728              | 41 728             |
| Households  | 552                    | -                 | 377            | 929                 | 929                | -              | 100.0                                   | 347                 | 366                |
| Social benefits                                       | 552                    | -                 | 326            | 878                 | 878                | -              | 100.0                                   | -                   | -                  |
| Other transfers to households                         | -                      | -                 | 51             | 51                  | 51                 | -              | 100.0                                   | -                   | -                  |
| <b>Payments for capital assets</b>                    | <b>64 957</b>          | <b>-</b>          | <b>6 584</b>   | <b>71 541</b>       | <b>75 968</b>      | <b>(4 427)</b> | <b>106.2</b>                            | <b>52 963</b>       | <b>54 337</b>      |
| Machinery and equipment                               | 64 957                 | -                 | 6 584          | 71 541              | 75 968             | (4 427)        | 106.2                                   | 52 963              | 54 337             |
| Transport equipment                                   | 54 029                 | -                 | 6 584          | 60 613              | 66 890             | (6 277)        | 110.4                                   | -                   | -                  |
| Other machinery and equipment                         | 10 928                 | -                 | -              | 10 928              | 9 078              | 1 850          | 83.1                                    | -                   | -                  |
| <b>Payment for financial assets</b>                   | <b>-</b>               | <b>-</b>          | <b>1 688</b>   | <b>1 688</b>        | <b>1 688</b>       | <b>-</b>       | <b>100.0</b>                            | <b>1 121</b>        | <b>1 121</b>       |
| <b>Total</b>  | <b>875 364</b>         | <b>-</b>          | <b>5 289</b>   | <b>880 653</b>      | <b>880 653</b>     | <b>-</b>       | <b>100.0</b>                            | <b>819 748</b>      | <b>819 748</b>     |



**WESTERN CAPE GOVERNMENT HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| <b>Subprogramme: 3.1: Emergency Transport</b> |                        |                   |              |                     |                    |              |   |                     |                    |
|---|------------------------|-------------------|--------------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification                       | 2014/15                |                   |              |                     |                    |              |   | 2013/14             |                    |
|   | Adjusted Appropriation | Shifting of Funds | Virement     | Final Appropriation | Actual Expenditure | Variance     | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000        | R'000               | R'000              | R'000        | %                                       | R'000               | R'000              |
| <b>Current payments</b>                       | 698 778                | -                 | (1 541)      | 697 237             | 696 003            | 1 234        | 99.8                                    | 668 342             | 665 577            |
| Compensation of employees                     | 487 400                | -                 | (2 030)      | 485 370             | 485 289            | 81           | 100.0                                   | 464 943             | 464 616            |
| Goods and services                            | 211 378                | -                 | 489          | 211 867             | 210 714            | 1 153        | 99.5                                    | 203 399             | 200 961            |
| <b>Transfers and subsidies</b>                | 49 965                 | -                 | 342          | 50 307              | 48 085             | 2 222        | 95.6                                    | 42 044              | 42 087             |
| Departmental agencies and accounts            | 12                     | -                 | 3            | 15                  | 15                 | -            | 100.0                                   | 12                  | 12                 |
| Non-profit institutions                       | 49 449                 | -                 | -            | 49 449              | 47 227             | 2 222        | 95.5                                    | 41 728              | 41 728             |
| Households                                    | 504                    | -                 | 339          | 843                 | 843                | -            | 100.0                                   | 304                 | 347                |
| <b>Payments for capital assets</b>            | 57 123                 | -                 | 5 289        | 62 412              | 66 839             | (4 427)      | 107.1                                   | 45 315              | 46 786             |
| Machinery and equipment                       | 57 123                 | -                 | 5 289        | 62 412              | 66 839             | (4 427)      | 107.1                                   | 45 315              | 46 786             |
| <b>Payment for financial assets</b>           | -                      | -                 | 1 688        | 1 688               | 1 688              | -            | 100.0                                   | 1 121               | 1 121              |
| <b>Total</b>                                  | <b>805 866</b>         | <b>-</b>          | <b>5 778</b> | <b>811 644</b>      | <b>812 615</b>     | <b>(971)</b> | <b>100.1</b>                            | <b>756 822</b>      | <b>755 571</b>     |

| <b>Subprogramme: 3.2: Planned Patient Transport</b> |                        |                   |              |                     |                    |            |   |                     |                    |
|---|------------------------|-------------------|--------------|---------------------|--------------------|------------|---|---------------------|--------------------|
| Economic classification                             | 2014/15                |                   |              |                     |                    |            |   | 2013/14             |                    |
|   | Adjusted Appropriation | Shifting of Funds | Virement     | Final Appropriation | Actual Expenditure | Variance   | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000        | R'000               | R'000              | R'000      | %                                       | R'000               | R'000              |
| <b>Current payments</b>                             | 61 616                 | -                 | (1 822)      | 59 794              | 58 823             | 971        | 98.4                                    | 55 235              | 56 607             |
| Compensation of employees                           | 23 429                 | -                 | (38)         | 23 391              | 22 584             | 807        | 96.5                                    | 22 269              | 21 743             |
| Goods and services                                  | 38 187                 | -                 | (1 784)      | 36 403              | 36 239             | 164        | 99.5                                    | 32 966              | 34 864             |
| <b>Transfers and subsidies</b>                      | 48                     | -                 | 38           | 86                  | 86                 | -          | 100.0                                   | 43                  | 19                 |
| Households  | 48                     | -                 | 38           | 86                  | 86                 | -          | 100.0                                   | 43                  | 19                 |
| <b>Payments for capital assets</b>                  | 7 834                  | -                 | 1 295        | 9 129               | 9 129              | -          | 100.0                                   | 7 648               | 7 551              |
| Machinery and equipment                             | 7 834                  | -                 | 1 295        | 9 129               | 9 129              | -          | 100.0                                   | 7 648               | 7 551              |
| <b>Total</b>  | <b>69 498</b>          | <b>-</b>          | <b>(489)</b> | <b>69 009</b>       | <b>68 038</b>      | <b>971</b> | <b>98.6</b>                             | <b>62 926</b>       | <b>64 177</b>      |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| <b>Programme 4: Provincial Hospital Services</b> |                        |                   |                |                     |                    |           |   |                     |                    |
|--|------------------------|-------------------|----------------|---------------------|--------------------|-----------|---|---------------------|--------------------|
| Sub programme                                    | 2014/15                |                   |                |                     |                    |           |   | 2013/14             |                    |
|  | 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              |
| 1. General Hospitals                             | 1 482 563              | -                 | 4 409          | 1 486 972           | 1 492 758          | (5 786)   | 100.4                                   | 1 336 786           | 1 336 141          |
| 2. Tuberculosis Hospitals                        | 243 140                | -                 | 5 606          | 248 746             | 249 138            | (392)     | 100.2                                   | 223 809             | 225 222            |
| 3. Psychiatric/Mental Hospitals                  | 721 655                | -                 | (15 771)       | 705 884             | 700 868            | 5 016     | 99.3                                    | 664 819             | 668 413            |
| 4. Chronic Medical Hospitals                     | 156 579                | -                 | 3 502          | 160 081             | 160 155            | (74)      | 100.0                                   | 150 147             | 150 328            |
| 5. Dental Training Hospitals                     | 133 330                | -                 | (6 201)        | 127 129             | 125 814            | 1 315     | 99.0                                    | 124 578             | 119 784            |
| <b>Total</b>                                     | <b>2 737 267</b>       | <b>-</b>          | <b>(8 455)</b> | <b>2 728 812</b>    | <b>2 728 733</b>   | <b>79</b> | <b>100.0</b>                            | <b>2 500 139</b>    | <b>2 499 888</b>   |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Programme 4: Provincial Hospital Services             |                        |                   |                |                     |                    |           |   |                     |                    |
|---|------------------------|-------------------|----------------|---------------------|--------------------|-----------|---|---------------------|--------------------|
| Programme 4 per Economic classification               | 2014/15                |                   |                |                     |                    |           |   | 2013/14             |                    |
|   | Adjusted Appropriation | Shifting of Funds | Virement       | Final Appropriation | Actual Expenditure | Variance  | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000          | R'000               | R'000              | R'000     | %                                       | R'000               | R'000              |
| <b>Current payments</b>                               | 2 688 403              | -                 | (16 236)       | 2 672 167           | 2 670 960          | 1 207     | 100.0                                   | 2 458 053           | 2 462 997          |
| Compensation of employees                             | 1 962 049              | -                 | (17 354)       | 1 944 695           | 1 943 488          | 1 207     | 99.9                                    | 1 794 002           | 1 791 500          |
| Salaries and wages                                    | 1 736 320              | -                 | (11 189)       | 1 725 131           | 1 724 937          | 194       | 100.0                                   | -                   | -                  |
| Social contributions                                  | 225 729                | -                 | (6 165)        | 219 564             | 218 551            | 1 013     | 99.5                                    | -                   | -                  |
| Goods and services                                    | 726 354                | -                 | 1 118          | 727 472             | 727 472            | -         | 100.0                                   | 664 051             | 671 497            |
| Administrative fees                                   | 47                     | -                 | -              | 47                  | 5                  | 42        | 10.6                                    | -                   | -                  |
| Advertising   | 48                     | -                 | -              | 48                  | 35                 | 13        | 72.9                                    | -                   | -                  |
| Minor assets  | 7 874                  | -                 | 2 119          | 9 993               | 9 993              | -         | 100.0                                   | -                   | -                  |
| Catering: Departmental activities                     | 371                    | -                 | -              | 371                 | 203                | 168       | 54.7                                    | -                   | -                  |
| Communication (G&S)                                   | 15 203                 | -                 | 1 153          | 16 356              | 16 356             | -         | 100.0                                   | -                   | -                  |
| Computer services                                     | 1 073                  | -                 | -              | 1 073               | 1 675              | (602)     | 156.1                                   | -                   | -                  |
| Consultants: Business and advisory services           | 55 142                 | -                 | -              | 55 142              | 54 477             | 665       | 98.8                                    | -                   | -                  |
| Laboratory services                                   | 65 991                 | -                 | -              | 65 991              | 63 186             | 2 805     | 95.7                                    | -                   | -                  |
| Legal services  | 11                     | -                 | -              | 11                  | -                  | 11        | -                                       | -                   | -                  |
| Contractors   | 25 404                 | -                 | -              | 25 404              | 21 622             | 3 782     | 85.1                                    | -                   | -                  |
| Agency and support / outsourced services              | 60 518                 | -                 | -              | 60 518              | 57 484             | 3 034     | 95.0                                    | -                   | -                  |
| Entertainment   | 7                      | -                 | -              | 7                   | 1                  | 6         | 14.3                                    | -                   | -                  |
| Fleet services (including government motor transport) | 5 035                  | -                 | 79             | 5 114               | 5 114              | -         | 100.0                                   | -                   | -                  |
| Inventory: Food and food supplies                     | 4 298                  | -                 | -              | 4 298               | 3 961              | 337       | 92.2                                    | -                   | -                  |
| Inventory: Materials and supplies                     | 5 660                  | -                 | 656            | 6 316               | 7 699              | (1 383)   | 121.9                                   | -                   | -                  |
| Inventory: Medical supplies                           | 175 402                | -                 | 455            | 175 857             | 185 294            | (9 437)   | 105.4                                   | -                   | -                  |
| Inventory: Medicine                                   | 57 124                 | -                 | 2 977          | 60 101              | 60 101             | -         | 100.0                                   | -                   | -                  |
| Inventory: Other supplies                             | 3 306                  | -                 | -              | 3 306               | 3 149              | 157       | 95.3                                    | -                   | -                  |
| Consumable supplies                                   | 63 432                 | -                 | 5 359          | 68 791              | 68 791             | -         | 100.0                                   | -                   | -                  |
| Consumable: Stationery, printing and office supplies  | 9 488                  | -                 | -              | 9 488               | 13 295             | (3 807)   | 140.1                                   | -                   | -                  |
| Operating leases                                      | 3 963                  | -                 | 10             | 3 973               | 3 973              | -         | 100.0                                   | -                   | -                  |
| Property payments                                     | 156 184                | -                 | (12 178)       | 144 006             | 141 667            | 2 339     | 98.4                                    | -                   | -                  |
| Transport provided: Departmental activity             | 1 158                  | -                 | -              | 1 158               | 786                | 372       | 67.9                                    | -                   | -                  |
| Travel and subsistence                                | 3 772                  | -                 | 62             | 3 834               | 3 834              | -         | 100.0                                   | -                   | -                  |
| Training and development                              | 4 231                  | -                 | -              | 4 231               | 2 761              | 1 470     | 65.3                                    | -                   | -                  |
| Operating payments                                    | 966                    | -                 | 420            | 1 386               | 1 386              | -         | 100.0                                   | -                   | -                  |
| Venues and facilities                                 | 6                      | -                 | 6              | 12                  | 12                 | -         | 100.0                                   | -                   | -                  |
| Rental and hiring                                     | 640                    | -                 | -              | 640                 | 612                | 28        | 95.6                                    | -                   | -                  |
| <b>Transfers and subsidies</b>                        | 10 378                 | -                 | 3 597          | 13 975              | 13 969             | 6         | 100.0                                   | 6 882               | 7 705              |
| Departmental agencies and accounts                    | 63                     | -                 | -              | 63                  | 57                 | 6         | 90.5                                    | 55                  | 55                 |
| Departmental agencies (non-business entities)         | 63                     | -                 | -              | 63                  | 57                 | 6         | 90.5                                    | -                   | -                  |
| Non-profit institutions                               | 2 000                  | -                 | -              | 2 000               | 2 000              | -         | 100.0                                   | -                   | -                  |
| Households  | 8 315                  | -                 | 3 597          | 11 912              | 11 912             | -         | 100.0                                   | 6 827               | 7 650              |
| Social benefits                                       | 8 315                  | -                 | 3 119          | 11 434              | 11 434             | -         | 100.0                                   | -                   | -                  |
| Other transfers to households                         | -                      | -                 | 478            | 478                 | 478                | -         | 100.0                                   | -                   | -                  |
| <b>Payments for capital assets</b>                    | 38 486                 | -                 | 1 531          | 40 017              | 41 151             | (1 134)   | 102.8                                   | 34 933              | 28 915             |
| Machinery and equipment                               | 38 481                 | -                 | 1 530          | 40 011              | 41 145             | (1 134)   | 102.8                                   | 34 933              | 28 884             |
| Transport equipment                                   | 8 099                  | -                 | 539            | 8 638               | 9 268              | (630)     | 107.3                                   | -                   | -                  |
| Other machinery and equipment                         | 30 382                 | -                 | 991            | 31 373              | 31 877             | (504)     | 101.6                                   | -                   | -                  |
| Software and other intangible assets                  | 5                      | -                 | 1              | 6                   | 6                  | -         | 100.0                                   | -                   | 31                 |
| <b>Payment for financial assets</b>                   | -                      | -                 | 2 653          | 2 653               | 2 653              | -         | 100.0                                   | 271                 | 271                |
| <b>Total</b>  | <b>2 737 267</b>       | <b>-</b>          | <b>(8 455)</b> | <b>2 728 812</b>    | <b>2 728 733</b>   | <b>79</b> | <b>100.0</b>                            | <b>2 500 139</b>    | <b>2 499 888</b>   |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Subprogramme: 4.1: General Hospitals |                        |                   |              |                     |                    |                |   |                     |                    |
|--------------------------------------|------------------------|-------------------|--------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| Economic classification              | 2014/15                |                   |              |                     |                    |                |   | 2013/14             |                    |
|                                      | Adjusted Appropriation | Shifting of Funds | Virement     | Final Appropriation | Actual Expenditure | Variance       | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|                                      | R'000                  | R'000             | R'000        | R'000               | R'000              | R'000          | %                                       | R'000               | R'000              |
| <b>Current payments</b>              | 1 454 844              | -                 | 1 467        | 1 456 311           | 1 460 354          | (4 043)        | 100.3                                   | 1 316 805           | 1 320 737          |
| Compensation of employees            | 1 032 620              | -                 | (3 367)      | 1 029 253           | 1 028 219          | 1 034          | 99.9                                    | 932 799             | 931 285            |
| Goods and services                   | 422 224                | -                 | 4 834        | 427 058             | 432 135            | (5 077)        | 101.2                                   | 384 006             | 389 452            |
| <b>Transfers and subsidies</b>       | 3 434                  | -                 | 523          | 3 957               | 3 957              | -              | 100.0                                   | 2 866               | 3 325              |
| Departmental agencies and accounts   | 18                     | -                 | -            | 18                  | 18                 | -              | 100.0                                   | 18                  | 11                 |
| Households                           | 3 416                  | -                 | 523          | 3 939               | 3 939              | -              | 100.0                                   | 2 848               | 3 314              |
| <b>Payments for capital assets</b>   | 24 285                 | -                 | -            | 24 285              | 26 028             | (1 743)        | 107.2                                   | 16 966              | 11 930             |
| Machinery and equipment              | 24 285                 | -                 | -            | 24 285              | 26 028             | (1 743)        | 107.2                                   | 16 966              | 11 904             |
| Software and other intangible assets | -                      | -                 | -            | -                   | -                  | -              | -                                       | -                   | 26                 |
| <b>Payment for financial assets</b>  | -                      | -                 | 2 419        | 2 419               | 2 419              | -              | 100.0                                   | 149                 | 149                |
| <b>Total</b>                         | <b>1 482 563</b>       | <b>-</b>          | <b>4 409</b> | <b>1 486 972</b>    | <b>1 492 758</b>   | <b>(5 786)</b> | <b>100.4</b>                            | <b>1 336 786</b>    | <b>1 336 141</b>   |

| Subprogramme: 4.2: Tuberculosis Hospitals |                        |                   |              |                     |                    |              |   |                     |                    |
|---|------------------------|-------------------|--------------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification                   | 2014/15                |                   |              |                     |                    |              |   | 2013/14             |                    |
|   | Adjusted Appropriation | Shifting of Funds | Virement     | Final Appropriation | Actual Expenditure | Variance     | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000        | R'000               | R'000              | R'000        | %                                       | R'000               | R'000              |
| <b>Current payments</b>                   | 239 403                | -                 | 4 193        | 243 596             | 243 596            | -            | 100.0                                   | 220 267             | 222 027            |
| Compensation of employees                 | 162 562                | -                 | 1 226        | 163 788             | 163 788            | -            | 100.0                                   | 149 307             | 150 348            |
| Goods and services                        | 76 841                 | -                 | 2 967        | 79 808              | 79 808             | -            | 100.0                                   | 70 960              | 71 679             |
| <b>Transfers and subsidies</b>            | 583                    | -                 | 1 411        | 1 994               | 1 982              | 12           | 99.4                                    | 627                 | 527                |
| Departmental agencies and accounts        | 26                     | -                 | -            | 26                  | 14                 | 12           | 53.8                                    | 25                  | 25                 |
| Households                                | 557                    | -                 | 1 411        | 1 968               | 1 968              | -            | 100.0                                   | 602                 | 502                |
| <b>Payments for capital assets</b>        | 3 154                  | -                 | -            | 3 154               | 3 558              | (404)        | 112.8                                   | 2 914               | 2 667              |
| Machinery and equipment                   | 3 154                  | -                 | -            | 3 154               | 3 558              | (404)        | 112.8                                   | 2 914               | 2 667              |
| <b>Payment for financial assets</b>       | -                      | -                 | 2            | 2                   | 2                  | -            | 100.0                                   | 1                   | 1                  |
| <b>Total</b>                              | <b>243 140</b>         | <b>-</b>          | <b>5 606</b> | <b>248 746</b>      | <b>249 138</b>     | <b>(392)</b> | <b>100.2</b>                            | <b>223 809</b>      | <b>225 222</b>     |

WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6

APPROPRIATION STATEMENT  
for the year ended 31 March 2015

| Subprogramme: 4.3: Psychiatric/Mental Hospitals |                        |                   |                 |                     |                    |              |   |                     |                    |
|---|------------------------|-------------------|-----------------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification                         | 2014/15                |                   |                 |                     |                    |              |   | 2013/14             |                    |
|   | Adjusted Appropriation | Shifting of Funds | Virement        | Final Appropriation | Actual Expenditure | Variance     | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000           | R'000               | R'000              | R'000        | %                                       | R'000               | R'000              |
| <b>Current payments</b>                         | 709 030                | -                 | (18 454)        | 690 576             | 685 343            | 5 233        | 99.2                                    | 653 723             | 656 279            |
| Compensation of employees                       | 576 108                | -                 | (10 808)        | 565 300             | 565 144            | 156          | 100.0                                   | 534 100             | 534 522            |
| Goods and services                              | 132 922                | -                 | (7 646)         | 125 276             | 120 199            | 5 077        | 95.9                                    | 119 623             | 121 757            |
| <b>Transfers and subsidies</b>                  | 5 795                  | -                 | 919             | 6 714               | 6 719              | (5)          | 100.1                                   | 2 133               | 3 804              |
| Departmental agencies and accounts              | 18                     | -                 | -               | 18                  | 23                 | (5)          | 127.8                                   | 12                  | 18                 |
| Non-profit institutions                         | 2 000                  | -                 | -               | 2 000               | 2 000              | -            | 100.0                                   | -                   | -                  |
| Households                                      | 3 777                  | -                 | 919             | 4 696               | 4 696              | -            | 100.0                                   | 2 121               | 3 786              |
| <b>Payments for capital assets</b>              | 6 830                  | -                 | 1 536           | 8 366               | 8 578              | (212)        | 102.5                                   | 8 851               | 8 218              |
| Machinery and equipment                         | 6 830                  | -                 | 1 530           | 8 360               | 8 572              | (212)        | 102.5                                   | 8 851               | 8 218              |
| Software and other intangible assets            | -                      | -                 | 6               | 6                   | 6                  | -            | 100.0                                   | -                   | -                  |
| <b>Payment for financial assets</b>             | -                      | -                 | 228             | 228                 | 228                | -            | 100.0                                   | 112                 | 112                |
| <b>Total</b>                                    | <b>721 655</b>         | <b>-</b>          | <b>(15 771)</b> | <b>705 884</b>      | <b>700 868</b>     | <b>5 016</b> | <b>99.3</b>                             | <b>664 819</b>      | <b>668 413</b>     |

| Subprogramme: 4.4: Chronic Medical Hospitals |                        |                   |              |                     |                    |             |   |                     |                    |
|--|------------------------|-------------------|--------------|---------------------|--------------------|-------------|---|---------------------|--------------------|
| Economic classification                      | 2014/15                |                   |              |                     |                    |             |   | 2013/14             |                    |
|  | Adjusted Appropriation | Shifting of Funds | Virement     | Final Appropriation | Actual Expenditure | Variance    | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|  | R'000                  | R'000             | R'000        | R'000               | R'000              | R'000       | %                                       | R'000               | R'000              |
| <b>Current payments</b>                      | 155 662                | -                 | 2 921        | 158 583             | 158 583            | -           | 100.0                                   | 147 287             | 148 533            |
| Compensation of employees                    | 82 953                 | -                 | 2 462        | 85 415              | 85 415             | -           | 100.0                                   | 77 771              | 79 985             |
| Goods and services                           | 72 709                 | -                 | 459          | 73 168              | 73 168             | -           | 100.0                                   | 69 516              | 68 548             |
| <b>Transfers and subsidies</b>               | 131                    | -                 | 584          | 715                 | 716                | (1)         | 100.1                                   | 844                 | 48                 |
| Departmental agencies and accounts           | -                      | -                 | -            | -                   | 1                  | (1)         | -                                       | -                   | -                  |
| Households                                   | 131                    | -                 | 584          | 715                 | 715                | -           | 100.0                                   | 844                 | 48                 |
| <b>Payments for capital assets</b>           | 786                    | -                 | (5)          | 781                 | 854                | (73)        | 109.3                                   | 2 007               | 1 738              |
| Machinery and equipment                      | 781                    | -                 | (5)          | 781                 | 854                | (73)        | 109.3                                   | 2 007               | 1 733              |
| Software and other intangible assets         | 5                      | -                 | (5)          | -                   | -                  | -           | -                                       | -                   | 5                  |
| <b>Payment for financial assets</b>          | -                      | -                 | 2            | 2                   | 2                  | -           | 100.0                                   | 9                   | 9                  |
| <b>Total</b>                                 | <b>156 579</b>         | <b>-</b>          | <b>3 502</b> | <b>160 081</b>      | <b>160 155</b>     | <b>(74)</b> | <b>100.0</b>                            | <b>150 147</b>      | <b>150 328</b>     |

**WESTERN CAPE GOVERNMENT HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Subprogramme: 4.5: Dental Training Hospitals |                        |                   |                |                     |                    |              |   |                     |                    |
|--|------------------------|-------------------|----------------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification                      | 2014/15                |                   |                |                     |                    |              |   | 2013/14             |                    |
|  | Adjusted Appropriation | Shifting of Funds | Virement       | Final Appropriation | Actual Expenditure | Variance     | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|  | R'000                  | R'000             | R'000          | R'000               | R'000              | R'000        | %                                       | R'000               | R'000              |
| <b>Current payments</b>                      | 129 464                | -                 | (6 363)        | 123 101             | 123 084            | 17           | 100.0                                   | 119 971             | 115 421            |
| Compensation of employees                    | 107 806                | -                 | (6 867)        | 100 939             | 100 922            | 17           | 100.0                                   | 100 025             | 95 360             |
| Goods and services                           | 21 658                 | -                 | 504            | 22 162              | 22 162             | -            | 100.0                                   | 19 946              | 20 061             |
| <b>Transfers and subsidies</b>               | 435                    | -                 | 160            | 595                 | 595                | -            | 100.0                                   | 412                 | 1                  |
| Departmental agencies and accounts           | 1                      | -                 | -              | 1                   | 1                  | -            | 100.0                                   | -                   | 1                  |
| Households                                   | 434                    | -                 | 160            | 594                 | 594                | -            | 100.0                                   | 412                 | -                  |
| <b>Payments for capital assets</b>           | 3 431                  | -                 | -              | 3 431               | 2 133              | 1 298        | 62.2                                    | 4 195               | 4 362              |
| Machinery and equipment                      | 3 431                  | -                 | -              | 3 431               | 2 133              | 1 298        | 62.2                                    | 4 195               | 4 362              |
| <b>Payment for financial assets</b>          | -                      | -                 | 2              | 2                   | 2                  | -            | 100.0                                   | -                   | -                  |
| <b>Total</b>                                 | <b>133 330</b>         | <b>-</b>          | <b>(6 201)</b> | <b>127 129</b>      | <b>125 814</b>     | <b>1 315</b> | <b>99.0</b>                             | <b>124 578</b>      | <b>119 784</b>     |

**WESTERN CAPE GOVERNMENT HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Programme 5: Central Hospital Services   |                        |                   |               |                     |                    |          |   |                     |                    |
|--|------------------------|-------------------|---------------|---------------------|--------------------|----------|---|---------------------|--------------------|
| Sub programme                            | 2014/15                |                   |               |                     |                    |          |   | 2013/14             |                    |
|  | 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              |
| 1. Central Hospital Services             | 4 289 275              | -                 | 35 823        | 4 325 098           | 4 325 098          | -        | 100.0                                   | 3 978 226           | 3 977 523          |
| 2. Provincial Hospital Tertiary Services | 635 841                | -                 | 3 138         | 638 979             | 638 979            | -        | 100.0                                   | 587 195             | 587 898            |
| <b>Total</b>                             | <b>4 925 116</b>       | <b>-</b>          | <b>38 961</b> | <b>4 964 077</b>    | <b>4 964 077</b>   | <b>-</b> | <b>100.0</b>                            | <b>4 565 421</b>    | <b>4 565 421</b>   |

| Programme 5 per Economic classification               | 2014/15                |                   |               |                     |                    |                |   | 2013/14             |                    |
|---|------------------------|-------------------|---------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
|   | Adjusted Appropriation | Shifting of Funds | Virement      | Final Appropriation | Actual Expenditure | Variance       | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000         | R'000               | R'000              | R'000          | %                                       | R'000               | R'000              |
| <b>Current payments</b>                               | <b>4 868 649</b>       | <b>-</b>          | <b>36 285</b> | <b>4 904 934</b>    | <b>4 913 009</b>   | <b>(8 075)</b> | <b>100.2</b>                            | <b>4 453 821</b>    | <b>4 488 181</b>   |
| Compensation of employees                             | 3 399 898              | -                 | (25 205)      | 3 374 693           | 3 374 685          | 8              | 100.0                                   | 3 137 412           | 3 127 750          |
| Salaries and wages                                    | 3 063 771              | -                 | (15 869)      | 3 047 902           | 3 047 902          | -              | 100.0                                   | -                   | -                  |
| Social contributions                                  | 336 127                | -                 | (9 336)       | 326 791             | 326 783            | 8              | 100.0                                   | -                   | -                  |
| Goods and services                                    | 1 468 751              | -                 | 61 490        | 1 530 241           | 1 538 324          | (8 083)        | 100.5                                   | 1 316 409           | 1 360 431          |
| Advertising   | 135                    | -                 | 52            | 187                 | 187                | -              | 100.0                                   | -                   | -                  |
| Minor assets  | 10 706                 | -                 | -             | 10 706              | 8 427              | 2 279          | 78.7                                    | -                   | -                  |
| Catering: Departmental activities                     | 82                     | -                 | -             | 82                  | 14                 | 68             | 17.1                                    | -                   | -                  |
| Communication (G&S)                                   | 7 481                  | -                 | 465           | 7 946               | 7 946              | -              | 100.0                                   | -                   | -                  |
| Computer services                                     | 692                    | -                 | 106           | 798                 | 798                | -              | 100.0                                   | -                   | -                  |
| Consultants: Business and advisory services           | 1 616                  | -                 | 381           | 1 997               | 1 918              | 79             | 96.0                                    | -                   | -                  |
| Laboratory services                                   | 187 401                | -                 | -             | 187 401             | 178 840            | 8 561          | 95.4                                    | -                   | -                  |
| Contractors   | 68 859                 | -                 | 11 389        | 80 248              | 80 248             | -              | 100.0                                   | -                   | -                  |
| Agency and support / outsourced services              | 86 810                 | -                 | 3 387         | 90 197              | 92 157             | (1 960)        | 102.2                                   | -                   | -                  |
| Entertainment   | 114                    | -                 | -             | 114                 | 1                  | 113            | 0.9                                     | -                   | -                  |
| Fleet services (including government motor transport) | 1 130                  | -                 | -             | 1 130               | 1 010              | 120            | 89.4                                    | -                   | -                  |
| Inventory: Food and food supplies                     | 9 548                  | -                 | 1 254         | 10 802              | 10 802             | -              | 100.0                                   | -                   | -                  |
| Inventory: Materials and supplies                     | 5 349                  | -                 | 2 641         | 7 990               | 7 990              | -              | 100.0                                   | -                   | -                  |
| Inventory: Medical supplies                           | 592 923                | -                 | 21 720        | 614 643             | 636 184            | (21 541)       | 103.5                                   | -                   | -                  |
| Inventory: Medicine                                   | 181 138                | -                 | 8 194         | 189 332             | 197 798            | (8 466)        | 104.5                                   | -                   | -                  |
| Inventory: Other supplies                             | 11 784                 | -                 | -             | 11 784              | 10 347             | 1 437          | 87.8                                    | -                   | -                  |
| Consumable supplies                                   | 96 235                 | -                 | 6 114         | 102 349             | 102 334            | 15             | 100.0                                   | -                   | -                  |
| Consumable: Stationery, printing and office supplies  | 12 812                 | -                 | 827           | 13 639              | 13 639             | -              | 100.0                                   | -                   | -                  |
| Operating leases                                      | 2 532                  | -                 | 360           | 2 892               | 2 892              | -              | 100.0                                   | -                   | -                  |
| Property payments                                     | 179 831                | -                 | -             | 179 831             | 169 953            | 9 878          | 94.5                                    | -                   | -                  |
| Transport provided: Departmental activity             | 185                    | -                 | -             | 185                 | 70                 | 115            | 37.8                                    | -                   | -                  |
| Travel and subsistence                                | 2 238                  | -                 | -             | 2 238               | 1 741              | 497            | 77.8                                    | -                   | -                  |
| Training and development                              | 4 332                  | -                 | -             | 4 332               | 3 666              | 666            | 84.6                                    | -                   | -                  |
| Operating payments                                    | 932                    | -                 | 358           | 1 290               | 1 290              | -              | 100.0                                   | -                   | -                  |
| Venues and facilities                                 | 56                     | -                 | -             | 56                  | -                  | 56             | -                                       | -                   | -                  |
| Rental and hiring                                     | 3 830                  | -                 | 4 242         | 8 072               | 8 072              | -              | 100.0                                   | -                   | -                  |
| <b>Transfers and subsidies</b>                        | <b>27 080</b>          | <b>-</b>          | <b>2 048</b>  | <b>29 128</b>       | <b>29 126</b>      | <b>2</b>       | <b>100.0</b>                            | <b>23 481</b>       | <b>26 568</b>      |
| Departmental agencies and accounts                    | 40                     | -                 | -             | 40                  | 38                 | 2              | 95.0                                    | 38                  | 38                 |
| Departmental agencies (non-business entities)         | 40                     | -                 | -             | 40                  | 38                 | 2              | 95.0                                    | -                   | -                  |
| Non-profit institutions                               | 12 415                 | -                 | -             | 12 415              | 12 415             | -              | 100.0                                   | 11 933              | 11 933             |
| Households  | 14 625                 | -                 | 2 048         | 16 673              | 16 673             | -              | 100.0                                   | 11 510              | 14 597             |
| Social benefits                                       | 14 625                 | -                 | 1 414         | 16 039              | 16 039             | -              | 100.0                                   | -                   | -                  |
| Other transfers to households                         | -                      | -                 | 634           | 634                 | 634                | -              | 100.0                                   | -                   | -                  |
| <b>Payments for capital assets</b>                    | <b>29 387</b>          | <b>-</b>          | <b>-</b>      | <b>29 387</b>       | <b>21 314</b>      | <b>8 073</b>   | <b>72.5</b>                             | <b>87 626</b>       | <b>50 179</b>      |
| Machinery and equipment                               | 29 387                 | -                 | -             | 29 387              | 21 314             | 8 073          | 72.5                                    | 84 028              | 49 954             |
| Transport equipment                                   | 3 132                  | -                 | 384           | 3 516               | 3 516              | -              | 100.0                                   | -                   | -                  |
| Other machinery and equipment                         | 26 255                 | -                 | (384)         | 25 871              | 17 798             | 8 073          | 68.8                                    | -                   | -                  |
| Software and other intangible assets                  | -                      | -                 | -             | -                   | -                  | -              | -                                       | 3 598               | 225                |
| <b>Payment for financial assets</b>                   | <b>-</b>               | <b>-</b>          | <b>628</b>    | <b>628</b>          | <b>628</b>         | <b>-</b>       | <b>100.0</b>                            | <b>493</b>          | <b>493</b>         |
| <b>Total</b>  | <b>4 925 116</b>       | <b>-</b>          | <b>38 961</b> | <b>4 964 077</b>    | <b>4 964 077</b>   | <b>-</b>       | <b>100.0</b>                            | <b>4 565 421</b>    | <b>4 565 421</b>   |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Subprogramme: 5.1: Central Hospital Services |                        |                   |               |                     |                    |          |   |                     |                    |
|--|------------------------|-------------------|---------------|---------------------|--------------------|----------|---|---------------------|--------------------|
| Economic classification                      | 2014/15                |                   |               |                     |                    |          |   | 2013/14             |                    |
|  | Adjusted Appropriation | Shifting of Funds | Virement      | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|  | R'000                  | R'000             | R'000         | R'000               | R'000              | R'000    | %                                       | R'000               | R'000              |
| <b>Current payments</b>                      | 4 247 281              | -                 | 32 275        | 4 279 556           | 4 287 629          | (8 073)  | 100.2                                   | 3 888 369           | 3 918 094          |
| Compensation of employees                    | 2 967 123              | -                 | (22 632)      | 2 944 491           | 2 944 483          | 8        | 100.0                                   | 2 737 868           | 2 729 067          |
| Goods and services                           | 1 280 158              | -                 | 54 907        | 1 335 065           | 1 343 146          | (8 081)  | 100.6                                   | 1 150 501           | 1 189 027          |
| <b>Transfers and subsidies</b>               | 15 542                 | -                 | 3 031         | 18 573              | 18 573             | -        | 100.0                                   | 12 331              | 15 767             |
| Non-profit institutions                      | 3 000                  | -                 | -             | 3 000               | 3 000              | -        | 100.0                                   | 3 000               | 3 000              |
| Households                                   | 12 542                 | -                 | 3 031         | 15 573              | 15 573             | -        | 100.0                                   | 9 331               | 12 767             |
| <b>Payments for capital assets</b>           | 26 452                 | -                 | (80)          | 26 372              | 18 299             | 8 073    | 69.4                                    | 77 115              | 43 251             |
| Machinery and equipment                      | 26 452                 | -                 | (80)          | 26 372              | 18 299             | 8 073    | 69.4                                    | 73 517              | 43 251             |
| Software and other intangible assets         | -                      | -                 | -             | -                   | -                  | -        | -                                       | 3 598               | -                  |
| <b>Payment for financial assets</b>          | -                      | -                 | 597           | 597                 | 597                | -        | 100.0                                   | 411                 | 411                |
| <b>Total</b>                                 | <b>4 289 275</b>       | <b>-</b>          | <b>35 823</b> | <b>4 325 098</b>    | <b>4 325 098</b>   | <b>-</b> | <b>100.0</b>                            | <b>3 978 226</b>    | <b>3 977 523</b>   |

| Subprogramme: 5.2: Provincial Hospital Tertiary Services |                        |                   |              |                     |                    |          |   |                     |                    |
|--|------------------------|-------------------|--------------|---------------------|--------------------|----------|---|---------------------|--------------------|
| Economic classification                                  | 2014/15                |                   |              |                     |                    |          |   | 2013/14             |                    |
|  | Adjusted Appropriation | Shifting of Funds | Virement     | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|  | R'000                  | R'000             | R'000        | R'000               | R'000              | R'000    | %                                       | R'000               | R'000              |
| <b>Current payments</b>                                  | 621 368                | -                 | 4 010        | 625 378             | 625 380            | (2)      | 100.0                                   | 565 452             | 570 087            |
| Compensation of employees                                | 432 775                | -                 | (2 573)      | 430 202             | 430 202            | -        | 100.0                                   | 399 544             | 398 683            |
| Goods and services                                       | 188 593                | -                 | 6 583        | 195 176             | 195 178            | (2)      | 100.0                                   | 165 908             | 171 404            |
| <b>Transfers and subsidies</b>                           | 11 538                 | -                 | (983)        | 10 555              | 10 553             | 2        | 100.0                                   | 11 150              | 10 801             |
| Departmental agencies and accounts                       | 40                     | -                 | -            | 40                  | 38                 | 2        | 95.0                                    | 38                  | 38                 |
| Non-profit institutions                                  | 9 415                  | -                 | -            | 9 415               | 9 415              | -        | 100.0                                   | 8 933               | 8 933              |
| Households   | 2 083                  | -                 | (983)        | 1 100               | 1 100              | -        | 100.0                                   | 2 179               | 1 830              |
| <b>Payments for capital assets</b>                       | 2 935                  | -                 | 80           | 3 015               | 3 015              | -        | 100.0                                   | 10 511              | 6 928              |
| Machinery and equipment                                  | 2 935                  | -                 | 80           | 3 015               | 3 015              | -        | 100.0                                   | 10 511              | 6 703              |
| Software and other intangible assets                     | -                      | -                 | -            | -                   | -                  | -        | -                                       | -                   | 225                |
| <b>Payment for financial assets</b>                      | -                      | -                 | 31           | 31                  | 31                 | -        | 100.0                                   | 82                  | 82                 |
| <b>Total</b>   | <b>635 841</b>         | <b>-</b>          | <b>3 138</b> | <b>638 979</b>      | <b>638 979</b>     | <b>-</b> | <b>100.0</b>                            | <b>587 195</b>      | <b>587 898</b>     |



**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Programme 6: Health Sciences and Training       |                        |                   |          |                     |                    |              |   |                     |                    |
|---|------------------------|-------------------|----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Sub programme                                   | 2014/15                |                   |          |                     |                    |              |   | 2013/14             |                    |
|   | 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              |
| 1. Nursing Training College                     | 87 627                 | -                 | -        | 87 627              | 88 801             | (1 174)      | 101.3                                   | 80 027              | 79 031             |
| 2. Emergency Medical Services Training Colleges | 28 685                 | -                 | -        | 28 685              | 29 075             | (390)        | 101.4                                   | 21 808              | 23 186             |
| 3. Bursaries                                    | 78 675                 | -                 | 264      | 78 939              | 78 739             | 200          | 99.7                                    | 53 001              | 52 716             |
| 4. Primary Health Care Training                 | 1                      | -                 | -        | 1                   | -                  | 1            | -                                       | 1                   | -                  |
| 5. Training Other                               | 119 308                | -                 | (264)    | 119 044             | 115 496            | 3 548        | 97.0                                    | 111 425             | 109 260            |
| <b>Total</b>                                    | <b>314 296</b>         | <b>-</b>          | <b>-</b> | <b>314 296</b>      | <b>312 111</b>     | <b>2 185</b> | <b>99.3</b>                             | <b>266 262</b>      | <b>264 193</b>     |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Programme 6 per Economic classification               | 2014/15                |                   |          |                     |                    |              |   | 2013/14             |                    |
|---|------------------------|-------------------|----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
|   | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance     | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000    | R'000               | R'000              | R'000        | %                                       | R'000               | R'000              |
| <b>Current payments</b>                               | 175 822                | -                 | (5)      | 175 817             | 176 494            | (677)        | 100.4                                   | 167 083             | 164 096            |
| Compensation of employees                             | 111 744                | -                 | (55)     | 111 689             | 107 967            | 3 722        | 96.7                                    | 105 066             | 105 463            |
| Salaries and wages                                    | 101 591                | -                 | (132)    | 101 459             | 97 737             | 3 722        | 96.3                                    | -                   | -                  |
| Social contributions                                  | 10 153                 | -                 | 77       | 10 230              | 10 230             | -            | 100.0                                   | -                   | -                  |
| Goods and services                                    | 64 078                 | -                 | 50       | 64 128              | 68 527             | (4 399)      | 106.9                                   | 62 017              | 58 633             |
| Advertising   | 21                     | -                 | -        | 21                  | 9                  | 12           | 42.9                                    | -                   | -                  |
| Minor assets  | 454                    | -                 | -        | 454                 | 713                | (259)        | 157.0                                   | -                   | -                  |
| Bursaries: Employees                                  | 7 958                  | -                 | -        | 7 958               | 7 758              | 200          | 97.5                                    | -                   | -                  |
| Catering: Departmental activities                     | 1 624                  | -                 | (1)      | 1 623               | 1 366              | 257          | 84.2                                    | -                   | -                  |
| Communication (G&S)                                   | 906                    | -                 | -        | 906                 | 915                | (9)          | 101.0                                   | -                   | -                  |
| Computer services                                     | -                      | -                 | 1        | 1                   | 1                  | -            | 100.0                                   | -                   | -                  |
| Consultants: Business and advisory services           | 403                    | -                 | -        | 403                 | 1 047              | (644)        | 259.8                                   | -                   | -                  |
| Contractors   | 40                     | -                 | -        | 40                  | 986                | (946)        | 2 465.0                                 | -                   | -                  |
| Agency and support / outsourced services              | 5 476                  | -                 | -        | 5 476               | 5 977              | (501)        | 109.1                                   | -                   | -                  |
| Entertainment   | 4                      | -                 | -        | 4                   | -                  | 4            | -                                       | -                   | -                  |
| Fleet services (including government motor transport) | 1 323                  | -                 | -        | 1 323               | 1 402              | (79)         | 106.0                                   | -                   | -                  |
| Inventory: Materials and supplies                     | 124                    | -                 | -        | 124                 | 21                 | 103          | 16.9                                    | -                   | -                  |
| Inventory: Medical supplies                           | 66                     | -                 | -        | 66                  | 281                | (215)        | 425.8                                   | -                   | -                  |
| Inventory: Medicine                                   | 1                      | -                 | -        | 1                   | 15                 | (14)         | 1 500.0                                 | -                   | -                  |
| Consumable supplies                                   | 7 460                  | -                 | -        | 7 460               | 7 476              | (16)         | 100.2                                   | -                   | -                  |
| Consumable: Stationery, printing and office supplies  | 882                    | -                 | -        | 882                 | 1 237              | (355)        | 140.2                                   | -                   | -                  |
| Operating leases                                      | 336                    | -                 | 50       | 386                 | 442                | (56)         | 114.5                                   | -                   | -                  |
| Property payments                                     | 9 766                  | -                 | -        | 9 766               | 9 130              | 636          | 93.5                                    | -                   | -                  |
| Travel and subsistence                                | 5 755                  | -                 | -        | 5 755               | 8 470              | (2 715)      | 147.2                                   | -                   | -                  |
| Training and development                              | 19 467                 | -                 | -        | 19 467              | 19 372             | 95           | 99.5                                    | -                   | -                  |
| Operating payments                                    | 201                    | -                 | -        | 201                 | 408                | (207)        | 203.0                                   | -                   | -                  |
| Venues and facilities                                 | 1 747                  | -                 | -        | 1 747               | 1 292              | 455          | 74.0                                    | -                   | -                  |
| Rental and hiring                                     | 64                     | -                 | -        | 64                  | 209                | (145)        | 326.6                                   | -                   | -                  |
| <b>Transfers and subsidies</b>                        | 131 174                | -                 | -        | 131 174             | 127 798            | 3 376        | 97.4                                    | 97 401              | 97 345             |
| Departmental agencies and accounts                    | 4 335                  | -                 | -        | 4 335               | 4 346              | (11)         | 100.3                                   | 4 111               | 4 113              |
| Departmental agencies (non-business entities)         | 4 335                  | -                 | -        | 4 335               | 4 346              | (11)         | 100.3                                   | -                   | -                  |
| Higher education institutions                         | 3 773                  | -                 | -        | 3 773               | 3 773              | -            | 100.0                                   | 3 580               | 3 480              |
| Non-profit institutions                               | 51 920                 | -                 | (264)    | 51 656              | 48 409             | 3 247        | 93.7                                    | 44 000              | 43 970             |
| Households  | 71 146                 | -                 | 264      | 71 410              | 71 270             | 140          | 99.8                                    | 45 710              | 45 782             |
| Social benefits                                       | 429                    | -                 | -        | 429                 | 289                | 140          | 67.4                                    | -                   | -                  |
| Other transfers to households                         | 70 717                 | -                 | 264      | 70 981              | 70 981             | -            | 100.0                                   | -                   | -                  |
| <b>Payments for capital assets</b>                    | 7 300                  | -                 | -        | 7 300               | 7 814              | (514)        | 107.0                                   | 1 700               | 2 674              |
| Machinery and equipment                               | 7 300                  | -                 | -        | 7 300               | 7 814              | (514)        | 107.0                                   | 1 700               | 2 674              |
| Transport equipment                                   | 2 201                  | -                 | -        | 2 201               | 2 855              | (654)        | 129.7                                   | -                   | -                  |
| Other machinery and equipment                         | 5 099                  | -                 | -        | 5 099               | 4 959              | 140          | 97.3                                    | -                   | -                  |
| <b>Payment for financial assets</b>                   | -                      | -                 | 5        | 5                   | 5                  | -            | 100.0                                   | 78                  | 78                 |
| <b>Total</b>  | <b>314 296</b>         | <b>-</b>          | <b>-</b> | <b>314 296</b>      | <b>312 111</b>     | <b>2 185</b> | <b>99.3</b>                             | <b>266 262</b>      | <b>264 193</b>     |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Subprogramme: 6.1: Nursing Training College |                        |                   |          |                     |                    |                |   |                     |                    |
|---|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| Economic classification                     | 2014/15                |                   |          |                     |                    |                |   | 2013/14             |                    |
|   | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance       | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000    | R'000               | R'000              | R'000          | %                                       | R'000               | R'000              |
| <b>Current payments</b>                     | 82 204                 | -                 | (5)      | 82 199              | 83 127             | (928)          | 101.1                                   | 75 805              | 74 451             |
| Compensation of employees                   | 56 805                 | -                 | (55)     | 56 750              | 55 633             | 1 117          | 98.0                                    | 53 219              | 52 580             |
| Goods and services                          | 25 399                 | -                 | 50       | 25 449              | 27 494             | (2 045)        | 108.0                                   | 22 586              | 21 871             |
| <b>Transfers and subsidies</b>              | 4 186                  | -                 | -        | 4 186               | 3 972              | 214            | 94.9                                    | 3 784               | 3 784              |
| Departmental agencies and accounts          | 2                      | -                 | -        | 2                   | 2                  | -              | 100.0                                   | -                   | 2                  |
| Higher education institutions               | 3 773                  | -                 | -        | 3 773               | 3 773              | -              | 100.0                                   | 3 580               | 3 480              |
| Households                                  | 411                    | -                 | -        | 411                 | 197                | 214            | 47.9                                    | 204                 | 302                |
| <b>Payments for capital assets</b>          | 1 237                  | -                 | -        | 1 237               | 1 697              | (460)          | 137.2                                   | 360                 | 718                |
| Machinery and equipment                     | 1 237                  | -                 | -        | 1 237               | 1 697              | (460)          | 137.2                                   | 360                 | 718                |
| <b>Payment for financial assets</b>         | -                      | -                 | 5        | 5                   | 5                  | -              | 100.0                                   | 78                  | 78                 |
| <b>Total</b>                                | <b>87 627</b>          | <b>-</b>          | <b>-</b> | <b>87 627</b>       | <b>88 801</b>      | <b>(1 174)</b> | <b>101.3</b>                            | <b>80 027</b>       | <b>79 031</b>      |

| Subprogramme: 6.2: Emergency Medical Services Training Colleges |                        |                   |          |                     |                    |              |   |                     |                    |
|---|------------------------|-------------------|----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification   | 2014/15                |                   |          |                     |                    |              |   | 2013/14             |                    |
|   | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance     | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000    | R'000               | R'000              | R'000        | %                                       | R'000               | R'000              |
| <b>Current payments</b>   | 22 604                 | -                 | -        | 22 604              | 22 958             | (354)        | 101.6                                   | 20 455              | 21 214             |
| Compensation of employees                                       | 17 118                 | -                 | -        | 17 118              | 16 860             | 258          | 98.5                                    | 16 145              | 16 130             |
| Goods and services  | 5 486                  | -                 | -        | 5 486               | 6 098              | (612)        | 111.2                                   | 4 310               | 5 084              |
| <b>Transfers and subsidies</b>                                  | 18                     | -                 | -        | 18                  | 6                  | 12           | 33.3                                    | 13                  | 16                 |
| Households  | 18                     | -                 | -        | 18                  | 6                  | 12           | 33.3                                    | 13                  | 16                 |
| <b>Payments for capital assets</b>                              | 6 063                  | -                 | -        | 6 063               | 6 111              | (48)         | 100.8                                   | 1 340               | 1 956              |
| Machinery and equipment   | 6 063                  | -                 | -        | 6 063               | 6 111              | (48)         | 100.8                                   | 1 340               | 1 956              |
| <b>Total</b>  | <b>28 685</b>          | <b>-</b>          | <b>-</b> | <b>28 685</b>       | <b>29 075</b>      | <b>(390)</b> | <b>101.4</b>                            | <b>21 808</b>       | <b>23 186</b>      |

| Subprogramme: 6.3: Bursaries   |                        |                   |            |                     |                    |            |   |                     |                    |
|--------------------------------|------------------------|-------------------|------------|---------------------|--------------------|------------|---|---------------------|--------------------|
| Economic classification        | 2014/15                |                   |            |                     |                    |            |   | 2013/14             |                    |
|                                | Adjusted Appropriation | Shifting of Funds | Virement   | Final Appropriation | Actual Expenditure | Variance   | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|                                | R'000                  | R'000             | R'000      | R'000               | R'000              | R'000      | %                                       | R'000               | R'000              |
| <b>Current payments</b>        | 7 958                  | -                 | -          | 7 958               | 7 758              | 200        | 97.5                                    | 7 508               | 7 279              |
| Goods and services             | 7 958                  | -                 | -          | 7 958               | 7 758              | 200        | 97.5                                    | 7 508               | 7 279              |
| <b>Transfers and subsidies</b> | 70 717                 | -                 | 264        | 70 981              | 70 981             | -          | 100.0                                   | 45 493              | 45 437             |
| Households                     | 70 717                 | -                 | 264        | 70 981              | 70 981             | -          | 100.0                                   | 45 493              | 45 437             |
| <b>Total</b>                   | <b>78 675</b>          | <b>-</b>          | <b>264</b> | <b>78 939</b>       | <b>78 739</b>      | <b>200</b> | <b>99.7</b>                             | <b>53 001</b>       | <b>52 716</b>      |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Subprogramme: 6.4: Primary Health Care Training |                        |                   |          |                     |                    |          |   |                     |                    |
|---|------------------------|-------------------|----------|---------------------|--------------------|----------|---|---------------------|--------------------|
| Economic classification                         | 2014/15                |                   |          |                     |                    |          |   | 2013/14             |                    |
|   | 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                   | -                  |
| <b>Total</b>                                    | <b>1</b>               | <b>-</b>          | <b>-</b> | <b>1</b>            | <b>-</b>           | <b>1</b> | <b>-</b>                                | <b>1</b>            | <b>-</b>           |

| Subprogramme: 6.5: Training Other  |                        |                   |              |                     |                    |              |   |                     |                    |
|------------------------------------|------------------------|-------------------|--------------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification            | 2014/15                |                   |              |                     |                    |              |   | 2013/14             |                    |
|                                    | 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                   | 63 055                 | -                 | -            | 63 055              | 62 651             | 404          | 99.4                                    | 63 314              | 61 152             |
| Compensation of employees          | 37 821                 | -                 | -            | 37 821              | 35 474             | 2 347        | 93.8                                    | 35 702              | 36 753             |
| Goods and services                 | 25 234                 | -                 | -            | 25 234              | 27 177             | (1 943)      | 107.7                                   | 27 612              | 24 399             |
| <b>Transfers and subsidies</b>     | <b>56 253</b>          | <b>-</b>          | <b>(264)</b> | <b>55 989</b>       | <b>52 839</b>      | <b>3 150</b> | <b>94.4</b>                             | <b>48 111</b>       | <b>48 108</b>      |
| Departmental agencies and accounts | 4 333                  | -                 | -            | 4 333               | 4 344              | (11)         | 100.3                                   | 4 111               | 4 111              |
| Non-profit institutions            | 51 920                 | -                 | (264)        | 51 656              | 48 409             | 3 247        | 93.7                                    | 44 000              | 43 970             |
| Households                         | -                      | -                 | -            | -                   | 86                 | (86)         | -                                       | -                   | 27                 |
| <b>Payments for capital assets</b> | <b>-</b>               | <b>-</b>          | <b>-</b>     | <b>-</b>            | <b>6</b>           | <b>(6)</b>   | <b>-</b>                                | <b>-</b>            | <b>-</b>           |
| Machinery and equipment            | -                      | -                 | -            | -                   | 6                  | (6)          | -                                       | -                   | -                  |
| <b>Total</b>                       | <b>119 308</b>         | <b>-</b>          | <b>(264)</b> | <b>119 044</b>      | <b>115 496</b>     | <b>3 548</b> | <b>97.0</b>                             | <b>111 425</b>      | <b>109 260</b>     |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| <b>Programme 7: Health Care Support Services</b> |                        |                   |                 |                     |                    |              |   |                     |                    |
|--|------------------------|-------------------|-----------------|---------------------|--------------------|--------------|---|---------------------|--------------------|
|  | 2014/15                |                   |                 |                     |                    |              |   | 2013/14             |                    |
|  | Adjusted Appropriation | Shifting of Funds | Virement        | Final Appropriation | Actual Expenditure | Variance     | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|  | R'000                  | R'000             | R'000           | R'000               | R'000              | R'000        | %                                       | R'000               | R'000              |
| <b>Sub programme</b>                             |                        |                   |                 |                     |                    |              |   |                     |                    |
| 1. Laundry Services                              | 75 026                 | -                 | (2 235)         | 72 791              | 72 791             | -            | 100.0                                   | 73 729              | 69 859             |
| 2. Engineering Services                          | 111 419                | -                 | (3 511)         | 107 908             | 106 280            | 1 628        | 98.5                                    | 103 404             | 107 355            |
| 3. Forensic Pathology Services                   | 132 783                | -                 | (3 436)         | 129 347             | 128 772            | 575          | 99.6                                    | 114 645             | 114 819            |
| 4. Orthotic and Prosthetic Services              | 1                      | -                 | -               | 1                   | -                  | 1            | -                                       | 1                   | -                  |
| 5. Cape Medical Depot                            | 59 962                 | -                 | (10 392)        | 49 570              | 48 593             | 977          | 98.0                                    | 63 759              | 47 118             |
| <b>Total</b>                                     | <b>379 191</b>         | <b>-</b>          | <b>(19 574)</b> | <b>359 617</b>      | <b>356 436</b>     | <b>3 181</b> | <b>99.1</b>                             | <b>355 538</b>      | <b>339 151</b>     |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Programme 7 per Economic Classification               | 2014/15                |                   |                 |                     |                    |              |   | 2013/14             |                    |
|---|------------------------|-------------------|-----------------|---------------------|--------------------|--------------|---|---------------------|--------------------|
|   | Adjusted Appropriation | Shifting of Funds | Virement        | Final Appropriation | Actual Expenditure | Variance     | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000           | R'000               | R'000              | R'000        | %                                       | R'000               | R'000              |
| <b>Current payments</b>                               | 357 845                | -                 | (24 121)        | 333 724             | 329 920            | 3 804        | 98.9                                    | 339 407             | 322 474            |
| Compensation of employees                             | 218 506                | -                 | (12 832)        | 205 674             | 205 051            | 623          | 99.7                                    | 201 638             | 199 425            |
| Salaries and wages                                    | 187 023                | -                 | (8 630)         | 178 393             | 177 770            | 623          | 99.7                                    | -                   | -                  |
| Social contributions                                  | 31 483                 | -                 | (4 202)         | 27 281              | 27 281             | -            | 100.0                                   | -                   | -                  |
| Goods and services                                    | 139 339                | -                 | (11 289)        | 128 050             | 124 869            | 3 181        | 97.5                                    | 137 769             | 123 049            |
| Minor assets  | 1 943                  | -                 | -               | 1 943               | 1 632              | 311          | 84.0                                    | -                   | -                  |
| Catering: Departmental activities                     | 150                    | -                 | -               | 150                 | 118                | 32           | 78.7                                    | -                   | -                  |
| Communication (G&S)                                   | 2 963                  | -                 | -               | 2 963               | 2 656              | 307          | 89.6                                    | -                   | -                  |
| Computer services                                     | 3 077                  | -                 | (1 136)         | 1 941               | 1 941              | -            | 100.0                                   | -                   | -                  |
| Consultants: Business and advisory services           | 119                    | -                 | -               | 119                 | 5                  | 114          | 4.2                                     | -                   | -                  |
| Laboratory services                                   | 537                    | -                 | -               | 537                 | 428                | 109          | 79.7                                    | -                   | -                  |
| Contractors   | 10 470                 | -                 | -               | 10 470              | 10 144             | 326          | 96.9                                    | -                   | -                  |
| Agency and support / outsourced services              | 10 522                 | -                 | 504             | 11 026              | 10 754             | 272          | 97.5                                    | -                   | -                  |
| Entertainment   | 12                     | -                 | -               | 12                  | 2                  | 10           | 16.7                                    | -                   | -                  |
| Fleet services (including government motor transport) | 9 946                  | -                 | (600)           | 9 346               | 8 783              | 563          | 94.0                                    | -                   | -                  |
| Inventory: Materials and supplies                     | 10 072                 | -                 | (413)           | 9 659               | 9 659              | -            | 100.0                                   | -                   | -                  |
| Inventory: Medical supplies                           | 2 813                  | -                 | 1 057           | 3 870               | 3 870              | -            | 100.0                                   | -                   | -                  |
| Inventory: Medicine                                   | 7 436                  | -                 | (7 429)         | 7                   | 7                  | -            | 100.0                                   | -                   | -                  |
| Inventory: Other supplies                             | 783                    | -                 | -               | 783                 | 547                | 236          | 69.9                                    | -                   | -                  |
| Consumable supplies                                   | 20 027                 | -                 | (1 111)         | 18 916              | 18 163             | 753          | 96.0                                    | -                   | -                  |
| Consumable: Stationery, printing and office supplies  | 2 183                  | -                 | 367             | 2 550               | 2 550              | -            | 100.0                                   | -                   | -                  |
| Operating leases                                      | 807                    | -                 | -               | 807                 | 754                | 53           | 93.4                                    | -                   | -                  |
| Property payments                                     | 42 597                 | -                 | (550)           | 42 047              | 42 047             | -            | 100.0                                   | -                   | -                  |
| Travel and subsistence                                | 2 616                  | -                 | -               | 2 616               | 2 554              | 62           | 97.6                                    | -                   | -                  |
| Training and development                              | 625                    | -                 | 162             | 787                 | 787                | -            | 100.0                                   | -                   | -                  |
| Operating payments                                    | 9 330                  | -                 | (2 352)         | 6 978               | 6 978              | -            | 100.0                                   | -                   | -                  |
| Venues and facilities                                 | 77                     | -                 | -               | 77                  | 44                 | 33           | 57.1                                    | -                   | -                  |
| Rental and hiring                                     | 234                    | -                 | 212             | 446                 | 446                | -            | 100.0                                   | -                   | -                  |
| <b>Transfers and subsidies</b>                        | 384                    | -                 | 510             | 894                 | 894                | -            | 100.0                                   | 1 234               | 347                |
| Households  | 384                    | -                 | 510             | 894                 | 894                | -            | 100.0                                   | 1 234               | 347                |
| Social benefits                                       | 384                    | -                 | 498             | 882                 | 882                | -            | 100.0                                   | -                   | -                  |
| Other transfers to households                         | -                      | -                 | 12              | 12                  | 12                 | -            | 100.0                                   | -                   | -                  |
| <b>Payments for capital assets</b>                    | 20 962                 | -                 | 2 492           | 23 454              | 24 077             | (623)        | 102.7                                   | 13 447              | 14 880             |
| Buildings and other fixed structures                  | -                      | -                 | -               | -                   | -                  | -            | -                                       | -                   | 140                |
| Machinery and equipment                               | 20 962                 | -                 | 2 492           | 23 454              | 24 077             | (623)        | 102.7                                   | 13 447              | 14 726             |
| Transport equipment                                   | 11 342                 | -                 | 4 257           | 15 599              | 16 222             | (623)        | 104.0                                   | -                   | -                  |
| Other machinery and equipment                         | 9 620                  | -                 | (1 765)         | 7 855               | 7 855              | -            | 100.0                                   | -                   | -                  |
| Software and other intangible assets                  | -                      | -                 | -               | -                   | -                  | -            | -                                       | -                   | 14                 |
| <b>Payment for financial assets</b>                   | -                      | -                 | 1 545           | 1 545               | 1 545              | -            | 100.0                                   | 1 450               | 1 450              |
| <b>Total</b>  | <b>379 191</b>         | <b>-</b>          | <b>(19 574)</b> | <b>359 617</b>      | <b>356 436</b>     | <b>3 181</b> | <b>99.1</b>                             | <b>355 538</b>      | <b>339 151</b>     |

WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6

APPROPRIATION STATEMENT  
for the year ended 31 March 2015

| Subprogramme: 7.1: Laundry Services |                        |                   |                |                     |                    |          |   |                     |                    |
|-------------------------------------|------------------------|-------------------|----------------|---------------------|--------------------|----------|---|---------------------|--------------------|
| Economic classification             | 2014/15                |                   |                |                     |                    |          |   | 2013/14             |                    |
|                                     | Adjusted Appropriation | Shifting of Funds | Virement       | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|                                     | R'000                  | R'000             | R'000          | R'000               | R'000              | R'000    | %                                       | R'000               | R'000              |
| <b>Current payments</b>             | 73 414                 | -                 | (2 173)        | 71 241              | 71 241             | -        | 100.0                                   | 72 563              | 68 160             |
| Compensation of employees           | 35 740                 | -                 | (1 799)        | 33 941              | 33 941             | -        | 100.0                                   | 38 091              | 36 811             |
| Goods and services                  | 37 674                 | -                 | (374)          | 37 300              | 37 300             | -        | 100.0                                   | 34 472              | 31 349             |
| <b>Transfers and subsidies</b>      | 43                     | -                 | 156            | 199                 | 199                | -        | 100.0                                   | 34                  | 81                 |
| Households                          | 43                     | -                 | 156            | 199                 | 199                | -        | 100.0                                   | 34                  | 81                 |
| <b>Payments for capital assets</b>  | 1 569                  | -                 | (253)          | 1 316               | 1 316              | -        | 100.0                                   | 1 100               | 1 586              |
| Machinery and equipment             | 1 569                  | -                 | (253)          | 1 316               | 1 316              | -        | 100.0                                   | 1 100               | 1 586              |
| <b>Payment for financial assets</b> | -                      | -                 | 35             | 35                  | 35                 | -        | 100.0                                   | 32                  | 32                 |
| <b>Total</b>                        | <b>75 026</b>          | <b>-</b>          | <b>(2 235)</b> | <b>72 791</b>       | <b>72 791</b>      | <b>-</b> | <b>100.0</b>                            | <b>73 729</b>       | <b>69 859</b>      |

| Subprogramme: 7.2: Engineering Services |                        |                   |                |                     |                    |              |   |                     |                    |
|---|------------------------|-------------------|----------------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification                 | 2014/15                |                   |                |                     |                    |              |   | 2013/14             |                    |
|   | Adjusted Appropriation | Shifting of Funds | Virement       | Final Appropriation | Actual Expenditure | Variance     | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000          | R'000               | R'000              | R'000        | %                                       | R'000               | R'000              |
| <b>Current payments</b>                 | 107 218                | -                 | (6 139)        | 101 079             | 98 828             | 2 251        | 97.8                                    | 99 247              | 102 579            |
| Compensation of employees               | 49 872                 | -                 | (4 884)        | 44 988              | 44 365             | 623          | 98.6                                    | 43 786              | 43 998             |
| Goods and services                      | 57 346                 | -                 | (1 255)        | 56 091              | 54 463             | 1 628        | 97.1                                    | 55 461              | 58 581             |
| <b>Transfers and subsidies</b>          | 99                     | -                 | 297            | 396                 | 396                | -            | 100.0                                   | 1 087               | 125                |
| Households                              | 99                     | -                 | 297            | 396                 | 396                | -            | 100.0                                   | 1 087               | 125                |
| <b>Payments for capital assets</b>      | 4 102                  | -                 | 2 305          | 6 407               | 7 030              | (623)        | 109.7                                   | 3 066               | 4 647              |
| Machinery and equipment                 | 4 102                  | -                 | 2 305          | 6 407               | 7 030              | (623)        | 109.7                                   | 3 066               | 4 633              |
| Software and other intangible assets    | -                      | -                 | -              | -                   | -                  | -            | -                                       | -                   | 14                 |
| <b>Payment for financial assets</b>     | -                      | -                 | 26             | 26                  | 26                 | -            | 100.0                                   | 4                   | 4                  |
| <b>Total</b>                            | <b>111 419</b>         | <b>-</b>          | <b>(3 511)</b> | <b>107 908</b>      | <b>106 280</b>     | <b>1 628</b> | <b>98.5</b>                             | <b>103 404</b>      | <b>107 355</b>     |

| Subprogramme: 7.3: Forensic Pathology Services |                        |                   |                |                     |                    |            |   |                     |                    |
|--|------------------------|-------------------|----------------|---------------------|--------------------|------------|---|---------------------|--------------------|
| Economic classification                        | 2014/15                |                   |                |                     |                    |            |   | 2013/14             |                    |
|  | Adjusted Appropriation | Shifting of Funds | Virement       | Final Appropriation | Actual Expenditure | Variance   | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|  | R'000                  | R'000             | R'000          | R'000               | R'000              | R'000      | %                                       | R'000               | R'000              |
| <b>Current payments</b>                        | 119 160                | -                 | (3 935)        | 115 225             | 114 650            | 575        | 99.5                                    | 106 960             | 107 097            |
| Compensation of employees                      | 99 166                 | -                 | (3 887)        | 95 279              | 95 279             | -          | 100.0                                   | 90 036              | 88 999             |
| Goods and services                             | 19 994                 | -                 | (48)           | 19 946              | 19 371             | 575        | 97.1                                    | 16 924              | 18 098             |
| <b>Transfers and subsidies</b>                 | 95                     | -                 | 77             | 172                 | 172                | -          | 100.0                                   | 18                  | 57                 |
| Households                                     | 95                     | -                 | 77             | 172                 | 172                | -          | 100.0                                   | 18                  | 57                 |
| <b>Payments for capital assets</b>             | 13 528                 | -                 | 377            | 13 905              | 13 905             | -          | 100.0                                   | 7 667               | 7 665              |
| Buildings and other fixed structures           | -                      | -                 | -              | -                   | -                  | -          | -                                       | -                   | 140                |
| Machinery and equipment                        | 13 528                 | -                 | 377            | 13 905              | 13 905             | -          | 100.0                                   | 7 667               | 7 525              |
| <b>Payment for financial assets</b>            | -                      | -                 | 45             | 45                  | 45                 | -          | 100.0                                   | -                   | -                  |
| <b>Total</b>                                   | <b>132 783</b>         | <b>-</b>          | <b>(3 436)</b> | <b>129 347</b>      | <b>128 772</b>     | <b>575</b> | <b>99.6</b>                             | <b>114 645</b>      | <b>114 819</b>     |

**WESTERN CAPE GOVERNMENT HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| <b>Subprogramme: 7.4: Orthotic and Prosthetic Services</b> |                        |                   |          |                     |                    |          |   |                     |                    |
|--|------------------------|-------------------|----------|---------------------|--------------------|----------|---|---------------------|--------------------|
| Economic classification                                    | 2014/15                |                   |          |                     |                    |          |   | 2013/14             |                    |
|  | 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                   | -                  |
| <b>Total</b>   | <b>1</b>               | <b>-</b>          | <b>-</b> | <b>1</b>            | <b>-</b>           | <b>1</b> | <b>-</b>                                | <b>1</b>            | <b>-</b>           |

| <b>Subprogramme: 7.5: Cape Medical Depot</b> |                        |                   |                 |                     |                    |            |   |                     |                    |
|--|------------------------|-------------------|-----------------|---------------------|--------------------|------------|---|---------------------|--------------------|
| Economic classification                      | 2014/15                |                   |                 |                     |                    |            |   | 2013/14             |                    |
|  | 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                             | 58 052                 | -                 | (11 874)        | 46 178              | 45 201             | 977        | 97.9                                    | 60 636              | 44 638             |
| Compensation of employees                    | 33 728                 | -                 | (2 262)         | 31 466              | 31 466             | -          | 100.0                                   | 29 725              | 29 617             |
| Goods and services                           | 24 324                 | -                 | (9 612)         | 14 712              | 13 735             | 977        | 93.4                                    | 30 911              | 15 021             |
| <b>Transfers and subsidies</b>               | <b>147</b>             | <b>-</b>          | <b>(20)</b>     | <b>127</b>          | <b>127</b>         | <b>-</b>   | <b>100.0</b>                            | <b>95</b>           | <b>84</b>          |
| Households                                   | 147                    | -                 | (20)            | 127                 | 127                | -          | 100.0                                   | 95                  | 84                 |
| <b>Payments for capital assets</b>           | <b>1 763</b>           | <b>-</b>          | <b>63</b>       | <b>1 826</b>        | <b>1 826</b>       | <b>-</b>   | <b>100.0</b>                            | <b>1 614</b>        | <b>982</b>         |
| Machinery and equipment                      | 1 763                  | -                 | 63              | 1 826               | 1 826              | -          | 100.0                                   | 1 614               | 982                |
| Payment for financial assets                 | -                      | -                 | 1 439           | 1 439               | 1 439              | -          | 100.0                                   | 1 414               | 1 414              |
| <b>Total</b>                                 | <b>59 962</b>          | <b>-</b>          | <b>(10 392)</b> | <b>49 570</b>       | <b>48 593</b>      | <b>977</b> | <b>98.0</b>                             | <b>63 759</b>       | <b>47 118</b>      |



**WESTERN CAPE GOVERNMENT HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| <b>Programme 8: Health Facilities Management</b> |                        |                   |          |                     |                    |                |   |                     |                    |
|--|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
|  | 2014/15                |                   |          |                     |                    |                |   | 2013/14             |                    |
|  | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance       | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|  | R'000                  | R'000             | R'000    | R'000               | R'000              | R'000          | %                                       | R'000               | R'000              |
| <b>Sub programme</b>                             |                        |                   |          |                     |                    |                |   |                     |                    |
| 1. Community Health Facilities                   | 247 962                | -                 | -        | 247 962             | 189 004            | 58 958         | 76.2                                    | 268 654             | 176 571            |
| 2. Emergency Medical Rescue Services             | 9 898                  | -                 | -        | 9 898               | 6 697              | 3 201          | 67.7                                    | 23 270              | 16 481             |
| 3. District Hospital Services                    | 182 632                | -                 | 8        | 182 640             | 152 543            | 30 097         | 83.5                                    | 314 092             | 291 238            |
| 4. Provincial Hospital Services                  | 134 940                | -                 | 1        | 134 941             | 126 769            | 8 172          | 93.9                                    | 122 548             | 143 984            |
| 5. Central Hospital Services                     | 186 219                | -                 | (1 432)  | 184 787             | 190 701            | (5 914)        | 103.2                                   | 169 069             | 205 925            |
| 6. Other Facilities                              | 52 735                 | -                 | 1 423    | 54 158              | 47 209             | 6 949          | 87.2                                    | 61 281              | 43 653             |
| <b>Total</b>                                     | <b>814 386</b>         | <b>-</b>          | <b>-</b> | <b>814 386</b>      | <b>712 923</b>     | <b>101 463</b> | <b>87.5</b>                             | <b>958 914</b>      | <b>877 852</b>     |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Programme 8 per Economic classification               | 2014/15                |                   |          |                     |                    |                |   | 2013/14             |                    |
|---|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
|   | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance       | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000    | R'000               | R'000              | R'000          | %                                       | R'000               | R'000              |
| <b>Current payments</b>                               | 321 056                | -                 | (1 432)  | 319 624             | 264 940            | 54 684         | 82.9                                    | 272 133             | 246 674            |
| Compensation of employees                             | 35 442                 | -                 | (1 432)  | 34 010              | 32 420             | 1 590          | 95.3                                    | 25 322              | 16 994             |
| Salaries and wages                                    | 32 617                 | -                 | (1 432)  | 31 185              | 29 940             | 1 245          | 96.0                                    | -                   | -                  |
| Social contributions                                  | 2 825                  | -                 | -        | 2 825               | 2 480              | 345            | 87.8                                    | -                   | -                  |
| Goods and services                                    | 285 614                | -                 | -        | 285 614             | 232 520            | 53 094         | 81.4                                    | 246 811             | 229 680            |
| Advertising   | -                      | -                 | -        | -                   | 88                 | (88)           | -                                       | -                   | -                  |
| Minor assets  | 39 478                 | -                 | -        | 39 478              | 10 417             | 29 061         | 26.4                                    | -                   | -                  |
| Catering: Departmental activities                     | 16                     | -                 | -        | 16                  | 21                 | (5)            | 131.3                                   | -                   | -                  |
| Communication (G&S)                                   | 148                    | -                 | -        | 148                 | 164                | (16)           | 110.8                                   | -                   | -                  |
| Computer services                                     | -                      | -                 | -        | -                   | 1 112              | (1 112)        | -                                       | -                   | -                  |
| Consultants: Business and advisory services           | 1 744                  | -                 | -        | 1 744               | -                  | 1 744          | -                                       | -                   | -                  |
| Infrastructure and planning                           | -                      | -                 | -        | -                   | 16 204             | (16 204)       | -                                       | -                   | -                  |
| Contractors   | 1 360                  | -                 | -        | 1 360               | 59                 | 1 301          | 4.3                                     | -                   | -                  |
| Agency and support / outsourced services              | -                      | -                 | -        | -                   | 11                 | (11)           | -                                       | -                   | -                  |
| Entertainment   | 17                     | -                 | -        | 17                  | -                  | 17             | -                                       | -                   | -                  |
| Fleet services (including government motor transport) | -                      | -                 | -        | -                   | 8                  | (8)            | -                                       | -                   | -                  |
| Inventory: Materials and supplies                     | 3                      | -                 | -        | 3                   | 493                | (490)          | 16 433.3                                | -                   | -                  |
| Inventory: Medical supplies                           | -                      | -                 | -        | -                   | 5 751              | (5 751)        | -                                       | -                   | -                  |
| Consumable supplies                                   | -                      | -                 | -        | -                   | 1 274              | (1 274)        | -                                       | -                   | -                  |
| Consumable: Stationery, printing and office supplies  | 747                    | -                 | -        | 747                 | 590                | 157            | 79.0                                    | -                   | -                  |
| Property payments                                     | 240 000                | -                 | -        | 240 000             | 193 635            | 46 365         | 80.7                                    | -                   | -                  |
| Transport provided: Departmental activity             | -                      | -                 | -        | -                   | -                  | -              | -                                       | -                   | -                  |
| Travel and subsistence                                | 683                    | -                 | -        | 683                 | 814                | (131)          | 119.2                                   | -                   | -                  |
| Training and development                              | 1 338                  | -                 | -        | 1 338               | 1 195              | 143            | 89.3                                    | -                   | -                  |
| Operating payments                                    | 80                     | -                 | -        | 80                  | 21                 | 59             | 26.3                                    | -                   | -                  |
| Venues and facilities                                 | -                      | -                 | -        | -                   | 1                  | (1)            | -                                       | -                   | -                  |
| Rental and hiring                                     | -                      | -                 | -        | -                   | 662                | (662)          | -                                       | -                   | -                  |
| <b>Transfers and subsidies</b>                        | 261                    | -                 | 1 432    | 1 693               | 1 693              | -              | 100.0                                   | 26 524              | 26 523             |
| Non-profit institutions                               | 231                    | -                 | -        | 231                 | 231                | -              | 100.0                                   | 26 500              | 26 500             |
| Households  | 30                     | -                 | 1 432    | 1 462               | 1 462              | -              | 100.0                                   | 24                  | 23                 |
| Social benefits                                       | 30                     | -                 | 1 432    | 1 462               | 1 462              | -              | 100.0                                   | -                   | -                  |
| <b>Payments for capital assets</b>                    | 493 069                | -                 | -        | 493 069             | 446 290            | 46 779         | 90.5                                    | 660 257             | 604 655            |
| Buildings and other fixed structures                  | 341 245                | -                 | -        | 341 245             | 282 807            | 58 438         | 82.9                                    | 488 435             | 398 883            |
| Buildings   | 341 245                | -                 | -        | 341 245             | 282 807            | 58 438         | 82.9                                    | -                   | -                  |
| Machinery and equipment                               | 149 181                | -                 | -        | 149 181             | 163 124            | (13 943)       | 109.3                                   | 165 869             | 205 294            |
| Transport equipment                                   | -                      | -                 | -        | -                   | 3                  | (3)            | -                                       | -                   | -                  |
| Other machinery and equipment                         | 149 181                | -                 | -        | 149 181             | 163 121            | (13 940)       | 109.3                                   | -                   | -                  |
| Software and other intangible assets                  | 2 643                  | -                 | -        | 2 643               | 359                | 2 284          | 13.6                                    | 5 953               | 478                |
| <b>Total</b>  | <b>814 386</b>         | <b>-</b>          | <b>-</b> | <b>814 386</b>      | <b>712 923</b>     | <b>101 463</b> | <b>87.5</b>                             | <b>958 914</b>      | <b>877 852</b>     |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Subprogramme: 8.1: Community Health Facilities |                        |                   |          |                     |                    |               |   |                     |                    |
|--|------------------------|-------------------|----------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| Economic classification                        | 2014/15                |                   |          |                     |                    |               |   | 2013/14             |                    |
|  | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance      | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|  | R'000                  | R'000             | R'000    | R'000               | R'000              | R'000         | %                                       | R'000               | R'000              |
| <b>Current payments</b>                        | 81 037                 | -                 | -        | 81 037              | 53 982             | 27 055        | 66.6                                    | 62 290              | 31 328             |
| Compensation of employees                      | -                      | -                 | -        | -                   | -                  | -             | -                                       | 1 543               | -                  |
| Goods and services                             | 81 037                 | -                 | -        | 81 037              | 53 982             | 27 055        | 66.6                                    | 60 747              | 31 328             |
| <b>Payments for capital assets</b>             | 166 925                | -                 | -        | 166 925             | 135 022            | 31 903        | 80.9                                    | 206 364             | 145 243            |
| Buildings and other fixed structures           | 147 260                | -                 | -        | 147 260             | 121 592            | 25 668        | 82.6                                    | 187 354             | 134 328            |
| Machinery and equipment                        | 19 665                 | -                 | -        | 19 665              | 13 430             | 6 235         | 68.3                                    | 19 010              | 10 915             |
| <b>Total</b>                                   | <b>247 962</b>         | <b>-</b>          | <b>-</b> | <b>247 962</b>      | <b>189 004</b>     | <b>58 958</b> | <b>76.2</b>                             | <b>268 654</b>      | <b>176 571</b>     |

| Subprogramme: 8.2: Emergency Medical Rescue Services |                        |                   |          |                     |                    |              |   |                     |                    |
|--|------------------------|-------------------|----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification                              | 2014/15                |                   |          |                     |                    |              |   | 2013/14             |                    |
|  | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance     | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|  | R'000                  | R'000             | R'000    | R'000               | R'000              | R'000        | %                                       | R'000               | R'000              |
| <b>Current payments</b>                              | 5 808                  | -                 | -        | 5 808               | 3 300              | 2 508        | 56.8                                    | 3 768               | 642                |
| Goods and services                                   | 5 808                  | -                 | -        | 5 808               | 3 300              | 2 508        | 56.8                                    | 3 768               | 642                |
| <b>Payments for capital assets</b>                   | 4 090                  | -                 | -        | 4 090               | 3 397              | 693          | 83.1                                    | 19 502              | 15 839             |
| Buildings and other fixed structures                 | 4 090                  | -                 | -        | 4 090               | 3 397              | 693          | 83.1                                    | 16 902              | 15 667             |
| Machinery and equipment                              | -                      | -                 | -        | -                   | -                  | -            | -                                       | 2 600               | 172                |
| <b>Total</b>   | <b>9 898</b>           | <b>-</b>          | <b>-</b> | <b>9 898</b>        | <b>6 697</b>       | <b>3 201</b> | <b>67.7</b>                             | <b>23 270</b>       | <b>16 481</b>      |

| Subprogramme: 8.3: District Hospital Services |                        |                   |          |                     |                    |               |   |                     |                    |
|---|------------------------|-------------------|----------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| Economic classification                       | 2014/15                |                   |          |                     |                    |               |   | 2013/14             |                    |
|   | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance      | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000    | R'000               | R'000              | R'000         | %                                       | R'000               | R'000              |
| <b>Current payments</b>                       | 75 161                 | -                 | -        | 75 161              | 61 578             | 13 583        | 81.9                                    | 65 612              | 63 386             |
| Compensation of employees                     | 5 375                  | -                 | -        | 5 375               | 4 501              | 874           | 83.7                                    | 3 705               | 3 405              |
| Goods and services                            | 69 786                 | -                 | -        | 69 786              | 57 077             | 12 709        | 81.8                                    | 61 907              | 59 981             |
| <b>Transfers and subsidies</b>                | -                      | -                 | 8        | 8                   | 8                  | -             | 100.0                                   | 1 180               | 1 180              |
| Non-profit institutions                       | -                      | -                 | -        | -                   | -                  | -             | -                                       | 1 180               | 1 180              |
| Households                                    | -                      | -                 | 8        | 8                   | 8                  | -             | 100.0                                   | -                   | -                  |
| <b>Payments for capital assets</b>            | 107 471                | -                 | -        | 107 471             | 90 957             | 16 514        | 84.6                                    | 247 300             | 226 672            |
| Buildings and other fixed structures          | 86 089                 | -                 | -        | 86 089              | 70 073             | 16 016        | 81.4                                    | 182 959             | 165 703            |
| Machinery and equipment                       | 21 382                 | -                 | -        | 21 382              | 20 884             | 498           | 97.7                                    | 62 488              | 60 729             |
| Software and other intangible assets          | -                      | -                 | -        | -                   | -                  | -             | -                                       | 1 853               | 240                |
| <b>Total</b>                                  | <b>182 632</b>         | <b>-</b>          | <b>8</b> | <b>182 640</b>      | <b>152 543</b>     | <b>30 097</b> | <b>83.5</b>                             | <b>314 092</b>      | <b>291 238</b>     |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

| Subprogramme: 8.4: Provincial Hospital Services |                        |                   |          |                     |                    |              |   |                     |                    |
|---|------------------------|-------------------|----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification                         | 2014/15                |                   |          |                     |                    |              |   | 2013/14             |                    |
|   | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance     | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|   | R'000                  | R'000             | R'000    | R'000               | R'000              | R'000        | %                                       | R'000               | R'000              |
| <b>Current payments</b>                         | 39 745                 | -                 | -        | 39 745              | 49 998             | (10 253)     | 125.8                                   | 48 941              | 61 719             |
| Compensation of employees                       | 1 545                  | -                 | -        | 1 545               | 1 670              | (125)        | 108.1                                   | 2 699               | 2 837              |
| Goods and services                              | 38 200                 | -                 | -        | 38 200              | 48 328             | (10 128)     | 126.5                                   | 46 242              | 58 882             |
| <b>Transfers and subsidies</b>                  | -                      | -                 | 1        | 1                   | 1                  | -            | 100.0                                   | -                   | -                  |
| Households                                      | -                      | -                 | 1        | 1                   | 1                  | -            | 100.0                                   | -                   | -                  |
| <b>Payments for capital assets</b>              | 95 195                 | -                 | -        | 95 195              | 76 770             | 18 425       | 80.6                                    | 73 607              | 82 265             |
| Buildings and other fixed structures            | 72 695                 | -                 | -        | 72 695              | 65 240             | 7 455        | 89.7                                    | 51 355              | 53 119             |
| Machinery and equipment                         | 19 900                 | -                 | -        | 19 900              | 11 415             | 8 485        | 57.4                                    | 18 152              | 28 908             |
| Software and other intangible assets            | 2 600                  | -                 | -        | 2 600               | 115                | 2 485        | 4.4                                     | 4 100               | 238                |
| <b>Total</b>                                    | <b>134 940</b>         | <b>-</b>          | <b>1</b> | <b>134 941</b>      | <b>126 769</b>     | <b>8 172</b> | <b>93.9</b>                             | <b>122 548</b>      | <b>143 984</b>     |

| Subprogramme: 8.5: Central Hospital Services |                        |                   |                |                     |                    |                |   |                     |                    |
|--|------------------------|-------------------|----------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| Economic classification                      | 2014/15                |                   |                |                     |                    |                |   | 2013/14             |                    |
|  | Adjusted Appropriation | Shifting of Funds | Virement       | Final Appropriation | Actual Expenditure | Variance       | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|  | R'000                  | R'000             | R'000          | R'000               | R'000              | R'000          | %                                       | R'000               | R'000              |
| <b>Current payments</b>                      | 80 191                 | -                 | (1 432)        | 78 759              | 62 084             | 16 675         | 78.8                                    | 63 681              | 71 074             |
| Compensation of employees                    | 2 858                  | -                 | (1 432)        | 1 426               | 2 418              | (992)          | 169.6                                   | 2 978               | 2 146              |
| Goods and services                           | 77 333                 | -                 | -              | 77 333              | 59 666             | 17 667         | 77.2                                    | 60 703              | 68 928             |
| <b>Transfers and subsidies</b>               | 231                    | -                 | -              | 231                 | 231                | -              | 100.0                                   | 25 320              | 25 320             |
| Non-profit institutions                      | 231                    | -                 | -              | 231                 | 231                | -              | 100.0                                   | 25 320              | 25 320             |
| <b>Payments for capital assets</b>           | 105 797                | -                 | -              | 105 797             | 128 386            | (22 589)       | 121.4                                   | 80 068              | 109 531            |
| Buildings and other fixed structures         | 23 771                 | -                 | -              | 23 771              | 15 884             | 7 887          | 66.8                                    | 26 409              | 11 420             |
| Machinery and equipment                      | 82 026                 | -                 | -              | 82 026              | 112 264            | (30 238)       | 136.9                                   | 53 659              | 98 111             |
| Software and other intangible assets         | -                      | -                 | -              | -                   | 238                | (238)          | -                                       | -                   | -                  |
| <b>Total</b>                                 | <b>186 219</b>         | <b>-</b>          | <b>(1 432)</b> | <b>184 787</b>      | <b>190 701</b>     | <b>(5 914)</b> | <b>103.2</b>                            | <b>169 069</b>      | <b>205 925</b>     |

| Subprogramme: 8.6: Other Facilities  |                        |                   |              |                     |                    |              |   |                     |                    |
|--------------------------------------|------------------------|-------------------|--------------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| Economic classification              | 2014/15                |                   |              |                     |                    |              |   | 2013/14             |                    |
|                                      | Adjusted Appropriation | Shifting of Funds | Virement     | Final Appropriation | Actual Expenditure | Variance     | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
|                                      | R'000                  | R'000             | R'000        | R'000               | R'000              | R'000        | %                                       | R'000               | R'000              |
| <b>Current payments</b>              | 39 114                 | -                 | -            | 39 114              | 33 998             | 5 116        | 86.9                                    | 27 841              | 18 525             |
| Compensation of employees            | 25 664                 | -                 | -            | 25 664              | 23 831             | 1 833        | 92.9                                    | 14 397              | 8 606              |
| Goods and services                   | 13 450                 | -                 | -            | 13 450              | 10 167             | 3 283        | 75.6                                    | 13 444              | 9 919              |
| <b>Transfers and subsidies</b>       | 30                     | -                 | 1 423        | 1 453               | 1 453              | -            | 100.0                                   | 24                  | 23                 |
| Households                           | 30                     | -                 | 1 423        | 1 453               | 1 453              | -            | 100.0                                   | 24                  | 23                 |
| <b>Payments for capital assets</b>   | 13 591                 | -                 | -            | 13 591              | 11 758             | 1 833        | 86.5                                    | 33 416              | 25 105             |
| Buildings and other fixed structures | 7 340                  | -                 | -            | 7 340               | 6 621              | 719          | 90.2                                    | 23 456              | 18 646             |
| Machinery and equipment              | 6 208                  | -                 | -            | 6 208               | 5 131              | 1 077        | 82.7                                    | 9 960               | 6 459              |
| Software and other intangible assets | 43                     | -                 | -            | 43                  | 6                  | 37           | 14.0                                    | -                   | -                  |
| <b>Total</b>                         | <b>52 735</b>          | <b>-</b>          | <b>1 423</b> | <b>54 158</b>       | <b>47 209</b>      | <b>6 949</b> | <b>87.2</b>                             | <b>61 281</b>       | <b>43 653</b>      |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

**1. Detail of transfers and subsidies as per Appropriation Act (after Virement):**

Detail of these transactions can be viewed in the note on Transfers and subsidies, disclosure notes and Annexure 1 (A-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**

|   | Final<br>Appropriation | Actual<br>Expenditure | Variance | Variance as a %<br>of Final Approp. |
|---|------------------------|-----------------------|----------|-------------------------------------|
| Per programme   | R'000                  | R'000                 | R'000    | %                                   |
| <b>ADMINISTRATION</b>                                       | 583 858                | 583 602               | 256      | 0%                                  |
| This programme is in budget after application of virements. |                        |                       |          |                                     |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

|  | <b>Final<br/>Appropriation</b> | <b>Actual<br/>Expenditure</b> | <b>Variance</b> | <b>Variance as a %<br/>of Final Approp.</b> |
|--|--------------------------------|-------------------------------|-----------------|---|
| <b>Per programme</b>   | <b>R'000</b>                   | <b>R'000</b>                  | <b>R'000</b>    | <b>%</b>                                    |
| <b>DISTRICT HEALTH SERVICES</b>  | 6 784 724                      | 6 767 273                     | 17 451          | 0%  |
| The under-spending can mainly be attributed to:  |                                |                               |                 |   |
| <ul style="list-style-type: none"> <li>• Global Fund: <ul style="list-style-type: none"> <li>- Due to funding being discontinued by the Global Fund limited contract staff has been appointed resulting in saving in Compensation of Employees.</li> <li>- Goods and Services due to expenditure not incurred for Quality Assurance, Audit Fees allocation for the 2014-2015 audit not paid and Anti-retroviral medicine at Khayelitsha Community Health Centre being funded from alternative funding sources.</li> </ul> </li> <li>- Transfers and Subsidies: <ul style="list-style-type: none"> <li>- Non-profit Institutions (NPI's) - projects not being realized in the Objective Community Based Response due to the late signing of service level agreements.</li> <li>- Municipalities - saving in relation to services rendered by the City of Cape Town. City was unable to finalise agreements with NPI's due to Tax Clearance Certificates not being produced.</li> </ul> </li> <li>• National Health Insurance Grant (NHI): <ul style="list-style-type: none"> <li>- One of the projects on Contract Management had to be discontinued due to poor bidding responses from the Industry.</li> <li>- Expenditure incurred on certain projects was less than the initial budget.</li> <li>- 320 General Practitioner (GP) sessions were planned, however the sessions could not be awarded due to the unavailability of medical professionals in the rural areas.</li> <li>- The budget provided for GP sessions at level 3, however GP's were appointed at a lower level.</li> <li>- Other minor surpluses: GP expenditure on Travel and Subsistence and administration was less than budgeted for. Also, a surplus on the budget allocation for National Health Insurance Grant (NHI) Clerk not appointed was also realised.</li> </ul> </li> <li>• Compensation of Employees: <ul style="list-style-type: none"> <li>- Vacant posts on the Approved Post List (APL) funded for an entire financial year, are not always filled for the whole year.</li> <li>- It is difficult to attract certain categories of staff, i.e. nurses and these positions are filled with agency staff resulting in savings in the permanent staff establishment and a concomitant over-expenditure in Goods and services.</li> <li>- Late commissioning of institutions for example: Symphony Way and Du Noon Community Day Centres also led to under-spending in staff expenditure.</li> </ul> </li> <li>• Transfer Payments: <ul style="list-style-type: none"> <li>- With the finalisation of the March 2015 (year-end) claims in April 2015 for the previous year from Non-profit Institutions (NPI) it was discovered that advances were cleared prior to receipt of the final account in April 2015 which led to an under-expenditure on Voted funds as the differences were carried over into the 2015/16 financial year.</li> <li>- Approximately R1 Million was underpaid on the Life Esidimeni Contract in the 2014/15 financial year due to a difference of opinion in the interpretation of a finance clause in the Service Level Agreement (SLA).</li> <li>- Savings within the Home Based Care programme due to the attrition rate of community care workers and HIV Counselling and Testing (HCT) programme as funding by the Comprehensive HIV and Aids Grant within Rural and Metro Districts did not materialise.</li> </ul> </li> </ul> |                                |                               |                 |   |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

|   | Final<br>Appropriation | Actual<br>Expenditure | Variance | Variance as a %<br>of Final Approp. |
|---|------------------------|-----------------------|----------|-------------------------------------|
| Per programme   | R'000                  | R'000                 | R'000    | %                                   |
| <b>EMERGENCY MEDICAL SERVICES</b>   | 880 653                | 880 653               | -        | 0%                                  |
| This programme is in budget after application of virements.   |                        |                       |          |                                     |
| <b>PROVINCIAL HOSPITAL SERVICES</b>   | 2 728 812              | 2 728 733             | 79       | 0%                                  |
| This programme is in budget after application of virements.   |                        |                       |          |                                     |
| <b>CENTRAL HOSPITAL SERVICES</b>  | 4 964 077              | 4 964 077             | -        | 0%                                  |
| This programme is in budget after application of virements.   |                        |                       |          |                                     |
| <b>HEALTH SCIENCES AND TRAINING</b>   | 314 296                | 312 111               | 2 185    | 1%                                  |
| Savings mainly incurred in the Expanded Public Works Programme (EPWP), due to a high attrition rate of Community Care Workers, late filling of Non Profit Institutions (NPI's) posts and the inability of NPI's to spend training allowance timeously.  |                        |                       |          |                                     |
| <b>HEALTH CARE AND SUPPORT SERVICES</b>   | 359 617                | 356 436               | 3 181    | 1%                                  |
| <p>The under-spending can mainly be attributed to:</p> <ul style="list-style-type: none"> <li>• Engineering - mainly within Compensation of Employees and Good and Services <ul style="list-style-type: none"> <li>- Salaries and Wages: The unavailability of scarce skills.</li> <li>- Contractors and Inventory: Material &amp; Supplies: Delays in procurement process, due to the new electronic purchasing system that brought many challenges for both suppliers and institutions resulting in delayed expenditure.</li> <li>- Travel and Subsistence: Officials using own transport in the past have been provided with subsidised vehicles which resulted in savings on tariffs paid.</li> </ul> </li> <li>• Forensic Pathology Services - mainly within Goods and Services <ul style="list-style-type: none"> <li>- Minor Assets were re-prioritised to fund an anticipated over expenditure in Travel and Subsistence.</li> <li>- Communication: Stricter control measures implemented on private calls.</li> <li>- Consumable Supplies: Due to stock on hand from the previous financial year less consumables were purchased against budgeted funds.</li> </ul> </li> <li>• Cape Medical Depot <ul style="list-style-type: none"> <li>- Savings were made due to the awarding of a new courier and waste removal contract at lower rates.</li> </ul> </li> </ul> |                        |                       |          |                                     |

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**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

|  | <b>Final<br/>Appropriation</b> | <b>Actual<br/>Expenditure</b> | <b>Variance</b> | <b>Variance as a %<br/>of Final Approp.</b> |
|--|--------------------------------|-------------------------------|-----------------|---|
| <b>Per programme</b>   | <b>R'000</b>                   | <b>R'000</b>                  | <b>R'000</b>    | <b>%</b>                                    |
| <b>HEALTH FACILITIES MANAGEMENT</b>  | 814 386                        | 712 923                       | 101 463         | 12%   |
| <p>The under-spending is mainly related to scheduled maintenance and capital projects, procured by the Department of Transport &amp; Public Works. In particular project expenditure did not meet the available budget mainly due to slippages of the project program. 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.</p> <p>In additions, other causes of delays include:</p> <ul style="list-style-type: none"> <li>- Organisational Development and Quality Assurance – delays in filling the Built Environment professional posts due to shortages of such skills.</li> <li>- Scheduled Maintenance – quality of the facility condition assessments, delays in the finalisation of the project brief, and lengthy implementation periods.</li> <li>- Capital Projects – dispute with Contractors, and Contractors' performance, and inadequate contract and project management application.</li> <li>- Health Technology – Picture Archive Communication System (PACS) Radiology Information System (RIS) implementation and the long lead time for getting all the necessary approvals from the State Information Technology Agency (SITA).</li> </ul> |                                |                               |                 |   |

**4.2 Per economic classification**

|   | <b>Final<br/>Appropriation</b> | <b>Actual<br/>Expenditure</b> | <b>Variance</b> | <b>Variance as a %<br/>of Final Approp.</b> |
|---|--------------------------------|-------------------------------|-----------------|---|
| <b>Per Economic Classification</b>          | <b>R'000</b>                   | <b>R'000</b>                  | <b>R'000</b>    | <b>%</b>                                    |
| <b>Current expenditure</b>                  |                                |                               |                 |   |
| Compensation of employees                   | 10 121 261                     | 10 072 353                    | 48 908          | 0%  |
| Goods and services                          | 5 522 937                      | 5 510 960                     | 11 977          | 0%  |
| <b>Transfers and subsidies</b>              |                                |                               |                 |   |
| Provinces and municipalities                | 397 341                        | 396 459                       | 882             | 0%  |
| Departmental agencies and accounts          | 4 605                          | 4 605                         | -               | 0%  |
| Higher education institutions               | 3 773                          | 3 773                         | -               | 0%  |
| Public corporations and private enterprises |                                |                               |                 |   |
| Foreign governments and international       |                                |                               |                 |   |
| Non-profit institutions                     | 432 245                        | 415 717                       | 16 528          | 4%  |
| Households                                  | 143 935                        | 143 862                       | 73              | 0%  |
| <b>Payments for capital assets</b>          |                                |                               |                 |   |
| Buildings and other fixed structures        | 341 255                        | 282 817                       | 58 438          | 17%   |
| Machinery and equipment                     | 447 210                        | 461 703                       | (14 493)        | -3%   |
| Software and other intangible assets        | 4 587                          | 2 285                         | 2 302           | 50%   |
| <b>Payments for financial assets</b>        | 11 274                         | 11 274                        | -               | 0%  |



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**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

**4.3 Per conditional grant**

|   | <b>Final<br/>Appropriation</b> | <b>Actual<br/>Expenditure</b> | <b>Variance</b> | <b>Variance as a %<br/>of Final Approp.</b> |
|---|--------------------------------|-------------------------------|-----------------|---|
| <b>Per Conditional Grant</b>  | <b>R'000</b>                   | <b>R'000</b>                  | <b>R'000</b>    | <b>%</b>                                    |
| National Tertiary Services Grant  | 2 537 554                      | 2 537 554                     | -               | 0%  |
| Health Professions Training and Development Grant                           | 478 767                        | 478 767                       | -               | 0%  |
| Comprehensive HIV and Aids Grant  | 1 051 794                      | 1 051 793                     | 1               | 0%  |
| National Health Insurance Grant   | 13 956                         | 10 712                        | 3 244           | 23%   |
| Health Facility Revitalisation Grant  | 720 848                        | 619 755                       | 101 093         | 14%   |
| Expanded Public Works Programme Integrated Grant for Provinces              | 2 417                          | 2 096                         | 321             | 13%   |
| Social Sector Expanded Public Works Programme Incentive Grant for Provinces | 2 580                          | 2 526                         | 54              | 2%  |

The under-spending can be attributed to the following:

**National Health Insurance Grant:**

- One of the projects on Contract Management had to be discontinued due to poor bidding responses from the Industry
- Expenditure incurred on certain projects was less than the initial budget
- 320 General Practitioner (GP) sessions were planned, however the sessions could not be awarded due to the unavailability of medical professionals in the rural areas.
- The budget provided for GP sessions at level 3, however GP's were appointed at a lower level.
- Other minor surpluses: GP expenditure on Travel and Subsistence and administration was less than budgeted for. Also, a surplus on the budget allocation for National Health Insurance Grant (NHI) Clerk not appointed was also realised.

**Health Facility Revitalisation Grant:**

The under-spending is mainly related to scheduled maintenance and capital projects, procured by the Department of Transport & Public Works. In particular project expenditure did not meet the available budget mainly due to slippages of the project program. 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.

In additions, other causes of delays include:

- Organisational Development and Quality Assurance – delays in filling the Built Environment professional posts due to shortages of such skills.
- Scheduled Maintenance – quality of the facility condition assessments, delays in the finalisation of the project brief, and lengthy implementation periods.
- Capital Projects – dispute with Contractors, and Contractors' performance, and inadequate contract and project management application.
- Health Technology – Picture Archive Communication System (PACS) Radiology Information System (RIS) implementation and the long lead time for getting all the necessary approvals from the State Information Technology Agency (SITA).

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**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

|  | <b>Final<br/>Appropriation</b> | <b>Actual<br/>Expenditure</b> | <b>Variance</b> | <b>Variance as a %<br/>of Final Approp.</b> |
|--|--------------------------------|-------------------------------|-----------------|---|
| <b>Per Conditional Grant</b>   | <b>R'000</b>                   | <b>R'000</b>                  | <b>R'000</b>    | <b>%</b>                                    |
| <b>Expanded Public Works Programme Integrated Grant for Provinces:</b>   |                                |                               |                 |   |
| Procurement was very slow due to Local Production and Content requirement for the purchase of uniforms. Quotations were sourced via the Electronic Purchasing System but suppliers took a long time to provide institutions with the required documentation. Orders were generated for a portion of the outstanding protective clothing but delivery could not be made before 31 March 2015. |                                |                               |                 |   |
| <b>Social Sector Expanded Public Works Programme Incentive Grant for Provinces:</b>  |                                |                               |                 |   |
| Savings mainly incurred in the Expanded Public Works Programme (EPWP), due to a high attrition rate of Community Care Workers, late filling of Non Profit Institutions(NPI's) posts and the inability of NPI's to spend training allowance timeously.  |                                |                               |                 |   |

WESTERN CAPE GOVERNMENT HEALTH  
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STATEMENT OF FINANCIAL PERFORMANCE  
for the year ended 31 March 2015

|   | Note | 2014/15<br>R'000  | 2013/14<br>R'000  |
|---|------|-------------------|-------------------|
| <b>REVENUE</b>  |      |                   |                   |
| Annual appropriation                                    | 1    | 17 430 423        | 16 029 981        |
| Departmental revenue                                    | 2    | 121 957           | 110 785           |
| Aid assistance  | 3    | -                 | 4 250             |
| <b>TOTAL REVENUE</b>                                    |      | <b>17 552 380</b> | <b>16 145 016</b> |
| <b>EXPENDITURE</b>                                      |      |                   |                   |
| <b>Current expenditure</b>                              |      |                   |                   |
| Compensation of employees                               | 4    | 10 072 353        | 9 237 938         |
| Goods and services                                      | 5    | 5 510 960         | 4 955 604         |
| Aid assistance  | 3    | 1 145             | -                 |
| <b>Total current expenditure</b>                        |      | <b>15 584 458</b> | <b>14 193 542</b> |
| <b>Transfers and subsidies</b>                          |      |                   |                   |
| Transfers and subsidies                                 | 7    | 964 416           | 881 528           |
| <b>Total transfers and subsidies</b>                    |      | <b>964 416</b>    | <b>881 528</b>    |
| <b>Expenditure for capital assets</b>                   |      |                   |                   |
| Tangible assets   | 8    | 745 115           | 835 965           |
| Intangible assets                                       | 8    | 2 285             | 1 602             |
| <b>Total expenditure for capital assets</b>             |      | <b>747 400</b>    | <b>837 567</b>    |
| <b>Payments for financial assets (Theft and Losses)</b> | 6    | 11 274            | 4 325             |
| <b>TOTAL EXPENDITURE</b>                                |      | <b>17 307 548</b> | <b>15 916 962</b> |
| <b>SURPLUS FOR THE YEAR</b>                             |      | <b>244 832</b>    | <b>228 054</b>    |
| <b>Reconciliation of the Net Surplus for the year</b>   |      |                   |                   |
| Voted Funds   |      | 124 615           | 113 019           |
| Annual appropriation                                    |      | 19 902            | 30 019            |
| Conditional grants                                      |      | 104 713           | 83 000            |
| Departmental revenue                                    | 14   | 121 957           | 110 785           |
| Aid assistance  | 3    | (1 740)           | 4 250             |
| <b>SURPLUS FOR THE YEAR</b>                             |      | <b>244 832</b>    | <b>228 054</b>    |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**STATEMENT OF THE FINANCIAL POSITION  
as at 31 March 2015**

|  | Note | 2014/15<br>R'000 | 2013/14<br>R'000 |
|--|------|------------------|------------------|
| <b>ASSETS</b>  |      |                  |                  |
| <b>Current Assets</b>                                      |      | <b>221 305</b>   | <b>195 318</b>   |
| Cash and cash equivalents                                  | 10   | 184 899          | 155 377          |
| Prepayments and advances                                   | 11   | 1 752            | 1 094            |
| Receivables  | 12   | 34 654           | 38 847           |
| <b>Non-Current Assets</b>                                  |      | <b>23 808</b>    | <b>31 701</b>    |
| Receivables  | 12   | 23 808           | 31 701           |
| <b>TOTAL ASSETS</b>  |      | <b>245 113</b>   | <b>227 019</b>   |
| <b>LIABILITIES</b>   |      |                  |                  |
| <b>Current Liabilities</b>                                 |      | <b>225 124</b>   | <b>202 195</b>   |
| Voted funds to be surrendered to the Revenue Fund          | 13   | 124 615          | 113 019          |
| Departmental revenue to be surrendered to the Revenue Fund | 14   | 21 670           | 10 964           |
| Payables   | 15   | 76 329           | 73 962           |
| Aid assistance unutilised                                  | 3    | 2 510            | 4 250            |
| <b>TOTAL LIABILITIES</b>                                   |      | <b>225 124</b>   | <b>202 195</b>   |
| <b>NET ASSETS</b>  |      | <b>19 989</b>    | <b>24 824</b>    |
| <b>Represented by:</b>                                     |      |                  |                  |
| Recoverable revenue  |      | 19 989           | 24 824           |
| <b>TOTAL</b>   |      | <b>19 989</b>    | <b>24 824</b>    |

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**STATEMENT OF CHANGES IN NET ASSETS  
For the year ended 31 March 2015**

|   | Note | 2014/15<br>R'000 | 2013/14<br>R'000 |
|---|------|------------------|------------------|
| <b>NET ASSETS</b>                                   |      |                  |                  |
| <b>Recoverable revenue</b>                          |      |                  |                  |
| Opening balance                                     |      | 24 824           | 22 634           |
| Transfers   |      | <b>(4 835)</b>   | <b>2 190</b>     |
| Irrecoverable amounts written off                   | 6.3  | (5 986)          | (1 190)          |
| Debts revised                                       |      | (93)             | (193)            |
| Debts recovered (included in departmental receipts) |      | (1 095)          | (526)            |
| Debts raised  |      | 2 339            | 4 099            |
| Closing balance                                     |      | <b>19 989</b>    | <b>24 824</b>    |
| <b>TOTAL</b>  |      | <b>19 989</b>    | <b>24 824</b>    |

**WESTERN CAPE GOVERNMENT HEALTH  
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**CASH FLOW STATEMENT  
For the year ended 31 March 2015**

|  | Note      | 2014/15<br>R'000  | 2013/14<br>R'000  |
|--|-----------|-------------------|-------------------|
| <b>CASH FLOWS FROM OPERATING ACTIVITIES</b>              |           |                   |                   |
| <b>Receipts</b>  |           | <b>18 048 770</b> | <b>16 631 989</b> |
| Annual appropriated funds received                       | 1.1       | 17 430 423        | 16 029 981        |
| Departmental revenue received                            | 2         | 615 768           | 596 342           |
| Interest received  | 2.2       | 2 579             | 1 416             |
| Aid assistance received                                  | 3         | -                 | 4 250             |
| Net decrease/(increase) in working capital               |           | 13 795            | (30 120)          |
| Surrendered to Revenue Fund                              |           | (720 815)         | (741 237)         |
| Current payments   |           | (15 584 458)      | (14 193 542)      |
| Payments for financial assets                            |           | (11 274)          | (4 325)           |
| Transfers and subsidies paid                             |           | (964 416)         | (881 528)         |
| <b>Net cash flow available from operating activities</b> | <b>16</b> | <b>781 602</b>    | <b>781 237</b>    |
| <b>CASH FLOWS FROM INVESTING ACTIVITIES</b>              |           |                   |                   |
| Payments for capital assets                              | 8         | (747 400)         | (837 567)         |
| Proceeds from sale of capital assets                     | 2.3       | 155               | -                 |
| <b>Net cash flows from investing activities</b>          |           | <b>(747 245)</b>  | <b>(837 567)</b>  |
| <b>CASH FLOWS FROM FINANCING ACTIVITIES</b>              |           |                   |                   |
| (decrease)/increase in net assets                        |           | (4 835)           | 2 190             |
| <b>Net cash flows from financing activities</b>          |           | <b>(4 835)</b>    | <b>2 190</b>      |
| Net increase/ (decrease) in cash and cash equivalents    |           | 29 522            | (54 140)          |
| Cash and cash equivalents at beginning of period         |           | 155 377           | 209 517           |
| <b>Cash and cash equivalents at end of period</b>        | <b>10</b> | <b>184 899</b>    | <b>155 377</b>    |

**WESTERN CAPE GOVERNMENT HEALTH  
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**ACCOUNTING POLICIES  
for the year ended 31 March 2015**

**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.

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 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.

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**ACCOUNTING POLICIES  
for the year ended 31 March 2015**

**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.



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**ACCOUNTING POLICIES  
for the year ended 31 March 2015**

**8.1.2 Social contributions**

Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.

Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.

**8.2 Other expenditure**

Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.

**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. 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.

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**ACCOUNTING POLICIES  
for the year ended 31 March 2015**

**9. Aid Assistance**

**9.1 Aid assistance received**

Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value.

Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.

**9.2 Aid assistance paid**

Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.

**10. Cash and cash equivalents**

Cash and cash equivalents are stated at cost in the statement of financial position.

Bank overdrafts are shown separately on the face of the statement of financial position.

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 and are expensed once the subsistence and travel claim is processed.

**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.

**13. Investments**

Investments are recognised in the statement of financial position at cost.

**14. 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.

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**ACCOUNTING POLICIES  
for the year ended 31 March 2015**

**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 accurately, 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 accurately, 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

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**ACCOUNTING POLICIES  
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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 accurately, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.

Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the intangible asset is recorded by another department/entity in which case the completed project costs are transferred to that department.

**17. Provisions and Contingents**

**17.1 Provisions**

Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.

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**ACCOUNTING POLICIES  
for the year ended 31 March 2015**

**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.

**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.

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for the year ended 31 March 2015**

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 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.

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**23. Departures from the MCS requirements**

Management has concluded that the financial statements present fairly the department's primary and secondary information; that the department complied with the Standard.

**24. 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.

**25. Related Party Disclosures**

**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 are recorded in the notes to the financial statements when the transaction is not at arm's length.

**Key management Personnel**

Key management personnel are those persons having the authority and responsibility for planning, directing and controlling the activities of the department. The number of individuals and their full compensation is recorded in the notes to the financial statements.

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**NOTES TO THE ANNUAL FINANCIAL STATEMENTS  
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**1. Appropriation**

**1.1 Annual Appropriation**

| Programmes                   | 2014/15                         |                                   | 2013/14                            |
|------------------------------|---------------------------------|-----------------------------------|------------------------------------|
|                              | Final<br>Appropriation<br>R'000 | Actual Funds<br>Received<br>R'000 | Appropriation<br>Received<br>R'000 |
| Administration               | 583 858                         | 583 858                           | 521 704                            |
| District Health Services     | 6 784 724                       | 6 784 724                         | 6 042 255                          |
| Emergency Medical Services   | 880 653                         | 880 653                           | 819 748                            |
| Provincial Hospital Services | 2 728 812                       | 2 728 812                         | 2 500 139                          |
| Central Hospital Services    | 4 964 077                       | 4 964 077                         | 4 565 421                          |
| Health Sciences and Training | 314 296                         | 314 296                           | 266 262                            |
| Health Care Support Services | 359 617                         | 359 617                           | 355 538                            |
| Health Facilities Management | 814 386                         | 814 386                           | 958 914                            |
| <b>Total</b>                 | <b>17 430 423</b>               | <b>17 430 423</b>                 | <b>16 029 981</b>                  |

|   | Note | 2014/15<br>R'000 | 2013/14<br>R'000 |
|---|------|------------------|------------------|
| <b>1.2 Conditional grants</b>                       |      |                  |                  |
| Total grants received                               | 33   | 4 807 916        | 4 485 180        |
| Provincial grants included in Total Grants received |      | <b>4 807 916</b> | <b>4 485 180</b> |

**2. Departmental Revenue**

|   |     |                |                |
|---|-----|----------------|----------------|
| Sales of goods and services other than capital assets   | 2.1 | 431 639        | 419 475        |
| Interest on debtor accounts, dividends and rent on land | 2.2 | 2 579          | 1 416          |
| Sales of capital assets                                 | 2.3 | 155            | -              |
| Transactions in financial assets and liabilities        | 2.4 | 18 886         | 18 028         |
| Transfer received                                       | 2.5 | 165 243        | 158 839        |
| Total revenue collected                                 |     | <b>618 502</b> | <b>597 758</b> |
| Less: Own revenue included in appropriation             | 14  | 496 545        | 486 973        |
| <b>Departmental revenue over collected</b>              |     | <b>121 957</b> | <b>110 785</b> |



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|  | Note | 2014/15<br>R'000 | 2013/14<br>R'000 |
|--|------|------------------|------------------|
| <b>2.1 Sales of goods and services other than capital assets</b>   | 2    |                  |                  |
| Sales of goods and services produced by the department             |      | <b>430 894</b>   | <b>418 813</b>   |
| Sales by market establishment                                      |      | 3 329            | 3 147            |
| Administrative fees  |      | 7 344            | 5 407            |
| Other sales  |      | 420 221          | 410 259          |
| Sales of scrap, waste and other used current goods                 |      | 745              | 662              |
| <b>Total</b>   |      | <b>431 639</b>   | <b>419 475</b>   |
| <b>2.2 Interest on debtor accounts, dividends and rent on land</b> | 2    |                  |                  |
| Interest   |      | 2 579            | 1 416            |
| <b>Total</b>   |      | <b>2 579</b>     | <b>1 416</b>     |
| <b>2.3 Sales of capital assets</b>                                 | 2    |                  |                  |
| <b>Tangible assets</b>   |      | 155              | -                |
| Machinery and equipment  | 29.2 | 155              | -                |
| <b>Total</b>   |      | <b>155</b>       | <b>-</b>         |
| <b>2.4 Transactions in financial assets and liabilities</b>        | 2    |                  |                  |
| Receivables  |      | 15 089           | 14 946           |
| Other Receipts including Recoverable Revenue                       |      | 3 797            | 3 082            |
| <b>Total</b>   |      | <b>18 886</b>    | <b>18 028</b>    |
| <b>2.5 Transfers received</b>                                      | 2    |                  |                  |
| Higher education institutions                                      |      | 24 149           | 22 313           |
| International organisations  |      | 141 094          | 135 754          |
| Public corporations and private enterprises                        |      | -                | 772              |
| <b>Total</b>   |      | <b>165 243</b>   | <b>158 839</b>   |
| <b>3. Aid Assistance</b>   |      |                  |                  |
| Opening Balance  |      | 4 250            | -                |
| Transferred from statement of financial performance                |      | (1 740)          | 4 250            |
| <b>Closing Balance</b>   |      | <b>2 510</b>     | <b>4 250</b>     |

| <b>Transferred from statement of financial performance</b> |              |
|--|--------------|
| Statement of Financial Performance (Current Expenditure)   | 1 145        |
| Capital Expenditure (Note 8.1)                             | 595          |
| <b>Total aid assistance paid for 2014/15</b>               | <b>1 740</b> |

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|  | Note | 2014/15<br>R'000 | 2013/14<br>R'000 |
|--|------|------------------|------------------|
| <b>3.1 Analysis of balance by source</b> | 3    |                  |                  |
| Aid assistance from other sources        |      | 2 510            | 4 250            |
| <b>Closing Balance</b>                   |      | <b>2 510</b>     | <b>4 250</b>     |
| <b>3.2 Analysis of balance</b>           | 3    |                  |                  |
| Aid assistance unutilised                |      | 2 510            | 4 250            |
| <b>Closing balance</b>                   |      | <b>2 510</b>     | <b>4 250</b>     |
| <b>4. Compensation of employees</b>      |      |                  |                  |
| <b>4.1 Salaries and wages</b>            |      |                  |                  |
| Basic salary                             |      | 6 673 527        | 6 096 761        |
| Performance award                        |      | 51 946           | 46 970           |
| Service Based                            |      | 14 758           | 15 118           |
| Compensative/circumstantial              |      | 975 827          | 829 331          |
| Periodic payments                        |      | 12 356           | 18 108           |
| Other non-pensionable allowances         |      | 1 247 439        | 1 202 410        |
| <b>Total</b>                             |      | <b>8 975 853</b> | <b>8 208 698</b> |

**Employee cost increased due to the following:**

- Annual cost of living adjustments
- Additional staff appointed in respect of the commissioning of new or additional services (e.g. new Emergency Centre at Karl Bremmer Hospital)
- Additional staff appointed in line with the increased HIV-AIDS grant allocation.

**Compensative/ circumstantial** expenditure increased due to an increase in service demand pressures, resulting in an increase in Overtime and Shift Allowance expenditure being incurred.

This was further exacerbated by difficulty in filling critical posts in various programs, which in turn was supplemented by additional overtime and shifts in order to meet service demands.

**4.2 Social Contributions**

**Employer contributions**

|  |                   |                  |
|--|-------------------|------------------|
| Pension                                | 758 538           | 690 076          |
| Medical                                | 336 749           | 337 994          |
| Bargaining council                     | 1 146             | 1 104            |
| Insurance                              | 67                | 66               |
| <b>Total</b>                           | <b>1 096 500</b>  | <b>1 029 240</b> |
| <b>Total compensation of employees</b> | <b>10 072 353</b> | <b>9 237 938</b> |
| Average number of employees            | 30 983            | 30 570           |

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|   | Note | 2014/15<br>R'000 | 2013/14<br>R'000 |
|---|------|------------------|------------------|
| <b>5. Goods and services</b>                              |      |                  |                  |
| Administrative fees                                       |      | 1 021            | 957              |
| Advertising   |      | 35 124           | 32 340           |
| Minor assets  | 5.1  | 51 117           | 49 105           |
| Bursaries (employees)                                     |      | 7 758            | 7 279            |
| Catering  |      | 3 809            | 6 341            |
| Communication   |      | 71 846           | 68 836           |
| Computer services   | 5.2  | 74 418           | 81 228           |
| Consultants: Business and advisory services               |      | 77 562           | 78 319           |
| Infrastructure and planning services                      |      | 16 204           | 8 788            |
| Laboratory services                                       |      | 570 186          | 528 839          |
| Legal services  |      | 10 227           | 6 613            |
| Contractors   |      | 358 295          | 314 024          |
| Agency and support / outsourced services                  |      | 430 127          | 403 028          |
| Entertainment   |      | 67               | 223              |
| Audit cost – external                                     | 5.3  | 25 378           | 23 660           |
| Fleet services  |      | 158 505          | 151 548          |
| Inventory   | 5.4  | 2 321 286        | 2 024 412        |
| Consumables   | 5.5  | 375 558          | 330 171          |
| Operating leases  |      | 23 527           | 20 453           |
| Property payments   | 5.6  | 784 552          | 709 619          |
| Rental and hiring   |      | 16 440           | 16 732           |
| Transport provided as part of the departmental activities |      | 1 882            | 2 340            |
| Travel and subsistence                                    | 5.7  | 41 184           | 36 429           |
| Venues and facilities                                     |      | 1 546            | 2 909            |
| Training and development                                  |      | 37 782           | 34 780           |
| Other operating expenditure                               | 5.8  | 15 559           | 16 631           |
| <b>Total</b>  |      | <b>5 510 960</b> | <b>4 955 604</b> |

For the 2013/14 financial year, inventory and consumables was reported as part of the same note. For 2014/15, the expenditure in respect of inventory and consumables has been split and reported separately under notes 5.4 and 5.5 respectively in line with implementation of SCOA version 4 effective from 1 April 2014.

- Inventory expenditure has been reclassified as **Consumables** if it was found that it is non-essential for satisfying the service delivery obligation of the Department.
- Travel and Subsistence expenditure relating to GG vehicles has been reclassified as **Fleet services**.

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|   | Note | 2014/15<br>R'000 | 2013/14<br>R'000 |
|---|------|------------------|------------------|
| <b>5.1 Minor assets</b>   | 5    |                  |                  |
| <b>Tangible assets</b>  |      | <b>51 108</b>    | <b>49 083</b>    |
| Machinery and equipment   |      | 51 108           | 49 083           |
| <b>Intangible assets</b>  |      | <b>9</b>         | <b>22</b>        |
| Software  |      | 9                | 22               |
| <b>Total</b>  |      | <b>51 117</b>    | <b>49 105</b>    |
| <b>5.2 Computer services</b>  | 5    |                  |                  |
| SITA computer services  |      | 19 048           | 18 577           |
| External computer service providers   |      | 55 370           | 62 651           |
| <b>Total</b>  |      | <b>74 418</b>    | <b>81 228</b>    |
| <p>The under-spending on <b>External computer service</b> providers can mainly be attributed to procurement delays at SITA.</p> |      |                  |                  |
| <b>5.3 Audit cost – external</b>  | 5    |                  |                  |
| Regularity audits   |      | 20 522           | 16 600           |
| Performance audits  |      | -                | 402              |
| Investigations  |      | 4 856            | 6 658            |
| <b>Total</b>  |      | <b>25 378</b>    | <b>23 660</b>    |
| <b>5.4 Inventory</b>  | 5    |                  |                  |
| Food and food supplies  |      | 51 481           | 47 052           |
| Materials and supplies  |      | 29 507           | 23 889           |
| Medical supplies  |      | 1 174 505        | 1 026 400        |
| Medicine  |      | 1 028 175        | 890 182          |
| Laboratory supplies   |      | 37 618           | 36 889           |
| <b>Total</b>  |      | <b>2 321 286</b> | <b>2 024 412</b> |

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**NOTES TO THE ANNUAL FINANCIAL STATEMENTS  
for the year ended 31 March 2015**

|  | Note | 2014/15<br>R'000 | 2013/14<br>R'000 |
|--|------|------------------|------------------|
| Expenditure on <b>medical supplies</b> increased due to:   |      |                  |                  |
| - the purchase of female condoms and medical male circumcision kits  |      |                  |                  |
| - the full commissioning of Mitchells Plain Hospital   |      |                  |                  |
| - general increase in service pressures across the various programmes  |      |                  |                  |
| Expenditure on <b>medicine</b> increased due to:   |      |                  |                  |
| - the change in policy to provide patients with Fixed Dose ARV medicine to improve the quality of care   |      |                  |                  |
| - the continued weakening of the Rand  |      |                  |                  |
| - the imminent lapsing of certain medicine contracts after year-end, resulting in various facilities increasing stock levels to ensure a continuous supply of those affected medicines |      |                  |                  |

**5.5 Consumables**

5

|  |                |                |
|--|----------------|----------------|
| Consumable supplies                      | 297 749        | 263 650        |
| Uniform and clothing                     | 44 627         | 38 892         |
| Household supplies                       | 173 610        | 152 279        |
| Building material and supplies           | 17 006         | 16 921         |
| IT consumables                           | 1 552          | 1 588          |
| Other consumables                        | 60 954         | 53 970         |
| Stationery, printing and office supplies | 77 809         | 66 521         |
| <b>Total</b>                             | <b>375 558</b> | <b>330 171</b> |

**Uniform and clothing** expenditure increased due to an increase in uniform allowances as well as an increase in the cost of Personal Protective Equipment.

**Household supplies** costs increased due to

- general price inflation
- increase in patients drove the cost of groceries

**Other consumable** mainly increased due to an increase in fuel prices and the rollout of the Mobile Wellness Buses.

**5.6 Property payments**

5

|                                  |                |                |
|----------------------------------|----------------|----------------|
| Municipal services               | 232 049        | 223 069        |
| Property management fees         | 301 725        | 248 079        |
| Property maintenance and repairs | 250 778        | 238 471        |
| <b>Total</b>                     | <b>784 552</b> | <b>709 619</b> |

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for the year ended 31 March 2015

|  | Note | 2014/15<br>R'000 | 2013/14<br>R'000 |
|--|------|------------------|------------------|
| <p><b>Property management fees</b> increased due to:</p> <ul style="list-style-type: none"> <li>- increased security costs primarily as a result of the above inflation regulatory price increases</li> <li>- increased security demand at certain facilities</li> <li>- the commissioning of new facilities and services, driving up the cost for cleaning and security</li> </ul> <p><b>Property maintenance and repairs</b> cost increased due to the maintenance backlog in respect of previous financial years being addressed in the current financial year as far as possible with the available funds.</p> |      |                  |                  |
| <b>5.7 Travel and subsistence</b>  | 5    |                  |                  |
| Local  |      | 40 197           | 35 923           |
| Foreign  |      | 987              | 506              |
| <b>Total</b>   |      | <b>41 184</b>    | <b>36 429</b>    |

**Local** costs increased due to additional student accommodation as a result of the expansion of nursing colleges.

**Foreign** costs increased due to:

- the attendance of the international aids conference in Australia by officials
- essential unplanned trips such as that to Nigeria in respect of the mass repatriation of deceased to South Africa by Forensic Pathology Officials following the church collapse

|   |   |               |               |
|---|---|---------------|---------------|
| <b>5.8 Other operating expenditure</b>                | 5 |               |               |
| Professional bodies, membership and subscription fees |   | 1 112         | 753           |
| Resettlement costs                                    |   | 5 527         | 3 700         |
| Other   |   | 8 920         | 12 178        |
| <b>Total</b>  |   | <b>15 559</b> | <b>16 631</b> |

**Professional bodies, membership and subscription fees** increased primarily due to an increase in number of staff requiring registration to their relevant professional bodies, as well as categories of staff (e.g. Ambulance Assistants) requiring professional registration.

**Resettlement costs** increase due to an increase in the number of posts filled that qualified for resettlement costs.

**Other expenditure** primarily relates to courier fees. The reduction is due the re-negotiated courier contract in respect of the Cape Medical Depot deliveries.

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|  | Note                            | 2014/15<br>R'000 | 2013/14<br>R'000 |
|--|---------------------------------|------------------|------------------|
| <b>6. Payments for financial assets</b>  |                                 |                  |                  |
| Material losses through criminal conduct |                                 | 2 152            | 62               |
| Theft                                    | 6.4                             | 4                | 62               |
| Other material losses                    | 6.1                             | 2 148            | -                |
| Other material losses written off        | 6.2                             | 3 136            | 3 158            |
| Debts written off                        | 6.3                             | 5 986            | 1 105            |
| <b>Total</b>                             |                                 | <b>11 274</b>    | <b>4 325</b>     |
| <b>6.1 Other material losses</b>         | 6                               |                  |                  |
| <b>Nature of other material losses</b>   |                                 |                  |                  |
| <b>Incident</b>                          | <b>Disciplinary Steps taken</b> |                  |                  |
| Financial Misconduct                     | Official was dismissed          | 2 148            | -                |
| <b>Total</b>                             |                                 | <b>2 148</b>     | <b>-</b>         |

The above amount relates to fraudulent payments made by a former employee between May 2007 and December 2011. Criminal charges were instituted by the Department and the official was found guilty and sentenced to 6 years' imprisonment. As the former employee does not have any fixed assets and her pension is insufficient to cover the debt, it was concluded by Legal Services that this debt should be written off.

|  |   |              |              |
|--|---|--------------|--------------|
| <b>6.2 Other material losses written off</b> | 6 |              |              |
| <b>Nature of losses</b>                      |   |              |              |
| Government Vehicle Damages & Losses          |   | 2 096        | 1 259        |
| Redundant Stock (CMD & HIV/AIDS)             |   | 1 040        | 1 899        |
| <b>Total</b>                                 |   | <b>3 136</b> | <b>3 158</b> |

Government Vehicle Damages & Losses primarily relates to cost incurred for damages to the Department's motor vehicles as a result of accidents. Amounts are only written off after a thorough investigation to determine whether any officials can held liable have been conducted.

Redundant Stock is a as a result of missing units in boxes received from suppliers and prepack deficiencies due to breakages during packaging. The decrease in stock write-offs is due to improved stock management systems, holding staff responsible for losses, moving stock to facilities or other depot's for use before expiry or new product rolled out, logging of calls with suppliers for short supply and requesting of credit notes.

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|                                    | Note | 2014/15<br>R'000 | 2013/14<br>R'000 |
|------------------------------------|------|------------------|------------------|
| <b>6.3 Debts written off</b>       | 6    |                  |                  |
| <b>Nature of debts written off</b> |      |                  |                  |
| Salary Overpayments                |      | 1 684            | 903              |
| Medical Bursaries                  |      | 2 965            | -                |
| Tax                                |      | 272              | 102              |
| Fruitless and Wasteful expenditure | 25.1 | 35               | -                |
| Accommodation                      |      | -                | 2                |
| Telephone Account                  |      | 1                | -                |
| Supplier debtors                   |      | 925              | 30               |
| Services rendered                  |      | -                | 2                |
| Other minor incidents              |      | 104              | 66               |
| <b>Total</b>                       |      | <b>5 986</b>     | <b>1 105</b>     |

The majority of **salary overpayment** debts written off relate to former employees. These amounts have been deemed irrecoverable and have therefore been written off.

**Medical Bursaries** debt written off primarily relates to bursaries granted pre 2011 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.

**Reclassified** 2013/14 debt relating to suppliers from "other" to "supplier debt"

**Supplier debtors** written off primarily relates to

debts raised against NGO's which have, after numerous attempts to recover amounts, been deemed irrecoverable and therefore written off

Purchases by the CMD which resulted in a debt being raised against contracted suppliers who could not meet demands

|                             |   |          |           |
|-----------------------------|---|----------|-----------|
| <b>6.4 Details of theft</b> | 6 |          |           |
| <b>Nature of theft</b>      |   |          |           |
| GG Vehicle Accessories      |   | 4        | 60        |
| Patient Fees                |   | -        | 2         |
| <b>Total</b>                |   | <b>4</b> | <b>62</b> |



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|  | Note        | 2014/15<br>R'000 | 2013/14<br>R'000 |
|--|-------------|------------------|------------------|
| <b>7. Transfers and Subsidies</b>        |             |                  |                  |
| Provinces and municipalities             |             | 396 459          | 354 525          |
| Departmental agencies and accounts       | ANNEXURE 1A | 4 605            | 4 324            |
| Higher education institutions            | ANNEXURE 1B | 3 773            | 3 480            |
| Non-profit institutions                  | ANNEXURE 1C | 415 717          | 408 767          |
| Households                               | ANNEXURE 1D | 143 862          | 110 432          |
| <b>Total</b>                             |             | <b>964 416</b>   | <b>881 528</b>   |
| <b>8. Expenditure for capital assets</b> |             |                  |                  |
| <b>Tangible assets</b>                   |             | <b>745 115</b>   | <b>835 965</b>   |
| Buildings and other fixed structures     | 31          | 282 817          | 415 566          |
| Machinery and equipment                  | 29.1        | 462 298          | 420 399          |
| <b>Intangible assets</b>                 |             | <b>2 285</b>     | <b>1 602</b>     |
| Software                                 | 30          | 2 285            | 1 602            |
| <b>Total</b>                             |             | <b>747 400</b>   | <b>837 567</b>   |

**8.1 Analysis of funds utilised to acquire capital assets - 2014/15**

|                                      | Voted Funds<br>R'000 | Aid assistance<br>R'000 | TOTAL<br>R'000 |
|--------------------------------------|----------------------|-------------------------|----------------|
| <b>Tangible assets</b>               | <b>744 520</b>       | <b>595</b>              | <b>745 115</b> |
| Buildings and other fixed structures | 282 817              | -                       | 282 817        |
| Machinery and equipment              | 461 703              | 595                     | 462 298        |
| <b>Intangible assets</b>             | <b>2 285</b>         | <b>-</b>                | <b>2 285</b>   |
| Software                             | 2 285                | -                       | 2 285          |
| <b>Total</b>                         | <b>746 805</b>       | <b>595</b>              | <b>747 400</b> |

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|   | Note | 2014/15<br>R'000             | 2013/14<br>R'000                |
|---|------|------------------------------|---------------------------------|
| <b>8.2 Analysis of funds utilised to acquire capital assets - 2013/14</b>       |      |                              |                                 |
|   |      | <b>Voted Funds<br/>R'000</b> | <b>Aid assistance<br/>R'000</b> |
|   |      |                              | <b>TOTAL<br/>R'000</b>          |
| <b>Tangible assets</b>  |      | <b>835 965</b>               | <b>-</b>                        |
| Buildings and other fixed structures  |      | 415 566                      | -                               |
| Machinery and equipment   |      | 420 399                      | -                               |
| <b>Intangible assets</b>  |      | <b>1 602</b>                 | <b>-</b>                        |
| Software  |      | 1 602                        | -                               |
| <b>Total</b>  |      | <b>837 567</b>               | <b>-</b>                        |
| <b>8.3 Finance lease expenditure included in Expenditure for capital assets</b> |      |                              |                                 |
| <b>Tangible assets</b>  |      |                              |                                 |
| Machinery and equipment   |      | 128 636                      | 100 162                         |
| <b>Total</b>  |      | <b>128 636</b>               | <b>100 162</b>                  |
| <b>9. Unauthorized Expenditure</b>  |      |                              |                                 |
| Opening balance   |      | -                            | 53 742                          |
| Less: Amounts approved by Parliament/Legislature with funding                   |      | -                            | (53 742)                        |
| <b>Unauthorised expenditure awaiting authorisation / written off</b>            |      | <b>-</b>                     | <b>-</b>                        |
| <b>10. Cash and Cash Equivalents</b>  |      |                              |                                 |
| Consolidated Paymaster General Account  |      | 359 149                      | 257 464                         |
| Cash Receipts   |      | -                            | 1                               |
| Disbursements   |      | (174 606)                    | (102 114)                       |
| Cash on hand  |      | 356                          | 26                              |
| <b>Total</b>  |      | <b>184 899</b>               | <b>155 377</b>                  |

**Consolidated Paymaster General account**

The Department's bank balance as the end of March 2014 has been reclassified from Investments (Domestic) to Consolidated Paymaster General Account and the March 2015 bank balance have been reported accordingly.

Payments authorised before year end, which have not disbursed at that date, has been reclassified from bank overdraft to Cash and Cash Equivalents in the comparative figures (2013/14 financial year) and the current year has been reported in line with the aforementioned.

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|   | Note | 2014/15<br>R'000 | 2013/14<br>R'000 |
|---|------|------------------|------------------|
| <b>Disbursements</b>  |      |                  |                  |
| The balance relates to payments reflected in the Statement of Financial Performance. However, the cash flow occurred in April 2015.   |      |                  |                  |
| <b>Cash on Hand</b>   |      |                  |                  |
| During the 2013/14 financial year petty cash was deposited into the Department's main account and therefore this account only reflected the floats held by cashiers. However, for the 2014/15 financial year, these amounts remained in the institutions' sub accounts. |      |                  |                  |

**11. Prepayments and Advances**

|                        |      |              |              |
|------------------------|------|--------------|--------------|
| Travel and subsistence |      | 903          | 334          |
| Advances paid          | 11.1 | 849          | 760          |
| <b>Total</b>           |      | <b>1 752</b> | <b>1 094</b> |

**11.1 Advances paid**

|                    |          |            |            |
|--------------------|----------|------------|------------|
| Other institutions | Annex 7A | 849        | 760        |
| <b>Total</b>       |          | <b>849</b> | <b>760</b> |

The above relates to payments made to NGO's which have not been recovered yet as at year end. (Refer to Annexure 7A.)

**12 Receivables**

|                    | Note            | 2014/15                        |                                |                                    | 2013/14        |               |
|--------------------|-----------------|--------------------------------|--------------------------------|------------------------------------|----------------|---------------|
|                    |                 | Less than one<br>year<br>R'000 | One to three<br>years<br>R'000 | Older than three<br>years<br>R'000 | Total<br>R'000 | R'000         |
| Claims recoverable | 12.1<br>Annex 3 | 15 688                         | 1 335                          | -                                  | 17 023         | 17 540        |
| Staff debt         | 12.2            | 5 186                          | 2 525                          | 2 289                              | 10 000         | 15 282        |
| Other debtors      | 12.3            | 14 618                         | 10 054                         | 6 767                              | 31 439         | 37 726        |
| <b>Total</b>       |                 | <b>35 492</b>                  | <b>13 914</b>                  | <b>9 056</b>                       | <b>58 462</b>  | <b>70 548</b> |

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|                                  | Note | 2014/15<br>R'000 | 2013/14<br>R'000 |
|----------------------------------|------|------------------|------------------|
| <b>12.1 Claims recoverable</b>   | 12   |                  |                  |
| National departments             |      | 2 676            | 2 187            |
| Provincial departments           |      | 2 528            | 2 212            |
| Public entities                  |      | -                | 5 792            |
| Local governments                |      | 11 819           | 7 349            |
| <b>Total</b>                     |      | <b>17 023</b>    | <b>17 540</b>    |
| <b>12.2 Staff debt</b>           | 12   |                  |                  |
| Salary Reversal Control          |      | -                | 799              |
| Sal: Deduction Disall Account:CA |      | 16               | 22               |
| Sal: Tax Debt:CA                 |      | 264              | 316              |
| Debt Account:CA                  |      | 9 716            | 14 137           |
| Sal: Medical Aid                 |      | 4                | 4                |
| Sal: Pension Fund                |      | -                | 4                |
| <b>Total</b>                     |      | <b>10 000</b>    | <b>15 282</b>    |

**Debt Account :CA**

Medical Bursaries debt (which was included in the **Debt Account: CA** in the 2013/14 Annual Financial Statements) has been reclassified to Other Debtors (Note 12.3 as these bursaries were granted to individuals not employed by the Department.

The decrease in this balance is due to write-off of salary overpayment debt and tax debt to the value of R1.9m and recoveries done during the current financial year.

|                                |    |               |               |
|--------------------------------|----|---------------|---------------|
| <b>12.3 Other debtors</b>      | 12 |               |               |
| Disallowance Miscellaneous     |    | 5 051         | 6 298         |
| Disallowance damage and losses |    | 110           | 132           |
| Damage vehicles:CA             |    | 1 681         | 1 606         |
| Supplier Debtors               |    | 3 824         | 5 819         |
| Advances: Public Entities      |    | 1 936         | 2 931         |
| Medical Bursaries              |    | 18 837        | 20 940        |
| <b>Total</b>                   |    | <b>31 439</b> | <b>37 726</b> |

**Medical Bursaries** debt (which was included in the Debt Account: CA in the 2013/14 Annual Financial Statements) has been reclassified from Staff Debtors (Note 12.2) as these bursaries were granted to individuals not employed by the Department.

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|  | Note     | 2014/15<br>R'000 | 2013/14<br>R'000 |
|--|----------|------------------|------------------|
| <b>12.4 Fruitless and Wasteful Expenditure</b>                                 |          |                  |                  |
| Opening balance  |          | -                | -                |
| Less amounts written off   |          | (35)             | -                |
| Transfers from note 25 Fruitless and Wasteful expenditure                      |          | 35               | -                |
| <b>Total</b>   |          | <b>-</b>         | <b>-</b>         |
| <b>12.5 Impairment of receivables</b>  |          |                  |                  |
| Estimate of impairment of receivables  |          | 521              | 529              |
| <b>Total</b>   |          | <b>521</b>       | <b>529</b>       |
| <b>13. Voted funds to be surrendered to the Revenue Fund</b>                   |          |                  |                  |
| Opening balance  |          | 113 019          | 142 975          |
| Transfer from statement of financial performance                               |          | 124 615          | 113 019          |
| Paid during the year   |          | (113 019)        | (142 975)        |
| <b>Closing balance</b>   |          | <b>124 615</b>   | <b>113 019</b>   |
| <b>14. Departmental revenue Receipts to be surrendered to the Revenue Fund</b> |          |                  |                  |
| Opening balance  |          | 10 964           | 11 468           |
| Transfers from statement of financial performance                              |          | 121 957          | 110 785          |
| Own revenue included in appropriation  |          | 496 545          | 486 973          |
| Paid during the year   |          | (607 796)        | (598 262)        |
| <b>Closing balance</b>   |          | <b>21 670</b>    | <b>10 964</b>    |
| <b>15. Payables – current</b>  |          |                  |                  |
| Advances received  | 15.1     | 65 762           | 73 168           |
| Clearing accounts  | 15.2     | 4 526            | 794              |
| Other payable (Medsas)   | 15.3     | 6 041            | -                |
| <b>Total</b>   |          | <b>76 329</b>    | <b>73 962</b>    |
| <b>15.1 Advances received</b>  | 15       |                  |                  |
| Other institutions   | Annex 7B | 65 762           | 73 168           |
| <b>Total</b>   |          | <b>65 762</b>    | <b>73 168</b>    |

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|                               | Note | 2014/15<br>R'000 | 2013/14<br>R'000 |
|-------------------------------|------|------------------|------------------|
| <b>15.2 Clearing accounts</b> | 15   |                  |                  |
| Patient Fee Deposits          |      | 3                | 321              |
| Sal: Pension fund             |      | 915              | 409              |
| Sal: Income tax               |      | 3 588            | 63               |
| Sal: Bargaining councils      |      | 16               | 1                |
| Sal: Reversal control         |      | 4                | -                |
| <b>Total</b>                  |      | <b>4 526</b>     | <b>794</b>       |

The reason for the increase in **Sal: Income Tax** account is as follows:

As at the end of March 2014, the final PERSAL supplementary run took place on 2014/03/19 and the PERSAL month end run on 2014/03/21, which means that no further interfaces took place after the month end run and that all programmatic transactions were paid over to SARS in March 2014. The balance as at the 2013/14 related to manual transactions which were paid over to SARS during April 2014.

As at the end of March 2015, the PERSAL month end run took place on 2015/03/20. Two (2) supplementary runs processed after this run which means additional interfaces took place in March after the system prepared the pay over amount to SARS (month end run). These runs took place on 2015/03/23 + 2015/03/25 respectively. These amounts are only cleared with the next pay over to SARS (PERSAL month end run) which took place as at the end of April 2015.

|                            |    |              |          |
|----------------------------|----|--------------|----------|
| <b>15.3 Other payables</b> | 15 |              |          |
| Medsas payables            |    | 6 041        | -        |
| <b>Total</b>               |    | <b>6 041</b> | <b>-</b> |

This balance primarily consists of amounts owed to suppliers by the Cape Medical Depot for goods received.

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|   | Note     | 2014/15<br>R'000 | 2013/14<br>R'000 |
|---|----------|------------------|------------------|
| <b>16. Net cash flow available from operating activities</b>                  |          |                  |                  |
| Net surplus as per Statement of Financial Performance                         |          | 244 832          | 228 054          |
| Add back non cash/cash movements not deemed operating activities              |          | <b>536 770</b>   | <b>553 183</b>   |
| Decrease in receivable - current  |          | 12 086           | 3 234            |
| (Increase)/decrease in prepayments and advances                               |          | (658)            | 745              |
| Decrease in other current assets  |          | -                | 53 742           |
| Increase/(decrease) in payables – current                                     |          | 2 367            | (87 841)         |
| Proceeds from sale of capital assets  |          | (155)            | -                |
| Expenditure on capital assets   |          | 747 400          | 837 567          |
| Surrenders to Revenue Fund  |          | (720 815)        | (741 237)        |
| Own revenue included in appropriation   |          | 496 545          | 486 973          |
| <b>Net cash flow generated by operating activities</b>                        |          | <b>781 602</b>   | <b>781 237</b>   |
| <b>17. Reconciliation of cash and cash equivalents for cash flow purposes</b> |          |                  |                  |
| Consolidated Paymaster General account  |          | 359 149          | 257 464          |
| Cash receipts   |          | -                | 1                |
| Disbursements   |          | (174 606)        | (102 114)        |
| Cash on hand  |          | 356              | 26               |
| <b>Total</b>  |          | <b>184 899</b>   | <b>155 377</b>   |
| <b>18. Contingent liabilities and contingent assets</b>                       |          |                  |                  |
| <b>18.1 Contingent liabilities</b>  |          |                  |                  |
| <b>Nature</b>   |          |                  |                  |
| Housing loan  | Annex 2A | 294              | 299              |
| Claims against the department   | Annex 2B | 217 872          | 179 230          |
| Intergovernmental payables (unconfirmed balances)                             | Annex 4  | 2 490            | 1 166            |
| <b>Total</b>  |          | <b>220 656</b>   | <b>180 695</b>   |

**PILIR Cases**

**The following note explains the possible understatement of contingent assets/liabilities**

The Department of Public Services and Administration (DPSA) contracted Metropolitan Health (Pty) Ltd on 17 October 2014, as the preferred Health Risk Manager to evaluate and finalise the stockpiled PILIR cases. Metropolitan Health collected all the stockpiled PILIR cases between 23 January 2015 to 3 March 2015 which consists of all out-of-service and in-service stockpiled PILIR cases, to be finalized by no later than 31 March 2016.

The Department of Health confirmed the DPSA agreement with Metropolitan Health (Pty) Ltd in an agreement signed by the Head of Department on 26 November 2014.

The Department of Health forwarded 1 141 PILIR Cases to Metropolitan Health and received 32 back from Metropolitan Health to date. The Department of Health continuously monitors these cases with Metropolitan.

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|                                 | Note | 2014/15<br>R'000 | 2013/14<br>R'000 |
|---------------------------------|------|------------------|------------------|
| <b>19. Commitments</b>          |      |                  |                  |
| <b>Current expenditure</b>      |      |                  |                  |
| Approved and contracted         |      | 734 242          | 817 504          |
| Approved but not yet contracted |      | 4 099            | 127 608          |
|                                 |      | <b>738 341</b>   | <b>945 112</b>   |
| <b>Capital Expenditure</b>      |      |                  |                  |
| Approved and contracted         |      | 597 878          | 499 067          |
| Approved but not yet contracted |      | 885              | 541 172          |
|                                 |      | <b>598 763</b>   | <b>1 040 239</b> |
| <b>Total Commitments</b>        |      | <b>1 337 104</b> | <b>1 985 351</b> |

**20. Accruals and payables not recognised**

| Listed by economic classification | 2014/15<br>R'000 |               |                | 2013/14<br>R'000 |
|-----------------------------------|------------------|---------------|----------------|------------------|
|                                   | 30 days          | 30+ days      | Total          | Total            |
| Other (mainly overtime)           | 16 497           | 604           | 17 101         | 22 232           |
| Goods and services                | 152 025          | 22 256        | 174 281        | 250 557          |
| Transfers and subsidies           | 47 542           | -             | 47 542         | 49 982           |
| Capital assets                    | 4 450            | 75            | 4 525          | 10 757           |
| <b>Total</b>                      | <b>220 514</b>   | <b>22 935</b> | <b>243 449</b> | <b>333 528</b>   |

|                                  | Note | 2014/15<br>R'000 | 2013/14<br>R'000 |
|----------------------------------|------|------------------|------------------|
| <b>Listed by programme level</b> | 20   |                  |                  |
| Administration                   |      | 9 275            | 26 353           |
| District Health Services         |      | 89 764           | 97 377           |
| Emergency Medical Services       |      | 21 112           | 16 470           |
| Provincial Hospital Services     |      | 28 940           | 25 400           |
| Central Hospital Services        |      | 77 158           | 141 974          |
| Health Sciences and Training     |      | 2 120            | 3 899            |
| Health Care Support Service      |      | 14 445           | 21 887           |
| Health Facility Management       |      | 635              | 168              |
| <b>Total</b>                     |      | <b>243 449</b>   | <b>333 528</b>   |

Included in "other" is amounts payable to employees for services rendered (e.g. overtime worked) on/ before 31 March, which will only be paid in the new financial year.

|                                     |         |              |              |
|-------------------------------------|---------|--------------|--------------|
| Confirmed balances with departments | Annex 4 | 3 960        | 8 422        |
| <b>Total</b>                        |         | <b>3 960</b> | <b>8 422</b> |



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|                                   | Note | 2014/15<br>R'000      | 2013/14<br>R'000      |
|-----------------------------------|------|-----------------------|-----------------------|
| <b>21. Employee benefits</b>      |      |                       |                       |
| Leave entitlement                 |      | 288 271               | 276 845               |
| Service bonus (Thirteenth cheque) |      | 232 319               | 217 285               |
| Performance awards                |      | 50 905                | 46 728                |
| Capped leave commitments          |      | 253 461               | 268 113               |
| Other                             |      | 14 046                | 12 034                |
| <b>Total</b>                      |      | <b><u>839 002</u></b> | <b><u>821 005</u></b> |

During the 2013/14 financial year, employee related cost (such as overtime), payable at year end, was reported as **other** under Employee benefits. These amounts have been reclassified to accruals (note 20).

The amounts included in "**other**" in this note relates to long service awards that will vest in the new financial year. This is a new requirement in terms of the Modified Cash Standard and the comparative figures has have been reported in line with this requirement.

**Leave Entitlement**

|  | R'000          |
|--|----------------|
| Leave entitlement on PERSAL at 31 March 2015 | 260 244        |
| Negative Leave Credits included              | 26 489         |
| Leave captured after 31 March 2015           | (21 010)       |
| Leave captured before 31 March 2015          | <u>22 548</u>  |
| Recalculated Leave entitlement               | <u>288 271</u> |

Negative leave balances mostly result from capturing of leave on the PERSAL system before 31 March 2015, but the leave will only be taken in 2015-16 financial year.

**22. Lease commitments**

**22.1 Operating leases expenditure**

|  | Machinery and<br>equipment<br>R'000 | Total<br>R'000       |
|--|-------------------------------------|----------------------|
| <b>2014/15</b>                               |                                     |                      |
| 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                   |
| <b>Total lease commitments</b>               | <b><u>37 612</u></b>                | <b><u>37 612</u></b> |
| <b>2013/14</b>                               |                                     |                      |
| Not later than 1 year                        | 24 216                              | 24 216               |
| Later than 1 year and not later than 5 years | 22 929                              | 22 929               |
| Later than five years                        | 20                                  | 20                   |
| <b>Total lease commitments</b>               | <b><u>47 165</u></b>                | <b><u>47 165</u></b> |

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|   | Note | 2014/15<br>R'000                   | 2013/14<br>R'000 |
|---|------|------------------------------------|------------------|
| <b>22.2 Finance leases expenditure</b>                |      |                                    |                  |
|   |      | <b>Machinery and<br/>equipment</b> | <b>Total</b>     |
| <b>2014/15</b>  |      | <b>R'000</b>                       | <b>R'000</b>     |
| 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           |
| <b>Total lease commitments</b>                        |      | <b>436 788</b>                     | <b>436 788</b>   |
| <b>2013/14</b>  |      |                                    |                  |
| Not later than 1 year                                 |      | 109 659                            | 109 659          |
| Later than 1 year and not later than 5 years          |      | 309 660                            | 309 660          |
| Later than five years                                 |      | 36 505                             | 36 505           |
| <b>Total lease commitments</b>                        |      | <b>455 824</b>                     | <b>455 824</b>   |
| <b>23. Accrued departmental revenue</b>               |      |                                    |                  |
| Sales of goods and services other than capital assets |      | 575 434                            | 515 599          |
| <b>Total</b>  |      | <b>575 434</b>                     | <b>515 599</b>   |

The Department's debt amounts to R575 million comprising:

|                           | 2014/15              | 2013/14              |
|---------------------------|----------------------|----------------------|
| Road Accident Fund (RAF): | R 369 million        | R 311 million        |
| Other:                    | <u>R 206 million</u> | <u>R 204 million</u> |
| Total:                    | <u>R 575 million</u> | <u>R 515 million</u> |

The amount of R 575 million must be reduced by the following:

2014/2015 RAF & COID payments received, but not credited to billing systems = R 63 million.

Debt older than 3 years and debt to be removed from the system according to departmental policy = R12 million.

Remaining valid debt = R 500 million.

- Of this amount, R 308 million (62%) consists of RAF debt.  
The Department estimates that a quarter of the RAF debt is irrecoverable due to the rules for shared accountability. The recovery cost of RAF debt is 17% of amounts recovered which is considerably high. The Department therefore considers 50% of the RAF debt as recoverable on a nett basis. However, despite ongoing payments, it may take years to recover this debt The remaining valid debt = R 346 million
- Of this amount, R124 million relates to debt owed by individuals of which only 54% is deemed recoverable due to the low income of the department's clients The remaining valid debt = R 289 million.

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- Of this amount, R27 million relates to medical aid debt, of which 90% is estimated to be recoverable since medical aids, on average, pay according to the benefits available. The balance is therefore the individuals' share of the cost, and is more difficult to recover.

The total recoverable debt is therefore estimated at R 286 million

The above debt includes a credit balance of R 8 million due to the incorrect allocation of payments to invoices within the same account holder, simultaneous write-off and payment, and duplicate payments.

Patient Fees debt written off during the year = R 258 million.

|  | Note | 2014/15<br>R'000 | 2013/14<br>R'000 |
|--|------|------------------|------------------|
| <b>23.1 Analysis of accrued departmental revenue</b>   | 23   |                  |                  |
| Opening balance  |      | 515 599          | 540 113          |
| Less: Amounts received                                 |      | 393 360          | 379 773          |
| Add: Amounts recognised                                |      | 711 216          | 544 616          |
| Less: Amounts written-off/reversed as irrecoverable    |      | 258 021          | 189 357          |
| <b>Closing balance</b>                                 |      | <b>575 434</b>   | <b>515 599</b>   |
| <br>   |      |                  |                  |
| <b>23.2 Accrued department revenue written off</b>     | 23   |                  |                  |
| <b>Nature of losses</b>                                |      |                  |                  |
| Patient Fees   |      | 258 021          | 189 357          |
| <b>Total</b>   |      | <b>258 021</b>   | <b>189 357</b>   |
| <br>   |      |                  |                  |
| <b>23.3 Impairment of accrued departmental revenue</b> | 23   |                  |                  |
| Estimate of impairment of accrued departmental revenue |      | 225 740          | 182 500          |
| <b>Total</b>   |      | <b>225 740</b>   | <b>182 500</b>   |

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|  | Note | 2014/15<br>R'000 | 2013/14<br>R'000 |
|--|------|------------------|------------------|
| <b>24. Irregular expenditure</b>                               |      |                  |                  |
| <b>24.1 Reconciliation of irregular expenditure</b>            |      |                  |                  |
| Opening balance  |      | 82 297           | 168 991          |
| Add: Irregular expenditure - relating to prior year            |      | 24 592           | -                |
| Add: Irregular expenditure - relating to current year          |      | 24 426           | 87 100           |
| Less: Prior year amounts condoned                              |      | (40 423)         | (134 267)        |
| Less: Current year amounts condoned                            |      | (2 973)          | (34 245)         |
| Less: Amounts not condoned and not recoverable                 |      | -                | (5 282)          |
| <b>Irregular expenditure awaiting condonation</b>              |      | <b>87 919</b>    | <b>82 297</b>    |
| <b>Analysis of awaiting condonation per age classification</b> |      |                  |                  |
| Current year   |      | 21 453           | 52 855           |
| Prior years  |      | 66 466           | 29 442           |
| <b>Total</b>   |      | <b>87 919</b>    | <b>82 297</b>    |

In addition to the disclosure above, there are possible cases where bids without pass-overs (i.e. those cases where bids are to specification and contracts are awarded to the bidder with the highest number of points) were not adjudicated at the Department of Transport and Public Works via a bid adjudication committee as contemplated in Treasury Regulation 16A 6.2. The matter is currently subject to the outcome of the consultation with Provincial and National Treasury. The extent of the possible irregular expenditure cannot be quantified at present.

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|   | Note | 2014/15<br>R'000 | 2013/14<br>R'000         |
|---|------|------------------|--------------------------|
| <b>24.2 Details of irregular expenditure - current year</b>                       |      |                  | <b>2014/15<br/>R'000</b> |
| <b>Incident</b>   |      |                  |                          |
| Austerity measures - catering   |      |                  | 60                       |
| Award made to wrong bidder  |      |                  | 101                      |
| Award not made ito price <R10 000   |      |                  | 17                       |
| Contract expanded without approval  |      |                  | 1 673                    |
| Contract extended without approval  |      |                  | 2 054                    |
| Incorrect bidding process followed for < 500                                      |      |                  | 2 975                    |
| Incorrect delegations (documents not signed)                                      |      |                  | 270                      |
| Less than 3 quotations obtained (no reason provided)                              |      |                  | 73                       |
| Local content not used  |      |                  | 1 704                    |
| No declaration of interest on WBSD form or false info provided (incl RWOPS)       |      |                  | 700                      |
| No formal bidding process followed >500   |      |                  | 7 908                    |
| No valid tax clearance certificate  |      |                  | 1 438                    |
| Not registered on the WCSDB   |      |                  | 1 416                    |
| Other   |      |                  | 608                      |
| Prohibited/restricted supplier  |      |                  | 102                      |
| Quantity on invoice more than approved order                                      |      |                  | 46                       |
| Tradeworld not used (above R10 000)   |      |                  | 124                      |
| Used invalid contract (incl purchase outside valid contract/item not on contract) |      |                  | 3 157                    |
| <b>Total</b>  |      |                  | <b>24 426</b>            |

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**24.3 Details of irregular expenditure condoned**

| <b>Incident</b>                              | <b>Condoned by (condoning authority)</b> | <b>2014/15<br/>R'000</b> |
|--|--|--------------------------|
| <b>2014/15</b>                               |  |                          |
| Contract expanded without approval           | Accounting Officer                       | 1 412                    |
| Contract extended without approval           | Accounting Officer                       | 799                      |
| Quantity on invoice more than approved order | Accounting Officer                       | 32                       |
| Used invalid/ expired contract               | Accounting Officer                       | 730                      |
| <b>Prior Years</b>                           |  |                          |
| Contract expanded without approval           | Accounting Officer                       | 30 608                   |
| Contract extended without approval           | Accounting Officer                       | 2 219                    |
| Item not listed on contract                  | Accounting Officer                       | 129                      |
| Purchase outside valid contract              | Accounting Officer                       | 1 803                    |
| Quantity on invoice more than approved order | Accounting Officer                       | 14                       |
| Used invalid contract                        | Accounting Officer                       | 447                      |
| No valid contract                            | Accounting Officer                       | 5 203                    |
| <b>Total</b>                                 |  | <b>43 396</b>            |

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**24.4 Details of irregular expenditure under investigation**

|   | <b>2014/15<br/>R'000</b> |
|---|--------------------------|
| <b>Incident</b>   |                          |
| Award made to wrong bidder  | 438                      |
| Award not made ito price <R10 000   | 36                       |
| Contract extended/ expanded without approval                                      | 1 787                    |
| Forensic Investigations - procurement process                                     | 22 129                   |
| Incorrect bidding process followed for < 500                                      | 7 259                    |
| Incorrect Delegations   | 11 342                   |
| Less than 3 quotations obtained (no reason provided)                              | 73                       |
| Local content not used  | 1 789                    |
| No formal bidding process followed >500   | 11 343                   |
| No tax clearance certificate  | 6 840                    |
| No WSDB 4/ WCBD 4 interest not declared   | 1 928                    |
| Not registered on the WCSDB   | 2 000                    |
| Other   | 4 091                    |
| Procurement Process   | 2 812                    |
| Purchase outside valid contract   | 405                      |
| Quantity on invoice more than approved order                                      | 14                       |
| Restricted supplier   | 408                      |
| Restricted Suppliers- 2008/09 to 2011/12  | 9 882                    |
| Supplier was suspended  | 20                       |
| Used invalid contract (incl purchase outside valid contract/item not on contract) | 3 323                    |
| <b>Total</b>  | <b>87 919</b>            |

**24.5 Prior period error**

|   | <b>2013/14<br/>R'000</b> |
|---|--------------------------|
| <b>Relating to 2013/14</b>                            | <b>(1 072)</b>           |
| Incorrectly reported as irregular                     | (955)                    |
| Incorrect amount reported                             | 58                       |
| Condoned in 2013/14, but not deducted under note 24.1 | (175)                    |
| <b>Total</b>  | <b>(1 072)</b>           |

**Irregular Expenditure relating to 2013/14**

Further investigations were conducted in the current financial year on amounts reported during the previous financial year and it was found that there were amounts that were **incorrectly reported** in 2013/14 as irregular expenditure, as it does not meet the definition of irregular expenditure. These amounts have now been removed.

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Two cases were identified where the reported amount was less than the actual expenditure. These have now been corrected.  
Irregular Expenditure was condoned by the AO during the 2013/14 financial year, but was **not deducted** from Irregular Expenditure.

|  | Note | 2014/15<br>R'000 | 2013/14<br>R'000 |
|--|------|------------------|------------------|
| <b>25 Fruitless and wasteful expenditure</b>                     |      |                  |                  |
| <b>25.1 Reconciliation of fruitless and wasteful expenditure</b> |      |                  |                  |
| Opening balance  |      | 245              | 316              |
| Prior period error   |      | -                | (80)             |
| As restated  |      | 245              | 236              |
| Fruitless and wasteful expenditure – relating to current year    |      | -                | 9                |
| Less: Amounts resolved   |      | (74)             | -                |
| Less: Amounts transferred to receivables for recovery            | 6.3  | (35)             | -                |
| <b>Fruitless and wasteful expenditure awaiting resolution</b>    |      | <b>136</b>       | <b>245</b>       |

**Amount resolved** relates to fruitless and wasteful expenditure incurred as a result of a cancellation of Long Service Award Ceremony. An investigation was conducted in the current financial year and it was found that R22 thousand of the previously reported R 57 thousand should not have been report as fruitless and wasteful expenditure as the R22 thousand relates to certificates that was actually handed over to recipients. Therefore, the difference of R35 thousand have been written off in the current financial year.  
An amount of R74 thousand was paid twice to a supplier during the 2011/12 financial year. The overpayment was recovered during the current financial year. However, an amount of R78 thousand was incorrectly reported as Fruitless and Wasteful instead of the R74 thousand. The R4 thousand differences have been reported as a prior period error (note 25.3).

|   |  |            |            |
|---|--|------------|------------|
| <b>25.2 Analysis of awaiting resolution per economic classification</b> |  |            |            |
| Current   |  | 136        | 245        |
| <b>Total</b>  |  | <b>136</b> | <b>245</b> |



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**25.3 Prior period error**

|   | 2013/14<br>R'000 |
|---|------------------|
| <b>Nature of prior period error</b>         |                  |
| <b>Relating to 2011/12</b>                  | <b>(80)</b>      |
| Overpayment on Service Booklets             | (54)             |
| Cancellation of long service award ceremony | (22)             |
| Incorrect amount reported                   | (4)              |
| <b>Relating to 2013/14</b>                  | <b>9</b>         |
| Reclassification from Irregular Expenditure | 9                |
| <b>Total</b>                                | <b>(71)</b>      |

**Overpayment on Service Booklets**

This adjustment to the opening balance relates to fruitless and wasteful expenditure that was written of in the 2011/12 financial year, but was not removed on the annual financial statements.

**Cancellation of Long Service Award Ceremony**

An investigation was conducted in the current financial year and it was found that R22 thousand of the R57 thousand should not have been report as fruitless and wasteful expenditure as the R22 thousand relates to certificates that was actually handed over to recipients.

**Expenditure previously recognised as Irregular Expenditure** was, after an investigation, found to be Fruitless and Wasteful expenditure.

**26. Related Parties**

List related party relationships

The Department of Health occupies buildings, 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 makes 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.

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|  | Note                          | 2014/15<br>R'000 | 2013/14<br>R'000 |
|--|-------------------------------|------------------|------------------|
| <b>27. Key management personnel</b>        |                               |                  |                  |
|  | <b>No. of<br/>Individuals</b> |                  |                  |
| Political office bearers                   | 2                             | 1 514            | 1 657            |
| Officials:                                 |                               |                  |                  |
| Level 15 to 16                             | 6                             | 7 635            | 7 562            |
| Level 14 (incl CFO if at a lower level)    | 9                             | 11 054           | 9 838            |
| Family members of key management personnel | 2                             | 1 079            | 1 009            |
| <b>Total</b>                               |                               | <b>21 282</b>    | <b>20 066</b>    |

During the current financial year:

- The Department had a change of Ministers.
- One official was promoted from level 14 to level 15 with effect from 1 March 2015 and therefore the benefits for 11 months' is reflected against level 14 and 1 month's benefits are reflected against level 15 to 16.

**28. Public Private Partnership**

|  |               |               |
|--|---------------|---------------|
| <b>Contract fee paid</b>                     | <b>46 577</b> | <b>44 007</b> |
| Fixed component                              | 43 975        | 41 529        |
| Indexed component                            | 2 602         | 2 478         |
| <b>Analysis of indexed component</b>         | <b>2 602</b>  | <b>2 478</b>  |
| Goods and Services(excluding lease payments) | 2 602         | 2 478         |
| <b>Capital/(Liabilities)</b>                 | <b>8 206</b>  | <b>7 912</b>  |
| Plant and equipment                          | 8 206         | 7 912         |

The Department commissioned the construction and operation of the Western Cape Rehabilitation Centre alongside the existing Lentegour 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 Lentegour 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 46, 577 million ( 2013-14: R 44, 007 million) was made for the provision of equipment, facilities management and all other associated services at the Western Cape Rehabilitation Centre (WCRC) and Lentegour Hospital.

Excluded from the above expenses are variable costs incurred to the value of R 6, 170 million (2013-14: R 6, 329 million).

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**29. Movable Tangible Capital Assets**

**MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR  
THE YEAR ENDED 31 MARCH 2015**

|  | Opening<br>balance<br>R'000 | Additions<br>R'000 | Disposals<br>R'000 | Closing<br>balance<br>R'000 |
|--|-----------------------------|--------------------|--------------------|-----------------------------|
| <b>MACHINERY AND EQUIPMENT</b>                   | <b>2 493 467</b>            | <b>426 718</b>     | <b>122 475</b>     | <b>2 797 710</b>            |
| Transport assets                                 | 343 815                     | 85 497             | 49 998             | 379 314                     |
| Computer equipment                               | 235 247                     | 54 698             | 13 901             | 276 044                     |
| Furniture and office equipment                   | 74 860                      | 22 170             | 3 232              | 93 798                      |
| Other machinery and equipment                    | 1 839 545                   | 264 353            | 55 344             | 2 048 554                   |
| <b>TOTAL MOVABLE TANGIBLE CAPITAL<br/>ASSETS</b> | <b>2 493 467</b>            | <b>426 718</b>     | <b>122 475</b>     | <b>2 797 710</b>            |

**Movable Tangible Capital Assets under investigation**

|   | Number | Value<br>R'000 |
|---|--------|----------------|
| <b>Included in the above total of the movable tangible capital assets<br/>per the asset register are assets that are under investigation:</b> |        |                |
| Machinery and equipment   | 3 713  | 43 497         |

The above assets relates to 20 hospitals within the Department. The main reason for the above is due to certain assets, used in hospitals, being moved on a continuous basis to different locations within these hospitals in the rendering of patient care. SCM instruction 3 was issued on 1 September 2014 to address instances where assets could not be found in a particular financial year. Only once assets has been counted for 2 consecutive years, and could not be found during either counts, will they be investigated and possibly written off if not found.

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Additions

29.1 Additions

ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

|   | 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          |
| <b>MACHINERY AND EQUIPMENT</b>                            | <b>462 298</b> | <b>94 103</b> | <b>(128 028)</b>  | <b>(1 655)</b>  | <b>426 718</b> |
| Transport assets  | 154 613        | 58 912        | (128 028)   | -   | 85 497         |
| Computer equipment  | 50 669         | 4 320         | -   | (291)   | 54 698         |
| Furniture and office equipment                            | 20 657         | 1 712         | -   | (199)   | 22 170         |
| Other machinery and equipment                             | 236 359        | 29 159        | -   | (1 165)   | 264 353        |
| <b>TOTAL ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS</b> | <b>462 298</b> | <b>94 103</b> | <b>(128 028)</b>  | <b>(1 655)</b>  | <b>426 718</b> |

Disposals

29.2 DISPOSALS OF MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

|  | Sold for cash | Transfer out or destroyed or scrapped | Total disposals | Cash received Actual |
|--|---------------|---------------------------------------|-----------------|----------------------|
|  | R'000         | R'000                                 | R'000           | R'000                |
| <b>MACHINERY AND EQUIPMENT</b>                           | <b>3 349</b>  | <b>119 126</b>                        | <b>122 475</b>  | <b>155</b>           |
| Transport assets   | -             | 49 998                                | 49 998          | -                    |
| Computer equipment                                       | -             | 13 901                                | 13 901          | -                    |
| Furniture and office equipment                           | -             | 3 232                                 | 3 232           | -                    |
| Other machinery and equipment                            | 3 349         | 51 995                                | 55 344          | 155                  |
| <b>TOTAL DISPOSAL OF MOVABLE TANGIBLE CAPITAL ASSETS</b> | <b>3 349</b>  | <b>119 126</b>                        | <b>122 475</b>  | <b>155</b>           |

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**29.3 Movement for 2013/14**

**MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE  
YEAR ENDED 31 MARCH 2014**

|  | Opening<br>balance<br>R'000 | Prior period<br>error<br>R'000 | Additions<br>R'000 | Disposals<br>R'000 | Closing<br>balance<br>R'000 |
|--|-----------------------------|--------------------------------|--------------------|--------------------|-----------------------------|
| <b>MACHINERY AND EQUIPMENT</b>                   | <b>1 926 930</b>            | <b>262 700</b>                 | <b>441 399</b>     | <b>137 562</b>     | <b>2 493 467</b>            |
| Transport assets                                 | 3 933                       | 313 355                        | 84 158             | 57 631             | 343 815                     |
| Computer equipment                               | 202 675                     | 377                            | 43 576             | 11 381             | 235 247                     |
| Furniture and office equipment                   | 66 603                      | (2 250)                        | 13 024             | 2 517              | 74 860                      |
| Other machinery and equipment                    | 1 653 719                   | (48 782)                       | 300 641            | 66 033             | 1 839 545                   |
| <b>TOTAL MOVABLE TANGIBLE<br/>CAPITAL ASSETS</b> | <b>1 926 930</b>            | <b>262 700</b>                 | <b>441 399</b>     | <b>137 562</b>     | <b>2 493 467</b>            |

**29.3.1 Prior period error**

|   | 2013/14<br>R'000 |
|---|------------------|
| <b>Nature of prior period error</b>             |                  |
| <b>Relating to 2012/13</b>                      | <b>262 700</b>   |
| Government garage vehicles recognised as assets | 313 355          |
| Asset verification differences                  | (50 655)         |
| <b>Relating to 2013/14</b>                      | <b>(1 738)</b>   |
| Additions not reported                          | 450              |
| Disposals not reported                          | (2 188)          |
| <b>Total</b>                                    | <b>260 962</b>   |

The increase in transport assets relates to GG vehicles that were reported in a separate note during the 2012/13 financial year. GG vehicles are reported as part of the Department's assets from the 2013/14 financial year and the opening balance of the 2013/14 financial year have therefore been restated.

Asset verification differences are the net result of asset counts conducted during the year.

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**NOTES TO THE ANNUAL FINANCIAL STATEMENTS  
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**29.4 Minor assets**

|                           | <b>Intangible assets<br/>R'000</b> | <b>Machinery<br/>and<br/>equipment<br/>R'000</b> | <b>Total<br/>R'000</b> |
|---------------------------|------------------------------------|--|------------------------|
| Opening balance           | 278                                | 482 361  | 482 639                |
| Additions                 | 9                                  | 57 576   | 57 585                 |
| Disposals                 | -                                  | 48 800   | 48 800                 |
| <b>TOTAL MINOR ASSETS</b> | <b>287</b>                         | <b>491 137</b>                                   | <b>491 424</b>         |

|                                     | <b>Intangible<br/>assets</b> | <b>Machinery<br/>and<br/>equipment</b> | <b>Total</b>   |
|-------------------------------------|------------------------------|--|----------------|
| Number of minor assets at cost      | 82                           | 356 305                                | 356 387        |
| <b>TOTAL NUMBER OF MINOR ASSETS</b> | <b>82</b>                    | <b>356 305</b>                         | <b>356 387</b> |

**Minor Capital Assets under investigation**

|  | <b>Number</b> | <b>Value<br/>R'000</b> |
|--|---------------|------------------------|
| <b>Included in the above total of the minor capital assets per the asset register are assets that are under investigation:</b> |               |                        |
| Machinery and equipment  | 4 780         | 5 335                  |

The above assets relates to 14 hospitals within the Department. The main reason for the above is due to certain assets, used in hospitals, being moved on a continuous basis to different locations within these hospitals in the rendering of patient care. SCM instruction 3 was issued on 1 September 2014 to address instances where assets could not be found in a particular financial year. Only once assets has been counted for 2 consecutive years, and could not be found during either counts, will they be investigated and possibly written off if not found.

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Minor assets

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR  
ENDED 31 MARCH 2014

|                                     | Intangible<br>assets<br>R'000 | Machinery<br>and<br>equipment<br>R'000 | Total<br>R'000 |
|-------------------------------------|-------------------------------|--|----------------|
| Opening balance                     | 1 688                         | 471 393                                | 473 081        |
| Prior period error                  | (1 432)                       | (24 968)                               | (26 400)       |
| Additions                           | 30                            | 58 789                                 | 58 819         |
| Disposals                           | 8                             | 22 853                                 | 22 861         |
| <b>TOTAL MINOR ASSETS</b>           | <b>278</b>                    | <b>482 361</b>                         | <b>482 639</b> |
| Number of minor assets at cost      | 584                           | 420 053                                | 420 637        |
| <b>TOTAL NUMBER OF MINOR ASSETS</b> | <b>584</b>                    | <b>420 053</b>                         | <b>420 637</b> |

29.4.1 Prior period error

|                              | 2013/14<br>R'000 |
|------------------------------|------------------|
| Nature of prior period error |                  |
| Relating to 2012/13          | (26 400)         |
| Intangible Assets            | (1 432)          |
| Tangible assets              | (24 968)         |
| <b>Total</b>                 | <b>(26 400)</b>  |

30 Intangible Capital Assets

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR  
ENDED 31 MARCH 2015

|  | Opening<br>balance<br>R'000 | Additions<br>R'000 | Disposals<br>R'000 | Closing<br>balance<br>R'000 |
|--|-----------------------------|--------------------|--------------------|-----------------------------|
| SOFTWARE                               | 4 094                       | 2 285              | -                  | 6 379                       |
| <b>TOTAL INTANGIBLE CAPITAL ASSETS</b> | <b>4 094</b>                | <b>2 285</b>       | <b>-</b>           | <b>6 379</b>                |

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30.1 ADDITIONS TO INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

|   | Cash         | Non-cash | (Development work-in-progress current costs ) | Received current, not paid (Paid current year, received prior year | Total        |
|---|--------------|----------|---|--|--------------|
|   | R'000        | R'000    | R'000   | R'000  | R'000        |
| SOFTWARE  | 2 285        | -        | -   | -  | 2 285        |
| <b>TOTAL ADDITIONS TO INTANGIBLE CAPITAL ASSETS</b> | <b>2 285</b> | <b>-</b> | <b>-</b>                                      | <b>-</b>   | <b>2 285</b> |

Movement for 2013/14

30.2 MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2014

|  | Opening balance | Prior period error | Additions    | Disposals | Closing balance |
|--|-----------------|--------------------|--------------|-----------|-----------------|
|  | R'000           | R'000              | R'000        | R'000     | R'000           |
| SOFTWARE                               | 3 235           | (743)              | 1 602        | -         | 4 094           |
| <b>TOTAL INTANGIBLE CAPITAL ASSETS</b> | <b>3 235</b>    | <b>(743)</b>       | <b>1 602</b> | <b>-</b>  | <b>4 094</b>    |

30.2.1 Prior period error

|   | 2013/14<br>R'000 |
|---|------------------|
| <b>Nature of prior period error</b>             |                  |
| <b>Relating to 2012/13</b>                      | <b>(743)</b>     |
| Items incorrectly reported as intangible assets | (743)            |
| <b>Total</b>                                    | <b>(743)</b>     |



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31. Immovable Tangible Capital Assets

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER  
FOR THE YEAR ENDED 31 MARCH 2015

|  | Opening<br>balance | Additions  | Disposals | Closing<br>balance |
|--|--------------------|------------|-----------|--------------------|
|  | R'000              | R'000      | R'000     | R'000              |
| <b>BUILDINGS AND OTHER FIXED STRUCTURES</b>    | 13 099             | 338        | 76        | 13 361             |
| Other fixed structures                         | 13 099             | 338        | 76        | 13 361             |
| <b>TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS</b> | <b>13 099</b>      | <b>338</b> | <b>76</b> | <b>13 361</b>      |

Additions

31.1 ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

|   | 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      |
| <b>BUILDINGS AND OTHER FIXED STRUCTURES</b>                 | 283 155        | -        | (282 817)   | -   | 338        |
| Non residential buildings                                   | 282 817        | -        | (282 817)   | -   | -          |
| Other fixed structures                                      | 338            | -        | -   | -   | 338        |
| <b>TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS</b> | <b>283 155</b> | <b>-</b> | <b>(282 817)</b>  | <b>-</b>  | <b>338</b> |

Disposals

31.2 DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

|  | Sold for cash | Transfer out or destroyed or scrapped | Total disposals | Cash received Actual |
|--|---------------|---------------------------------------|-----------------|----------------------|
|  | R'000         | R'000                                 | R'000           | R'000                |
| <b>BUILDINGS AND OTHER FIXED STRUCTURES</b>                | -             | 76                                    | 76              | -                    |
| Other fixed structures                                     | -             | 76                                    | 76              | -                    |
| <b>TOTAL DISPOSAL OF IMMOVABLE TANGIBLE CAPITAL ASSETS</b> | <b>-</b>      | <b>76</b>                             | <b>76</b>       | <b>-</b>             |

WESTERN CAPE GOVERNMENT HEALTH  
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NOTES TO THE ANNUAL FINANCIAL STATEMENTS  
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Movement for 2013/14

31.3 MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2014

|  | Opening<br>balance<br>R'000 | Prior period<br>error<br>R'000 | Additions<br>R'000 | Disposals<br>R'000 | Closing<br>balance<br>R'000 |
|--|-----------------------------|--------------------------------|--------------------|--------------------|-----------------------------|
| <b>BUILDINGS AND OTHER FIXED STRUCTURES</b>    | 11 817                      | 181                            | 1 653              | 552                | 13 099                      |
| Other fixed structures                         | 11 817                      | 181                            | 1 653              | 552                | 13 099                      |
| <b>TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS</b> | <b>11 817</b>               | <b>181</b>                     | <b>1 653</b>       | <b>552</b>         | <b>13 099</b>               |

31.3.1 Prior period error

|   | 2013/14<br>R'000 |
|---|------------------|
| <b>Nature of prior period error<br/>Relating to 2012/13</b> | <b>(571)</b>     |
| Asset verification differences                              | (571)            |
| <b>Total</b>  | <b>(571)</b>     |

31.4 S42 Immovable assets

Assets subjected to transfer in terms of S42 of the PFMA - 2014/15

|   | No of Assets | Value of Assets<br>R'000 |
|---|--------------|--------------------------|
| <b>BUILDINGS AND OTHER FIXED STRUCTURES</b> | <b>11</b>    | <b>597 528</b>           |
| Non-residential buildings                   | 11           | 597 528                  |
| <b>TOTAL</b>                                | <b>11</b>    | <b>597 528</b>           |

Assets subjected to transfer in terms of S42 of the PFMA - 2013/14

|   | No of Assets | Value of Assets<br>R'000 |
|---|--------------|--------------------------|
| <b>BUILDINGS AND OTHER FIXED STRUCTURES</b> | <b>10</b>    | <b>548 649</b>           |
| Non-residential buildings                   | 10           | 548 649                  |
| <b>TOTAL</b>                                | <b>10</b>    | <b>548 649</b>           |

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**32 Prior period errors**

**Correction of prior period errors**

|   |    | <b>2013/14<br/>R'000</b> |
|---|----|--------------------------|
| <b>Assets</b>                           |    |                          |
| Current Assets: Receivables             |    | (31 701)                 |
| Non- Current Assets: Receivables        |    | 31 701                   |
| Section 42 Assets not reported          |    | 548 649                  |
| PPP Assets not reported                 |    | 7 912                    |
| <b>Net effect</b>                       |    | <b>556 561</b>           |
| <b>Liabilities</b>                      |    |                          |
| <b>Commitments- Capital Expenditure</b> |    |                          |
| Approved and contracted                 | 19 | (576 393)                |
| <b>Net effect</b>                       |    | <b>(576 393)</b>         |

**Assets**

In line with the new requirements of the Modified Cash Standard, receivables have been split between current and non-current receivables. The non-current portion of Departmental Receivables was included in current receivables during the 2013/14 financial year. The non-current portion has been reclassified in the comparative year column of the statement of financial position.

Assets transferable in terms of section 42 of the PFMA as at 31 March 2014 was not reported during the 2013-14 financial year. The comparative information has been restated to disclose the relevant amount.

**Liabilities**

The 2013/14 balance (comparatives) for commitments have been reduced by R 576, 393 million due to the fact that the amounts that was reported during that year was the budgeted figures for future maintenance projects and did not represent the actual commitments as at 31 March 2014. During the 2014/15 financial year, the Department obtained the actual amounts that reflect the commitment as at 31 March 2014, and adjusted the balance accordingly. (see note 19)

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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33 STATEMENT OF CONDITIONAL GRANTS RECEIVED

| NAME OF CONDITIONAL GRANTS RECEIVED   | GRANT ALLOCATION                          |               |                  |                   |                  |                               | SPENT                      |                        |  |                         | 2013/14                    |  |
|---|---|---------------|------------------|-------------------|------------------|-------------------------------|----------------------------|------------------------|--|-------------------------|----------------------------|--|
|   | Division of Revenue Act/Provincial Grants | Roll Overs    | DORA Adjustments | Other Adjustments | Total Available  | Amount received by department | Amount spent by department | Under / (overspending) | % of available funds spent by department | Division of Revenue Act | Amount spent by department |  |
|   | R'000                                     | R'000         | R'000            | R'000             | R'000            | R'000                         | R'000                      | R'000                  | %  | R'000                   | R'000                      |  |
| National Tertiary Services Grant  | 2 537 554                                 | -             | -                | -                 | 2 537 554        | 2 537 554                     | 2 537 554                  | -                      | 100%                                     | 2 400 714               | 2 400 714                  |  |
| Health Professions Training and Development Grant                           | 478 767                                   | -             | -                | -                 | 478 767          | 478 767                       | 478 767                    | -                      | 100%                                     | 451 667                 | 451 667                    |  |
| Comprehensive HIV and Aids Grant  | 1 051 794                                 | -             | -                | -                 | 1 051 794        | 1 051 794                     | 1 051 793                  | 1                      | 100%                                     | 927 547                 | 927 547                    |  |
| National Health Insurance Grant   | 7 000                                     | -             | 6 956            | -                 | 13 956           | 13 956                        | 10 712                     | 3 244                  | 77%                                      | 7 303                   | 5 365                      |  |
| Health Facility Revitalisation Grant  | 639 766                                   | 81 062        | -                | -                 | 720 848          | 720 848                       | 619 755                    | 101 093                | 86%                                      | 694 949                 | 613 887                    |  |
| Expanded Public Works Programme Integrated Grant for Provinces              | 2 417                                     | -             | -                | -                 | 2 417            | 2 417                         | 2 096                      | 321                    | 87%                                      | 3 000                   | 3 000                      |  |
| Social Sector Expanded Public Works Programme Incentive Grant for Provinces | 2 580                                     | -             | -                | -                 | 2 580            | 2 580                         | 2 526                      | 54                     | 98%                                      | -                       | -                          |  |
|   | <b>4 719 898</b>                          | <b>81 062</b> | <b>6 956</b>     | <b>-</b>          | <b>4 807 916</b> | <b>4 807 916</b>              | <b>4 703 203</b>           | <b>104 713</b>         |  | <b>4 485 180</b>        | <b>4 402 180</b>           |  |

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ANNEXURE 1A  
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

| NAME OF DEPARTMENT/AGENCY/ACCOUNT | TRANSFER ALLOCATION       |            |             |                 | TRANSFER        |  | 2013/14<br>Appropriation<br>Act<br>R'000 |
|-----------------------------------|---------------------------|------------|-------------|-----------------|-----------------|--|--|
|                                   | Adjusted<br>appropriation | Roll Overs | Adjustments | Total Available | Actual Transfer | % of Available<br>funds<br>transferred |  |
|                                   | R'000                     | R'000      | R'000       | R'000           | R'000           | %                                      |  |
| Health&Welfare Seta               | 4 333                     | -          | -           | 4 333           | 4 344           | 100%                                   | 4 111                                    |
| Com:Licences (Radio&Tv)           | 245                       | -          | 27          | 272             | 261             | 96%                                    | 213                                      |
| <b>TOTAL</b>                      | <b>4 578</b>              | <b>-</b>   | <b>27</b>   | <b>4 605</b>    | <b>4 605</b>    |  | <b>4 324</b>                             |

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ANNEXURE 1B  
STATEMENT OF TRANSFERS TO HIGHER EDUCATION INSTITUTIONS

| NAME OF HIGHER EDUCATION INSTITUTION    | TRANSFER ALLOCATION       |            |             |                 | TRANSFER        |                           |  | 2013/14<br>Appropriation<br>Act<br>R'000 |
|---|---------------------------|------------|-------------|-----------------|-----------------|---------------------------|--|--|
|   | Adjusted<br>appropriation | Roll Overs | Adjustments | Total Available | Actual Transfer | Amount not<br>transferred | % of Available<br>funds<br>transferred |  |
|   | R'000                     | R'000      | R'000       | R'000           | R'000           | R'000                     | %                                      |  |
| Cape Peninsula University of Technology | 3 773                     | -          | -           | 3 773           | 3 773           | -                         | 0%                                     | 3 580                                    |
| <b>Total</b>                            | <b>3 773</b>              | <b>-</b>   | <b>-</b>    | <b>3 773</b>    | <b>3 773</b>    | <b>-</b>                  |  | <b>3 580</b>                             |

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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ANNEXURE 1C  
STATEMENT OF TRANSFERS TO NON PROFIT INSTITUTIONS

| NAME OF NON-PROFIT INSTITUTIONS                               | TRANSFER ALLOCATION        |            |              |                 | EXPENDITURE     |                                  | 2013/14           |                |
|---|----------------------------|------------|--------------|-----------------|-----------------|----------------------------------|-------------------|----------------|
|   | Adjusted appropriation Act | Roll Overs | Adjustments  | Total Available | Actual Transfer | % of Available funds transferred | Appropriation Act | R'000          |
|   | R'000                      | R'000      | R'000        | R'000           | R'000           | %                                | R'000             | R'000          |
| <b>Transfers</b>  |                            |            |              |                 |                 |                                  |                   |                |
| Health Foundation Fund  | 1 500                      | -          | -            | 1 500           | 1 500           | 100%                             | 2 000             | 2 000          |
| Community Based Programmes                                    | 500                        | -          | -            | 500             | 14              | 3%                               | -                 | -              |
| Facility Based Programme                                      | 100                        | -          | -            | 100             | 98              | 98%                              | -                 | -              |
| Community Health Clinics                                      | 129                        | -          | -            | 129             | 104             | 81%                              | 122               | 122            |
| Tuberculosis  | 1 194                      | -          | -            | 1 194           | 1 134           | 95%                              | 1 190             | 1 190          |
| Booth Memorial  | 17 704                     | -          | -            | 17 704          | 17 704          | 100%                             | 16 797            | 16 797         |
| Life Esidimeni  | 39 350                     | -          | -            | 39 350          | 38 327          | 97%                              | 37 334            | 37 334         |
| Sarah Fox   | 8 887                      | -          | -            | 8 887           | 8 887           | 100%                             | 7 645             | 7 645          |
| Health Committees   | 4 378                      | -          | -            | 4 378           | 3 835           | 88%                              | 13 004            | 13 004         |
| Home Base Care  | 15 776                     | -          | -            | 15 776          | 13 824          | 88%                              | 10 488            | 10 488         |
| Mental Health   | 46 339                     | -          | -            | 46 339          | 45 822          | 99%                              | 39 753            | 39 753         |
| Hiv and Aids  | 153 360                    | -          | -            | 153 360         | 148 274         | 97%                              | 140 578           | 140 578        |
| Nutrition   | 2 499                      | -          | -            | 2 499           | 2 172           | 87%                              | 2 128             | 2 128          |
| Klipfontein/Mitchell's Plain substructure (Hearing Screening) | 1 250                      | -          | -            | 1 250           | 1 250           | 100%                             | -                 | -              |
| Global Fund contributions to NGOs                             | 23 528                     | -          | -            | 23 528          | 22 490          | 96%                              | 21 370            | 21 370         |
| SA Red Cross Air Mercy  | 49 449                     | -          | -            | 49 449          | 47 227          | 96%                              | 41 728            | 41 728         |
| Alexandra Hospital  | 2 000                      | -          | -            | 2 000           | 2 000           | 100%                             | -                 | -              |
| Sunflower Foundation  | 3 000                      | -          | -            | 3 000           | 3 000           | 100%                             | 3 000             | 3 000          |
| Maitland Cottage  | 9 415                      | -          | -            | 9 415           | 9 415           | 100%                             | 8 933             | 8 933          |
| EPWP  | 51 920                     | -          | (264)        | 51 656          | 48 409          | 94%                              | 44 000            | 44 000         |
| The Children's Hospital Trust                                 | -                          | -          | -            | -               | -               | -                                | 26 500            | 26 500         |
| The Stellenbosch Trust  | 231                        | -          | -            | 231             | 231             | 100%                             | -                 | -              |
| <b>TOTAL</b>  | <b>432 509</b>             | <b>-</b>   | <b>(264)</b> | <b>432 245</b>  | <b>415 717</b>  |                                  | <b>416 570</b>    | <b>416 570</b> |

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ANNEXURE 1D  
STATEMENT OF TRANSFERS TO HOUSEHOLDS

| NAME OF HOUSEHOLDS                      | TRANSFER ALLOCATION                       |                     |                      |                          | EXPENDITURE              |   | 2013/14<br>Appropriation<br>Act<br>R'000 |
|---|---|---------------------|----------------------|--------------------------|--------------------------|---|--|
|   | Adjusted<br>appropriation<br>Act<br>R'000 | Roll Overs<br>R'000 | Adjustments<br>R'000 | Total Available<br>R'000 | Actual Transfer<br>R'000 | % of Available<br>funds<br>transferred<br>% |  |
|   |   |                     |                      |                          |                          |   |  |
| <b>Transfers</b>                        |   |                     |                      |                          |                          |   |  |
| Employee social benefits-cash residents | 45 254                                    | -                   | 8 226                | 53 480                   | 53 407                   | 100%  | 37 708                                   |
| Claims against the state: households    | 37 494                                    | -                   | (18 211)             | 19 283                   | 19 272                   | 100%  | 25 762                                   |
| Bursaries                               | 70 717                                    | -                   | 264                  | 70 981                   | 70 981                   | 100%  | 45 493                                   |
| Payments made as an act of grace        | 22  | -                   | 57                   | 79                       | 90                       | 114%  | 30                                       |
| Donations and gifts: cash               | 69  | -                   | 43                   | 112                      | 112                      | 100%  | 149                                      |
| <b>TOTAL</b>                            | <b>153 556</b>                            | <b>-</b>            | <b>(9 621)</b>       | <b>143 935</b>           | <b>143 862</b>           |   | <b>109 142</b>                           |



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ANNEXURE 1E  
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

| NAME OF ORGANISATION   |                                   | 2014/15<br>R'000 | 2013/14<br>R'000 |
|--|-----------------------------------|------------------|------------------|
| <b>Received in cash</b>  |                                   |                  |                  |
| Sports Science Institute South Africa  | Cash                              | -                | 1                |
| <b>Subtotal</b>  |                                   | -                | 1                |
| <b>Received in kind</b>  |                                   |                  |                  |
| <b>Gifts &amp; Donations and sponsorships received for the year ending 31 March 2014</b> |                                   | -                | 15 650           |
| Alexandra Hospital   | Consumables                       | 1                | -                |
| Alexandra Hospital   | Other Machinery & Equipment       | 2                | -                |
| Brewelskloof Hospital  | Consumables                       | 8                | -                |
| Brewelskloof Hospital  | Furniture & Office Equipment      | 3                | -                |
| Cape Medical Depot   | Consumables                       | 686              | -                |
| Eerste Rivier Hospital   | Consumables                       | 9                | -                |
| Eerste Rivier Hospital   | Other Machinery & Equipment       | 769              | -                |
| False Bay Hospital   | Consumables                       | 1                | -                |
| False Bay Hospital   | Furniture & Office Equipment      | 9                | -                |
| False Bay Hospital   | Other Machinery & Equipment       | 48               | -                |
| George Hospital  | Other Machinery & Equipment       | 111              | -                |
| Groote Schuur Hospital   | Buildings & Other Fixed Structure | 405              | -                |
| Groote Schuur Hospital   | Computer Equipment                | 57               | -                |
| Groote Schuur Hospital   | Consumables                       | 505              | -                |
| Groote Schuur Hospital   | Furniture & Office Equipment      | 264              | -                |
| Groote Schuur Hospital   | Intangible Assets                 | 3                | -                |
| Groote Schuur Hospital   | Other Machinery & Equipment       | 4762             | -                |
| Head Office  | Consumables                       | 4                | -                |
| Helderberg Hospital  | Consumables                       | 1                | -                |
| Helderberg Hospital  | Other Machinery & Equipment       | 202              | -                |
| Hermanus Hospital  | Other Machinery & Equipment       | 3                | -                |
| Karl Bremer  | Buildings & Other Fixed Structure | 330              | -                |
| Karl Bremer  | Consumables                       | 11               | -                |

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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| <b>NAME OF ORGANISATION</b> |                              | <b>2014/15</b> | <b>2013/14</b> |
|-----------------------------|------------------------------|----------------|----------------|
|                             |                              | <b>R'000</b>   | <b>R'000</b>   |
| Karl Bremer                 | Furniture & Office Equipment | 286            | -              |
| Karl Bremer                 | Other Machinery & Equipment  | 18             | -              |
| Khayelitsha Hospital        | Consumables                  | 40             | -              |
| Khayelitsha Hospital        | Other Machinery & Equipment  | 39             | -              |
| Mitchell's Plain Hospital   | Consumables                  | 514            | -              |
| Mowbray Maternity Hospital  | Other Machinery & Equipment  | 547            | -              |
| New Somerset Hospital       | Consumables                  | 31             | -              |
| New Somerset Hospital       | Furniture & Office Equipment | 106            | -              |
| New Somerset Hospital       | Other Machinery & Equipment  | 1 542          | -              |
| Oudtshoorn Hospital         | Consumables                  | 1              | -              |
| Paarl Hospital              | Consumables                  | 1              | -              |
| Paarl Hospital              | Other Machinery & Equipment  | 24             | -              |
| Red Cross Hospital          | Computer Equipment           | 1              | -              |
| Red Cross Hospital          | Consumables                  | 172            | -              |
| Red Cross Hospital          | Furniture & Office Equipment | 14             | -              |
| Red Cross Hospital          | Other Machinery & Equipment  | 1 791          | -              |
| Swartland Hospital          | Consumables                  | 1              | -              |
| Tygerberg Hospital          | Computer Equipment           | 6              | -              |
| Tygerberg Hospital          | Furniture & Office Equipment | 18             | -              |
| Tygerberg Hospital          | Other Machinery & Equipment  | 2 372          | -              |
| Valkenberg Hospital         | Computer Equipment           | 1              | -              |
| Valkenberg Hospital         | Consumables                  | 1              | -              |
| Valkenberg Hospital         | Furniture & Office Equipment | 10             | -              |
| Valkenberg Hospital         | Other Machinery & Equipment  | 26             | -              |
| Victoria Hospital           | Computer Equipment           | 64             | -              |
| Victoria Hospital           | Consumables                  | 546            | -              |
| Victoria Hospital           | Other Machinery & Equipment  | 211            | -              |
| Vredenburg Hospital         | Furniture & Office Equipment | 67             | -              |
| WCRC                        | Other Machinery & Equipment  | 1              | -              |
| Wesfleur Hospital           | Furniture & Office Equipment | 3              | -              |
| <b>TOTAL</b>                |                              | <b>16 648</b>  | <b>15 651</b>  |

**WESTERN CAPE GOVERNMENT HEALTH  
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**ANNEXURE 1F  
STATEMENT OF AID ASSISTANCE RECEIVED**

| <b>NAME OF DONOR</b>    | <b>PURPOSE</b> | <b>OPENING<br/>BALANCE<br/>R'000</b> | <b>REVENUE<br/>R'000</b> | <b>EXPENDI-<br/>TURE<br/>R'000</b> | <b>CLOSING<br/>BALANCE<br/>R'000</b> |
|-------------------------|----------------|--------------------------------------|--------------------------|------------------------------------|--------------------------------------|
| <b>Received in cash</b> |                |                                      |                          |                                    |                                      |
| EU Donor Fund           | WISN PROJECT   | 4 250                                | -                        | 1 740                              | 2 510                                |
| <b>Subtotal</b>         |                | <b>4 250</b>                         | <b>-</b>                 | <b>1 740</b>                       | <b>2 510</b>                         |
| <b>TOTAL</b>            |                | <b>4 250</b>                         | <b>-</b>                 | <b>1 740</b>                       | <b>2 510</b>                         |

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**ANNEXURE 1G  
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE AND REMISSIONS, REFUNDS  
AND PAYMENTS MADE AS AN ACT OF GRACE**

| <b>NATURE OF GIFT, DONATION OR SPONSORSHIP</b>                            | <b>2014/15<br/>R'000</b> | <b>2013/14<br/>R'000</b> |
|---|--------------------------|--------------------------|
| <b>Made in kind</b>   |                          |                          |
| Lindelani Place of Safety   | -                        | 1                        |
| 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                       | -                        |
| <b>TOTAL</b>  | <b>297</b>               | <b>1</b>                 |

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ANNEXURE 2A  
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2015 - LOCAL

| GUARANTOR INSTITUTION | Guarantee in respect of | Original guaranteed capital amount<br>R'000 | Opening balance 1 April 2014<br>R'000 | Guarantees draw downs during the year<br>R'000 | Guaranteed repayments/ cancelled/ reduced/ released during the year<br>R'000 | Revaluations<br>R'000 | Closing balance 31 March 2015<br>R'000 | Guaranteed interest for year ended 31 March 2015<br>R'000 | Realised losses not recoverable i.e. claims paid out<br>R'000 |
|-----------------------|-------------------------|---|---------------------------------------|--|--|-----------------------|--|---|---|
| Standard Bank         | Housing                 | -   | 231                                   | 87   | 107  | -                     | 211                                    | -   | -   |
| First Rand            | Housing                 | -   | 12                                    | -  | -  | -                     | 12                                     | -   | -   |
| Peoples Bank FBC Fid  | Housing                 | -   | 31                                    | -  | 31   | -                     | -                                      | -   | -   |
| NHFC (MASIKHENI)      | Housing                 | -   | 25                                    | -  | 25   | -                     | -                                      | -   | -   |
| ABSA                  | Housing                 | -   | -                                     | 71   | -  | -                     | 71                                     | -   | -   |
| <b>Total</b>          |                         | -   | <b>299</b>                            | <b>158</b>                                     | <b>163</b>   | -                     | <b>294</b>                             | -   | -   |

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ANNEXURE 2B  
STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2015

| Nature of liability                                    | Opening balance<br>1 April 2014<br>R'000 | Liabilities<br>incurred during<br>the year<br>R'000 | Liabilities paid/<br>cancelled/<br>reduced during<br>the year<br>R'000 | Liabilities<br>recoverable<br>(Provide details<br>hereunder)<br>R'000 | Closing<br>balance<br>31 March 2015<br>R'000 |
|--|--|---|--|---|--|
| <b>Claims against the department</b>                   |  |   |  |   |  |
| Medico Legal   | 157 525                                  | 79 290  | 43 420   | -   | 193 395                                      |
| Civil & Legal Claims including Labour Relations claims | 21 706                                   | 7 216   | 4 445  | -   | 24 477                                       |
| <b>TOTAL</b>   | <b>179 231</b>                           | <b>86 506</b>                                       | <b>47 865</b>  | <b>-</b>  | <b>217 872</b>                               |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
for the year ended 31 March 2015

**ANNEXURE 3 CLAIMS RECOVERABLE**

| GOVERNMENT ENTITY                          | Confirmed balance outstanding |                     | Unconfirmed balance outstanding |                     | Total               |                     |
|--|-------------------------------|---------------------|---------------------------------|---------------------|---------------------|---------------------|
|  | 31/03/2015<br>R'000           | 31/03/2014<br>R'000 | 31/03/2015<br>R'000             | 31/03/2014<br>R'000 | 31/03/2015<br>R'000 | 31/03/2014<br>R'000 |
| <b>DEPARTMENT</b>                          |                               |                     |                                 |                     |                     |                     |
| <b>PROVINCE OF THE WESTERN CAPE</b>        |                               |                     |                                 |                     |                     |                     |
| Department of Transport & Public Works     | -                             | 607                 | 2 048                           | 743                 | 2 048               | 1 350               |
| Department of Community Safety             | 34                            | -                   | -                               | -                   | 34                  | -                   |
| Department of Education                    | -                             | 42                  | 13                              | -                   | 13                  | 42                  |
| Department of the Premier                  | 150                           | -                   | 4                               | 26                  | 154                 | 26                  |
| Department of Cultural Affairs             | 56                            | -                   | -                               | 4                   | 56                  | 4                   |
| Department of Rural Development            | -                             | -                   | 34                              | 2                   | 34                  | 2                   |
| <b>PROVINCE OF THE EASTERN CAPE</b>        |                               |                     |                                 |                     |                     |                     |
| Department of Health                       | -                             | -                   | 136                             | 5                   | 136                 | 5                   |
| <b>GAUTENG PROVINCE</b>                    |                               |                     |                                 |                     |                     |                     |
| Department of Health                       | -                             | -                   | -                               | 57                  | -                   | 57                  |
| <b>NORTHERN CAPE PROVINCE</b>              |                               |                     |                                 |                     |                     |                     |
| Department of Health                       | -                             | -                   | 42                              | 34                  | 42                  | 34                  |
| <b>DEPARTMENT OF HEALTH KWA-ZULU NATAL</b> |                               |                     |                                 |                     |                     |                     |
| Department of Health                       | 11                            | -                   | -                               | -                   | 11                  | -                   |
| <b>PROVINCE OF MPUMALANGA</b>              |                               |                     |                                 |                     |                     |                     |
| Department of Health                       | -                             | 691                 | -                               | -                   | -                   | 691                 |
| <b>NATIONAL DEPARTMENTS</b>                |                               |                     |                                 |                     |                     |                     |
| Department of Environmental Affairs        | -                             | -                   | -                               | 28                  | -                   | 28                  |
| Defence Force                              | -                             | -                   | 105                             | -                   | 105                 | -                   |
| Department of Public Protector             | -                             | 2                   | -                               | -                   | -                   | 2                   |
| Department of Health                       | -                             | 22                  | 345                             | -                   | 345                 | 22                  |
| Department of Correctional Services        | -                             | 170                 | 59                              | -                   | 59                  | 170                 |
| South African Social Security Agency       | -                             | -                   | 1 975                           | 1 945               | 1 975               | 1 945               |
| Parliament                                 | -                             | -                   | -                               | 21                  | -                   | 21                  |
| South African Revenue Services             | -                             | -                   | -                               | 5 792               | -                   | 5 792               |
| Justice & Constitutional Dev               | -                             | -                   | 192                             | -                   | 192                 | -                   |
|  | <b>251</b>                    | <b>1 534</b>        | <b>4 953</b>                    | <b>8 657</b>        | <b>5 204</b>        | <b>10 191</b>       |
| <b>OTHER GOVERNMENT ENTITIES</b>           |                               |                     |                                 |                     |                     |                     |
| City of Cape Town (Cape Medical Depot)     | -                             | -                   | 11 819                          | 7 349               | 11 819              | 7 349               |
|  | <b>-</b>                      | <b>-</b>            | <b>11 819</b>                   | <b>7 349</b>        | <b>11 819</b>       | <b>7 349</b>        |

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS**  
for the year ended 31 March 2015

**ANNEXURE 4  
INTER-GOVERNMENT PAYABLES**

| GOVERNMENT ENTITY                                    | Confirmed balance outstanding |                     | Unconfirmed balance outstanding |                     | Total               |                     |
|--|-------------------------------|---------------------|---------------------------------|---------------------|---------------------|---------------------|
|  | 31/03/2015<br>R'000           | 31/03/2014<br>R'000 | 31/03/2015<br>R'000             | 31/03/2014<br>R'000 | 31/03/2015<br>R'000 | 31/03/2014<br>R'000 |
| <b>DEPARTMENTS</b>                                   |                               |                     |                                 |                     |                     |                     |
| <b>Current</b>                                       |                               |                     |                                 |                     |                     |                     |
| <b>WESTERN CAPE PROVINCE</b>                         |                               |                     |                                 |                     |                     |                     |
| Department of Social Development                     | -                             | 42                  | 34                              | -                   | 34                  | 42                  |
| Department of Education                              | -                             | -                   | -                               | 644                 | -                   | 644                 |
| Government Motor Transport                           | 3 708                         | 8 071               | 374                             | -                   | 4 082               | 8 071               |
| Department of Premier                                | 151                           | -                   | -                               | 307                 | 151                 | 307                 |
| Department of Agriculture                            | -                             | -                   | 10                              | -                   | 10                  | -                   |
| Department of Transport and Public Works             | -                             | -                   | -                               | 135                 | -                   | 135                 |
| <b>GAUTENG PROVINCE</b>                              |                               |                     |                                 |                     |                     |                     |
| Department of Health                                 | -                             | -                   | -                               | 80                  | -                   | 80                  |
| <b>EASTERN CAPE PROVINCE</b>                         |                               |                     |                                 |                     |                     |                     |
| Department of Health                                 | -                             | -                   | 316                             | -                   | 316                 | -                   |
| <b>NORTH WEST PROVINCE</b>                           |                               |                     |                                 |                     |                     |                     |
| Department of Health                                 | 19                            | -                   | 111                             | -                   | 130                 | -                   |
| <b>KWAZULU NATAL PROVINCE</b>                        |                               |                     |                                 |                     |                     |                     |
| Department of Health                                 | 82                            | -                   | -                               | -                   | 82                  | -                   |
| <b>NORTHERN CAPE PROVINCE</b>                        |                               |                     |                                 |                     |                     |                     |
| Department of Health                                 | -                             | -                   | 264                             | -                   | 264                 | -                   |
| <b>NATIONAL DEPARTMENTS</b>                          |                               |                     |                                 |                     |                     |                     |
| Department of Justice and Constitutional Development | -                             | 309                 | 1 381                           | -                   | 1 381               | 309                 |
| <b>TOTAL INTERGOVERNMENTAL</b>                       | <b>3 960</b>                  | <b>8 422</b>        | <b>2 490</b>                    | <b>1 166</b>        | <b>6 450</b>        | <b>9 588</b>        |



WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
for the year ended 31 March 2015

**ANNEXURE 5  
INVENTORY**

| Note   | 2014/15           |                | 2013/14           |                |
|--|-------------------|----------------|-------------------|----------------|
|  | Quantity          | R'000          | Quantity          | R'000          |
| <b>Inventory</b>                               |                   |                |                   |                |
| Opening balance                                | 37 481 777        | 464 470        | 42 340 874        | 501 064        |
| Add/(Less): Adjustments to prior year balances | -                 | -              | (29 789)          | (38)           |
| Add: Additions/Purchases - Cash                | 294 136 581       | 2 880 473      | 290 924 495       | 2 102 335      |
| Add: Additions - Non-cash                      | 1 096 064         | 14 417         | 12 872 716        | 230 632        |
| (Less): Disposals                              | (1 414 141)       | (18 114)       | (1 070 735)       | (10 289)       |
| (Less): Issues                                 | (301 083 086)     | (2 742 094)    | (314 946 763)     | (2 474 660)    |
| Add/(Less): Adjustments                        | 6 392 087         | (73 917)       | 7 390 979         | 115 426        |
| <b>Closing balance</b>                         | <b>36 609 282</b> | <b>525 235</b> | <b>37 481 777</b> | <b>464 470</b> |

A difference exists between the cash additions/ purchases as indicated above and the inventory cash purchases as indicated in note 5.4. The main reason for this difference is due to the following:

- The value of cash additions/ purchases indicated above is derived from the Department's inventory management system, which includes consumables. The Department is in the process of separating inventory from consumables for disclosure purposes. In certain cases, both inventory and consumables will be kept in the same storage area and managed in the same way.
- The values as indicated in note 5.4 are derived from the Department's payments system, which has been already been updated to split inventory from consumables. Consumables are reported in note 5.5

WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
for the year ended 31 March 2015

**ANNEXURE 6  
MOVEMENT IN CAPITAL WORK IN PROGRESS  
MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2015**

|   | Opening<br>balance<br>R'000 | Current Year Capital<br>WIP<br>R'000 | Completed<br>Assets<br>R'000 | Closing<br>balance<br>R'000 |
|---|-----------------------------|--------------------------------------|------------------------------|-----------------------------|
| <b>BUILDINGS AND OTHER FIXED STRUCTURES</b> | <b>1 663 188</b>            | <b>282 817</b>                       | <b>(166 660)</b>             | <b>1 779 345</b>            |
| Non-residential buildings                   | 1 663 188                   | 282 817                              | (166 660)                    | 1 779 345                   |
| <b>TOTAL</b>                                | <b>1 663 188</b>            | <b>282 817</b>                       | <b>(166 660)</b>             | <b>1 779 345</b>            |

**MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2014**

|   | Opening<br>balance<br>R'000 | Prior period<br>error<br>R'000 | Current Year Capital<br>WIP<br>R'000 | Completed<br>Assets<br>R'000 | Closing<br>balance<br>R'000 |
|---|-----------------------------|--------------------------------|--------------------------------------|------------------------------|-----------------------------|
| <b>BUILDINGS AND OTHER FIXED STRUCTURES</b> | -                           | 1 973 967                      | 415 566                              | (726 345)                    | 1 663 188                   |
| Non-residential buildings                   | -                           | 1 973 967                      | 415 566                              | (726 345)                    | 1 663 188                   |
| <b>TOTAL</b>                                | -                           | 1 973 967                      | 415 566                              | (726 345)                    | 1 663 188                   |

WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
for the year ended 31 March 2015

ANNEXURE 7A  
INTER-ENTITY ADVANCES PAID (Note 11)

|                                  | Confirmed balance outstanding |                     | Unconfirmed balance outstanding |                     | Total               |                     |
|----------------------------------|-------------------------------|---------------------|---------------------------------|---------------------|---------------------|---------------------|
|                                  | 31/03/2015<br>R'000           | 31/03/2014<br>R'000 | 31/03/2015<br>R'000             | 31/03/2014<br>R'000 | 31/03/2015<br>R'000 | 31/03/2014<br>R'000 |
| <b>OTHER INSTITUTIONS</b>        |                               |                     |                                 |                     |                     |                     |
| Acv Clanwilliam SDC              | -                             | -                   | -                               | 1                   | -                   | 1                   |
| ACVV Clanwilliam HBC             | -                             | -                   | -                               | 8                   | -                   | 8                   |
| ACVV Porterville HBC             | -                             | -                   | -                               | 7                   | -                   | 7                   |
| Afrika Tikkun                    | -                             | -                   | 19                              | 8                   | 19                  | 8                   |
| Arisen Women                     | -                             | -                   | 42                              | -                   | 42                  | -                   |
| Baphumelele                      | -                             | -                   | 1                               | -                   | 1                   | -                   |
| Bergvliet Motivated Women        | -                             | -                   | 8                               | -                   | 8                   | -                   |
| Call to Serve                    | -                             | -                   | -                               | 1                   | -                   | 1                   |
| Cape Flats YMCA                  | -                             | -                   | 1                               | -                   | 1                   | -                   |
| Caring Network (Wallacedene)     | -                             | -                   | 7                               | 20                  | 7                   | 20                  |
| Cederberg Matzikama Aids network | -                             | -                   | -                               | 1                   | -                   | 1                   |
| Darling MSAT                     | -                             | -                   | -                               | 3                   | -                   | 3                   |

WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
for the year ended 31 March 2015

ANNEXURE 7A continue  
INTER-ENTITY ADVANCES PAID (Note 11)

|   | Confirmed balance outstanding |            | Unconfirmed balance outstanding |            | Total      |            |
|---|-------------------------------|------------|---------------------------------|------------|------------|------------|
|   | 31/03/2015                    | 31/03/2014 | 31/03/2015                      | 31/03/2014 | 31/03/2015 | 31/03/2014 |
| Etafeni                                 | -                             | -          | 9                               | -          | 9          | -          |
| FMS                                     | -                             | -          | -                               | 75         | -          | 75         |
| Hospice GF HIV/AIDS & TB                | -                             | -          | -                               | 2          | -          | 2          |
| Kheth Impilo Hiv Kraaifontein           | -                             | -          | -                               | 69         | -          | 69         |
| Kheth Impilo Tb Enhanced                | -                             | -          | 12                              | 2          | 12         | 2          |
| Leeu-Gamka Nutrition                    | -                             | -          | 8                               | -          | 8          | -          |
| Lifeline Childline                      | -                             | -          | 18                              | -          | 18         | -          |
| Mada MSAT                               | -                             | -          | 2                               | -          | 2          | -          |
| Masincedane                             | -                             | -          | 3                               | -          | 3          | -          |
| Nacosa - GF                             | -                             | -          | 254                             | -          | 254        | -          |
| Oasis - Delft                           | -                             | -          | -                               | 2          | -          | 2          |
| Oikos (Touch)                           | -                             | -          | 18                              | 21         | 18         | 21         |
| Ons Huis Farm Health                    | -                             | -          | -                               | 6          | -          | 6          |
| Ons Huis HBC                            | -                             | -          | -                               | 3          | -          | 3          |
| Opportunity To Serve Ministries         | -                             | -          | 16                              | -          | 16         | -          |
| Partners In Sexual Health HTA           | -                             | -          | -                               | 30         | -          | 30         |
| Partners In Sexual Health Nms North     | -                             | -          | -                               | 14         | -          | 14         |
| Partners in Sexual Health Truckers NTSS | -                             | -          | -                               | 35         | -          | 35         |
| Prince Albert CBR                       | -                             | -          | 4                               | -          | 4          | -          |
| Reliable Action                         | -                             | -          | 3                               | -          | 3          | -          |
| Sacla                                   | -                             | -          | 19                              | -          | 19         | -          |
| Spades Yda                              | -                             | -          | 251                             | 251        | 251        | 251        |
| Tb/Hiv Care Association Nms             | -                             | -          | 33                              | 3          | 33         | 3          |
| Touching Nations                        | -                             | -          | 104                             | 27         | 104        | 27         |
| Triangle NTSS                           | -                             | -          | -                               | 1          | -          | 1          |
| Tygerberg Hospice - Step Down           | -                             | -          | 4                               | 165        | 4          | 165        |
| Whole World Women NTSS                  | -                             | -          | -                               | 5          | -          | 5          |
| Wolaniani                               | -                             | -          | 1                               | -          | 1          | -          |
| Ymca Athlone                            | -                             | -          | 12                              | -          | 12         | -          |
| <b>Subtotal</b>                         | -                             | -          | <b>849</b>                      | <b>760</b> | <b>849</b> | <b>760</b> |
| <b>TOTAL</b>                            | -                             | -          | <b>849</b>                      | <b>760</b> | <b>849</b> | <b>760</b> |

WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
for the year ended 31 March 2015

ANNEXURE 7B  
INTER-ENTITY ADVANCES RECEIVED (Note 15)

| ENTITY                | Confirmed balance outstanding |                     | Unconfirmed balance outstanding |                     | TOTAL               |                     |
|-----------------------|-------------------------------|---------------------|---------------------------------|---------------------|---------------------|---------------------|
|                       | 31/03/2015<br>R'000           | 31/03/2014<br>R'000 | 31/03/2015<br>R'000             | 31/03/2014<br>R'000 | 31/03/2015<br>R'000 | 31/03/2014<br>R'000 |
| <b>Other Entities</b> |                               |                     |                                 |                     |                     |                     |
| <b>Current</b>        |                               |                     |                                 |                     |                     |                     |
| Spectramed            | 8                             | 8                   |                                 |                     | 8                   | 8                   |
| Fishmed               | 8                             | 8                   |                                 |                     | 8                   | 8                   |
| Golden Arrow          | 12                            | 12                  |                                 |                     | 12                  | 12                  |
| Discovery             | 80                            | 80                  |                                 |                     | 80                  | 80                  |
| RAF                   |                               |                     | 60 978                          | 70 680              | 60 978              | 70 680              |
| COID/WCA              |                               |                     | 2 488                           | 2 270               | 2 488               | 2 270               |
| Vericred              |                               |                     | 139                             | 74                  | 139                 | 74                  |
| State Departments     |                               |                     | 83                              | 36                  | 83                  | 36                  |
| HWSETA                |                               |                     | 1 966                           | -                   | 1 966               | -                   |
| <b>Total current</b>  | <b>108</b>                    | <b>108</b>          | <b>65 654</b>                   | <b>73 060</b>       | <b>65 762</b>       | <b>73 168</b>       |





# Western Cape Government

Health

Western Cape Government: Health

Postal address of Head Office:

PO Box 2060

Cape Town

8000

Contact telephone numbers:

+27 21 483 3245 (Directorate: Communications)

Fax number: +27 21 483 6169

E-mail address: [Marika.Champion@westerncape.gov.za](mailto:Marika.Champion@westerncape.gov.za)

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