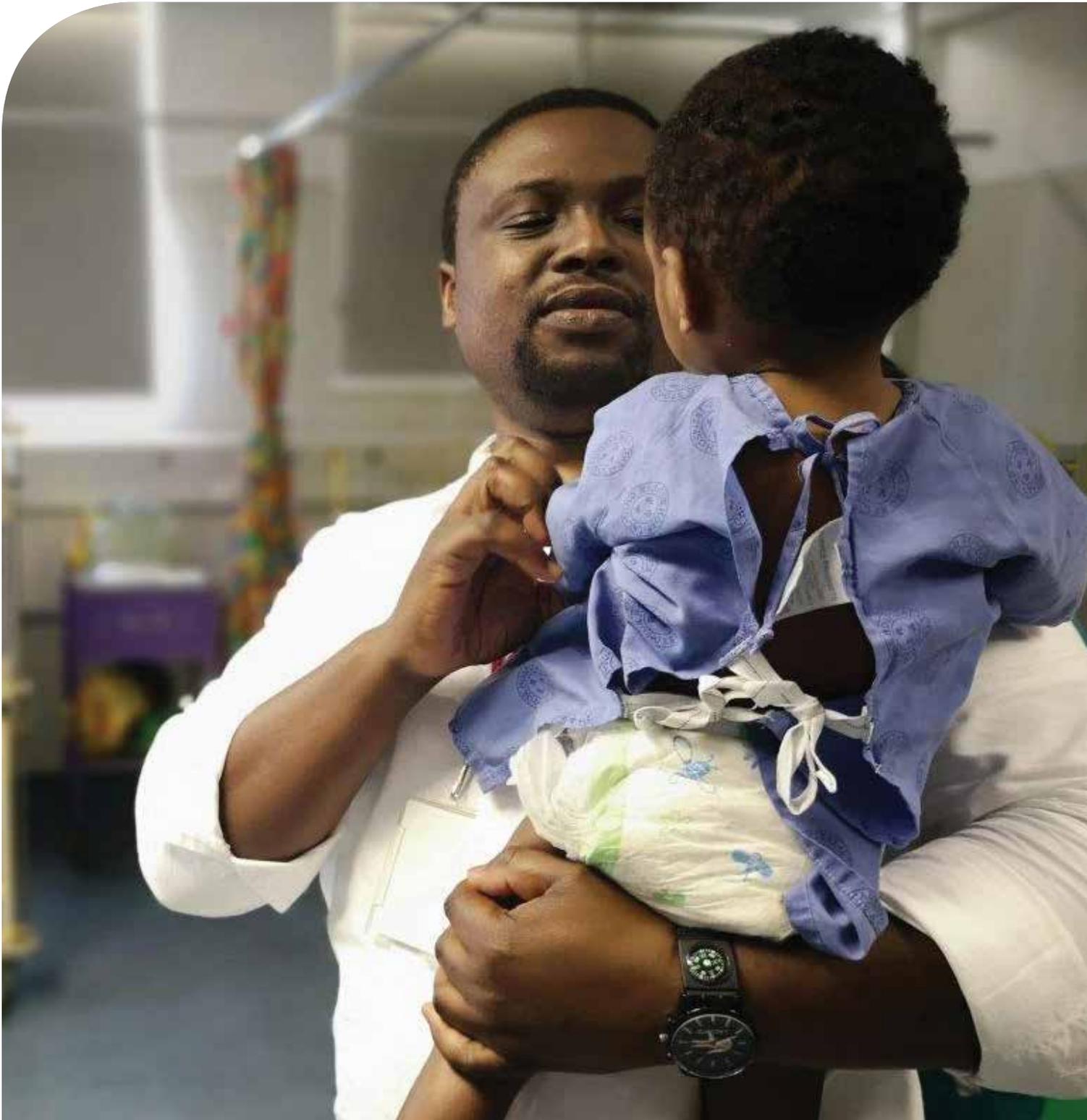




Western Cape  
Government

Health



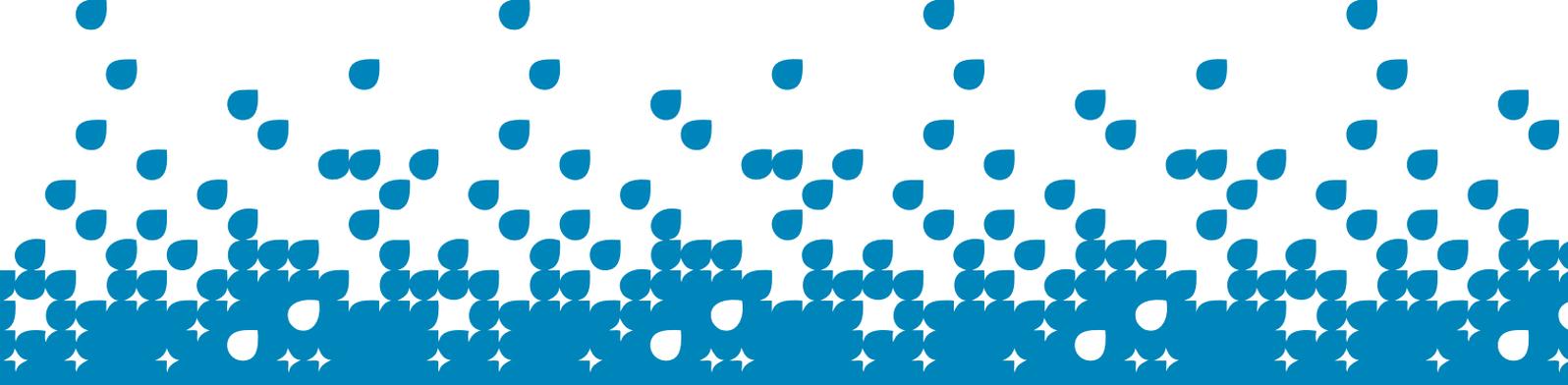
Annual Report  
2018 - 2019

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# PART A

## GENERAL INFORMATION

## Department's General Information

FULL NAME OF DEPARTMENT	Western Cape Government: Health
PHYSICAL ADDRESS OF HEAD OFFICE	4 Dorp Street, Cape Town, 8001
POSTAL ADDRESS OF HEAD OFFICE	PO Box 2060, Cape Town, 8000
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E-MAIL ADDRESS	Marika.Champion@westerncape.gov.za
WEBSITE ADDRESS	<a href="http://www.westerncape.gov.za">http://www.westerncape.gov.za</a>

## List of Abbreviations / Acronyms

<b>AGSA</b>	Auditor-General South Africa
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ANC</b>	Antenatal Care
<b>AO</b>	Accounting Officer
<b>APP</b>	Annual Performance Plan
<b>ART</b>	Antiretroviral Therapy
<b>ATA</b>	Assistant to Artisan
<b>BAS</b>	Basic Accounting System
<b>BVS</b>	Barret Value Survey
<b>CAD</b>	Computer Aided Despatch
<b>CDC</b>	Community Day Centre
<b>CHC</b>	Community Health Centre
<b>CoCT</b>	City of Cape Town
<b>COPC</b>	Community-Oriented Primary Care
<b>CRE</b>	Carbapenem-Resistant Enterobacteriaceae
<b>DHS</b>	District Health System
<b>DOCs</b>	Department of Community Safety
<b>DORA</b>	Division of Revenue Act
<b>DPSA</b>	Department of Public Service Administration
<b>ECMO</b>	Extra-Corporeal Membrane Oxygenation
<b>EE</b>	Employment Equity
<b>EHWP</b>	Employee Health and Wellness Programme
<b>EMC</b>	Emergency Medical Care
<b>EMS</b>	Emergency Medical Services
<b>EPWP</b>	Expanded Public Works Programme
<b>ERM</b>	Enterprise Risk Management
<b>ETL</b>	Extract Transform Load
<b>EWP</b>	Employee Wellness Programme
<b>FPL</b>	Forensic Pathology Laboratory
<b>FPS</b>	Forensic Pathology Services
<b>GEMS</b>	Government Employees Medical Scheme
<b>GHS</b>	Groote Schuur Hospital
<b>HCBC</b>	Home Community-Based Care
<b>HCT</b>	HIV Counselling and Testing
<b>HIV</b>	Human Immunodeficiency Virus
<b>HoD</b>	Head of Department
<b>HPCSA</b>	Health Professions Council of South Africa

<b>HPTDG</b>	Health Professions Training and Development Grant
<b>HR</b>	Human Resources
<b>HRD</b>	Human Resources Development
<b>HT</b>	Health Technology
<b>HTS</b>	HIV Testing Services
<b>ICAS</b>	Independent Counselling and Advisory Services
<b>ICRM</b>	Ideal Clinic Realization and Maintenance
<b>ICU</b>	Information Compliance Unit
<b>IDMS</b>	Infrastructure Delivery Management System
<b>IGS</b>	Infrastructure Gateway System
<b>JAC</b>	Pharmaceutical Management System
<b>LGH</b>	Lentegeur Hospital
<b>LOGIS</b>	Logistic Information System
<b>MCWH</b>	Maternal, Child and Women's Health
<b>MDHS</b>	Metro District Health Services
<b>MDR</b>	Multi-Drug Resistant
<b>MEAP</b>	Management Efficiencies and Alignment Projects
<b>MEC</b>	Member of the Executive Council
<b>MMC</b>	Medical Male Circumcision
<b>MMS</b>	Middle Management Service
<b>MPAT</b>	Management Performance Assessment Tool
<b>MPSA</b>	Minister of Public Service and Administration
<b>MTEF</b>	Medium-Term Expenditure Framework
<b>N/A</b>	Not applicable / Not available / No answer
<b>NCS</b>	National Core Standards
<b>NDA</b>	Non-Disclosure Agreement
<b>NDoH</b>	National Department of Health
<b>NDP</b>	National Development Plan
<b>NHI</b>	National Health Insurance
<b>NHLS</b>	National Health Laboratory Services
<b>NIMS</b>	Nursing Information Management System
<b>NPO</b>	Non-Profit Organisation
<b>NTSG</b>	National Tertiary Services Grant
<b>OHC</b>	Oral Health Centre
<b>OHS</b>	Office of Health Standards Compliance
<b>OPC</b>	Orthotic and Prosthetic Centre
<b>OPD</b>	Outpatient Department
<b>OSD</b>	Occupation Specific Dispensation
<b>PD</b>	People Development
<b>PDE</b>	Patient Day Equivalent

<b>PERSAL</b>	Personnel and Salary Information System
<b>PFS</b>	Provincial Forensic Services
<b>PFMA</b>	Public Finance Management Act
<b>PHC</b>	Primary Health Care
<b>PHCIS</b>	Primary Health Care Information System
<b>PHDC</b>	Provincial Health Data Centre
<b>PM</b>	People Management
<b>PPP</b>	Public Private Partnership
<b>PPT</b>	Planned Patient Transport
<b>PSCBC</b>	Public Service Co-ordinating Bargaining Council
<b>PSP</b>	Professional Service Provider
<b>PSRMF</b>	Public Sector Risk Management Framework
<b>RAF</b>	Road Accident Fund
<b>RCWMCH</b>	Red Cross War Memorial Children's Hospital
<b>RMSU</b>	Records Management Support Unit
<b>SABS</b>	South African Bureau of Standards
<b>SANC</b>	South African Nursing Council
<b>SCM</b>	Supply Chain Management
<b>SCOPA</b>	Standing Committee on Public Accounts
<b>SDIP</b>	Service Delivery Improvement Plan
<b>SHERQ</b>	Safety, Health, Environment, Risk and Quality Management
<b>SPV</b>	Single Patient Viewer
<b>SINJANI</b>	Standard Information Jointly Assembled by Networked infrastructure
<b>SITA</b>	State Information Technology Agency
<b>SLA</b>	Service Level Agreement
<b>SMS</b>	Senior Management Service
<b>SSS</b>	Staff Satisfaction Survey
<b>SYSPRO</b>	Software package used by central hospitals for supply chain management and asset management
<b>TB</b>	Tuberculosis
<b>TBH</b>	Tygerberg Hospital
<b>UAMP</b>	User Asset Management Plan
<b>VUCA</b>	Volatile, Uncertain, Complex and Ambiguous
<b>WCCN</b>	Western Cape College of Nursing
<b>WCG</b>	Western Cape Government
<b>WCGH</b>	Western Cape Government: Health
<b>WCGTPW</b>	Western Cape Government Transport and Public Works
<b>WCRC</b>	Western Cape Rehabilitation Centre
<b>WCSD</b>	Western Cape Supplier Database
<b>WOW</b>	Western Cape on Wellness

## Foreword by the Minister

The 2018/19 financial year has not been short of its challenges within public healthcare.

The public health system generally is under severe pressure. We are faced with budget cuts, urbanization and in-migration, a burning service platform, drought and water shortages, disease outbreaks and escalating burden of disease, staff safety remains a challenge, and natural disasters like fires.

Despite these challenges, the Western Cape has the best health outcomes out of all 9 provinces. Western Cape citizens have the longest life expectancy in the country.

This is largely due to better population health outcomes (lower mortality rates). We have better coverage and access to healthcare services where approximately, 91.5 per cent of the citizens in the Western Cape have access to health services within 30 minutes of their residence compared to other provinces where it is too far to access. Where there is no physical facility, we bring services through mobile or by other means like public private partnerships. This essentially speaks to the quality of care and access to health care in the Western Cape.

We have invested over the years in building capability including leadership, people, processes, systems, and building blocks such as infrastructure and IT systems to get us to this high point in our history, where we can claim amongst the best health outcomes in the country, unqualified audit findings for 15 consecutive years, a clean financial audit for the past 4 years, and the ultimate achievement of a clean audit outcome for 2018/19, and generally, a well performing Department.

Infrastructure remains a priority for this Department, as a way to address patient experience and service pressures. We delivered world class infrastructure projects over the past financial year, and continue to maintain clean and functional infrastructure.

This Department has undertaken several key initiatives as part of its transformation strategy. This includes the Leadership development and Culture change journey, improving systems and efficiencies, a Management Efficiency and Alignment Project (MEAP), Community Orientated Primary Care (COPC), and implementation of our E-vision.

The first phase of MEAP was concluded which involved extensive engagement with staff on the redesign of how best we can improve alignment, functions and efficiencies within administrative structures across the various levels and offices in the Department. We thank all staff for their participation and resilience during this process.

COPC is a service delivery model where healthcare workers physically go into communities and households, extending the network of healthcare into patient's homes and often link citizens to other parts of government services, has been rolled out at 20 learning sites and we are actively working at rolling out across the entire province.

Our e-vision as part of our ICT strategy is a huge investment, and it holds immense leverage potential for efficiencies and improvements in service delivery and patient care. We have made tremendous progress with innovations such as the unique patient identifier that is now implemented across the whole Department, including provincial hospitals, clinics and local government healthcare facilities. We are one of the few places globally with an integrated data system across the service platform, and we are very proud of this achievement. This reduces waiting times for patients and consequently improves patient experience.

None of the incredible work we have done would have been possible without the support of the Head of Department and her top management team, as well as the nearly thirty-two thousand staff members. I would like to thank each staff member for their resilience amidst the current challenges

Western Cape Government, working better together!



Dr Nomafrench Mbombo  
Western Cape Health Minister

## Report of the Accounting Officer

Name: Dr Beth Engelbrecht

Title: Head of Department

Western Cape Government: Health

## Overview of Operations at the Department

### Results and Challenges of the Last Year

#### *Provincial Health System's Performance in 2018/19*

The demand for healthcare services continues to grow and this is unlikely to change in the short to medium term, given the trends in the social determinants of health and wellbeing. The quadruple burden of disease, compounded by increased population growth, places enormous strain on the health system. This is particularly worrying as increasingly people present with multiple, interacting and compounding health problems. The emergency centres at acute hospitals remain key pressure points. The burden of acutely decompensated psychiatric patients in general hospitals is a significant ongoing challenge. These conditions are related to the social environments of our citizens and the structural challenges in society. These challenges coupled with natural disasters and further budget reductions in real terms in the MTEF has made 2018/19 a particularly challenging year for the Department.

The Department spent R23.044 billion, which is 99.8 per cent of its total budget. The department maintained a clean financial audit outcome and improved on the performance information audit outcome, to achieve an overall clean audit outcome for 2018/19.

In 2018/19 there were:

- 14.1 million primary care contacts (this does not include contacts in home and community-based care setting)
- 96 249 baby deliveries
- 484 946 patients transported with emergency care services, of which 31.4 per cent were priority 1
- 288 199 patients admitted to 33 acute district hospitals
- 125 976 patients admitted to 16 regional and specialised hospitals
- 140 392 patients admitted in central/tertiary hospitals
- 7 591 cataract operations performed
- 278 027 patients on antiretroviral treatment
- 0.3 per cent mother to child HIV transmission rate at 10 weeks<sup>1</sup>
- 803 registered home and community based care workers

<sup>1</sup> Birth PCR test positive rate 0.9 per cent

The Department managed 18.9 million patient contacts (3.2 million patient days plus 1.6 million outpatient visits across all hospitals, and 14.1 million primary care contacts). From this number of visits the Department received feedback through 5 332 complaints and 7 678 compliments. Every feedback is regarded as important to consider how to continuously improve the system.

The patient voice through statutory stakeholder bodies is important to us. The Western Cape Health Facility Boards and Committee Act was promulgated in 2016, and the regulations were gazetted on 7 December 2017. The process of establishing clinic committees commenced in January 2018 and implementation is work in progress.

### **People Management**

In 2018/19, the Department had 31 914 employees of which:

- 92 per cent of employees are appointed in a permanent capacity
- 65 per cent are health professionals
- 35 per cent administrative support and non-health professional staff
- 72 per cent are female and 28 per cent are male
- 32 per cent are Black; 14 per cent are White, 52 per cent are Coloured and 2 per cent are Indian
- 54 per cent of senior management positions are held by females
- 208 employees are classified as disabled

### **Infrastructure Developments**

Infrastructure plays an integral part in the delivery of health services, both from a staff as well as a patient perspective. Various capital infrastructure projects were undertaken in 2018/19, with health technology provided for a large portion of these. Extensive maintenance was also carried out on facilities and equipment throughout the province. The following capital projects were completed in 2018/19, with various others in other project stages:

- New Clinic in Asla, Mossel Bay (donated by PetroSA)
- Extensions to the pharmacy at Wellington CDC
- New Wolseley Clinic

In view of climate change and the continued water crisis in the Western Cape, the Department is proceeding with its water security projects to make sure that health facilities will have adequate water to remain functional and to ensure its resilience in the future.

## Good Governance

The Departmental Transformation Strategy aims to build resilience towards Universal Health Coverage. The strategy is based on a values driven approach, focusing on our vision to increase public value and quality of life. The transformation strategy contains three interconnected components:

- Service transformation
- Governance transformation
- Leadership and organisational culture transformation

The governance transformation component is premised on the need to address both the governance of the health system and the joint action of health and non-health sectors, public and private; and of citizens for improved health. This calls for governing by collaborating; governing by engaging citizens; governing by mixing regulation and persuasion; governing through independent agencies; and governing by adaptive policies, resilient structures and foresight.

Within the Department there has been a focus on designing and implementing an organisational realignment process towards a people-centred learning organisation, through the Management Efficiency and Alignment Project (MEAP). The first phase of MEAP was concluded in 2017. The management functions have been grouped into three broad categories:

- Strategic cluster functions
- Corporate functions
- Service functions

The design process is aimed at streamlining the manner in which these functions are executed across the various levels of management (Macro, Meso and Micro levels) within the Department, with a big focus on changing the way the Department does its business, from a compliance to a citizen-enabling orientation.

## Overview of the Financial results of the Department

### Departmental Receipts

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

The table below provides a breakdown of the sources of revenue and performance for 2018/19.

Departmental Receipts	2018/19			2017/18		
	Estimate	Actual Receipts	(Over)/Under Collection	Estimate	Actual Receipts	(Over)/Under Collection
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of goods and services other than capital assets	444 519	509 621	(65 102)	422 903	460 271	(37 368)
Transfers received	104 810	105 045	(235)	83 456	84 406	(950)
Interest, dividends & rent on land	1 536	3 504	(1 968)	1 461	4 797	(3 336)
Sale of capital assets	-	10	(10)	-	2	(2)
Financial transactions in assets & liabilities	12 203	59 211	(47 008)	14 443	22 098	(7 655)
<b>TOTAL</b>	<b>563 068</b>	<b>677 391</b>	<b>(114 323)</b>	<b>522 263</b>	<b>571 574</b>	<b>(49 311)</b>

The Department ended the 2018/19 financial year with a revenue surplus of R114.323 million. The surplus is the net effect of the following over recoveries for the year:

#### Sales of Goods and Services

The surplus (R65.102 million) is primarily due to claims paid by the Road Accident Fund in respect of patient fees.

#### Transfers Received

The surplus (R235 thousand) is primarily due to the surplus recorded at Transfers from Universities which is attributed to the increased recovery on the expenditure related to the use of hospital resources.

#### Interest

The surplus (R1.968 million) resulted through the levying of interest in respect of patient fee accounts. The surplus is also a result of the write-off of departmental debt which yielded no results after three years.

## Sales of Capital Assets

The surplus (R10 thousand) is a nominal amount but is as a result of the sale of obsolete furniture and equipment not budgeted for. The sale of furniture and equipment occurs very seldom, and thus not budgeted for.

## Financial Transactions

The surplus (R47.008 million) resulted primarily through the reduction of the Cape Medical Depot's pharmaceutical Capital Fund Balance due to the reduction in required stockholding levels, refund from CPU for students' residence and tuition costs and the recovery of previous years' expenditure, amongst others.

## Programme Expenditure

The Department recorded an under-expenditure of R56.386 million in the 2018/19 financial year. Please refer to Notes to the Appropriation Statements on page 251 to 256 for reasons.

Budget Programme	2018/19			2017/18		
	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	768 056	766 106	1 950	743 718	720 112	23 606
Programme 2	9 341 766	9 328 752	13 014	8 771 655	8 737 909	33 746
Programme 3	1 106 257	1 102 444	3 813	1 026 563	994 862	31 701
Programme 4	3 630 241	3 622 842	7 399	3 403 167	3 379 527	23 640
Programme 5	6 517 843	6 517 245	598	6 129 748	6 129 748	-
Programme 6	328 616	321 643	6 973	340 063	317 453	22 610
Programme 7	468 707	461 667	7 040	438 845	436 812	2 033
Programme 8	938 493	922 894	15 599	832 723	779 633	53 090
<b>TOTAL</b>	<b>23 099 979</b>	<b>23 043 593</b>	<b>56 386</b>	<b>21 686 482</b>	<b>21 496 056</b>	<b>190 426</b>

## Virements / Roll Overs

All virements applied are depicted on page 215 to 250 of the Annual Financial Statements. Virements were applied to ensure that no unauthorised expenditure occurred per Main Division. All virements were approved by the Accounting Officer.

Virements for 2018/19			
Main Division		R'000	Reason
From	To		
Programme 3	Programme 5	5 906	To address over expenditure as a result of service pressures and burden of disease.
Programme 4		5 374	
Programme 7		3 500	
Programme 1	Programme 5	42 300	To address over expenditure as a result of the necessitated replacement of aging medical equipment and equipment backlogs.
Programme 3		4 094	
Programme 4		326	
Programme 7		2 000	
Programme 4	Programme 5	1 112	To address over expenditure as a result of Thefts and Losses.

Roll overs were requested amongst other for the following equitable share: PES Maintenance, Global Fund and Bursaries.

## Unauthorised, Fruitless and Wasteful Expenditure

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

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

An amount of R 7 000 was written off in the current financial year (2018/19), bringing the 2017/18 brought forward balance of fruitless and wasteful expenditure to zero. This is further explained in Part E on page 291.

## Future Plans of the Department

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

Intranet: <http://inrawp.pgwc.gov.za/health/>

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

The Department is in the process of developing its next five-year plan from 2019 – 2024.

## Public Private Partnerships

### Existing Public Private Partnerships

#### Western Cape Rehabilitation Centre (WCRC) and Lentegeur Psychiatric Hospital

The Public Private Partnership (PPP) between the Western Cape Department of Health and Mpilisweni Consortium is a 12-year agreement for the provision of estate maintenance, medical and non-medical equipment, hard and soft facilities management and related services in respect of the Western Cape Rehabilitation Centre (WCRC) and Lentegeur Psychiatric Hospital. The contract was signed in 2006 and the 2018/19 financial year concludes the 12<sup>th</sup> year of implementation and operation. The contract has been extended for a year ending March 2020. The monitoring of the PPP continued through the well-functioning governance structures ensuring the contractual obligations were met.

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

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

#### **The PPP project continued during the reporting financial year to achieve the following objectives:**

- Departmental needs were addressed through output specifications that enabled the Department to deliver quality specialized clinical rehabilitation services (WCRC) and psychiatric services (LGH);
- Services were delivered by the Private Party (PP) against appropriate and measurable output specifications which were closely monitored by the Department;
- The unitary fee is fixed and increased by inflation/CPI per annum, ensuring that the Department budgets accurately for the services in the MTEF;
- Preventative maintenance on the buildings and medical –and therapeutic equipment, ensuring that the environment and equipment used are appropriate and in optimal condition for specialized rehabilitation of physically disabled clients and are continuously modernized as technological advances occur in the health care industry;
- Reduce future spending on the project by the Department in terms of remedial costs and backlog maintenance, freeing up cash flows for other projects;
- Reducing the pressure on the current limited capital budget for addressing the Department's medical and therapeutic equipment needs;

- Continued to achieve economies of scale in terms of the various outsourced contracts combined for both hospitals, thus increasing the effectiveness of service delivery;
- The financial penalty regime linked to performance ensures delivery of the required outputs at the required standard/quality and within the stipulated rectification times;
- Obtained private sector expertise in the rendition of their services;
- Obligations and risks transferred to the Private Party with substantial obligations to self-monitoring; and
- Enabled the Department to focus on fulfilling its core functions of provision of health service delivery and improving the quality of care to patients.

Disclosure Notes for projects signed in terms of Treasury Regulation 16	
Project name	Western Cape Rehabilitation Centre & Lentegeur Hospital Public Private Partnership
Brief description	Provision of equipment, facilities management and all associated services at the Western Cape Rehabilitation Centre and the Lentegeur Hospital
Date PPP Agreement signed	8 December 2006. Full service commencement date was 1 March 2007
Duration of PPP Agreement	12 Years
Escalation Index for Unitary fee	CPI (3.8123% increase)
Net present value of all payment obligations discounted at appropriate duration government bond yield	R57 449 076 <sup>1</sup> fixed and index component (01/04/2018 to 31/03/2019) as approved in terms of Treasury Approval III
Variations/amendments to PPP agreement	One variation order was approved during this period
Cost implications of variations/amendments	Forex formula adjusted
Significant contingent fiscal obligations including termination payments, guarantees, warranties, and indemnities and maximum estimated value of such liabilities	These contingent fiscal obligations and its estimated value will be determined in accordance with the PPP Agreement and will depend on the type of obligation and the impact that it has on the concession period
<b>Notes:</b>	
1. Variable component = R8 599 266	

## New Public Private Partnerships

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

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

A Transaction Advisor was appointed in October 2013. In order to determine the suitable procurement route, the feasibility study for the redevelopment project, as required by National Treasury, has been completed and the Treasury Approval-1 submission, as per Treasury Regulation 16 to the Public Finance Management Act of 1999, was submitted to National Treasury in September 2018. This study was also submitted in accordance with the Budget Facility for Infrastructure Guidelines as published by National Treasury.

The feasibility study is currently being reviewed and revised to incorporate subsequent comments received from National Treasury and National Department of Health.

The scope of the project is to relocate the Tygerberg Central Hospital on the current estate to provide Level 2 and Level 3 / 4 services. The new Tygerberg Regional Hospital, not part of the PPP feasibility study and, which will provide the complementary Level 2 and Level 1 services, will be built on a site located in Belhar. A Business Case for this project was approved by NDoH in June 2018.

## Changes to Activities in 2018/19

### Discontinued Activities / Activities to be Discontinued

#### *Groote Schuur Hospital (GSH)*

The Theraton Cobalt Unit has become obsolete. Its main service was total body irradiation therapy. These patients are now treated via LINAC. The source from the Cobalt-60 unit is being removed from the premises.

#### *Rural Health Services (RHS)*

Adolescent projects in Drakenstein, funded by the Global Fund, will come to an end at the end of March 2019.

#### *Metro Health Services (MHS)*

Services at an intermediate care facility for children were transferred to another NPO for the delivering of the service. This was due to poor governance structures in the organisation that posed severe financial and medico-legal risks to the WCGH. The shift in service provider has led to improved patient care.

Lentegeur Hospital has over the last 2 years undergone some change management and efficiency projects. This has primarily been a reconfiguration of services which ultimately resulted in a reduction of 52 beds (from 742 to 690 beds) without necessarily impacting negatively on patient care.

## **New / Proposed Activities**

### ***Groote Schuur Hospital (GSH)***

The Transplant and the Extra-Corporeal Membrane Oxygenation (ECMO) programmes have been scaled up during 2018/19. ECMO outcomes are comparable with those reported in international ECMO registries.

The first cochlea implant at Groote Schuur hospital was performed in 2018 with implants donated by Medel. A new outpatient lymph node biopsy clinic has been started in the Haematology Division. The new 128 CT-scanner arrived as per schedule on the 11<sup>th</sup> February 2019. The old scanner was decommissioned and removed.

The brachytherapy equipment had reached its end of life and was rendered non-functional at the end of 2018. The new brachytherapy was purchased and easily integrated into the ARIA system. This allowed us to start treating gynaecological cancer patients immediately after training was completed. HDR brachytherapy involves delivering radiotherapy by temporarily placing a tiny radioactive source directly into the tumour or other targeted area. In the future, GSH is looking forward to extending the program to treat prostate cancer patients, head and neck patients and possibly other groups of cancer patients with HDR brachytherapy.

The Division of Hepatology has been awarded start-up funding for the first ECHO (Extension for Community Healthcare Outcomes) program on "Viral hepatitis in Sub-Saharan Africa", as part of an international collaboration with Ghana, Ethiopia and Nigeria. The Liver Unit acts as an expert Hepatology Hub with spokes around South Africa and in Ghana, Ethiopia and Nigeria. This has allowed and supported outreach of much needed advice on implementation of treatment for viral hepatitis to regions who do not have access to Hepatology expertise.

### ***Rural Health Services (RHS)***

Community-oriented primary care (COPC) is an approach of delivering primary health care to individuals and families in a defined geographic area in collaboration with the organisations and people who contribute to health. In Rural Health Services, wellness professional nurses were appointed at 15 sites with the view of testing and developing different strategies and models which will culminate in a COPC package of care.

In addition to the cataract outreach services rendered by George Hospital, the service has now been extended to Prince Albert for the first time in July 2018 when 35 procedures were performed and a further 40 were performed in January 2019.

### ***Metro Health Services (MHS)***

During 2018/19 the Department initiated a pilot project with the aim of establishing a breast clinic at Khayelitsha District Hospital. When fully rolled out, these services will strengthen the early identification and management of breast pathology.

Similarly, an Eye care clinic was piloted at Khayelitsha District Hospital for Diabetic Retinopathy. This pilot project was done in collaboration with Orbis International, in order to assist in managing the waiting list at Tygerberg Hospital.

Increased outreach support to Rural Health Services by the Orthotic and Prosthetic Centre (OPC) to improve access to these services. The expansion of outreach was managed well and within budget.

Roll out of electronic pharmacy queuing system at Mitchells Plain CHC.

Strengthening of palliative care services in the Metro to ensure that the clients eligible for palliative care are able to access this within the public sector.

## **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**

The Accounting Officer's System and Delegations constitute the Department's SCM Handbook. These documents are updated annually to ensure sound supply chain management processes.

The constitution of Bid Specification, Evaluation & Adjudication Committees (BSC, BEC & BAC, respectively), as well as the Quotation Committees, promotes segregation of duties, and serves as a control measure for early/proactive identification of possible irregular actions that could result in irregular expenditure.

Increase in the scope of transversal provincial contracts reduces the administrative workload on Institutional SCM units, thereby mitigating for the risk of incurring irregular expenditure through low-value transactional procurement.

### **Challenges Experienced in SCM**

The increasing complexity of compliance requirements applicable to all facets of SCM requires a shift of resources towards compliance. The regulatory requirements include e.g. Local Content, asset classification and recognition, reporting of inventory and consumables, use of e-Procurement systems, (IPS, Central Supplier Database (CSD), e-Tender Publication Portal, i-Tender).

Lack of integration between Western Cape Supplier Database (WCSD) and the national CSD causes duplication of effort for buyers and suppliers, as not all information held on the WCSD is available on CSD.

Additional compliance requirements emanating from the new Preference Procurement Regulations also requires a mandatory feasibility study to be undertaken to determine the extent to which contracts valued in excess of R30 million can be subcontracted, in order to meet the minimum subcontracting target of 30 per cent of the contract value.

## Gifts and Donations

The Department received gifts and donations to the value of R31.461 million in kind which is disclosed in the Annual Financial Statements, page 313 to 314.

## Exemptions and Deviations received from National Treasury

No exemptions requested or granted.

## Events after the Reporting Date

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

## Other

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

## Acknowledgements

The year 2018/19 has been extremely challenging, as in addition to the continued challenges of providing health services to a growing population, in an increasingly resource scarce environment, our employees have also had to cope with the implications of fire, drought, power outages and safety whilst in the line of duty. I can't thank you all enough for persevering in the face of all these challenges and for the resilience you have demonstrated in the last year. I am incredibly proud to be part of such an amazing team of people.

## Conclusion

The Western Cape Department of Health must be proud of its achievements in 2018/19. We had over six hundred thousand patient admissions, over one million Emergency Centre visits and over fourteen million Primary Health Care visits, all while leading the country in health outcome indicators, notably the lowest infant

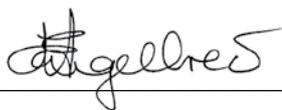
mortality rate and the highest life expectancy. We continue to expand services, including the new District Six Community Health Centre, upgrades to Worcester and Helderberg Hospital and over a billion rand spent on infrastructure. This was also the year we celebrated our 15<sup>th</sup> consecutive unqualified audit. The MEAP process continued, with the finalization of the macro structure of the Department. This is an ambitious project that aims to fundamentally change service delivery in the Department. As we consider our achievements over the last year, there is indeed much to be proud of; but, as we look into the future we must be mindful of the risks that face us.

The Western Cape Department of Health operates in a VUCA environment - a setting that is volatile, uncertain, complex and ambiguous. This is further compounded by a budget that is reducing in real time. Our ability to navigate through this burning platform will not be achieved through the routine strategies of increasing efficiency and reducing costs. If we are to weather this storm, we will have to transform our organisation. To that end, in 2019, we will begin our transformation journey, built on the pillars of service, governance and leadership transformation. Our aim is to move towards a learning organisation that is both resilient and adaptive. We believe that these are the characteristics that will allow us to navigate the VUCA environment.

As we move towards our transformation journey let us take a moment to look back at 2018/19. There is so much to be proud of, and for this the credit must go to our staff. The 32 000 women and men who work tirelessly, who give of themselves to save lives and treat the sick. We acknowledge and thank them for their contribution towards creating a healthier society. We also thank our multiple partners who work with us, without which it would not have been possible to achieve what we have in 2018/19.

## Approval and Sign-off

The Annual Financial Statements set out on pages 215 to 325 have been approved by the Accounting Officer.



Dr Beth Engelbrecht  
Head: Health Western Cape  
31<sup>st</sup> May 2019

## 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.

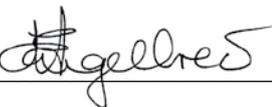
The Accounting Officer is responsible for the preparation of the annual financial statements and for the judgements made in this information.

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<sup>st</sup> March 2019.

Yours faithfully



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Dr Beth Engelbrecht  
Head: Health Western Cape  
31<sup>st</sup> May 2019

## Strategic Overview

### Vision

Access to person-centred quality care.

### Mission

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

### Values

The core values of the Department are:



Innovation



Caring



Competence



Accountability



Integrity



Responsiveness



Respect

## Legislative and Other Mandates

### National Legislation

1. Allied Health Professions Act, 63 of 1982 as amended
2. Atmospheric Pollution Prevention Act, 45 of 1965
3. Basic Conditions of Employment Act, 75 of 1997
4. Births and Deaths Registration Act, 51 of 1992
5. Broad Based Black Economic Empowerment Act, 53 of 2003
6. Children's Act, 38 of 2005
7. Chiropractors, Homeopaths and Allied Health Service Professions Act, 63 of 1982
8. Choice on Termination of Pregnancy Act, 92 of 1996
9. Compensation for Occupational Injuries and Diseases Act, 130 of 1993
10. Constitution of the Republic of South Africa, 1996
11. Constitution of the Western Cape, 1 of 1998
12. Construction Industry Development Board Act, 38 of 2000
13. Correctional Services Act, 8 of 1959
14. Council for the Built Environment Act, 43 of 2000
15. Criminal Procedure Act, 51 of 1977
16. Dental Technicians Act, 19 of 1979
17. Division of Revenue Act (Annually)
18. Domestic Violence Act, 116 of 1998
19. Drugs and Drug Trafficking Act, 140 of 1992
20. Employment Equity Act, 55 of 1998
21. Environment Conservation Act, 73 of 1998
22. Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972
23. Government Immovable Asset Management Act, 19 of 2007
24. Hazardous Substances Act, 15 of 1973
25. Health Professions Act, 56 of 1974
26. Higher Education Act, 101 of 1997
27. Human Tissue Act, 65 of 1983
28. Inquests Act, 58 of 1959
29. Intergovernmental Relations Framework, Act 13 of 2005
30. Institution of Legal Proceedings against Certain Organs of State Act, 40 of 2002
31. International Health Regulations Act, 28 of 1974
32. Labour Relations Act, 66 of 1995
33. Local Government: Municipal Demarcation Act, 27 of 1998
34. Local Government: Municipal Systems Act, 32 of 2000
35. Medical Schemes Act, 131 of 1998

36. Council for Medical Schemes Levies Act, 58 of 2000
37. Medicines and Related Substances Act, 101 of 1965
38. Medicines and Related Substances Control Amendment Act, 90 of 1997
39. Mental Health Care Act, 17 of 2002
40. Municipal Finance Management Act, 56 of 2003
41. National Building Regulations and Building Standards Act, 103 of 1977
42. National Environmental Management Act, 107 of 1998
43. National Health Act, 61 of 2003
44. National Health Amendment Act, 2013
45. National Health Laboratories Service Act, 37 of 2000
46. Non Profit Organisations Act, 71 of 1977
47. Nursing Act, 33 of 2005
48. Occupational Diseases in Mines and Works Act, 78 of 1973
49. Occupational Health and Safety Act, 85 of 1993
50. Older Persons Act, 13 of 2006
51. Pharmacy Act, 53 of 1974, as amended
52. Preferential Procurement Policy Framework Act, 5 of 2000
53. Prevention and Combating of Corrupt Activities Act 12 of 2004
54. Prevention and Treatment of Drug Dependency Act, 20 of 1992
55. Promotion of Access to Information Act, 2 of 2000
56. Promotion of Administrative Justice Act, 3 of 2000
57. Promotion of Equality and Prevention of Unfair Discrimination Act, 4 of 2000
58. Protected Disclosures Act, 26 of 2000
59. Protection of Personal Information Act, 4 of 2013
60. Public Audit Act, 25 of 2005
61. Public Finance Management Act, 1 of 1999
62. Public Service Act, 1994
63. Road Accident Fund Act, 56 of 1996
64. Sexual Offences Act, 23 of 1957
65. Skills Development Act, 97 of 1998
66. Skills Development Levies Act, 9 of 1999
67. South African Medical Research Council Act, 58 of 1991
68. South African Police Services Act, 68 of 1978
69. State Information Technology Agency Act, 88 of 1998
70. Sterilisation Act, 44 of 1998
71. Tobacco Products Control Act, 83 of 1993
72. Traditional Health Practitioners Act, 35 of 2004

## Provincial Legislation

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

## Government Policy Framework that governs 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)

## Organisational Structure

The organisational structure reflects the senior management service (SMS) members as at 31 March 2019, see organogram on the following page. The budget programme managers are as follow:

### **Dr K Vallabhjee Chief Director: Strategy and Health Support**

- Programme 1: Administration

### **Dr K Cloete Deputy Director General: Chief of Operations**

- Programme 2: District Health Services
- Programme 3: Emergency Medical Services
- Programme 4: Provincial Hospital Services
- Programme 5: Central Hospital Services

### **Mrs B Arries Chief Director: People Management**

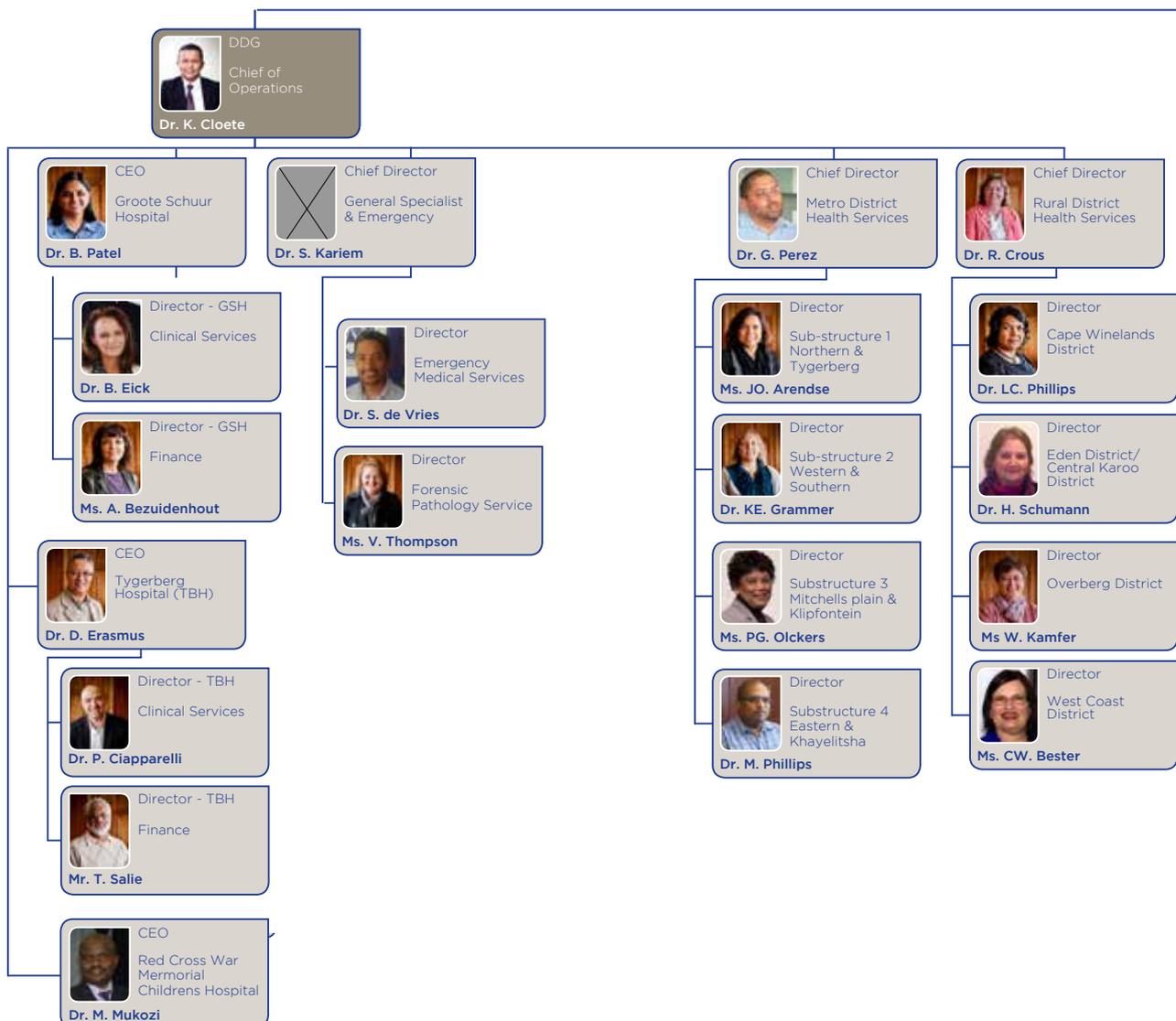
- Programme 6: Health Sciences and Training

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

- Programme 7: Health Care Support Services
- Programme 8: Health Facilities Management

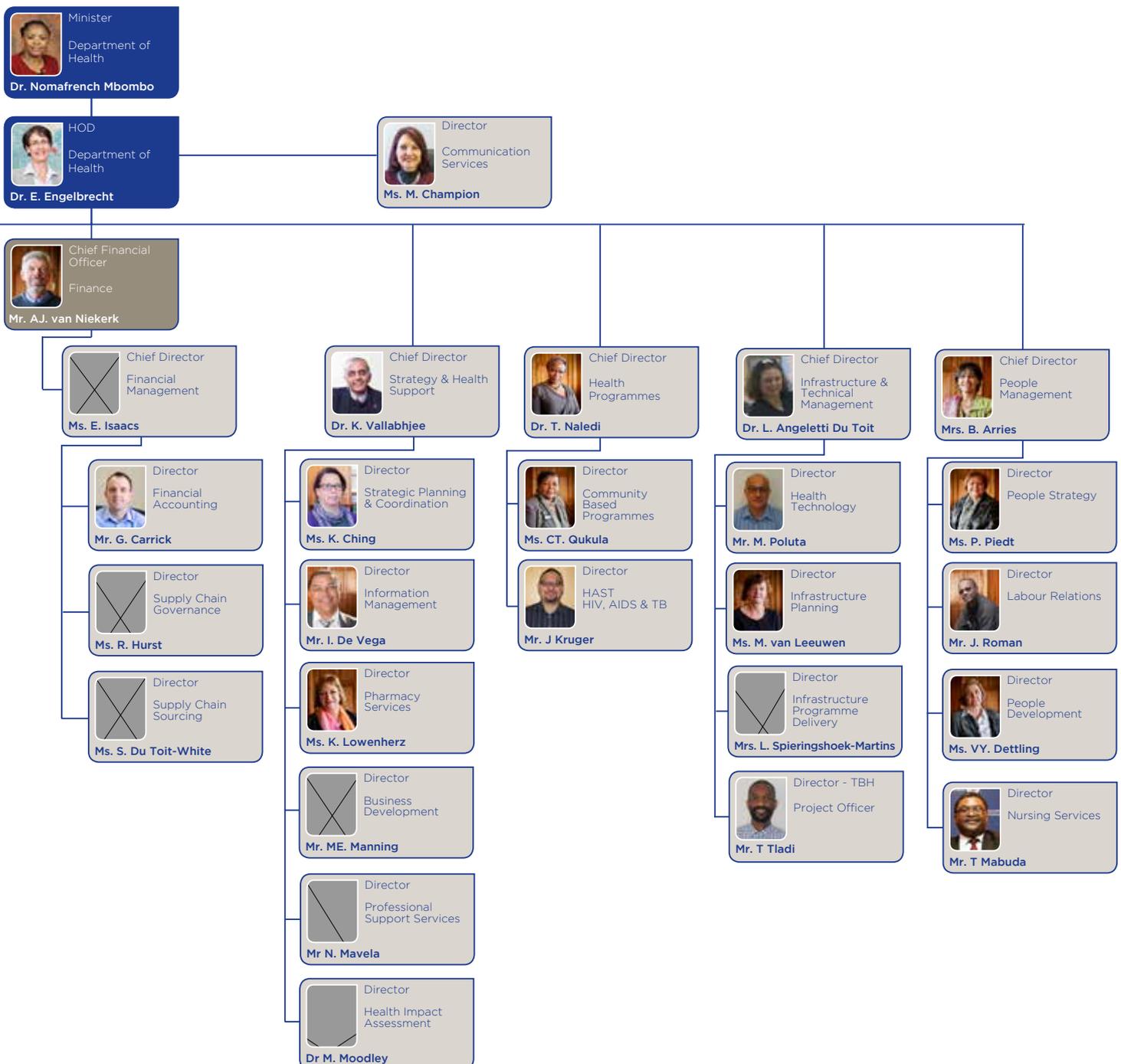
## Entities reporting to the Minister/MEC

There are no entities reporting to the Minister/MEC.



# Organisational Organogram

Structure as at 31 March 2019.







# PART B

## PERFORMANCE INFORMATION

## PART B: Performance Information

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

The Auditor-General of South Africa (AGSA) currently performs certain audit procedures on the performance information to provide reasonable assurance in the form of an audit conclusion. The audit conclusion on the performance against predetermined objectives is included in the report to management, with a clean audit 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 210 - 213 of the Report of the Auditor-General, published in Part E: Financial Information.

### Overview of Departmental Performance

#### Service Delivery Environment

#### Services Delivered Directly to the Public

Western Cape Government (WCG): Health provides the following health services to a population of approximately 6.5 million, of which 75.3 per cent is uninsured.

#### Rural Health Services (RHS)

The Transnet Phelophepa healthcare train visited the Western Cape Province for 6 weeks during August and September 2018. The train offers general health, dental and eye checks in rural communities and dispenses treatment for diagnosed conditions. Counselling sessions and education is also offered. The stations visited this year were: Beaufort West (Central Karoo), Swellendam (Overberg), and Piketberg and Klawer (West Coast).

#### Metro Health Services (MHS)

The expansion of COPC sites in the Metro was prioritised in 2018/19 and is aligned with the strategic direction of the Department. This is seen as a major development that is expected to continue yielding positive results towards improving the delivery of primary care and to strengthen the health system. COPC has huge potential to reconfigure the role of the community health worker and is envisaged to deliver a more comprehensive service to our communities.

#### Emergency and Clinical Support Services (ECSS)

Forensic Pathology Services provides a medico legal investigation into the cause of death including the death scene investigation, transporting and safe custody of the deceased, the forensic Post Mortem and the presentation of these findings to a Court of Law by the issuing of a Section 212 affidavit and providing oral testimony. The operational environment is fraught with intimidation, personal health and safety risks, protests, untenable case load, high psychological stress all of which impacts on the staff members' ability to render an efficient and effective service. The Service had during the 2018/19 financial year admitted 11 816 cases for medico-legal examination with 71.23 per cent of the admissions being in the City of Cape Town. The service continues to experience increased caseload with the year-on-year admission rate in specifically the City of Cape Town outpacing year-on-year estimated population growth by 255 per cent (3.47 per cent vs 1.36 per cent).

The services to the public include investigating the death scene, collection and transportation of the deceased, identification of the deceased, post mortem examination and handing over of the deceased to their chosen undertaker. The primary client is to the Justice System which involves determining the cause of death and presenting the evidence to a Court of Law. This ensures that every step of the process has a rigid chain of evidence and all exhibits, specimens and the deceased are securely stored always ensuring that there is no possibility of contamination or tampering of the evidence. The service pressure impacts on the ability to examine cases with the set target and this resulted with Tygerberg facility being able to examine only 28 per cent of cases within the target. This further impacts the ability to release the decedent to the next-of-kin and also impact the completion of the post-mortem examination process and conclusion of the post-mortem findings.

## Problems Encountered and Corrective Steps Taken

### Rural Health Services (RHS)

An increase in protest action and civil unrest impacted on access to health care services and resulted in a number of facilities being temporarily closed, sometimes for several days. In some instances, staff members were intimidated and could not report for duty or had to be escorted from the premises under the guidance of the South African Police Service (SAPS). Where the situation continued for longer periods (e.g. Hermanus CDC was closed between 12 – 24 July 2018), staff were redeployed to the nearest hospital and/or surrounding facilities.

During a protest action on the 13th November 2018 in Saldanha Bay Sub-district, the Diazville Clinic was totally destroyed in a fire. Services and staff were redeployed to Saldanha Clinic and the outpatient department at Vredenburg Hospital to ensure clients still have access to the necessary health care.

The ongoing water crisis in the province resulted in the procurement and installation of water tanks for prioritised facilities and the drilling of bore holes. By doing this, RHS was able to ensure water was available at all health facilities even in areas, like Beaufort West, where the town dam was empty and the municipality only provided water for limited hours during the day.

Load shedding during the year had a significant impact on service delivery and power surges damaged computer and other equipment. Additional uninterrupted power supplies were procured in an effort to reduce the risk. Problems with generators were also encountered at various facilities and had to be addressed.

In addition to challenges with electricity supply, network connectivity in several rural areas was less than optimal. As health services are becoming more and more dependent on electronic systems, it is crucial to ensure constant electricity supply and network connectivity at health facilities.

## Metro Health Services (MHS)

Bed pressure at hospitals remains a challenge due to the increase in burden of disease, inability to discharge or refer patients with complex social and health needs, inter facility transport and transport on discharge for patients with complex health needs. This pressure results in congestion and long waiting periods at our services.

Community related challenges: increase in reporting of theft and vandalism at facilities and community violence and protests. Community violence and protest have impacted on staff wellness and service delivery at health facilities. There has also been an increase in reporting of violent behaviour of patients towards staff members. These community challenges have impacted on the PHC and homebased care service delivery. There has also been an escalating expenditure on security guards, metal detectors, etc., which diverts funding for direct service delivery to support safety and security of staff, patients and infrastructure.

Various initiatives were taken to address these challenges. Local engagements with civil society were held to address service delivery protest as well as theft and vandalism at facilities. Violence in communities however remains a challenge. There are partnerships with SAPS and Community Safety in certain areas to implement safety strategies and early warning systems.

## Service Pressures

Service pressures are felt across the whole system due to the continued mismatch that results from decreasing resources and increasing needs. Theatre dependent cases are challenged by the growing trauma burden. Orthopaedics: limited number of support staff on the platform and long waiting times for theatre cases. Each hospital needs to review current service delivery and identify key strategies to improve on waiting times for orthopaedic services.

## Mental health

There is a high number of patients in 72-hour observation wards. Psychiatric hospitals have increased their bed numbers to separately accommodate intermediate care services at these institutions.

- A Mental Health workshop was held on 27 July 2018 which produced a co-creation of ideas from the participants throughout the province to look at challenges and opportunities for a potential reform. The emphasis of the workshop was to see Mental Health as part of a broader system. Some of the main issues flagged were:
  - Change management
  - Corporate and Clinical governance
  - Information management
  - Inter-sectoral Collaboration
  - Capacity building
  - Packages of care

## Infrastructure

The workshop is now followed up with workgroups mainly in the Metro unpacking the above areas in order to get to a Mental Health Strategy. A data group under the leadership of the Rural Public Health specialist is now starting to unpack what information would add value to a system's reform with special emphasis on the acute adult mentally ill patient.

### Challenges for financial year under review

1. The increase in substance use in the population has escalated the burden on especially district hospitals where they present with substance induced psychosis. An inter sectoral approach would be required to reduce the burden on society.
2. The patient load increases are outstripping the availability of beds and where new buildings are being erected it takes time.
3. The effective management of Mental Health requires greater strengthening of community based services.

Draft Regulations for Mental Health Community based services can potentially have a disabling effect on current community based services. Furthermore, there is an urgent need to address accommodation required for the "bed blockers" in hospital settings. The Department leans towards a more developmental view towards community based mental health services.

The following are Department's medium-long term goals in dealing with Mental Health issues:

- Finalising a sustainable Mental Health Strategy for the province within the budget constraints;
- Change from a reactive approach to a pro-active System's approach to better manage Mental Health within the broader health system;
- Improve the use of data to better plan in future;
- Improve retention in care; and
- Include Mental Health into COPC.

### Access to Intermediate care beds

Intermediate care bed funding will be protected and possible expansion where appropriate. This will be funded through internal reprioritization with efficiency gains and improved processes.

### Community based services

There has been protest action by CHWs and lay counsellors regarding the change in service model. The Department confirmed the delivery approach of home based care through well-governed NGOs, with funding expanded to cover R3 500 per month for 8 hours of work per day. The appropriate model for counselling services will be consulted in the year to come.

Residential facilities for mental health clients and people with intellectual disability remains a challenge. The Department has obtained legal clarity about the distribution of responsibilities across government departments.

Infrastructure: The fire at Mitchells Plain Hospital Emergency Centre caused significant damage. There are challenges with the completion of the work to the emergency centre and clients are currently being seen at a temporary infrastructure.

City of Cape Town: The dual authority arrangement for personal primary health care services in relationship with the City of Cape Town remains a challenge of duplication and inefficiency. The Minister personally engaged with the City Mayco member towards reaching an amicable solution.

### Disease outbreaks

In January 2019, a Carbapenem-resistant Enterobacteriaceae (CRE) outbreak was reported in the Neonatal and Paediatric Services at Tygerberg Hospital (TBH). This has resulted in a major impact on the service platform both within and outside TBH with an associated public health component which has necessitated a Provincial outbreak response.

### The Ideal Clinic Realization and Maintenance Programme (ICRM)

The National Department of Health (NDoH) initiated the ICRM in 2013 as a way of systematically improving quality and correcting deficiencies in Primary Health Care (PHC) clinics in the public sector.

The ICRM programme was implemented in the Western Cape in 2016/17 financial year. Facilities have made tremendous progress with the number of provincial which achieved Ideal Clinic (IC) Status from 36 (19 per cent) in 2016/17 to 126 (74 per cent) in 2018/19 (This number does not include facilities managed by the City of Cape Town which have achieved IC status). Refer to the Service Delivery Improvement Plan for details.

Clinics achieve higher levels of compliance with the Ideal clinic than the Office of Health Standards Inspections. This can be ascribed to the following:

- The ideal clinic dashboard and manual are updated annually and are therefore aligned to current practices and processes.
- Facility staff provide inputs annually to improve the ICRM dashboard and manual.
- The ICRM has a detailed manual spelling out what is required for each element in the dashboard.
- The ICRM has an excellent web-based application to generate reports and monitor progress.

The NDoH is finalizing Ideal Community Health Centre and Hospital Programmes for implementation in 2019/20.

### Office of Health Standards Compliance Inspections (OHSC)

The OHSC conducts unannounced inspection at fixed health facilities to monitor compliance with the NCS. These inspections are to be regarded as mock inspections as the Regulated Norms and Standards only became operational in February 2019 and the inspection tools used for the inspections are as yet not aligned to the Regulations. Findings should be observed with this in mind.

Generally, clinics do not perform as well as hospitals in the inspections. This can be ascribed to the following reasons:

- Clinics do not conduct self-assessments.
- NCS inspection tools are not aligned to the Ideal Clinic Requirements (this will change in the 2019/20 financial year as the inspection tools will be aligned to the Ideal Clinic Framework).
- The NCS questionnaires were last updated in 2013 and are therefore not aligned to current practices and processes.

### Complaints, compliments and suggestions

The National Guideline to Manage Complaints, Compliments and Suggestions in the Public Health Sector of South Africa: April 2017, was implemented as of 1 April 2018.

In 2018/19 there were 5 332 Complaints Lodged, 7 678 Compliments and 37 Suggestions received. Complaint Resolution Rate was 97 per cent, with Complaints resolution within 25 working days' rate at 92 per cent.

### Results of the Client Satisfaction Survey (CSS) 2018/19

Fixed facilities conduct annual Client Satisfaction Surveys:

- Coverage: 223 facilities conducted a CSS
- Total number of questionnaires captured: 59 669
- Satisfaction rate: 86 per cent

### Safety Health Environment Risk Quality (SHERQ) or Occupational Health and Safety

The SHERQ related work in the WCG: H is directed by a team consisting of members from Infrastructure and Technical Management, People Management and Strategy and Health Support (Quality Assurance). The team meets quarterly to estimate progress.

Progress was made with regard to section 16.2 appointments\*, the procurement of an Occupational Medicine Information System and training health workers to be competent in conducting Health Risk Assessments. The trained employees are now conducting Health Risk Assessments with support from QA. The team will continue to implement the SHERQ policy according to the SHERQ Implementation Plan. The team supported facilities that were inspected by the Department of Labour.

### Infection Prevention and Control

The Best Care Always initiative, a collaborative with private sector hospitals, is a continuous quality improvement programme, is now implemented in 7 facilities. The intention is to incrementally increase its uptake in more facilities.

Antibiotic resistance is a serious global phenomenon. The Department has developed an Antibiotic stewardship programme that is being incrementally implemented across facilities.

\* Occupational Health and Safety Act, 85 of 1993

## Ageing infrastructure – Tygerberg Hospital

The failure of the water supply pipeline had a negative impact operationally and required major incident management to ensure continuous service delivery. The water supply lines (domestic and fire) were replaced entirely by the installation of new piping and the commissioning of a refurbished water pump room also occurred.

## Budget Constraints

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

## External Developments that impact on the Demand for Services

### Population Growth

The STATSA 2017 mid-year estimated the population in the Western Cape to be about 6 510 312, an exponential increase of about 1.9 per cent per annum from the 2011 census population.

### Household Vulnerability

The increasingly high cost of living in the country and Province, has meant reduced disposable income, consequently leading to a rise in the number of vulnerable households. This situation compromises health status and increases the demand for public health services as private healthcare becomes unaffordable and social circumstances deteriorate.

## Service Delivery Improvement Plans

The Department has completed a Service Delivery Improvement Plan (SDIP) for 2018/19. The embedded document below highlights the service delivery plan and the achievements to date.



**WESTERN CAPE GOVERNMENT: HEALTH  
SERVICE DELIVERY IMPROVEMENT PLAN- ANNUAL REPORT 2018/19**

***Service One: Ideal Clinic Realization and Maintenance Program (ICRM)***

**01 April 2018/9 -31 March 2019/20**

**BACKGROUND**

The National Department of Health initiated the Ideal Clinic(IC) program in 2013 as a way of systematically improving and correcting deficiencies in Primary Health Care (PHC) clinics in the public sector.

An Ideal Clinic is a clinic with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and adequate bulk supplies, that use applicable clinical policies, protocols, guidelines as well as partner and stakeholder support, to ensure the provision of quality health services to the community.

A clinic is evaluated through the Ideal Clinic Dashboard to determine its Ideal Clinic Status. Currently version 18 is in use. The dashboard consists of 211 elements which are linked to 10 components and the National Core Standards for Health Establishments. Each element is assigned a specific weight i.e. vital, essential and important. In order for a facility to obtain an Ideal Clinic status, the facility must achieve a minimum score of 83% for vital, 70% for essential and 70% for important elements. The average score according to the weights assigned to the 211 elements determines whether a clinic is qualified for one of the three Ideal Clinic categories: Silver, Gold or Platinum.

**PROGRAM PRIORITIES**

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

**MONITORING AND EVALUATION OF THE PROGRAM**

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

**TARGETS AND ACTUAL ACHIEVEMENTS**

The Western Cape Government: Health commenced with the ICRM in April 2016 and set the following targets for Ideal Clinics.

**Targets for Ideal Clinics**

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tel: +27 21 483 6865 fax: +27 21483 3277

P O Box 2060, Cape Town, 8000  
[www.capegateway.gov.za](http://www.capegateway.gov.za)

2017/18	2018/19	2019/2020	2020/21
50%	60%	70%	80%

#### Actual Achievements

##### Number of Clinics with Ideal Clinic Status (IC) 2017/18 and 2018/19

2017/18			2018/19		
# of Clinics*	# of Clinics with IC Status	% of Clinics with IC Status	# of Clinics	# of Clinics with IC Status	% of Clinics with IC Status
179	106	59%	171	126	74%

\* The number of clinics (denominator) varies year on year due to facilities undergoing maintenance and/or renovations and therefore cannot participate in the ICRM for a particular year.

##### Breakdown per Type of Ideal Category for Clinics which Achieved IC Status 2017/18 and 2018/19

2017/18					2018/19				
# of Clinics*	# of Clinics with IC Status	# of Clinics with Silver Status	# of Clinics with Gold Status	# of Clinics with Platinum Status	# of Clinics*	# of Clinics with IC Status	# of Clinics with Silver Status	# of Clinics with Gold Status	# of Clinics with Platinum Status
179	106	74	28	4	171	126	61	62	3

\* The number of clinics (denominator) varies year on year due to facilities undergoing maintenance and/or renovations and therefore cannot participate in the ICRM for a particular year.

#### CONCLUSION

The Western Cape Government: Health has embraced the Ideal Clinic Realization and Maintenance Programme as a systematic approach to improving service delivery and quality of care. This is evidenced by the fact that the number of clinics which have achieved Ideal Clinic status well exceeded the targets set for 2017/18 and 2018/19.



DR K VALLABHJEE  
CHIEF DIRECTOR: STRATEGY AND HEALTH SUPPORT

DATE: 17/5/19



DR BETH ENGELBRECHT  
HEAD OF DEPARTMENT

DATE: 2019-05-17

MS N MBOMBO  
EXECUTIVE AUTHORITY  
DEPARTMENT OF HEALTH

DATE: 2019/05/22

## Organisational Environment

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

The following changes occurred in the senior management service (SMS) during 2018/19 as a result of attrition:

Retirements at the end of the previous financial year:

- *DI Govin, Director Nursing College, Western Cape College of Nursing, 31 March 2018*
- *MT Salie, Director Financial Accounting, Tygerberg Hospital, 30 November 2018*

Terminations and transfers out of WCG: Health:

- *H Burger, Director Medical Physicist, Groote Schuur Hospital, 31 December 2018*
- *T Tladi, Director, Project Officer TBH PPP, 06 July 2018*
- *KA Jeeves, Strategy & Technical Advisor, CD: Infrastructure & Technical Management, 31 May 2018*

New appointments:

- *MT Salie, Director Financial Accounting, Tygerberg Hospital, 01 December 2018*
- *T Tladi, Director, Project Officer TBH PPP, 07 July 2018*
- *M Moodley, Director, Health Impact Assessment, 01 November 2018*

Promotions and transfers:

- *W Sonnie, Chief Executive Officer, Metro TB, 01 September 2018*
- *JB Vaughan, Chief Executive Officer, Western Cape Rehab Centre, 01 September 2018*
- *BL Swartz, Chief Executive Officer, Lentegeur Hospital, 01 September 2018*
- *ES Isaacs, Chief Director, Supply Chain, Management, 01 December 2018*
- *N Mavela, Director, Professional Support Services, 01 February 2019*

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

A macro architectural design impacting on all management structures at macro, strategic MESO and operational MESO level has recently been developed which will be forwarded to the Department of Public Service and Administration for approval. In the interim the Department developed and implemented transitional arrangements as it relates to the principles of MEAP, the transformation agenda and related HC2030 deliverables. This will guide managers and organised labour on management processes until finality has been reached on the new management structures.

### Strike Action

There were no strikes during the reporting period.

### Significant System Failures

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

### Cases of corruption

The Department addressed various transgressions. These, however, have had no significant impact on service delivery. Refer to page 201 on Part D for the various types of misconduct reported.

## Key Policy Developments and Legislative Changes

### National Policy and Legislative Changes

There were no national policy and legislative changes during the period of review that came into effect.

### Provincial Policy & Legislative Changes

The Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016), together with its Regulations, came into effect in the fourth quarter of the year under review, thus the Western Cape Health Facility Boards Act, 2001 was repealed.

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

### Promote Health and Wellness

#### Life Expectancy

Life expectancy in the Western Cape population continues to be the highest in the country and has increased over the last 15 years. The most recent figures indicate that life expectancy for men in the province is now 66.8 years and for women 71.8 years. The Department has already exceeded the life expectancy targets it set for 2019/20. The strategies for enhancing the comprehensiveness and efficiency of the provincial health services have paid off, and the Department continues to focus on nurturing a culture of continuous quality improvement.

The priority strategies for enhancing the effectiveness of the PHC services, particularly WoW! (Western Cape on Wellness) Healthy Lifestyles Initiative and the First 1000 Days Initiative, are starting to have the desired effect and remain central to strengthening PHC care pathway co-ordination, enhancing the health system's capability for prevention and the retention of patients with chronic conditions in care. The service re-design priority strategy will be formalised into the Service Design Project with dedicated staff in 2019/20. Community-Oriented Primary Care (COPC) has become the cornerstone of the PHC service re-design initiative, in giving effect to Universal Health Coverage (UHC), with operational pilot sites in both urban and rural health districts.

The Whole of Government and Whole of Society Approach in 4 learning sites form part of the Strategic Goal 3 aims of improving wellness and safety, and reduce social ills. Cabinet, PTM and the Municipal Managers' Forum have adopted this approach as an area based integrated service delivery approach.

### Embed Good Governance and Values-Driven Leadership Practices

#### Caring for the Carer

Healthy, engaged, and productive employees, who are committed to improving the patient experience, are key to providing patient-centred care and living the departmental values of innovation, caring, competence, accountability, integrity, responsiveness and respect. Employee engagement is linked to a number of beneficial departmental outcomes such as increased productivity, servant leadership, job satisfaction, patient satisfaction, reduced employee turnover and physiological wellness outcomes.

It is acknowledged that employees working in the public health sector are faced with challenges that may include long working hours, a highly pressurised working environment and limited resources, against the backdrop of a constrained fiscal economy. Over and above this, employees also experience in their personal capacity emotional, financial, family and other psycho-social problems that impact on their performance in the workplace on a daily basis. The EHW programme focus for 2018/19 was on building resilience for staff within a complex health system.

The following were implemented:

- Analysing the nature of problems related to occupational categories and developing tailor made interventions
- Psycho-social support interventions focusing on stress management, resilience, work life balance, and regular debriefing
- Managerial support
- Individual engagement through awareness sessions
- Executive and senior management coaching
- Life Management services proactive approach to wellbeing
- Physical wellness programmes
- Disability Sensitisation
- Diversity Awareness

## Organisational Culture

The 2017 Barret Values Survey was conducted in August and continues to show survey on survey increases in participation, with significant improvement in 2015 and 2017 respectively. The Department's entropy level is declining, from 26 per cent in 2011 to a much lower (improved) entropy score of 18 per cent in 2017. This is a positive factor to note and is to be celebrated as an achievement; it indicates that the concerning values highlighted in previous surveys are being effectively addressed, as more positive values are starting to emerge.

The 2017 survey found that the Department's organisational culture has shifted from a level 3 (efficiency) focus in 2015 to a level 4 (transformation) and level 5 (internal cohesion) in 2017. This means that departmental energies are focused on renewal, transformation and building internal connections. The current culture is highly aligned as there are no immediate hindrances experienced, with the exception of controlling behaviour. There were five value matches, which is internationally regarded as very good. There are many positive aspects to the current culture as employees are able to live out some of their personal values, namely accountability, caring, respect, honesty, responsibility and commitment, which they wish to continue seeing in the desired culture.

The Department is described as being client-orientated and accessibility is an enabling factor in delivering its services. Its employees are described as having a positive attitude; and are responsible, caring and committed public servants who follow a disciplined approach to their work. The values of honesty, respect and family are important to employees; and trust is deeply valued. What is noteworthy is that even though employees confirm several positive values, trust is the one value that is most important for employees personally that is not finding expression in the current culture. It could mean that there is "something missing"; creating a disconnection between employees and the Department, which should be explored.

## Leadership and Management Development

The focus of leadership development is integral to creating dispersed leadership that will inspire change and provide strategic direction, build cohesion and motivate improvement. Continuously improving the competencies at the individual, team and system level across the leadership spectrum with operational and facility managers a specific target; and measuring the impact of leadership development toward adding public value through person-centred care and improved health outcomes, remains the key objective.

In 2018/19 the following leadership development interventions occurred:

Leadership & Management Development Interventions	Number Trained
Annual indaba	313
Boundary spanning leadership 2019	70
Change competency workshop for HR Managers	28
Change management competency workshop	134
Developing women in leadership	1
Engaging leadership programme	215
Ethics in the public service	4
Finance for non-financial managers	24
Health management	25
Improvement of leadership in theatres	1
Intermediate project management	25
Junior management development programme Block 1	97
Junior management development programme Block 2	91
Leadership colloquium	5
Leadership communication	8
Leadership conference 2018	310
Leadership development programme	1
Leadership management	10
Lean management workshop	3
Monitoring and evaluation: data analysis and presentation methods	16
Monitoring and evaluation: information management	4
Monitoring and evaluation: qualitative research methods	3
Monitoring and evaluation: report writing	1
Monitoring and evaluation: orientation	16
Meeting skills for chairpersons and facilitators	71
Mentoring and coaching for middle managers	21

Middle management development programme: module 1	37
Middle management development programme: module 2	33
Middle management development programme: module 3	33
Nursing leadership and management conference	10
Oliver Tambo Fellowship Programme in health management	8
Post graduate diploma in healthcare management: US	9
Project management	193
Prosci sponsor workshop	8
Strategic leadership, management and planning for middle managers	43
Supervisory practices for junior managers	153
Team cohesion	33
Women in management	29
<b>TOTAL</b>	<b>2 086</b>

### Basic Coverage of Core ICT systems

WCGH has recognised the centrality of IT to achieving its objectives. IT has been mainstreamed within the generic processes of planning, budgeting, risk management, implementation, monitoring and evaluation in the Department. This has served to systematically elevate the importance and focus of IT in the minds of managers. The Department has also developed an IT Vision that is coherent and aligned with Healthcare 2030, and the service priorities of the Department.

The Western Cape Government Health (WCGH) Department's IT Vision ultimately seeks to digitise core and support functions that are currently performed on paper. At the recent Annual Departmental Indaba 2019 the COPC approach, Whole of Society Approach (WoSA) and Health IT were identified as key levers for efficiency gains and broad milestones for the next five years.

The Department has committed to horizontal integrated approaches to service delivery. Therefore, our Health IT solutions should follow the business logic to facilitate seamless continuity of patient information across an integrated service delivery platform and ultimately support patient agency. This can be realised by infusing key technologies and platforms into our horizontal solutions, rather than creating a collection of applications based on vertical service paradigms that duplicate these key technologies in each instance. Although several projects targeting reception, clinical, analytic, corporate, and infrastructure services are already underway to achieve this, an Electronic Health Record (EHR) based on internationally recommended architecture and best practice not only provides for integrative efficient approaches, but also supports the Department's IT Vision principle to build on our existing enterprise investments and supports our current planning priorities. This incremental approach will result in paperless, folderless health facilities and, ultimately, gains in quality of care, service efficiency, and data reliability.

As part of creating an enabling IT environment, the Department has identified two key game changers, eCCR (electronic Continuity of Care Record) and Provincial Health Data Centre (PHDC), that will form the basis for the realisation of an EHR. The eCCR project is aimed at improving the continuity of care between hospitals and primary health care. It is a collaborative project by Western Cape Government: Health Department and Health System Technologies with an initial focus of establishing a web-based electronic Discharge Summary. The enhancement of the patient-centred experience necessitates the continuity of care for patients who require multiple packages of care to achieve desired health outcomes in inpatient-, ambulatory-, and community settings. It has been implemented at 99 per cent of the fixed health facilities (Hospitals and PHC facilities) in the Province.

The development of PHDC has demonstrated the potential value to enhance the clinical management of patients. It has the capacity for monitoring of patterns of disease and the access to data for research and the generation of evidence and knowledge. A central pre-requisite to its functionality is the unique patient identifier (PMI) that enables data from the various systems to be connected to the same patient. This has been a major strength in the development of IT systems within the province.

PHDC currently loads data from around 20 different provincial source systems, processing in excess of a million rows of data daily. Processes in the PHDC include ETL and data harmonisation, data curation (including mapping of clinical concepts to standard code-lists and patient identity mapping), data beneficiation through a multi-evidence inference engine, and pre-processing of data for reporting through the building of disease cascades.

Running off the PHDC are the Single Patient Viewer (SPV) as a prototype consolidated visualisation tool for clinicians to ensure continuity of care and as a portal to other systems, actionable line listing reports and associated aggregate reports delivered via SSRS and Sharepoint, email alerts on occurrence of certain health conditions, and data extracts and analysis for internal and external data queries, in accordance with data governance prescripts of the Department, informed by legislation. Of the prototype tools, SPV has 250 registered users and 50 regular users.

The Department is strengthening a range of business processes, governance arrangements and systems to enable the responsive delivery of IT systems and applications to improve patient care and service delivery. IT has been elevated to one of the uppermost priorities within the Department as evidenced by Top management focus and participation on its governance structures as well as earmarked funding to enable implementation of IT priorities.

## Create an Enabling Built environment

This strategic goal – specifically, Outcome 2.4: Build health facilities that are conducive to healing and service excellence at the same time being sustainable, flexible, energy efficient, environmentally friendly and affordable – is being met through what is termed the 5Ls Agenda<sup>2</sup> as outlined in Healthcare 2030 – The Road to Wellness:

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

Good progress was made during 2018/19 in improving the infrastructure that supports the Department's health care. Completion of projects is one measure of this, with the following capital infrastructure projects achieving Practical Completion in this period:

- New Clinic in Asla, Mossel Bay (donated by PetroSA)
- Extensions to the pharmacy at Wellington CDC
- New Wolseley Clinic

In addition, the following are Scheduled Maintenance projects completed in 2018/19:

- Clanwilliam Ambulance Station - General upgrade and maintenance
- Fencing projects at various facilities
- Goodwood CDC - Pharmacy Compliance and general maintenance
- Groote Schuur Hospital - Maternity Block lift upgrade
- Groote Schuur Hospital - Mechanical work to air-conditioning in Anzio Road Building
- Karl Bremer Hospital - Nurses Home lift upgrade
- Lentegeur Hospital - Upgrade and maintenance at Ward 26 and Admin
- Red Cross War Memorial Children Hospital - Fire Compliance and Fire Detection
- Tygerberg Hospital - Boiler upgrade
- Tygerberg Hospital - Water reticulation including borehole
- Zolani Clinic - General upgrade and maintenance

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

- Blackheath - Kleinvlei CDC - HT - New Woman and Child Health Unit
- Clanwilliam Clinic - HT - Clinic (Alpha)
- Khayelitsha (Site B) CHC - HT - Temporary IDU
- Khayelitsha Hospital - HT - CT Scan

<sup>2</sup>Sir Alex Gordon RIBA President coined the 3Ls Agenda – Low Energy, Loose Fit, and Long Life – in 1971

- Khayelitsha Hospital - HT - Ward completion
- Mossel Bay - Alma CDC - HT - NHI upgrade
- Mossel Bay - New Clinic in Asla - HT
- Piketberg - Radie Kotze Hospital - HT - Hospital layout improvement
- Rondebosch - Red Cross War Memorial Childrens Hospital - HT - Paeds ICU Upgrade and Extension

In addition to the above, NDoH provided assistance to the Department in the Eden District through the NHI Indirect Grant. Six projects, in excess of R4 million, achieved Practical Completion in 2018/19.

### Unqualified Audit

Over the past 15 years the Department has managed to establish a track record for unqualified financial statements, including 2018/19. The past 4 years resulted in a clean financial statements audit, including 2018/19. The financial management systems employed have been continually refined and improved over the years. The under expenditure in the 2018/19 financial year was approximately 0.2 per cent of the budget. To achieve this result, in light of the budget challenges over the MTEF period, the Department has had to initiate saving initiatives and maintain fiscal discipline.

### Performance Information by Programme

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

Programme 1: Administration

Programme 2: District Health Services

Programme 3: Emergency Medical Services

Programme 4: Provincial Hospital Services

Programme 5: Central Hospital Services

Programme 6: Health Sciences and Training

Programme 7: Health Care Support Services

Programme 8: Health Facilities Management

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

## Programme 1: Administration

### Purpose

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

### Subprogrammes

Subprogramme 1.1: Office of the MEC

Rendering of advisory, secretarial and office support services.

Subprogramme 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 for head office needs.

### Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

The priorities of the key management components identified to provide strategic leadership and support are financial resources, people management and information management.

#### Strategic Objectives

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

	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Strategic Objective: Promote efficient use of financial resources</b>				
<b>Indicator:</b> Percentage of the annual equitable share budget allocation spent				
	<b>99.1%</b>	<b>100.0%</b>	<b>99.7%</b>	<b>0.3%</b>
	N: 16 048 977 000	17 205 716 000	17 147 363 000	58 353 000
	D: 16 201 006 000	17 205 716 000	17 203 595 000	2 121 000
<b>Comment On Deviation</b>				
This is a service delivery indicator which means it is not possible for the Department to predict performance with 100% accuracy. The marginal deviation from the set performance target is considered by the Department as acceptable and is therefore considered as having achieved the target.				
<b>Strategic Objective: Develop and implement a comprehensive Human Resource Plan</b>				
<b>Indicator:</b> Timeous submission of a Human Resource Plan for 2015 – 2019 to DPSA				
	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>None</b>
<b>Comment On Deviation</b>				
No deviation, target achieved.				
<b>Strategic Objective: Transform the Organisational Culture</b>				
<b>Indicator:</b> Cultural entropy level for WCG: Health				
	<b>17.9%</b>			
	N: 12 568	<b>Survey conducted every second year</b>	<b>Survey conducted every second year</b>	<b>None</b>
	D: 70 380			
<b>Comment On Deviation</b>				
None.				
<b>Indicator:</b> Number of value matches in the Barrett survey				
	<b>5</b>	<b>Survey conducted every second year</b>	<b>Survey conducted every second year</b>	<b>None</b>
<b>Comment On Deviation</b>				
None.				

## Transformation of Organisation

There were no Barrett Value Survey (BVS) conducted during the financial year 2018/19, as it is a biennial requirement and the previous BVS was conducted in 2017/18. The Department exceeded its planned targets for 2017/18, and the following five cultural value matches highlighted the over-arching relationship between the three spheres (categories) of values, namely, Personal Values (PV), Current Culture Values (CC) and Desired Culture Values (DC): accountability, respect, caring, honesty and responsibility. The higher than anticipated value matching result is considered a positive outcome for the organisation. The next BVS is scheduled for 2019/20.

Programme 1: Administration					
Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Sector Specific Indicators</b>					
Indicator: Audit opinion from Auditor-General of South Africa					
Unqualified	Unqualified	Unqualified	Unqualified	Unqualified	None
<b>Comment On Deviation</b> None.					
Indicator: Percentage of hospitals with broadband access					
48.1%	69.2%	96.2%	100.0%	98.1%	(1.9%)
N: 26	37	51	52	51	(1)
D: 54	54	53	52	52	0
<b>Comment On Deviation</b> The marginal deviation from the planned performance target is considered by the Department as acceptable and is therefore considered as having achieved the target. (Additional Note: Murraysburg Hospital is the only hospital that does not currently meet the minimum broadband requirement of 2 Mbps, but it has access to 1 Mbps broadband connectivity.)					
Indicator: Percentage of fixed PHC facilities with broadband access					
61.4%	84.2%	91.8%	94.8%	93.5%	(1.3%)
N: 172	230	246	254	246	(8)
D: 280	273	268	268	263	(5)
<b>Comment On Deviation</b> The marginal deviation from the planned performance target is considered by the Department as acceptable and is therefore considered as having achieved the target. (Additional Note: The denominator target of 268 that was set in the FY 2018/19 Annual Performance Plan was set prior to the notification that two facilities would close [Robbie Nurock and Woodstock Clinics closed and their services were incorporated into District Six Community Day Centre]. In August 2018, Melkhoufontein Clinic was reclassified from a (fixed) PHC clinic to a satellite clinic, and Diazville Clinic was closed because it was destroyed in a fire during civil unrest. On 7 Feb 2019, Keurhoek Clinic was reclassified to a satellite clinic. This brought about minor changes to the fixed PHC facility list. The total number of fixed PHC facilities is therefore 263.)					

### Strategies to Overcome Under-Performance

No strategies were required, as there was no significant under-performance during the financial year that required intervention by the Department. Broadband roll-outs were not entirely within the Department's control as the Department was reliant on external role players and service providers and performance was monitored.

### Changes to Planned Targets

There were no changes to planned targets for the financial year.

### Link Performance with Budgets

There was an under-spending of R1.950 million in programme 1, as depicted in the table below.

Within the subprogrammes, there were multiple reasons for under/over financial performance, of which the following are the main attributes for the programme's under-spending:

#### Subprogramme: Office of the MEC

The under-spending is due to the implementation of cost containment measures within Goods & Services.

#### Subprogramme: Management

**Compensation of Employees:** The under-spending is due to the delay in filling of posts in anticipation of the outcome of the Management Efficiency and Alignment Project. The main goal of MEAP is to improve alignment of functions, streamlining of processes and structures in line with the principles of Healthcare 2030. The Sector Executive Committee (SEC) therefore only approved, advertised and filled critical posts.

**Goods and Services:** The year-end surplus is a result of the implementation of cost containment measures and slow spending against the funding earmarked for the IT Vision for Health. However, the saving was used to offset the payments for much needed capital assets. Further to this, the delays in fully implementing the MEAP operational plans also contributed to the under-spending.

**Transfers and Subsidies:** The under-spending can be attributed to lower than anticipated number of injury on duty cases and the severity of reported incidences. Therefore, the associated expenditure was lower than budgeted.

**Payments for Capital assets:** The deficit can be attributed to the procurement of IT network infrastructure to strengthen connectivity in clinical areas across the Province.

Subprogramme	2018/19			2017/18		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Office of the MEC	7 955	7 925	30	9 136	6 880	2 256
Management	760 101	758 181	1 920	734 582	713 232	21 350
<b>TOTAL</b>	<b>768 056</b>	<b>766 106</b>	<b>1 950</b>	<b>743 718</b>	<b>720 112</b>	<b>23 606</b>

## Programme 2: District Health Services

### Purpose

To render facility-based District Health Services (at clinics, community health centres and district hospitals) and community-based district health services (CBS) to the population of the Western Cape Province.

### Subprogrammes

#### Subprogramme 2.1: District Management

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

#### Subprogramme 2.2: Community Health Clinics

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

#### Subprogramme 2.3: Community Health Centres

Rendering a primary healthcare 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.

#### Subprogramme 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.

#### Subprogramme 2.5: Other Community Services

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

#### Subprogramme 2.6: HIV/AIDS

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

#### Subprogramme 2.7: Nutrition

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

## Subprogramme 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 Subprogramme 7.3: Forensic Pathology Services.

## Subprogramme 2.9: District Hospitals

Rendering of a district hospital service at subdistrict level.

## Subprogramme 2.10: Global Fund

Strengthen and expand the HIV and AIDS prevention, care and treatment Programmes.

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

## District Health Services

### Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

Performance on District Health Services targets are set out below.

### Strategic Objectives

No provincial strategic objectives specified for District Health Services.

District Health Services					
Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Sector Specific Indicators</b>					
<b>Indicator: Ideal clinic status rate<sup>1,2</sup></b>					
New indicator			<b>77.5%</b>	<b>68.8%</b>	<b>(8.7%)</b>
			N: 207	181	(26)
			D: 267	263	(4)
<b>Comment On Deviation</b>					
This indicator includes both City of Cape Town and Provincially managed facilities. A minor deviation as targets were incorrectly based on assessments done and not status achieved, this has been addressed in the Annual Performance Plan for FY19/20. The denominator target of 267 (should have been 268) <sup>2</sup> that was set in the FY 2018/19 Annual Performance Plan was set prior to the notification that two facilities would close (Robbie Nurock and Woodstock Clinics closed and their services were incorporated into District Six Community Day Centre). In August 2018, Melkhoutfontein Clinic was reclassified from a (fixed) PHC clinic to a satellite clinic, and Diazville Clinic was closed because it was destroyed in a fire during civil unrest. On 7 Feb 2019, Keurhoek Clinic was reclassified to a satellite clinic. This brought about minor changes to the fixed PHC facility list. The total number of fixed PHC facilities is therefore 263.					
<b>Indicator: PHC utilisation rate - Total<sup>3</sup></b>					
<b>2.3</b>	<b>2.3</b>	<b>2.2</b>	<b>2.2</b>	<b>2.2</b>	<b>0.0</b>
N: 14 150 180	14 413 350	14 140 046	14 498 396	14 082 696	(415 700)
D: 6 214 017	6 318 283	6 418 069	6 515 589	6 515 589	0
<b>Comment On Deviation</b>					
Target achieved.					
<b>Indicator: Complaint resolution within 25 working days rate (PHC facilities)</b>					
<b>95.5%</b>	<b>95.6%</b>	<b>94.1%</b>	<b>95.5%</b>	<b>95.3%</b>	<b>(0.2%)</b>
N: 3 220	3 175	2 365	2 889	2 473	(416)
D: 3 371	3 320	2 514	3 024	2 594	(430)
<b>Comment On Deviation</b>					
The resolution of complaints is affected by many factors which makes predicting with 100% accuracy not possible. The marginal deviation is considered as having achieved target.					
<b>Notes</b>					
<ol style="list-style-type: none"> <li>1. Definition change from the previous year's indicator.</li> <li>2. The denominator target for fixed PHC facilities was incorrectly stated in the APP as 267 instead of 268.</li> <li>3. Population data has been updated retrospectively for historical years, as per Circular H11/2017.</li> </ol>					

### Strategies to Overcome Under-Performance

There were no underperformances in this section.

### Changes to Planned Targets

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

## District Hospitals

### Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

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

### Strategic Objectives

No provincial strategic objectives specified for District Health Services

### Performance Indicators

District Hospitals					
Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Sector Specific Indicators</b>					
<b>Indicator:</b> Hospital achieved 75% and more on National core standards self-assessment rate (District Hospitals) <sup>1</sup>					
New Indicator	<b>79.4%</b>	<b>87.9%</b>	<b>84.4%</b>	<b>(3.5%)</b>	
	N: 27	29	27	(2)	
	D: 34	33	32	(1)	
<b>Comment On Deviation</b>					
One hospital could not conclude the self-assessment within the reporting period due to service pressures. The two hospitals which did not achieve target will be addressing the areas of concern for improved performance next year.					
<b>Indicator:</b> Average length of stay (district hospitals)					
<b>3.3</b>	<b>3.2</b>	<b>3.3</b>	<b>3.3</b>	<b>3.4</b>	<b>(0.1)</b>
N: 931 177	909 891	940 690	926 786	984 631	(57 845)
D: 281 849	280 580	285 936	284 437	288 199	3 761
<b>Comment On Deviation</b>					
This is a demand driven indicator which is influenced by external conditions such as outbreaks in the community. This is a positive performance with a minor deviation from planned target.					
<b>Indicator:</b> Inpatient bed utilisation rate (district hospitals) <sup>2</sup>					
<b>87.5%</b>	<b>84.8%</b>	<b>88.3%</b>	<b>87.8%</b>	<b>91.4%</b>	<b>3.6%</b>
N: 931 177	909 891	940 690	926 786	984 631	(57 845)
D: 1 063 909	1 072 731	1 064 943	1 056 044	1 077 416	21 372
<b>Comment On Deviation</b>					
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 marginal deviation is considered by the Department as having achieved the planned target. The high bed utilisation rate indicates the service pressures on district hospitals.					

## District Hospitals

Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
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### Sector Specific Indicators

**Indicator:** Expenditure per PDE (district hospitals)

R 1 954	R 2 139	R 2 329	R 2 345.24	R 2 385.95	(R40.71)
N: 2 731 832 162	2 923 677 427	3 229 036 306	3 353 736 000	3 453 083 213	(99 347 213)
D: 1 397 974	1 366 830	1 386 403	1 430 021	1 447 259	(17 238)

#### Comment On Deviation

This is a positive performance. As a demand driven indicator, the minor deviation is considered by the Department as having achieved the planned target.

**Indicator:** Complaint resolution within 25 working days rate (district hospitals)

90.2%	90.4%	91.1%	93.3%	89.7%	(3.6%)
N: 1 590	1 501	1 244	1 362	1 068	(294)
D: 1 763	1 661	1 365	1 460	1 190	(270)

#### Comment On Deviation

Due to the complex nature, some complaints cannot be resolved within 25 working days. However, every effort is made to do so to the satisfaction of the client.

#### Notes

1. Definition change from previous years indicators.
2. FY2016/17 denominator incorrectly reported as 1 072 730 in Annual Performance Plan 2018/19, correct figure reflected here.

## Strategies to Overcome Underperformance

No extreme underperformance requiring intervention.

## Changes to Planned Targets

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

## HIV/AIDS, STIs and Tuberculosis (HAST)

### Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

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

#### Strategic Objectives

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

	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Strategic Objective:</b> Improve the TB programme success rate				
<b>Indicator:</b> TB programme success rate <sup>1</sup>				
	<b>80.2%</b>	<b>81.1%</b>	<b>79.2%</b>	<b>(1.9%)</b>
	N: 33 694	34 148	32 886	(1 262)
	D: 42 009	42 085	41 532	(553)
<b>Comment On Deviation</b>				
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 marginal deviation is considered as having achieved the planned target.				
<b>Strategic Objective:</b> Improve the proportion of ART clients who remain in care				
<b>Indicator:</b> ART retention in care after 12 months				
	<b>61.4%</b>	<b>64.4%</b>	<b>59.6%</b>	<b>(4.8%)</b>
	N: 28 908	29 667	28 568	(1 099)
	D: 47 097	46 090	47 940	1 850
<b>Comment On Deviation</b>				
Incorrect patient contact details, movement of patients and gangsterism and violence continue to impact negatively especially on the follow up of patients who have missed appointments for ART. In the Metro, the City of Cape Town has reported that suboptimal infrastructure and staffing cannot meet demands of caring for an ever-increasing cohort of patients on ART.				
<b>Indicator:</b> ART retention in care after 48 months				
	<b>49.5%</b>	<b>53.8%</b>	<b>46.3%</b>	<b>(7.5%)</b>
	N: 16 088	16 333	15 409	(924)
	D: 32 519	30 346	33 250	2 904
<b>Comment On Deviation</b>				
Incorrect patient contact details, movement of patients and gangsterism and violence continue to impact negatively especially on the follow up of patients who have missed appointments for ART. In the Metro, the City of Cape Town has reported that suboptimal infrastructure and staffing cannot meet demands of caring for an ever-increasing cohort of patients on ART.				
<b>Notes</b>				
1. Strategic Objective Indicator "TB programme success rate" utilises the same data as Performance Indicator "TB client treatment success rate".				

HIV/AIDS, STIs and Tuberculosis (HAST)					
Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Sector Specific Indicators</b>					
<b>Indicator:</b> Client remain on ART at the end of the month - total					
203 565	230 931	256 821	290 000	278 027	(11 973)
<b>Comment On Deviation</b>					
There were fewer clients than planned remaining on ART treatment. Incorrect patient contact details, movement of patients and gangsterism and violence continue to impact negatively on this indicator.					
<b>Indicator:</b> TB/HIV co-infected client on ART rate					
New Indicator	89.6%	90.3%	88.1%	90.2%	2.1%
	N: 14 902	N: 14 584	13 298	14 376	1 078
	D: 16 637	D: 16 152	15 090	15 935	(845)
<b>Comment On Deviation</b>					
A positive performance reflecting more co-infected clients on ART than target.					
<b>Indicator:</b> HIV test done – Total					
New Indicator	1 379 375	1 436 042	1 512 567	1 783 343	270 776
<b>Comment On Deviation</b>					
A positive performance attributed to the involvement of Non-Profit Organisation (NPO) Partners in HIV testing at facilities, especially in the Metro District.					
<b>Indicator:</b> Male condom distributed					
114 157 641	113 913 868	114 396 200	112 819 962	103 322 800	(9 497 162)
<b>Comment On Deviation</b>					
There was a suboptimal performance on this indicator due to competing priorities. Increased emphasis with partners and stakeholders will be put on condom distribution in the 19/20 financial year.					
<b>Indicator:</b> Medical male circumcision - total					
13 310	11 687	16 544	18 000	14 217	(3 783)
<b>Comment On Deviation</b>					
A social stigma toward medical male circumcisions remains a challenge for the Province. The Non-Profit Organisations (NPOs) contracted to do medical male circumcisions reported internal operational challenges such as shortage of staffing, which prevented them from achieving the targets they agreed to. The Department is committed to improving this service and addressing challenges together with partners.					
<b>Indicator:</b> TB client 5 years and older start on treatment rate					
New Indicator	89.4%	92.5%	89.6%	(2.9%)	
	N: 21 193	21 425	22 151	726	
	D: 23 708	23 165	24 725	(1 560)	
<b>Comment On Deviation</b>					
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 marginal deviation is considered as having achieved the planned target.					
<b>Indicator:</b> TB client treatment success rate <sup>1</sup>					
82.3%	80.4%	80.2%	81.1%	79.2%	(1.9%)
N: 35 756	34 651	33 694	34 148	32 886	(1 262)
D: 43 445	43 099	42 009	42 085	41 532	(553)
<b>Comment On Deviation</b>					
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 marginal deviation is considered as having achieved the planned target.					

## HIV/AIDS, STIs and Tuberculosis (HAST)

Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Sector Specific Indicators</b>					
<b>Indicator: TB client lost to follow-up rate</b>					
New Indicator	11.1%	9.7%	11.1%	(1.4%)	
	N: 4 674	4 083	4 620	(537)	
	D: 42 009	42 085	41 532	(553)	
<b>Comment On Deviation</b>					
Although only a marginal deviation from target, the movement of patients, incorrect patient contact details provided, gangsterism and violence and manual information systems impact the tracing of patients and therefore performance of this indicator.					
<b>Indicator: TB client death rate<sup>2</sup></b>					
New Indicator	3.3%	3.8%	3.7%	3.9%	(0.2%)
	N: 1 419	1 605	1 578	1 630	(52)
	D: 42 685	42 009	42 085	41 532	(553)
<b>Comment On Deviation</b>					
The Department cannot predict with 100% accuracy the mortality outcome of clients on treatment. The marginal deviation is considered by the Department as having achieved the planned target.					
<b>Indicator: TB MDR treatment success rate</b>					
39.4%	44.6%	43.4%	43.0%	51.2%	8.2%
N: 604	738	611	371	756	385
D: 1 532	1 653	1 407	862	1 476	614
<b>Comment On Deviation</b>					
MDR treatment success better than expected due to new treatment regimes.					
Note: Numerator and denominator targets were incorrectly captured in Annual Performance Plan 2018/19 and subsequently are not the full financial year target. Overall performance target is still applicable.					
<b>Notes</b>					
<ol style="list-style-type: none"> <li>Strategic Objective Indicator "TB programme success rate" utilises the same definition, technical indicator description and data as Performance Indicator "TB client treatment success rate".</li> <li>Numerator incorrectly published in Annual Performance Plan 18/19 as "Sum of TB client lost to follow up" but should have been "TB client died during treatment" which is reported here.</li> </ol>					

## Strategies to Overcome Underperformance

### ART Retention in care after 12 and 48 months

Managers are to investigate ways of better retaining patients on ART in care. Such strategies include strengthening follow-up through the community-based services platform and enhancing electronic data tools to track patient attendances.

### Medical Male Circumcision - total

NPOs have helped the Department to improve performance on this indicator. The Department is committed to improving this service and addressing challenges together with partners.

### Males Condoms distributed

The Department will re-emphasise the importance of maintaining high levels of condom distribution in the 2019/20 financial year.

## TB client lost to follow-up rate

Service area improvements and electronic tools are to be developed to reduce loss to follow-up.

## Changes to Planned Targets

- No adjustments to annual planned targets were made.

## Maternal, Child and Women's Health (MCWH) and Nutrition

### Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

There were no strategic objectives for this section. Performance is set out below. The First 1000 Days programme managed by the Department aims to improve performance on maternal and child health indicators.

### Performance Indicators

Maternal, Child and Women's Health (MCWH) and Nutrition					
Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Sector Specific Indicators</b>					
<b>Indicator: Antenatal 1st visit before 20 weeks rate</b>					
<b>67.7%</b>	<b>69.6%</b>	<b>69.7%</b>	<b>70.3%</b>	<b>70.3%</b>	<b>0.0%</b>
N: 60 521	63 901	67 292	66 318	72 593	6 275
D: 89 431	91 849	96 563	94 339	103 241	8 902
<b>Comment On Deviation</b> Target achieved.					
<b>Indicator: Mother postnatal visit within 6 days rate</b>					
<b>67.8%</b>	<b>60.0%</b>	<b>59.8%</b>	<b>62.4%</b>	<b>59.6%</b>	<b>(2.8%)</b>
N: 63 971	54 816	55 532	57 902	57 410	(492)
D: 94 342	91 322	92 819	92 776	96 249	3 473
<b>Comment On Deviation</b> 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 marginal deviation is considered as having achieved the planned target.					
<b>Indicator: Antenatal client start on ART rate</b>					
<b>77.5%</b>	<b>90.8%</b>	<b>92.1%</b>	<b>86.8%</b>	<b>78.4%</b>	<b>(8.4%)</b>
N: 6 070	7 009	6 420	6 789	5 604	(1 185)
D: 7 834	7 715	6 968	7 818	7 149	(669)
<b>Comment On Deviation</b> Through increased efforts to track patients by comparing the two registers, HIV testing services and ART start, it has been detected that clients who restarted on treatment are not reflected in the numerator ( <i>Antenatal clients started on ART</i> ). As this is lifelong treatment, clients are recognised as "started" only once, however they are still eligible (denominator) if known positive but not presently on treatment. The reporting system requires improvement.					

## Maternal, Child and Women's Health (MCWH) and Nutrition

Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Sector Specific Indicators</b>					
<b>Indicator:</b> Infant 1 <sup>st</sup> PCR test positive around 10 weeks rate					
New Indicator	<b>0.8%</b>	<b>0.2%</b>	<b>0.8%</b>	<b>0.3%</b>	<b>0.5%</b>
	N: 95	27	104	36	68
	D: 12 013	13 876	13 036	12 074	962
<b>Comment On Deviation</b>					
Birth PCR tests are now performed routinely for high-risk children. Those testing positive from the birth PCR tests are not included in the numerator here, resulting in a better than expected reported performance for this indicator which only measures positive PCRs at 10 weeks. <i>Note: Birth PCR test positive rate 0.9%</i>					
<b>Indicator:</b> Immunisation under 1 year coverage <sup>3</sup>					
<b>84.5%</b>	<b>75.1%</b>	<b>81.2%</b>	<b>78.3%</b>	<b>82.9%</b>	<b>4.6%</b>
N: 89 942	78 933	85 822	83 410	88 335	4 925
D: 106 450	105 107	105 653	106 547	106 547	0
<b>Comment On Deviation</b>					
A positive performance with more children being immunised than planned.					
<b>Indicator:</b> Measles 2 <sup>nd</sup> dose coverage <sup>3</sup>					
<b>85.9%</b>	<b>91.1%</b>	<b>78.3%</b>	<b>79.2%</b>	<b>77.7%</b>	<b>(1.5%)</b>
N: 88 783	92 898	84 437	85 631	83 974	(1 657)
D: 108 143	107 595	107 885	108 133	108 133	0
<b>Comment On Deviation</b>					
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 marginal deviation is considered as having achieved the planned target.					
<b>Indicator:</b> Diarrhoea case fatality rate <sup>2</sup>					
<b>0.1%</b>	<b>0.2%</b>	<b>0.4%</b>	<b>0.3%</b>	<b>0.1%</b>	<b>0.2%</b>
N: 13	17	24	18	9	9
D: 8 685	6 992	6 565	5 432	7 166	(1 734)
<b>Comment On Deviation</b>					
A positive performance as the number of deaths reported is fewer than target. There was an apparent increase in reported diarrhoea cases admitted (denominator) but this was due to improvement in clinical (ICD 10) coding.					
<b>Indicator:</b> Pneumonia case fatality rate <sup>2</sup>					
<b>0.3%</b>	<b>0.4%</b>	<b>0.7%</b>	<b>0.5%</b>	<b>0.2%</b>	<b>0.3%</b>
N: 36	29	45	31	35	(4)
D: 10 726	7 943	6 859	6 429	14 671	(8 242)
<b>Comment On Deviation</b>					
There was an apparent increase in reported pneumonia cases admitted (denominator) but this was due to improvement in clinical (ICD 10) coding. Although four more deaths reported than planned the overall fatality rate is lower than target which is a positive outcome.					

## Maternal, Child and Women's Health (MCWH) and Nutrition

Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Sector Specific Indicators</b>					
<b>Indicator:</b> Severe acute malnutrition case fatality rate <sup>2</sup>					
<b>0.9%</b>	<b>0.6%</b>	<b>2.2%</b>	<b>1.4%</b>	<b>1.6%</b>	<b>(0.2%)</b>
N: 11	5	10	8	9	(1)
D: 1 254	841	462	585	553	32
<b>Comment On Deviation</b>					
The Department cannot predict with 100% accuracy the number of people that will die of severe acute malnutrition during a defined period. The marginal deviation is considered as having achieved the planned target.					
<b>Indicator:</b> School grade 1 learners screened					
<b>54 107</b>	<b>55 171</b>	<b>48 889</b>	<b>55 646</b>	<b>17 686</b>	<b>(37 960)</b>
<b>Comment On Deviation</b>					
The School health screening package is provided according to needs. The majority of screenings conducted, specifically within the metro, were targeted partial screenings and not full screenings as defined by the National definition and were therefore not counted here.					
<b>Indicator:</b> School grade 8 learners screened					
<b>7 657</b>	<b>9 364</b>	<b>11 401</b>	<b>11 964</b>	<b>4 063</b>	<b>(7 901)</b>
<b>Comment On Deviation</b>					
The School health screening package is provided according to needs. The majority of screenings conducted, specifically within the Metro, were targeted partial screenings and not full screenings as defined by the National definition and were therefore not counted here.					
<b>Indicator:</b> Delivery in 10 to 19 years in facility rate					
New Indicator	<b>11.2%</b>	<b>10.3%</b>	<b>11.4%</b>	<b>(1.1%)</b>	
	N: 10 369	9 551	10 938	(1 387)	
	D: 92 819	92 776	96 249	(3 473)	
<b>Comment On Deviation</b>					
Erroneous target setting has resulted in an apparent poor performance. This has been corrected for the 2019/20 financial year.					
<b>Indicator:</b> Couple Year Protection Rate (Int) <sup>1,3</sup>					
New Indicator	<b>81.3%</b>	<b>74.2%</b>	<b>75.9%</b>	<b>1.7%</b>	
	N: 1 443 501	1 329 431	1 360 609	31 178	
	D: 1 776 519	1 791 703	1 791 703	0	
<b>Comment On Deviation</b>					
A positive performance reflecting a good uptake of the contraception service.					
<b>Indicator:</b> Cervical cancer screening coverage (annualised) <sup>3</sup>					
<b>55.2%</b>	<b>55.7%</b>	<b>57.8%</b>	<b>55.8%</b>	<b>56.3%</b>	<b>0.5%</b>
N: 87169	90 454	96 469	95 433	96 371	938
D: 157 924	162 461	166 812	171 088	171 088	0
<b>Comment On Deviation</b>					
A positive performance reflecting more woman screened than planned.					
<b>Indicator:</b> HPV 1st dose					
<b>33 537</b>	<b>36 182</b>	<b>32 356</b>	<b>33 045</b>	<b>41 604</b>	<b>8 559</b>
<b>Comment On Deviation</b>					
A positive performance as more girls vaccinated than planned.					
<b>Indicator:</b> HPV 2 <sup>nd</sup> dose					
New indicator	<b>34 941</b>	<b>34 397</b>	<b>36 051</b>	<b>48 855</b>	<b>12 804</b>
<b>Comment On Deviation</b>					
A positive performance as more girls vaccinated than planned.					

## Maternal, Child and Women's Health (MCWH) and Nutrition

Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Sector Specific Indicators</b>					
<b>Indicator: Vitamin A dose 12-59 months coverage<sup>3</sup></b>					
<b>45.9%</b>	<b>48.8%</b>	<b>48.9%</b>	<b>49.2%</b>	<b>52.1%</b>	<b>2.94%</b>
N: 399 480	425 757	427 878	429 540	455 226	25 686
D: 869 839	872 328	874 217	873 395	873 395	0
<b>Comment On Deviation</b>					
A positive performance reflecting more Vitamin A doses given than planned.					
<b>Indicator: Maternal mortality in facility ratio (annualised)</b>					
<b>71 per 100 000</b>	<b>59 per 100 000</b>	<b>57 per 100 000</b>	<b>62.9 per 100 000</b>	<b>69.2 per 100 000</b>	<b>(6.3)</b>
N: 67	54	55	61	69	(8)
D: 0.949	0.918	0.961	0.969	0.997	(0.028)
<b>Comment On Deviation</b>					
Due to the nature of this indicator, the number of deaths cannot be predicted with 100% accuracy. There was an increase in the maternal mortality rate with no immediate cause evident and the Department is investigating the reason for this.					
<b>Indicator: Neonatal death in facility rate</b>					
	<b>9.3 per 1000</b>	<b>8.5 per 1000</b>	<b>9.3 per 1000</b>	<b>(0.8)</b>	
New indicator	N: 860	794	889	(95)	
	D: 92.34	93.3	95.9	(2.6)	
<b>Comment On Deviation</b>					
Due to the nature of this indicator, the number of deaths cannot be predicted with 100% accuracy. There was an increase in the neonatal mortality rate with no immediate cause evident and the Department is investigating the reason for this. Changes to electronic patient administration may have contributed to this.					
<b>Notes</b>					
1. Changes in the weightings of the individual elements used in the calculation of this indicator for FY2017/18 makes it not directly comparable to historical performance.					
2. Diarrhoea, Pneumonia and Severe Acute Malnutrition case fatality rates refer to children under 5 years of age and is counted at separation.					
3. Population data has been updated retrospectively for historical years, as per Circular H11/2017.					

### Strategies to Overcome Underperformance

Antenatal client started on ART

The Department will be reviewing and improving reporting systems to obtain better representation of performance.

School health screening

To expand on the reporting of full screenings, provision has been made for the capture of partial screenings in the 2019/20 financial year. This will allow for an expanded review of the school health service. The school health programme is under review to improve efficacy.

Maternal and Neonatal mortality rate

The Department will investigate the reasons for the increased maternal mortality rate and neonatal mortality rate accordingly to institute an appropriate response. It should be noted that although higher than target the Western Cape is within reach of the targets set by the WHO Sustainable Development Goal 3.

### Changes to Planned Targets

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

## Disease Prevention and Control

### Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

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

#### Strategic Objectives

No provincial strategic objectives specified for District Health Services

#### Performance Indicators

Disease Prevention and Control					
Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Sector Specific Indicators</b>					
<b>Indicator: Cataract surgery rate</b>					
1 645	1 692	1 540	1 579	1 547	(32)
N: 7 684	8 050	7 443	7 748	7 591	(157)
D: 4.672	4.759	4.833	4.906	4.906	0
<b>Comment On Deviation</b>					
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 marginal deviation is considered as having achieved the planned target.					
<b>Indicator: Malaria case fatality rate<sup>1</sup></b>					
0.0%	0.7%	0.5%	1.0%	0.7%	0.3%
N: 0	1	1	2	1	1
D: 110	139	186	192	134	58
<b>Comment On Deviation</b>					
A positive performance as one less death and fewer cases reported than planned.					
<b>Notes</b>					
1. FY2016/17 denominator incorrectly reported as 140 in Annual Performance Plan 2018/19, correct figure reflected here.					

## Strategies to Overcome Underperformance

No extreme underperformance requiring intervention.

## Changes to Planned Targets

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

## Link Performance with Budgets

The under-expenditure can mainly be attributed to:

### Compensation of employees

A refund in respect of posts from National Department of Health, combined with the difficulty to recruit and retain certain categories of staff in certain areas due to high attrition rates.

### Goods and Services:

The spending by South African National Aids Council (SANAC) for the Focus for Impact project in Kwazulu-Natal was significantly less than was initially budgeted for in Global Fund. The saving in Anti tuberculosis (TB) medicine due to a reduction in the number of new TB infections as well as a reduction in the TB medicine prices in 2018.

### Transfers and Subsidies

The Global Fund Grant ceased but programme close off activities and claims could not all be accounted for before financial year-end. It will be reflected in the new financial year in line with approval for roll-over funding.

Subprogramme	2018/19			2017/18		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
District Management	441 183	444 106	(2 923)	404 783	394 909	9 874
Community Health Clinics	1 327 648	1 305 678	21 970	1 248 625	1 239 496	9 129
Community Health Centres	2 211 204	2 145 480	65 724	2 089 937	2 037 564	52 373
Community-Based Services	222 491	227 339	(4 848)	213 600	216 596	(2 996)
Other Community Services	1	-	1	1	-	1
HIV and AIDS	1 613 625	1 607 733	5 892	1 532 363	1 527 815	4 548
Nutrition	50 250	50 153	97	46 381	47 573	(1 192)
Coroner Services	1	-	1	1	-	1
District Hospitals	3 372 722	3 457 401	(84 679)	3 164 174	3 232 464	(68 290)
Global Fund	102 641	90 862	11 779	71 790	41 492	30 298
<b>TOTAL</b>	<b>9 341 766</b>	<b>9 328 752</b>	<b>13 014</b>	<b>8 771 655</b>	<b>8 737 909</b>	<b>33 746</b>

## Programme 3: Emergency Medical Services

### Purpose

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

### Subprogrammes

#### Subprogramme 3.1: Emergency Medical Services

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

#### Subprogramme 3.2: Planned patient transport (PPT) – HealthNET

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

## Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

### Strategic Objectives

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

	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Strategic Objective:</b> Ensure registration and licensing of ambulances as per the statutory requirements.				
<b>Indicator:</b> Number of WCG: Health operational ambulances registered and licensed.				
	247	250	254	4
<b>Comment On Deviation</b>				
With the new focus on the licensing component within EMS, we have managed to improve compliance through conducting regular internal audits and improved protocols ensuring that operational ambulances are licensed. This is an on-going effort to ensure compliance in terms of the requirements of the licensing inspectorate.				

### Programme 3: Emergency Medical Services

Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Sector Specific Indicators</b>					
<b>Indicator:</b> EMS P1 urban response under 15 minutes rate					
<b>61.7%</b>	<b>58.0%</b>	<b>59.5%</b>	<b>64.0%</b>	<b>46.8%</b>	<b>(17.2%)</b>
N: 138 444	121 339	79 131	92 854	57 769	(35 085)
D: 224 462	209 107	133 019	145 084	123 553	(4 531)
<b>Comment On Deviation</b>					
The impact of staff safety in the wake of ambulance attacks and the associated mitigation through red zone protocols are clearly illustrated in the performance achieved. This is largely attributable to the need to respond to high risk areas with a police escort which has had a negative effect on mission times and thus resource efficiency.					
<b>Indicator:</b> EMS P1 rural response under 40 minutes rate					
<b>80.6%</b>	<b>79.0%</b>	<b>79.3%</b>	<b>81.0%</b>	<b>73.7%</b>	<b>(7.3%)</b>
N: 15 713	13 874	9 655	10 128	8 737	(1 391)
D: 19 497	17 570	12 180	12 504	11 862	(642)
<b>Comment On Deviation</b>					
With the shrinking of our rural establishment and the challenge of maintaining staff in rural areas, we still manage to maintain a performance above the 70% mark.					
<b>Indicator:</b> EMS inter-facility transfer rate					
<b>40.4%</b>	<b>39.8%</b>	<b>31.6%</b>	<b>31.9%</b>	<b>32.8%</b>	<b>(0.9%)</b>
N: 210 116	203 699	155 373	159 731	158 879	852
D: 520 113	512 256	492 303	501 493	484 946	(16 547)
<b>Comment On Deviation</b>					
The predicted rate of transfer has been achieved. Whilst this, in and of itself is not particularly noteworthy, it is an important influencing factor on the P1 performance owing to their co-dependency on a common ambulance pool. Thus any achievements in efficiency, are potential avenues for leverage towards improved P1 performance.					
<b>Additional Provincial Indicators</b>					
<b>Indicator:</b> Total number of EMS emergency cases					
<b>520 113</b>	<b>512 256</b>	<b>492 303</b>	<b>501 493</b>	<b>484 946</b>	<b>(16 547)</b>
<b>Comment On Deviation</b>					
slight drop in the number of patients serviced. Due to long delays in Red Zone areas, clients are forced to make use of private transport in all areas of the Metropole. Closely monitoring this indicator. Analysis to be conducted in Q1 of 2019/20.					

## Strategies to Overcome Underperformance

The impact of safety protocols on EMS performance continues to be felt over the reporting period. This is particularly marked in neighbourhoods designated as 'red zones' which sees the ambulance having to travel with a police escort, crucially prolonging mission times and negatively affecting resource availability. This, coupled with pressure on the staff establishment as a result of the fiscal challenges, has resulted in the notable deterioration in response time performance. This notwithstanding, the ongoing engagements with all stakeholders has seen the strengthening of relationships and the continuation of robust dialogue, most notably organised labour and several key safety partners.

The engagements with the community forums has also yielded success and remains one of our priorities in our strategy to address the safety issue. It is important to note that these neighbourhoods also represent the most vulnerable communities and are themselves plagued by high levels of inter-personal violence and other social determinants of health. The net result is a high burden of disease with escalating demand and a severely constrained resource base. All of which leads to prolonged waiting times and severely congested health facilities. Under such conditions, the Department has elected to adopt a systems wide approach as demonstrated in the WOSA initiatives.

Furthermore, the managing of the resulting PTSD cases and the provision of greater staff support and wellness initiatives, has been a key focus area for 2018/19 and will be intensified in the coming performance cycle. This approach follows what has been an intensive engagement with staff that has seen the Department host a series of staff safety workshops across the province. Staff actively participated in robust and forthright conversations around the issues and concerns affecting their working conditions. These were documented and will be incorporated into a collective safety plan and strategy that should see the creation of shared understanding and renewed focus on safety related matters.

## Link Performance with Budgets

The under and over expenditures noted in subprogrammes 3.1 and 3.2 respectively illustrate the challenges described above. The net result has been a R 3.8 million under expenditure for programme 3 as a whole and can be attributed to the necessary practices around staffing and associated compensation of employees. The combination of a steady increase in the cost of the APL combined with the recent DPSA policy related to overtime has created a constraining environment in which to manage compensation. While the Department has made some significant concessions for the period to follow, the prevailing conditions will remain in effect. Efforts are however underway to mitigate these.

Subprogramme	2018/19			2017/18		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Emergency Transport	1 019 770	1 010 885	8 885	944 734	903 461	41 273
Planned Patient Transport	86 487	91 559	(5 072)	81 829	91 401	(9 572)
<b>TOTAL</b>	<b>1 106 257</b>	<b>1 102 444</b>	<b>3 813</b>	<b>1 026 563</b>	<b>994 862</b>	<b>31 701</b>

## Programme 4: Provincial Hospital Services

### Purpose

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

### Subprogrammes

#### Subprogramme 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.

#### Subprogramme 4.2: Tuberculosis Hospitals

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

#### Subprogramme 4.3: Psychiatric/Mental Hospitals

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

#### Subprogramme 4.4: Sub-Acute, Step down and Chronic Medical Hospitals

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

#### Subprogramme 4.5: Dental Training Hospitals

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

## General (Regional) Hospitals

### Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

This subprogramme funded regional hospital services in New Somerset and Mowbray Maternity hospitals in the Cape Town Metro district (Chief Directorate: Metro Health Services), and Paarl, Worcester and George hospitals in the rural districts (Chief Directorate: Rural Health Services). The hospitals focused on the provision of general specialist services with continued outreach and support to district hospitals.

Improving the overall quality, safety and access to health services remained a key strategy for this subprogramme.

The ongoing rising cost of healthcare remained a reality and managers continued with saving measures and strategies to target the areas of high cost and ensured that resources were appropriately allocated to improve the overall value in the package of healthcare delivered.

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

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

The hospitals within this subprogramme operated 1427 beds as was reflected in the Annual Performance Plan.

The number of beds increased from 1413 from the 2017/18 financial year to 1427 during the reporting year. Worcester Hospital and New Somerset Hospitals opened 4 and 10 additional beds respectively in the Psychiatric ward.

The increasing acute service pressures along with the ongoing mental health service pressures remained in the Metro and despite New Somerset Hospital reconfiguring their beds to commission an additional 10 psychiatric female beds from the previous year, the bed occupancy rate for these beds during the 2018/19 financial year remained above 100 per cent due to high burden of disease and drug induced psychoses.

Paarl Hospital continued to provide support to Swartland Sub-district after a large part of Swartland Hospital was destroyed in a fire during March 2017. This led to an increase of 24.8 per cent in maternity separations at Paarl Hospital.

George Hospital extended their cataract outreach services to include Prince Albert and surrounding areas (in the Central Karoo District). Two outreaches were conducted during the year (during July 2018 and January 2019 respectively) and a total of 75 cataract procedures were performed.

The Retinopathy of Prematurity (ROP) screening service for premature babies at Mowbray Maternity Hospital stabilised during this reporting period. As with any new service, there have been initial teething problems, which have resulted in delays with screening some children when compared to protocol. However, the backlog now no longer exists. Premature babies are now screened at Mowbray Maternity Hospital and then

appropriately referred for follow-up care as required.

## Strategic Objectives

Provide access to quality general / regional hospital services.

	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Strategic Objective:</b> Provide quality general / regional hospital services.				
<b>Indicator:</b> Actual (usable) beds in regional hospitals				
	1 413	1 427	1 427	0
<b>Comment On Deviation</b> Target achieved, zero deviation.				

## Performance Indicators

General (Regional) Hospitals					
Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Sector Specific Indicators</b>					
<b>Indicator:</b> Hospital achieved 75% and more on National Core Standards self-assessment rate (regional hospitals)					
Not required to report	100.0%	100.0%	100.0%	0%	
	N: 5	5	5	0	
	D: 5	5	5	0	
<b>Comment On Deviation</b> Target achieved, zero deviation.					
<b>Indicator:</b> Average length of stay (regional hospitals)					
3.9	4.0	3.9	4.0	4.0	0.0 days
N: 451 758	454 770	455 333	464 070	465 832	(1 762)
D: 116 499	114 099	115 099	114 948	115 652	704
<b>Comment On Deviation</b> Target achieved, zero deviation.					

## General (Regional) Hospitals

Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Sector Specific Indicators</b>					
<b>Indicator:</b> Inpatient bed utilisation rate (regional hospitals)					
<b>89.1%</b>	<b>89.4%</b>	<b>88.6%</b>	<b>89.1%</b>	<b>89.4%</b>	<b>0.3%</b>
N: 451 758	454 770	455 333	464 070	465 832	(1 762)
D: 507 041	508 501	513 733	520 912	520 912	0
<b>Comment On Deviation</b>					
The deviation of 0.3% is regarded as marginal as this is a demand-driven indicator, which implies it is not possible for the Department to predict the performance with 100% accuracy.					
<b>Indicator:</b> Expenditure per patient day equivalent (PDE) (regional hospitals)					
<b>R 2 717</b>	<b>R 2 925</b>	<b>R 3 106</b>	<b>R 3 326</b>	<b>R 3 239</b>	<b>R 87</b>
N: 1 602 371 869	1 725 945 856	1 841 574 080	1 998 148 000	1 970 196 306	273 514 694
D: 589 797	590 126	592 935	600 724	608 319	7 595
<b>Comment On Deviation</b>					
The deviation is regarded as marginal. This is a demand-driven indicator, which implies that it is not possible for the Department to predict the performance with 100% accuracy.					
<b>Indicator:</b> Complaint resolution within 25 working days rate (regional hospitals)					
<b>97.1%</b>	<b>97.6%</b>	<b>98.1%</b>	<b>97.6%</b>	<b>99.4%</b>	<b>1.8%</b>
N: 372	286	265	290	309	19
D: 383	293	270	297	311	14
<b>Comment On Deviation</b>					
This is a positive performance as a result of ongoing improvements in the review system.					
<b>Additional Provincial Indicators</b>					
<b>Indicator:</b> Mortality and morbidity review rate (regional hospitals)					
<b>83.8%</b>	<b>83.3%</b>	<b>106.4%</b>	<b>82.4%</b>	<b>101.5%</b>	<b>19.1%</b>
N: 171	170	217	168	207	39
D: 204	204	204	204	204	0
<b>Comment On Deviation</b>					
This is a positive performance as a result of ongoing improvements in the review system. 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. Over-performance is mainly due to individual clinical units holding separate meetings – the indicator target was set based on the number speciality groups.					

### Strategies to Overcome Underperformance

No material underperformance was recorded.

More mortality and morbidity meetings were conducted than planned in terms of the target set, resulting in improved clinical governance and enhancing the overall quality of patient care.

### Changes to Planned Targets

There were no changes to planned targets.

## Tuberculosis Hospitals

### Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

This programme funded 6 TB hospitals in the Province. There were no changes to the number of TB hospital beds.

	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Strategic Objective:</b> Provide quality tuberculosis hospital services.				
<b>Indicator:</b> Actual (usable) beds in tuberculosis hospitals				
	1 026	1 026	1 026	0
<b>Comment On Deviation</b> Target achieved, zero deviation.				

### Performance Indicators

Tuberculosis Hospitals					
Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Additional Provincial Indicators</b>					
<b>Indicator:</b> Mortality and morbidity review rate (TB hospitals)					
88.9%	95.8%	93.1%	83.3%	97.2%	13.9%
N: 64	69	67	60	70	10
D: 72	72	72	72	72	0
<b>Comment On Deviation</b> More reviews were done than was planned, which resulted in an overperformance.					

### Strategies to Overcome Underperformance

No material underperformance was recorded.

More mortality and morbidity review meetings were conducted than planned in terms of the target set, resulting in improved clinical governance and enhancing the overall quality of patient care.

### Changes to Planned Targets

There were no changes to planned targets.

## Psychiatric Hospitals

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

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

### Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

The hospitals operated 1 799 beds. The total number of beds in psychiatric hospitals increased by 150 as the 3 psychiatry intermediate care facilities were incorporated into their parent psychiatric hospitals - from 1 700 to 1 850 beds. Previously these beds were separately counted and reported as sub-acute/ intermediate beds. Lentegeur Hospital closed 52 beds (mainly in the intellectual disability service) and Valkenberg Hospital had a bed reconfiguration, which resulted in a 1 bed net increase. These adjustments were made after the initial target was set in the Annual Performance Plan.

Sufficient and adequate access to services remained the main objective to be achieved despite the ongoing acuity of mental illness and the growing disease burden.

At Valkenberg Hospital a Child Criminal Capacity Assessment Service has been established. This is the assessment of children for criminal capacity when they have been charged with a crime. This service is fulfilling an essential mental health service that protects the rights of the affected children while also ensuring that the justice system remains in compliance with the Constitution of South Africa. Children can thus be placed in appropriate diversionary programs based on the recommendations of the attending clinicians.

The Mental Health Review Board is an efficient and effective body which is serving Mental Health Care Users well and has been a benchmark for the country. A second Board with three members have been appointed during the reporting period. Whilst the Board plans how best to structure and operate two separate Review Boards to best assist the needs of the Mental Health Care Users in the Province, the Board will function as a single Board to be called the Joint Interim Review Board.

## Strategic Objectives

Provide access to quality psychiatric hospital services.

	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Strategic Objective:</b> Provide quality psychiatric hospital services				
<b>Indicator:</b> Actual (usable) beds in psychiatric hospitals				
	1 700	1 850	1 799	(51)
<p><b>Comment On Deviation</b></p> <p>Number of beds in psychiatric hospitals increased by 150 as the 3 psychiatry intermediate care facilities were incorporated into their parent psychiatric hospitals) - from 1 700 to 1 850 beds. Previously these beds were separately reported as sub-acute beds. Lentegeur Hospital closed 52 beds (mainly in the intellectual disability service) and Valkenberg Hospital had a bed reconfiguration, which resulted in a 1 bed net increase.</p>				

## Performance Indicators

Psychiatric Hospitals					
Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Additional Provincial Indicators</b>					
<b>Indicator:</b> Mortality and morbidity review rate (psychiatric hospitals)					
95.8%	91.7%	91.7%	91.7%	87.5%	(4.2%)
N: 46	44	44	44	42	2
D: 48	48	48	48	48	0
<p><b>Comment On Deviation</b></p> <p>A marginal deviation from the performance target is considered by the Department as having achieved the target. On some months, Lentegeur and Valkenberg Hospitals replaced their mortality and morbidity review meetings with presentations on related topics.</p>					

## Strategies to Overcome Underperformance

Acute psychiatric services continued to remain under pressure, particularly as a result of the high rate of substance abuse, acuity of patients and other social factors. This subprogramme continues to focus on the de-institutionalisation of clients and the strengthening of acute, inpatient and outpatient services as well as the district- and community-based services. Sub-acute beds are funded within the budgets of Valkenberg, Stikland and Lentegeur hospitals to support the ongoing service pressures experienced.

## Sub-Acute, Step down and Chronic Medical Hospitals

This subprogramme funded the activities of the Western Cape Rehabilitation Centre (WCRC), which provides specialised rehabilitation services for people with physical disabilities. This includes the provision of a wide variety of assistive technology and assistive devices, including custom-made Orthotics, Prosthetics and Orthopaedic Footwear. The Orthotic and Prosthetic Centre (OPC) (situated in Pinelands) resorts under the management of the WCRC.

The Public Private Partnership (PPP) between the Western Cape Department of Health and Mpilisweni Consortium is a 12-year agreement for the provision of estate maintenance, medical and non-medical equipment, hard and soft facilities management and related services in respect of the Western Cape Rehabilitation Centre (WCRC) and Lentegeur Psychiatric Hospital. The contract has been extended until 31 March 2020.

### Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

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

Adequate access to rehabilitation services at WCRC has been improved for referrals of patients under the age of 18 for admission. WCRC has embarked on an initiative with relevant role players in the health system to review the neurological rehabilitation pathway for children, particularly those with spinal cord afflictions. Relationship building with St. Joseph's continues to be strengthened to provide a better service to children with disabilities, the results of which have been shown with improved outcomes for patients.

WCRC accepts patients requiring complex neurological rehabilitation who are medically stable (Landrum Outcome Level 1 and above). The majority of referrals come from the central and regional hospitals and there is increasing focus on strengthening relationships with these partners to ensure the delays in the referral process is kept to a minimum. Substance abuse and associated unacceptable behaviour continues to be a challenge especially amongst patients who have no discharge options and have been resident at WCRC for over a year. The resilience of staff in dealing with these issues is commendable and further work is needed to better safeguard staff and patients in this environment.

The OPC renders on-site, off-site and outreach orthotic and prosthetic services to all the hospitals in the Metro and rural districts in the Western Cape, with the exception of the Eden and Central Karoo districts, where services are outsourced. The demand for this invaluable service continues to grow and the teams are seeking ways to better integrate into the broader rehabilitation platform.

The PPP project continued during the reporting financial year to achieve the needs of the Department through output specifications that enabled the Department to deliver quality specialized clinical rehabilitation services (WCRC) and psychiatric services (LGH). Services were delivered against appropriate and measurable output specifications which were monitored by the Department through the various governance structures. The Exit Phase of the PPP is monitored within same governance structures, which includes both the Provincial and National Treasuries.

### Strategic Objectives

Provide access to quality rehabilitation hospital services.

	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Strategic Objective:</b> Provide quality rehabilitation hospital services.				
<b>Indicator:</b> Actual (usable) beds in rehabilitation hospitals				
	156	156	156	0
<b>Comment On Deviation</b> Target achieved, zero deviation.				

### Performance Indicators

Rehabilitation Hospital					
Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Additional Provincial Indicators</b>					
<b>Indicator:</b> Mortality and morbidity review rate (rehabilitation hospitals)					
100.0%	91.7%	91.7%	100.0%	100.0%	0%
N: 12	11	11	12	12	0
D: 12	12	12	12	12	0
<b>Comment On Deviation</b> Target achieved, zero deviation.					

### Strategies to Overcome Underperformance

No material underperformance was identified.

WCRC continued to provide consultancy support to the district health services, especially in the rural areas, to facilitate the development of quality rehabilitation services for persons with physical disabilities through a variety of training- and support mechanisms and building a patient database to ensure adequate support to these patients is ongoing. Work has commenced to strengthen relationships and referral pathways with the

Community Based Services and Primary Health Care platform to support a smoother transition for patients discharged from the WCRC.

### Changes to Planned Targets

There were no changes to planned targets.

## Specialised Hospitals

### Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

Refer to narrative under individual specialised hospitals.

Specialised Hospital					
Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Sector Specific Indicators</b>					
<b>Indicator:</b> Hospital achieved 75% and more on National Core Standards self-assessment rate (specialised hospitals)					
Not required to report	<b>100.0%</b>	<b>81.8%</b>	<b>90.9%</b>	<b>9.1%</b>	
	N: 11	9	10	1	
	D: 11	11	11	0	
<b>Comment On Deviation</b>					
Over achievement of target due to various management strategies and ongoing attention to improving on the performance of the National Core Standards.					
<b>Indicator:</b> Complaint resolution within 25 working days rate (specialised hospitals)					
Not required to report	<b>99.1%</b>	<b>94.4%</b>	<b>98.9%</b>	<b>4.5%</b>	
	N: 221	219	180	(39)	
	D: 223	232	182	(50)	
<b>Comment On Deviation</b>					
Over achievement of target due to various management strategies. This is a positive deviation as a result of a well-functioning complaints management system.					

### Strategies to Overcome Underperformance

Refer to narrative of individual specialised hospitals.

### Changes to Planned Targets

- There were no changes to planned targets.

## Dental training Hospitals

### Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

This subprogramme funded oral health services based at the Dental Faculty of the University of the Western Cape (UWC), also referred to as the Oral Health Centre (OHC), and was mostly responsible for the training of certain categories of oral health professionals namely dentists, dental specialists and oral hygienists.

The OHC provided dental services to the community of the Western Cape. This service included primary, secondary, tertiary and quaternary levels of oral healthcare and was provided on a platform of oral health training complexes which comprises Tygerberg Oral Health Centre, Groote Schuur Hospital, Red Cross War Memorial Children's Hospital and the Mitchells Plain Oral Health Centre. The other categories of oral health staff, such as the dental technicians, received their training at the Universities of Technology.

The package of care provided on the service platform includes consultation and diagnosis, dental X-rays to aid diagnosis, treatment of pain and sepsis, extractions, oral health education, scaling and polishing, fluoride treatment, fissure sealants, fillings, dentures (full upper and lower dentures, chrome cobalt dentures, and special prosthesis), crown and bridgework, root canal treatment, orthodontics (fixed band ups), surgical procedures (for management of tumours and facial deformities) and maxilla-facial procedures (related to injuries sustained in trauma and motor vehicle accident cases).

### Strategic Objectives

Provide access to quality dental training hospital services.

	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Strategic Objective:</b> Provide quality dental training hospital services.				
<b>Indicator:</b> Oral health patient visits at dental training hospitals				
	<b>126 938</b>	<b>123 671</b>	<b>125 490</b>	<b>1 819</b>
<b>Comment On Deviation</b>				
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 patients that will access our services.				

Dental Training Hospitals					
Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Additional Provincial Indicators</b>					
<b>Indicator:</b> Number of removable oral health prosthetic devices manufactured (dentures)					
4 315	4 581	4 853	4 435	4 383	(52)
<p><b>Comment On Deviation</b>                      This is a marginal deviation on a target which is mainly a student driven service, supported by service rendering staff. Prosthetic devices can sometimes not be concluded prior to student examinations or holidays and thus the devices will be completed on return of the student holidays or examinations.</p>					

### Strategies to Overcome Underperformance

Although this subprogram did not materially underperform, the mainly student-driven service will continue to 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 burden of disease is the highest in the Country for caries in children and edentulousness (people without teeth). The Metro Health Services is now embarking on the School Health Bus program where six (6) year-old children will be targeted with a promotion and prevention (fissure sealants) strategy to reduce the burden of disease over time.

### Changes to Planned Targets

No targets were changed during the year.

### Link Performance with Budgets

Programme 4's annual expenditure reflects a saving of R7.399 million. This marginal surplus was mainly attributed to the impact of the savings plans implemented during previous financial years and the continued efforts within the 2018/19 financial year to realise savings that could be redirected to other service priorities within the budget programme. Overall the budget entities managed well within their resource allocation.

The savings initiatives impacted on the available Goods and Services budget and funds could be redirected to other much needed priorities. Funding provided ensured a high quality of service by preventing shortages, stock-outs, contract lapses and unnecessary losses.

Additional capital acquisition has been approved to address unforeseen, critical capital needs which impacted directly on quality service delivery. The capital budget and maintenance budget however remains under pressure as hospitals are confronted by ailing infrastructure and equipment.

Sound financial management principles have been applied in all the facilities which included financial compliance, budget planning, implemented and maintained internal controls and the application of principles of cost-effectiveness, and budget constraints were highlighted at all management and relevant committees and meetings.

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

Subprogramme	2018/19			2017/18		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
General (Regional) Hospitals	1 999 288	1 995 181	4 107	1 865 579	1 864 768	811
Tuberculosis Hospitals	325 013	324 057	956	305 986	301 129	4 857
Psychiatric/Mental Hospitals	921 562	930 626	(9 064)	870 940	867 702	3 238
Rehabilitation Hospitals	208 925	206 682	2 243	197 626	192 738	4 888
Dental Training Hospitals	175 453	166 296	9 157	163 036	153 190	9 846
<b>TOTAL</b>	<b>3 630 241</b>	<b>3 622 842</b>	<b>7 399</b>	<b>3 403 167</b>	<b>3 379 527</b>	<b>23 640</b>

## Programme 5: Central Hospital Services

### Purpose

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

### Subprogrammes

#### Subprogramme 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.

#### Subprogramme 5.2: Provincial Tertiary Hospital Services

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

### Central Hospitals

#### Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

The central hospitals operated 2 359 beds as was reflected in the annual performance plan. The combined bed occupancy rate was 89.9 per cent reflecting a full utilisation of services. The patient day equivalents (as a proxy for service volume provided) achieved was 1 028 733. The hospitals also provided access to the package of care for tertiary services funded by the National Tertiary Services Grant.

#### Strategic Objectives

Provide access to the full package of Central Hospital Services.

	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Strategic Objective:</b> Provide access to the full package of central hospital services				
<b>Indicator:</b> Actual (usable) beds in central hospitals				
	2 359	2 359	2 359	0
<b>Comment On Deviation:</b> Target achieved.				

Central Hospitals					
Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Sector Specific Indicators</b>					
<b>Indicator:</b> Hospitals achieved 75% and more on National Core Standards self-assessment rate (central hospitals)					
Not required to report	100.0%	100.0%	100.0%	100.0%	0%
	N: 2	2	2	2	0
	D: 2	2	2	2	0
<b>Comment On Deviation:</b> Target achieved.					
<b>Indicator:</b> Average length of stay (central hospitals)					
6.3 days	6.4 days	6.5 days	6.3 days	6.5 days	(0.2 days)
N: 745 141	742 396	750 954	739 457	774 007	(34 550)
D: 117 668	115 448	116 152	116 814	119 554	2 740
<b>Comment On Deviation:</b> This is a demand driven indicator reflecting fluctuations in the disease burden. The marginal deviation is considered acceptable.					
<b>Indicator:</b> Inpatient bed utilisation rate (central hospitals)					
86.5%	86.2%	87.2%	85.9%	89.9%	4.0%
N: 754 141	742 396	750 954	739 457	774 007	(34 550)
D: 861 129	861 129	861 129	861 129	861 129	0
<b>Comment On Deviation:</b> 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 marginal deviation reflects an increased burden of disease with consequent increased pressure on the services.					
<b>Indicator:</b> Expenditure per PDE (central hospitals)					
R 4 602	R 4 987	R 5 319	R 5 578	R 5 506	R 72
N: 4 641 532 537	4 950 578 555	5 328 069 158	5 590 320 000	5 663 750 514	(73 430 514)
D: 1 008 606	992 676	1 001 686	1 002 217	1 028 733	26 516
<b>Comment On Deviation:</b> 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 marginal deviation is considered acceptable and deemed as an advantage to the Department.					
<b>Indicator:</b> Complaint resolution within 25 working days rate (central hospitals)					
83.0%	88.7%	92.0%	91.7%	89.1%	(2.6%)
N: 648	716	599	724	498	(226)
D: 781	807	651	789	559	(230)
<b>Comment On Deviation:</b> The number of complaints have dropped as increasingly complaints are being handled on the spot by frontline supervisors. This then results in a preponderance of more complex complaints being recorded which take a little longer to resolve due to their complex nature, resulting in the marginal deviation shown.					
<b>Additional Provincial Indicators</b>					
<b>Indicator:</b> Mortality and morbidity review rate (central hospital)					
103.6%	96.4%	98.8%	94.0%	100.0%	6.0%
N: 87	81	83	79	84	5
D: 84	84	84	84	84	0
<b>Comment On Deviation:</b> The marginal deviation is considered acceptable and deemed as positive performance for the Department as more mortality and morbidity meetings were held.					

## Strategies to Overcome Underperformance

No material underperformance was recorded.

## Changes to Planned Targets

- Targets with a positive deviation in 2018/19 noted in the table above will be adjusted for the 2019/20 financial
- Year, in line with the commitment to continual improvement.
- The complaints resolution within 25 working days' rate target will be adjusted downward to reflect the change in complaints procedures.

## Tertiary Hospitals

### Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

Red Cross War Memorial Children's Hospital operated 272 beds as was reflected in the annual performance plan. The combined bed occupancy rate for the hospital for the period under review was 78.8 per cent. The patient day equivalents (as a proxy for service volume provided) achieved for the year was 123 314, with the hospital providing access to the package of care for tertiary services funded by the National Tertiary Services Grant.

### Strategic Objectives

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

	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Strategic Objective:</b> Provide access to the full package of Tertiary hospital services at Red Cross War Memorial Children's Hospital				
<b>Indicator:</b> Actual (usable) beds in (RCWMCH)				
	272	272	272	0
<b>Comment On Deviation</b> Target achieved.				

Tertiary Hospital					
Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Sector Specific Indicators</b>					
<b>Indicator:</b> Hospitals achieved 75% and more on National Core Standards self-assessment rate (RCWMCH)					
Not required to report	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>(100.0%)</b>
	N: 1	1	1	0	(1)
	D: 1	1	1	0	(1)
<b>Comment On Deviation:</b> Not required to conduct an internal assessment of the National Core Standards, as the Office of Health standards Compliance conducted an independent external assessment during 2018/19.					
<b>Indicator:</b> Average length of stay (RCWMCH)					
<b>4.0 days</b>	<b>4.0 days</b>	<b>3.8 days</b>	<b>3.9 days</b>	<b>3.8 days</b>	<b>0.1 days</b>
N: 79 852	78 222	78 402	81 410	78 201	(3 209)
D: 20 166	19 581	20 465	20 874	20 838	(36)
<b>Comment On Deviation:</b> The marginal deviation is considered acceptable and deemed as an advantage to the Department.					
<b>Indicator:</b> Inpatient bed utilisation rate (RCWMCH)					
<b>80.4%</b>	<b>78.8%</b>	<b>79.0%</b>	<b>82.0%</b>	<b>78.8%</b>	<b>(3.2%)</b>
N: 79 852	78 222	78 402	81 410	78 201	(3 209)
D: 99 291	99 291	99 291	99 291	99 291	0
<b>Comment On Deviation:</b> A demand driven indicator reliant on patient numbers, burden of disease, ability of district level facilities to manage patients without referring them and efficiency of patient management as reflected in the average length of stay. The decreased inpatient admissions and the lower average length of stay combined resulted in a slightly lower bed utilisation rate.					
<b>Indicator:</b> Expenditure per PDE (RCWMCH)					
<b>R 5 472</b>	<b>R 5 980</b>	<b>R 6 453</b>	<b>R 6 499</b>	<b>R 6 820</b>	<b>(R 321)</b>
N: 708 917 790	739 990 486	790 081 704	836 248 000	841 027 272	(4 779 272)
D: 129 543	123 748	122 439	128 679	123 314	(5 365)
<b>Comment On Deviation:</b> The marginal increase in PDE is due to the slight decrease in bed utilisation, the decreased length of stay and the decreased admissions while expenditure rose slightly during the fourth quarter.					
<b>Indicator:</b> Complaint resolution within 25 working days rate (RCWMCH)					
<b>92.2%</b>	<b>95.5%</b>	<b>92.5%</b>	<b>92.0%</b>	<b>92.2%</b>	<b>(0.2%)</b>
N: 130	168	123	155	106	(49)
D: 141	176	133	169	115	(54)
<b>Comment On Deviation:</b> Target Achieved with marginal deviation.					
<b>Additional Provincial Indicators</b>					
<b>Indicator:</b> Mortality and morbidity review rate (RCWMCH)					
<b>91.7%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>91.7%</b>	<b>100.0%</b>	<b>8.3%</b>
N: 11	12	12	11	12	1
D: 12	12	12	12	12	0
<b>Comment On Deviation</b> The marginal deviation is considered acceptable and deemed as positive performance for the Department.					

## Strategies to Overcome Underperformance

No material underperformance was recorded.

## Changes to Planned Targets

Targets with a positive deviation in 2017/18 noted in the table above will be increased for the 2018/19 financial year in line with the commitment to continual improvement.

## Link Performance with Budgets

Programme 5 incurred a negligible underspend of the allocated budget. The central hospitals and tertiary hospital largely achieved their service output targets as reflected in the Annual Performance plan and contributed to the Department's strategic objectives.

Compensation of employees contributed the major share of the total expenditure. Due to the nature of tertiary and quaternary services rendered these hospitals require highly skilled specialist staff that attract higher than average remuneration.

Subprogramme	2018/19			2017/18		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Central Hospital Services	5 664 349	5 663 751	598	5 325 267	5 328 069	(2 802)
Provincial Tertiary Hospital Services	853 494	853 494	-	804 481	801 679	2 802
<b>TOTAL</b>	<b>6 517 843</b>	<b>6 517 245</b>	<b>598</b>	<b>6 129 748</b>	<b>6 129 748</b>	<b>-</b>

## Programme 6: Health Sciences and Training

### Purpose

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

### Subprogrammes

#### Subprogramme 6.1: Nurse Training College

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

#### Subprogramme 6.2: Emergency Medical Services (EMS) Training College

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

#### Subprogramme 6.3: Bursaries

Provision of bursaries for health science training programmes at undergraduate and post graduate levels, target group includes actual and potential employees.

#### Subprogramme 6.4: Primary Health Care (PHC) Training

Provision of PHC related training for personnel, provided by the regions.

#### Subprogramme 6.5: Training (Other)

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

### Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

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

## Strategic Objectives

Implement a Human Resource Development (HRD) strategy.

The People Development (HRD) strategy is driven through the implementation of the Workplace Skills Plan. This addressed priorities, such as leadership and management development, scarce and critical skills, clinical skills development of health professionals, training in community based services, orientation and induction, training in the support services and youth development programmes. Programme 6 funded the Nurse Training College and Emergency Medical Services Training College, through which the basic nurse students graduate and Emergency Medical Care practitioners achieve competence on the accredited HPCSA courses, respectively. Bursaries were offered to current and prospective employees based on critical and scarce skills needs.

Youth development programmes were primarily funded through the Expanded Public Works Programme (EPWP). EPWP also funded the service delivery component of the Community Based Services in the Metro Health Services. Job opportunities through internships for the youth, create a pipeline of talent for entry level posts in the Department and beyond.

	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Strategic Objective:</b> Implement a Human Resource Development (HRD) strategy.				
<b>Indicator:</b> Number of bursaries awarded for scarce and critical skills categories				
	2 052	1 875	1 875	0
<b>Comment On Deviation</b> No deviation, target achieved.				

## Performance Indicators

Health Sciences and Training					
Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Sector Specific Indicators</b>					
<b>Indicator:</b> Number of bursaries awarded for first year medicine students					
45	49	58	50	50	0
<b>Comment On Deviation</b> No deviation, target achieved.					
<b>Indicator:</b> Number of bursaries awarded for first year nursing students					
288	195	153	100	101	1
<b>Comment On Deviation</b> Marginal over-performance is considered a positive performance for the Department. There was also a planned decrease in the number of bursaries awarded in 2018/19 due to an oversupply of entry level professional nurses, and a lack of vacant funded nursing posts.					

## Health Sciences and Training

Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Sector Specific Indicators</b>					
<b>Additional Provincial Indicators</b>					
<b>Indicator:</b> EMC intake on accredited HPCSA courses					
78	90	90	90	90	0
<b>Comment On Deviation</b> No deviation, target achieved.					
<b>Indicator:</b> Intake of home community based carers (HCBCs)					
759	882	1 154	800	803	3
<b>Comment On Deviation</b> Marginal over-performance is considered a positive performance for the Department.					
<b>Indicator:</b> Intake of data-capturer interns					
192	220	219	180	180	0
<b>Comment On Deviation</b> No deviation, target achieved.					
<b>Indicator:</b> Intake of learner basic/post basic pharmacist assistants					
87	123	125	130	99	(31)
<b>Comment On Deviation</b> Rural Health Services had planned an intake for the 2nd Quarter based on tutor ratios, however the SA Pharmacy Council (SAPC) closed the legacy Post Basic Pharmacist Assistant (PBPA) qualification on 1 June 2018. The SAPC only informed the accredited service providers that they would be extending the legacy PBPA course until 2020 in December 2018. Rural Health Services have subsequently proceeded with the recruitment and selection process. However, the afore-mentioned impacted on the intake of learner basic/post basic pharmacist assistants during the financial year, which was not within the control of the Department.					
<b>Indicator:</b> Intake of assistant to artisan (ATA) interns					
124	119	146	120	120	0
<b>Comment On Deviation</b> No deviation, target achieved.					
<b>Indicator:</b> Intake of HR and finance interns					
150	153	185	170	167	(3)
<b>Comment On Deviation</b> Marginal under-performance is considered as acceptable to the Department as there was attrition of three (3) interns who failed to sign internship contracts.					
<b>Indicator:</b> Intake of emergency medical care (EMC) assistant interns					
104	162	137	110	80	(30)
<b>Comment On Deviation</b> Under-performance was affected by thirty (30) interns absorbed into permanent posts, which the Department deems as a longer-term benefit and positive outcome, due to retention and strengthening support at service delivery level.					
<b>Indicator:</b> Intake of forensic pathology service (FPS) assistant interns					
15	13	9	20	20	0
<b>Comment On Deviation</b> No deviation, target achieved.					

## Strategies to Overcome Under-Performance

The Intake of emergency medical care (EMC) assistant interns, although reflecting an underperformance of thirty (30), is a positive outcome, as these 30 interns were absorbed into permanent posts in EMC.

The deviation in intake of learner post basic pharmacist assistants was because of the South African Pharmacy Council (SAPC) withdrawing the legacy Post Basic Pharmacist Assistant (PBPA) qualification in June 2018. Contingencies were in place to recruit and select the rural cohort as soon as the qualification was re-registered in December 2018. The additional intake for learner post basic pharmacist assistants was mitigated and plans were put in place by April 2019 to address the issue.

## Changes to Planned Targets

No targets were changed during the year.

## Link Performance with Budgets

Programme 6: Health Sciences and Training recorded a total under expenditure of R6.973 million which is mainly attributed to:

Subprogramme 6.1: Nurse Training College recorded an under expenditure (surplus) as a result of refunds from Cape Peninsula University of Technology (CPUT) for the operational cost of training their students which was allocated to the expenditure items. The expenditure contributed to the achievement of outputs with 181 undergraduate and 81 post-basic level students graduating.

Subprogramme 6.2: Emergency Medical Services Training College showed over expenditure which was mainly for non-pensionable allowances and other performance awards. The expenditure contributed to the achievement of outputs with an enrolment of 57 students on the Emergency Diploma programme, 90 students on the Ambulance Emergency Assistant course and 552 students on the basic, intermediate and advanced life support programmes.

Subprogramme 6.3: Bursaries recorded an under expenditure due to reduced bursaries payments as there was lower than anticipated students promoted to their next year of study, hence the under expenditure. A rollover request to the Provincial Treasury was made to roll over the unspent funds to the 2019/20 financial year, as students who pass their 2019 academic year will be eligible to continue with their bursary in 2020. The expenditure contributed to the achievement of outputs with a total of 1875 bursaries allocated for health and related professionals.

Subprogramme 6.5: Training Other reflected an over expenditure which was mainly due to following reasons: Inflationary increase on catering & travel costs for Expanded Public Works Programme (EPWP) learners against a reduced budget allocation; increase in training needs; and an increase in staff expenditure for community service placements. The expenditure contributed to the achievement of outputs. This included the training of 225 operational managers on the Engaged Leadership Programme, the training of 2600 health professionals on clinical skills development; and the funding of 930 interns on the stipended youth development programmes.

Subprogramme	2018/19			2017/18		
	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
Nursing Training College	68 152	56 688	11 464	77 355	59 145	18 210
Emergency Medical Services Training College	32 679	34 322	(1 643)	32 878	32 250	628
Bursaries	69 477	67 509	1 968	90 613	87 299	3 314
Primary Health Care Training	1	-	1	1	-	1
Training Other	158 307	163 124	(4 817)	139 216	138 759	457
<b>TOTAL</b>	<b>328 616</b>	<b>321 643</b>	<b>6 973</b>	<b>340 063</b>	<b>317 453</b>	<b>22 610</b>

## Programme 7: Health Care Support Services

### Purpose

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

### Subprogrammes

#### Subprogramme 7.1: Laundry Services

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

#### Subprogramme 7.2: Engineering Services

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

#### Subprogramme 7.3: Forensic Pathology Services

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

Note: This function has been transferred from Subprogramme 2.8.

#### Subprogramme 7.4: Orthotic and Prosthetic Services

To render specialised orthotic and prosthetic services.

Note: This service is reported in Subprogramme 4.4.

#### Subprogramme 7.5: Cape Medical Depot

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

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

## Laundry Services

### Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

In 2018/19 the Department continued to provide an efficient, effective and economical linen and laundry service to facilities. This service was rendered in line with the National Core Standards requirements. In view of this, good progress was made towards achieving the strategic objective for Subprogramme 7.1 in 2018/19.

#### Strategic Objectives

Provide an efficient and effective laundry service.

	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Strategic Objective:</b> Provide an efficient and effective laundry service				
<b>Indicator:</b> Average cost per item laundered in-house				
	<b>R 5.03</b>	<b>R 5.40</b>	<b>R 4.84</b>	<b>R 0.56</b>
N: 65 882 918		71 929 800	67 370 557	4 559 243
D: 13 087 829		13 332 538	13 906 232	573 694
<b>Comment On Deviation</b>				
This is a demand driven indicator and it is therefore not possible for the Department to accurately estimate the number of pieces that will be laundered (in-house). It is important to note that economies of scale play a role as salaries and wages comprise the biggest portion of expenditure. The cost per piece therefore reduces as the number of pieces increase. Furthermore, the saving is to the benefit of the Department.				

#### Performance Indicators

Laundry Services					
Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Additional Provincial Indicators</b>					
<b>Indicator:</b> Average cost per item laundered outsourced					
<b>R 3.31</b>	<b>R 3.56</b>	<b>R 3.80</b>	<b>R 4.15</b>	<b>R 4.00</b>	<b>R 0.15</b>
N: 27 376 128	28 471 463	29 399 503	35 561 787	31 394 130	4 167 657
D: 8 266 131	7 991 134	7 742 569	8 572 884	7 838 769	(734 115)
<b>Comment On Deviation</b>					
This is a demand driven indicator and it is therefore not possible for the Department to accurately estimate the number of pieces that will be laundered (outsourced). The cost per piece of a new contract for services rendered to two hospitals, entered into effective from 1 May 2018, is lower than that of the previous contract. The Department considers the marginal deviation of 3.6% as having achieved the target.					

#### Strategies to Overcome Underperformance

Strategies to improve efficiencies of the in-house laundry service e.g. rationalising of transport and the new maintenance approach to reduce downtime and increase efficiencies, continued in 2018/19 and will remain in place. Reducing linen losses continues to be a focal point. A strategy, introduced in 2018/19, to reduce water usage by generating less laundry items e.g. changing linen only when required, will remain in place.

## Changes to Planned Targets

No targets were changed during the year.

## Engineering Services

### Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

The target for 2018/19 was not achieved. The Department, however, remains committed to reducing energy consumption at its facilities.

### Strategic Objectives

Provide an efficient and effective maintenance service.

	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Strategic Objective:</b> Provide an efficient and effective maintenance service				
<b>Indicator:</b> Percentage reduction in energy consumption at provincial hospitals (compared to 2014/15 baseline)				
	<b>4.0%</b>	<b>10.7%</b>	<b>6.0%</b>	<b>(4.7%)</b>
	N: 6 197 229	16 366 404	9 262 882	(7 103 522)
	D: 153 279 246	153 279 246	153 279 246	0
<b>Comment On Deviation</b>				
The performance for energy consumption was below the benchmark in 2018/19. The minimal impact of power outages during the year might have resulted in a shift in focus of both staff and visitors to other matters such as water shortages in the province.				

Engineering Services					
Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Additional Provincial Indicators</b>					
<b>Indicator:</b> Threshold (provincial benchmark) achieved for clinical engineering maintenance jobs completed					
Not required to report	Yes	Yes	Yes	No	Not Achieved
<b>Comment On Deviation</b> The backlog in the Electronics Unit affected overall performance. This was due to two vacant posts (one new post for Technical Assistant created), which should be filled early in 2019/20. In addition, the demand has increased. This is due to equipment in newer facilities exceeding its one-year warranty period and now being referred to Clinical Engineering for repairs.					
<b>Indicator:</b> Threshold (provincial benchmark) achieved for engineering maintenance jobs					
Not required to report	Yes	Yes	Yes	Yes	None
<b>Comment On Deviation</b> Target achieved (threshold exceeded).					
<b>Indicator:</b> Percentage of hospitals achieving the provincial benchmark for water utilisation					
Not required to report	<b>70.0%</b>	<b>69.2%</b>	<b>76.9%</b>	<b>7.7%</b>	
	N: 35	36	40	4	
	D: 50	52	52	0	
<b>Comment On Deviation</b> Target exceeded. Staff and visitors remain committed to reduce water consumption. In addition, various initiatives have been introduced to improve water security at healthcare facilities.					

Exceeding the threshold for engineering maintenance jobs, is directly linked to additional emphasis on maintenance, allocation of additional budget to the service, and system efficiency improvement.

### Strategies to Overcome Underperformance

- In terms of Subprogramme 7.2, the aim is to maintain the improved response times for engineering maintenance. The impending filling of vacancies in the Electronics Unit of the Clinical Engineering Workshop will assist to improve performance and reduce the backlog. Performance will be continuously monitored and the following strategies were identified:
- Continuous monitoring of utilities consumption, identification of problem areas and implementation of utility-saving interventions;
- Sub-metering to enable closer monitoring of electricity consumption and to enable billing of other users e.g. leased areas;
- Behaviour change intervention for electricity consumption; and
- Utilise available smart metering data to start carrying out tariff analyses to identify the most financially beneficial tariff for each facility in the health portfolio, across all supply authorities.

## Changes to Planned Targets

No targets were changed during the year, however, the source system for water consumption was amended during the mid-year adjustments to reflect "Utilities consumption spreadsheet" (database).

## Forensic Pathology Services

### Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

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

The commissioning of the Observatory Forensic Pathology Institute (OFPI) is a mega project for the service.

A number of project activities is under way to ensure the smooth commissioning of the OFPI.

### Performance Indicators

Forensic Pathology Services					
Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Additional Provincial Indicators</b>					
Indicator: Percentage of Child Death Cases Reviewed by the Child Death Review Boards					
Not required to report			<b>100.0%</b>	<b>75.2%</b>	<b>(24.8%)</b>
			N: 1 832	1 365	(467)
			D: 1 832	1 815	(17)
<b>Comment On Deviation</b>					
<ul style="list-style-type: none"> <li>The number of cases reviewed is based on the total child death cases where all Post-Mortem investigations have been completed and the circumstances of death determined.</li> <li>There is further to this a backlog of cases from the 4<sup>th</sup> Quarter of 2018/19 that are going to be reviewed in the 2019/20 Financial Year.</li> <li>Winelands/Overberg only started the review process in October 2018 due to personnel shortages in the District.</li> </ul>					

### Strategies to Overcome Under-Performance

All Child Death Review boards are now operational and are reviewing Child Death Cases.

Reporting to continue on a yearly basis with operational reporting to be provided on a monthly basis within Forensic Pathology Service; issues are to be addressed as it presents.

The aim of subprogramme 7.3 is the provision of a Forensic Pathology Service (FPS) for the Province that is designed to contribute positively to ensure the development of a just South African Society, to assist with the fight against and prevention of crime, to assist with the prevention of unnatural death, to establish the independence of the medical and related scientists and to ensure an equitable, efficient and cost-effective service.

The focus areas during the 2018/19 financial year for the Forensic Pathology Service were:

- Compliance with standard operational procedures
- Reducing the number of unknowns (A deceased that has not been positively identified by the next of kin or through scientific methods after a period of 7 days)
- Maintaining a high level of filled posts
- Well established Child Death Review Boards
- Improving the number of Post-mortem (PM) examinations per Full Time Equivalent (FTE) Forensic Pathology
- Medical Personnel. During the 2018/19 financial year the number of post-mortem examinations per full time equivalent reduced from 870 / FTE to 799 per FTE

This service is rendered by seventeen Forensic Pathology Facilities across the province which include two L3/L4 Academic Forensic Pathology Laboratories in the Metro, two Departments of Forensic Medicine, three referral FPS Laboratories (L2) and smaller FPS Laboratories and holding centres (L2 and L1) in the West Coast, Cape Winelands, Overberg, Eden and Central Karoo Districts.

During the 2018/19 financial year 11 141 medico-legal cases were examined in the Western Cape in order to establish the cause of death in cases defined in the Inquest Act. This amount to 1, 70 post-mortems per 1000 population. Of these 8 296 (70.98 per cent) medico-legal post-mortems were performed in the City of Cape Town metropolitan area and 3 392 (29.02 per cent) in the rural districts.

#### Progress as at end March 2019

The Forensic Pathology Service is currently being rendered to the estimated 6,516 million population of the Western Cape.

In 2018/19 a total of 12 045 incidents were logged, resulting in 11 816 Forensic Pathology Service cases. A total of 229 cases were deferred. The average response time achieved across the province from the time that the incident was logged until the body was received on the scene was 35 minutes. A total of 41 response vehicles travelled 1 009 732 km during body transportation.

In total 11 816 cases were opened whilst 9 902 case filed were closed (83.80 per cent). A total of 5 482 case files were open for a period exceeding 90 days at the end of the last quarter.

The average number of days from admission to release of a body is 12.74 days (7.33 days excluding paupers). A total of 362 bodies were unidentified at the end of March 2019 whilst 234 bodies were released for pauper burial during the period under review.

## Changes to Planned Targets

There are no changes to the indicator for 2019/20 with the indicator remaining as:

Percentage of Child Death Cases Reviewed, target is 100 per cent.

## Orthotic and Prosthetic Services

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

## Cape Medical Depot

### Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

The Cape Medical Depot ensures optimum pharmaceutical stock levels to meet the requirements for healthcare service delivery across the Province, with an emphasis on District Health Services.

### Strategic Objectives

Ensure optimum pharmaceutical stock levels to meet the demand.

	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Strategic Objective:</b> Ensure optimum pharmaceutical stock levels to meet the demand.				
<b>Indicator:</b> Percentage of pharmaceutical stock available				
	<b>91.9%</b>	<b>95.1%</b>	<b>89.4%</b>	<b>(5.7%)</b>
	N: 657	694	634	(60)
	D: 715	730	709	(21)
<b>Comment On Deviation</b> The slight under-performance was as a result of stock outs caused by the late award and continuous extension of pharmaceutical contracts by the National Treasury, which impacted on the province's performance.				

### Performance Indicators

There are no prescribed sector indicators for the Cape Medical Depot.

## Strategies to Overcome Underperformance

No significant strategies were required, as there was no significant under-performance during the financial year that required intervention. However, as part of being proactive and improving service delivery by mitigating risks of potential / possible stock outs of medicines, the Department is working very closely with the National Department of Health (NDoH), who have taken back the pharmaceutical contracts from National Treasury (NT). The Department assists in the administrative and other necessary activities that have to be done for the timeous award of any pharmaceutical contracts, as NDoH at this stage do not have the required and necessary capacity.

## Changes to Planned Targets

None.

## Link Performance with Budgets

Programme 7 achieved a slight under spending of R7.040 million as a whole (1.5 per cent under spending), and performance per subprogramme for 2018/19 is attributed as follows:

- **Subprogramme 7.1:** Laundry Services recorded a slight under spending of 0.97 per cent. The under-expenditure is primarily due to cost-saving measures implemented on the in-house laundry service e.g. rationalisation of transport and the utilisation of EPWP staff in vacant posts at Tygerberg Regional Laundry. In addition, filling of posts at Lentegeur Laundry was, as a planned cost containment strategy, staggered throughout the financial year. The budget allocation for this subprogramme was utilised to successfully support the health care service by supplying it with clean linen throughout the year; an essential service without which quality health care would be severely strained.
- **Subprogramme 7.2:** Engineering Services recorded a slight under-expenditure of 0.74 per cent. The under-expenditure is predominantly due to posts not filled, due to the specialised scarce skills requirements attached to these posts; and rationalisation of the use of government vehicles. The budget allocation to this subprogramme enabled the provision of an ongoing maintenance service to buildings, engineering installations and health technology throughout the year, which successfully supported the Department in rendering quality health care services to all.
- **Subprogramme 7.3:** Forensic Pathology Services as a whole, recorded a marginal underspending of R250 000. This was largely as a result of an under expenditure on the Capital Equipment allocation due to unforeseen delays in the procurement process including equipment that have not timeously been delivered prior to financial year end. This did not have a significant effect on service delivery.
- **Subprogramme 7.5:** Cape Medical Depot recorded an under spending mainly due to the unavailability of stock from suppliers. This is as a result of tenders / contracts for pharmaceuticals that were either awarded late or current contracts due to expire that were extended. In essence the orders for medicines placed were not delivered and as such not paid as suppliers were unable to supply. The provincial medicine budget was under-spent by approx. 4 per cent for the same reasons. The Department is working very closely with the National Department of Health (NDoH), who have taken back the pharmaceutical contracts from National Treasury (NT).

Subprogramme	2018/19			2017/18		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Laundry Services	105 669	104 649	1 020	102 084	100 938	1 146
Engineering Services	106 277	105 495	782	103 276	95 292	7 984
Forensic Pathology Services	185 559	185 309	250	166 256	177 347	(11 091)
Orthotic and Prosthetic Services	1	-	1	1	-	1
Cape Medical Depot	71 201	66 214	4 987	67 228	63 235	3 993
<b>TOTAL</b>	<b>468 707</b>	<b>461 667</b>	<b>7 040</b>	<b>438 845</b>	<b>436 812</b>	<b>2 033</b>

## Programme 8: Health Facilities Management

### Purposes

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

### Subprogrammes

#### Subprogramme 8.1: Community Health Facilities

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

#### Subprogramme 8.2: Emergency Medical Rescue Services

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

#### Subprogramme 8.3: District Hospital Services

Planning, design, construction, upgrading, refurbishment, additions, and maintenance of district hospitals.

#### Subprogramme 8.4: Provincial Hospital Services

Planning, design, construction, upgrading, refurbishment, additions, and maintenance of provincial hospitals.

#### Subprogramme 8.5: Central Hospital Services

Planning, design, construction, upgrading, refurbishment, additions, and maintenance of central hospitals.

#### Subprogramme 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, Performance Indicators, Planned Targets and Actual Achievements

Good progress was made in 2018/19 towards achieving the strategic objective with 98.2 per cent of the capital infrastructure budget spent. This brought about the completion of one new / replacement healthcare facility, whilst various others were in the process of being extended, upgraded and rehabilitated.

## Strategic Objectives

Efficient and effective management of infrastructure.

	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Strategic Objective:</b> Efficient and effective management of infrastructure				
<b>Indicator:</b> Percentage of Programme 8 capital infrastructure budget spent (excluding maintenance)				
	<b>93.1%</b>	<b>100.0%</b>	<b>98.2%</b>	<b>1.8%</b>
	N: 287 493 435	320 099 000	342 006 236	(21 907 236)
	D: 308 949 000	320 099 000	348 121 000	(28 022 000)
<b>Comment On Deviation</b>				
The minor deviation of 1.8% from the set performance target is considered by the Department as acceptable and is therefore considered as having achieved the target, as it is not possible to predict with 100% accuracy the expenditure for capital infrastructure.				

## Performance Indicators

<b>Health Facilities Management</b>					
Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Sector Specific Indicators</b>					
<b>Indicator:</b> Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District (Eden District)					
Not required to report	<b>6</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>(2)</b>
<b>Comment On Deviation</b>					
Target not achieved. Work at one of the facilities planned to achieve Practical Completion early in 2018/19 was achieved ahead of schedule, i.e. in March 2018 already, hence reporting could not occur in the 2018/19 financial year. Due to Professional Service Provider (PSP) appointments not progressing as planned and slow progress on design stages, work at the other facility targeted to have achieved completion, has been delayed.					
<b>Indicator:</b> Number of health facilities that have undergone major and minor refurbishment (excluding facilities in NHI pilot district (Eden District))					
Not required to report	<b>52</b>	<b>38</b>	<b>41</b>	<b>23</b>	<b>(18)</b>
<b>Comment On Deviation</b>					
Target not achieved. Work was completed at 23 of 41 facilities planned to undergo major and minor refurbishment. Under performance is due to: PSP appointments not progressing as planned; slow progress on design stages; delay in projects progressing to tender; and slow progress in construction stage.					
<b>Additional Provincial Indicators</b>					
<b>Indicator:</b> Percentage of Programme 8 Maintenance budget spent					
	<b>88.3%</b>	<b>100.0%</b>	<b>88.2%</b>	<b>11.8%</b>	
Not required to report	N: 294 424 853	378 091 000	351 680 830	26 410 170	
	D: 333 603 000	378 091 000	398 780 000	(20 689 000)	
<b>Comment On Deviation</b>					
Target not achieved. Under expenditure is due to: Delays in delivery of design stage reports; and delays in PSP consultant appointments.					

## Health Facilities Management

Actual Achievement 2015/16	Actual Achievement 2016/17	Actual Achievement 2017/18	Planned Target 2018/19	Actual Achievement 2018/19	Deviation
<b>Sector Specific Indicators</b>					
<b>Indicator:</b> Percentage of Programme 8 Health Technology budget spent					
<b>109.4%</b>	<b>167.5%</b>	<b>110.6%</b>	<b>100.0%</b>	<b>136.2%</b>	<b>(36.2%)</b>
N: 119 789 046	113 359 879	128 782 098	113 925 000	166 430 755	(52 505 755)
D: 109 545 000	67 665 000	116 394 000	113 925 000	122 156 000	(8 231 000)
<b>Comment On Deviation</b>					
Target exceeded due to: Mitigation of overall programme under-expenditure; Health Technology (HT) need for Groote Schuur and Tygerberg Hospitals brought forward due to service-related pressures; and urgent HT needs at selected other facilities met through additional projects.					

### Strategies to Overcome Underperformance

Performance will be continuously monitored and the following strategies were identified:

- Creating a pipeline of projects, developed to tender stage and can proceed to construction if there is a risk of under expenditure.
- Providing briefing documents for large Rehabilitation, Renovations and Refurbishment projects at health facilities to supplement pipeline of maintenance projects.
- Utilising alternative implementing strategies e.g. Framework Contract for a Management Contractor for larger Day-to-day Maintenance projects.
- Use of standard designs to shorten planning processes by Implementing Agent.
- Continue with the institutionalisation of the IDMS and Infrastructure Gateway System (IGS) to ensure efficient project monitoring and control.
- Reallocation of infrastructure budget to Health Technology and Engineering as soon as the risk of under expenditure is raised.

### Changes to Planned Targets

No targets were changed during the year.

### Link Performance with Budgets

Programme 8 recorded an under expenditure of R15.599 million or 1.66 per cent in the 2018/19 financial year, mainly due to the following:

Compensation of employees is underspent by R1.775 million as a result of Occupation Specific Dispensation (OSD) posts not filled, due to the specialised scarce skills requirements attached to these posts. In addition, the Director: Engineering and Technical Support post was not filled due to the MEAP process.

Goods and Services is underspent by R57.785 million mainly related to Scheduled Maintenance projects due to delays in finalising of project scope, delays in project procurement and lengthy implementation periods.

Payments for capital assets are overspent by R43.878 million. This is mainly attributable to the mitigating strategy to accelerate expenditure (by identifying additional projects) within Health Technology to mitigate the under-expenditure within Scheduled Maintenance.

The table below reflects under expenditure for Community Health Facilities, Emergency Medical Rescue Services, Provincial Hospital Services, Central Hospital Services and Other Facilities. Projects in the District Hospital Services Subprogramme showed increased expenditure to ensure that maintenance work was undertaken on aging infrastructure, specifically at Tygerberg and Groote Schuur Hospitals. The Programme 8 budget allocation made it possible to render support to health care services by consistently providing it with good quality infrastructure and health technology.

Subprogramme	2018/19			2017/18		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Community Health Facilities	151 576	118 211	33 365	212 697	183 278	29 419
Emergency Medical Rescue Services	10 869	7 214	3 655	11 425	8 055	3 370
District Hospital Services	291 158	257 183	33 975	215 535	186 616	28 919
Provincial Hospital Services	107 620	93 878	13 742	111 344	103 511	7 833
Central Hospital Services	194 507	277 682	(83 175)	194 891	202 150	(7 259)
Other Facilities	182 763	168 726	14 037	86 831	96 023	(9 192)
<b>TOTAL</b>	<b>938 493</b>	<b>922 894</b>	<b>15 599</b>	<b>832 723</b>	<b>779 633</b>	<b>53 090</b>

## Transfer Payments

### Transfer payments to Public Entities

The Department does not have any Public Entity.

### Transfer payments to all Organisations other than public entities

Transfer Payments Made						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
<b>Transfers to Municipalities</b>						
<b>City of Cape Town</b>						
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, HIVw/ AIDS and Global Fund	Yes	549 646	549 646	N/A	City of Cape Town District
Municipality	Vehicle Licences	Yes	15	15	N/A	Emergency Medical and Forensic Pathology Services Groups
<b>Transfers to Departmental Agencies and Accounts</b>						
<b>Health &amp; Welfare SETA</b>						
Statutory Body	People Development	Yes	5 703	5 703	N/A	Departmental
<b>Radio &amp; Television</b>						
Licensing Authorities	Television & Radio Licences	Yes	469	469	N/A	Departmental
<b>Transfers to Higher Education Institutions</b>						
<b>University of Cape Town</b>						
Higher Education Institute	Neuroscience Department Rehabilitation at Groote Schuur Hospital	Yes	10 209	10 209	N/A	City of Cape Town District
<b>Transfers to Non-Profit Institutions</b>						
<b>District Management</b>						
Non-profit Institutions	Alcohol harms reduction game changer - to reduce alcohol related harms and provide psycho social support in the Western Cape	Yes	2 010	2 010	N/A	City of Cape Town District
<b>Various Institutions</b>						
Community based Programmes	E vision and ICT development Project	Yes	1 665	1 665	N/A	City of Cape Town District
<b>Various Institutions</b>						
Non-Profit institutions	Community Health Clinics: Vaccines and Tuberculosis treatment	Yes	169	169	N/A	Central Karoo District
<b>Various Institutions</b>						
Non-Profit Institutions	Tuberculosis treatment	Yes	812	812	N/A	Cape Winelands District
		Yes	611	611	N/A	Eden District
		Yes	170	170	N/A	West Coast District
<b>Aquiries Healthcare</b>						
Chronic Care	Intermediate care facility - adult & children	Yes	42 663	42 663	N/A	City of Cape Town District

## Transfer Payments Made

Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
<b>Booth Memorial</b>						
Provincially Aided hospital	Intermediate care facility - adult	Yes	26 306	26 306	N/A	City of Cape Town District
<b>Sarah Fox</b>						
Provincially Aided hospital	Intermediate care facility - children	Yes	5 147	5 147	N/A	City of Cape Town District
<b>St Joseph</b>						
Provincially Aided hospital	Intermediate care facility - children	Yes	6 531	6 531	N/A	City of Cape Town District
<b>Various Institutions</b>						
Non-Profit Institutions	Chronic Care: Caring for elderly patients in assisting with wound care, feeding etc. after being discharged	Yes	1 595	1 595	N/A	Eden District
<b>Various Institutions</b>						
Non-Profit Institutions	TB Adherence and Counselling	Yes	410	410	N/A	Khayelitsha/Eastern SS
		Yes	140	140	N/A	Klipfontein/M Plain SS
		Yes	257	257	N/A	Northern/Tygerberg SS
		Yes	1	1	N/A	Western/Southern SS
		Yes	2 612	2 612	N/A	West Coast District
<b>Various Institutions</b>						
Non-Profit Institutions	Home Based care	Yes	12 910	12 910	N/A	Khayelitsha/Eastern SS
		Yes	6 857	6 857	N/A	Klipfontein/M Plain SS
		Yes	2 506	2 506	N/A	Northern/Tygerberg SS
		Yes	4 283	4 283	N/A	Western/Southern SS
<b>Various Institutions</b>						
Non-Profit Institutions	Mental Health	Yes	3 501	3 501	N/A	Cape Winelands District
		Yes	404	404	N/A	Central Karoo District
		Yes	-	-	N/A	Eden District
		Yes	13 252	13 252	N/A	Khayelitsha/Eastern SS
		Yes	12 636	12 636	N/A	Klipfontein/M Plain SS
		Yes	9 540	9 540	N/A	Northern/Tygerberg SS
		Yes	4 620	4 620	N/A	Overberg District
		Yes	7 986	7 986	N/A	Western/Southern SS

## Transfer Payments Made

Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
<b>Various Institutions</b>						
Non-Profit Institutions	Anti-retroviral treatment, home-based care, step-down care, HIV counselling and testing, etc.	Yes	39 008	39 008	N/A	Cape Winelands District
		Yes	9 093	9 093	N/A	Central Karoo District
		Yes	36 725	36 725	N/A	Eden District
		Yes	-	-	N/A	HIV/Aids & TB
		Yes	14 186	14 186	N/A	Khayelitsha/Eastern SS
		Yes	7 890	7 890	N/A	Klipfontein/M Plain SS
		Yes	63 068	63 068	N/A	Northern/Tygerberg SS
		Yes	19 877	19 877	N/A	Overberg District
		Yes	27 842	27 842	N/A	West Coast District
		Yes	11 828	11 828	N/A	Western/Southern SS
<b>Various Institutions</b>						
Nutrition	Rendering of a Nutrition intervention service to address malnutrition in the Western Cape	Yes	109	109	N/A	Central Karoo District
		Yes	642	642	N/A	Eden District
		Yes	1 375	1 375	N/A	Khayelitsha/Eastern SS
		Yes	389	389	N/A	Klipfontein/M Plain SS
		Yes	756	756	N/A	Northern/Tygerberg SS
		Yes	489	489	N/A	Western/Southern SS
<b>Carel Du Toit &amp; Philani</b>						
Non-Profit Institutions	Hearing Screening Rehab Workers and mentoring in Speech-Language and Audiology services for children	Yes	1 250	1 250	N/A	Klipfontein/M Plain SS
<b>Various Institutions</b>						
Global Fund	Investing for Impact against Tuberculosis and HIV through innovative HIV prevention strategies within key populations	Yes	4 992	4 992	N/A	Cape Winelands District
		Yes	47	47	N/A	Central Karoo District
		Yes	90	90	N/A	Eden District
		Yes	8 720	8 720	N/A	Khayelitsha/Eastern SS
		Yes	957	957	N/A	Community Based Programmes
		Yes	56 243	56 243	N/A	Klipfontein/M Plain SS
		Yes	1	1	N/A	Northern/Tygerberg SS
		Yes	99	99	N/A	Overberg District
		Yes	105	105	N/A	West Coast District
		Yes	20	20	N/A	Western/Southern SS
<b>Open Circle &amp; Hurdy Gurdy</b>						
Non-Profit Institutions	Residential care for people with autism or intellectual disability and with challenging behaviour	Yes	3 232	3 232	N/A	City of Cape Town District
<b>Maitland Cottage</b>						
Step-down Care	Paediatric orthopaedic care	Yes	12 467	12 467	N/A	City of Cape Town District
<b>Various Institutions</b>						

## Transfer Payments Made

Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
Non-Profit Institutions	Extended Public Works Programme (EPWP) funding used for training and Home Based Care	Yes	60 014	60 014	N/A	Various
<b>Various Institutions</b>						
Non-Profit Institutions	Wellness strategy focused on healthy lifestyle choices to prevent and control chronic diseases of lifestyle; promote safe and healthy pregnancies and child rearing; and a reduction of harmful personal behaviours	Yes	1 875	1 875	N/A	Khayelitsha/Eastern SS
		Yes	1 875	1 875	N/A	Klipfontein/M Plain SS
		Yes	1 875	1 875	N/A	Northern/Tygerberg SS
		Yes	1 875	1 875	N/A	Western/Southern SS
<b>Various Institutions</b>						
Non-Profit Institutions	Provincial Employee Aids Programme (PEAP), offering a comprehensive package of health screening services	Yes	265	265	N/A	Cape Winelands
		Yes	183	183	N/A	Central Karoo
		Yes	253	253	N/A	Eden District
		Yes	946	946	N/A	City of Cape Town District
		Yes	215	215	N/A	Overberg District
		Yes	267	267	N/A	West Coast District
<b>Transfers to Households</b>						
<b>Employee Social Benefits – cash residents</b>						
Various Claimants	Injury on duty, Leave Gratuity, Retirement Benefit, Severance Package	Yes	50 953	50 953	N/A	Departmental
<b>Various Claimants</b>						
Various Claimants	Claims against the state: households	Yes	62 140	62 140	N/A	Departmental
<b>Various Claimants</b>						
Higher education Institutions	Bursaries	Yes	54 311	54 311	N/A	Departmental
<b>Various Claimants</b>						
Various Claimants	Payment made as act of grace.	Yes	103	103	N/A	Departmental
<b>Western Cape on Wellness (WoW)</b>						
Community Based Programmes	Cash donation made to the Department of Cultural Affairs & Sports, for the healthy lifestyles initiative	Yes	150	150	N/A	City of Cape Town District
<b>Total Transfers</b>			<b>1 294 436</b>	<b>1 294 436</b>		

## Transfer Payments Not Made

Type of Organisation	Purpose for which the funds were to be used	Amount Budgeted (R'000)	Amount Transferred (R'000)	Reasons why funds were not transferred	Geographical Area
<b>Non-Profit Organisation</b>					
<b>Human Papillomavirus Vaccine</b>					
Non-Profit Institution	To reinforce awareness of the HPV campaign in the Klipfontein/Mitchell's Plain Sub structure.	57	-	Klipfontein/Mitchell Plain Sub structure did not spend this amount and was allowed to spend it under the economic classification Goods & Services.	City of Cape Town District

## Conditional Grants

### Health Facility Revitalisation Grant

The funding allocation for infrastructure was mainly provided through the Health Facility Revitalisation Grant, as stipulated in the Division of Revenue Act, Act No. 1 of 2018 and the relevant Grant Framework, with a small portion emanating from the provincial equitable share.

The strategic goal of the grant is "To enable provinces to plan, manage, and transform health infrastructure in line with national and provincial policy objectives". In the 2018/19 financial year, the Department continued to utilise the Health Facility Revitalisation Grant in line with its Healthcare 2030.

Transferring Department	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 development systems and quality assurance</li> <li>To enhance capacity to deliver health infrastructure</li> <li>To accelerate the fulfilment of the requirements of occupational health and safety</li> </ul>
Expected Outputs of the Grant	<ul style="list-style-type: none"> <li>Number of new facilities completed</li> <li>Number of facilities maintained</li> <li>Number of facilities upgraded, and renovated</li> <li>Number of facilities commissioned in terms of health technology</li> </ul>
Actual Outputs Achieved	Refer to table below
Amount per amended DORA (R'000)	R717 226
Amount Received (R'000)	R717 226
Reasons if amount as per DORA was not Received	Not applicable
Amount spent by the Department (R'000)	R717 226
Reasons for the funds Unspent by the entity	Not applicable
Reasons for Deviations on Performance	Refer to table below
Measures taken to Improve Performance	<p>Performance in 2018/19 was very good. As stated before, there is no scientific method to accurately forecast expenditure for capital and scheduled maintenance infrastructure projects. Although the Department managed to spend the allocation, the following will continue in 2019/20:</p> <ul style="list-style-type: none"> <li>Creating a pipeline of projects, developed to tender stage and can proceed to construction if there is a risk of under expenditure</li> <li>Providing briefing documents for large Rehabilitation, Renovations and Refurbishment projects at health facilities to supplement pipeline of maintenance projects</li> <li>Utilising alternative implementing strategies (e.g. Framework Contract for a Management Contractor for larger Day-to-day Maintenance projects)</li> <li>Use of standard designs to shorten planning processes by Implementing Agent</li> <li>Continue with the institutionalisation of the IDMS and Infrastructure Gateway System (IGS) to ensure efficient project monitoring and control</li> <li>Reallocation of infrastructure budget to Health Technology and Engineering as soon as the risk of under expenditure is raised</li> <li>Ongoing joint monitoring of progress on projects</li> </ul>
Monitoring Mechanism by the receiving Department	<p>Monthly infrastructure projects progress review and maintenance management review meetings with WCGTPW as the Implementing Agent, project meetings and site meetings. In addition to this, monthly Cash Flow Meetings continue to ensure that cash flows on a project level are monitored. The Implementing Agent also records progress on BizProjects and provides project documents on MyContent. In addition to this, the Department utilises the PMS or Project Management Information System (also referred to as PPO) to update project information and progress, with some of the information being integrated from.</p>

## Expected & Actual Outputs for the Health Facility Revitalisation Grant for 2018/19

Output	Expected	Achieved	Comment
<b>Number of new facilities completed<sup>1</sup></b>	1	1	The following facility was completed in 2018/19: <ul style="list-style-type: none"> <li>Wolseley Clinic (replacement)</li> </ul>
<b>Number of facilities maintained<sup>2</sup></b>	49	55	Scheduled Maintenance projects were undertaken at various facilities during the financial year
<b>Number of facilities upgraded and renovated<sup>3</sup></b>	8	1	Facilities or areas / units within facilities upgraded and renovated at (Practical Completion achieved): <ul style="list-style-type: none"> <li>Wellington CDC (Pharmacy Additions and Alterations)</li> </ul>
<b>Number of facilities commissioned in terms of health technology<sup>4</sup></b>	7 <sup>5</sup>	24	Facilities or areas / units within facilities commissioned in 2018/19: <ul style="list-style-type: none"> <li>Alma CDC</li> <li>Clanwilliam Ambulance Station</li> <li>Clanwilliam Clinic</li> <li>Clinic in Asla</li> <li>D'Almeida Clinic</li> <li>De Rust Clinic</li> <li>Dorp Street RHC</li> <li>Kalbaskraal Satellite Clinic</li> <li>Khayelitsha Site B CHC</li> <li>Khayelitsha Hospital</li> <li>Kleinvlei CDC</li> <li>Koringberg Satellite Clinic</li> <li>Lamberts Bay Ambulance Station</li> <li>Piketberg Clinic</li> <li>Radie Kotze Hospital</li> <li>Red Cross War Memorial Children Hospital</li> <li>Redelinghuys Satellite Clinic</li> <li>Rietpoort Satellite Clinic</li> <li>Touws River Ambulance Station</li> <li>Van Rhynsdorp Clinic</li> <li>Vredenburg Clinic</li> <li>Vredenburg Hospital</li> <li>Wellington CDC</li> <li>Zolani Clinic</li> </ul>

### Notes

- Output refers to facilities where capital infrastructure projects, categorised as new or replaced infrastructure assets, achieved Practical Completion in the year under review.
- Output considers facilities where expenditure was incurred on Scheduled Maintenance projects in the year under review.
- Facilities where capital infrastructure projects, categorised as either 'Upgrades and Additions', or as 'Renovations, Rehabilitation or Refurbishments' have achieved Practical Completion in 2018/19.
- Areas / units / facilities are deemed to be commissioned in terms of health technology as soon as the procured health technology items have been installed, training has been completed and the end user has taken over the health technology.
- It should be noted that the final version of the 2018 DoRA Grant Framework reflected that this indicator had been changed to number of facilities commissioned in terms of health technology, whereas previously it referred to number of facilities commissioned. The target was thus set for facilities commissioned in terms of infrastructure, but reporting has been amended to refer to facilities commissioned in terms of health technology.

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

### Expected Outputs of the Grant & The Actual Outputs Achieved

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

### EPWP Integrated Grant for Provinces

<b>Transferring Department</b>	<b>National Department of Public Works</b>	
<b>Purpose of the Grant</b>	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 Expanded Public Works Programme (EPWP) guidelines: <ul style="list-style-type: none"> <li>• Road maintenance and the maintenance of buildings</li> <li>• Low traffic volume roads and rural roads</li> <li>• Other economic and social infrastructure</li> <li>• Tourism and cultural industries</li> <li>• Sustainable land based livelihoods</li> <li>• Waste management</li> </ul>	
<b>Expected Outputs of the Grant</b>	<b>Indicator</b>	<b>Annual Target</b>
	Number of people employed and receiving income through the EPWP (as per approved Project Plan 2018/2019 Beneficiaries)	58
	Increased average duration of the work opportunities created (as per approved Project Plan 2018/2019 EPWP Beneficiaries)	Average duration of 1 year (with option to extend for an additional year)
<b>Actual Outputs Achieved</b>	<b>Indicator</b>	<b>Actual Output</b>
	Number of people employed and receiving income through the EPWP	43
	Increased average duration of the work opportunities created	9.2 months
<b>Amount per amended DORA (R'000)</b>	R2 116	
<b>Amount Received (R'000)</b>	R2 116	
<b>Reasons if amount as per DORA was not Received</b>	Not applicable	
<b>Amount spent by the Department (R'000)</b>	R2 116	
<b>Reasons for the funds Unspent by the entity</b>	Not applicable	
<b>Reasons for Deviations on Performance</b>	Although 58 people were appointed at the beginning of the financial year, in line with the annual target, this total reduced to 43 by the end of the financial year. This reduction was due to six people moving to other positions in the private sector and seven being appointed in permanent positions in the Department. People are appointed for the financial year. Appointments made later in the year are, therefore, only for the remainder of the financial year.	
<b>Measures taken to Improve Performance</b>	In-house training and rotation of duties between the various institutions continues. In addition, groundsmen assist in the laundries in winter on rainy days, which provides them with additional training and skills.	
<b>Monitoring Mechanism by the receiving Department</b>	Projects are monitored at various levels: <ul style="list-style-type: none"> <li>• One project manager (not EPWP appointment) and two supervisors (EPWP appointees) oversee projects.</li> <li>• Written feedback received from facilities.</li> <li>• Attendance registers maintained on a daily basis.</li> <li>• Weekly and monthly progress reports submitted by Team Leaders.</li> <li>• Reporting on EPWP Reporting System (EPWPRS) on all activities e.g. attendance, training.</li> </ul>	

No administration costs were incurred by the Department with respect to the EPWP Integrated Grant for Provinces. Provincial Treasury confirmed that all transfers were deposited into the accredited bank account of the Provincial Treasury.

In the management of the EPWP Integrated Grant for Provinces, the Western Cape complied with the Division of Revenue Act requirements and submitted all the required reports as prescribed.

## National Tertiary Services Grant

<b>Transferring Department</b>	<b>National Department of Health</b>	
<b>Purpose of the Grant</b>	<ul style="list-style-type: none"> <li>To ensure provision of tertiary health services for all South African citizens (including documented foreign nationals)</li> <li>To compensate tertiary facilities for the additional costs associated with provision of these services</li> </ul>	
<b>Expected Outputs of the Grant</b>	<b>Indicator</b>	<b>Annual Target</b>
	Number of approved and funded tertiary services provided by the Western Cape Department of Health	45
<b>Actual Outputs Achieved</b>	<b>Indicator</b>	<b>Actual Output</b>
	Number of approved and funded tertiary services provided by the Western Cape Department of Health	45
<b>Amount per amended DORA (R'000)</b>	R3 049 284	
<b>Amount Received (R'000)</b>	R3 049 284	
<b>Reasons if amount as per DORA was not Received</b>	Not applicable	
<b>Amount spent by the Department (R'000)</b>	R3 049 130	
<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>	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.	
<b>Notes</b>		
<ul style="list-style-type: none"> <li>As a schedule 4 grant the service outputs are subsidised by the NTSG, as the grant funding is insufficient to fully compensate for the service outputs. Deviation from targets therefore does not necessarily reflect an underperformance in terms of the grant funding received. Similarly, when service outputs exceed the expected outputs, it does not mean that funding levels are adequate as the levels of support from the equitable share to fund deficits varies.</li> <li>In the management of the NTSG, the Western Cape complied with the Division of Revenue Act requirements and submitted all the required reports as prescribed.</li> </ul>		

## Health Professionals Training & Development Grant

<b>Transferring Department</b>	<b>National Department of Health</b>	
<b>Purpose of the Grant</b>	Support provinces to fund service costs associated with clinical teaching and training of health science trainees on the public service platform	
<b>Expected Outputs of the Grant</b>	<b>Indicator</b>	<b>Annual Target</b>
	Number of Registrars supervised on the service platform that receives partial funding support from the Health Professional Training and Development Grant Funding	483 (medical & dental registrars)
<b>Actual Outputs Achieved</b>	<b>Indicator</b>	<b>Actual Output</b>
	Number of Registrars supervised on the service platform that receives partial funding support from the Health Professional Training and Development Grant Funding	483 (medical & dental registrars)
<b>Amount per amended DORA (R'000)</b>	R574 177	
<b>Amount Received (R'000)</b>	R574 177	
<b>Reasons if amount as per DORA was not Received</b>	Not applicable	
<b>Amount spent by the Department (R'000)</b>	R574 177	
<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.	
<b>Notes</b>		
<ul style="list-style-type: none"> <li>Target reflected demonstrates the number of staff partially supported by the HPTDG that are providing clinical training on the service platform. This number reported does not represent all the staff providing grant related activities in the WCDoH.</li> <li>The actual outputs reflect the status at the end of the financial year (31 March 2019). The academic year follows a calendar year while the grant follows a financial year cycle. This results in the financial year spanning two enrolment cycles.</li> <li>There was an intake of 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.</li> <li>All grant supported targets were achieved. The growth in the grant funding has not kept up with inflation or ICS over the last few years which resulted in a significant funding gap. A significant contribution by the equitable share is required to bridge this funding gap.</li> <li>In the management of the HPTDG, the Western Cape complied with the Division of Revenue Act requirements and submitted all the required reports as prescribed.</li> </ul>		

## Comprehensive HIV & Aids Grant

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

<b>Transferring Department</b>	<b>National Department of Health</b>	
<b>Purpose of the Grant</b>	<ul style="list-style-type: none"> <li>To enable the health sector to develop an effective response to HIV and AIDS including universal access to HIV Counselling and Testing.</li> <li>To support the implements of the National operational plan for comprehensive HIV and AIDS treatment and care.</li> <li>To subsidise in-part funding for the antiretroviral treatment plan.</li> <li>To provide financial resources 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.</li> <li>The grant is utilised in line with the National Operational Plan for HIV and AIDS Care, Management and Treatment in South Africa, the National and Provincial.</li> <li>HIV / AIDS / STI Strategic Plans 2007-2011 and Healthcare 2010.</li> <li>For the coming three years, Global Fund Phase 1 RCC Funding will supplement the grant to contribute towards the attainment of planned outputs and outcomes, notably infrastructure, ARVs, human resources, laboratory costs and health system strengthening.</li> </ul>	
<b>Expected Outputs of the Grant</b>	<b>Indicator</b>	<b>Annual Target</b>
	Male condoms distributed	112 819 962
	Female condoms distributed	2 800 004
	HTA intervention sites	150
	Peer educators receiving stipends	400
	Active Lay counsellors on stipend	682
	Clients tested (including antenatal)	1 512 565
	Health facilities offering MMC	30
	Medical Male Circumcisions performed	18 000
	Sexual assault cases offered ARV prophylaxis	3 499
	Antenatal clients initiated on ART	6 789
	Babies PCR tested at 10 weeks	13 036
	New patients started on treatment	48 936
	Patients on ART remaining in care	290 000
	Community Health Workers receiving stipends	3 828
	Patients in adherence clubs	87 000
	HIV positive clients screened for TB	54 600
	HIV positive clients started on IPT	31 501
	TB symptom clients screened in facility rate	4 715 527
	TB client start on treatment rate	25 400
	TB client treatment success rate	81
	TB Rifampicin Resistant confirmed treatment start rate	91
	TB MDR treatment success rate	43
	DR-TB patients that received Bedaquiline	1 420
	Doctors trained on HIV/AIDS, TB, STIs and other chronic diseases	135
	Nurses trained on HIV/AIDS, TB, STIs and other chronic diseases	900
	Non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases	700

Actual Outputs Achieved	Indicator	Actual Output
	Male condoms distributed	103 322 800
	Female condoms distributed	1 897 400
	HTA intervention sites	160
	Peer educators receiving stipends	400
	Active Lay counsellors on stipend	664
	Clients tested (including antenatal)	1 828 742
	Health facilities offering MMC	30
	Medical Male Circumcisions performed	14 094
	Sexual assault cases offered ARV prophylaxis	3 091
	Antenatal clients initiated on ART	5 604
	Babies PCR tested at 10 weeks	13 152
	New patients started on treatment	41 318
	Patients on ART remaining in care	278 290
	Community Health Workers receiving stipends	3 588
	Patients in adherence clubs	87 846
	HIV positive clients screened for TB	67 091
	HIV positive clients started on IPT	22 259
	TB symptom clients screened in facility rate	53%
	TB client start on treatment rate	89%
	TB client treatment success rate	81%
	TB Rifampicin Resistant confirmed treatment start rate	130%
	TB MDR treatment success rate	46%
	DR-TB patients that received Bedaquiline	1 066
	Doctors trained on HIV/AIDS, TB, STIs and other chronic diseases	80
	Nurses trained on HIV/AIDS, TB, STIs and other chronic diseases	989
	Non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases	1 274
Amount per amended DORA (R'000)	1 531 535	
Amount Received (R'000)	1 531 535	
Reasons if amount as per DORA was not Received	N/A	
Amount spent by the Department (R'000)	1 531 535	
Reasons for the funds Unspent by the entity	N/A	

#### **Male condoms distributed**

The Department is having challenges with condom promotion with linking partners and stakeholders to health facilities. Over the reporting period we have met various stakeholders to devise plans to improve condom distribution which is a work in progress.

#### **Female condoms distributed**

The Department is having challenges with condom promotion with linking partners and stakeholders to health facilities. Over the reporting period we have met various stakeholders to devise plans to improve condom distribution which is a work in progress.

#### **HTA intervention sites**

The actual target was 150 but some districts have established more.

#### **Total number of new patients started on ART**

During the 2018/19 year, the total number of clients initiated on ART, decreased slightly from 45 491 (2017/18) to 41 318 in (2018/19). Part of the government strategy for finding new HIV infections and putting these clients on treatment has been a challenge. However, we have identified high burden geographic areas as focal points to find new cases to initiate on ART.

#### **Community Health Workers receiving stipends**

There were 3856 CHWs funded via NPOs at the beginning of 2018/19 financial year with the difference in the target of 3828 funded from own provincial sources as we know that each year we always have an attrition rate of 10%. In 18/19 the attrition rate was 6.3% and these vacant posts are filled by the NPOs, there is always constant attrition as CHWs are looking for better opportunities.

#### **Number of antenatal care (ANC) clients initiated on life-long ART**

Some of the districts had challenges and have not reached their targets while Cape Metro, Cape Winelands and Overberg had data capturing issues. Quality improvement plans were put in place in order to improve the outcomes.

#### **Number of HIV positive clients screened for tuberculosis**

Finding missing TB cases is one of our strategies to find TB clients who are initial lost to follow up or who are struggling with TB adherence for (various reasons. Emphasis has been placed on finding missing TB cases and has resulted in increased screening in general.

#### **HIV positive clients started on IPT**

IPT implementation in the province has been slow because of high attrition of trained clinical staff. The province has identified high burden HIV prevalent geographic area as key focus to improve IPT uptake. It has been linked to PHC facilities in respective operational areas.

#### **Number of medical male circumcisions performed**

The province has been struggling to create a VMMC demand amongst men and another key issue is the ambitious targets. Relationships between the partners and sub-structures need to be strengthened and we have agreed to identify more permanent facilities to increase access to VMMC.

#### **Sexual assault cases offered ARV prophylaxis**

Awareness workshops done for clinical & non-clinical staff of indications when to provide PEP. Relationships between other government departments and sub-structures need to be strengthened.

#### **Doctors and professional nurses trained on HIV and AIDS, STIs, tuberculosis and chronic diseases**

Doctors still attend minimal clinical HAST training, because of service pressures. They have however attended more of the other training on offer (e.g. GP conference).

<p><b>Measures taken to Improve Performance</b></p>	<p><b>Male condoms distributed</b> The plan is to establish networks of NPO partnerships and link them to health facilities to support condom distribution. Through connecting with various community forums, we will be able to link services to local spaza shops, cafés, shebeens, etc.</p> <p><b>Female condoms distributed</b> The plan is to establish networks of NPO partnerships and link them to health facilities to support condom distribution. Through connecting with various community forums, we will be able to link services to local spaza shops, cafés, shebeens, etc.</p> <p><b>HTA intervention sites</b> Districts will be encouraged to stick to their targets, otherwise they must consolidate the new sites.</p> <p><b>Community Health Workers receiving stipends</b> NPOs to fill vacant posts.</p> <p><b>Number of antenatal care (ANC) clients initiated on life-long ART</b> Plan to engage with poor performing districts and address issues related to data capturing challenges.</p> <p><b>Number of HIV positive clients screened for tuberculosis</b> To maintain trajectory.</p> <p><b>Number of medical male circumcisions performed</b> Closer collaboration through meetings, regular support site visits as a team which involves the partner, substructure and Provincial Office.</p> <p><b>Sexual assault cases offered ARV prophylaxis</b> Continue with awareness workshops among clinical &amp; non-clinical staff of indications when to provide PEP.</p> <p><b>Doctors and professional nurses trained on HIV and AIDS, STIs, tuberculosis and chronic diseases</b> The PDC will offer more online training in future to accommodate professionals who prefer that. Central contracts for the Procurement of training will also improve access to training.</p>
<p><b>Monitoring Mechanism by the receiving Department</b></p>	<ul style="list-style-type: none"> <li>• Monthly Financial Reporting</li> <li>• Quarterly programme performance reporting</li> <li>• Bi-annual Conditional Grant review conducted by the National DoH</li> <li>• Annual HIV Conditional Grant Evaluation report</li> </ul>

## Social Sector EPWP Incentive Grant for Provinces

<b>Transferring Department</b>	<b>Western Cape Government Treasury</b>	
<b>Purpose of the Grant</b>	To incentivise provincial Social Sector departments to increase job creation by focusing on the strengthening and expansion of social sector programmes that have employment potential.	
<b>Expected Outputs of the Grant</b>	<b>Output as Per Framework</b>	<b>Annual Target</b>
	Number of Community Health Workers (CHWs) receiving stipends	102
<b>Actual Outputs Achieved</b>	<b>Output as Per Framework</b>	<b>Actual Output</b>
	Number of Community Health Workers (CHWs) receiving stipends	102
<b>Amount per amended DORA (R'000)</b>	2 447	
<b>Amount Received (R'000)</b>	2 447	
<b>Reasons if amount as per DORA was not Received</b>	All DORA payments received on time.	
<b>Amount spent by the Department (R'000)</b>	2 447	
<b>Reasons for the funds Unspent by the entity</b>	All DORA payments received on time.	
<b>Reasons for Deviations on Performance</b>	All DORA payments received on time.	
<b>Measures taken to Improve Performance</b>	N/A	
<b>Monitoring Mechanism by the receiving Department</b>	Quarterly Reporting/ Reviews.	

## Donor Funds

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

WCGH: PMI Integration with the National Health Patient Registration System (HPRS) Funding	
Name of donor	EU-Primcare SPS
Full amount of the funding	R369 360
Period of the commitment	Once off commitment from April 2017
Purpose of the funding	<p>The National Department of Health in conjunction with the Council for Scientific &amp; Industrial Research (CSIR) have developed a National Health Patient Registration System. The purpose of this system is to be able to store and track patients across all the Provinces. The benefit of this is that patients will only need to be registered once, even if they cross provincial boundaries. A patient will therefore consistently be identified regardless of the province at which they present.</p> <p>The WCG DoH is the only Province in the country that has developed and implemented a Patient Master Index (PMI) that spans all hospitals, many of the provincial clinics and local government clinics. As a result, the National Department of Health has requested this Province to enhance the CLINICOM Patient Administration System to enable the integration with the National Health Patient Registration System.</p>
Expected outputs	Development of an interface between the CLINICOM Patient Master Index (PMI) used in the Western Cape and the Health Patient Registration System.
Actual outputs achieved	The development is ongoing after an official order has been generated and issued to Health System Technologies (HST).
Amount received in current period (R'000)	369
Amount spent by the Department (R'000)	0
Reasons for the funds unspent	There was initially a delay with obtaining a signed copy of the Non-Disclosure Agreement (NDA). It took National Department of Health almost a year to provide the signed copy. The next challenge relates to the development effort and the associated time. Monies not spent have been rolled over to next period.
Monitoring mechanism by the donor	Via the office of Chief Director, Milani Wolmarans.
Was the funding received in cash or in-kind?	Cash

WCGH: PMI Integration with the National Health Patient Registration System (HPRS) Funding	
Name of donor	The Tirelo Boshu Grant Year 1 and 11
Full amount of the funding	R3 568 276 for Year 1 and 11
Period of the commitment	Year 1: November 2017 – March 2018 Year 11: April 2018 – August 2018 (extended until November 2018)
Purpose of the funding	<p>Build towards TB 90 90 90 (Catch Care Cure) targets through improved Digital Health-enabled linkage to care between community and facility-based services, using an agile developmental approach:</p> <p><b>Objective 1:</b> Catch &amp; Match Communities: Strengthen systematic community-based model of care to improve screening, prevention and treatment support, with the primary focus on TB</p> <p><b>Objective 2:</b> Catch &amp; Match Facilities: Improve facility-based care by improving access to integrated data and bi-directional referrals (to and from community-based teams) through the Single Patient Viewer, with the primary focus on TB</p> <p><b>Objective 3:</b> Referral linkage and data integration: Develop a novel Health Information Exchange (HIE) linked to the PHDC that enables bi-directional real-time flow of data and referrals to improve screening and adherence</p>
Expected outputs	<ol style="list-style-type: none"> <li>1. Completion of mHealth development</li> <li>2. Completion of training</li> <li>3. Implementation of Catch and Match communities and facilities</li> <li>4. CCC Data collection and reporting</li> </ol>
Actual outputs achieved	<ol style="list-style-type: none"> <li>1. <b>Health development</b> Development of stage 2A (5 sprints) and 2B (7 sprints) were completed. The CHW and Team leader apps have been streamlined, and are functioning very well. Big improvements have been made to workflow on the app, specifically integration of data fields and tasks, as well as improvements and updates to the HIV and TB algorithms. Minor maintenance of the app and final interoperability work with Jembi and the Provincial Health Data Centre (PHDC) are ongoing.</li> <li>2. <b>Training</b> All training of CHWs and Supervisors in maternal and child health, TB and HIV adherence, TB infection prevention and control was completed. During the extension period, two additional groups of new CHWs were trained in a short course of maternal and child health. mHealth training was completed for all users.</li> <li>3. <b>Implementation</b> The teams continue to implement the comprehensive package of care in the field. Both sites are using the digital tool for data capturing and client management. The CHW teams are supported by supervisors, coordinators, 2 dieticians and 2 digital health officers.</li> <li>4. <b>Reporting</b> Improvements have been made to the Team Leader app, allowing the team leaders better access to the data from their teams. Monthly reports are available on the activities performed by the CHWs; Vitamin A and deworming doses given by CHWs; and referrals made. The PHDC has provided reports on the Household Assessment and individual screening data collected to date. A prototype TB dashboard has been released. More detailed reports on maternal and child health indicators are being designed.</li> </ol>
Amount received in current period (R'000)	1 559
Amount spent by the Department (R'000)	3 565
Reasons for the funds unspent	Project is ongoing. Delays in implementation reason for savings. Monies not spent have been rolled over to next period.
Monitoring mechanism by the donor	Quarterly reports by WCG Health to Dept of Public Service and Administration (DPSA). DPSA Monitoring visits.
Was the funding received in cash or in-kind?	Cash

## Capital Investment

### Progress made on implementing capital investment

Expenditure on capital investment during 2018/19 was 98.2 per cent (R342.006 million of the available R348.121 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 still hampering infrastructure delivery and which are being addressed include:

- Inadequate contract and project management.

Delays on site due to a multitude of factors such as poor contractor performance, poor PSP performance, adverse weather, community action, work stoppages, site complications, construction challenges, poorly planned / poorly implemented / poorly coordinated decanting plans, scope changes, defective work.

- Delay in appointment of PSPs.

Health Technology achieved a planned over-expenditure to mitigate the expected under expenditure, especially within maintenance.

It should be noted that, given the nature of construction projects, a delay in just one of the project stages can create incremental delays in subsequent stages due to the inter-dependence of each stage. The table below reflects the capital expenditure versus the appropriation for both 2017/18 and 2018/19. In comparing the two financial years, it is evident that expenditure increased during 2018/19, however this is largely attributed to unspent funds carried over from 2017/18.

Budget Programme	2018/2019			2017/2018		
	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
<b>New and replacement assets</b>	<b>118 315</b>	<b>139 024</b>	<b>(20 709)</b>	<b>140 897</b>	<b>149 074</b>	<b>(8 177)</b>
<b>Existing infrastructure assets</b>	<b>628 586</b>	<b>551 200</b>	<b>77 386</b>	<b>501 655</b>	<b>432 845</b>	<b>68 810</b>
<i>Upgrades and additions</i>	50 081	47 208	2 873	51 179	44 401	6 778
<i>Rehabilitation, renovations and refurbishments</i>	179 725	155 774	23 951	116 873	94 019	22 854
<i>Maintenance and repairs</i>	398 780	348 218	50 562	333 603	294 425	39 178
<b>Infrastructure Transfer Capital</b>	<b>10 209</b>	<b>10 209</b>	<b>-</b>	<b>21 500</b>	<b>20 000</b>	<b>1 500</b>
<b>Non Infrastructure</b>	<b>181 383</b>	<b>222 460</b>	<b>(41 077)</b>	<b>168 671</b>	<b>177 715</b>	<b>(9 045)</b>
<b>TOTAL</b>	<b>938 493</b>	<b>922 894</b>	<b>15 599</b>	<b>832 723</b>	<b>779 633</b>	<b>53 090</b>

## Infrastructure projects completed in 2018/19 compared to target

The table below reflects the Capital projects that were planned to achieve completion in 2018/19 and reasons for deviations.

Infrastructure Projects Scheduled for Completion in 2018/19		
Projects Scheduled for Practical Completion in 2018/19	Practical Completion Achieved / Not Achieved in 2018/19	Comments / Reasons for Deviations
Bonnievale Ambulance Station - Upgrade and Additions incl wash bay	Not achieved	Delay in PSP appointment resulting in delay to start of project design and construction. Project reached construction in March 2019.
Ceres Hospital - New Acute Psychiatric Ward	Not achieved	Late appointment of PSPs, Scope was under review by the District which delayed Concept Report approval.
Darling Ambulance Station - Upgrade and Additions incl wash bay	Not achieved	Delay in PSP appointment resulting in delay to start of project design and construction. Revised Concept Report is anticipated for third quarter of 2019/20.
Nyanga CDC - Pharmacy Compliance and General Maintenance	Not achieved	Delays were experienced in the appointment of PSPs. Additional information was required from the PSPs during the approval of IGS stages.
Prince Albert Ambulance Station - Upgrade and Additions incl wash bay	Not achieved	Delay in PSP appointment resulting in delay to start of project design and construction. Project currently in Design Development. Construction is anticipated to commence in the third quarter of 2019/20.
Piketberg - Radie Kotze Hospital - Hospital layout improvement	Not achieved	The scope was reviewed due to the time lapse between issuance of the strategic brief and the appointment of PSPs. The duration of the design stages was longer than the planned duration.
Malmesbury - Swartland Hospital - Prefabricated Wards	Not achieved	Project delayed due to structural OHS risks.
Malmesbury - Swartland Hospital - Rehabilitation of fire-damaged hospital	Achieved	Practical Completion achieved on 30 November 2018.
Swellendam Hospital - Acute Psychiatric Ward	Not achieved	Delay in appointment of PSPs.
Vredenburg Hospital - Upgrade Ph2B Completion	Not achieved	Delays by Contractor in completing the works. Sectional completion and nominated subcontractors' delays. Final Practical Completion achieved 26 April 2019.
Wellington CDC - Pharmacy additions and alterations	Achieved	Practical Completion achieved on 19 April 2018.
Walseley Clinic – Replacement	Achieved	Practical Completion achieved on 29 March 2019.

## Current Infrastructure Projects

The table below lists the capital infrastructure projects per subprogramme that are currently in progress (including projects in planning, design and construction) and the expected date of practical completion. The start date is the date when the Strategic Brief was issued and the finish date is the estimated Practical Completion date.

## Performance Measures for Capital Infrastructure Programme per Subprogramme

No.	District	SP	Project	Start	Finish
1	Cape Town	8.1	Bothasig CDC - Upgrade and Additions	26-Apr-17	01-Sep-20
2	Cape Town	8.1	Elsies River CHC - Replacement	25-May-16	31-Oct-23
3	Cape Town	8.1	Green Point CDC - Pharmacy refurbishment and general maintenance	21-Dec-18	31-Mar-21
4	Cape Town	8.1	Hanover Park CHC - Replacement	30-Jun-16	31-Mar-23
5	Cape Town	8.1	Hout Bay CDC - Replacement and Consolidation	21-Jun-18	30-Jun-23
6	Cape Town	8.1	Kraaifontein - Bloekombos CHC - New	01-Mar-19	01-Apr-23
7	Cape Town	8.1	Maitland CDC - Replacement	13-Dec-17	30-Sep-23
8	Cape Town	8.1	Nyanga CDC - Pharmacy Compliance and General Maintenance	01-Jun-16	30-Apr-20
9	Cape Town	8.1	Parow - Ravensmead CDC - Replacement	01-Aug-15	01-Jul-22
10	Cape Town	8.1	Philippi - Weltevreden CDC - New	30-Nov-17	30-Nov-23
11	Cape Winelands	8.1	De Doorns CDC - Upgrade and Additions	09-Apr-14	30-Sep-22
12	Cape Winelands	8.1	Gouda Clinic - Replacement	30-Mar-17	31-Oct-20
13	Cape Winelands	8.1	Paarl CDC - New	28-Feb-17	31-May-23
14	Cape Winelands	8.1	Wellington - Windmeul Clinic - Upgrade and Additions (Alpha)	01-Jun-16	30-Jun-20
15	Cape Winelands	8.1	Worcester - Avian Park Clinic - New	01-Jul-15	30-Dec-22
16	Central Karoo	8.1	Laingsburg Clinic - Upgrade and Additions	30-Apr-14	30-Jun-20
17	Central Karoo	8.1	Matjiesfontein Satellite Clinic - Replacement	19-Dec-14	01-Mar-35
18	Eden	8.1	Ladismith Clinic - Replacement	16-Mar-17	28-Mar-21
19	Overberg	8.1	Gansbaai Clinic - Upgrade and Additions (Apha)	31-Jul-14	31-May-20
20	Overberg	8.1	Villiersdorp Clinic - Replacement	30-Jun-17	01-Jun-22
21	Various	8.1	Various Pharmacies Upgrade 8.1 - Pharmacies Rehabilitation	30-Jun-15	01-Nov-20
22	West Coast	8.1	Malmesbury - Abbotdale Satellite Clinic - Replacement	05-May-15	01-Jun-20
23	West Coast	8.1	Malmesbury - Chatsworth Satellite Clinic - Replacement	16-Mar-17	01-Jun-20
24	West Coast	8.1	Saldanha - Diazville Clinic - Replacement	21-Nov-17	31-Mar-23
25	West Coast	8.1	St Helena Bay - Sandy Point Satellite Clinic - Replacement	05-May-15	30-Dec-22
26	West Coast	8.1	Vredenburg CDC - New	30-Nov-17	30-Mar-23
27	Cape Winelands	8.2	Bonnievale Ambulance Station - Upgrade and Additions incl wash bay	01-Jun-16	01-Apr-20
28	Cape Winelands	8.2	De Doorns Ambulance Station - Replacement	01-Sep-14	30-Sep-20
29	Central Karoo	8.2	Prince Albert Ambulance Station - Upgrade and Additions incl wash bay	01-Jun-16	01-Apr-20
30	Overberg	8.2	Caledon Ambulance Station - Communications Centre Extension	01-Aug-14	01-Apr-20
31	Overberg	8.2	Swellendam Ambulance Station - Upgrade and Additions	31-Mar-15	31-Jan-20
32	Overberg	8.2	Villiersdorp Ambulance Station - Replacement	26-Jun-17	01-Jun-22
33	West Coast	8.2	Darling Ambulance Station - Upgrade and Additions incl wash bay	01-Jun-16	01-Apr-20
34	Cape Town	8.3	Atlantis - Wesfleur Hospital - Record Room extension	24-Dec-18	01-Jul-22
35	Cape Town	8.3	Bellville - Karl Bremer Hospital - Demolitions and parking	19-Dec-17	01-Apr-21
36	Cape Town	8.3	Bellville - Karl Bremer Hospital - Hospital Repairs and Renovation	19-Dec-17	31-Mar-25
37	Cape Town	8.3	Eerste River Hospital - Acute Psychiatric Unit	23-Feb-15	30-Dec-22

## Performance Measures for Capital Infrastructure Programme per Subprogramme

No.	District	SP	Project	Start	Finish
38	Cape Town	8.3	Fish Hoek - False Bay Hospital - Fire Compliance Completion and changes to internal spaces	24-Dec-18	01-Oct-22
39	Cape Town	8.3	Khayelitsha Hospital - Acute Psychiatric Unit	23-Feb-15	01-Aug-21
40	Cape Town	8.3	Mitchell's Plain Hospital - Rehabilitation of Fire-damaged EC	24-May-18	30-Jun-19
41	Cape Town	8.3	Mitchells Plain Hospital - Fire doors	01-Mar-19	31-Mar-21
42	Cape Town	8.3	Somerset West - Helderberg Hospital - EC Upgrade and Additions	01-Apr-13	21-Jan-20
43	Cape Town	8.3	Somerset West - Helderberg Hospital - Repairs and Renovation	30-Nov-17	31-Dec-22
44	Cape Town	8.3	Wynberg - Victoria Hospital - New EC	01-Apr-12	21-Nov-20
45	Cape Town	8.3	Wynberg - Victoria Hospital - Temporary EC	27-Feb-18	30-Jun-19
46	Cape Winelands	8.3	Ceres Hospital - Hospital and Nurses Home Repairs and Renovation	28-Feb-18	31-Mar-22
47	Cape Winelands	8.3	Ceres Hospital - New Acute Psychiatric Ward	01-Jun-16	01-Apr-21
48	Cape Winelands	8.3	Montagu Hospital - Rehabilitation	01-Mar-19	31-Dec-24
49	Cape Winelands	8.3	Robertson Hospital - Acute Psychiatric Ward and New EC	15-Oct-18	31-May-22
50	Cape Winelands	8.3	Stellenbosch Hospital - Hospital and Stores Repairs and Renovation	05-Oct-17	31-Mar-22
51	Central Karoo	8.3	Beaufort West Hospital - Rationalisation	15-Oct-18	30-Apr-24
52	Eden	8.3	Mossel Bay Hospital - Entrance, Admissions and EC	15-Oct-18	31-Dec-22
53	Overberg	8.3	Bredasdorp - Otto du Plessis Hospital - Acute Psychiatric Ward	30-Apr-16	01-Mar-21
54	Overberg	8.3	Caledon Hospital - Acute Psychiatric Unit and R & R	03-Jul-17	31-Aug-20
55	Overberg	8.3	Hermanus Hospital - New Acute Psychiatric Ward	01-Jun-16	31-Dec-20
56	Overberg	8.3	Swellendam Hospital - Acute Psychiatric Ward	01-Jun-16	01-Mar-21
57	Various	8.3	Various Pharmacies Upgrade 8.3	30-Jun-15	30-Apr-20
58	West Coast	8.3	Malmesbury - Swartland Hospital - EC extension to fire-damaged building Ph3 EC and Old Kitchen Block	26-Apr-18	01-Apr-20
59	West Coast	8.3	Malmesbury - Swartland Hospital - Rehabilitation of fire-damaged hospital Ph2	17-Aug-17	31-Oct-19
60	West Coast	8.3	Piketberg - Radie Kotze Hospital - Hospital layout improvement	01-Jun-16	01-May-20
61	Cape Town	8.4	Green Point - New Somerset Hospital - Acute Psychiatric Unit	23-Feb-15	01-Oct-21
62	Cape Town	8.4	Green Point - New Somerset Hospital - Upgrading of Theatres and Ventilation	22-May-15	01-Aug-21
63	Cape Town	8.4	Maitland - Alexandra Hospital - Repairs and Renovation (Alpha)	18-Mar-18	31-Aug-22
64	Cape Town	8.4	Maitland - Alexandra Hospital - Wards renovations to enable Valkenberg Hospital Forensic Precinct decanting	01-Mar-18	30-Jun-20
65	Cape Town	8.4	Manenberg - Klipfontein Regional Hospital - Replacement Ph1	03-Dec-18	31-Mar-26
66	Cape Town	8.4	Observatory - Valkenberg Hospital - Acute Precinct Redevelopment	01-Apr-10	30-Sep-28
67	Cape Town	8.4	Observatory - Valkenberg Hospital - Forensic Precinct - Admission, Assessment, High Security	01-Apr-10	30-Sep-26
68	Cape Town	8.4	Observatory - Valkenberg Hospital - Forensic Precinct - Low Security, Chronic and OT	01-Apr-10	31-Mar-25
69	Cape Town	8.4	Observatory - Valkenberg Hospital - Forensic Precinct - Medium Security	01-Apr-10	30-Sep-25
70	Cape Town	8.4	Observatory - Valkenberg Hospital - Forensic Precinct Enabling Work	01-Apr-10	01-Sep-21
71	Cape Town	8.4	Observatory - Valkenberg Hospital - Pharmacy and OPD	01-Apr-10	30-Sep-23
72	Cape Winelands	8.4	Worcester Hospital - Fire Compliance	01-Apr-15	31-Dec-21

## Performance Measures for Capital Infrastructure Programme per Subprogramme

No.	District	SP	Project	Start	Finish
73	Cape Winelands	8.4	Worcester Hospital - Relocation of MOU	30-Jan-18	30-Mar-22
74	Cape Town	8.5	Observatory - Groote Schuur Hospital - BMS Upgrade	01-Jun-16	18-Jun-21
75	Cape Town	8.5	Observatory - Groote Schuur Hospital - EC Upgrade and Additions	03-Jul-10	30-Jun-23
76	Cape Town	8.5	Observatory - Groote Schuur Hospital - Greywater recycling	02-Feb-18	16-Jul-19
77	Cape Town	8.5	Observatory - Groote Schuur Hospital - Neuroscience Rehabilitation	01-Jun-16	31-Mar-22
78	Cape Town	8.5	Observatory - Groote Schuur Hospital - Ventilation and AC refurbishment incl mechanical installation	25-Jul-17	31-Mar-23
79	Cape Town	8.5	Parow - Tygerberg Hospital - Enabling work for ward decanting (existing buildings)	01-Mar-19	01-Mar-23
80	Cape Town	8.5	Parow - Tygerberg Hospital - Enabling work for ward decanting (prefab solution)	01-Mar-19	01-Mar-22
81	Cape Town	8.5	Parow - Tygerberg Hospital - 11Kv Generator Panel Upgrade	01-Oct-16	13-Dec-19
82	Cape Town	8.5	Parow - Tygerberg Hospital - 11Kv Main Substation Upgrade	01-Oct-16	31-Mar-21
83	Cape Town	8.5	Parow - Tygerberg Hospital - Hot water system upgrade	01-Mar-19	31-Mar-22
84	Cape Town	8.5	Parow - Tygerberg Hospital - Medical Gas Upgrade	02-May-17	01-Mar-22
85	Cape Town	8.5	Parow - Tygerberg Hospital - Replacement (PPP)	01-Apr-12	30-Jun-24
86	Cape Town	8.6	Observatory - Observatory FPL - Replacement	01-Apr-12	07-Jun-19
87	Cape Town	8.6	Parow - Cape Medical Depot - Replacement	31-Oct-18	30-Apr-23
88	Central Karoo	8.6	Laingsburg FPL - Replacement	01-Aug-14	30-Dec-29
89	Central Karoo	8.6	Nelspoort Hospital - Repairs to Wards	15-Aug-17	31-Mar-21
90	Eden	8.6	Knysna FPL - Replacement	01-Nov-14	29-May-22

### Facilities that were Closed or Downgraded in 2018/19

No facility was closed down or downgraded in 2018/19.

### Current State of Capital Assets

As stipulated in the Government Immovable Asset Management Act, the Department annually prepares a User Asset Management Plan. According to the Department's 2019/20 User Asset Management, the current state of the Department's capital assets is as follows.

#### Current condition of State-owned Facilities

Condition Status	Number of facilities	Percentage
C5	17	5%
C4	174	51%
C3	136	40%
C2	16	4%
C1	0	0%

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

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

## Maintenance

### Progress made on the maintenance of infrastructure

The table below provides a summary of the budget and expenditure, per maintenance category, for 2018/19.

Maintenance per category	2018/2019		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000
<b>Maintenance – Day-to-day</b>			
<i>PES: Infrastructure</i>	47 664	42 849	4 815
<b>Maintenance – Day-to-day (Management Contract)</b>			
<i>PES: Infrastructure</i>	26 650	18 819	7 831
<b>Maintenance – Emergency</b>			
<i>PES: Infrastructure</i>	7 861	6 856	1 005
<b>Maintenance – Routine</b>			
<i>HFRG</i>	69 795	71 400	(1 605)
<b>Maintenance – Scheduled</b>			
<i>HFRG</i>	180 118	162 377	17 741
<i>PES: Infrastructure</i>	2 000	276	1 724
<i>PES: Maintenance</i>	64 692	49 104	15 588
<b>TOTAL</b>	<b>398 780</b>	<b>351 681</b>	<b>47 099</b>

## Scheduled Maintenance projects completed in 2018/19

The following Scheduled Maintenance projects achieved Practical Completion in 2018/19:

- Ashton - Zolani Clinic - General upgrade and maintenance (Alpha)
- Bellville - Karl Bremer Hospital - Nurses Home lift upgrade (Alpha)
- Clanwilliam Ambulance Station - General upgrade and maintenance (Alpha)
- Goodwood CDC - Pharmacy compliance and general maintenance
- Observatory - Groote Schuur Hospital - Mechanical work to AC in Anzio Building
- Observatory- Groote Schuur Hospital - Maternity Block Lift Upgrade (Alpha)
- Parow - Tygerberg Hospital - Boiler upgrade
- Parow - Tygerberg Hospital - Water reticulation incl borehole
- Rondebosch - Red Cross War Memorial Childrens Hospital - Fire compliance and fire detection
- Various Facilities - 8.1 Fencing - Overberg (Botriver Clinic)
- Various Facilities - 8.1 Fencing - Overberg (Genadendal Clinic)
- Various Facilities - 8.1 Fencing - Overberg (Hawston Clinic)
- Various Facilities - 8.1 Fencing - Overberg (Pearly Beach Satellite Clinic)
- Various Facilities - 8.1 Fencing - Overberg (Voorstekraal Satellite Clinic)
- Various Facilities - 8.1 Fencing Cape Winelands (Aan-het-pad Clinic)
- Various Facilities - 8.1 Fencing Cape Winelands (Breerivier Clinic)
- Various Facilities - 8.1 Fencing Cape Winelands (Cloetesville CDC)
- Various Facilities - 8.1 Fencing Cape Winelands (De Doorns Clinic)
- Various Facilities - 8.1 Fencing Cape Winelands (Idas Valley Clinic)
- Various Facilities - 8.1 Fencing Cape Winelands (Kylemore Clinic)
- Various Facilities - 8.1 Fencing Cape Winelands (Op die Berg Clinic)
- Various Facilities - 8.1 Fencing Cape Winelands (Worcester CDC)

## Processes in place for the Procurement of Infrastructure Projects

Procurement of all construction related projects is governed by the Construction Industry Development Board Act (No. 38 of 2000). The delivery of Capital and Scheduled Maintenance projects is carried out by WCGTPW, as the Implementing Agent of WCGH. Accordingly, procurement for these projects is carried out by Supply Chain Management (SCM) in WCGTPW. However, the implementation of Day-to-day, Routine and Emergency Maintenance at health facilities is the responsibility of WCGH, and procurement thereof is thus through WCGH. During the 2017/18 financial year, procurement of these three forms of maintenance was carried out as follows:

- Routine Maintenance: Utilisation of Term Service Contracts procured through the Directorate: SCM in WCGH
- Day-to-day Maintenance: Utilisation of a Framework Agreement, procured by WCGTPW

Day-to-day Maintenance: Utilisation of a Framework Contract for a Management Contractor procured by WCG: Education

Emergency Maintenance: Procured by WCGH (Directorate: Engineering and Technical Support), in alignment with procedure outlined in the Maintenance Protocol.

### Maintenance Backlog & Planned Measures to reduce the Backlog

The current maintenance backlog is reflected in the table below, which has been extracted from the Department's 2019/20 User Asset Management Plan (U-AMP). The U-AMP is the primary strategic document utilised by the Department with respect to health infrastructure planning.

Health Facilities Maintenance Backlog			
	Backlog	2018/19	2019/20
	Estimated Value of Buildings	45 787 983 000	45 787 983 000
	Estimated Value of Buildings Escalated @10% P.A.	45 787 983 000	50 366 781 300
	Cost of Maintenance Required @ 3.5% P.A.	1 602 579 405	1 762 837 346
	Actual Maintenance Budget including Rehabilitation, Renovations & Refurbishments, and Scheduled, Routine and Day-To-Day Maintenance at Hospitals	725 962 000	661 719 000
	Estimated Total Backlog as at March 2018 and increased in following year according to backlog not addressed per annum	876 617 405	1 977 735 751
Notes			
	<ul style="list-style-type: none"> <li>• Replacement value based on existing building areas. Areas not used are to be relinquished to reduce maintenance required per year</li> <li>• Bidding amounts for 2020/21 and beyond are not included</li> </ul>		

While the above figures are only estimations, they do indicate a sharp increase in the maintenance budget required by WCGH to address the maintenance backlog, thereby ensuring that all facilities are returned to optimal condition. Such budget is not currently available, and the Chief Directorate therefore analyses the situation annually. Initial work has commenced to further refine the life cycle approach to render a more scientific process. To this end, WCGH is investigating the possible use of WCGTPW's asset management system and its current data quality.

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

Scheduled Maintenance projects are currently being prioritised by means of FCAs undertaken by WCGTPW and end-user inputs. These assessment reports have cost estimates and condition ratings to assist in determining budget allocation for maintenance needs. For further information in this regard, please refer to the Department's U-AMP<sup>3</sup>.

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

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

- The continuation of the Performance Based Incentive System with the major focus on performance, governance and planning.
- WCGTPW has outsourced additional built environment support services.

## Asset Management Plan

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

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



# PART C

## GOVERNANCE

## PART C: Governance

### Introduction

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

### Risk Management

#### Risk Management Policy & Strategy

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

In compliance with the PSRMF and to further embed risk management within the Department, the Western Cape Government (WCG) has adopted an ERM Policy Statement which sets out the WCG's overall intention with regard to ERM. The Department adopted an ERM Policy and Strategy for the period 2018/19 – 2020/21, approved by the Accounting Officer on 27 September 2018 respectively; and an ERM Implementation Plan for 2018/19, approved by the Accounting Officer during the 2018/19 financial year. The ERM Implementation Plan gave effect to the departmental ERM Policy and Strategy and outlines the roles and responsibilities of management and staff in embedding risk management in the Department.

#### Risk Assessments

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

#### Risk Management Committee

The Department has an established Departmental Risk Management Committee to assist the Accounting Officer in executing her responsibilities relating to risk management. The Committee operated under a Terms of Reference for the period 2018/19 – 2020/21, approved by the Accounting Officer on 26 September 2019. The Departmental Risk Management Committee in the main evaluated the effectiveness of the mitigating strategies implemented to address the risks of the Department and recommended further action where relevant. Material changes in the risk profile of the Department were escalated to the Accounting Officer and Top Executive Management (TEXCO).

#### Role of the Audit Committee

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

## Progress with the Management of Risk

There has been significant progress with the management of risks during the 2018/19 financial year, resulting in a satisfactory MPAT score level 3 in 2018/19. In 2018/19, 7 departmental risks were identified through a rigorous process of engagement. The quality of the conversations around risks has improved. Risk management is also a standing item on the agenda of Top Management meetings, where the Department Risk Report is tabled quarterly.

The following table lists the 7 strategic risks with their residual ratings as at 31 March 2019.

Risk	Residual Rating
1. Budget constraints	<b>Low</b> (Impact = 1: Likelihood = 2)
2. Staff related security incidents	<b>High</b> (Impact = 2: Likelihood = 4)
3. Stock-outs of essential pharmaceutical goods	<b>Moderate</b> (Impact = 2: Likelihood = 2)
4. Fraud	<b>Low</b> (Impact = 1: Likelihood = 3)
5. Service delivery pressures	<b>Extreme</b> (Impact = 3: Likelihood = 4)
6. Water shortage	<b>Low</b> (Impact = 1: Likelihood = 2)
7. Aging infrastructure & Health Technology	<b>High</b> (Impact = 2: Likelihood = 4)

## Fraud & Corruption

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

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

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

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

Employees and workers who blow the whistle on suspicions of fraud, corruption and theft are protected if the disclosure is a protected disclosure (i.e. meets statutory requirements e.g. was made in good faith).

Following amendments by the Protected Disclosures Amendment Act, No 5 of 2017 the transversal Whistle-blowing Policy was reviewed and the revised Whistle-blowing Policy was approved on 18 July 2018. The Policy provides guidelines to employees and workers on how to raise concerns with the appropriate line management, specific designated persons in the WCG or external institutions, where they have reasonable grounds for believing that offences or improprieties have been or are being perpetrated within the WCG. The opportunity to remain anonymous is afforded to any person who would like to report acts of fraud, theft and corruption and should they do so in person, their identities are kept confidential by the person to whom they are reporting.

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

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

Cases	No.
Open cases as at 1 April 2018	8
New cases (2018/19)	8
Closed cases (2018/19)	(10)
Open cases as at 31 March 2019	6

The following table further analyses the closed cases indicated above:

Outcomes of Cases Closed	No.
Allegations substantiated - 1 case of fraud (case reported to SAPS); - 1 case of fraud and/or irregularity and/or non-compliance (case was reported to SAPS); - 1 case of fraud and/or corruption / Irregularity and/or non-compliance (case was reported to SAPS); and - 1 cases of irregularity and/or non-compliance.	4
Only preliminary investigation with no adverse findings	4
Only preliminary investigation with no findings but with recommendations	2

### Minimising Conflict of Interest

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

- The Code of Conduct document as issued by National Treasury;

- The Departmental Non-Disclosure Agreement (NDA); and
- Electronic disclosure of financial interest by all officials as per Public Service Regulations (PSR) 2016.

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

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

A Conflict of Interest report is received from PT quarterly, indicating any possible conflict of interest to be followed up and resolved.

The Central Supplier Database (CSD) now also runs a real-time check on the Companies and Intellectual Property Commission's website to determine any conflict of interest. Conflict will be indicated on the CSD Report to be followed up and confirmed by the end-user.

The following process is followed where conflict of interest was identified:

- If possible conflict of interest is identified the officials and/or bidder is formally approached, in writing, indicating the Department's intention to restrict, due to possible conflict of interest arising.
- The parties involved are then afforded 14 working days to present the Department with written representation as to why it should not proceed with the restriction.
- The written representation, received from the official or bidder, will be thoroughly assessed to determine credibility.
- Should the response be accepted, the Department will communicate the withdrawal of restriction, in writing, to the bidder or official.
- Should the Department not receive any written presentation at all, or non-satisfactory presentation, the Department will communicate in writing the final decision to proceed with the restriction on the National list of restricted suppliers.

## Code of Conduct

All Public Servants occupy a position of trust. With this trust comes a high level of responsibility which is expected to be matched by the highest standards of ethical behaviour from each Public Servant.

Chapter 2, Part 1 of the Public Service Regulations of 2016, encourages the public service employees to behave ethically, to report internally any corrupt activities (whistle blowing) and to create a culture of efficiency and effective administration that promotes ethical Conduct. The Department of Health leadership behaviour charter, set the standard of behaviour expected from each employee within the Department, irrespective of rank or position. These measures enable a workplace culture which is premised on strong ethics and integrity as part of the governance framework, which is fundamental to good organisational performance.

Chapter 2, Part 3 of the Public Service Regulations of 2016, also provides for the establishment of an Ethics Committee. The Ethics Committee is to provide oversight on ethical management in the Department. An Ethics and Integrity Management Strategy and Implementation Plan was approved by the Head of Department. This implementation plan outline steps to be followed by the Department to promote ethical conduct.

During 2018/19 the Department, sensitised 557 employees by various awareness sessions of the expected standard of conduct and to encouraged ethical conduct.

### **Health, Safety & Environmental Issues**

The WCG: H has approved the strategic 5-year plan to formalise Safety, Health, Environment, Risk and Quality (SHERQ) management in the Department. For the next 5 years the following areas will be focused on:

- Statuary appointments
- Committee compliance
- OHS Provincial forum
- Risk Assessment and Management
- OHS Training and
- Medical Surveillance

The provision of a healthy workplace remains a focus area. Health risk assessments conducted have highlighted various hazards. In light of the high prevalence of occupational TB, particular attention is being paid to the risk of acquiring occupational TB and of risk control measures of adequate ventilation and space provision to prevent the spread of infectious diseases. In order to standardise medical surveillance and post exposure management for common hazards, four of the 16 identified protocols have been completed with a further six in final draft stages.

In order to ensure the Occupational training needs of the Department are met. The Department has contracted NOSA Pty Ltd for 3 years 2017 – 2019 to render Occupational Health and Safety Training in the following areas. Below please find training statistics.

## Department of Health Occupational Health Training (July 2017 – March 2019)

	First Aid Level 1	Fire Fighting Level 2	OHS Rep Training	Incident Investigation	Evacuation Training
TOTAL TRAINED	809	1 169	466	292	484

The Department is currently developing specifications to appoint a new service provider and revisiting the needs of occupational health and safety in the Department.

The use of alcohol-based hand sanitisers is being rolled out to health facilities. In particular, a new standard of care for surgical hand preparation using alcohol based hand rub was adopted. Whilst the purpose is to adhere to both the National Core Standards and National Department of Health's requirement to promote hand hygiene, it also acts as a water-savings mechanism.

The current contract for a specialist company to remove and process health care risk waste expires in August 2018. Procurement is underway for the appointment of the new service provider(s). Alternative health care risk waste management technology, installed at Khayelitsha Hospital in 2016/17 as a pilot project, is being monitored. Compliance with regulations for health care risk waste storage areas remains a priority.

## SCOPA Resolutions

Subject	Details	Response by Department	Resolved (Yes/No)
<ul style="list-style-type: none"> <li>Resolution no.: Page: 143 of the 2017/18 Annual Report</li> </ul>			
<p><b>Heading:</b> "Fraud and Corruption"</p> <p><b>Description:</b> The Committee notes that during the 2017/18 financial year, 22 cases were investigated by the Provincial Forensic Service. At the end of the 2017/18 financial year, 14 of the 22 cases were closed, while 8 remained open.</p>	<p>That the Department, in all future annual reports, provide a footnote in order to give a detailed breakdown of all the cases, the nature of these cases, which cases were referred to the South African Police Services, including the outcome of each case.</p>	Implemented	Yes

## Prior Modification to Audit Reports

### Finance

No matters to report.

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
School Grade 1 and Grade 8 learners screened	Material findings	2017-18	<ul style="list-style-type: none"> <li>Completed. Ongoing monitoring.</li> </ul>
Infant PCR test positive around 10 weeks' rate	Other important matters	2017-18	<ul style="list-style-type: none"> <li>Retraining was concluded. Data quality monitoring is ongoing.</li> </ul>
TB client treatment success rate		2016-17	<ul style="list-style-type: none"> <li>Completed. The annual report was revised accordingly.</li> </ul>
Medical male circumcisions Measles 2nd dose coverage Service register vs RMR and Sinjani Neonatal death in facility rate Immunization fully under 1 year coverage Cervical cancer screening coverage (annualised) TB client lost to follow up rate Antenatal first visit before 20 weeks rate PHC utilisation rate		2015-16	<ul style="list-style-type: none"> <li>Retraining was concluded. Data quality monitoring is ongoing.</li> </ul>
Complaints resolution within 25 working days rate (PHC facilities)		2016-17	<ul style="list-style-type: none"> <li>Completed. SOP revised.</li> </ul>
Mother Postnatal visit within 6 days after delivery		2015-16	<ul style="list-style-type: none"> <li>Retraining was concluded. Data quality monitoring is ongoing. NIDS review to extend days was postponed to 2020.</li> </ul>
Completeness: Louwville Clinic CDC Control deficiencies: Primary Health Care (PHC) facilities walkthrough tests Control deficiencies: Primary Health Care (PHC) facilities: Test of detail		2015-16	<ul style="list-style-type: none"> <li>Data quality monitoring was improved and is ongoing.</li> </ul>
Completeness: New Beginnings Step-down		2015-16	<ul style="list-style-type: none"> <li>Completed. Facility transitioned to electronic system.</li> </ul>
Planned information not useful: APP 18-19		2015-16	<ul style="list-style-type: none"> <li>Completed. Explanatory comment inserted in 18-19 annual report.</li> </ul>
Control deficiencies: Hospital walkthrough test		2015-16	<ul style="list-style-type: none"> <li>Completed. Report query was revised and data updated accordingly.</li> </ul>
Control deficiencies: Hospitals: Test of detail		2015-16	<ul style="list-style-type: none"> <li>Completed. A bed change control process is in place. The facility was retrained on this process.</li> </ul>

## Human Resources

No matters to report.

## Internal Control Unit

### Finance

Currently the Department makes use of the Internal Assessment (IA) to monitor the levels of compliance with the regulatory framework. The IA is a batch audit instrument, monitoring compliance, mainly in the procurement process, of the transaction relating to a specific batch. The instrument consists of a number of tests to determine whether the procurement process which was followed is regular, as well as whether the batch is complete and audit ready.

A sample is selected monthly of all payment batches, normally consisting of 10 per cent of all batches generated for the month. The batches are selected from a number of expenditure items, which were selected based on the probable risk associated with the specific item, for example maintenance, agency staff, etc. These items are re-assessed every year to ensure that changing risk profiles are addressed. Non-compliance with all the tests relating to the procurement process may result in irregular Expenditure.

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

For 2018/19 the Department will report R12.886 million IE which equates to only 0.17 per cent of the Good and Services Budget and confirms that the Department's compliance controls are predominantly working effectively.

## Information Management

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

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

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

Facilities are selected for assessment based on previous audit and assessment findings, special requests from districts and facilities for interventions and those identified through routine data monitoring as high risk. The ICU assesses the facilities using a standardised assessment tool which mimics the methodology used by the auditor general as well as issues of compliance identified to be a risk. After the assessment, remedial actions are developed or revised and implemented with the facility and sub-district. General outcomes of ICU assessments are fed back to the broader departmental structures to assist in, amongst other things, training and performance evaluations and to inform information management priorities.

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

The unit also supports the health facilities in preparation for internal and external audits and acts as a liaison between the auditor and the entity being audited. This function goes a long way towards assisting facilities to reduce non-compliance findings during the AGSA audits.

## Human Resources

The Department intends maintaining its track record of a clean audit report in respect of PM compliance matters. The purpose of the People Management, Compliance and Training sub-directorate is to render an efficient and effective client/consultancy support service to people management offices and line managers at Institutions, districts and regions, with specific reference to the application of the Public Service regulatory framework. In order to achieve the above-mentioned, compliance investigations, informal- and formal functional training as well as continuous evaluation of required capacity in terms of the current and newly created organisational structures are conducted.

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

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

- Compliance Investigations were attended to at various Institutions. During these investigations, informal training was provided to all the PM Staff at the relevant Institutions.
- Continuous support to Rural District Health Services, with compliance and monitoring at the three Regional (Paarl-, George- and Worcester) and Groote Schuur hospitals.
- HR Functional training on leave audits were conducted at 14 institutions and training to DICU's were conducted regarding the Quarterly Action Plan and how to conduct compliance investigations.
- Ad-hoc investigations were conducted that included the following:
  - Commuted overtime Policy, Guidelines and Monitoring Tools as well as underpayment of COT.
  - Grievances regarding Radiographers working hours.
  - Investigation regarding alleged overtime abuse at a Rural Hospital.
  - Leave audits of all employees planning to retire within the year is performed order to determine in advance if there is any leave over grants to prevent overpayments.
  - Initiated Debt Project in order to ensure correct procedures are followed to recover debt to reduce the amount of debt that is written off by the Department. Informal training was also provided at 36 Institutions on the Management of Debt.
  - Cost containment strategies identified in the Internal Audit Report, i.e.
  - Internal Audit - COT vs Maternity leave.
  - Remunerative work outside the employee's employment (RWOEE) - Employees being on leave & Working RWOEE and employees performing RWOEE with no approval on PERSAL.
  - Rostering of Nursing shifts at Rural Hospitals.
- Consolidation of PM Functions at Rural Districts.

## Internal Audit & Audit Committee

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

Assess and make appropriate recommendations for improving the governance processes in achieving the Department's objectives;

Evaluate the adequacy and effectiveness and contribute to the improvement of the risk management process; and

Assist the Accounting Officer in maintaining efficient and effective controls by evaluating those controls to determine their effectiveness and efficiency, and by developing recommendations for enhancement or improvement.

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

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

- Internal Audit function;
- External Audit function (Auditor General of South Africa - AGSA);
- Departmental Accounting and reporting;
- Departmental Accounting Policies;
- AGSA management and audit report;
- Departmental In-year Monitoring;
- Departmental Risk Management;
- Internal Control;
- Pre-determined objectives; and
- Ethics and Forensic Investigations.

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

Name	Qualifications	Internal or external	If internal, position in the Department	Date appointed	Date Resigned	No. of Meetings attended
Mr Ronnie Kingwill <sup>1</sup>	BCOM CTA; CA(SA);	External	N/A	01 Jan 2019 (2 <sup>nd</sup> term)	N/A	7
Mr Terence Arendse	CTA, CA (SA)	External	N/A	01 Jan 2017 (2 <sup>nd</sup> term)	N/A	7
Ms Bonita Petersen	BCOM, BCOM (Hons), CA (SA)	External	N/A	01 Jan 2017 (2 <sup>nd</sup> term)	N/A	7
Mr Francois Barnard	BProc BCompt (Honours); CTA; Postgrad Dip Audit; MCom (Tax); CA (SA)	External	N/A	01 Jun 2018	N/A	5
<b>Note</b>						
<ul style="list-style-type: none"> <li>Chairperson since 1 January 2019</li> </ul>						

## Audit Committee Report

We are pleased to present our report for the financial year ended 31<sup>st</sup> March 2019.

### Audit Committee Responsibility

The Audit Committee reports that it has complied with its responsibilities arising from **Section 38 (1) (a) (ii)** of the **Public Finance Management Act (PFMA) and National Treasury Regulations 3.1.13**. The Audit Committee also reports that it has adopted an appropriate formal Terms of Reference, has regulated its affairs in compliance with these Terms and has discharged all its responsibilities as contained therein.

### The Effectiveness of Internal Control

In line with the PFMA and the King IV Report on Corporate Governance requirements, Internal Audit provides the Audit Committee and Management with reasonable assurance that the internal controls are adequate and effective. This is achieved by an approved risk-based internal audit plan, Internal Audit assessing the adequacy of controls mitigating the risks and the Audit Committee monitoring implementation of corrective actions.

The following internal audit engagements were approved by the Audit Committee and completed by Internal Audit during the year under review:

### **Assurance Engagements:**

- DPSA Directive Delegations
- Transfer Payments
- Recruitment and Selection
- Supply Chain Management: Contract Management

### **Consulting Engagements:**

- Corporate Governance – Enterprise Risk Management

### **Follow-ups:**

- Two DPSA Directive Delegations
- Three Transfer Payments
- Safety and Security of Staff and Infrastructure at Facilities
- Facility Warehouse Management
- Commuted Overtime

The internal audit plan was completed for the year. The areas for improvements, as noted by internal audit during performance of their work, were agreed to by management. The Audit committee continues to monitor the actions on an on-going basis.

### **In-Year management & Monthly/Quarterly Reports**

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

### **Evaluation of Financial Statements**

The Audit Committee has:

- Reviewed and discussed the Audited Annual Financial Statements to be included in the Annual Report, with the Auditor-General South Africa (AGSA) and the Accounting Officer;
- Reviewed the AGSA's Management Report and Management's responses thereto;
- Reviewed changes to accounting policies and practices as reported in the Annual Financial Statements; and
- Reviewed material adjustments resulting from the audit of the Department.

## Compliance

The Audit Committee has reviewed the Department's processes for compliance with legal and regulatory provisions.

## Performance Information

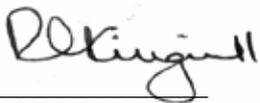
The Audit Committee has reviewed the information on predetermined objectives as reported in the Annual Report. We concur with the findings of the AGSA as reviewed and management's responses thereto.

## Report of the Auditor General of 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.

The Audit Committee commends the Accounting Officer and her team on addressing the control deficiencies previously reported and their efforts to progress to a clean audit in this Department.

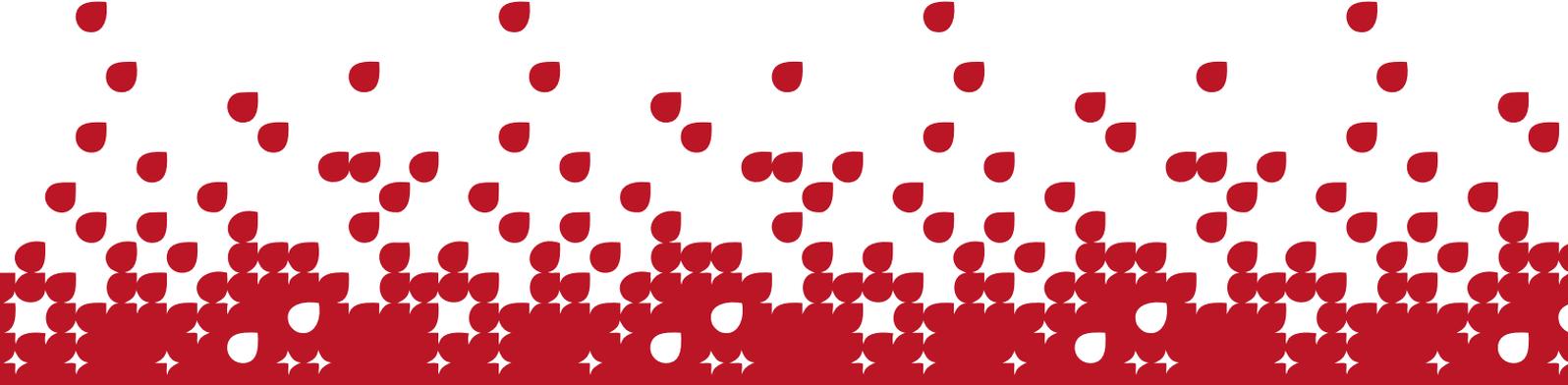


**Mr Ronnie Kingwill**

**Chairperson of the Health Audit Committee**

**Date: 25 July 2019**





# PART D

HUMAN RESOURCE MANAGEMENT

## Part D: Human Resource Management

### Legislation that governs Human Resource Management

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

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

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

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

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

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

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

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

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

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

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

### Employment Equity Act (55 of 1998)

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

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

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

### Skills Development Levy Act (9 of 1999)

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

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

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

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

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

## Introduction

People Management (PM) has a pivotal role in ensuring the success of the Healthcare 2030 strategy to address the requirements for a person-centred quality health service, as employees are the most critical enabler. The Human Resources for Health Strategy (HRH, 2011), in terms of the Public Service legislative framework, will significantly influence the strengthening of health systems toward delivering the Public Value of improved health and wellness, a long quality of life and a good experience of the Department's services. This will contribute to population outcomes and the achievement of the Healthcare 2030 principles below:

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

## Value of Human Capital in the Department

### The Status of Human Resources in the Department

The Department employs 31 549 staff members who are comprised of 63 per cent health professionals and 37 per cent administrative support and non-health professional staff. 93 per cent of the employees are employed in a permanent capacity.

### Overview of the workforce

The Department employs 31 914 staff members who are comprised of 64 per cent health professionals and 36 per cent administrative support staff. 92 per cent of the employees are employed in a permanent capacity.

### Overview of the workforce

- 72 per cent are females and 28 per cent are males.
- 32 per cent are Black; 14 per cent are White, 52 per cent are Coloured and 2 per cent are Indian.
- 54 per cent of senior management positions are held by females.
- SMS Breakdown:
  - 3 per cent African Female
  - 6 per cent African Male
  - 26 per cent Coloured Female
  - 20 per cent Coloured Male
  - 2 per cent Indian Female
  - 5 per cent Indian Male
  - 23 per cent White Female
  - 15 per cent White Male

- 208 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 newly appointed staff to forty years.
- The age profile of the workforce is:
  - 3 per cent under 25 years
  - 44 per cent aged 25 to 40 years
  - 41 per cent aged 41 to 55 years
  - 9 per cent aged 56 to 60 years
  - 3 per cent aged 61 to 65 years

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

- Head office (centralised level) provides for policy development, strategic co-ordination, monitoring and evaluation, and provincial oversight of people management.
- Regional/district offices (decentralised level) provides for decentralised oversight and implementation support of PM policies and prescripts.
- Local institutional level (i.e. district, regional, specialised, tertiary and central hospitals) is where the majority of staff is managed and where the implementation of PM policies occurs.

### **People Management Priorities for 2018/19 and the Impact of these Priorities**

WCG: Health has a staff establishment of 31 914 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 treat patients as cases on a daily basis. The biggest unintentional casualty is the human and caring factor in the service. To effectively address this there will be, amongst others, a greater focus on a transformed organisational culture including increased mindfulness of living the values of the Department on a daily basis. Leadership and management development is furthermore regarded as key factors in the Department's transformation journey. This requires the involvement of leaders at all levels and the incorporation of a values based system within all PM practices and processes.

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

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

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

### **Scarce Skills**

Occupational categories are continuously monitored to identify categories of scarcity through analysis of the difficulties in filling posts, attrition and the reasons thereof. Scarce skills planning must ensure that there is a pipeline of talent to meet demand. The recruitment and retention of scarce skills is enabled through the Occupation Specific Dispensation (OSD) and bursary funding. The nurse specialty categories, radiography specialties, forensic pathology specialists and technicians, engineers and medical case managers are the significant areas of focus.

### **Clean HR Audit**

The Department achieved a clean audit report in 2017/18 in respect of PM matters. The implementation of the PM Compliance Monitoring Instrument (CMI) and Quarterly HR Audit Action Plan, including a focus on training and development in people management processes and practices, has proven to be effective in improving compliance with the PM regulatory framework.

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

The PM CMI in conjunction with PERSAL reports are furthermore utilised by the Component PM Compliance and Training 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**

An effective Provincial Public Health and Social Development Sectoral Bargaining Chamber where negotiations and consultation with organised labour take place were held throughout the reporting period. There were 8 Chamber meetings.

Disciplinary transgressions such as fraud, theft, sexual harassment, discrimination and Provincial Forensic Services Investigative outcomes are being dealt with at Provincial level, to ensure efficiency and consistency in the handling of such cases. There is continuous capacity building and outreach to managers and employees to effectively handle labour relations matters.

## Employment Equity

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

The Department is in the process of reviewing the Employment Equity clusters to further decentralise the clusters.

A diversity facilitator has been contracted to engage with senior management regarding issues of diversity, transformation and the commitment towards achieving employment equity numerical targets.

## Barret Values Survey

Organisational Culture is the collective behaviour that dominates how employees live and work within the Department and the organisational culture shows what is valued. Organisational Culture has a direct impact on employee engagement and the Department's performance capability. The prevailing culture that affects the organisation's functionality versus dysfunctionality is called cultural entropy.

The Barrett Values Survey is a diagnostic tool to measure organisational culture that exists within an organisation. It gives an indication of personal values of employees and the current culture they experience, but also indicates what the desired culture should be and what to focus on to achieve this. The Department of Health participated in their 4<sup>th</sup> Barrett Value Survey in August 2017, which was available to employees online. The Department's participation rate increased consistently since 2011 with a significant improvement in the participation during 2015 and 2017 respectively. Key factors that influence the willingness of employees to voice their opinion about the organisational culture were the strong advocacy by the Head of Department, senior managers and the Chief Directorate People Management in the Department to complete the survey.

The cultural entropy has decreased by at least 2 percentage points with each survey. The Department's entropy decreased consistently from 26 per cent in 2011 to a much lower entropy score of 18 per cent in 2017. The Department recognizes that it wishes to continue to improve and reduce the entropy level below the current 18 per cent.

The Department's current culture is highly aligned based on the outcomes of the Barrett Values Survey 2017. This means that there are no immediate hindrances experienced in the current culture, with the exception of controlling behaviour being experienced.

There were 5 matching values, which is significant in demonstrating the alignment between the desired culture and what the staff experience. Excessive attention to controls was noted as a limiting factor.

There are many positive aspects of the Department's current culture that enables employees to live out some of their personal values, namely accountability, caring, respect, honesty, responsibility and commitment. Employees indicated that the organisation is client-orientated and accessibility is a key component of the current culture. These are strong relational and organisational values that employees would like to continue seeing in the desired culture of the Department.

Certain needs have been expressed by employees, which have not been fulfilled since the 2015 Barrett Values Survey. These needs are represented by the following values that remain a gap in the current culture:

- Employee recognition
- Fairness

The Department has made increased efforts to recognise staff. These include recognising leaders who embody the competencies and abilities to connect, collaborate, learn, adapt and handle complexities. The **Boundary Spanning Leadership** awards and **Innovation Exhibition** was celebrated at the 2019 Annual Health Indaba to fulfil employee recognition values. These efforts are the Departments intent, in conjunction with recognition awards ceremonies within facilities to be a values driven organisation and address the unfulfilled needs.

DotP, PTM has decided that the Barret's Value Survey will not be conducted in 2019 and the pilot Values Based Leadership Program within DotP, has been prioritised for 2019.

### Staff Satisfaction Survey

WCG: Health conducted a staff satisfaction survey (SSS) during April and May 2018 throughout all districts, institutions and directorates within the Department. The survey was conducted by means of a self-administered questionnaire which was available in all three official languages. The survey was available online as well as in a paper based format for those staff members who do not have access to emails. There was a total of 7 379 responses received and this represents a 23.6 per cent (31 192) response rate.

The aim of the SSS was to assess the organisational climate among employees in terms of their thoughts and opinions of the organisation, their job and their work environment. The primary dimensions assessed in the survey were related to opinion of the organisation, communication and consultation, leadership style, team functioning, drivers of commitment and retention, physical work environment, safety and security, performance appraisal and evaluation, support service provided, education and training, perceptions of change and individual wellness. The staff satisfaction survey comprised of 77 questions. The questionnaire is based on the national core standards as well the DPSA Wellbeing Framework. There was 1 qualitative question that was asked on the survey, "What are the 3 things which will make the place at which you work a better place?" Twelve thousand six hundred and ninety-three (12 693) responses were received to this question.

The top five sub-themes that emerged were:

- Physical environment (operating conditions) (14.1 per cent); More staff (10.8 per cent) (other people);
- Resources (10.8 per cent) (operating conditions);
- Communication (8.4 per cent) (other people); and
- Supervision (8.2 per cent) (other people).

The most frequently emerging sub-theme related to the physical environment in 2018. This has changed from 2016 to which most feedback concerned the need for more staff.

The overall areas of greatest satisfaction and dissatisfaction are depicted below.

### Areas of Greatest Satisfaction

Dimension	Item assessed	2016	2018
Drivers of commitment and retention	I am clear as to what I am supposed to accomplish at work	85.92%	81.21%
Drivers of commitment and retention	I understand how my job contributes to the organisation's objectives	86.08%	79.90%
Team Functioning	I have good relationships with my colleagues	84.05%	79.36%
Team Functioning	I am able to consult my colleagues when I am faced with an unexpected or challenging situation at work	81.92%	78.01%
Drivers of commitment and retention	I have a measure of control and influence over how my work is completed	79.23%	73.91%
Opinion of the organisation	My organisation is committed to providing quality health care to patients	77.73%	73.22%
Education and training	I have the skills and resources to perform my work effectively	81.39%	72.14%
Education and training	I am continuously learning and trying to improve myself	-	71.50%
Drivers of commitment and retention	I find the content of my work interesting and stimulating	76.85%	70.85%
Perceptions of change	I am receptive towards change and transformation	-	70.54%

### Areas of Greatest Dissatisfaction

Dimension	Item assessed	2016	2018
Communication and consultation within the organisation	Staff are actively involved in decision making and their views are taken into consideration	-	45.88%
Communication and consultation within the organisation	Staff receive feedback on their suggestions	38.25%	40.57%
Communication and consultation within the organisation	The organisation puts employee's ideas into practice	39.09%	38.56%
Physical work environment, safety & security	The restroom/tearoom facilities are adequate	40.32%	36.73%
Opinion of the organisation	The organisation treats the employees fairly	35.46%	35.32%
Leadership style	In the last 7 days I have received recognition or praise	37.17%	34.83%
Drivers of commitment and retention	People in this organisation are transparent	40.04%	34.72%
Communication and consultation within the organisation	The organisation informs employees timely about planned changes	33.74%	34.43%
Opinion of the organisation	The organisation values & cares for the employees	33.39%	32.81%
Physical work environment, safety & security	I have not experienced verbal and/or physical abuse from patients in the last year	33.16%	31.71%

The results of the survey will be used as a planning tool within the Department in order to attain person-centred care and strive towards achieving the outcomes as outlined in Healthcare 2030. In total, 13 Feedback sessions were presented to top management as well as sub-structure/district management teams within the Province.

The next Staff Satisfaction Survey will be conducted during the 2019/20 financial year. The Staff and Barret Surveys alternate yearly.

### **Employee Health & Wellness Programme**

An Employee Health and Wellness programme assists employees and the Department with maintaining a work life balance which has multi-faceted benefits. This includes increased productivity and patient centred care. This leads to reduced absenteeism, improved morale, improved departmental image as an employer of choice. Employees are happier at work and patients are able to see this in the level of care that they are provided with.

#### **Employee Health and Wellness Programme (EHWP)**

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

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

The overall engagement rate for the 2018/19 financial year, includes uptake of all services provided, amounted to 30.4 per cent during the period under review, which has increased slightly from 28.3 per cent.

During the period under review and the preceding period, the most commonly utilised service was Professional Counselling, which constitutes 49.9 per cent of total engagement in the most recent period and 46.7 per cent during the previous period.

Problems relating to Stress constituted the most commonly presenting broad problem category during the most recent review period, accounting for 20.8 per cent of all difficulties. This is unchanged from the previous comparable period, when Stress was the most commonly presenting problem, accounting for 20.0 per cent of all issues dealt with by the EHWP.

Managers accounted for 26.1 per cent (1 042 cases) of all individual utilisation, this is a decrease from 28.5 per cent (978 cases) in the previous year. The managerial consultancy service was used in 717 instances by managers to address workplace challenges in the year under review. The majority (56.0 per cent) of presenting problems from managers pertained to their staff under their management. Managers sought assistance for issues such as absenteeism, conflictual work relationships, disciplinary, performance management, general stress and work/life balance issues pertaining to their subordinates.

The formal referral process has the capacity to proactively identify and mitigate the impact of severely impacting problems on the well-being of employees. It is important that managers understand the importance of the EHWP in improving the productivity of their teams, maintaining team morale and mitigating behavioural risk to the organisation. The proportion of Western Cape Government Health users who were formally referred during the review period was 7.9 per cent (317 cases). This compares to 4.5 per cent to the public health sector. There is a significant increase in the number of assisted referrals. Employees were most commonly referred for absenteeism, stress and work/life balance issues. Face to face to counselling was provided and the majority of the cases were successfully resolved. The managerial consultancy and formal referral process ensures the referring manager is provided with support and guidance on how to manage the employee going forward. Regular reminders of the availability of this service will ensure consistent use.

The e-Care programme enables employees to manage their well-being online and sends employees a weekly e-mail with information on various health topics to promote physical and emotional well-being. For the reporting period 2018/19 (796) employees profiled themselves on the e-Care service which is an increase from the 719 profiled users in the previous reporting period. The top three health concerns amongst users have remained constant, namely and they are back/neck pain, stress, and hay fever/allergic rhinitis.

### HIV/AIDS, STI's & TB

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

A total number of 2 807 employees were tested during 2018/9, compared to a total number of 3 913 employees in the previous comparable period. The results revealed a decrease in the number of employees testing positive for HIV (17 employees tested positive during 2018/19 and 23 employees in 2017/18). Employees that tested positive are immediately provided with on-site counselling, are referred into the medical schemes HIV and AIDS programme and also referred to the Employee Wellness Programme, for further support.

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

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

There was a substantial increase in the number of OHS trained personnel at facility level. The internal Occupational Health and Safety Programme is available to institutions. The training is a two-day programme that aims to develop and capacitate employees to be competent OHS representatives. A total of 78 sessions were conducted during the reporting period covering 1202 employees. The learning outcome of the programme is to enable an understanding of the OHS Act and its relevance in the workplace with particular emphasis on:

- The Duty of the Employer (Managers, Supervisors (Section 16 Sub-section 4)
- The Duty of the Employee
- The Duties and Function of the Safety Representative
- The Role and Function of the Safety Committee
- How to conduct Risk Assessments

The Department has improved its legislative compliance to train employees in Occupational Health and Safety. The below mentioned depicts the total number of employees trained.

- First Aid 472 employees
- Fire Fighting 580 employees
- Occupational Health & Safety Rep 178 employees
- Incident Investigation 201 employees
- Emergency Evacuation 239 employees

The EHW component assisted with 69 fire drills, fire risk assessments and fire safety induction awareness sessions at various facilities.

## **Diversity Management**

The Department acknowledges the need to engage on matters of diversity in the workplace. There are measures which has been put in place to create awareness, accessibility and accommodation when embracing diversity that are inclusive of race, gender, disability, culture and language.

### **Disability**

During the 2018/19 reporting period the number of employees with a disability has increased to 202 towards the numerical target of 2 per cent on the employment of persons with disabilities.

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

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

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

## Gender

The Gender Equality Strategic Framework and the Departmental Gender Mainstreaming strategy provide the map for gender transformation within the WCGH. The Strategic Framework and Mainstreaming strategy is based on four functional pillars; creating an enabling environment, equal opportunities, a barrier free workplace and gender mainstreaming. This aligns to the Department's transformation strategy, Leadership Behaviours charter and the vision of Healthcare 2030.

During the 2018/19 reporting period the Department achieved 55 per cent women in Senior Management. Focusing on the four functional pillars, measures have been implemented in order to sustain the target achieved. These include inter alia:

- Diversity facilitation targeted at Top Management. This includes institutionalisation;
- Diversity sensitisation and awareness at all levels;
- Diversity Management;
- Gender Mainstreaming; and
- Leadership Development aiming to strengthen the leadership pipeline and embed 'everybody is a leader'.

The Department is committed to creating an enabling organisational culture that embraces diversity, equality of opportunities and a barrier free workplace where person-centered care is the core driving force.

## Change Management

To support the Department's Transformation agenda, the Change Management sub directorate implemented Change Management Competency Program across the province to build the organisations

change capability. The focus was to align change initiatives to the departmental strategies and objectives, application of change management methodologies and increase change management competency and maturity across the organisation. Additional support has been provided to the following initiatives:

- Transitioning of the CAIR program to the Leadership Development and Culture Change Initiative;
- Developing the Theory of Change as it relates to the Leadership Journey;
- Post-Merger support to District 6 Facility to ensure alignment and congruency to the departmental objectives;
- Mowbray Maternity Values and Vision revision;
- MEAP project - change management support embedded in the extensive consultation session;
- Prosci Change Management Competency Training extended to ALL HR Managers;
- Commissioning of Observatory Forensics Pathology Institute (OFPI) facility;
- Nyanga Junction Closure; and
- **Barrett Values Assessment & Staff Satisfaction Survey:** On- going support and feedback provided to Facilities to address limiting values and develop action plans;

## Nursing

### The Nursing Information Management System (NIMS)

NIMS has 3 (three) Modules:

#### The NIMS Agency Module

NIMS (Nursing information Management System) is an electronic booking system utilized to request and order supplementary nursing staff from private nursing agencies on contract with the Western Cape Government Health facilities. NIMS has been activated and staff trained at 195 health facilities in the Metro and Rural Districts.

**The NIMS Staff Module** standardizes the capturing of all staff information, streamlining and regulating all processes for capturing of staff information per facility, allocations, all types of leave. The NIMS staff module is currently activated at Helderberg Hospital, Red Cross War Memorial Children's Hospital and the two (2) central hospitals.

**The NIMS Internal Overtime Pool** was piloted and is in full use at Mitchells' Plain and Klipfontein Sub-structure. The Overtime Module assists institutions to manage and control overtime hours worked whilst allowing staff rotation within the sub-structure.

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

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

## Formal Nursing – Utilization of clinical platform

During the 2018 academic year, 3 370 nursing students, enrolled in different nursing programmes were placed for clinical learning experiences across the accredited health facilities in the province. A coordinated clinical placement system has been established for coordination of placement of all nursing students in the clinical setting from all public and private providers utilizing public health facilities for clinical training.

During the period under review, 390 community service nurses were placed in health facilities to fulfil their community nursing service obligations. The placement of community service nurses is done in collaboration with the National Department of Health and the South African Nursing Council (SANC).

## Nursing Practice

The authorisation of Clinical Nurse Practitioners (CNP's) and the dispensing of medicines by professional nurses has been addressed to comply with the legislative requirements and to promote access to service delivery. A database of authorised Nurse Practitioners has been developed and is monitored for compliance on annual bases by the Nursing Services Directorate. Nursing staffing guidelines (nurse-patient ratios) have been developed to ensure proper planning, allocation and utilisation of nurses in the clinical areas and to optimise the provisioning of quality patient care. Nursing Services Directorate participation in Inter-professional clinical governance structures such as Provincial Coordinated Governance Committees (PCGCs) was strengthened to improve clinical service standards and service delivery.

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

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

## Employee Performance Management Framework

A Performance Management and Development System (PMDS), prescribed by the DPSA, has been operational since 2003. The system is managed on a decentralised basis where each district is responsible for the completion of its processes. The head office component also plays a policy management and oversight role in this regard. The new Directive's from DPSA for salary levels 1-12 and SMS members were successfully implemented with effect from 1 April 2018.

## Employee Wellness

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

## Policy Development

- Policy development has been designated as a transversal function with the Department of the Premier as the custodian. The transversal nature of policy development also means that department-specific inputs are often not included in the final product. Policies therefore need to be accompanied by department-specific guidelines that must be drafted separately and issued in conjunction with the transversal policy. Department-specific guidelines are developed through a process of consultation with role-players in the Department in order to ensure wide participation and buy-in from managers. Achievements over the last year include:
- Further input to the draft DPSA HR Planning Guideline and Toolkit.
- Development of a proposal document and process for recognition of leaders and teams who demonstrate Boundary Spanning Leadership.
- Further in-depth review of the Recruitment and Selection policy.
- Process for implementing the revised Directive on Developmental Programmes (Internship).

## Challenges faced by the Department

### Financial Challenges

The greatest challenge is not with the design of an organisation and post structure itself, but rather the available budget to fund the post structure. The personnel budget is not sufficient to fund all posts on the approved organisation and post structure of the Department. The current funded approved staff establishment reflects a 5.7 per cent vacancy rate.

Budget constraints are deemed to continue for the 2019/20 MTEF period given the state of the economy and other related factors. This means that the Department will have to do more with less. This includes improving the productivity and efficiency amongst staff in all functional areas and on all levels within the Department. To protect the core business of the Department which is health service delivery and patient care, the impact of budget constraints need to be minimised on clinical functional areas and optimised within the administrative areas.

The Department is also busy with an alignment and efficiency of the current managerial structures within the Department of Health in terms of a Management and Efficiency Alignment Project (MEAP) in partnership with representatives from the Directorate Organisation Design of the Department of the Premier. This project is addressing functions, processes and structures and reporting lines of management and support structures across the Department. An important by-product is the revision of the methodology of addressing OD requests in the Department to ensure the resulting staff establishments are financially sustainable.

## Competencies

One of the main priority areas of our transformation journey focuses on culture change and dispersed leadership to ensure a people-centred health care system toward the overall goal of delivering public value. The Leadership and Management Development Strategy considers the individual, team-based and system competencies required to transform the organisation, and how the range of training programmes and workplace based leadership development interventions are best designed to support teamwork and distributed leadership. This will include a focus on inspiring shared values and purpose, engaging and connecting the team, relationship building, caring for self and others, and active communication.

The People Development Centre coordinates the clinical skills development of health professionals through a suite of interventions to meet the needs of staff at different stages of their career life cycle, in line with departmental needs. Training is designed to develop the skills and competencies required to deliver the various packages of care. The interventions are also aligned to continuous professional development. Given the service pressures, it is difficult for staff to leave their workstations, therefore blended learning is identified as a medium. The clinical training packages are integrated to include transversal elements in all courses that are offered.

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

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

The future role and functions of community health workers and lay counsellors within the Department are being reviewed and pose challenges in terms of the planning of appropriate training interventions for these categories.

Full-time bursaries address scarce skills to ensure continuous availability of health and support professions, while part-time bursaries are offered to existing staff to ensure they develop the critical competencies required.

Developing the functional competencies to enable the operational support services of the Department and to ensure cohesion across the different care settings is also an area of focus.

People Development also coordinates the structured youth development programme, stimulating internship, learnership and training opportunities for the young recent matriculants and unemployed graduates. The programmes are based on departmental need and the availability of interns and learners provide a pipeline of talent into entry level posts, dependent on the availability of funded posts and a formal competitive process.

## Managing of Grade Progression & Accelerated Pay Progression

With the implementation of all the occupational specific dispensation (OSD) categories, grade progression and pay progression as well as accelerated grade and pay progression was introduced. The management thereof still remains a significant challenge as individuals can be grade progressed monthly depending on their years of service and hospitals had to develop manual data systems to ensure compliance.

## Recruitment of Certain Health Professionals

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

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

## Age of Workforce

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

## Future Human Resource Plans/Priorities

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

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

## Human Resource Oversight Statistics

### Personnel related Expenditure

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

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

#### Personnel Costs per Programme for 2018/19

Programmes	Total Expenditure R'000	Personnel Expenditure R'000	Training Expenditure R'000	Goods & Services R'000	Personnel Expenditure as a percent of Total Expenditure	Average Expenditure per Employee R'000	No. of Employees
Programme 1	766 106	340 271	1 281	-	44%	511	666
Programme 2	9 328 752	5 032 114	13 232	232 424	54%	412	12 213
Programme 3	1 102 444	672 280	488	43	61%	337	1 996
Programme 4	3 622 842	2 612 953	3 676	51 558	72%	412	6 345
Programme 5	6 517 245	4 379 069	5 384	79 612	67%	479	9 134
Programme 6	321 643	137 402	321 643	2	43%	464	296
Programme 7	461 667	291 196	563	229	63%	370	787
Programme 8	922 894	50 107	870	-	5%	634	79
<b>TOTAL</b>	<b>23 043 593</b>	<b>13 515 392</b>	<b>347 137</b>	<b>363 868</b>	<b>59%</b>	<b>429</b>	<b>31 516</b>

#### Notes

- The number of employees refers to all individuals remunerated during the reporting period, excluding the Minister.
- The number is accumulative and not a snapshot at a specific date.
- Expenditure of sessional, periodical and extra-ordinary appointments are included in the expenditure but their numbers are not included in the personnel totals which inflate the average personnel cost per employee by a small margin.
- The total number of employees is the average of employees that was in service for the period 1 April 2018 to 31 March 2019.
- Goods and Services: Consists of the SCOA item Agency and Outsourced services: Admin & Support Staff, Nursing staff and Professional Staff.
- Personnel Expenditure: This excludes SCOA item HH/Employer Social Benefits on BAS.

### Personnel Expenditure by Salary Band for 2018/19

Salary Bands	Personnel Expenditure	Percent of Total Expenditure	Average Expenditure per Employee	No. of Employees
	R'000		R'000	
Lower Skilled (Levels 1 - 2)	521 335	3.84	185	2 815
Skilled (Level 3 - 5)	2 821 447	20.76	235	12 017
Highly Skilled Production (Levels 6 - 8)	3 048 809	22.44	363	8 402
Highly Skilled Supervision (Levels 9 - 12)	7 121 241	52.41	867	8 218
Senior and Top Management (Levels 13 - 16)	75 763	0.56	1196	63
<b>TOTAL</b>	<b>13 588 595</b>	<b>100.00</b>	<b>431</b>	<b>31 516</b>

#### Notes

- The number of employees refers to all individuals remunerated during the reporting period, excluding the Minister.
- The number is accumulative and not a snapshot at a specific date.
- Expenditure of sessional, periodical and extra-ordinary appointments are included in the expenditure but their numbers are not included in the personnel totals which inflate the average personnel cost per employee by a small margin.
- The Senior Management cost includes commuted overtime of health professionals which inflates the average personnel cost per employee.
- The total number of employees is the average of employees that was in service for the period 1 April 2018 to 31 March 2019.

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

### Salaries, Overtime, Housing Allowance & Medical Assistance by Programme for 2018/19

Programmes	Salaries		Overtime		Housing Allowance		Medical Assistance	
	Amount R'000	As a percent of Personnel costs	Amount R'000	As a percent of Personnel costs	Amount R'000	As a percent of Personnel costs	Amount R'000	As a percent of Personnel costs
Programme 1	306 731	2.26	973	0.01	7 552	0.06	14 003	0.10
Programme 2	4 474 966	32.93	279 744	2.06	130 537	0.96	195 317	1.44
Programme 3	577 878	4.25	32 554	0.24	22 934	0.17	40 754	0.30
Programme 4	2 256 398	16.60	197 275	1.45	70 537	0.52	108 667	0.80
Programme 5	3 618 910	26.63	486 206	3.58	99 795	0.73	148 023	1.09
Programme 6	164 744	1.21	2 911	0.02	2 816	0.02	5 089	0.04
Programme 7	244 817	1.80	21 308	0.16	10 221	0.08	16 314	0.12
Programme 8	49 765	0.37	41	0.00	206	0.00	606	0.00
<b>TOTAL</b>	<b>11 694 210</b>	<b>86.05</b>	<b>1 021 012</b>	<b>7.51</b>	<b>344 598</b>	<b>2.54</b>	<b>528 774</b>	<b>3.89</b>

#### Notes

- Salaries, overtime, housing allowance and medical assistance are calculated as a percentage of the total personnel expenditure.
- The table does not make provision for other expenditure such as Pensions, Bonus and other allowances which make up the total personnel expenditure. Salaries, Overtime, Housing Allowance and Medical Assistance amount to R13 588 595 000 of the total personnel expenditure.
- Expenditure of sessional, periodical and abnormal appointments is included in the expenditure.
- Expenditure of the joint staff on the establishment of universities (on their conditions of service) is excluded in the above.

## Salaries, Overtime, Housing Allowance & Medical Assistance by Salary Band for 2018/19

Salary Bands	Salaries		Overtime		Housing Allowance		Medical Assistance	
	Amount R'000	As a percent of Personnel costs	Amount R'000	As a percent of Personnel costs	Amount R'000	As a percent of Personnel costs	Amount R'000	As a percent of Personnel costs
Lower Skilled (Levels 1 - 2)	433 449	3.19	8 031	0.06	35 309	0.26	44 547	0.33
Skilled (Level 3 - 5)	2 374 475	17.47	75 911	0.56	152 959	1.13	218 103	1.60
Highly Skilled Production (Levels 6 - 8)	2 722 822	20.03	73 600	0.54	98 475	0.72	153 911	1.13
Highly Skilled Supervision (Levels 9 - 12)	6 088 404	44.80	863 470	6.35	57 855	0.43	111 511	0.82
Senior and Top Management (Levels 13 - 16)	75 061	0.55	0	0.00	0	0.00	702	0.01
<b>TOTAL</b>	<b>11 696 220</b>	<b>86.05</b>	<b>1 021 012</b>	<b>7.51</b>	<b>344 598</b>	<b>2.54</b>	<b>528 774</b>	<b>3.89</b>

### Notes

- The totals in the table above do balance, however, due to the fact that the data is grouped by either programme or salary band and that it is rounded off to thousands, they reflect differently.
- Expenditure of sessional, periodical and abnormal appointments is included in the expenditure.
- Expenditure of the joint establishment (universities conditions of service) is excluded in the above.
- Commuted overtime is included in salary bands Highly Skilled Supervision (Levels 9 - 12) and Senior Management (Levels 13 - 16).

## Employment & Vacancies

### Employment & Vacancies by Programme as at the 31<sup>st</sup> March 2019

Programmes	No. of Funded Posts	No. of Posts filled	Vacancy Rate percent	No. of persons additional to the establishment
Programme 1	750	650	13.33	7
Programme 2	13 092	12 438	5.00	167
Programme 3	2 092	1 981	5.31	0
Programme 4	6 751	6 411	5.04	112
Programme 5	9 860	9 302	5.66	87
Programme 6	374	260	30.48	28
Programme 7	848	788	7.08	0
Programme 8	90	84	6.67	8
<b>TOTAL</b>	<b>33 857</b>	<b>31 914</b>	<b>5.74</b>	<b>409</b>

### Notes

- Nature of appointments periodical and abnormal is excluded.
- Vacancy rate is based on funded vacancies.
- Majority of the vacant posts in programme 6 are at the Western Cape College of Nursing. WCCN was supposed to be taking over by CPUT which never materialised. WCCN posts has thus become active and is in the process of being filled.

### Employment & Vacancies by Salary Band as at the 31<sup>st</sup> March 2019

Salary Bands	No. of Funded Posts	No. of Posts filled	Vacancy Rate percent	No. of persons additional to the establishment
Lower Skilled (Levels 1 - 2)	3 067	2 870	6.42	0
Skilled (Level 3 - 5)	12 687	12 118	4.48	15
Highly Skilled Production (Levels 6 - 8)	9 165	8 418	8.15	334
Highly Skilled Supervision (Levels 9 - 12)	8 867	8 443	4.78	59
Senior and Top Management (Levels 13 - 16)	71	65	8.45	1
<b>TOTAL</b>	<b>33 857</b>	<b>31 914</b>	<b>5.74</b>	<b>409</b>

#### Notes

- The information in this section is provided as a snapshot at of the end of the financial year under review.
- Nature of appointments periodical and abnormal is excluded.
- Vacancy rate is based on funded vacancies.

### Employment & Vacancies by Critical Occupations as at the 31<sup>st</sup> March 2019

Critical Occupations	No. of Funded Posts	No. of Posts filled	Vacancy Rate percent	No. of persons additional to the establishment
Medical orthotist & prosthetist	14	14	0.00	0
Medical physicist	15	11	26.67	1
Clinical technologist	91	90	1.10	0
Pharmacist	449	436	2.90	9
Industrial technician	70	58	17.14	0
<b>TOTAL</b>	<b>639</b>	<b>609</b>	<b>4.69</b>	<b>10</b>

#### Notes

- The information in this section is provided as a snapshot at of the end of the financial year under review.
- Nature of appointments periodical and abnormal is excluded.
- Vacancy rate is based on funded vacancies.
- The high vacancy rate in Medical Physicist and Industrial Technicians seems high but there are only a few vacant posts which inflates the vacancy rate.
- The Critical Occupations is being relooked at and a new critical occupation list will be reported in the next financial year.

## Job Evaluation

Job evaluation was introduced as a way of ensuring that work of equal value is remunerated equally. Within a nationally determined framework, executing authorities are required to evaluate each new post in his or her organisation or re-evaluate any post where the post mandate or content has significantly changed. This job evaluation process determines the grading and salary level of a post. It should be understood that Job Evaluation and Staff Performance Management differ in the sense that Job Evaluation refers to the value/weighting of the activities that are associated with the post.

Job Evaluations 2018/19							
Salary Bands	No. of posts	No. of jobs evaluated	Percent of posts evaluated	Posts Upgraded		Posts Downgraded	
				No.	Percent of Posts Evaluated	No.	Percent of Posts Evaluated
Lower Skilled (Levels 1 - 2)	3 067	3	0.10	0	0.00	0	0.00
Skilled (Level 3 - 5)	12 687	7	0.06	0	0.00	0	0.00
Highly Skilled Production (Levels 6 - 8)	9 165	12	0.13	0	0.00	0	0.00
Highly Skilled Supervision (Levels 9 - 12)	8 867	11	0.12	0	0.00	0	0.00
Senior Management Service Band A (Levels 13)	55	5	9.09	0	0.00	0	0.00
Senior Management Service Band B (Levels 14)	10	0	0.00	0	0.00	0	0.00
Senior Management Service Band C (Levels 15)	5	0	0.00	0	0.00	0	0.00
Senior Management Service Band D (Levels 16)	1	0	0.00	0	0.00	0	0.00
<b>TOTAL</b>	<b>33 857</b>	<b>38</b>	<b>0.11</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>

Notes

- The majority of posts on the approved establishment were evaluated during previous reporting years, and the job evaluation results are thus still applicable.

Profile of Employees whose Salary Positions Were Upgraded due to their Posts Being Upgraded, in 2018/19					
Gender	African	Indian	Coloured	White	TOTAL
Female	0	0	0	0	0
Male	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Employees with a disability	0	0	0	0	0

Notes

None for the reporting period.

**Employees who have been Granted Higher Salaries than those determined by Job Evaluation in 2018/19**

Major occupation	No. of employees	Job evaluation level	Remuneration on a higher salary level	Remuneration on a higher notch of the same salary level	Reason for deviation
Deputy Director: Hospital development	1	11	11	12 <sup>th</sup> Notch of salary level 11	Retention
<b>Total number of employees whose salaries exceed the level determined by job evaluation (including awarding of higher notches)</b>					<b>1</b>
<b>Percentage of total employed</b>					<b>0.003%</b>

**Employees who have been Granted Higher Salaries than those determined by Job Evaluation per race group, for 2018/19**

Gender	African	Indian	Coloured	White	TOTAL
Female	0	0	0	1	1
Male	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>
Employees with a disability	0	0	0	0	0

**Employment Changes**

Turnover rates provide an indication of trends in the employment profile of the Department during the year under review. The following tables provide a summary of turnover rates by salary band and by critical occupations.

### Annual Turnover Rates by Salary Band for 2018/19

Salary Bands	No. of employees per band as at 31/03/18	Turnover rate 2017/18	Appointments	Transfers into the Department	Terminations out of the Department	Transfers out of the Department	Turnover rate 2018/19
Lower Skilled (Levels 1 - 2)	2 795	5.32	309	0	156	4	5.72
Skilled (Level 3 - 5)	12 121	5.58	982	15	680	35	5.90
Highly Skilled Production (Levels 6 - 8)	8 425	13.73	1 069	6	1 184	12	14.20
Highly Skilled Supervision (Levels 9 - 12)	8 143	16.80	1 320	23	1 218	39	15.44
Senior Management Service Band A (Levels 13)	50	5.77	2	0	4	0	8.00
Senior Management Service Band B (Levels 14)	10	0.00	0	0	1	0	10.00
Senior Management Service Band C (Levels 15)	4	0.00	0	0	0	0	0.00
Senior Management Service Band D (Levels 16)	1	0.00	0	0	0	0	0.00
<b>TOTAL</b>	<b>31 549</b>	<b>10.64</b>	<b>3 682</b>	<b>44</b>	<b>3 243</b>	<b>90</b>	<b>10.56</b>

#### Notes

- "Transfers" refer to the lateral movement of employees from one Public Service Department to another (Both Provincially & Nationally).

### Annual Turnover Rates by Critical Occupation for 2018/19

CRITICAL OCCUPATION	No. of employees per band as at 31/03/18	Turnover rate 2017/18	Appointments	Transfers into the Department	Terminations out of the Department	Transfers out of the Department	Turnover rate 2018/19
Clinical Technologist	89	17.98	19	0	18	0	20.22
Industrial Technician	63	4.76	5	0	7	0	11.11
Medical Ort & Prosthetist	12	16.67	3	0	1	0	8.33
Medical Physicist	12	0.00	3	0	4	0	33.33
Pharmacists	429	20.28	90	0	79	3	19.11
<b>TOTAL</b>	<b>605</b>	<b>17.85</b>	<b>120</b>	<b>0</b>	<b>109</b>	<b>3</b>	<b>18.51</b>

#### Notes

- "Transfers" refer to the lateral movement of employees from one Public Service Department to another (Both Provincially & Nationally).

### Staff leaving the employ of the Department in 2018/19

EXIT CATEGORY	No.	Percent of Total Exits	No. of exits as a percent of total No. of employees as at 31/03/18
DEATH	62	1.91	0.19
RESIGNATION	1 173	36.17	3.68
CONTRACT EXPIRY	1 422	43.85	4.46
DISMISSAL: ILL HEALTH	80	2.47	0.25
DISMISSAL: INCAPACITY	1	0.03	0.00
DISMISSAL: MISCONDUCT	32	0.99	0.10
RETIREMENT	445	13.72	1.39
OTHER	28	0.86	0.09
<b>TOTAL</b>	<b>3 243</b>	<b>100.00</b>	<b>10.16</b>

#### Notes

- The table identifies the various exit categories for those staff members who have left the employ of the Department.
- 1 257 of the 1 422 contract expiries were employees from the medical professions, pharmacy interns, community service and registrars.

<b>Reasons Why Staff Resigned in 2018/19</b>		
<b>Termination Types</b>	<b>No.</b>	<b>Percent of Total Terminations</b>
AGE	13	1.11%
BAD HEALTH	8	0.68%
BETTER REMUNERATION	263	22.42%
DOMESTIC PROBLEMS	8	0.68%
FURTHER STUDIES	19	1.62%
HOUSEWIFE	14	1.19%
MARRIAGE	1	0.09%
NATURE OF WORK	50	4.26%
OTHER OCCUPATION	158	13.47%
OWN BUSINESS	2	0.17%
PERSONAL GRIEVANCES	49	4.18%
PREGNANCY	1	0.09%
RESIGNING OF POSITION	573	48.85%
TRANSLATION NATURE OF APPOINTMENT	3	0.26%
TRANSPORT PROBLEM	1	0.09%
NO REASON GIVEN	10	0.85%
<b>TOTAL</b>	<b>1 173</b>	<b>100.00</b>

Notes

- Reasons as reflected on PERSAL.
- Resigning of positions are no reasons given.

<b>Different Age Groups of Staff Who Resigned in 2018/19</b>		
<b>Age Groups</b>	<b>No.</b>	<b>Percent of Total Resignations</b>
Ages <20	0	0.00%
Ages 20 to 24	18	1.53%
Ages 25 to 29	204	17.39%
Ages 30 to 34	230	19.61%
Ages 35 to 39	175	14.92%
Ages 40 to 44	139	11.85%
Ages 45 to 49	112	9.55%
Ages 50 to 54	105	8.95%
Ages 55 to 59	98	8.35%
Ages 60 to 64	85	7.25%
Ages 65 >	7	0.60%
<b>TOTAL</b>	<b>1 173</b>	<b>100.00</b>

### Granting of Employee Initiated Severance Packages by Salary Band for 2018/19

SALARY BAND	No. of applications received	No. of applications referred to the MPSA	No. of applications supported by MPSA	No. of packages approved by Department
Lower Skilled (Levels 1 - 2)	0	0	0	0
Skilled (Level 3 - 5)	0	0	0	0
Highly Skilled Production (Levels 6 - 8)	0	0	0	0
Highly Skilled Supervision (Levels 9 - 12)	1	0	0	0
Senior & Top Management (Levels 13 - 16)	0	0	0	0
<b>TOTAL</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Promotions by Salary Band for 2018/19

SALARY BAND	Employees as at the 31/03/18	Promotions to another salary level	Salary band promotions as a percent of employees by salary level	Progressions to another notch within a salary level	Notch progression as a percent of employees
Lower Skilled (Levels 1 - 2)	2 795	315	11.27	1 363	48.77
Skilled (Level 3 - 5)	12 121	616	5.08	5 957	49.15
Highly Skilled Production (Levels 6 - 8)	8 425	577	6.85	2 846	33.78
Highly Skilled Supervision (Levels 9 - 12)	8 143	478	5.87	2 898	35.59
Senior & Top Management (Levels 13 - 16)	65	4	6.15	42	64.62
<b>TOTAL</b>	<b>31 549</b>	<b>1 990</b>	<b>6.31</b>	<b>13 106</b>	<b>41.54</b>

### Promotions by Critical Occupation in 2018/19

CRITICAL OCCUPATION	No. of employees as at 01/04/18	Promotions to another salary level	Salary level promotions as a percent of employees	Progressions to another notch within a salary level	Notch progression as a percent of employees
Clinical technologist	89	11	12.36	29	33
Industrial technician	63	5	7.94	29	46
Medical orthotist and prosthetist	12	2	16.67	3	25
Medical physicist	12	0	0.00	7	58
Pharmacists	429	15	3.50	216	50.35
<b>TOTAL</b>	<b>605</b>	<b>33</b>	<b>5.45</b>	<b>284</b>	<b>46.94</b>

## Employment Equity

### Total Number of Employees per Occupational Band, including employees with disabilities, as at the 31<sup>st</sup> March 2019

OCCUPATIONAL LEVELS	MALE				FEMALE				FOREIGN NATIONALS		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14-16)	1	4	1	2	1	2	1	3	0	0	15
Senior Management (Levels 13)	2	7	2	8	1	15	0	12	0	0	47
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	63	263	89	501	78	404	114	665	41	50	2 268
Skilled technical / Academically qualified workers / Junior management, / supervisors, foremen, and superintendents (Levels 8- 10)	257	707	16	185	785	2 927	67	921	9	8	5 882
Semi-skilled and discretionary decision making (Level 4-7)	1 284	2 561	28	241	4066	6 341	40	713	3	7	15 284
Unskilled and defined decision making (Levels 1-3)	805	994	5	45	2389	1 729	4	32	1	1	6 005
<b>SUB-TOTAL</b>	<b>2 412</b>	<b>4 536</b>	<b>141</b>	<b>982</b>	<b>7 320</b>	<b>11 418</b>	<b>226</b>	<b>2 346</b>	<b>54</b>	<b>66</b>	<b>29 501</b>
Temporary Employees	146	199	90	371	298	502	146	585	35	41	2413
<b>TOTAL</b>	<b>2 558</b>	<b>4 735</b>	<b>231</b>	<b>1 353</b>	<b>7 618</b>	<b>11 920</b>	<b>372</b>	<b>2 931</b>	<b>89</b>	<b>107</b>	<b>31 914</b>

Notes:

- Nature of appointments periodical and abnormal is excluded.
- Total number of employees includes employees additional to the establishment.

### Total Number of Employees with Disabilities per Occupational Band, as at the 31<sup>st</sup> March 2019

OCCUPATIONAL LEVELS	MALE				FEMALE				FOREIGN NATIONALS		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14-16)	0	0	0	0	0	0	0	0	0	0	0
Senior Management (Levels 13)	0	0	0	0	0	0	0	0	0	0	0

**Total Number of Employees with Disabilities per Occupational Band, as at the 31st March 2019**

OCCUPATIONAL LEVELS	MALE				FEMALE				FOREIGN NATIONALS		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	0	1	0	1	0	4	0	4	0	0	10
Skilled technical / Academically qualified workers / Junior management / supervisors, foremen, and superintendents (Levels 8- 10)	1	10	0	3	0	7	3	7	0	0	31
Semi-skilled and discretionary decision making (Level 4-7)	13	40	0	13	15	24	0	18	0	0	123
Unskilled and defined decision making (Levels 1-3)	10	10	0	4	4	10	0	2	0	0	40
<b>SUB-TOTAL</b>	<b>24</b>	<b>61</b>	<b>0</b>	<b>21</b>	<b>19</b>	<b>45</b>	<b>3</b>	<b>31</b>	<b>0</b>	<b>0</b>	<b>204</b>
Temporary Employees	1	0	1	0	1	0	0	1	0	0	4
<b>TOTAL</b>	<b>25</b>	<b>61</b>	<b>1</b>	<b>21</b>	<b>20</b>	<b>45</b>	<b>3</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>208</b>

Notes

- Nature of appointments periodical and abnormal is excluded.
- Total number of employees includes employees additional to the establishment.

**Recruitment in 2018/19**

OCCUPATIONAL LEVELS	MALE				FEMALE				FOREIGN NATIONALS		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14-16)	0	0	0	0	0	0	0	0	0	0	0
Senior Management (Levels 13)	0	0	0	0	0	0	0	0	0	0	0
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	11	39	15	76	7	22	13	53	6	8	250
Skilled technical / Academically qualified workers / Junior management, supervisors, foremen, and superintendents (Levels 8- 10)	34	71	3	17	18	13	0	5	0	2	163
Semi-skilled and discretionary decision making (Level 4-7)	374	313	5	55	126	114	3	9	0	0	999
Unskilled and defined decision making (Levels 1-3)	240	140	0	2	86	69	2	1	0	0	540
<b>SUB-TOTAL</b>	<b>659</b>	<b>563</b>	<b>23</b>	<b>150</b>	<b>237</b>	<b>218</b>	<b>18</b>	<b>68</b>	<b>6</b>	<b>10</b>	<b>1 952</b>
Temporary Employees	268	489	73	409	112	133	41	170	18	17	1730
<b>TOTAL</b>	<b>927</b>	<b>1 052</b>	<b>96</b>	<b>559</b>	<b>349</b>	<b>351</b>	<b>59</b>	<b>238</b>	<b>24</b>	<b>27</b>	<b>3 682</b>

**Notes**

- Total number of employees includes employees additional to the establishment.

## Promotions in 2018/19

OCCUPATIONAL LEVELS	MALE				FEMALE				FOREIGN NATIONALS		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14-16)	0	0	0	0	0	1	0	0	0	0	1
Senior Management (Levels 13)	0	0	0	1	0	2	0	0	0	0	3
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	5	13	3	20	1	22	6	27	1	3	101
Skilled technical / Academically qualified workers / Junior management, / supervisors, foremen, and superintendents (Levels 8- 10)	24	60	1	15	90	249	4	73	2	1	519
Semi-skilled and discretionary decision making (Level 4-7)	92	157	2	15	325	349	0	28	0	0	968
Unskilled and defined decision making (Levels 1-3)	59	57	0	1	91	105	0	4	0	0	317
<b>SUB-TOTAL</b>	<b>180</b>	<b>287</b>	<b>6</b>	<b>52</b>	<b>507</b>	<b>728</b>	<b>10</b>	<b>132</b>	<b>3</b>	<b>4</b>	<b>1 909</b>
Temporary Employees	8	11	0	9	15	27	0	6	3	2	81
<b>TOTAL</b>	<b>188</b>	<b>298</b>	<b>6</b>	<b>61</b>	<b>522</b>	<b>755</b>	<b>10</b>	<b>138</b>	<b>6</b>	<b>6</b>	<b>1 990</b>

### Notes

- Total number of employees includes employees additional to the establishment.
- Promotions refer to the total number of employees who have advanced to a higher post level within the Department.

## Terminations in 2018/19

OCCUPATIONAL LEVELS	MALE				FEMALE				FOREIGN NATIONALS		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14-16)	0	0	0	0	0	0	0	0	0	0	0
Senior Management (Levels 13)	0	2	0	0	0	0	0	1	0	0	3
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	7	24	7	40	7	32	10	63	2	5	197
Skilled technical / Academically qualified workers / Junior management, / supervisors, foremen, and superintendents (Levels 8- 10)	66	123	2	19	218	385	2	79	1	0	895
Semi-skilled and discretionary decision making (Level 4-7)	18	47	1	13	57	193	4	77	0	0	410
Unskilled and defined decision making (Levels 1-3)	46	79	0	2	54	117	1	3	0	0	302
<b>SUB-TOTAL</b>	<b>137</b>	<b>275</b>	<b>10</b>	<b>74</b>	<b>336</b>	<b>727</b>	<b>17</b>	<b>223</b>	<b>3</b>	<b>5</b>	<b>1 807</b>
Temporary Employees	89	94	28	163	234	410	55	322	21	20	1436
<b>TOTAL</b>	<b>226</b>	<b>369</b>	<b>38</b>	<b>237</b>	<b>570</b>	<b>1 137</b>	<b>72</b>	<b>545</b>	<b>24</b>	<b>25</b>	<b>3 243</b>

### Notes:

- Total number of employees includes employees additional to the establishment.
- Temporary employees reflect all contract appointments.

## Disciplinary Actions in 2018/19

DISCIPLINARY ACTIONS	MALE				FEMALE				FOREIGN NATIONALS		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
TOTAL	21	23	1	2	11	16	0	1	0	0	75

### Notes

The disciplinary actions total refers to formal outcomes only and not headcount. For further information on the outcomes of the disciplinary hearings and types of misconduct addressed at disciplinary hearings.

## Skills Development in 2018/19

OCCUPATIONAL LEVELS	MALE				FEMALE				TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management (Levels 14-16)	1	4	1	2	0	1	1	3	13
Senior Management (Levels 13)	2	8	2	7	1	14	0	11	45
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	41	147	46	259	50	209	58	322	1 132
Skilled technical / Academically qualified workers / Junior management, / supervisors, foremen, and superintendents (Levels 8- 10)	147	368	7	88	444	1 735	46	587	3 422
Semi-skilled and discretionary decision making (Level 4-7)	596	1 200	11	102	1 917	3 057	21	348	7 252
Unskilled and defined decision making (Levels 1-3)	278	344	4	14	930	646	2	17	2 235
<b>SUB-TOTAL</b>	<b>1 065</b>	<b>2 071</b>	<b>71</b>	<b>472</b>	<b>3 342</b>	<b>5 662</b>	<b>128</b>	<b>1 288</b>	<b>14 099</b>
Temporary Employees	2	10	1	5	4	38	1	24	85
<b>TOTAL</b>	<b>1 067</b>	<b>2 081</b>	<b>72</b>	<b>477</b>	<b>3 346</b>	<b>5 700</b>	<b>129</b>	<b>1 312</b>	<b>14 184</b>

## Signing of Employment Agreements by SMS Members

All members of the SMS must conclude and sign performance agreements within specific timeframes. Information regarding the signing of performance agreements by SMS members, the reasons for not complying within the prescribed timeframes and disciplinary steps taken is presented here.

### Signing of Performance Agreements per SMS Level as at the 31<sup>st</sup> May 2018

SMS LEVEL	No. of funded SMS posts per level	No. of SMS Members per level	No. of signed performance agreements per level	Signed performance agreements as percent of SMS members per level
Head of Department (HoD)	1	1	1	100
Salary Level 16 (Excl. HoD)	0	0	0	0
Salary Level 15	4	4	4	100
Salary Level 14	10	10	8	80
Salary Level 13	56	48	43	90
<b>TOTAL</b>	<b>71</b>	<b>63</b>	<b>56</b>	<b>89</b>

Notes:

- The number of funded SMS posts per level.

### Reasons for Not Concluding the Performance Agreements of all SMS Members

2 SMS members were on maternity leave.

1 SMS member had a disagreement which was resolved on 5 June 2018.

1 SMS member charge of reporting structure.

1 SMS member discussion took place before 31 May 2018 but due to leave commitments and the Manager was not available, completed on the 26 June 2018.

1 SMS member currently on sabbatical leave (SL 14).

1 SMS member resigned on 31 May 2018 (SL 14).

### Disciplinary Steps taken for Not Concluding Performance Agreements

SMS members were informed that will not qualify for pay progression

### Filing of SMS Posts

#### SMS Posts as at 30<sup>th</sup> September 2018

SMS LEVEL	Total No. of funded SMS posts per level	Total No. of SMS posts filled per level	percent of SMS posts filled per level	Total No. of SMS posts vacant per level	percent of SMS posts vacant per level
Head of Department (HoD)	1	1	100.00%	0	0.00%
Salary Level 16 (Excl. HoD)	0	0	0.00%	0	0.00%
Salary Level 15	4	4	100.00%	0	0.00%
Salary Level 14	9	9	100.00%	0	0.00%
Salary Level 13	55	51	92.73%	4	7.27%
<b>TOTAL</b>	<b>69</b>	<b>65</b>	<b>94.20%</b>	<b>4</b>	<b>7.25%</b>

Notes:

- The number of funded SMS posts per level.

**SMS Post Information as at the 31<sup>st</sup> March 2019**

SMS LEVEL	Total No. of funded SMS posts per level	Total No. of SMS posts filled per level	percent of SMS posts filled per level	Total No. of SMS posts vacant per level	percent of SMS posts vacant per level
Head of Department (HoD)	1	1	100.00%	0	0.00%
Salary Level 16 (Excl. HoD)	0	0	0.00%	0	0.00%
Salary Level 15	5	4	80.00%	1	20.00%
Salary Level 14	10	10	100.00%	0	0.00%
Salary Level 13	55	50	90.91%	5	9.09%
<b>TOTAL</b>	<b>71</b>	<b>65</b>	<b>91.55%</b>	<b>6</b>	<b>8.45%</b>

**Advertising and Filling of SMS Posts as at the 31<sup>st</sup> March 2019**

SMS LEVEL	Advertising	Filling of posts	
	No. of vacancies per level advertised in 6 months of becoming vacant	No. of vacancies per level filled in 6 months after becoming vacant	No. of vacancies per level not filled in 6 months but filled in 12 months
Head of Department (HoD)	0	0	0
Salary Level 16 (Excl. HoD)	0	0	0
Salary Level 15	0	0	0
Salary Level 14	1	1	0
Salary Level 13	5	1	2
<b>TOTAL</b>	<b>6</b>	<b>2</b>	<b>2</b>

**Reasons for Non-compliance with the timeframes for filling the vacant funded SMS Posts**

SMS LEVEL	Reasons for non-compliance
Head of Department (HoD)	N/A
Salary Level 16 (Excl. HoD)	N/A
Salary Level 15	N/A
Salary Level 14	N/A
Salary Level 13	The Department is currently in a MEAP process and therefore a hold on the filling of SMS posts were placed. These posts will be filled after the approval of the new MACRO structure of the Department.

**Disciplinary steps taken to deal with Non-compliance in meeting the prescribed timeframes for the filling of SMS Posts**

N/A

## Employee Performance

<b>Notch Progression per Salary Band for 2018/19</b>			
<b>SALARY BAND</b>	<b>Employees as at 31 March 2018</b>	<b>Progressions to another notch within a salary level</b>	<b>Notch progressions as a percent of employees by salary band</b>
Lower Skilled (Levels 1 - 2)	2 795	1 363	48.77
Skilled (Level 3 - 5)	12 121	5 957	49.15
Highly Skilled Production (Levels 6 - 8)	8 425	2 846	33.78
Highly Skilled Supervision (Levels 9 - 12)	8 143	2 898	35.59
Senior & Top Management (Levels 13 - 16)	65	42	64.62
<b>TOTAL</b>	<b>31 549</b>	<b>13 106</b>	<b>41.54</b>

Notes

- Nature of appointments periodical and abnormal is excluded.
- Nurses have a 2 year pay progression cycle.
- All Staff on the maximum notch cannot receive pay progression.
- All Staff who are promoted and are not on the new notch for 12 months by 1 April – cannot receive pay progression.
- All Staff who are newly appointed must be on the notch for 24 months to qualify for pay progression.
- In order to qualify for a notch progression there are certain criteria that is newly appointees only qualify for the notch after completion of 24 months, nurses qualify biennial for a notch progression and other employees must be 12 months on a notch to qualify.
- Notch progression is awarded within accepted norms.

<b>Notch Progression per Critical Occupation for 2018/19</b>			
<b>CRITICAL OCCUPATION</b>	<b>Employees as at 31 March 2018</b>	<b>Progressions to another notch within a salary level</b>	<b>Notch progressions as a percent of employees by salary band</b>
Clinical technologist	89	29	33
Industrial technician	63	29	46
Medical Orthotist & Prosthetist	12	3	25
Medical physicist	12	7	58
Pharmacists	429	216	50.35
<b>TOTAL</b>	<b>605</b>	<b>284</b>	<b>46.94</b>

Notes

- Nature of appointments periodical and abnormal is excluded.

### Performance Reward by Race, Gender & Disability for 2018/19

RACE & GENDER	Beneficiary Profile			Cost	
	No. of Beneficiaries	No. of employees in group	percent of total group	Cost (R'000)	Per capita cost (R'000)
<b>AFRICAN</b>					
Male	331	2 500	13.24%	1 718	5
Female	923	7 331	12.59%	4 698	5
<b>INDIAN</b>					
Male	4	223	1.79%	23	6
Female	20	361	5.54%	141	7
<b>COLOURED</b>					
Male	924	4756	19.43%	5 486	6
Female	2 100	12 023	17.47%	13 546	6
<b>White</b>					
Male	93	1 383	6.72%	689	7
Female	288	2 972	9.69%	2 417	8
EMPLOYEES WITH DISABILITIES	41	185	22.16%	235	6
<b>TOTAL</b>	<b>4 683</b>	<b>31 549</b>	<b>14.84</b>	<b>28 718</b>	<b>6</b>

#### Notes

- The above table relates to performance rewards for the performance year 2017/18 and payment effected in the 2018/19 reporting period.
- Nature of appointments periodical and abnormal is excluded.
- Employees with a disability are included in race and gender figures and in "Total".
- Performance Awards are based on a forced distribution curve (Bell Curve). Only 20% of employees can be awarded a performance bonus.
- In order to remain within the budget and 20% restriction the awards are allocated from the highest percentage allocated to the lowest until the cut off has been reached.
- The table is therefore not a reflection of all the above average performances within the Department but only in respect of those that received a performance bonus.
- Only salary levels 1-8 qualify for performance bonuses.

**Performance Rewards per Salary Band for 2018/19 (excl. SMS Members)**

SALARY BAND	Beneficiary Profile			Cost		
	No. of Beneficiaries	No. of employees in group	percent of total per salary band	Cost (R'000)	Average cost per beneficiary	Cost as a percent of the total personnel expenditure
Lower Skilled (Levels 1 - 2)	552	2 795	19.75	1 818	3	0.01
Skilled (Level 3 - 5)	2 338	1 2121	19.29	11 915	5	0.09
Highly Skilled Production (Levels 6 - 8)	1 789	8 425	21.23	14 943	8	0.11
Highly Skilled Supervision (Levels 9 - 12)	4	8143	0.05	42	10	0.00
<b>TOTAL</b>	<b>4 683</b>	<b>31 484</b>	<b>14.87</b>	<b>28 718</b>	<b>6</b>	<b>0.21</b>

**Notes**

- Only salary levels 1-8 qualify for performance bonuses.
- Nature of appointments periodical and abnormal is excluded.

**Performance Rewards, per Salary Band for SMS Members in 2018/19**

SALARY BAND	Beneficiary Profile			Cost			
	No. of Beneficiaries	No. of employees in group	percent of total per salary band	Cost (R'000)	Average cost per beneficiary	Cost as a percent of the total personnel expenditure	Personnel expenditure per band (R'000)
Senior Management Service Band A (Level 13)	0	50	0	0	0	0.00%	55 680
Senior Management Service Band B (Level 14)	0	10	0	0	0	0.00%	11 581
Senior Management Service Band C (Level 15)	0	4	0	0	0	0.00%	6 299
Senior Management Service Band D (Level 16)	0	1	0	0	0	0.00%	2 203
<b>TOTAL</b>	<b>0</b>	<b>65</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>75 763</b>

**Notes**

- Only salary levels 1-8 qualify for performance bonuses
- The cost is calculated as a percentage of the total personnel expenditure for salary levels 13-16.

### Performance Rewards, per Salary Band for Critical Occupation in 2018/19

CRITICAL OCCUPATION	Beneficiary Profile			Cost		
	No. of Beneficiaries	No. of employees per critical occupation	percent of total per critical occupation	Cost (R'000)	Average cost per beneficiary	Cost as a percent of the total personnel expenditure
Clinical technologist	6	89	6.74	71	12	0.001%
Industrial technician	3	63	4.76	45	15	0.000%
Medical Orthotist & Prosthetist	1	12	8.33	8	8	0.000%
Medical physicist	0	12	0.00	0	0	0.000%
Pharmacists	0	429	0.00	0	0	0.000%
<b>TOTAL</b>	<b>10</b>	<b>605</b>	<b>1.65</b>	<b>124</b>	<b>12</b>	<b>0.001%</b>

#### Notes

- Nature of appointments periodical and abnormal is excluded.
- Only salary levels 1-8 qualify for performance bonuses

### Foreign Workers

The tables below summarise the employment of foreign nationals in the Department in terms of salary bands and by major occupation. The tables also summarise changes in the total number of foreign workers in each salary band and by each major occupation.

### Foreign Workers per Salary Band for 2018/19

SALARY BAND	1 April 2018		31 March 2019		CHANGE	
	No.	Percent of Total	No.	Percent of Total	No.	Percent of Change
Lower Skilled (Levels 1 - 2)	0	0.00	0	0.00	0	0
Skilled (Level 3 - 5)	8	4.17	6	3.06	-2	-50
Highly Skilled Production (Levels 6 - 8)	11	5.73	15	7.65	4	100
Highly Skilled Supervision (Levels 9 - 12)	173	90.10	175	89.29	2	50
Senior & Top Management (Levels 13 - 16)	0	0.00	0	0.00	0	0
<b>TOTAL</b>	<b>192</b>	<b>100.00</b>	<b>196</b>	<b>100.00</b>	<b>4</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.

### Foreign Workers by major occupation in 2018/19

SALARY BAND	1 April 2018		31 March 2019		CHANGE	
	No.	Percent of Total	No.	Percent of Total	No.	Percent of Change
Admin office workers	0	0.00	0	0.00	0	0.00
Craft related workers	0	0.00	0	0.00	0	0.00
Elementary occupations	1	0.52	0	0.00	-1	-25.00
Professionals and managers	160	83.33	161	82.14	1	25.00
Service workers	6	3.13	6	3.06	0	0.00
Senior officials and managers	0	0.00	0	0.00	0	0.00
Technical and associated professionals	25	13.02	29	14.80	4	100.00
<b>TOTAL</b>	<b>192</b>	<b>100.00</b>	<b>196</b>	<b>100</b>	<b>4</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.

### Leave Utilisation

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

### Sick Leave 1st January 2018 to 31st December 2018

SALARY BAND	Total days	percent days with medical certification	No. of employees using sick leave	Total No. of employees 31-12-2018	percent of total employees using sick leave	Average days per employee	Estimated cost (R'000)
Lower Skilled (Levels 1 - 2)	22 171	86.54%	2 470	2 836	87.09%	8	8 748
Skilled (Level 3 - 5)	97 181	84.49%	10 684	12 031	88.80%	8	58 519
Highly Production Skilled (Levels 6 - 8)	70 900	84.66%	7 605	8 426	90.26%	8	67 857
Highly Supervision Skilled (Levels 9 - 12)	54 897	82.97%	6 153	8 238	74.69%	7	103 789
Senior & Top Management (Levels 13 - 16)	278	69.78%	46	65	70.77%	4	869
<b>TOTAL</b>	<b>245 427</b>	<b>84.37</b>	<b>26 958</b>	<b>31 596</b>	<b>85.32</b>	<b>8</b>	<b>239 782</b>

#### Notes

- The three-year sick leave cycle started in January 2016.
- Nature of appointment sessional, periodical and abnormal is not included.
- Annual leave cycle is from 1 January - 31 December of each year.
- Sick Leave reported in this table includes all categories of leave of 51, 52 and 53 (Incapacity).

**Incapacity Leave (incl. temporary & permanent) from the 1<sup>st</sup> January 2018 - 31<sup>st</sup> December 2018**

SALARY BAND	Total days	percent days with medical certification	No. of employees using incapacity leave	Total No. of employees	percent of total employees using incapacity leave	Average days per employee	Estimated cost (R'000)
Lower Skilled (Levels 1 - 2)	3 717	100.00%	188	2 836	6.63%	20	1 505
Skilled (Level 3 - 5)	20 634	100.00%	758	12 031	6.30%	27	12 560
Highly Skilled Production (Levels 6 - 8)	18 914	100.00%	683	8 426	8.11%	28	17 771
Highly Skilled Supervision (Levels 9 - 12)	14 742	100.00%	531	8 238	6.45%	28	27 610
Senior & Top Management (Levels 13 - 16)	8	100.00%	1	65	1.54%	0	24
<b>TOTAL</b>	<b>58 015</b>	<b>100.00%</b>	<b>2161</b>	<b>31 596</b>	<b>6.84%</b>	<b>27</b>	<b>59 470</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).
- Annual leave cycle is from 1 January - 31 December of each year.

A summary is provided in the table below of the utilisation of annual leave. The wage agreement concluded with trade unions in the Public Service Commission Bargaining Chamber (PSCBC) in 2000 requires management of annual leave to prevent high levels of accrued leave having to be paid at the time of termination of service.

### Annual Leave from the 1<sup>st</sup> January 2018 to 31<sup>st</sup> December 2018

SALARY BAND	Total days taken	Total number of employees using annual leave	Average days per employee
Lower Skilled (Levels 1 - 2)	62 632	2 838	22
Skilled (Level 3 - 5)	285 492	12 163	23
Highly Skilled Production (Levels 6 - 8)	216 489	8 855	24
Highly Skilled Supervision (Levels 9 - 12)	206 018	8 528	24
Senior & Top Management (Levels 13 - 16)	1 772	66	27
<b>TOTAL</b>	<b>772 403</b>	<b>32 450</b>	<b>24</b>

#### Notes

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

### Capped Leave for the 1<sup>st</sup> January 2018 – 31<sup>st</sup> December 2018

SALARY BAND	Total capped leave available as at 31/12/17	Total days of capped leave taken	No. of employees using capped leave	Average No. of days taken per employee	No. of employees with capped leave as at 31/12/18	Total capped leave available as at 31/12/18
Lower Skilled (Levels 1 - 2)	395	4	2	2	59	325
Skilled (Level 3 - 5)	33 823	3 223	177	18	1 544	28 559
Highly Skilled Production (Levels 6 - 8)	87 124	8 496	357	24	2 322	75 552
Highly Skilled Supervision (Levels 9 - 12)	73 963	5 390	297	18	1 923	66 738
Senior & Top Management (Levels 13 - 16)	902	112	5	22	21	877
<b>TOTAL</b>	<b>196 205</b>	<b>17 225</b>	<b>838</b>	<b>21</b>	<b>5 869</b>	<b>172 051</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.

## Leave Pay-Outs for 2018/19

REASONS	Total amount (R'000)	No. of employees	Average per employee (R'000)
Leave pay-outs for 2018/19 due to non-utilisation of leave for the previous cycle	348	19	18
Capped leave pay-outs on termination of service for 2018/19	28 129	502	56
Current leave pay-outs on termination of service 2018/19	13 718	1 149	12
<b>TOTAL</b>	<b>42 195</b>	<b>1 670</b>	<b>25</b>

Notes

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

## HIV/AIDS & Health Promotion Programmes

### Steps taken to reduce the risk of occupational exposure, 1 April 2018 to 31 March 2019

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 HIV and related diseases communicable diseases such as TB.</p> <p>The table below depicts the nature of injuries reported by employees for 2018/19:</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>196</td> </tr> <tr> <td>Tuberculosis (TB)</td> <td>28</td> </tr> </tbody> </table>	Nature of injury on duty	Total no. of cases reported	Needle prick	196	Tuberculosis (TB)	28	<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. The SHERQ policy (2016) has been revised to have a greater focus on infection control.</li> <li>• The WCGH has approved the strategic plan to formalise SHERQ management in the Department. The following areas will be focused on:             <ul style="list-style-type: none"> <li>• Occupational Health &amp; Safety Statuary appointments</li> <li>• Occupational Health &amp; Safety Committee compliance</li> <li>• Occupational Health &amp; Safety Provincial Forum</li> <li>• Occupational Health &amp; Safety Risk Assessment and Management</li> <li>• Occupational Health &amp; Safety Training and</li> <li>• Medical Surveillance</li> </ul> </li> <li>• NPOs have been appointed in the Districts and Substructures providing HIV Testing Services (HTS) as part of a basket of health screenings that also include testing for Blood Pressure, Diabetes, Cholesterol, and Body Mass Index as well as TB and STI screening. These services are provided to employees at no cost, in partnership with GEMS.</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	196						
Tuberculosis (TB)	28						

HIV and AIDS & Health promotion programmes															
Question	Yes	No	Details, if yes												
(1) Has the Department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	✓		Mrs Bernadette Arries Chief Director: People Management												
(2) Does the Department have a dedicated unit or has it designated specific staff members to promote the health and well-being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	✓		<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 (Wellness, Diversity &amp; Disability)</td> </tr> <tr> <td>Assistant Director</td> <td>Ms M Buis (Employee Health and Wellness)</td> </tr> <tr> <td>Assistant Director</td> <td>Mr Clive Cyster (SHERQ: Training)</td> </tr> <tr> <td>Practitioner</td> <td>Ms Lisl Mullins</td> </tr> <tr> <td>Acting Practitioner</td> <td>Ms Janice Andrews (until the 28 February 2019)</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 &amp; Jillene Johnson</li> <li>Red Cross Hospital: Ntombozuko Ponono &amp; Galiema Haroun</li> <li>Associated Psychiatric Hospitals: Jessica Minnaar, Anne Marie Basson, Valerie Nel</li> <li>Cape Winelands District: BJ Vd Merwe</li> <li>Overberg District: Nico Liebenberg</li> <li>West Coast District: Willem Small</li> <li>Eden/Central Karoo Districts: Lindiwe Mguzulwa</li> <li>Metro District Health Services: Riaan Van Staden</li> <li>Rural Districts Health Services: Nuruh Davids</li> <li>EMS: Liesel Meter &amp; Emma Hoffmeyer</li> <li>FPS: Deon Bruiners &amp; Safia Samsodien</li> </ul> <p>Budget Allocation R 4.7 million</p>	Deputy Director	Ms Sandra Newman (Wellness, Diversity & Disability)	Assistant Director	Ms M Buis (Employee Health and Wellness)	Assistant Director	Mr Clive Cyster (SHERQ: Training)	Practitioner	Ms Lisl Mullins	Acting Practitioner	Ms Janice Andrews (until the 28 February 2019)	Practitioner	Mr Nabeel Ismail
Deputy Director	Ms Sandra Newman (Wellness, Diversity & Disability)														
Assistant Director	Ms M Buis (Employee Health and Wellness)														
Assistant Director	Mr Clive Cyster (SHERQ: Training)														
Practitioner	Ms Lisl Mullins														
Acting Practitioner	Ms Janice Andrews (until the 28 February 2019)														
Practitioner	Mr Nabeel Ismail														

## HIV and AIDS & Health promotion programmes

Question	Yes	No	Details, if yes
<p>(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>	✓		<p>The Department follows an integrated approach whereby internal and external services are utilised. An independent service provider, ICAS, has been appointed for the period 2015-2018 to provide this confidential service and two 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 (6 session model) per issue;</li> <li>• Case management;</li> <li>• Trauma/critical incident management; and</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>• Financial Wellness; and</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; and</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>

## HIV and AIDS & Health promotion programmes

Question	Yes	No	Details, if yes
(4) Has the Department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.	✓		<p><u>Health Departmental Committee:</u></p> <p>Ms Sandra Newman: Head Office</p> <p>Michelle Buis: Head Office</p> <p>Janice Andrews: Head Office</p> <p>Nabeel Ismail: Head Office</p> <p>Lisl Mullins: Head Office</p> <p>Ms Ruth Halford: Groote Schuur Hospital</p> <p>Ms Sayeeda Dhansay: Tygerberg Hospital</p> <p>Ms Ntombozuko Ponono/ Ms Galiema Haroun: Red Cross Hospital</p> <p>Ms J Minnar: Associated Psychiatric Hospitals</p> <p>BJ Vd Merwe: Cape Winelands District</p> <p>Mr Nico Liebenberg: Overberg District</p> <p>Mr Willem Small: West Coast District</p> <p>Ms Berenice Klein &amp; Lindiwe Mguzulwa: Eden/Central Karoo Districts</p> <p>Mr Riaan Van Staden: MDHS</p> <p>Ms L Meter &amp; Ms E Hoffmeyer: Emergency Medical Services</p> <p>Deon Bruiners &amp; Safia Samsodien: FPS</p> <p>Nuruh Davids: District Health Services</p>
(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.	✓		<p>HIV and AIDS, STI, and TB is a transversal issue in the Western Cape Government. The WCG: Health has been appointed as the primary driver of the process and therefore has a dual role to play (i.e. to oversee and manage their departmental programme as well as to manage and co-ordinate the programme within the Province). The transversal Employee Health and Wellness Policies was approved in April 2016.</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.	✓		<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 via the work place HIV and AIDS/STI policy.</li> <li>• To prevent occupational exposure to potentially infectious blood and blood products and to manage occupational exposures that occurred.</li> <li>• To provide HIV counselling and testing services for those employees who wish to determine their own HIV status.</li> <li>• To determine the impact of HIV and AIDS on the 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>• Group Trauma Intervention (GTI).</li> <li>• Reporting and evaluating.</li> </ul>

## HIV and AIDS & Health promotion programmes

Question	Yes	No	Details, if yes											
(7) Does the Department encourage its employees to undergo voluntary counselling and testing? If so, list the results that you have you achieved.	✓		<p>Yes, the department does encourage HIV, counselling and testing services. For the period 1st April 2018 till the 30 March 2019. The number of employees underwent counselling and testing is 2 807. There has been a decrease in the number of employees testing, 3 913 employees tested in 2017/18 this could be attributed to testing fatigued amongst employees as more testing opportunities were made available for this financial year.</p> <p>The Department of Health has appointed the following NGOs to render an on-site HIV Testing Service (HTS) 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>Right to Care: Cape Winelands District</li> <li>Right to Care: Overberg District</li> <li>Piet Julies Aids Action Group: 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>2 807</b></td> <td><b>17</b></td> <td><b>2 790</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 HTS programme.</p>	Department of Health	No of employees tested			Tested	Positive	Negative	<b>TOTAL</b>	<b>2 807</b>	<b>17</b>	<b>2 790</b>
Department of Health	No of employees tested													
	Tested	Positive	Negative											
<b>TOTAL</b>	<b>2 807</b>	<b>17</b>	<b>2 790</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 HTS service providers serve as a means to monitor and evaluate the effectiveness of this programme.</p> <p>Quarterly and Annual reports provided by the Employee Health and Wellness service provider serves as a means to monitor and evaluate the effectiveness of this programme and also to identify trends and challenges within the Department and develop and implement special interventions to address trends and challenges.</p>											

## Labour Relations

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

Collective Agreements for 2018/19	
Nil	Nil

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

Misconduct & Disciplinary Hearings finalised in 2018/19		
OUTCOMES OF DISCIPLINARY HEARINGS	No.	Percent of Total Hearings
Correctional counselling	0	0%
Verbal warning	2	2.7%
Written warning	2	2.7%
Final written warning	6	8%
Suspended without pay	5	6.7%
Demotion	0	0%
Dismissal	32	42.6%
Desertion	24	32%
Not guilty	4	5.3%
Case withdrawn	0	0%
<b>TOTAL</b>	<b>75</b>	<b>100%</b>
Percentage of total employment		0.23%
Notes		
• Outcomes of disciplinary hearings refer to formal cases only.		

### Types of Misconduct Addressed in Disciplinary Hearing for 2018/19

TYPES OF MISCONDUCT	No.	Percent of total
Absent from work without reason or permission	8	10.7%
Code of conduct (improper/unacceptable manner)	3	4%
Insubordination	1	1.3%
Fails to comply with or contravenes acts	1	1.3%
Negligence	2	2.7%
Misuse of WCG property	5	6.7%
Steals, bribes or commits fraud	14	18.7%
Substance abuse	3	4%
Sexual harassment	10	13.3%
Discrimination	1	1.3%
Assault or threatens to assault	3	4%
Desertions	24	32%
Protest Action	0	0%
Social grant fraud	0	0%
<b>TOTAL</b>	<b>75</b>	<b>100%</b>

### Grievances Lodged in 2018/19

GRIEVANCES	No.	Percent of total
Number of grievances resolved	121	48.4%
Number of grievances not resolved	93	37.2%
Pending	36	14.4%
<b>TOTAL No. OF GRIEVANCES LODGED</b>	<b>250</b>	<b>100%</b>

Notes:

- Number of grievances not resolved, means resolved in favour of employer.
- Number of grievances not resolved, means finalised but **not** to the satisfaction of the employee.
- Pending means cases still not finalised.

### Disputes Lodged with Councils in 2018/19

CONCILIATIONS	No.	Percent of total
Deadlocked	62	97%
Settled	1	1.5%
Withdrawn	1	1.5%
<b>TOTAL NO. OF DISPUTES LODGED</b>	<b>64</b>	<b>100%</b>

ARBITRATIONS	No.	Percent of total
Upheld in favour of employee	3	4.3%
Dismissed in favour of employer	57	81.4%
Settled	10	14.3%
<b>TOTAL No. OF DISPUTES LODGED</b>	<b>70</b>	<b>100%</b>

Notes:

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

### Strike Action in 2018/9

Total number of person working days lost	0
Total cost (R'000) of working days lost	R0
Amount (R'000) recovered as a result of no work no pay	R0

### Precautionary Suspensions in 2018/19

Number of people suspended	27
Number of people whose suspension exceeded 60 days	9
Average number of days suspended	49
Cost of suspension (R'000)	R924 616.12

Notes:

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

## Skills Development

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

Training Needs Identified for 2018/19						
OCCUPATIONAL CATEGORY	Gender	No. of employees as at 01/04/18	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	83	0	11	0	11
	Male	148	0	18	0	18
Professionals	Female	9 515	210	19 023	0	19 233
	Male	3 049	38	3 219	0	3 257
Technicians and associate professionals	Female	776	0	5 013	0	5 013
	Male	532	0	2 045	0	2 045
Clerks	Female	2 630	0	2 735	0	2 735
	Male	1 391	0	1 609	0	1 609
Service and sales workers	Female	7 407	0	1 037	0	1 037
	Male	1 978	0	1 557	0	1 557
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Plant and machine operators and assemblers	Female	7	0	0	0	0
	Male	151	0	107	0	107
Elementary occupations	Female	2 269	0	1 535	0	1 535
	Male	1 613	0	1 192	0	1 192
<b>SUB-TOTAL</b>	<b>Female</b>	<b>22 687</b>	<b>210</b>	<b>29 354</b>	<b>0</b>	<b>29 564</b>
	<b>Male</b>	<b>8 862</b>	<b>38</b>	<b>9 747</b>	<b>0</b>	<b>9 785</b>
<b>TOTAL</b>		<b>31 549</b>	<b>248</b>	<b>39 101</b>	<b>*2 032</b>	<b>39 349</b>
Employees with disabilities	Female	92	0	58	0	58
	Male	93	0	45	0	45

Notes:

- The above table identifies the training needs at the start of the reporting period as per the Department's Work Place Skills Plan.
- Source: Quarterly Monitoring and Evaluation Reports.
- \* Other forms of training - (Interns, ABET, Home-based carers) – M & E report.

## Training Provided in 2018/19

OCCUPATIONAL CATEGORY	Gender	No. of employees as at 31/03/19	Training provided during the reporting period			
			Learnerships	Skills programmes and other short courses	Other forms of training	TOTAL
Legislators, senior officials and managers	Female	88	0	203	0	203
	Male	150	0	277	0	277
Professionals	Female	9 761	56	12 127	0	12 127
	Male	3 163	9	3 268	0	3 268
Technicians and associate professionals	Female	788	0	606	0	606
	Male	550	0	413	0	413
Clerks	Female	2 605	0	2 521	0	2 521
	Male	1 396	0	1 357	0	1 357
Service and sales workers	Female	7 431	0	7 117	0	7 117
	Male	1 989	0	2 141	0	2 141
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Plant and machine operators and assemblers	Female	8	0	7	0	7
	Male	155	0	70	0	70
Elementary occupations	Female	2 249	0	1 408	0	1 408
	Male	1 581	0	1 140	0	1 140
<b>SUB-TOTAL</b>	<b>Female</b>	<b>22 930</b>	<b>56</b>	<b>23 989</b>	<b>0</b>	<b>23 989</b>
	<b>Male</b>	<b>8 984</b>	<b>9</b>	<b>8 666</b>	<b>0</b>	<b>8 666</b>
<b>TOTAL</b>		<b>31 914</b>	<b>65</b>	<b>32 655</b>	<b>*1 915</b>	<b>32 655</b>
Employees with disabilities	Female	100	1	143	0	0
	Male	108	0	149	0	0

### Notes:

- The above table identifies the number of training courses attended by individuals during the period under review. \*Other forms of training
- reflect the training of non-employees (Interns, Adult Basic Education and Training (ABET), Community Health Workers).
- Source: Quarterly Monitoring and Evaluation Reports.
- \* Other forms of training - (Interns, ABET, Home-based carers) – M & E report.

## Injury on Duty

The table below provides basic information on injury on duty.

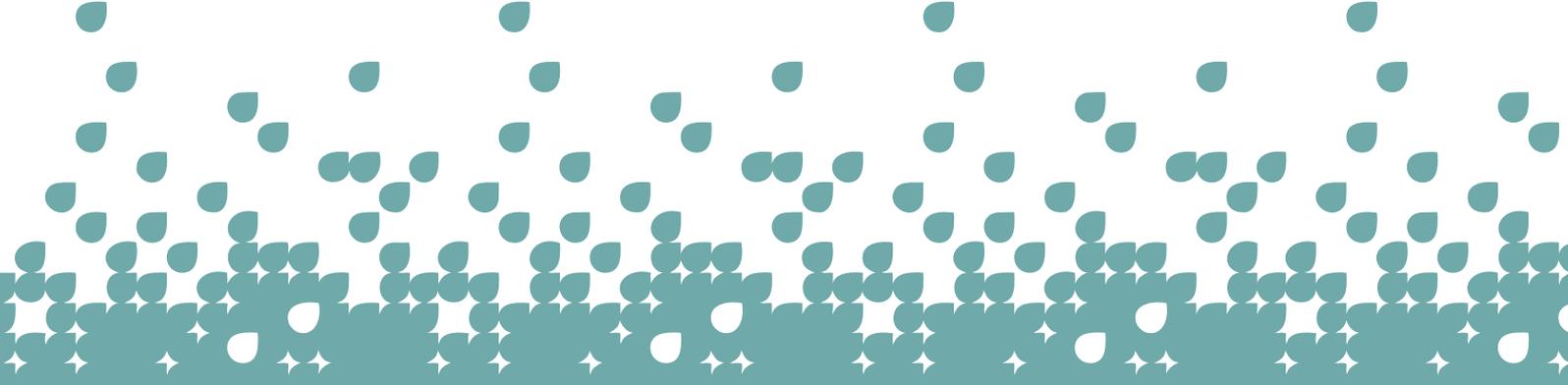
<b>Injuries on Duty for 2018/19</b>		
<b>NATURE OF INJURY ON DUTY</b>	<b>No.</b>	<b>Percent of total</b>
Required basic medical attention only	272	56.3
Temporary disablement	138	28.6
Permanent disablement	72	14.9
Fatal	1	0.2
<b>TOTAL</b>	<b>483</b>	<b>100</b>
<b>PERCENTAGE OF TOTAL EMPLOYMENT</b>		<b>1.51%</b>
Note:		
<ul style="list-style-type: none"><li>• The information provided above is calculated and provided as per Department of Labour definition of IOD.</li><li>• i.e. Basic IOD equals no leave taken. Temporary Disablement is less than 14 days leave for Occupational Injuries and Disease.</li><li>• Permanent Disablement more than 14 days for leave for Occupational Injuries and Disease.</li></ul>		

## Utilisation of Consultants

Consultant/Contractor	Amount (R'000)	Purpose
Alexander Forbes Health (Pty) Ltd	82	Evaluation of PILIR and Incapacity cases
ARUP	611	Tygerberg Hospital Redevelopment Feasibility Study
BCX	1 229	Assistance with data analysis on PERSAL
Break Through Hr Solutions	418	Patient Satisfaction Survey
Business Connexion (Pty) Ltd	346	Assistance with data analysis on PERSAL
Cebano Consultants	249	Organisational scans & Leadership Values Assessment
Deloitte Consulting	8	Competency Assessment
Dept Of Cultural Affairs & Sport	8	Translation Services
Design Thinkers Academy	94	Design Thinkers Facilitation & Certification Course
Esri South Africa	298	Training - Geospatial Information System
Firewire System Solutions	133	Repairs/maintenance of Nurse Call System in wards/therapy areas at Western Cape Rehab Centre
Folio Online	1 582	Tele-interpretation services for foreign patients
Folio Translation Consultants	135	As above
Health System Technologies (Pty)	428	Maintenance of the Health Information System (HIS)
Litha-Lethu Management Solutions	16	Competency Assessment
Mi Consulting	2 582	Contractor assisting with the verification of Inventory Code numbers on LOGIS
Mie (Pty) Ltd	1 981	Verification of personal credentials, qualifications and criminal records to minimise CV fraud
Mie Resource Services Cc	4 340	As above
Mpilisweni Facility Serv	71 936	PPP payments to Mpilisweni Consortium
Pc-Card Brewelskloof Hospital	1	Translation Services
Pc-Card Montagu Hospital	1	Satisfaction Survey
Pc-Card Robertson Hospital	3	Staff survey & translation fee
Pc-Card Stellenbosch Hospital	2	Translation Services
Pc-Card Swartland Hospital	6	Project management fees
Pc-Card U3 CFO Office	1	Competency Assessment
Pc-Card Wc Nursing College	9	Examination moderators

Pc-Card WC Rehab Centre	2	Refund to staff members for over-deduction of telephone account bill; Replacement and installation of DSTV satellite dish for patient ward
Pienaar	4	Claim from Mental Health Review Board
PricewaterhouseCoopers	8	Verification of personal credentials, qualifications and criminal records to minimise CV fraud
Repcal Services	173	Calibration services of Quality Control laboratory in Cape Medical Depot
SABS	403	Relates to payments to SABS on a monthly basis for Dosimeter monitoring. (Radiation Protection Fees)
SABS Commercial	1 226	As above
SANAC Trust	1 041	Ensure that the Focus For Impact platform is functional and maintained
Susan Rosemary Fawcus	15	Assess whether district hospitals comply with the minimum standards for providing a safe caesarean delivery service
The Assessment Toolbox	34	Competency Assessment
University of Cape Town	7 276	Electronic system and monitoring and evaluation for the reporting of the Provincial ARV treatment programme; Delivery of healthy lifestyle training which includes monitoring and research evaluation (WoW!)
University of Cape Town Lung Ins	171	Development of the "Practical Approach to Care Kit" adolescent guideline
Work Dynamics	65	Compulsory Competency Assessment
L/State Attorney: Legal Advice Service	28 810	Legal services rendered
<b>Total Rand Value</b>	<b>125 727</b>	
<b>Consultant Total</b>	<b>0</b>	
<b>Contractor Total</b>	<b>125 727</b>	
<b>Total number of Projects</b>	<b>41</b>	





# PART E

## FINANCIAL INFORMATION

# Report of the auditor-general to the Western Cape Provincial Parliament on vote no. 6: Western Cape Department of Health

## Report on the audit of the financial statements

### Opinion

1. I have audited the financial statements of the Western Cape Department of Health set out on pages 215 to 307, which comprise the appropriation statement, the statement of financial position as at 31 March 2019, the statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as the notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, the financial statements present fairly, in all material respects, the financial position of the Western Cape Department of Health as at 31 March 2019, and its financial performance and cash flows for the year then ended 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, 2018 (Act No. 1 of 2018) (DoRA).

### Basis for opinion

3. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the auditor-general's responsibilities for the audit of the financial statements section of this auditor's report.
4. I am independent of the department in accordance with sections 290 and 291 of the International Ethics Standards Board for Accountants' *Code of ethics for professional accountants* and parts 1 and 3 of the International Ethics Standards Board for Accountants' *International code of ethics for professional accountants (including International Independence Standards)* (IESBA codes), as well as the ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA codes.
5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

### Emphasis of matters

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

### Material impairments

7. As disclosed in note 22.3 to the financial statements, accrued departmental revenue was significantly impaired. The impairment allowance amounted to R230,6 million (2017-18: R241 million).

### Restatement of corresponding figures

8. As disclosed in note 32 to the financial statements, the corresponding figures for 31 March 2018 were restated as a result of errors discovered during the 2018-19 financial year in the financial statements of the department at, and for the year ended, 31 March 2019.

## Other matter

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

## Unaudited supplementary schedules

10. The supplementary information set out on pages 308 to 325 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and accordingly, I do not express an opinion thereon.

## Responsibilities of the accounting officer for the financial statements

11. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS prescribed by the National Treasury and the requirements of the PFMA and DoRA, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.
12. In preparing the financial statements, the accounting officer is responsible for assessing the Western Cape Department of Health's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations, or has no realistic alternative but to do so.

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

13. My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.
14. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report.

## Report on the audit of the annual performance report

### Introduction and scope

15. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and the general notice issued in terms thereof, I have a responsibility to report material findings on the reported performance information against predetermined objectives for selected programmes presented in the annual performance report. I performed procedures to identify findings but not to gather evidence to express assurance.
16. My procedures address the reported performance information, which must be based on the approved performance planning documents of the department. I have not evaluated the completeness and appropriateness of the performance indicators included in the planning documents. My procedures also did not extend to any disclosures or assertions relating to planned performance strategies and information in respect of future periods that may be included as part of the reported performance information. Accordingly, my findings do not extend to these matters.

17. I evaluated the usefulness and reliability of the reported performance information in accordance with the criteria developed from the performance management and reporting framework, as defined in the general notice, for the following selected programmes presented in the annual performance report of the department for the year ended 31 March 2019:

<b>Programmes</b>	<b>Pages in the annual performance report</b>
Programme 2: district health services	56 to 70
Programme 5: central hospital services	87 to 91

18. I performed procedures to determine whether the reported performance information was properly presented and whether performance was consistent with the approved performance planning documents. I performed further procedures to determine whether the indicators and related targets were measurable and relevant, and assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.
19. I did not raise any material findings on the usefulness and reliability of the reported performance information for these programmes:
- Programme 2: district health services
  - Programme 5: central hospital services

### **Other matters**

20. I draw attention to the matters below.

#### **Achievement of planned targets**

21. Refer to the annual performance report on pages 56 to 70 and 87 to 91 for information on the achievement of planned targets for the year and explanations provided for the under/over achievement of a number of targets.

#### **Adjustment of material misstatements**

22. I identified a material misstatement in the annual performance report submitted for auditing. This material misstatement was on the reported performance information of programme 2: district health services. As management subsequently corrected the misstatements, I did not raise any material findings on the usefulness and reliability of the reported performance information.

## Report on the audit of compliance with legislation

### Introduction and scope

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

### Other information

25. The accounting officer is responsible for the other information. The other information comprises the information included in the annual report. The other information does not include the financial statements, the auditor's report and those selected programmes presented in the annual performance report that have been specifically reported in this auditor's report.
26. My opinion on the financial statements and findings on the reported performance information and compliance with legislation do not cover the other information and I do not express an audit opinion or any form of assurance conclusion thereon.
27. In connection with my audit, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements and the selected programmes presented in the annual performance report, or my knowledge obtained in the audit, or otherwise appears to be materially misstated.
28. If, based on the work I have performed, I conclude that there is a material misstatement in this other information, I am required to report that fact.
29. I have nothing to report in this regard.

### Internal control deficiencies

30. I considered internal control relevant to my audit of the financial statements, reported performance information and compliance with applicable legislation; however, my objective was not to express any form of assurance on it.
31. I did not identify any significant deficiencies in internal control.

*Auditor-General*

Cape Town

31 July 2019



AUDITOR - GENERAL  
SOUTH AFRICA

*Auditing to build public confidence*

## Annexure – Auditor-general’s responsibility for the audit

1. As part of an audit in accordance with the ISAs, I exercise professional judgement and maintain professional scepticism throughout my audit of the financial statements, and the procedures performed on reported performance information for selected programmes and on the department’s compliance with respect to the selected subject matters.

### Financial statements

2. In addition to my responsibility for the audit of the financial statements as described in this auditor’s report, I also:
  - identify and assess the risks of material misstatement of the financial statements whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control
  - obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department’s internal control
  - evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the accounting officer
  - conclude on the appropriateness of the accounting officer’s use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Western Cape Department of Health’s ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor’s report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify the opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor’s report. However, future events or conditions may cause a department to cease continuing as a going concern
  - evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation

### Communication with those charged with governance

3. I communicate with the accounting officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.
4. I also confirm to the accounting officer that I have complied with relevant ethical requirements regarding independence, and communicate all relationships and other matters that may reasonably be thought to have a bearing on my independence and, where applicable, related safeguards.

WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6

APPROPRIATION STATEMENT  
for the year ended 31 March 2019

		Appropriation per programme							2017/18	
		2018/19							Final Appropriation	Actual Expenditure
Voiced funds and Direct charges	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	R'000	R'000	R'000
Programme										
1 ADMINISTRATION	810 356	-	(42 300)	768 056	766 106	1 950	99.7%	743 718	720 112	
2 DISTRICT HEALTH SERVICES	9 341 766	-	-	9 341 766	9 328 752	13 014	99.9%	8 771 655	8 737 909	
3 EMERGENCY MEDICAL SERVICES	1 116 257	-	(10 000)	1 106 257	1 102 444	3 813	99.7%	1 026 563	994 862	
4 PROVINCIAL HOSPITAL SERVICES	3 637 053	-	(6 812)	3 630 241	3 622 842	7 399	99.8%	3 403 167	3 379 527	
5 CENTRAL HOSPITAL SERVICES	6 453 231	-	64 612	6 517 843	6 517 245	598	100.0%	6 129 748	6 129 748	
6 HEALTH SCIENCES AND TRAINING	328 616	-	-	328 616	321 643	6 973	97.9%	340 063	317 453	
7 HEALTH CARE SUPPORT SERVICES	474 207	-	(5 500)	468 707	461 667	7 040	98.5%	438 845	436 812	
8 HEALTH FACILITIES MANAGEMENT	938 493	-	-	938 493	922 894	15 599	98.3%	832 723	779 633	
<b>Programme sub total</b>	<b>23 099 979</b>	<b>-</b>	<b>-</b>	<b>23 099 979</b>	<b>23 043 593</b>	<b>56 386</b>	<b>99.8%</b>	<b>21 686 482</b>	<b>21 496 056</b>	
<b>TOTAL</b>	<b>23 099 979</b>	<b>-</b>	<b>-</b>	<b>23 099 979</b>	<b>23 043 593</b>	<b>56 386</b>	<b>99.8%</b>	<b>21 686 482</b>	<b>21 496 056</b>	
<b>Reconciliation with Statement of Financial Performance</b>										
Add:										
Departmental receipts				114 323					49 311	
Aid assistance				1 559					2 378	
<b>Actual amounts per Statement of Financial Performance (Total)</b>				<b>23 215 861</b>				<b>21 738 171</b>		<b>2 128</b>
Add: Aid assistance										
<b>Actual amounts per Statement of Financial Performance Expenditure</b>					<b>23 045 811</b>					<b>21 498 184</b>

**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

Appropriation per economic classification	2018/19				2017/18				
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Current payments</b>	<b>20 920 589</b>	-	<b>(24 128)</b>	<b>20 896 461</b>	<b>20 734 987</b>	<b>161 474</b>	<b>99.2%</b>	<b>19 759 889</b>	<b>19 852 820</b>
Compensation of employees	13 563 600	-	(9 500)	13 554 100	13 515 392	38 708	99.7%	12 742 984	12 660 391
Salaries and wages	11 956 599	-	(7 500)	11 949 099	11 943 906	5 193	100.0%	11 250 684	11 200 934
Social contributions	1 607 001	-	(2 000)	1 605 001	1 571 486	33 515	97.9%	1 492 300	1 459 457
Goods and services	7 356 989	-	(14 628)	7 342 361	7 219 595	122 766	98.3%	7 016 905	6 892 429
Administrative fees	364	-	-	364	230	134	63.2%	1 167	54
Advertising	16 709	-	-	16 709	16 744	(35)	100.2%	20 009	20 754
Minor assets	58 239	-	-	58 239	42 407	15 832	72.8%	64 844	46 919
Audit costs: External	22 293	-	-	22 293	20 769	1 524	93.2%	20 312	19 028
Bursaries: Employees	10 297	-	-	10 297	10 287	10	99.9%	10 279	10 345
Catering: Departmental activities	5 193	-	-	5 193	4 983	210	96.0%	5 995	4 364
Communication (G&S)	76 213	-	(5 093)	71 120	55 015	16 105	77.4%	78 608	60 039
Computer services	105 388	-	(707)	104 681	91 548	13 133	87.5%	102 139	81 485
Consultants: Business and advisory services	105 906	-	-	105 906	92 467	13 439	87.3%	98 038	85 249
Infrastructure and planning services	61 801	-	(69)	61 732	19 833	41 899	32.1%	19 945	13 693
Laboratory services	665 181	-	-	665 181	703 818	(38 637)	105.8%	644 956	656 136
Legal services	26 267	-	-	26 267	28 809	(2 542)	109.7%	17 746	13 865
Contractors	539 766	-	(1 900)	537 866	537 804	62	100.0%	557 853	536 142
Agency and support / outsourced services	461 890	-	7 191	469 081	488 685	(19 604)	104.2%	446 848	471 002
Entertainment	215	-	-	215	148	67	68.8%	348	134
Fleet services (including government motor transport)	188 208	-	-	188 208	181 050	7 158	96.2%	179 520	178 727
Inventory: Food and food supplies	56 473	-	(592)	55 881	55 881	-	100.0%	53 543	51 981
Inventory: Medical supplies	1 530 696	-	(4 000)	1 526 696	1 526 635	61	100.0%	1 456 135	1 465 841
Inventory: Medicine	1 531 006	-	(3 592)	1 527 414	1 471 997	55 417	96.4%	1 464 333	1 459 321
Inventory: Other supplies	17 118	-	-	17 118	16 487	631	96.3%	16 160	12 145
Consumable supplies	449 388	-	(808)	448 580	437 925	10 655	97.6%	421 034	423 633
Consumable: Stationery, printing and office supplies	96 653	-	(3 008)	93 645	88 874	4 771	94.9%	92 701	88 759
Operating leases	30 354	-	(2 050)	28 304	20 237	8 067	71.5%	26 581	21 349
Property payments	1 175 767	-	-	1 175 767	1 176 800	(1 033)	100.1%	1 091 522	1 056 916
Transport provided: Departmental activity	1 822	-	-	1 822	1 477	345	81.1%	2 653	1 664
Travel and subsistence	40 181	-	-	40 181	39 766	415	99.0%	42 387	39 619
Training and development	34 280	-	-	34 280	36 303	(2 023)	105.9%	33 126	29 518
Operating payments	24 541	-	-	24 541	26 297	(1 756)	107.2%	23 999	22 240
Venues and facilities	920	-	-	920	1 384	(464)	150.4%	1 367	812
Rental and hiring	23 860	-	-	23 860	24 935	(1 075)	104.5%	22 757	20 695

**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
<b>Transfers and subsidies</b>	<b>1 362 413</b>	-	(42 211)	<b>1 320 202</b>	<b>1 294 436</b>	<b>25 766</b>	<b>98.0%</b>	<b>1 175 698</b>	<b>1 180 182</b>
Provinces and municipalities	549 953	-	-	549 953	549 661	292	99.9%	520 687	520 683
Provinces	16	-	-	16	15	1	93.8%	22	18
Provincial Revenue Funds	-	-	-	-	-	-	-	22	18
Municipalities	16	-	-	16	15	1	93.8%	-	-
Municipal bank accounts	549 937	-	-	549 937	549 646	291	99.9%	520 665	520 665
Departmental agencies and accounts	549 937	-	-	549 937	549 646	291	99.9%	520 665	520 665
Departmental agencies (non-business entities)	6 211	-	-	6 211	6 172	39	99.4%	5 874	5 580
Higher education institutions	6 211	-	-	6 211	6 172	39	99.4%	5 874	5 580
Non-profit institutions	10 209	-	-	10 209	10 209	-	100.0%	10 000	10 000
Households	572 683	-	-	572 683	560 737	11 946	97.9%	466 528	431 578
Social benefits	223 357	-	(42 211)	181 146	167 657	13 489	92.6%	172 509	212 341
Other transfers to households	62 997	-	(596)	62 401	50 953	11 448	81.7%	59 602	54 414
<b>Payments for capital assets</b>	<b>160 360</b>	-	<b>56 209</b>	<b>118 745</b>	<b>116 704</b>	<b>2 041</b>	<b>98.3%</b>	<b>112 907</b>	<b>157 927</b>
Buildings and other fixed structures	348 121	-	-	348 121	342 006	6 115	98.2%	308 949	287 493
Buildings	348 121	-	-	348 121	342 006	6 115	98.2%	308 949	287 493
Machinery and equipment	459 351	-	56 209	515 560	660 428	(144 868)	128.1%	422 520	458 485
Transport equipment	163 730	-	215	163 945	180 853	(16 908)	110.3%	165 718	173 502
Other machinery and equipment	295 621	-	55 994	351 615	479 575	(127 960)	136.4%	256 802	284 983
Software and other intangible assets	9 505	-	-	9 505	1 606	7 899	16.9%	7 906	5 456
<b>Payment for financial assets</b>	<b>-</b>	-	<b>10 130</b>	<b>10 130</b>	<b>10 130</b>	<b>-</b>	<b>100.0%</b>	<b>11 620</b>	<b>11 620</b>
<b>Total</b>	<b>23 099 979</b>	-	-	<b>23 099 979</b>	<b>23 043 593</b>	<b>56 386</b>	<b>99.8%</b>	<b>21 686 482</b>	<b>21 496 056</b>

**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

Sub programme	2018/19						2017/18		
	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 MEC	7 955	-	-	7 955	7 925	30	99,6%	9 136	6 880
2 MANAGEMENT	802 401	-	(42 300)	760 101	758 181	1 920	99,7%	734 582	713 232
<b>Total</b>	<b>810 356</b>	<b>-</b>	<b>(42 300)</b>	<b>768 056</b>	<b>766 106</b>	<b>1 950</b>	<b>99,7%</b>	<b>743 718</b>	<b>720 112</b>

Economic classification	2018/19						2017/18		
	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>663 697</b>	<b>-</b>	<b>(3 000)</b>	<b>660 697</b>	<b>649 179</b>	<b>31 518</b>	<b>95,4%</b>	<b>682 219</b>	<b>608 913</b>
Compensation of employees	345 748	-	-	345 748	340 271	5 477	98,4%	342 249	322 897
Salaries and wages	303 710	-	-	303 710	297 153	6 557	97,8%	304 079	281 771
Social contributions	42 038	-	-	42 038	43 118	(1 080)	102,6%	38 170	41 126
Goods and services	337 949	-	(3 000)	334 949	308 908	26 041	92,2%	339 970	286 016
Administrative fees	360	-	-	360	229	131	63,6%	1 163	54
Advertising	8 582	-	-	8 582	9 390	(808)	109,4%	10 418	11 667
Minor assets	1 406	-	-	1 406	1 118	288	79,5%	1 502	583
Audit costs: External	22 293	-	-	22 293	20 769	1 524	93,2%	20 312	19 028
Catering: Departmental activities	661	-	-	661	488	173	73,8%	1 617	602
Communication (G&S)	9 853	-	-	9 853	7 507	2 346	76,2%	11 688	8 670
Computer services	94 537	-	-	94 537	81 989	12 548	86,7%	91 804	72 461
Consultants: Business and advisory services	15 323	-	-	15 323	7 486	7 837	48,9%	15 219	7 902
Legal services	26 267	-	-	26 267	28 809	(2 542)	109,7%	17 746	13 865
Contractors	137 929	-	(1 900)	136 029	133 861	2 168	98,4%	147 899	131 507
Agency and support / outsourced services	50	-	-	50	-	50	-	-	-
Entertainment	76	-	-	76	99	(23)	130,3%	190	92
Fleet services (including government motor transport)	3 984	-	-	3 984	4 803	(819)	120,6%	4 367	5 850
Inventory: Medical supplies	7	-	-	7	1	6	14,3%	7	-
Consumable supplies	490	-	-	490	286	204	58,4%	175	319
Consumable: Stationery, printing and office supplies	5 797	-	(1 100)	4 697	2 512	2 185	53,5%	4 513	4 157
Operating leases	1 315	-	-	1 315	621	694	47,2%	1 036	1 381
Property payments	329	-	-	329	156	173	47,4%	256	163
Travel and subsistence	6 947	-	-	6 947	6 140	807	88,4%	7 867	6 070
Training and development	1 031	-	-	1 031	1 281	(250)	124,2%	756	954
Operating payments	493	-	-	493	642	(149)	130,2%	1 158	217
Venues and facilities	105	-	-	105	720	(615)	685,7%	98	435
Rental and hiring	114	-	-	114	1	113	0,9%	179	39

**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
<b>Economic classification</b>	<b>110 688</b>	-	-	<b>71 388</b>	<b>66 987</b>	<b>4 401</b>	<b>93.8%</b>	<b>48 375</b>	<b>92 486</b>
<b>Transfers and subsidies</b>	512	-	(39 300)	512	469	43	91.6%	477	452
Departmental agencies and accounts	512	-	-	512	469	43	91.6%	477	452
Departmental agencies (non-business entities)	110 176	-	(39 300)	70 876	66 518	4 358	93.9%	47 898	92 034
Households	9 839	-	(596)	9 243	4 972	4 271	53.8%	9 928	5 048
Social benefits	100 337	-	(38 704)	61 633	61 546	87	99.9%	37 970	86 986
Other transfers to households	<b>15 971</b>	-	-	<b>15 971</b>	<b>49 940</b>	<b>(33 969)</b>	<b>312.7%</b>	<b>12 343</b>	<b>17 932</b>
<b>Payments for capital assets</b>	15 971	-	-	15 971	49 911	(33 940)	312.5%	12 103	17 442
Machinery and equipment	5 750	-	-	5 750	7 368	(1 618)	128.1%	5 404	12 794
Transport equipment	10 221	-	-	10 221	42 543	(32 322)	416.2%	6 699	4 648
Other machinery and equipment	-	-	-	-	29	(29)	-	240	490
Software and other intangible assets	-	-	-	-	-	-	-	781	781
<b>Payment for financial assets</b>	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>810 356</b>	-	<b>(42 300)</b>	<b>768 056</b>	<b>766 106</b>	<b>1 950</b>	<b>99.7%</b>	<b>743 718</b>	<b>720 112</b>

**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
<b>Economic classification</b>									
<b>Current payments</b>	7 488	-	-	7 488	6 544	954	87.3%	8 696	6 291
Compensation of employees	5 979	-	-	5 979	5 349	630	89.5%	7 180	5 466
Goods and services	1 519	-	-	1 519	1 195	324	78.7%	1 516	825
<b>Transfers and subsidies</b>	-	-	-	-	471	(471)	-	-	118
Households	-	-	-	-	471	(471)	-	-	118
<b>Payments for capital assets</b>	457	-	-	457	910	(453)	199.1%	396	427
Machinery and equipment	457	-	-	457	910	(453)	199.1%	396	427
<b>Payment for financial assets</b>	-	-	-	-	-	-	-	44	44
<b>Total</b>	7 955	-	-	7 955	7 925	30	99.6%	9 136	6 880

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
<b>Economic classification</b>									
<b>Current payments</b>	676 199	-	(3 000)	673 199	642 635	30 564	95.5%	673 523	602 622
Compensation of employees	339 769	-	-	339 769	334 922	4 847	98.6%	335 069	317 431
Goods and services	336 430	-	(3 000)	333 430	307 713	25 717	92.3%	338 454	285 191
<b>Transfers and subsidies</b>	110 688	-	(39 300)	71 388	66 516	4 872	93.2%	48 375	92 368
Departmental agencies and accounts	512	-	-	512	469	43	91.6%	477	452
Households	110 176	-	(39 300)	70 876	66 047	4 829	93.2%	47 898	91 916
<b>Payments for capital assets</b>	15 514	-	-	15 514	49 030	(33 516)	316.0%	11 947	17 505
Machinery and equipment	15 514	-	-	15 514	49 001	(33 487)	315.9%	11 707	17 015
Software and other intangible assets	-	-	-	-	29	(29)	-	240	490
<b>Payment for financial assets</b>	-	-	-	-	-	-	-	737	737
<b>Total</b>	802 401	-	(42 300)	760 101	756 181	1 920	99.7%	734 582	713 232

**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

		2018/19					2017/18				
		Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000	
<b>Programme 2: DISTRICT HEALTH SERVICES</b>											
<b>Sub programme</b>											
1	DISTRICT MANAGEMENT	441 183	-	-	441 183	444 106	(2 923)	100.7%	404 783	394 909	
2	COMMUNITY HEALTH CLINICS	1 327 648	-	-	1 327 648	1 305 678	21 970	98.3%	1 248 625	1 239 496	
3	COMMUNITY HEALTH CENTRES	2 212 735	-	(1 531)	2 211 204	2 145 480	65 724	97.0%	2 089 937	2 037 564	
4	COMMUNITY BASED SERVICES	222 491	-	-	222 491	227 339	(4 848)	102.2%	213 600	216 596	
5	OTHER COMMUNITY SERVICES	1	-	-	1	-	1	-	1	-	
6	HIV/AIDS	1 613 625	-	-	1 613 625	1 607 733	5 892	99.6%	1 532 363	1 527 815	
7	NUTRITION	50 250	-	-	50 250	50 153	97	99.8%	46 381	47 573	
8	CORONER SERVICES	1	-	-	1	-	1	-	1	-	
9	DISTRICT HOSPITALS	3 371 191	-	1 531	3 372 722	3 457 401	(84 679)	102.5%	3 164 174	3 232 464	
10	GLOBAL FUND	102 641	-	-	102 641	90 862	11 779	88.5%	71 790	41 492	
<b>Total</b>		<b>9 341 766</b>	<b>-</b>	<b>-</b>	<b>9 341 766</b>	<b>9 328 752</b>	<b>13 014</b>	<b>99.9%</b>	<b>8 771 655</b>	<b>8 737 909</b>	
<b>Economic classification</b>											
		Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000	
<b>Current payments</b>		<b>8 176 148</b>	<b>-</b>	<b>(2 680)</b>	<b>8 173 468</b>	<b>8 146 720</b>	<b>26 748</b>	<b>99.7%</b>	<b>7 744 696</b>	<b>7 746 299</b>	
Compensation of employees		5 049 366	-	-	5 049 366	5 032 114	17 252	99.7%	4 710 278	4 685 005	
Salaries and wages		4 434 001	-	-	4 434 001	4 426 465	7 536	99.8%	4 137 642	4 127 468	
Social contributions		615 365	-	-	615 365	605 649	9 716	98.4%	572 636	557 537	
Goods and services		3 126 782	-	(2 680)	3 124 102	3 114 606	9 496	99.7%	3 034 418	3 061 294	
Advertising		7 525	-	-	7 525	7 191	334	95.6%	9 087	8 941	
Minor assets		18 715	-	-	18 715	12 082	6 633	64.6%	17 976	14 118	
Catering: Departmental activities		3 059	-	-	3 059	3 202	(143)	104.7%	3 106	2 305	
Communication (G&S)		36 052	-	(2 680)	33 372	25 659	7 713	76.9%	36 745	26 880	
Computer services		3 784	-	-	3 784	3 397	387	89.8%	5 036	3 910	
Consultants: Business and advisory services		15 827	-	-	15 827	10 064	5 763	63.6%	12 657	8 733	
Laboratory services		397 651	-	-	397 651	441 387	(43 736)	111.0%	375 256	388 623	
Contractors		100 787	-	-	100 787	93 786	7 001	93.1%	145 511	150 499	
Agency and support / outsourced services		268 705	-	-	268 705	290 286	(21 581)	108.0%	249 843	275 913	
Entertainment		104	-	-	104	27	77	26.0%	99	20	
Fleet services (including government motor transport)		34 055	-	-	34 055	29 297	4 758	86.0%	31 935	28 818	
Inventory: Food and food supplies		38 901	-	-	38 901	40 220	(1 319)	103.4%	36 270	35 687	
Inventory: Medical supplies		460 188	-	-	460 188	446 107	14 081	96.9%	439 855	431 728	
Inventory: Medicine		1 169 635	-	-	1 169 635	1 121 386	48 249	95.9%	1 131 994	1 131 121	
Inventory: Other supplies		4 462	-	-	4 462	2	4 460	0.0%	4 478	102	
Consumable supplies		117 572	-	-	117 572	124 490	(6 918)	105.9%	107 927	121 126	
Consumable: Stationery, printing and office supplies		49 509	-	-	49 509	48 654	855	98.3%	49 003	47 841	

**WESTERN CAPE DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

Economic classification	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	15 098	-	-	15 098	11 961	3 137	79.2%	14 034	11 744
Property payments	329 549	-	-	329 549	346 991	(17 442)	105.3%	308 793	323 011
Transport provided: Departmental activity	1 432	-	-	1 432	1 261	171	88.1%	1 356	1 219
Travel and subsistence	15 366	-	-	15 366	14 699	667	95.7%	15 897	13 304
Training and development	13 603	-	-	13 603	13 232	371	97.3%	13 697	11 450
Operating payments	7 148	-	-	7 148	9 617	(2 469)	134.5%	6 700	5 976
Venues and facilities	300	-	-	300	297	3	99.0%	369	164
Rental and hiring	17 755	-	-	17 755	19 311	(1 556)	108.8%	16 794	18 061
<b>Transfers and subsidies</b>	<b>1 064 905</b>	-	-	<b>1 064 905</b>	<b>1 050 684</b>	<b>14 221</b>	<b>98.7%</b>	<b>911 549</b>	<b>880 847</b>
Provinces and municipalities	549 937	-	-	549 937	549 646	291	99.9%	520 665	520 665
Municipalities	549 937	-	-	549 937	549 646	291	99.9%	520 665	520 665
Municipal bank accounts	496 949	-	-	496 949	485 024	11 925	97.6%	373 920	340 464
Non-profit institutions	18 019	-	-	18 019	16 014	2 005	88.9%	16 964	19 718
Households	17 485	-	-	17 485	15 238	2 247	87.1%	16 463	19 558
Social benefits	534	-	-	534	776	(242)	145.3%	501	160
Other transfers to households	100 713	-	-	100 713	128 668	(27 955)	127.8%	114 064	109 417
<b>Payments for capital assets</b>	<b>100 671</b>	-	-	<b>100 671</b>	<b>128 329</b>	<b>(27 658)</b>	<b>127.5%</b>	<b>112 344</b>	<b>106 795</b>
Machinery and equipment	45 242	-	-	45 242	60 834	(15 592)	134.5%	52 160	52 888
Transport equipment	55 429	-	-	55 429	67 495	(12 066)	121.8%	60 184	53 907
Other machinery and equipment	42	-	-	42	339	(297)	807.1%	1 720	2 622
Software and other intangible assets	-	-	-	-	2 680	-	100.0%	1 346	1 346
<b>Payment for financial assets</b>	<b>-</b>	-	-	<b>2 680</b>	<b>2 680</b>	<b>-</b>	<b>100.0%</b>	<b>1 346</b>	<b>1 346</b>
<b>T total</b>	<b>9 341 766</b>	-	-	<b>9 341 766</b>	<b>9 328 752</b>	<b>13 014</b>	<b>99.9%</b>	<b>8 771 655</b>	<b>8 737 909</b>

**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 2.1: DISTRICT MANAGEMENT</b>									
<b>Economic classification</b>									
<b>Current payments</b>	414 231	-	(741)	413 490	409 055	4 435	98.9%	373 984	367 029
Compensation of employees	341 213	-	-	341 213	336 412	2 801	99.2%	321 473	316 506
Goods and services	73 018	-	(741)	72 277	70 643	1 634	97.7%	52 511	50 523
<b>Transfers and subsidies</b>	14 968	-	-	14 968	15 507	(539)	103.6%	15 717	11 334
Non-profit institutions	13 737	-	-	13 737	13 305	432	96.9%	14 409	8 296
Households	1 231	-	-	1 231	2 202	(971)	178.9%	1 308	3 038
<b>Payments for capital assets</b>	11 984	-	-	11 984	18 803	(6 819)	156.9%	14 335	15 799
Machinery and equipment	11 984	-	-	11 984	18 803	(6 819)	156.9%	14 335	15 799
<b>Payment for financial assets</b>	-	-	741	741	741	-	100.0%	747	747
<b>Total</b>	<b>441 183</b>	<b>-</b>	<b>-</b>	<b>441 183</b>	<b>444 106</b>	<b>(2 923)</b>	<b>100.7%</b>	<b>404 783</b>	<b>394 909</b>

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 2.2: COMMUNITY HEALTH CLINICS</b>									
<b>Economic classification</b>									
<b>Current payments</b>	986 791	-	(176)	986 615	961 701	24 914	97.5%	922 147	915 736
Compensation of employees	585 661	-	-	585 661	570 934	14 727	97.5%	547 254	534 010
Goods and services	401 130	-	(176)	400 954	390 767	10 187	97.5%	374 893	381 726
<b>Transfers and subsidies</b>	317 745	-	-	317 745	316 968	777	99.8%	301 391	299 815
Provinces and municipalities	313 451	-	-	313 451	313 451	-	100.0%	297 392	297 392
Non-profit institutions	2 169	-	-	2 169	1 761	408	81.2%	2 017	1 305
Households	2 125	-	-	2 125	1 756	369	82.6%	1 982	1 118
<b>Payments for capital assets</b>	23 112	-	-	23 112	26 833	(3 721)	116.1%	25 010	23 868
Machinery and equipment	23 112	-	-	23 112	26 822	(3 710)	116.1%	25 010	23 868
Software and other intangible assets	-	-	-	-	11	(11)	-	-	-
<b>Payment for financial assets</b>	-	-	176	176	176	-	100.0%	77	77
<b>Total</b>	<b>1 327 648</b>	<b>-</b>	<b>-</b>	<b>1 327 648</b>	<b>1 305 678</b>	<b>21 970</b>	<b>98.3%</b>	<b>1 248 625</b>	<b>1 239 496</b>

**WESTERN CAPE DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 2.3: COMMUNITY HEALTH CENTRES</b>									
<b>Economic classification</b>									
<b>Current payments</b>	2 183 830	-	(1 763)	2 182 067	2 117 730	64 337	97.1%	2 069 379	2 017 346
Compensation of employees	1 257 407	-	-	1 254 252	1 234 252	23 155	98.2%	1 175 991	1 157 923
Goods and services	926 423	-	(1 763)	924 660	883 478	41 182	95.5%	893 388	859 423
<b>Transfers and subsidies</b>	4 389	-	-	4 389	3 843	546	87.6%	4 092	5 148
Households	4 389	-	-	4 389	3 843	546	87.6%	4 092	5 148
<b>Payments for capital assets</b>	24 516	-	-	24 516	23 675	841	96.6%	16 289	14 893
Machinery and equipment	24 495	-	-	24 495	23 441	1 054	95.7%	16 289	14 893
Software and other intangible assets	21	-	-	21	234	(213)	1114.3%	-	-
<b>Payment for financial assets</b>	-	-	232	232	232	-	100.0%	177	177
<b>Total</b>	<b>2 212 735</b>	<b>-</b>	<b>(1 531)</b>	<b>2 211 204</b>	<b>2 145 480</b>	<b>65 724</b>	<b>97.0%</b>	<b>2 089 937</b>	<b>2 037 564</b>

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 2.4: COMMUNITY BASED SERVICES</b>									
<b>Economic classification</b>									
<b>Current payments</b>	56 034	-	-	56 034	61 897	(5 863)	110.5%	105 418	104 619
Compensation of employees	48 819	-	-	48 819	55 126	(6 307)	112.9%	46 138	51 212
Goods and services	7 215	-	-	7 215	6 771	444	93.8%	59 280	53 407
<b>Transfers and subsidies</b>	165 767	-	-	165 767	164 467	1 300	99.2%	107 564	111 248
Non-profit institutions	165 448	-	-	165 448	164 157	1 291	99.2%	107 266	111 238
Households	319	-	-	319	310	9	97.2%	298	10
<b>Payments for capital assets</b>	690	-	-	690	975	(285)	141.3%	617	728
Machinery and equipment	690	-	-	690	975	(285)	141.3%	617	728
<b>Total</b>	<b>222 491</b>	<b>-</b>	<b>-</b>	<b>222 491</b>	<b>227 339</b>	<b>(4 848)</b>	<b>102.2%</b>	<b>213 600</b>	<b>216 596</b>

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 2.5: OTHER COMMUNITY SERVICES</b>									
<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 DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 2.6: HIV/AIDS</b>									
<b>Economic classification</b>									
<b>Current payments</b>	1 149 594	-	-	1 149 594	1 146 957	2 637	99.8%	1 119 090	1 119 559
Compensation of employees	483 129	-	-	483 129	483 521	(392)	100.1%	446 284	434 930
Goods and services	666 465	-	-	666 465	663 436	3 029	99.5%	672 806	684 629
<b>Transfers and subsidies</b>	463 810	-	-	463 810	460 650	3 160	99.3%	413 037	408 162
Provinces and municipalities	230 558	-	-	230 558	230 558	-	100.0%	217 701	217 701
Non-profit institutions	233 252	-	-	233 252	229 517	3 735	98.4%	195 336	189 771
Households	-	-	-	-	575	(575)	-	-	690
<b>Payments for capital assets</b>	221	-	-	221	126	95	57.0%	236	94
Machinery and equipment	221	-	-	221	126	95	57.0%	236	94
<b>Total</b>	<b>1 613 625</b>	<b>-</b>	<b>-</b>	<b>1 613 625</b>	<b>1 607 733</b>	<b>5 892</b>	<b>99.6%</b>	<b>1 532 363</b>	<b>1 527 815</b>

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 2.7: NUTRITION</b>									
<b>Economic classification</b>									
<b>Current payments</b>	40 987	-	-	40 987	40 726	261	99.4%	37 707	38 599
Compensation of employees	9 654	-	-	9 654	9 212	442	95.4%	9 419	9 238
Goods and services	31 333	-	-	31 333	31 514	(181)	100.6%	28 288	29 361
<b>Transfers and subsidies</b>	9 256	-	-	9 256	9 425	(169)	101.8%	8 667	8 971
Provinces and municipalities	5 928	-	-	5 928	5 637	291	95.1%	5 572	5 572
Non-profit institutions	3 328	-	-	3 328	3 760	(432)	113.0%	3 095	3 388
Households	-	-	-	-	28	(28)	-	-	11
<b>Payments for capital assets</b>	7	-	-	7	2	5	28.6%	7	3
Machinery and equipment	7	-	-	7	2	5	28.6%	7	3
<b>Total</b>	<b>50 250</b>	<b>-</b>	<b>-</b>	<b>50 250</b>	<b>50 153</b>	<b>97</b>	<b>99.8%</b>	<b>46 381</b>	<b>47 573</b>

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 2.8: CORONER SERVICES</b>									
<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 DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 2.9: DISTRICT HOSPITALS</b>									
<b>Economic classification</b>									
<b>Current payments</b>	3 319 498	-	-	3 319 498	3 389 158	(69 660)	102.1%	3 095 894	3 167 435
Compensation of employees	2 308 949	-	-	2 308 949	2 327 206	(18 257)	100.8%	2 151 803	2 170 656
Goods and services	1 010 549	-	-	1 010 549	1 061 952	(51 403)	105.1%	944 091	996 779
<b>Transfers and subsidies</b>	11 605	-	-	11 605	8 503	3 102	73.3%	10 839	10 866
Non-profit institutions	1 650	-	-	1 650	1 250	400	75.8%	1 558	1 166
Households	9 955	-	-	9 955	7 253	2 702	72.9%	9 281	9 700
<b>Payments for capital assets</b>	40 088	-	-	40 088	58 209	(18 121)	145.2%	57 097	53 819
Machinery and equipment	40 067	-	-	40 067	58 115	(18 048)	145.0%	55 377	51 197
Software and other intangible assets	21	-	-	21	94	(73)	447.6%	1 720	2 622
<b>Payment for financial assets</b>	-	-	1 531	1 531	1 531	-	100.0%	344	344
<b>Total</b>	<b>3 371 191</b>	<b>-</b>	<b>1 531</b>	<b>3 372 722</b>	<b>3 457 401</b>	<b>(84 679)</b>	<b>102.5%</b>	<b>3 164 174</b>	<b>3 232 464</b>

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 2.10: GLOBAL FUND</b>									
<b>Economic classification</b>									
<b>Current payments</b>	25 181	-	-	25 181	19 496	5 685	77.4%	21 075	15 976
Compensation of employees	14 534	-	-	14 534	13 451	1 083	92.5%	11 916	10 530
Goods and services	10 647	-	-	10 647	6 045	4 602	56.8%	9 159	5 446
<b>Transfers and subsidies</b>	77 365	-	-	77 365	71 321	6 044	92.2%	50 242	25 303
Non-profit institutions	77 365	-	-	77 365	71 274	6 091	92.1%	50 239	25 300
Households	-	-	-	-	47	(47)	-	3	3
<b>Payments for capital assets</b>	95	-	-	95	45	50	47.4%	473	213
Machinery and equipment	95	-	-	95	45	50	47.4%	473	213
<b>Total</b>	<b>102 641</b>	<b>-</b>	<b>-</b>	<b>102 641</b>	<b>90 862</b>	<b>11 779</b>	<b>88.5%</b>	<b>71 790</b>	<b>41 492</b>

**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

<b>Programme 3: EMERGENCY MEDICAL SERVICES</b>									
	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
1 EMERGENCY TRANSPORT	1 029 770	-	(10 000)	1 019 770	1 010 885	8 885	99.1%	944 734	903 461
2 PLANNED PATIENT TRANSPORT	86 487	-	-	86 487	91 559	(5 072)	105.9%	81 829	91 401
<b>Total</b>	<b>1 116 257</b>	<b>-</b>	<b>(10 000)</b>	<b>1 106 257</b>	<b>1 102 444</b>	<b>3 813</b>	<b>99.7%</b>	<b>1 026 563</b>	<b>994 862</b>

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>1 022 642</b>			<b>1 010 645</b>	<b>1 005 404</b>	<b>5 241</b>	<b>99.5%</b>	<b>939 509</b>	<b>909 023</b>
Compensation of employees	679 183	-	(11 997)	673 183	672 280	903	99.9%	639 948	632 175
Salaries and wages	578 994	-	(4 000)	574 994	574 860	134	100.0%	546 087	541 943
Social contributions	100 189	-	(2 000)	98 189	97 420	769	99.2%	93 861	90 332
Goods and services	343 459	-	(5 997)	337 462	333 124	4 338	98.7%	299 561	276 848
Minor assets	842	-	-	842	541	301	64.3%	540	476
Catering; Departmental activities	219	-	-	219	35	184	16.0%	232	137
Communication (G&S)	8 019	-	-	8 019	7 561	458	94.3%	8 112	5 942
Computer services	70	-	-	70	-	70	-	67	-
Consultants; Business and advisory services	43	-	-	43	76	(33)	176.7%	40	115
Contractors	151 041	-	-	151 041	159 611	(8 570)	105.7%	124 088	107 092
Agency and support / outsourced services	710	-	-	710	620	90	87.3%	710	530
Entertainment	3	-	-	3	-	3	-	3	-
Fleet services (including government motor transport)	129 379	-	-	129 379	125 565	3 814	97.1%	122 994	125 134
Inventory; Medical supplies	12 083	-	(2 000)	10 083	6 370	3 713	63.2%	6 686	6 686
Inventory; Medicine	1 279	-	-	1 279	926	353	72.4%	992	954
Consumable supplies	18 408	-	-	18 408	14 746	3 662	80.1%	18 798	12 884
Consumables; Stationery, printing and office supplies	3 356	-	(2 000)	1 356	1 285	71	94.8%	2 110	1 477
Operating leases	4 296	-	(1 997)	2 299	1 024	1 275	44.5%	1 818	878
Property payments	9 944	-	-	9 944	10 470	(526)	105.3%	8 842	10 381
Travel and subsistence	2 427	-	-	2 427	3 517	(1 090)	144.9%	2 253	3 160
Training and development	1 151	-	-	1 151	488	663	42.4%	1 093	947
Operating payments	91	-	-	91	44	47	48.4%	86	10
Venues and facilities	97	-	-	97	57	40	58.8%	96	-
Rental and hiring	1	-	-	1	188	(187)	18800.0%	1	45

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Economic classification	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Transfers and subsidies</b>	772	-	-	772	832	(60)	107.8%	727	998
Provinces and municipalities	16	-	-	16	15	1	93.8%	22	16
Provinces	16	-	-	16	15	1	93.8%	22	16
Provincial Revenue Funds	-	-	-	-	-	-	-	22	16
Provincial agencies and funds	16	-	-	16	15	1	93.8%	-	-
Households	756	-	-	756	817	(61)	108.1%	705	982
Social benefits	756	-	-	756	746	10	98.7%	705	982
Other transfers to households	-	-	-	-	71	(71)	-	-	-
<b>Payments for capital assets</b>	92 843	-	-	92 843	94 211	(1 368)	101.5%	85 870	84 384
Machinery and equipment	92 843	-	-	92 843	94 211	(1 368)	101.5%	85 870	84 384
Transport equipment	81 512	-	-	81 512	82 807	(1 295)	101.6%	76 609	76 239
Other machinery and equipment	11 331	-	-	11 331	11 404	(73)	100.6%	9 261	8 145
<b>Payment for financial assets</b>	-	-	1 997	1 997	1 997	-	100.0%	457	457
<b>Total</b>	<b>1 116 257</b>	<b>-</b>	<b>(10 000)</b>	<b>1 106 257</b>	<b>1 102 444</b>	<b>3 813</b>	<b>99.7%</b>	<b>1 026 563</b>	<b>994 862</b>

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**APPROPRIATION STATEMENT  
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	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 3.1: EMERGENCY TRANSPORT</b>									
<b>Economic classification</b>									
<b>Current payments</b>	947 735	-	(11 997)	935 738	926 468	9 270	99.0%	866 562	828 095
Compensation of employees	647 523	-	(6 000)	641 523	632 485	9 038	98.6%	610 304	593 217
Goods and services	300 212	-	(5 997)	294 215	293 983	232	99.9%	258 258	234 878
<b>Transfers and subsidies</b>	689	-	-	689	707	(18)	102.6%	650	968
Provinces and municipalities	16	-	-	16	15	1	93.8%	22	16
Households	673	-	-	673	692	(19)	102.8%	628	952
<b>Payments for capital assets</b>	81 346	-	-	81 346	81 713	(367)	100.5%	75 065	73 941
Machinery and equipment	81 346	-	-	81 346	81 713	(367)	100.5%	75 065	73 941
<b>Payment for financial assets</b>	-	-	1 997	1 997	1 997	-	100.0%	457	457
<b>Total</b>	<b>1 029 770</b>	<b>-</b>	<b>(10 000)</b>	<b>1 019 770</b>	<b>1 010 885</b>	<b>8 885</b>	<b>99.1%</b>	<b>944 734</b>	<b>903 461</b>

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 3.2: PLANNED PATIENT TRANSPORT</b>									
<b>Economic classification</b>									
<b>Current payments</b>	74 907	-	-	74 907	78 936	(4 029)	105.4%	70 947	80 928
Compensation of employees	31 660	-	-	31 660	39 795	(8 135)	125.7%	29 644	38 958
Goods and services	43 247	-	-	43 247	39 141	4 106	90.5%	41 303	41 970
<b>Transfers and subsidies</b>	83	-	-	83	125	(42)	150.6%	77	30
Households	83	-	-	83	125	(42)	150.6%	77	30
<b>Payments for capital assets</b>	11 497	-	-	11 497	12 498	(1 001)	108.7%	10 805	10 443
Machinery and equipment	11 497	-	-	11 497	12 498	(1 001)	108.7%	10 805	10 443
<b>Total</b>	<b>86 487</b>	<b>-</b>	<b>-</b>	<b>86 487</b>	<b>91 559</b>	<b>(5 072)</b>	<b>105.9%</b>	<b>81 829</b>	<b>91 401</b>

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for the year ended 31 March 2019

Programme 4: PROVINCIAL HOSPITAL SERVICES										
Sub programme	2018/19					2017/18				
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000	
1	2 001 217	-	(1 929)	1 999 288	1 995 181	4 107	99.8%	1 865 579	1 864 768	
2	328 013	-	(3 000)	325 013	324 057	956	99.7%	305 986	301 129	
3	921 445	-	117	921 562	930 626	(9 064)	101.0%	870 940	867 702	
4	210 925	-	(2 000)	208 925	206 682	2 243	98.9%	197 626	192 738	
5	175 453	-	-	175 453	166 296	9 157	94.8%	163 036	153 190	
<b>Total</b>	<b>3 637 053</b>	<b>-</b>	<b>(6 812)</b>	<b>3 630 241</b>	<b>3 622 842</b>	<b>7 399</b>	<b>99.8%</b>	<b>3 403 167</b>	<b>3 379 527</b>	
Economic classification										
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000	
<b>Current payments</b>	<b>3 573 679</b>	<b>-</b>	<b>(7 203)</b>	<b>3 566 476</b>	<b>3 554 973</b>	<b>11 503</b>	<b>99.7%</b>	<b>3 348 226</b>	<b>3 326 720</b>	
Compensation of employees	2 602 784	-	-	2 602 784	2 612 953	(10 169)	100.4%	2 465 492	2 454 090	
Salaries and wages	2 281 708	-	-	2 281 708	2 300 436	(18 728)	100.8%	2 163 193	2 163 682	
Social contributions	321 076	-	-	321 076	312 517	8 559	97.3%	302 299	290 408	
Goods and services	970 895	-	(7 203)	963 692	942 020	21 672	97.8%	882 734	872 630	
Administrative fees	4	-	-	4	1	3	25.0%	4	-	
Advertising	160	-	-	160	46	114	28.8%	58	96	
Minor assets	10 127	-	-	10 127	10 759	(632)	106.2%	10 155	9 121	
Catering: Departmental activities	278	-	-	278	345	(67)	124.1%	298	141	
Communication (G&S)	11 528	-	(2 150)	9 378	7 726	1 652	82.4%	12 689	11 284	
Computer services	1 123	-	-	1 123	943	180	84.0%	2 015	2 104	
Consultants: Business and advisory services	71 833	-	-	71 833	72 343	(510)	100.7%	67 292	66 200	
Laboratory services	68 980	-	-	68 980	70 248	(1 268)	101.8%	65 204	66 673	
Contractors	32 346	-	-	32 346	29 794	2 552	92.1%	29 766	31 139	
Agency and support / outsourced services	75 229	-	-	75 229	74 977	252	99.7%	66 704	68 080	
Entertainment	15	-	-	15	14	1	93.3%	15	12	
Fleet services (including government motor transport)	6 234	-	-	6 234	5 184	1 050	83.2%	5 793	5 367	
Inventory: Food and food supplies	6 979	-	-	6 979	6 008	971	86.1%	5 526	5 022	
Inventory: Medical supplies	239 227	-	(2 000)	237 227	233 201	4 026	98.3%	211 437	211 437	
Inventory: Medicine	87 419	-	(3 000)	84 419	77 617	6 802	91.9%	78 221	75 354	
Inventory: Other supplies	1 885	-	-	1 885	743	1 142	39.4%	1 746	1 015	
Consumable supplies	109 542	-	-	109 542	109 080	462	99.6%	97 465	97 644	
Consumable: Stationery, printing and office supplies	14 723	-	(53)	14 723	13 376	1 347	90.9%	14 962	13 920	
Operating leases	4 862	-	-	4 809	3 753	1 056	78.0%	5 108	3 777	
Property payments	216 767	-	-	216 767	216 619	148	99.9%	196 774	194 927	
Transport provided: Departmental activity	181	-	-	181	216	(35)	119.3%	1 097	445	
Travel and subsistence	4 704	-	-	4 704	3 730	974	79.3%	4 483	4 143	
Training and development	4 834	-	-	4 834	3 677	1 157	76.1%	3 956	3 119	
Operating payments	1 332	-	-	1 332	1 273	59	95.6%	1 411	866	
Venues and facilities	5	-	-	5	6	(1)	120.0%	5	5	
Rental and hiring	578	-	-	578	341	237	59.0%	550	739	

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Economic classification	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
<b>Transfers and subsidies</b>	<b>18 320</b>	-	-	<b>18 320</b>	<b>13 798</b>	<b>4 522</b>	<b>75.3%</b>	<b>17 069</b>	<b>12 975</b>
Non-profit institutions	3 253	-	-	3 253	3 232	21	99.4%	3 026	3 032
Households	15 067	-	-	15 067	10 566	4 501	70.1%	14 043	9 943
Social benefits	14 758	-	-	14 758	10 566	4 192	71.6%	13 753	9 943
Other transfers to households	309	-	-	309	-	309	-	290	-
<b>Payments for capital assets</b>	<b>45 054</b>	-	-	<b>45 054</b>	<b>53 680</b>	<b>(8 626)</b>	<b>119.1%</b>	<b>37 259</b>	<b>39 219</b>
Machinery and equipment	45 054	-	-	45 054	53 501	(8 447)	118.7%	33 259	37 203
Transport equipment	9 062	-	-	9 062	10 400	(1 338)	114.8%	9 232	11 182
Other machinery and equipment	35 992	-	-	35 992	43 101	(7 109)	119.8%	24 027	26 021
Software and other intangible assets	-	-	-	-	179	(179)	-	4 000	2 016
<b>Payment for financial assets</b>	<b>-</b>	-	<b>391</b>	<b>391</b>	<b>391</b>	<b>-</b>	<b>100.0%</b>	<b>613</b>	<b>613</b>
<b>Total</b>	<b>3 637 053</b>	-	<b>(6 812)</b>	<b>3 630 241</b>	<b>3 622 842</b>	<b>7 399</b>	<b>99.8%</b>	<b>3 403 167</b>	<b>3 379 527</b>

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	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 4.1: GENERAL (REGIONAL) HOSPITALS</b>									
<b>Economic classification</b>									
Current payments	1 968 744	-	(2 131)	1 966 613	1 957 156	9 457	99.5%	1 838 018	1 836 683
Compensation of employees	1 395 472	-	-	1 395 472	1 404 091	(8 619)	100.6%	1 318 244	1 317 262
Goods and services	573 272	-	(2 131)	571 141	553 065	18 076	96.8%	519 774	519 421
<b>Transfers and subsidies</b>	4 693	-	-	4 693	3 556	1 137	75.8%	4 374	4 826
Households	4 693	-	-	4 693	3 556	1 137	75.8%	4 374	4 826
<b>Payments for capital assets</b>	27 780	-	-	27 780	34 267	(6 487)	123.4%	22 980	23 052
Machinery and equipment	27 780	-	-	27 780	34 210	(6 430)	123.1%	18 980	21 036
Software and other intangible assets	-	-	-	-	57	(57)	-	4 000	2 016
<b>Payment for financial assets</b>	-	-	202	202	202	-	100.0%	207	207
<b>Total</b>	<b>2 001 217</b>	<b>-</b>	<b>(1 929)</b>	<b>1 999 288</b>	<b>1 995 181</b>	<b>4 107</b>	<b>99.8%</b>	<b>1 865 579</b>	<b>1 864 768</b>

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 4.2: TUBERCULOSIS HOSPITALS</b>									
<b>Economic classification</b>									
Current payments	321 691	-	(3 053)	318 638	319 325	(687)	100.2%	300 417	296 516
Compensation of employees	221 324	-	-	221 324	222 588	(1 264)	100.6%	206 685	206 001
Goods and services	100 367	-	(3 053)	97 314	96 737	577	99.4%	93 732	90 515
<b>Transfers and subsidies</b>	2 633	-	-	2 633	891	1 742	33.8%	2 455	622
Households	2 633	-	-	2 633	891	1 742	33.8%	2 455	622
<b>Payments for capital assets</b>	3 689	-	-	3 689	3 788	(99)	102.7%	2 994	3 871
Machinery and equipment	3 689	-	-	3 689	3 788	(99)	102.7%	2 994	3 871
<b>Payment for financial assets</b>	-	-	53	53	53	-	100.0%	120	120
<b>Total</b>	<b>328 013</b>	<b>-</b>	<b>(3 000)</b>	<b>325 013</b>	<b>324 057</b>	<b>956</b>	<b>99.7%</b>	<b>305 986</b>	<b>301 129</b>

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	2018/19						2017/18		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 4.3: PSYCHIATRIC/MENTAL HOSPITALS</b>									
<b>Economic classification</b>									
<b>Current payments</b>	905 188	-	-	905 188	913 395	(8 207)	100.9%	855 426	852 872
Compensation of employees	735 377	-	-	735 377	746 538	(11 161)	101.5%	703 099	705 963
Goods and services	169 811	-	-	169 811	166 857	2 954	98.3%	152 327	146 909
<b>Transfers and subsidies</b>	8 977	-	-	8 977	8 068	909	89.9%	8 360	6 559
Non-profit institutions	3 253	-	-	3 253	3 232	21	99.4%	3 026	3 032
Households	5 724	-	-	5 724	4 836	888	84.5%	5 334	3 527
<b>Payments for capital assets</b>	7 280	-	-	7 280	9 046	(1 766)	124.3%	6 880	7 997
Machinery and equipment	7 280	-	-	7 280	9 046	(1 766)	124.3%	6 880	7 997
<b>Payment for financial assets</b>	-	-	117	117	117	-	100.0%	274	274
<b>Total</b>	<b>921 445</b>	<b>-</b>	<b>117</b>	<b>921 562</b>	<b>930 626</b>	<b>(9 064)</b>	<b>101.0%</b>	<b>870 940</b>	<b>867 702</b>

	2018/19						2017/18		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 4.4: SUB-ACUTE, STEP DOWN AND CHRONIC MEDICAL HOSPITALS</b>									
<b>Economic classification</b>									
<b>Current payments</b>	208 933	-	(2 006)	206 927	204 484	2 443	98.8%	196 382	191 840
Compensation of employees	111 956	-	-	111 956	109 104	2 852	97.5%	106 249	102 063
Goods and services	96 977	-	(2 006)	94 971	95 380	(409)	100.4%	90 133	89 777
<b>Transfers and subsidies</b>	722	-	-	722	720	2	99.7%	673	441
Households	722	-	-	722	720	2	99.7%	673	441
<b>Payments for capital assets</b>	1 270	-	-	1 270	1 472	(202)	115.9%	559	445
Machinery and equipment	1 270	-	-	1 270	1 472	(202)	115.9%	559	445
<b>Payment for financial assets</b>	-	-	6	6	6	-	100.0%	12	12
<b>Total</b>	<b>210 925</b>	<b>-</b>	<b>(2 000)</b>	<b>208 925</b>	<b>206 682</b>	<b>2 243</b>	<b>98.9%</b>	<b>197 626</b>	<b>192 738</b>

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Subprogramme: 4.5: DENTAL TRAINING HOSPITALS	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Economic classification</b>									
<b>Current payments</b>	169 123	-	(13)	169 110	160 613	8 497	95.0%	157 983	148 809
Compensation of employees	138 655	-	-	138 655	130 632	8 023	94.2%	131 215	122 801
Goods and services	30 468	-	(13)	30 455	29 981	474	98.4%	26 768	26 008
<b>Transfers and subsidies</b>	1 295	-	-	1 295	563	732	43.5%	1 207	527
Households	1 295	-	-	1 295	563	732	43.5%	1 207	527
<b>Payments for capital assets</b>	5 035	-	-	5 035	5 107	(72)	101.4%	3 846	3 854
Machinery and equipment	5 035	-	-	5 035	4 985	50	99.0%	3 846	3 854
Software and other intangible assets	-	-	-	-	122	(122)	-	-	-
<b>Payment for financial assets</b>	-	-	13	13	13	-	100.0%	-	-
<b>Total</b>	<b>175 453</b>	<b>-</b>	<b>-</b>	<b>175 453</b>	<b>166 296</b>	<b>9 157</b>	<b>94.8%</b>	<b>163 036</b>	<b>153 190</b>

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		2018/19					2017/18			
		Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Programme 5: CENTRAL HOSPITAL SERVICES</b>										
<b>Sub programme</b>										
1	CENTRAL HOSPITAL SERVICES	5 602 460	-	61 889	5 664 349	5 663 751	598	100.0%	5 325 267	5 328 069
2	PROVINCIAL TERTIARY HOSPITAL SERVICES	850 771	-	2 723	853 494	853 494	-	100.0%	804 481	801 679
<b>Total</b>		<b>6 453 231</b>	<b>-</b>	<b>64 612</b>	<b>6 517 843</b>	<b>6 517 245</b>	<b>598</b>	<b>100.0%</b>	<b>6 129 748</b>	<b>6 129 748</b>

Economic classification	2018/19					2017/18				
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000	
<b>Current payments</b>	<b>6 349 779</b>	<b>-</b>	<b>5 291</b>	<b>6 355 070</b>	<b>6 345 631</b>	<b>9 439</b>	<b>99.9%</b>	<b>6 039 726</b>	<b>6 033 098</b>	
Compensation of employees	4 388 508	-	-	4 388 508	4 379 069	9 439	99.8%	4 141 094	4 126 085	
Salaries and wages	3 922 501	-	-	3 922 501	3 918 801	3 700	99.9%	3 708 943	3 698 428	
Social contributions	466 007	-	-	466 007	460 268	5 739	98.8%	432 151	427 657	
Goods and services	1 961 271	-	5 291	1 966 562	1 966 562	-	100.0%	1 898 632	1 907 013	
Advertising	208	-	-	208	38	170	18.3%	199	35	
Minor assets	11 018	-	-	11 018	9 362	1 656	85.0%	11 507	7 717	
Catering: Departmental activities	78	-	-	78	39	39	50.0%	76	30	
Communication (G&S)	5 713	-	-	5 713	3 360	2 353	58.8%	5 427	3 765	
Computer services	1 307	-	-	1 307	3 541	(2 234)	270.9%	1 084	899	
Consultants: Business and advisory services	2 294	-	-	2 294	2 270	24	99.0%	2 196	2 238	
Laboratory services	197 975	-	-	197 975	191 632	6 343	96.8%	203 849	200 252	
Contractors	103 486	-	-	103 486	106 957	(3 471)	103.4%	95 643	102 754	
Agency and support / outsourced services	103 762	-	7 191	110 953	111 667	(714)	100.6%	113 863	115 891	
Entertainment	2	-	-	2	-	2	-	2	1	
Fleet services (including government motor transport)	1 225	-	-	1 225	1 084	141	88.5%	1 172	965	
Inventory: Food and food supplies	10 593	-	(592)	10 001	9 653	348	96.5%	11 747	11 272	
Inventory: Medical supplies	810 455	-	-	810 455	833 108	(22 653)	102.8%	787 212	809 887	
Inventory: Medicine	272 658	-	(592)	272 066	272 066	-	100.0%	253 110	251 890	
Inventory: Other supplies	9 614	-	-	9 614	11 569	(1 955)	120.3%	8 913	10 168	
Consumable supplies	138 561	-	(808)	137 753	129 712	8 041	94.2%	132 403	131 900	
Consumable: Stationery, printing and office supplies	18 705	-	92	18 797	18 837	(40)	100.2%	16 953	17 276	
Operating leases	3 158	-	-	3 158	1 760	1 398	55.7%	3 025	2 239	
Property payments	257 175	-	-	257 175	247 482	9 693	96.2%	237 533	227 895	
Transport provided: Departmental activity	209	-	-	209	-	209	-	200	-	
Travel and subsistence	1 680	-	-	1 680	1 662	18	98.9%	1 608	1 727	
Training and development	5 128	-	-	5 128	5 384	(256)	105.0%	4 909	5 458	
Operating payments	1 092	-	-	1 092	741	351	67.9%	1 045	1 332	
Venues and facilities	55	-	-	55	-	55	-	53	-	
Rental and hiring	5 120	-	-	5 120	4 638	482	90.6%	4 903	1 422	

**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

Economic classification	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Transfers and subsidies</b>	<b>31 312</b>	-	-	<b>31 312</b>	<b>30 246</b>	<b>1 066</b>	<b>96.6%</b>	<b>29 160</b>	<b>29 066</b>
Non-profit institutions	12 467	-	-	12 467	12 467	-	100.0%	11 597	11 597
Households	18 845	-	-	18 845	17 779	1 066	94.3%	17 563	17 469
Social benefits	18 845	-	-	18 845	17 779	1 066	94.3%	17 563	17 454
Other transfers to households	-	-	-	-	-	-	-	-	15
<b>Payments for capital assets</b>	<b>72 140</b>	-	<b>58 209</b>	<b>130 349</b>	<b>140 256</b>	<b>(9 907)</b>	<b>107.6%</b>	<b>60 112</b>	<b>66 834</b>
Machinery and equipment	71 040	-	58 209	129 249	139 432	(10 183)	107.9%	58 292	66 834
Transport equipment	3 015	-	215	3 230	3 274	(44)	101.4%	2 833	2 874
Other machinery and equipment	68 025	-	57 994	126 019	136 158	(10 139)	108.0%	55 459	63 960
Software and other intangible assets	1 100	-	-	1 100	824	276	74.9%	1 820	-
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>1 112</b>	<b>1 112</b>	<b>1 112</b>	<b>-</b>	<b>100.0%</b>	<b>750</b>	<b>750</b>
<b>Total</b>	<b>6 453 231</b>	<b>-</b>	<b>64 612</b>	<b>6 517 843</b>	<b>6 517 245</b>	<b>598</b>	<b>100.0%</b>	<b>6 129 748</b>	<b>6 129 748</b>

**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 5.1: CENTRAL HOSPITAL SERVICES</b>									
<b>Economic classification</b>									
<b>Current payments</b>	<b>5 527 028</b>	-	<b>14 780</b>	<b>5 541 808</b>	<b>5 543 097</b>	<b>(1 289)</b>	<b>100.0%</b>	<b>5 262 859</b>	<b>5 264 962</b>
Compensation of employees	3 814 459	-	-	3 814 459	3 812 808	1 651	100.0%	3 597 221	3 587 802
Goods and services	1 712 569	-	14 780	1 727 349	1 730 289	(2 940)	100.2%	1 665 638	1 677 160
<b>Transfers and subsidies</b>	<b>16 257</b>	-	-	<b>16 257</b>	<b>14 996</b>	<b>1 261</b>	<b>92.2%</b>	<b>15 151</b>	<b>14 740</b>
Households	16 257	-	-	16 257	14 996	1 261	92.2%	15 151	14 740
<b>Payments for capital assets</b>	<b>59 175</b>	-	<b>46 394</b>	<b>105 569</b>	<b>104 943</b>	<b>626</b>	<b>99.4%</b>	<b>46 530</b>	<b>47 640</b>
Machinery and equipment	58 075	-	46 394	104 469	104 469	-	100.0%	46 530	47 640
Software and other intangible assets	1 100	-	-	1 100	474	626	43.1%	-	-
<b>Payment for financial assets</b>	<b>-</b>	-	<b>715</b>	<b>715</b>	<b>715</b>	<b>-</b>	<b>100.0%</b>	<b>727</b>	<b>727</b>
<b>Total</b>	<b>5 602 460</b>	-	<b>61 889</b>	<b>5 664 349</b>	<b>5 663 751</b>	<b>598</b>	<b>100.0%</b>	<b>5 325 267</b>	<b>5 328 069</b>

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 5.2: PROVINCIAL TERTIARY HOSPITAL SERVICES</b>									
<b>Economic classification</b>									
<b>Current payments</b>	<b>822 751</b>	-	<b>(9 489)</b>	<b>813 262</b>	<b>802 534</b>	<b>10 728</b>	<b>98.7%</b>	<b>776 867</b>	<b>768 136</b>
Compensation of employees	574 049	-	-	574 049	566 261	7 788	98.6%	543 873	538 283
Goods and services	248 702	-	(9 489)	239 213	236 273	2 940	98.8%	232 994	229 853
<b>Transfers and subsidies</b>	<b>15 055</b>	-	-	<b>15 055</b>	<b>15 250</b>	<b>(195)</b>	<b>101.3%</b>	<b>14 009</b>	<b>14 326</b>
Non-profit institutions	12 467	-	-	12 467	12 467	-	100.0%	11 597	11 597
Households	2 588	-	-	2 588	2 783	(195)	107.5%	2 412	2 729
<b>Payments for capital assets</b>	<b>12 965</b>	-	<b>11 815</b>	<b>24 780</b>	<b>35 313</b>	<b>(10 533)</b>	<b>142.5%</b>	<b>13 582</b>	<b>19 194</b>
Machinery and equipment	12 965	-	11 815	24 780	34 963	(10 183)	141.1%	11 762	19 194
Software and other intangible assets	-	-	-	-	350	(350)	-	1 820	-
<b>Payment for financial assets</b>	<b>-</b>	-	<b>397</b>	<b>397</b>	<b>397</b>	<b>-</b>	<b>100.0%</b>	<b>23</b>	<b>23</b>
<b>Total</b>	<b>850 771</b>	-	<b>2 723</b>	<b>853 494</b>	<b>853 494</b>	<b>-</b>	<b>100.0%</b>	<b>804 481</b>	<b>801 679</b>

**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

<b>Programme 6: HEALTH SCIENCES AND TRAINING</b>										
	2018/19					2017/18				
	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	R'000
<b>Sub programme</b>										
1 NURSE TRAINING COLLEGE	68 152	-	-	68 152	56 688	11 464	83.2%	77 355	59 145	
2 EMERGENCY MEDICAL SERVICES (EMS) TRAINING COLLEGE	32 679	-	-	32 679	34 322	(1 643)	105.0%	32 878	32 250	
3 BURSARIES	69 477	-	-	69 477	67 509	1 968	97.2%	90 613	87 299	
4 PRIMARY HEALTH CARE (PHC) TRAINING	1	-	-	1	-	1	-	1	-	
5 TRAINING (OTHER)	158 307	-	-	158 307	163 124	(4 817)	103.0%	139 216	138 759	
<b>Total</b>	<b>328 616</b>	<b>-</b>	<b>-</b>	<b>328 616</b>	<b>321 643</b>	<b>6 973</b>	<b>97.9%</b>	<b>340 063</b>	<b>317 453</b>	

	2018/19					2017/18				
	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	R'000
<b>Economic classification</b>										
<b>Current payments</b>	<b>195 420</b>	<b>-</b>	<b>(65)</b>	<b>195 355</b>	<b>181 728</b>	<b>13 627</b>	<b>93.0%</b>	<b>182 507</b>	<b>163 647</b>	
Compensation of employees	150 355	-	-	150 355	137 402	12 953	91.4%	124 854	121 960	
Salaries and wages	131 937	-	-	131 937	127 920	4 017	97.0%	111 835	109 559	
Social contributions	18 418	-	-	18 418	9 482	8 936	51.5%	13 019	12 401	
Goods and services	45 065	-	(65)	45 000	44 326	674	98.5%	57 653	41 687	
Advertising	234	-	-	234	79	155	33.8%	247	15	
Minor assets	539	-	-	539	455	84	84.4%	985	821	
Bursaries: Employees	10 297	-	-	10 297	10 287	10	99.9%	10 279	10 345	
Catering: Departmental activities	323	-	-	323	824	(501)	255.1%	411	1 052	
Communication (G&S)	1 000	-	(65)	935	720	215	77.0%	995	979	
Computer services	-	-	-	-	19	(19)	-	1	-	
Consultants: Business and advisory services	144	-	-	144	12	132	8.3%	290	32	
Contractors	155	-	-	155	297	(142)	191.6%	858	20	
Agency and support / outsourced services	4 205	-	-	4 205	1 520	2 685	36.1%	5 997	2 180	
Entertainment	4	-	-	4	-	4	-	4	-	
Fleet services (including government motor transport)	1 246	-	-	1 246	1 499	(253)	120.3%	1 672	1 454	
Inventory: Medical supplies	332	-	-	332	182	150	54.8%	302	134	
Inventory: Medicine	14	-	-	14	2	12	14.3%	14	1	
Consumable supplies	5 168	-	-	5 168	2 501	2 667	48.4%	8 388	3 243	
Consumable: Stationery, printing and office supplies	849	-	-	849	1 058	(209)	124.6%	1 393	690	
Operating leases	535	-	-	535	380	155	29.0%	539	278	
Property payments	8 338	-	-	8 338	6 403	1 935	76.8%	10 540	4 822	
Travel and subsistence	4 670	-	-	4 670	6 634	(1 964)	142.1%	6 506	7 907	
Training and development	6 516	-	-	6 516	10 808	(4 292)	165.9%	7 178	6 987	
Operating payments	158	-	-	158	446	(288)	282.3%	321	303	
Venues and facilities	256	-	-	256	259	(3)	101.2%	649	208	
Rental and hiring	82	-	-	82	166	(84)	202.4%	84	216	

**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

Economic classification	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
<b>Transfers and subsidies</b>	<b>125 416</b>	-	<b>(2 911)</b>	<b>122 505</b>	<b>120 816</b>	<b>1 689</b>	<b>98.6%</b>	<b>146 515</b>	<b>143 274</b>
Departmental agencies and accounts	5 699	-	-	5 699	5 703	(4)	100.1%	5 397	5 128
Departmental agencies (non-business entities)	5 699	-	-	5 699	5 703	(4)	100.1%	5 397	5 128
Non-profit institutions	60 014	-	-	60 014	60 014	-	100.0%	66 485	66 485
Households	59 703	-	<b>(2 911)</b>	56 792	55 099	1 693	97.0%	74 633	71 661
Social benefits	523	-	-	523	788	(265)	150.7%	487	895
Other transfers to households	59 180	-	<b>(2 911)</b>	56 269	54 311	1 958	96.5%	74 146	70 766
<b>Payments for capital assets</b>	<b>7 780</b>	-	-	<b>7 780</b>	<b>16 123</b>	<b>(8 343)</b>	<b>207.2%</b>	<b>4 816</b>	<b>4 307</b>
Machinery and equipment	7 759	-	-	7 759	16 123	(8 364)	207.8%	4 816	4 282
Transport equipment	2 516	-	-	2 516	2 570	(54)	102.1%	2 365	2 021
Other machinery and equipment	5 243	-	-	5 243	13 553	(8 310)	258.5%	2 451	2 261
Software and other intangible assets	21	-	-	21	-	21	-	-	25
<b>Payment for financial assets</b>	-	-	<b>2 976</b>	<b>2 976</b>	<b>2 976</b>	-	<b>100.0%</b>	<b>6 225</b>	<b>6 225</b>
<b>Total</b>	<b>328 616</b>	-	-	<b>328 616</b>	<b>321 643</b>	<b>6 973</b>	<b>97.9%</b>	<b>340 063</b>	<b>317 453</b>

**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 6.1: NURSE TRAINING COLLEGE</b>									
<b>Economic classification</b>									
<b>Current payments</b>	64 784	-	(65)	64 719	44 824	19 895	69.3%	75 966	58 029
Compensation of employees	44 534	-	-	44 534	33 795	10 739	75.9%	46 278	46 415
Goods and services	20 250	-	(65)	20 185	11 029	9 156	54.6%	29 688	11 614
<b>Transfers and subsidies</b>	499	-	-	499	650	(151)	130.3%	465	662
Households	499	-	-	499	650	(151)	130.3%	465	662
<b>Payments for capital assets</b>	2 869	-	-	2 869	11 149	(8 280)	388.6%	887	417
Machinery and equipment	2 869	-	-	2 869	11 149	(8 280)	388.6%	887	417
<b>Payment for financial assets</b>	-	-	65	65	65	-	100.0%	37	37
<b>Total</b>	<b>68 152</b>	<b>-</b>	<b>-</b>	<b>68 152</b>	<b>56 688</b>	<b>11 464</b>	<b>83.2%</b>	<b>77 355</b>	<b>59 145</b>

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 6.2: EMERGENCY MEDICAL SERVICES (EMS) TRAINING COLLEGE</b>									
<b>Economic classification</b>									
<b>Current payments</b>	27 744	-	-	27 744	29 366	(1 622)	105.8%	28 927	28 245
Compensation of employees	22 181	-	-	22 181	22 628	(447)	102.0%	21 986	21 373
Goods and services	5 563	-	-	5 563	6 738	(1 175)	121.1%	6 941	6 872
<b>Transfers and subsidies</b>	24	-	-	24	-	24	-	22	149
Households	24	-	-	24	-	24	-	22	149
<b>Payments for capital assets</b>	4 911	-	-	4 911	4 956	(45)	100.9%	3 929	3 856
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	4 890	-	-	4 890	4 956	(66)	101.3%	3 929	3 856
Software and other intangible assets	21	-	-	21	-	21	-	-	-
<b>Total</b>	<b>32 679</b>	<b>-</b>	<b>-</b>	<b>32 679</b>	<b>34 322</b>	<b>(1 643)</b>	<b>105.0%</b>	<b>32 878</b>	<b>32 250</b>

**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
<b>Economic classification</b>									
<b>Current payments</b>	10 297	-	-	10 297	10 287	10	99.9%	10 279	10 345
Goods and services	10 297	-	-	10 297	10 287	10	99.9%	10 279	10 345
<b>Transfers and subsidies</b>	59 180	-	(2 911)	56 269	54 311	1 958	96.5%	74 146	70 766
Households	59 180	-	(2 911)	56 269	54 311	1 958	96.5%	74 146	70 766
<b>Payments for capital assets</b>	-	-	-	-	-	-	-	-	-
<b>Payment for financial assets</b>	-	-	2 911	2 911	2 911	-	100.0%	6 188	-
<b>Total</b>	69 477	-	-	69 477	67 509	1 968	97.2%	90 613	87 299

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
<b>Economic classification</b>									
<b>Current payments</b>	1	-	-	1	-	1	-	1	-
Goods and services	1	-	-	1	-	1	-	1	-
<b>Total</b>	1	-	-	1	-	1	-	1	-

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
<b>Economic classification</b>									
<b>Current payments</b>	92 594	-	-	92 594	97 251	(4 657)	105.0%	67 334	67 028
Compensation of employees	83 640	-	-	83 640	80 979	2 661	96.8%	56 590	54 172
Goods and services	8 954	-	-	8 954	16 272	(7 318)	181.7%	10 744	12 856
<b>Transfers and subsidies</b>	65 713	-	-	65 713	65 855	(142)	100.2%	71 882	71 697
Departmental agencies and accounts	5 699	-	-	5 699	5 703	(4)	100.1%	5 397	5 128
Non-profit institutions	60 014	-	-	60 014	60 014	-	100.0%	66 485	66 485
Households	-	-	-	-	138	(138)	-	-	84
<b>Payments for capital assets</b>	-	-	-	-	18	(18)	-	-	34
Machinery and equipment	-	-	-	-	18	(18)	-	-	9
Software and other intangible assets	-	-	-	-	-	-	-	-	25
<b>Total</b>	158 307	-	-	158 307	163 124	(4 817)	103.0%	139 216	138 759

**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

		2018/19					2017/18			
		Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Programme 7: HEALTH CARE SUPPORT SERVICES</b>										
<b>Sub programme</b>										
1	LAUNDRY SERVICES	105 669	-	-	105 669	104 649	1 020	99,0%	102 084	100 938
2	ENGINEERING SERVICES	109 777	-	(3 500)	106 277	105 495	782	99,3%	103 276	95 292
3	FORENSIC SERVICES	187 559	-	(2 000)	185 559	185 309	250	99,9%	166 256	177 347
4	ORTHOTIC AND PROSTHETIC SERVICES	1	-	-	1	-	1	-	1	-
5	CAPE MEDICAL DEPOT	71 201	-	-	71 201	66 214	4 987	93,0%	67 228	63 235
<b>Total</b>		<b>474 207</b>	<b>-</b>	<b>(5 500)</b>	<b>468 707</b>	<b>461 667</b>	<b>7 040</b>	<b>98,5%</b>	<b>438 845</b>	<b>436 812</b>

		2018/19					2017/18			
		Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Economic classification</b>										
<b>Current payments</b>										
	Compensation of employees	445 472	-	(4 405)	441 067	437 160	3 907	99,1%	408 239	405 136
	Salaries and wages	295 774	-	(3 500)	292 274	291 196	1 078	99,6%	270 462	270 754
	Social contributions	255 770	-	(3 500)	252 270	252 107	163	99,9%	234 083	234 603
	Goods and services	40 004	-	(905)	40 004	39 089	915	97,7%	36 379	36 151
	Minor assets	1 805	-	-	1 805	1 495	310	82,8%	1 377 777	1 34 382
	Catering: Departmental activities	215	-	-	215	27	188	12,6%	203	93
	Communication (G&S)	3 864	-	(198)	3 666	2 356	1 310	64,3%	2 794	2 393
	Computer services	2 829	-	(707)	2 122	1 659	463	78,2%	1 835	1 835
	Consultants: Business and advisory services	426	-	-	426	216	210	50,7%	268	29
	Laboratory services	575	-	-	575	551	24	95,8%	647	588
	Contractors	14 022	-	-	14 022	13 386	636	95,5%	13 570	13 131
	Agency and support / outsourced services	9 229	-	-	9 229	9 615	(386)	104,2%	9 731	8 408
	Entertainment	9	-	-	9	2	7	22,2%	9	-
	Fleet services (including government motor transport)	12 085	-	-	12 085	13 618	(1 533)	112,7%	11 587	11 139
	Inventory: Medical supplies	6 364	-	-	6 364	5 218	1 146	82,0%	4 530	4 388
	Inventory: Medicine	1	-	-	1	-	1	-	2	1
	Inventory: Other supplies	1 157	-	-	1 157	779	378	67,3%	1 023	860
	Consumable supplies	57 859	-	-	57 859	56 081	1 778	96,9%	53 947	54 923
	Consumable: Stationery, printing and office supplies	3 186	-	-	3 186	2 667	519	83,7%	2 816	2 463
	Operating leases	1 070	-	-	1 070	952	118	89,0%	1 001	1 052
	Property payments	16 686	-	-	16 686	20 289	(3 603)	121,6%	14 996	14 985
	Travel and subsistence	3 043	-	-	3 043	2 642	401	86,8%	2 548	2 432
	Training and development	14 110	-	-	14 110	13 514	596	95,8%	13 175	13 506
	Venues and facilities	102	-	-	102	45	57	44,1%	97	-
	Rental and hiring	210	-	-	210	290	(80)	138,1%	246	173

**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

Economic classification	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Transfers and subsidies</b>	738	-	-	738	797	(59)	108.0%	689	519
Provinces and municipalities	-	-	-	-	-	-	-	-	2
Provinces	-	-	-	-	-	-	-	-	2
Provincial Revenue Funds	-	-	-	-	-	-	-	-	2
Households	738	-	-	738	797	(59)	108.0%	689	517
Social benefits	738	-	-	738	797	(59)	108.0%	689	517
<b>Payments for capital assets</b>	<b>27 997</b>	-	<b>(2 000)</b>	<b>25 997</b>	<b>22 805</b>	<b>3 192</b>	<b>87.7%</b>	<b>28 469</b>	<b>29 709</b>
Machinery and equipment	27 997	-	(2 000)	25 997	22 805	3 192	87.7%	28 469	29 709
Transport equipment	16 633	-	-	16 633	13 600	3 033	81.8%	17 115	15 504
Other machinery and equipment	11 364	-	(2 000)	9 364	9 205	159	98.3%	11 354	14 205
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payment for financial assets</b>	-	-	<b>905</b>	<b>905</b>	<b>905</b>	-	<b>100.0%</b>	<b>1 448</b>	<b>1 448</b>
<b>Total</b>	<b>474 207</b>	-	<b>(6 500)</b>	<b>468 707</b>	<b>461 667</b>	<b>7 040</b>	<b>98.5%</b>	<b>438 645</b>	<b>436 812</b>

**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 7.1: LAUNDRY SERVICES</b>									
<b>Economic classification</b>									
<b>Current payments</b>	103 650	-	(22)	103 628	102 892	736	99.3%	99 773	98 351
Compensation of employees	43 199	-	-	43 199	42 817	382	99.1%	41 019	39 446
Goods and services	60 451	-	(22)	60 429	60 075	354	99.4%	58 754	58 905
<b>Transfers and subsidies</b>	131	-	-	131	11	120	8.4%	122	78
Households	131	-	-	131	11	120	8.4%	122	78
<b>Payments for capital assets</b>	1 888	-	-	1 888	1 724	164	91.3%	2 131	2 451
Machinery and equipment	1 888	-	-	1 888	1 724	164	91.3%	2 131	2 451
<b>Payment for financial assets</b>	-	-	22	22	22	-	100.0%	58	58
<b>Total</b>	<b>105 669</b>	<b>-</b>	<b>-</b>	<b>105 669</b>	<b>104 649</b>	<b>1 020</b>	<b>99.0%</b>	<b>102 084</b>	<b>100 938</b>

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 7.2: ENGINEERING SERVICES</b>									
<b>Economic classification</b>									
<b>Current payments</b>	101 868	-	(3 635)	98 233	98 201	32	100.0%	93 492	86 837
Compensation of employees	65 106	-	(3 500)	61 606	60 336	1 270	97.9%	60 305	54 590
Goods and services	36 762	-	(135)	36 627	37 865	(1 238)	103.4%	33 187	32 247
<b>Transfers and subsidies</b>	373	-	-	373	542	(169)	145.3%	348	306
Households	373	-	-	373	542	(169)	145.3%	348	306
<b>Payments for capital assets</b>	7 536	-	-	7 536	6 617	919	87.8%	9 376	8 089
Machinery and equipment	7 536	-	-	7 536	6 617	919	87.8%	9 376	8 089
<b>Payment for financial assets</b>	-	-	135	135	135	-	100.0%	60	60
<b>Total</b>	<b>109 777</b>	<b>-</b>	<b>(3 500)</b>	<b>106 277</b>	<b>105 495</b>	<b>782</b>	<b>99.3%</b>	<b>103 276</b>	<b>95 292</b>

**WESTERN CAPE DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 7.3: FORENSIC SERVICES</b>									
<b>Economic classification</b>									
<b>Current payments</b>	169 215	-	(41)	169 174	170 804	(1 630)	101.0%	149 398	158 491
Compensation of employees	140 621	-	-	140 621	141 197	(576)	100.4%	124 549	133 620
Goods and services	28 594	-	(41)	28 553	29 607	(1 054)	103.7%	24 849	24 871
<b>Transfers and subsidies</b>	115	-	-	115	243	(128)	211.3%	108	75
Households	115	-	-	115	243	(128)	211.3%	108	73
<b>Payments for capital assets</b>	18 229	-	(2 000)	16 229	14 221	2 008	87.6%	16 694	18 725
Machinery and equipment	18 229	-	(2 000)	16 229	14 221	2 008	87.6%	16 694	18 725
<b>Payment for financial assets</b>	-	-	41	41	41	-	100.0%	56	56
<b>Total</b>	<b>187 559</b>	<b>-</b>	<b>(2 000)</b>	<b>185 559</b>	<b>185 309</b>	<b>250</b>	<b>99.9%</b>	<b>166 256</b>	<b>177 347</b>

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 7.4: ORTHOTIC AND PROSTHETIC SERVICES</b>									
<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>

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 7.5: CAPE MEDICAL DEPOT</b>									
<b>Economic classification</b>									
<b>Current payments</b>	70 738	-	(707)	70 031	65 263	4 768	93.2%	65 575	61 457
Compensation of employees	46 848	-	-	46 848	46 846	2	100.0%	44 589	43 098
Goods and services	23 890	-	(707)	23 183	18 417	4 766	79.4%	20 986	18 359
<b>Transfers and subsidies</b>	119	-	-	119	1	118	0.8%	111	60
Households	119	-	-	119	1	118	0.8%	111	60
<b>Payments for capital assets</b>	344	-	-	344	243	101	70.6%	268	444
Machinery and equipment	344	-	-	344	243	101	70.6%	268	444
<b>Payment for financial assets</b>	-	-	707	707	707	-	100.0%	1 274	1 274
<b>Total</b>	<b>71 201</b>	<b>-</b>	<b>-</b>	<b>71 201</b>	<b>66 214</b>	<b>4 987</b>	<b>93.0%</b>	<b>67 228</b>	<b>63 235</b>

**WESTERN CAPE DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

<b>Programme 8: HEALTH FACILITIES MANAGEMENT</b>									
Sub programme	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
1	151 576	-	-	151 576	118 211	33 365	78.0%	212 697	183 278
2	10 869	-	-	10 869	7 214	3 655	66.4%	11 425	8 055
3	291 158	-	-	291 158	257 183	33 975	88.3%	215 535	186 616
4	107 620	-	-	107 620	93 878	13 742	87.2%	111 344	103 511
5	194 507	-	-	194 507	277 682	(83 175)	142.8%	194 891	202 150
6	182 763	-	-	182 763	168 726	14 037	92.3%	86 831	96 023
<b>Total</b>	<b>938 493</b>	<b>-</b>	<b>-</b>	<b>938 493</b>	<b>922 894</b>	<b>15 599</b>	<b>98.3%</b>	<b>832 723</b>	<b>779 633</b>

Economic classification	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
<b>Current payments</b>	<b>473 752</b>	<b>-</b>	<b>(69)</b>	<b>473 683</b>	<b>414 192</b>	<b>59 491</b>	<b>87.4%</b>	<b>414 767</b>	<b>359 984</b>
Compensation of employees	51 882	-	-	51 882	50 107	1 775	96.6%	48 607	47 425
Salaries and wages	47 978	-	-	47 978	46 164	1 814	96.2%	44 822	43 580
Social contributions	3 904	-	-	3 904	3 943	(39)	101.0%	3 785	3 845
Goods and services	421 870	-	(69)	421 801	364 085	57 716	86.3%	366 160	312 559
Minor assets	13 787	-	-	13 787	6 595	7 192	47.8%	20 273	12 582
Catering: Departmental activities	360	-	-	360	23	337	6.4%	52	4
Communication (G&S)	184	-	-	184	126	58	68.5%	158	126
Computer services	1 738	-	-	1 738	-	1 738	-	297	276
Consultants: Business and advisory services	16	-	-	16	-	16	-	76	-
Infrastructure and planning services	61 801	-	(69)	61 732	19 833	41 899	32.1%	19 945	13 693
Contractors	-	-	-	-	112	(112)	-	518	-
Entertainment	2	-	-	2	6	(4)	300.0%	26	9
Inventory: Medical supplies	2 040	-	-	2 040	2 448	(408)	120.0%	6 106	1 581
Inventory: Other supplies	-	-	-	-	3 394	(3 394)	-	-	-
Consumable supplies	1 788	-	-	1 788	1 029	759	57.6%	1 931	1 594
Consumable: Stationery, printing and office supplies	528	-	-	528	485	43	91.9%	951	935
Operating leases	20	-	-	20	11	9	55.0%	20	-
Property payments	336 979	-	-	336 979	328 390	8 589	97.5%	313 788	280 732
Travel and subsistence	1 344	-	-	1 344	742	602	55.2%	1 225	876
Training and development	1 166	-	-	1 166	871	295	74.7%	691	121
Operating payments	117	-	-	117	20	97	17.1%	103	30

**WESTERN CAPE DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
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Economic classification	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Transfers and subsidies</b>	10 262	-	-	10 262	10 276	(14)	100.1%	21 514	20 017
Higher education institutions	10 209	-	-	10 209	10 209	-	100.0%	10 000	10 000
Non-profit institutions	-	-	-	-	-	-	-	11 500	10 000
Households	53	-	-	53	67	(14)	126.4%	14	17
Social benefits	53	-	-	53	67	(14)	126.4%	14	17
<b>Payments for capital assets</b>	454 479	-	-	454 479	498 357	(43 878)	109.7%	396 442	399 632
Buildings and other fixed structures	348 121	-	-	348 121	342 006	6 115	98.2%	308 949	287 493
Buildings	348 121	-	-	348 121	342 006	6 115	98.2%	308 949	287 493
Machinery and equipment	98 016	-	-	98 016	156 116	(58 100)	159.3%	87 367	111 836
Other machinery and equipment	98 016	-	-	98 016	156 116	(58 100)	159.3%	87 367	111 836
Software and other intangible assets	8 342	-	-	8 342	235	8 107	2.8%	126	303
<b>Payment for financial assets</b>	-	-	69	69	69	-	100.0%	-	-
<b>Total</b>	<b>938 493</b>	<b>-</b>	<b>69</b>	<b>938 493</b>	<b>922 894</b>	<b>15 599</b>	<b>98.3%</b>	<b>832 723</b>	<b>779 633</b>

WESTERN CAPE DEPARTMENT OF HEALTH  
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APPROPRIATION STATEMENT  
for the year ended 31 March 2019

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 8.1: COMMUNITY HEALTH FACILITIES</b>									
<b>Economic classification</b>									
Current payments	93 965	-	-	93 965	73 170	20 795	77.9%	82 662	72 562
Goods and services	93 965	-	-	93 965	73 170	20 795	77.9%	82 662	72 562
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Payments for capital assets	57 611	-	-	57 611	45 041	12 570	78.2%	130 035	110 716
Buildings and other fixed structures	46 931	-	-	46 931	34 962	11 969	74.5%	111 333	94 612
Machinery and equipment	10 038	-	-	10 038	10 079	(41)	100.4%	18 702	15 928
Software and other intangible assets	642	-	-	642	-	642	-	-	176
<b>Total</b>	<b>151 576</b>	<b>-</b>	<b>-</b>	<b>151 576</b>	<b>118 211</b>	<b>33 365</b>	<b>78.0%</b>	<b>212 697</b>	<b>183 278</b>

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 8.2: EMERGENCY MEDICAL RESCUE SERVICES</b>									
<b>Economic classification</b>									
Current payments	7 254	-	-	7 254	4 885	2 369	67.3%	9 999	7 181
Goods and services	7 254	-	-	7 254	4 885	2 369	67.3%	9 999	7 181
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Payments for capital assets	3 615	-	-	3 615	2 329	1 286	64.4%	1 426	874
Buildings and other fixed structures	2 642	-	-	2 642	1 603	1 039	60.7%	1 426	874
Machinery and equipment	938	-	-	938	726	212	77.4%	-	-
Software and other intangible assets	35	-	-	35	-	35	-	-	-
<b>Total</b>	<b>10 869</b>	<b>-</b>	<b>-</b>	<b>10 869</b>	<b>7 214</b>	<b>3 655</b>	<b>66.4%</b>	<b>11 425</b>	<b>8 055</b>

**WESTERN CAPE DEPARTMENT OF HEALTH  
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	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 8.3: DISTRICT HOSPITAL SERVICES</b>									
<b>Economic classification</b>									
<b>Current payments</b>	92 665	-	-	92 665	70 114	22 551	75.7%	86 404	80 055
Compensation of employees	5 014	-	-	5 014	4 588	426	91.5%	5 289	5 041
Goods and services	87 651	-	-	87 651	65 526	22 125	74.8%	81 115	75 014
<b>Transfers and subsidies</b>	12	-	-	12	12	-	100.0%	11	14
Households	12	-	-	12	12	-	100.0%	11	14
<b>Payments for capital assets</b>	198 481	-	-	198 481	187 057	11 424	94.2%	129 120	106 547
Buildings and other fixed structures	179 896	-	-	179 896	170 435	9 461	94.7%	112 271	90 826
Machinery and equipment	17 814	-	-	17 814	16 387	1 427	92.0%	16 723	15 594
Software and other intangible assets	771	-	-	771	235	536	30.5%	126	127
<b>Total</b>	<b>291 158</b>	<b>-</b>	<b>-</b>	<b>291 158</b>	<b>257 183</b>	<b>33 975</b>	<b>88.3%</b>	<b>215 535</b>	<b>186 616</b>

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 8.4: PROVINCIAL HOSPITAL SERVICES</b>									
<b>Economic classification</b>									
<b>Current payments</b>	99 392	-	-	99 392	89 956	9 436	90.5%	67 400	50 118
Compensation of employees	2 001	-	-	2 001	2 001	-	100.0%	1 707	1 649
Goods and services	97 391	-	-	97 391	87 955	9 436	90.3%	65 693	48 469
<b>Transfers and subsidies</b>	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	8 228	-	-	8 228	3 922	4 306	47.7%	43 944	53 393
Buildings and other fixed structures	8 223	-	-	8 223	3 922	4 301	47.7%	41 891	50 847
Machinery and equipment	5	-	-	5	-	5	-	2 053	2 546
<b>Total</b>	<b>107 620</b>	<b>-</b>	<b>-</b>	<b>107 620</b>	<b>93 878</b>	<b>13 742</b>	<b>87.2%</b>	<b>111 344</b>	<b>103 511</b>

**WESTERN CAPE DEPARTMENT OF HEALTH  
VOTE 6**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

	2018/19						2017/18		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 8.5: CENTRAL HOSPITAL SERVICES</b>									
<b>Economic classification</b>									
<b>Current payments</b>	115 060	-	(69)	114 991	121 499	(6 508)	105.7%	109 025	94 874
Compensation of employees	2 573	-	-	2 573	2 593	(20)	100.8%	2 351	2 356
Goods and services	112 487	-	(69)	112 418	118 906	(6 488)	105.8%	106 674	92 518
<b>Transfers and subsidies</b>	10 209	-	-	10 209	10 209	-	100.0%	21 500	20 000
Higher education institutions	10 209	-	-	10 209	10 209	-	100.0%	10 000	10 000
Non-profit institutions	-	-	-	-	-	-	-	11 500	10 000
<b>Payments for capital assets</b>	69 238	-	-	69 238	145 905	(76 667)	210.7%	64 366	87 276
Buildings and other fixed structures	22 950	-	-	22 950	17 039	5 911	74.2%	15 362	9 738
Machinery and equipment	42 136	-	-	42 136	128 866	(86 730)	305.8%	49 004	77 538
Software and other intangible assets	4 152	-	-	4 152	-	4 152	-	-	-
<b>Payment for financial assets</b>	-	-	69	69	69	-	100.0%	-	-
<b>Total</b>	<b>194 507</b>	<b>-</b>	<b>-</b>	<b>194 507</b>	<b>277 682</b>	<b>(83 175)</b>	<b>142.8%</b>	<b>194 891</b>	<b>202 150</b>

	2018/19						2017/18		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
<b>Subprogramme: 8.6: OTHER FACILITIES</b>									
<b>Economic classification</b>									
<b>Current payments</b>	65 416	-	-	65 416	54 568	10 848	83.4%	59 277	55 194
Compensation of employees	42 294	-	-	42 294	40 925	1 369	96.8%	39 260	38 379
Goods and services	23 122	-	-	23 122	13 643	9 479	59.0%	20 017	16 815
<b>Transfers and subsidies</b>	41	-	-	41	55	(14)	134.1%	3	3
Households	41	-	-	41	55	(14)	134.1%	3	3
<b>Payments for capital assets</b>	117 306	-	-	117 306	114 103	3 203	97.3%	27 551	40 826
Buildings and other fixed structures	87 479	-	-	87 479	114 045	(26 566)	130.4%	26 666	40 596
Machinery and equipment	27 085	-	-	27 085	58	27 027	0.2%	885	230
Software and other intangible assets	2 742	-	-	2 742	-	2 742	-	-	-
<b>Total</b>	<b>182 763</b>	<b>-</b>	<b>-</b>	<b>182 763</b>	<b>168 726</b>	<b>14 037</b>	<b>92.3%</b>	<b>86 831</b>	<b>96 023</b>

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

**1. Detail of transfers and subsidies as per Appropriation Act (after Virement):**

Detail of these transactions can be viewed in the note on Transfers and subsidies, disclosure notes and Annexure 1 (A-E) to the Annual Financial Statements.

**2. Detail of specifically and exclusively appropriated amounts voted (after Virement):**

Detail of these transactions can be viewed in note 1 (Annual Appropriation) to the Annual Financial Statements.

**3. Detail on payments for financial assets**

Detail of these transactions can be viewed in the note on Payments for financial assets to the Annual Financial Statements.

**4. Explanations of material variances from Amounts Voted (after Virement):**

**4.1 Per programme**

Per programme:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
<b>ADMINISTRATION</b>	768 056	766 106	1 950	0%
The under-spending can mainly be attributed to:				
<ul style="list-style-type: none"> <li>• <b>Compensation of Employees:</b> <ul style="list-style-type: none"> <li>- the delay in filling of posts in anticipation of the outcome of the Management Efficiency and Alignment Project (MEAP). The goal of MEAP is to improve alignment of functions, streamline processes and structures in line with the principles of Healthcare 2030. The Administration Sector Executive Committee (SEC) therefore only approved, advertised and filled critical posts.</li> </ul> </li> <li>• <b>Goods and Services:</b> <ul style="list-style-type: none"> <li>- underspend on e-vision project, this saving was used to offset the related e-vision payments for capital assets.</li> <li>- delays in fully implementing the MEAP operational plans.</li> </ul> </li> <li>• <b>Transfers and Subsidies:</b> <ul style="list-style-type: none"> <li>- lower than anticipated number of injury on duty cases and the severity of reported incidences. Therefore, the associated expenditure were lower than budgeted.</li> </ul> </li> </ul>				
The over- expenditure can be attributed to:				
<ul style="list-style-type: none"> <li>• <b>Payments for Capital assets:</b> <ul style="list-style-type: none"> <li>- the procurement of IT network infrastructure to strengthen connectivity in clinical areas across the Province.</li> </ul> </li> </ul>				

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

Per programme:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
<b>DISTRICT HEALTH SERVICES</b>	9 341 766	9 328 752	13 014	0%
<p>The under-spending can mainly be attributed to:</p> <ul style="list-style-type: none"> <li>• <b>Compensation of Employees:</b> <ul style="list-style-type: none"> <li>- refund in respect of posts from National Department of Health.</li> <li>- the difficulty to recruit and retain certain categories of staff in certain areas due to high attrition rates.</li> </ul> </li> <li>• <b>Goods and Services:</b> <ul style="list-style-type: none"> <li>- spending by South African National Aids Council (SANAC) for the Focus for Impact project in Kwazulu-Natal was significantly less than was initially budgeted for in Global Fund.</li> <li>- saving in Anti tuberculosis (TB) medicine due to a reduction in the number of new TB infections as well as a reduction in the TB medicine prices in 2018.</li> </ul> </li> <li>• <b>Transfers and Subsidies:</b> <ul style="list-style-type: none"> <li>- the Global Fund Grant that came to an end but programme close off activities and claims could not all be accounted for before financial year-end. It will be reflected in the new financial year in line with approval for roll-over funding.</li> </ul> </li> </ul> <p>Over-expenditure can mainly be attributed to:</p> <ul style="list-style-type: none"> <li>• <b>Payments for capital assets:</b> <ul style="list-style-type: none"> <li>- Departmental strategy to use projected savings in the total budget to address the emergency replacement of critical capital equipment.</li> </ul> </li> </ul>				

Per programme:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
<b>EMERGENCY MEDICAL SERVICES</b>	1 106 257	1 102 444	3 813	0%
<p>The under-spending can mainly be attributed to:</p> <ul style="list-style-type: none"> <li>• <b>Goods and Services:</b> <ul style="list-style-type: none"> <li>- saving initiatives that were put in place within various Goods and Services items to cover the projected over expenditure in Capital assets (Financial leases)</li> </ul> </li> </ul> <p>Over-expenditure can mainly be attributed to:</p> <ul style="list-style-type: none"> <li>• <b>Payments for capital assets:</b> <ul style="list-style-type: none"> <li>- replacement of existing ambulances/vehicles with new ambulances/vehicles within the Emergency Medical Service, such replacements result in higher daily tariffs.</li> </ul> </li> </ul>				

**WESTERN CAPE GOVERNMENT HEALTH  
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**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

Per programme:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
<b>PROVINCIAL HOSPITAL SERVICE</b>	3 630 241	3 622 842	7 399	0%
<p>The over-expenditure can mainly be attributed to:</p> <ul style="list-style-type: none"> <li>• <b>Compensation of Employees:</b> <ul style="list-style-type: none"> <li>- lower than expected attrition rate at some institutions put this programme's Compensation of Employees budget under pressure,</li> </ul> </li> <li>• <b>Payments for capital assets:</b> <ul style="list-style-type: none"> <li>- Departmental strategy to use projected savings in the total budget to address emergency replacement of critical capital equipment.</li> </ul> </li> </ul> <p>The under-spending can mainly be attributed to:</p> <ul style="list-style-type: none"> <li>• <b>Goods and Services:</b> <ul style="list-style-type: none"> <li>- implementation on specific projects to ensure savings under Goods &amp; Services such as Neotel/VoIP and the establishment of blood committee (George Hospital).</li> <li>- saving in Anti tuberculosis (TB) medicine due to less patients affected by TB as well as a reduction in the TB medicine prices in 2018.</li> <li>- overstocked stores during the 2017-18 financial year resulted in a surplus which directly impacted (reduced) on the orders for the 2018-19 financial year.</li> </ul> </li> <li>• <b>Transfers and Subsidies:</b> <ul style="list-style-type: none"> <li>- less employee benefits, than the anticipated budget provided, were paid as the number of employees planning to exit the service was unknown at the time the budget was allocated.</li> </ul> </li> </ul>				

Per programme:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
<b>CENTRAL HOSPITAL SERVICES</b>	6 517 843	6 517 245	598	0%
<p>The under-spending can mainly be attributed to:</p> <ul style="list-style-type: none"> <li>• <b>Compensation of Employees:</b> <ul style="list-style-type: none"> <li>- refund in respect of posts from National Department of Health.</li> </ul> </li> <li>• <b>Transfers and Subsidies:</b> <ul style="list-style-type: none"> <li>- less benefits paid than the anticipated budget provided as the number of employees planning to exit the service was unknown at the time the budget was allocated.</li> </ul> </li> </ul> <p>The over-expenditure can mainly be attributed to:</p> <ul style="list-style-type: none"> <li>• <b>Payments for capital assets:</b> <ul style="list-style-type: none"> <li>- to address over expenditure as a result of the necessitated replacement of aging medical equipment and equipment backlogs.</li> </ul> </li> </ul>				

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

Per programme:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
<b>HEALTH SCIENCES &amp; TRAINING</b>	328 616	321 643	6 973	2%
<p>The under-spending can mainly be attributed to:</p> <ul style="list-style-type: none"> <li>• <b>Compensation of Employees:</b> <ul style="list-style-type: none"> <li>- a lag in the recruitment and selection of Nursing Relief appointments. The relief staff ensure that the services are not compromised when current registered nurses are identified for Study by Assignment (SBA) for specialty nurse training, scarce skill needs in the Department. Also, refunds for operational cost of training Cape Peninsula University of Technology (CPUT) students, including salaries of lecturers, were paid by CPUT and allocated to expenditure.</li> </ul> </li> <li>• <b>Transfers and Subsidies:</b> <ul style="list-style-type: none"> <li>- reduced Bursaries payments due to the lower than anticipated students promoted to their next year of study.</li> </ul> </li> </ul> <p>The over-expenditure can mainly be attributed to:</p> <ul style="list-style-type: none"> <li>• <b>Payments for capital assets:</b> <ul style="list-style-type: none"> <li>- additional requirements to upgrade facilities and equipment for Council of Higher Education (CHE) accreditation of the nursing college.</li> </ul> </li> </ul>				

Per programme:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
<b>HEALTH CARE SUPPORT SERVICES</b>	468 707	461 667	7 040	2%
<p>The under-spending can mainly be attributed to:</p> <ul style="list-style-type: none"> <li>• <b>Compensation of Employees:</b> <ul style="list-style-type: none"> <li>- slow filling of technician posts which are often regarded as scarce skills.</li> </ul> </li> <li>• <b>Goods and Services:</b> <ul style="list-style-type: none"> <li>- greater recovery of courier services in respect of condoms and ARV dispatched from the Comprehensive HIV/Aids grant.</li> </ul> </li> <li>• <b>Payments for capital assets:</b> <ul style="list-style-type: none"> <li>- suppliers/service providers, not delivering equipment as a result of manufacturing delays.</li> </ul> </li> </ul>				

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

Per programme:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
<b>HEALTH FACILITIES MANAGEMENT</b>	938 493	922 894	15 599	2%
<p>The under-spending can mainly be attributed to:</p> <ul style="list-style-type: none"> <li>• <b>Compensation of Employees:</b> <ul style="list-style-type: none"> <li>- staff turnover and challenges in recruiting scarce skills staff, including the Director: Engineering and Technical Support post of which remains vacant.</li> </ul> </li> <li>• <b>Goods and Services:</b> <ul style="list-style-type: none"> <li>- scheduled Maintenance projects which experienced delays in finalising of project scope, delays in project procurement and lengthy implementation periods.</li> </ul> </li> </ul> <p>The over-expenditure can mainly be attributed to:</p> <ul style="list-style-type: none"> <li>• <b>Payments for capital assets:</b> <ul style="list-style-type: none"> <li>- the adoption of a strategy to accelerate investment within Health Technology by meeting urgent service-related needs in order to mitigate Scheduled Maintenance under-expenditure.</li> </ul> </li> </ul>				

**4.2 Per economic classification**

Per economic classification:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
<b>Current expenditure</b>				
Compensation of employees	13 554 100	13 515 392	38 708	0%
Goods and services	7 342 361	7 219 595	122 766	2%
<b>Transfers and subsidies</b>				
Provinces and municipalities	549 953	549 661	292	0%
Departmental agencies and accounts	6 211	6 172	39	1%
Higher education institutions	10 209	10 209	-	0%
Non-profit institutions	572 683	560 737	11 946	2%
Households	181 146	167 657	13 489	7%
<b>Payments for capital assets</b>				
Buildings and other fixed structures	348 121	342 006	6 115	2%
Machinery and equipment	515 560	660 428	(144 868)	-28%
Software and other intangible assets	9 505	1 606	7 899	83%
<b>Payments for financial assets</b>	10 130	10 130	-	0%
<p>The variance between the total budget and expenditure of R56 million is equal to 0.2 per cent of the budget, which is within the acceptable norm of 2 per cent. Reasons for under- and over- expenditure on economic classifications are extensively addressed under each programme.</p>				

**WESTERN CAPE GOVERNMENT HEALTH  
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**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2019**

**4.3 Per conditional grant**

	<b>Final Appropriation</b>	<b>Actual Expenditure</b>	<b>Variance</b>	<b>Variance as a % 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	3 049 284	3 049 130	154	0%
Health Professions Training and Development Grant	574 177	574 177	-	0%
Comprehensive HIV, AIDS and TB Grant	1 531 535	1 531 535	-	0%
Health Facility Revitalisation Grant	717 226	717 226	-	0%
Expanded Public Works Programme Integrated Grant for Provinces	2 116	2 116	-	0%
Social Sector Expanded Public Works Programme Incentive Grant for Provinces	2 447	2 447	-	0%
Human Papillomavirus Vaccine Grant	19 599	19 599	-	0%
<b>National Tertiary Services Grant</b>				
The under-spending can be attributed to:				
- Saving mainly due to slow filling of posts. This amount was not requested as roll over.				

**WESTERN CAPE GOVERNMENT HEALTH**  
**VOTE 6**  
**STATEMENT OF FINANCIAL PERFORMANCE**  
for the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
<b>REVENUE</b>			
Annual appropriation	1.1	23 099 979	21 686 482
Departmental revenue	2	114 323	49 311
Aid assistance	3	1 559	2 378
<b>TOTAL REVENUE</b>		<b>23 215 861</b>	<b>21 738 171</b>
<b>EXPENDITURE</b>			
<b>Current expenditure</b>			
Compensation of employees	4	13 515 392	12 660 391
Goods and services	5	7 219 595	6 892 429
Aid assistance	3	-	695
<b>Total current expenditure</b>		<b>20 734 987</b>	<b>19 553 515</b>
<b>Transfers and subsidies</b>			
Transfers and subsidies	7	1 294 436	1 180 182
Aid assistance	3	2 218	1 367
<b>Total transfers and subsidies</b>		<b>1 296 654</b>	<b>1 181 549</b>
<b>Expenditure for capital assets</b>			
Tangible assets	8	1 002 434	746 044
Intangible assets	8	1 606	5 456
<b>Total expenditure for capital assets</b>		<b>1 004 040</b>	<b>751 500</b>
<b>Payments for financial assets</b>	6	<b>10 130</b>	<b>11 620</b>
<b>TOTAL EXPENDITURE</b>		<b>23 045 811</b>	<b>21 498 184</b>
<b>SURPLUS FOR THE YEAR</b>		<b>170 050</b>	<b>239 987</b>
<b>Reconciliation of Net Surplus for the year</b>			
Voted funds		56 386	190 426
Annual appropriation		56 232	152 029
Conditional grants		154	38 397
Departmental revenue and NRF Receipts		114 323	49 311
Aid assistance	3	(659)	250
<b>SURPLUS FOR THE YEAR</b>		<b>170 050</b>	<b>239 987</b>

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**STATEMENT OF FINANCIAL POSITION  
as at 31 March 2019**

	Note	2018/19 R'000	2017/18 R'000
<b>ASSETS</b>			
<b>Current assets</b>		<b>194 532</b>	<b>304 450</b>
Cash and cash equivalents	9	128 963	240 212
Prepayments and advances	10	6 006	12 238
Receivables	11	59 563	51 910
<b>Non-current assets</b>		<b>887</b>	<b>1 235</b>
Receivables	11	887	1 235
<b>TOTAL ASSETS</b>		<b>195 419</b>	<b>305 685</b>
<b>LIABILITIES</b>			
<b>Current liabilities</b>		<b>180 588</b>	<b>291 444</b>
Voted funds to be surrendered to the Revenue Fund	12	56 386	190 426
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	13	51 686	30 399
Payables	14	72 144	69 588
Aid assistance unutilised	3	372	1 031
<b>TOTAL LIABILITIES</b>		<b>180 588</b>	<b>291 444</b>
<b>NET ASSETS</b>		<b>14 831</b>	<b>14 241</b>
		<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>Represented by:</b>			
Recoverable revenue		14 831	14 241
<b>TOTAL</b>		<b>14 831</b>	<b>14 241</b>

**WESTERN CAPE GOVERNMENT HEALTH  
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**STATEMENT OF CHANGES IN NET ASSETS  
for the year ended 31 March 2019**

	Note	2018/19 R'000	2017/18 R'000
<b>Recoverable revenue</b>			
Opening balance		14 241	19 047
Transfers:		<b>590</b>	<b>(4 806)</b>
Irrecoverable amounts written off	6.2	(7 129)	(9 241)
Debts revised		124	188
Debts recovered (included in departmental receipts)		2 560	2 444
Debts raised		5 035	1 803
Closing balance		<b>14 831</b>	<b>14 241</b>
<b>TOTAL</b>		<b>14 831</b>	<b>14 241</b>

**WESTERN CAPE GOVERNMENT HEALTH  
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**CASH FLOW STATEMENT  
for the year ended 31 March 2019**

	Note	2018/19 R'000	2017/18 R'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts		<b>23 778 919</b>	<b>22 260 432</b>
Annual appropriated funds received	1.1	23 099 979	21 686 482
Departmental revenue received	2	673 877	566 775
Interest received	2.2	3 504	4 797
Aid assistance received	3	1 559	2 378
Net (increase)/decrease in working capital		1 573	36 207
Surrendered to Revenue Fund		(846 530)	(633 889)
Surrendered to RDP Fund/Donor		-	(1 123)
Current payments		(20 734 987)	(19 553 515)
Payments for financial assets		(10 130)	(11 620)
Transfers and subsidies paid		(1 296 654)	(1 181 549)
<b>Net cash flow available from operating activities</b>	15	<b>892 191</b>	<b>914 943</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for capital assets	8	(1 004 040)	(751 500)
Proceeds from sale of capital assets	15	10	2
<b>Net cash flows from investing activities</b>		<b>(1 004 030)</b>	<b>(751 498)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Increase/(decrease) in net assets		590	(4 806)
<b>Net cash flows from financing activities</b>		<b>590</b>	<b>(4 806)</b>
Net increase/(decrease) in cash and cash equivalents		(111 249)	158 639
Cash and cash equivalents at beginning of period		240 212	81 573
<b>Cash and cash equivalents at end of period</b>	9	<b>128 963</b>	<b>240 212</b>

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE 6**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS  
for the year ended 31 March 2019**

**Summary of significant accounting policies**

The financial statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. Management has concluded that the financial statements present fairly the department's primary and secondary information.

The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.

Where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the financial statements and to comply with the statutory requirements of the Public Finance Management Act (PFMA), Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the PFMA and the annual Division of Revenue Act.

**1 Basis of preparation**

The financial statements have been prepared in accordance with the Modified Cash Standard.

**2 Going concern**

The financial statements have been prepared on a going concern basis.

**3 Presentation currency**

Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.

**4 Rounding**

Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).

**5 Foreign currency translation**

Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.

**6 Comparative information**

**6.1 Prior period comparative information**

Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.

**6.2 Current year comparison with budget**

A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.

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**7 Revenue**

**7.1 Appropriated funds**

Appropriated funds comprises of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).

Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective.

The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.

**7.2 Departmental revenue**

Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.

Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.

**7.3 Accrued departmental revenue**

Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:

- it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and
- the amount of revenue can be measured reliably.

The accrued revenue is measured at the fair value of the consideration receivable.

Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.

Write-offs are made according to the department's debt write-off policy

**8 Expenditure**

**8.1 Compensation of employees**

**8.1.1 Salaries and wages**

Salaries and wages are recognised in the statement of financial performance on the date of payment.

**8.1.2 Social contributions**

Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.

Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.

**8.2 Other expenditure**

Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.

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**8.3 Accruals and payables not recognised**

Accruals and payables not recognised are recorded in the notes to the financial statements at cost at the reporting date.

**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.

Finance lease liabilities are not recognised in the statement of financial position and as such finance lease payments do not reduce liabilities in the statement of financial position.

Payments to the lessors are recognised as payments for capital assets in the statement of financial performance and as a result are reflected as cash for investing activities in the cash flow statement.

**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.

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**10 Cash and cash equivalents**

Cash and cash equivalents are stated at cost in the statement of financial position.

Bank overdrafts are shown separately on the face of the statement of financial position as a current liability.

For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.

**11 Prepayments and advances**

Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.

Prepayments and advances are initially and subsequently measured at cost.

**12 Loans and receivables**

Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy.

**13 Investments**

Investments are recognised in the statement of financial position at cost.

**14 Financial assets**

**14.1 Financial assets**

A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial asset.

At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.

**14.2 Impairment of financial assets**

Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the financial statements.

**15 Payables**

Payables recognised in the statement of financial position are recognised at cost.

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**16 Capital Assets**

**16.1 Immovable capital assets**

Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment.

Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.

Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.

**16.2 Movable capital assets**

Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition.

Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.

Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.

**16.3 Intangible assets**

Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition.

Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project.

Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.

Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.

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**16.4 Project Costs: Work-in-progress**

Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid.

Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register.

Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.

**17 Provisions and Contingents**

**17.1 Provisions**

Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.

**17.2 Contingent liabilities**

Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.

**17.3 Contingent assets**

Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.

**17.4 Commitments**

Commitments (other than for transfers and subsidies) are recorded at cost in the notes to the financial statements when there is a contractual arrangement or an approval by management in a manner that raises a valid expectation that the department will discharge its responsibilities thereby incurring future expenditure that will result in the outflow of cash.

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**18 Unauthorised expenditure**

Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either:

- approved by Parliament or the Provincial Legislature with funding and the related funds are received; or
- approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or
- transferred to receivables for recovery.

Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.

**19 Fruitless and wasteful expenditure**

Fruitless and wasteful expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred.

Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables for recovery.

Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.

**20 Irregular expenditure**

Irregular expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefor are provided in the note.

Irregular expenditure is removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery or not condoned and is not recoverable.

Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.

**21 Changes in accounting policies, accounting estimates and errors**

Changes in accounting policies that are effected by management have been applied retrospectively in accordance with Modified Cash Standard (MCS) requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the change in policy. In such instances the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable. Changes in accounting estimates are applied prospectively in accordance with MCS requirements.

Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.

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**22 Events after the reporting date**

Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.

**23 Recoverable revenue**

Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.

**24 Related party transactions**

A related party transaction is a transfer of resources, services or obligations between the reporting entity and a related party. Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.

Key management personnel are those persons having the authority and responsibility for planning, directing and controlling the activities of the department. The number of individuals and their full compensation is recorded in the notes to the financial statements.

**25 Inventories**

At the date of acquisition, inventories are recognised at cost in the statement of financial performance.

Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition.

Inventories are subsequently measured at the lower of cost and net realisable value or where intended for distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value.

The cost of inventories is assigned by using the weighted average cost basis.

**26 Public-Private Partnerships**

Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies.

A summary of the significant terms of the PPP agreement, the parties to the agreement, and the date of commencement thereof together with the description and nature of the concession fees received, the unitary fees paid, rights and obligations of the department are recorded in the notes to the financial statements.

**27 Employee benefits**

The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the Employee benefits note.

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**1. Annual Appropriation**

**1.1 Annual Appropriation**

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for National Departments (Voted funds) and Provincial Departments:

	2018/19		2017/18	
	Final	Actual	Final	Appropriation
	Appropriation	Funds Received	Appropriation	received
	R'000	R'000	R'000	R'000
Administration	768 056	768 056	743 718	743 718
District Health Services	9 341 766	9 341 766	8 771 655	8 771 655
Emergency Medical Services	1 106 257	1 106 257	1 026 563	1 026 563
Provincial Hospital Services	3 630 241	3 630 241	3 403 167	3 403 167
Central Hospital Services	6 517 843	6 517 843	6 129 748	6 129 748
Health Sciences and Training	328 616	328 616	340 063	340 063
Health Care Support	468 707	468 707	438 845	438 845
Health Facility Management	938 493	938 493	832 723	832 723
<b>Total</b>	<b>23 099 979</b>	<b>23 099 979</b>	<b>21 686 482</b>	<b>21 686 482</b>

**1.2 Conditional grants**

	Note	2018/19	2017/18
		R'000	R'000
Total grants received	33	5 896 384	5 485 476
<b>Provincial grants included in Total Grants received</b>		<b>5 896 384</b>	<b>5 485 476</b>

**2. Departmental revenue**

	Note	2018/19	2017/18
		R'000	R'000
Sales of goods and services other than capital assets	2.1	509 621	460 271
Interest, dividends and rent on land	2.2	3 504	4 797
Sales of capital assets	2.3	10	2
Transactions in financial assets and liabilities	2.4	59 211	22 098
Transfer received	2.5	105 045	84 406
Total revenue collected		<b>677 391</b>	<b>571 574</b>
Less: Own revenue included in appropriation	13	(563 068)	(522 263)
<b>Departmental revenue collected</b>		<b>114 323</b>	<b>49 311</b>

Departmental Revenue as per Cash Flow Statement is made up as follows:

		2018/19	2017/18
		R'000	R'000
Total revenue collected		677 391	571 574
Less:	Interest, dividends, rent on land	(3 504)	(4 797)
	Sales of Capital Assets	(10)	(2)
<b>Departmental revenue received</b>		<b>673 877</b>	<b>566 775</b>

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**2.1 Sales of goods and services other than capital assets**

	<i>Note</i>	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
Sales of goods and services produced by the department		<b>508 884</b>	<b>459 401</b>
Sales by market establishment		4 318	3 636
Administrative fees		8 604	7 211
Other sales		495 962	448 554
Sales of scrap, waste and other used current goods		737	870
<b>Total</b>	<b>2</b>	<b>509 621</b>	<b>460 271</b>

**Other Sales**

This revenue item is primarily comprised of Patient Fees, Medical Aid Claims and Road Accident Fund Claims. An increase in recoveries from the Road Accident Fund was the primary driver for the increase in this revenue item.

**2.2 Interest, dividends and rent on land**

	<i>Note</i>	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
Interest		3 504	4 797
<b>Total</b>	<b>2</b>	<b>3 504</b>	<b>4 797</b>

Interest relates to interest earned on staff debt and other debtors and interest on patient fees. Interest earned on staff debt and other debtors was lower in the current financial year.

**2.3 Sale of capital assets**

	<i>Note</i>	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>Tangible assets</b>		<b>10</b>	<b>2</b>
Machinery and equipment	29.2	10	2
<b>Total</b>	<b>2</b>	<b>10</b>	<b>2</b>

**2.4 Transactions in financial assets and liabilities**

	<i>Note</i>	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
Receivables		56 130	18 506
Other Receipts including Recoverable Revenue		3 081	3 592
<b>Total</b>	<b>2</b>	<b>59 211</b>	<b>22 098</b>

**Receivables**

Increase in this revenue item primarily due to:

- Recovery of prior period CPUT expenditure claims,
- Government Motor Transport refund due to overcharge on March 2018 invoices, and
- Reduction of the Cape Medical Depots pharmaceutical Capital Fund Balance due to a reduction in the required stockholding levels.

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**2.5 Transfers received**

	Note	2018/19 R'000	2017/18 R'000
Higher education institutions		34 229	32 468
International organisations		70 816	51 938
<b>Total</b>	2	<b>105 045</b>	<b>84 406</b>

**International organisations**

Transfers received relates to the NGO, Global Fund, which awarded funds to the department to assist with its fight against HIV AIDS and Tuberculosis.

**3. Aid assistance**

	2018/19 R'000	2017/18 R'000
Opening Balance	1 031	1 904
Transferred from statement of financial performance	(659)	250
Paid during the year	-	(1 123)
<b>Closing Balance</b>	<b>372</b>	<b>1 031</b>

Transferred from Statement of Financial Performance is made up as follows :

	2018/19 R'000	2017/18 R'000
Donor Funding received during the year (Revenue)	1 559	2 378
Statement of Financial Performance (Current Expenditure)	-	(695)
Capital Expenditure (Note 8.1)	-	(66)
Transfers made to non-Profit Organisations	(2 218)	(1 367)
<b>Closing Balance</b>	<b>(659)</b>	<b>250</b>

**3.1 Analysis of balance by source**

	Note	2018/19 R'000	2017/18 R'000
Aid assistance from other sources	3	372	1 031
<b>Closing balance</b>		<b>372</b>	<b>1 031</b>

**3.2 Analysis of balance**

	Note	2018/19 R'000	2017/18 R'000
Aid assistance unutilised	3	372	1 031
<b>Closing balance</b>		<b>372</b>	<b>1 031</b>

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**3.3 Aid assistance expenditure per economic classification**

	Note	2018/19 R'000	2017/18 R'000
Current		-	695
Capital		-	66
Transfers and subsidies		2 218	1 367
<b>Total aid assistance expenditure</b>	3	<b>2 218</b>	<b>2 128</b>

**4. Compensation of employees**

**4.1 Salaries and Wages**

	2018/19 R'000	2017/18 R'000
Basic salary	8 944 356	8 341 971
Performance award	33 102	30 104
Service Based	15 118	17 800
Compensative/circumstantial	1 275 372	1 247 504
Periodic payments	16 927	14 470
Other non-pensionable allowances	1 659 031	1 549 085
<b>Total</b>	<b>11 943 906</b>	<b>11 200 934</b>

The cost of living adjustment between 5.5% and 6% for Senior Manager Service employees and between 6% and 7% for all other employee salary levels is the primary driver behind the increase in employee costs as there was minimal growth in staff levels.

**4.2 Social contributions**

	2018/19 R'000	2017/18 R'000
<b>Employer contributions</b>		
Pension	1 040 495	971 778
Medical	528 606	485 326
Bargaining council	2 385	2 353
<b>Total</b>	<b>1 571 486</b>	<b>1 459 457</b>
<b>Total compensation of employees</b>	<b>13 515 392</b>	<b>12 660 391</b>
Average number of employees	31 611	31 472

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**5. Goods and services**

	Note	2018/19 R'000	2017/18 R'000
Administrative fees		230	54
Advertising		16 744	20 754
Minor assets	5.1	42 407	46 919
Bursaries (employees)		10 287	10 345
Catering		4 983	4 364
Communication		55 015	60 039
Computer services	5.2	91 548	81 485
Consultants: Business and advisory services		92 467	85 249
Infrastructure and planning services		19 833	13 693
Laboratory services		703 818	656 136
Legal services		28 809	13 865
Contractors		537 804	536 142
Agency and support / outsourced services		488 685	471 002
Entertainment		148	134
Audit cost – external	5.3	20 769	19 028
Fleet services		181 050	178 727
Inventory	5.4	3 071 000	2 989 288
Consumables	5.5	526 799	512 392
Operating leases		20 237	21 349
Property payments	5.6	1 176 800	1 056 916
Rental and hiring		24 935	20 695
Transport provided as part of the departmental activities		1 477	1 664
Travel and subsistence	5.7	39 766	39 619
Venues and facilities		1 384	812
Training and development		36 303	29 518
Other operating expenditure	5.8	26 297	22 240
<b>Total</b>		<b>7 219 595</b>	<b>6 892 429</b>

**Advertising**

Decrease in Marketing and Promotional Item Advertising was primary driver behind the reduction of this expenditure item.

**Communication**

Cost saving due to the continued rollout of Voice Over Internet Protocol (VOIP), specifically in the Regional Health facilities.

**Consultants: Business and advisory services**

Increase primarily driven by the annual Inflationary fee increase for the Public Private Partnership for the facilities management at the Western Cape Rehabilitation Centre .

**Laboratory services**

Increase primarily driven by the National Health Laboratory Service's tariff annual escalation of 5.7%.

**Legal services**

Increase due to the settlement of prior period invoices related to external counsel costs in respect of the testing of law reform strategies related to the law on damages for medical legal claims.

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**5.1 Minor assets**

	Note	2018/19 R'000	2017/18 R'000
<b>Tangible assets</b>		<b>42 392</b>	<b>46 560</b>
Machinery and equipment		42 392	46 560
<b>Intangible assets</b>		<b>15</b>	<b>359</b>
Software		15	359
<b>Total</b>	5	<b>42 407</b>	<b>46 919</b>

**5.2 Computer services**

	Note	2018/19 R'000	2017/18 R'000
SITA computer services		15 298	18 640
External computer service providers		76 250	62 845
<b>Total</b>	5	<b>91 548</b>	<b>81 485</b>

**SITA computer services**

Reduction in process related costs due efficient management of core system utilisation requests (e.g. web based sharing of data reports).

**External computer service providers**

Change in funding model for computer services provided via the Department of the Premier (DotP). Previously budget for Health was allocated directly to DotP. Services are now settled on a per claims basis from own budget and for the current period related to the maintenance and enhancement of core health information systems such as SINJANI and the Primary Health Care Information System.

**5.3 Audit cost – External**

	Note	2018/19 R'000	2017/18 R'000
Regularity audits		20 769	19 028
<b>Total</b>	5	<b>20 769</b>	<b>19 028</b>

**5.4 Inventory**

	Note	2018/19 R'000	2017/18 R'000
Food and food supplies		55 881	51 981
Medical supplies		1 526 635	1 465 841
Medicine		1 471 997	1 459 321
Laboratory supplies		13 090	12 145
Water distribution supplies		3 397	-
<b>Total</b>	5	<b>3 071 000</b>	<b>2 989 288</b>

Inventory item expenditure in line with inflation, other than that related to Water distribution supplies for the Departments water augmentation projects as a result of the water crisis.

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**5.5 Consumables**

	Note	2018/19 R'000	2017/18 R'000
Consumable supplies		<b>437 925</b>	<b>423 633</b>
Uniform and clothing		64 222	57 223
Household supplies		247 299	232 629
Building material and supplies		66 242	65 417
Communication accessories		271	910
IT consumables		1 763	1 223
Other consumables		58 128	66 231
Stationery, printing and office supplies		88 874	88 759
<b>Total</b>	5	<b>526 799</b>	<b>512 392</b>

Consumable item expenditure in line with inflation, other than the reduction in other consumables. This item comprises mainly of Medical and Domestic Gas as well as other fuel products. Due to a more stable electrical supply from Eskom during the current financial year the department realised a reduction in its demand for diesel for generators to supplement facilities power requirements during load shedding.

**5.6 Property payments**

	Note	2018/19 R'000	2017/18 R'000
Municipal services		345 389	318 822
Property management fees		464 440	430 700
Property maintenance and repairs		366 971	307 394
<b>Total</b>	5	<b>1 176 800</b>	<b>1 056 916</b>

**Property maintenance and repairs**

Increase as a result of the change in policy by National to focus a larger portion of infrastructure funds on scheduled maintenance on existing facilities, rather than new capital projects.

**5.7 Travel and subsistence**

	Note	2018/19 R'000	2017/18 R'000
Local		39 560	38 903
Foreign		206	716
<b>Total</b>	5	<b>39 766</b>	<b>39 619</b>

**Local - % share of total expenditure**

	2018/19	2017/18
Road Transport	41.4%	43.4%
Accommodation	36.8%	35.3%
Subsistence	14.3%	12.8%
Air Transport	7.5%	8.5%
	<b>100.0%</b>	<b>100.0%</b>

Travel required for the performance of various officials duties outside of their normal place of work.

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**5.8 Other operating expenditure**

	Note	2018/19 R'000	2017/18 R'000
Professional bodies, membership and subscription fees		1 360	1 156
Resettlement costs		4 149	3 471
Other		20 788	17 613
<b>Total</b>	5	<b>26 297</b>	<b>22 240</b>

**Other**

Relates mainly to courier charges in respect of the distribution of pharmaceuticals by the Cape Medical Depot as well as the Chronic Dispensing unit.

**6. Payments for financial assets**

	Note	2018/19 R'000	2017/18 R'000
Material losses through criminal conduct		1	-
Theft	6.3	1	-
Other material losses written off	6.1	3 000	2 379
Debts written off	6.2	7 129	9 241
<b>Total</b>		<b>10 130</b>	<b>11 620</b>

**6.1 Other material losses written off**

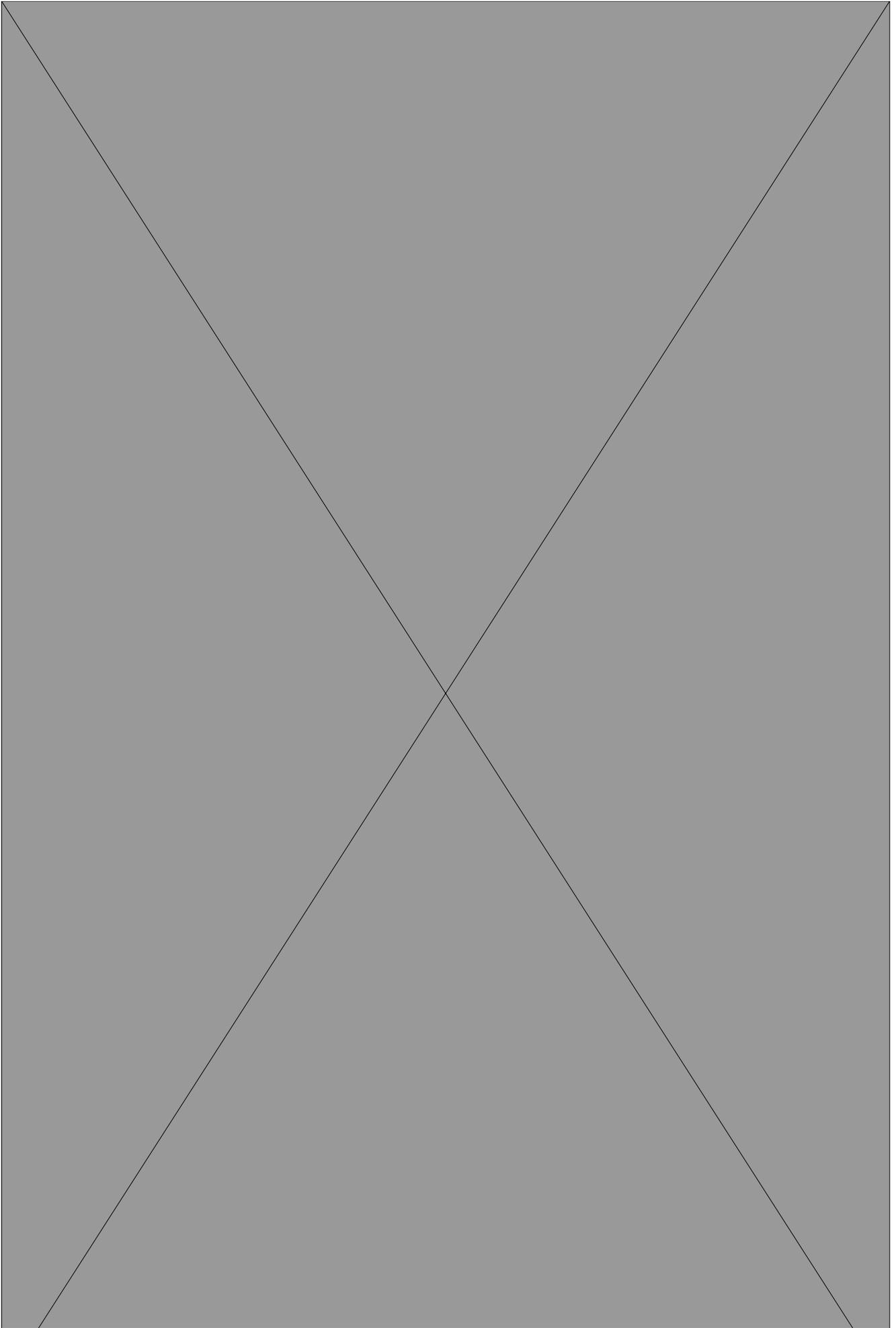
	Note	2018/19 R'000	2017/18 R'000
<b>Nature of losses</b>			
Government Vehicle Damages & Losses		2 293	1 307
Redundant Stock (CMD & HIV AIDS)		707	1 072
<b>Total</b>	6	<b>3 000</b>	<b>2 379</b>

**6.2 Debts written off**

	Note	2018/19 R'000	2017/18 R'000
Salary over payments		3 139	2 002
Medical Bursaries		2 911	6 205
Supplier Debtors		445	762
Tax		343	245
Telephone account		7	-
Other minor incidents		284	27
<b>Total</b>	6	<b>7 129</b>	<b>9 241</b>

**6.3 Details of theft**

	Note	2018/19 R'000	2017/18 R'000
Nature of theft			
Petty Cash Stolen		1	-
<b>Total</b>	6	<b>1</b>	<b>-</b>



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**8.2 Analysis of funds utilised to acquire capital assets – 2017/18**

	Voted funds R'000	Aid assistance R'000	Total R'000
<b>Tangible assets</b>	<b>745 978</b>	<b>66</b>	<b>746 044</b>
Buildings and other fixed structures	287 493	-	287 493
Machinery and equipment	458 485	66	458 551
<b>Intangible assets</b>	<b>5 456</b>		<b>5 456</b>
Software	5 456	-	5 456
<b>Total</b>	<b>751 434</b>	<b>66</b>	<b>751 500</b>

**8.3 Finance lease expenditure included in Expenditure for capital assets**

	Note	2018/19 R'000	2017/18 R'000
<b>Tangible assets</b>			
Machinery and equipment		173 138	158 700
<b>Total</b>		<b>173 138</b>	<b>158 700</b>

**9. Cash and cash equivalents**

	Note	2018/19 R'000	2017/18 R'000
Consolidated Paymaster General Account		543 802	700 481
Disbursements		(415 248)	(460 776)
Cash on hand		409	507
<b>Total</b>		<b>128 963</b>	<b>240 212</b>

Reduction in cash balance on hand is due to the improved utilisation of the allocated budget, namely 99.8% (2017/18: 99.1%). Refer to the Notes to the Appropriation Statement for further detail.

**10. Prepayments and advances**

	Note	2018/19 R'000	2017/18 R'000
Travel and subsistence		1 416	836
Advances paid (Not expensed)	10.1	4 590	11 492
<b>Total</b>		<b>6 006</b>	<b>12 328</b>

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**10.1 Advances paid (Not expensed)**

	Note	Balance as at 1 April 2018	Less: Amount expensed in current year	Add or Less: Other	Add: Current Year advances	Balance as at 31 March 2019
		R'000	R'000	R'000	R'000	R'000
Other entities		11 492	(73 257)	-	66 355	4 590
<b>Total</b>	10	<b>11 492</b>	<b>(73 257)</b>	<b>-</b>	<b>66 355</b>	<b>4 590</b>

	Note	Balance as at 1 April 2017	Less: Amount expensed in current year	Add or Less: Other	Add: Current Year advances	Balance as at 31 March 2018
		R'000	R'000	R'000	R'000	R'000
Other entities		1 580	(51 900)	-	61 812	11 492
<b>Total</b>	10	<b>1 580</b>	<b>(51 900)</b>	<b>-</b>	<b>61 812</b>	<b>11 492</b>

**10.2 Advances paid (Expensed)**

	Amount as at 1 April 2018	Less: Receive d in the current year	Add or Less: Other	Add: Current Year advances	Amount as at 31 March 2019
	R'000	R'000	R'000	R'000	R'000
Other entities	13 861	(13 270)	-	8 276	8 867
<b>Total</b>	<b>13 861</b>	<b>(13 270)</b>	<b>-</b>	<b>8 276</b>	<b>8 867</b>

The above amount relates to Motor Vehicles and Mobile Clinics not received at year-end from Government Motor Transport. This amount is included in the Expenditure for Capital Asset: Machinery and Equipment (refer to Note 8). The outstanding Motor Vehicles and Mobile Clinics in respect of the 2017/18 advance are awaiting registration before the department can take ownership.

	Amount as at 1 April 2017	Less: Received in the current year	Add or Less: Other	Add: Current Year advances	Amount as at 31 March 2018
	R'000	R'000	R'000	R'000	R'000
Other entities	-	-	-	13 861	13 861
<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>13 861</b>	<b>13 861</b>

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**11. Receivables**

	<i>Note</i>	2018/19			2017/18		
		Current	Non-current	Total	Current	Non-current	Total
		R'000	R'000	R'000	R'000	R'000	R'000
Claims recoverable	11.1	25 585	-	25 585	25 389	-	25 389
Staff debt	11.2	8 175	237	8 412	10 027	535	10 562
Other debtors	11.3	25 803	650	26 453	16 494	700	17 194
<b>Total</b>		<b>59 563</b>	<b>887</b>	<b>60 450</b>	<b>51 910</b>	<b>1 235</b>	<b>53 145</b>

**11.1 Claims recoverable**

	<i>Note</i>	2018/19 R'000	2017/18 R'000
National departments		3 098	5 214
Provincial departments		3 078	3 469
Public entities		7	270
Local governments		19 402	16 436
<b>Total</b>	11 & Annex 3	<b>25 585</b>	<b>25 389</b>

**11.2 Staff debt**

	<i>Note</i>	2018/19 R'000	2017/18 R'000
Salary Reversal Control Account		384	28
Salary Tax Debt		389	200
Salary Deduction Disallowance Account		26	5
Debt Account		7 613	10 329
<b>Total</b>	11	<b>8 412</b>	<b>10 562</b>

**11.3 Other debtors**

	<i>Note</i>	2018/19 R'000	2017/18 R'000
Disallowance Miscellaneous		1 258	608
Disallowance damage and losses		1 516	1 397
Damage vehicles		190	154
Supplier Debtors		10 734	3 895
Medical Bursaries		12 755	11 140
<b>Total</b>	11	<b>26 453</b>	<b>17 194</b>

**Supplier Debtors**

Related to expenditure recoveries from suppliers and related tertiary institutions. The majority of this balance had been recovered within the 1st quarter 2019/20.

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**11.4 Impairment of receivables**

	<b>2018/19</b>	<b>2017/18</b>
	<b>R'000</b>	<b>R'000</b>
Estimate of impairment of receivables	4 321	7 498
<b>Total</b>	<b>4 321</b>	<b>7 498</b>

**12. Voted funds to be surrendered to the Revenue Fund**

	<b>2018/19</b>	<b>2017/18</b>
	<b>R'000</b>	<b>R'000</b>
Opening balance	190 426	66 361
Transfer from statement of financial performance (as restated)	56 386	190 426
Paid during the year	(190 426)	(66 361)
<b>Closing balance</b>	<b>56 386</b>	<b>190 426</b>

**13. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund**

	<b>2018/19</b>	<b>2017/18</b>
	<b>R'000</b>	<b>R'000</b>
Opening balance	30 399	26 353
Transfer from Statement of Financial Performance (as restated)	114 323	49 311
Own revenue included in appropriation	563 068	522 263
Paid during the year	(656 104)	(567 528)
<b>Closing balance</b>	<b>51 686</b>	<b>30 399</b>

**14. Payables – current**

	<i>Note</i>	<b>2018/19</b>	<b>2017/18</b>
		<b>R'000</b>	<b>R'000</b>
<b>Amounts owing to other entities</b>			
Advances received	14.1	56 704	44 598
Clearing accounts	14.2	4 293	3 905
Other payables	14.3	11 147	21 085
<b>Total</b>		<b>72 144</b>	<b>69 588</b>

**14.1 Advances received**

	<i>Note</i>	<b>2018/19</b>	<b>2017/18</b>
		<b>R'000</b>	<b>R'000</b>
Other institutions		56 704	44 598
<b>Total</b>	14	<b>56 704</b>	<b>44 598</b>

Relates to funds received from the Road Accident Fund that is still to be allocated to specific patient fee revenue accounts. Therefore this amount is not included in the Departmental Revenue as per Note 2.

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**14.2 Clearing accounts**

	Note	2018/19 R'000	2017/18 R'000
Patient Fee Deposits		45	109
Sal: Pension Fund		55	60
Sal: GEHS refund control account		953	593
Sal: Income Tax		3 188	2 953
Sal: Bargaining Councils		3	3
Sal: ACB Recalls		49	187
<b>Total</b>	14	<b>4 293</b>	<b>3 905</b>

**14.3 Other payables**

	Note	2018/19 R'000	2017/18 R'000
Depot Pharmaceutical Control Account		11 147	21 085
<b>Total</b>	14	<b>11 147</b>	<b>21 085</b>

Reduction due to lower pharmaceutical balance on hand at the Cape Medical Depot at year-end.
--

**15. Net cash flow available from operating activities**

	2018/19 R'000	2017/18 R'000
Net surplus/(deficit) as per Statement of Financial Performance	170 050	239 987
Add back non cash/cash movements not deemed operating activities	722 141	674 956
(Increase)/decrease in receivables – current	(7 305)	29 214
(Increase)/decrease in prepayments and advances	6 322	(9 992)
Increase/(decrease) in payables – current	2 556	16 985
Proceeds from sale of capital assets	(10)	(2)
Expenditure on capital assets	1 004 040	751 500
Surrenders to Revenue Fund	(846 530)	(633 889)
Surrenders to RDP Fund/Donor	-	(1 123)
Own revenue included in appropriation	563 068	522 263
<b>Net cash flow generated by operating activities</b>	<b>892 191</b>	<b>914 943</b>

**16. Reconciliation of cash and cash equivalents for cash flow purposes**

	2018/19 R'000	2017/18 R'000
Consolidated Paymaster General account	543 802	700 481
Disbursements	(415 248)	(460 776)
Cash on hand	409	507
<b>Total</b>	<b>128 963</b>	<b>240 212</b>

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**17. Contingent liabilities and contingent assets**

**17.1 Contingent liabilities**

	<i>Note</i>	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>Liable to</b>	<b>Nature</b>		
Housing loan guarantees	Employees	99	99
Claims against the department		125 599	122 260
Intergovernmental payables (unconfirmed balances)		542	-
<b>Total</b>		<b>126 240</b>	<b>122 359</b>

**17.2 Contingent assets**

	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>Nature of contingent asset</b>		
Civil	300	233
<b>Total</b>	<b>300</b>	<b>233</b>

**Other Contingent Assets – not included in balance above**

At this stage the Department is not able to reliably measure the contingent asset in terms of the Government Employees Housing Scheme of the Individually Linked Savings Facility (ILSF), relating to resignations and termination of service, as well as contingent asset in terms of Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR) cases under investigation.

**18. Commitments**

	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>	<b>Prior period error R'000</b>	<b>2017/18 Restated R'000</b>
<b>Current expenditure</b>				
Approved and contracted	1 378 621	686 402	78 142	764 544
Approved but not yet contracted	4 751	8 641	-	8 641
	1 383 372	695 043	78 142	773 185
<b>Capital expenditure</b>				
Approved and contracted	372 698	147 759	-	147 759
Approved but not yet contracted	245	-	-	-
	372 943	147 759	-	147 759
<b>Total Commitments</b>	<b>1 756 315</b>	<b>842 802</b>	<b>78 142</b>	<b>920 944</b>

Included in the current year's commitments are 259 (2017/18: 221) projects that are current in nature and 57 (2017/18: 27) projects that are of a capital nature, all of which are for a total contract period exceeding 12 months.

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**Prior period error**

	<b>2017/18 R'000</b>
<b>Nature of prior period error Relating to 2017/18</b>	<b>78 142</b>
Incorrect classifications	78 142
<b>Total prior period errors</b>	<b>78 142</b>

**19. Accruals and payables not recognised**

**19.1 Accruals**

	<b>2018/19 R'000</b>		<b>2017/18 R'000</b>
<b>Listed by economic classification</b>			
	<b>30 Days</b>	<b>30+ Days</b>	<b>Total</b>
Goods and services	111 921	22 693	134 614
Transfers and subsidies	53 325	326	53 651
Capital assets	5 362	306	5 668
<b>Total</b>	<b>170 608</b>	<b>23 325</b>	<b>193 933</b>

	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>Listed by programme level</b>		
Administration	14 442	4 296
District Health Services	89 228	76 201
Emergency Medical Services	1 893	1 346
Provincial Hospital Services	10 272	11 958
Central Hospital Services	70 701	45 081
Health Science and Training	1 158	1 109
Health Care Support Service	970	135
Health Facility Management	5,269	1 540
<b>Total</b>	<b>193 933</b>	<b>141 666</b>

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**19.2 Payables not recognised**

			2018/19 R'000	2017/18 R'000
<b>Listed by economic classification</b>				
	<b>30 Days</b>	<b>30+ Days</b>	<b>Total</b>	<b>Total</b>
Goods and services	102 574	17 423	119 997	114 457
Transfers and subsidies	9 015	-	9 015	10 331
Capital assets	16 460	3	16 463	2
Other	7 886	-	7 886	13 601
<b>Total</b>	<b>135 935</b>	<b>17 426</b>	<b>153 361</b>	<b>138 391</b>
			2018/19 R'000	2017/18 R'000
<b>Listed by programme level</b>				
Administration			8 102	13 211
District health Services			16 807	15 125
Emergency Medical Services			1 784	81
Provincial Hospital Services			1 357	1 787
Central Hospital Services			38 882	17 081
Health Sciences and Training			829	375
Health Care Support Service			85 112	90 705
Health Facility Management			488	26
<b>Total</b>			<b>153 361</b>	<b>138 391</b>
		<i>Note</i>	2018/19 R'000	2017/18 R'000
<b>Included in the above totals are the following:</b>				
Confirmed balances with other departments		<i>Annex 4</i>	6 386	13 201
<b>Total</b>			<b>6 386</b>	<b>13 201</b>

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**20. Employee benefits**

	<b>2018/19</b>	<b>2017/18</b>
	<b>R'000</b>	<b>R'000</b>
Leave entitlement	373 718	346 734
Service bonus (Thirteenth cheque)	304 793	284 730
Performance awards	28 739	25 909
Capped leave commitments	224 247	237 220
Other	30 142	32 489
<b>Total</b>	<b><u>961 639</u></b>	<b><u>927 082</u></b>

<b><u>Leave Entitlement</u></b>	<b>2018/19</b>	<b>2017/18</b>	
	<b>R'000</b>	<b>R'000</b>	
Leave Entitlement on PERSAL at year end	368 855	337 947	
Add: Negative Leave credits included	27 360	28 588	
Less: Leave captured after year end	(22 497)	(19 801)	
<b>Recalculated</b>	<b><u>373 718</u></b>	<b><u>346 734</u></b>	
<b><u>Other</u></b>			
Primarily relates to long service awards that will vest in the 2018/19 financial year and accrued overtime. At this stage the department is not able to reliably measure the long term portion of the long service awards.			
It also includes an amount of R462 000 (2018/19) and R341 000 (2017/18) in respect of a provision made for an exit gratuity owing to Minister M Mbombo. The exit gratuity was not reported in the prior financial period (see prior period error below).			
<b>Prior Period Error – Other: 2017/18</b>			
	<b><u>Amount before</u></b>	<b><u>Prior period</u></b>	<b><u>Restated</u></b>
	<b><u>error correction</u></b>	<b><u>error</u></b>	<b><u>amount</u></b>
Other	32 148	341	32 489

**21. Lease commitments**

**21.1 Operating leases**

<b>2018/19</b>	<b>Machinery and equipment R'000</b>	<b>Total R'000</b>
Not later than 1 year	17 640	17 640
Later than 1 year and not later than 5 years	33 029	33 029
Later than five years	3 226	3 226
<b>Total lease commitments</b>	<b><u>53 895</u></b>	<b><u>53 895</u></b>

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2017/18	Machinery and equipment R'000	Prior period error R'000	Total R'000
Not later than 1 year	21 453	(503)	20 950
Later than 1 year and not later than 5 years	35 523	734	36 257
Later than five years	5 295	4 663	9 958
<b>Total lease commitments</b>	<b>62 271</b>	<b>4 894</b>	<b>67 165</b>

Predominantly relates to the leasing of multifunction printing office equipment at various facilities.

**Prior period error**

Nature of prior period error Relating to 2017/18	2017/18 R'000
Incorrect classifications	4 894
Total prior period errors	<b>4 894</b>

**21.2 Finance leases \*\***

2018/19	Machinery and equipment R'000	Total R'000
Not later than 1 year	156 066	156 066
Later than 1 year and not later than 5 years	206 785	206 785
Later than five years	2 872	2 872
<b>Total lease commitments</b>	<b>365 723</b>	<b>365 723</b>

2017/18	Machinery and equipment R'000	Total R'000
Not later than 1 year	154 727	154 727
Later than 1 year and not later than 5 years	249 807	249 807
Later than five years	3 621	3 621
<b>Total lease commitments</b>	<b>408 155</b>	<b>408 155</b>

\*\*This note excludes leases relating to public private partnership as they are separately disclosed in note no. 27.

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**22. Accrued departmental revenue**

	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
Sales of goods and services other than capital assets	615 299	646 260
<b>Total</b>	<b><u>615 299</u></b>	<b><u>646 260</u></b>

**22.1 Analysis of accrued departmental revenue**

	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
Opening balance	646 260	635 541
Less: amounts received	(452 026)	(410 851)
Add: amounts recorded	682 914	682 622
Less: amounts written-off/reversed as irrecoverable	(261 849)	(261 052)
<b>Closing balance</b>	<b><u>615 299</u></b>	<b><u>646 260</u></b>

**22.2 Accrued department revenue written off**

	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>Nature of losses</b>		
Patient Fees	261 849	261 052
<b>Total</b>	<b><u>261 849</u></b>	<b><u>261 052</u></b>

**22.3 Impairment of accrued departmental revenue**

	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
Estimate of impairment of accrued departmental revenue	230 591	241 030
<b>Total</b>	<b><u>230 591</u></b>	<b><u>241 030</u></b>

Projected irrecoverable amount in respect of hospital fees debt is attributable to the following main drivers:

	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
Road Accident Fund due to the rules for shared accountability	127 050	153 550
Individual Debt due to unaffordability	73 720	64 400
Debt older than 3 years	28 001	21 000
Medical Aid Debt due to depleted benefits;	1 820	2 080
	<b><u>230 591</u></b>	<b><u>241 030</u></b>

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**23. Irregular expenditure**

**23.1 Reconciliation of irregular expenditure**

	Note	2018/19 R'000	2017/18 R'000
Opening balance		77 922	69 218
Add: Irregular expenditure – relating to prior year	23.2	-	-
Add: Irregular expenditure – relating to current year	23.2	12 886	23 553
Less: Prior year amounts condoned	23.3	(38 977)	(14 782)
Less: Current year amounts condoned		-	(67)
<b>Closing balance</b>		<b>51 831</b>	<b>77 922</b>

**Analysis of awaiting condonation per age classification**

Current year	12 886	23 486
Prior years	38 945	54 436
<b>Total</b>	<b>51 831</b>	<b>77 922</b>

**23.2 Details of irregular expenditure – added current year (relating to current and prior years)**

Incident	Disciplinary steps taken/criminal proceedings	2018/19 R'000
Additional charges not covered by contract	*	12
Award made to wrong bidder	*	1 348
Contract Expanded without approval	*	4
Contract extended without approval	*	296
Emergency delegation incorrectly applied	*	80
Incorrect bidding process followed < R 500 000	*	3 097
Incorrect delegatee making award	*	329
Incorrect delegatee making award	*	48
Insufficient proof for not using IPS	*	51
Invalid/No quotations attached	*	105
Item purchased not on contract	*	20
Items on contract procured via IPS without valid reasons	*	69
Less than 3 quotations obtained (no reason provided).	*	1
Local content not applied	*	857
No declaration of interest	*	172
No ditcom approval	*	28
No formal bidding process followed > R 500 000	*	14
No proof to substantiate Sole Supplier	*	72
No valid tax clearance certificate/ CSD Tax Status	*	1 322
Pass overs not properly documented	*	17
Supplier not registered on relevant database	*	4 936
Used invalid contract (incl purchase outside valid contract/item not on contract).	*	8
<b>Total</b>		<b>12 886</b>

\* To be confirmed by relevant Institutional Managers

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23.3 Details of irregular expenditure condoned Incident	Condoned by (condoning authority)	2018/19 R'000
<b>Prior Years</b>		
Award made to wrong bidder	**	170
Incorrect delegatee making award	**	18
Incorrect delegations	**	364
Invoice amount greater than quoted amount	**	24
Quantity on invoice more than approved order	**	2
Used invalid contract (incl purchase outside valid contract/item not on contract). (AO)	**	361
Items purchased not on contract	**	57
Award made to wrong bidder	^	477
Award not made to price <R10 000	^	35
Bidding template not fully completed	^	225
Contract expanded without approval. (AO)	^	48
Contract/SLA not signed by the delegated official	^	78
Correct bidding process not followed	^	73
Correct procurement process omitted.	^	209
Incorrect bidding process followed <R500 000	^	19 979
Incorrect delegations	^	34
Invalid quotes	^	302
IPS not used above R10 000	^	107
Less than 3 quotations obtained (no reason provided). (AO)	^	1
Limited bid: prescripts not followed	^	16
Local Content not applied	^	267
No approved motivation attached to the documents.	^	6
No bidding template attached, Tradeworld not used to procure the services	^	101
No declaration of interest	^	116
No formal bidding process followed for awards >500 000	^	9 498
No procurement process followed	^	549
No valid tax clearance certificate	^	570
Not correct procedures followed	^	1
Not registered on relevant database	^	10
Prohibited/restricted supplier. (NT)	^	84
Tradeworld not used (above R10000)	^	5 165
Used invalid contract (incl purchase outside valid contract/item not on contract). (AO)	^	30
<b>Total</b>		<b><u>38 977</u></b>

** Accounting Officer	^ National Treasury
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**23.4 Prior period error**

	<b>2017/18 R'000</b>
<b>Nature of prior period error</b>	
<b>Relating to 2017/18</b>	<b>65</b>
Amounts incorrectly reported as Irregular Expenditure	(14)
Irregular Expenditure not reported	79
<b>Total prior period errors</b>	<b>65</b>

**24. Fruitless and wasteful expenditure**

**24.1 Reconciliation of fruitless and wasteful expenditure**

	<i>Note</i>	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
Opening balance		7	7
Less: Amounts resolved		(7)	-
<b>Closing balance</b>		-	7

**24.2 Analysis of awaiting resolution per economic classification**

	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
Current year	-	7
<b>Total</b>	-	7

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**25. Related party transactions**

The Department of Health occupies a building free of charge managed by the Department of Transport and Public Works. Parking space is also provided for government officials at an approved fee that is not market related.

The Department of Health received corporate service from the Corporate Service Centre of the Department of the Premier in the Western Cape Province with effect from 1 November 2010 in respect of the following service areas:

- Information and Communication Technology
- Organisation Development
- Provincial Training (transversal)
- Enterprise Risk Management
- Internal Audit
- Provincial Forensic Services
- Legal Services
- Corporate Communication

The Department of Health make use of government motor vehicles managed by Government Motor Transport (GMT) based of tariffs approved by the Department of Provincial Treasury.

Department of Health received Security Advisory Services and Security Operations from the Department of Community Safety in the Western Cape.

**26. Key management personnel**

	No. of Individuals	2018/19 R'000	2017/18 R'000
Member of the Executive Council (MEC)	1	1 978	1 978
Officials:			
Management	16	20 859	20 571
Family members of key management personnel	1	469	442
<b>Total</b>		<b>23 306</b>	<b>22 991</b>

Key Management Personnel for (2018/19) includes all officials, whereas (2017/18) only includes level 14 and above, who have significant influence over the financial and operation policy decisions of the department.

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**27. Public Private Partnership**

	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>Unitary fee paid</b>	<b>57 449</b>	<b>54 968</b>
Fixed component	55 237	51 695
Indexed component	2 212	3 273
<b>Analysis of indexed component</b>	<b>2 212</b>	<b>3 273</b>
Goods and services (excluding lease payments)	2 212	3 273
<b>Capital / (Liabilities)</b>	<b>8 599</b>	<b>7 631</b>
Plant and equipment	8 599	7 631

The Department commissioned the construction and operation of the Western Cape Rehabilitation Centre alongside the "existing Lentegeur Psychiatric Hospital."

The Department required the services of a private partner to provide facilities management at the Western Cape Rehabilitation Centre, as well as certain facilities management services at the Lentegeur Psychiatric Hospital. A request for proposals was issued to the private sector, which included an invite to propose solutions which would satisfy the operational requirements of the facilities. Pursuant to a competitive bidding process, Mpilisweni Consortium was appointed with and the agreement signed on 8 December 2006. The full service commenced effectively on 1 March 2007, and the contract will terminate on 31 March 2020.

For the current financial year, payments to the value of R 57,4m (2017/18: 54,9m) was made for the provision of equipment, facilities management and all other associated services at the Western Cape Rehabilitation Centre (WCRC) and Lentegeur Hospital.

"Excluded from the above expenses are variable costs incurred to the value of R 8,6m (2017/18: R 8,7m)."

**28. Provisions**

	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
Medico Legal Claims	230 700	230 750
<b>Total</b>	<b>230 700</b>	<b>230 750</b>

The above amount relates to claims instated against the department where merits have been conceded to the claimant. The amount represents the best estimate of the value that will possibly be settled once the matter has been resolved through the courts or a negotiated settlement.

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**28.1 Reconciliation of movement in provisions – 2018/19**

	<b>Medico Legal Claims R'000</b>	<b>Total provisions R'000</b>
Opening balance	230 750	230 750
Increase in provision	78 755	78 755
Settlement of provision	(41 131)	(41 131)
Unused amount reversed	(8 874)	(8 874)
Change in provision due to change in estimation of inputs	(28 800)	(28 800)
<b>Closing balance</b>	<b>230 700</b>	<b>230 700</b>

**Reconciliation of movement in provisions – 2017/18**

	<b>Medico Legal Claims R'000</b>	<b>Total provisions R'000</b>
Opening balance	135 700	135 700
Increase in provision	172 967	172 967
Settlement of provision	(52 265)	(52 265)
Unused amount reversed	(10 102)	(10 102)
Change in provision due to change in estimation of inputs	(15 550)	(15 550)
<b>Closing balance</b>	<b>230 750</b>	<b>230 750</b>

**29. Movable Tangible Capital Assets**

**MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR  
ENDED 31 MARCH 2019**

	<b>Opening balance R'000</b>	<b>Additions R'000</b>	<b>Disposals R'000</b>	<b>Closing Balance R'000</b>
<b>MACHINERY AND EQUIPMENT</b>	<b>3 581 022</b>	<b>541 191</b>	<b>(145 572)</b>	<b>3 976 641</b>
Transport assets	477 967	59 831	(41 620)	496 178
Computer equipment	312 958	87 032	(23 098)	376 892
Furniture and office equipment	109 169	15 985	(2 700)	122 454
Other machinery and equipment	2 680 928	378 343	(78 154)	2 981 117
<b>TOTAL MOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>3 581 022</b>	<b>541 191</b>	<b>(145 572)</b>	<b>3 976 641</b>

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**Movable Tangible Capital Assets under investigation**

	Number	Value R'000
Included in the above total of the movable tangible capital assets per the asset register are assets that are under investigation:		
Machinery and equipment	1 936	59 032

**29.1 Additions**

**ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019**

	Cash R'000	Non-cash R'000	(Capital Work in Progress current costs and finance lease payments) R'000	Received current, not paid (Paid current year, received prior year) R'000	Total R'000
<b>MACHINERY AND EQUIPMENT</b>	<b>660 428</b>	<b>89 240</b>	<b>(209 630)</b>	<b>1 153</b>	<b>541 191</b>
Transport assets	180 853	59 638	(180 660)	-	59 831
Computer equipment	84 508	2 484	-	40	87 032
Furniture and office equipment	16 798	1 240	(2 163)	110	15 985
Other machinery and equipment	378 269	25 878	(26 807)	1 003	378 343
<b>TOTAL ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>660 428</b>	<b>89 240</b>	<b>(209 630)</b>	<b>1 153</b>	<b>541 191</b>

**29.2 Disposals**

**DISPOSALS OF MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019**

	Sold for cash R'000	Non-cash disposal R'000	Total disposals R'000
<b>MACHINERY AND EQUIPMENT</b>	<b>10</b>	<b>145 562</b>	<b>145 572</b>
Transport assets	-	41 620	41 620
Computer equipment	-	23 098	23 098
Furniture and office equipment	-	2 700	2 700
Other machinery and equipment	10	78 144	78 154
<b>TOTAL DISPOSAL OF MOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>10</b>	<b>145 562</b>	<b>145 572</b>

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**29.3 Movement for 2017/18**

**MOVEMENT IN TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018**

	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
<b>MACHINERY AND EQUIPMENT</b>	<b>3 298 817</b>	<b>5 493</b>	<b>418 978</b>	<b>(142 266)</b>	<b>3 581 022</b>
Transport assets	436 602	-	106 599	(65 234)	477 967
Computer equipment	289 551	2 077	33 278	(11 948)	312 958
Furniture and office equipment	100 081	(719)	11 340	(1 533)	109 169
Other machinery and equipment	2 472 583	4 135	267 761	(63 551)	2 680 928
<b>TOTAL MOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>3 298 817</b>	<b>5 493</b>	<b>418 978</b>	<b>(142 266)</b>	<b>3 581 022</b>

**29.3.1 Prior period error**

	2017/18 R'000
<b>Nature of prior period error</b>	
<b>Relating to 2016/17 [affecting the opening balance]</b>	<b>5 493</b>
Correction of incorrect classification	5 493
<b>Relating to 2017/18</b>	<b>(3 326)</b>
Additions overstated	(3 326)
<b>Total prior period errors</b>	<b>2 167</b>

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**29.4 Minor assets**

**MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED AS AT 31 MARCH 2019**

	<b>Machinery and equipment R'000</b>	<b>Total R'000</b>
Opening balance	541 689	541 689
Value adjustments	-	-
Additions	44 594	44 594
Disposals	(25 043)	(25 043)
<b>TOTAL MINOR ASSETS</b>	<b>561 240</b>	<b>561 240</b>

	<b>Machinery and equipment</b>	<b>Total</b>
Number of minor assets at cost	359 034	359 034
<b>TOTAL NUMBER OF MINOR ASSETS</b>	<b>359 034</b>	<b>359 034</b>

**Minor Capital Assets under investigation**

	<b>Number</b>	<b>Value 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	12 215	21 085

**MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED AS AT 31 MARCH 2018**

	<b>Machinery and equipment R'000</b>	<b>Total R'000</b>
Opening balance	524 177	524 177
Prior period error	(8 029)	(8 029)
Additions	44 236	44 236
Disposals	(18 695)	(18 695)
<b>TOTAL MINOR ASSETS</b>	<b>541 689</b>	<b>541 689</b>

	<b>Machinery and equipment</b>	<b>Total</b>
Number of minor assets at cost	357 887	357 887
<b>TOTAL NUMBER OF MINOR ASSETS</b>	<b>357 887</b>	<b>357 887</b>

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**29.4.1 Prior period error**

	2017/18 R'000
<b>Nature of prior period error</b>	
<b>Relating to 2017/18 [affecting the opening balance]</b>	<b>(8 029)</b>
Incorrect classifications	(8 029)
Total prior period errors	(8 029)

**30. Intangible Capital Assets**

**MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019**

	Opening balance R'000	Value adjustments R'000	Additions R'000	Disposals R'000	Closing Balance R'000
<b>SOFTWARE</b>	13 047	-	2 265	-	15 312
<b>TOTAL INTANGIBLE CAPITAL ASSETS</b>	<b>13 047</b>	<b>-</b>	<b>2 265</b>	<b>-</b>	<b>15 312</b>

**30.1 Additions**

**ADDITIONS TO INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019**

	Cash R'000	Non-Cash R'000	(Develop- ment work in progress – current costs) R'000	Received current year, not paid (Paid current year, received prior year) R'000	Total R'000
<b>SOFTWARE</b>	1 606	659	-	-	2 265
<b>TOTAL ADDITIONS TO INTANGIBLE CAPITAL ASSETS</b>	<b>1 606</b>	<b>659</b>	<b>-</b>	<b>-</b>	<b>2 265</b>

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**30.2 Movement for 2017/18**

**MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018**

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing Balance R'000
<b>SOFTWARE</b>	8 506	-	4 653	112	13 047
<b>TOTAL INTANGIBLE CAPITAL ASSETS</b>	<b>8 506</b>	<b>-</b>	<b>4 653</b>	<b>112</b>	<b>13 047</b>

**31. Immovable Tangible Capital Assets**

**MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019**

	Opening balance R'000	Additions R'000	Disposals R'000	Closing Balance R'000
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>	<b>1 784 091</b>	<b>52 571</b>	<b>(732 543)</b>	<b>1 104 119</b>
Non-residential buildings	1 769 520	52 082	(732 543)	1 089 059
Other fixed structures	14 571	489	-	15 060
<b>TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>1 784 091</b>	<b>52 571</b>	<b>(732 543)</b>	<b>1 104 119</b>

**31.1 Additions**

**ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019**

	Cash R'000	Non-cash R'000	(Capital Work in Progress current costs and finance lease payments) R'000	Received current, not paid (Paid current year, received prior year) R'000	Total R'000
<b>BUILDING AND OTHER FIXED STRUCTURES</b>	<b>342 006</b>	<b>52 571</b>	<b>(342 006)</b>	<b>-</b>	<b>52 571</b>
Non-residential buildings	342 006	52 082	(342 006)	-	52 082
Other fixed structures	-	489	-	-	489
<b>TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>342 006</b>	<b>52 571</b>	<b>(342 006)</b>	<b>-</b>	<b>52 571</b>

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**31.2 Disposals**

**DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019**

	Non-cash disposal R'000	Total disposals R'000
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>	<b>732 543</b>	<b>732 543</b>
Non-residential buildings	732 543	732 543
<b>TOTAL DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>732 543</b>	<b>732 543</b>

**31.3 Movement for 2017/18**

**MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018**

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing Balance R'000
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>	<b>1 257 390</b>	<b>125 402</b>	<b>436 472</b>	<b>(35 173)</b>	<b>1 784 091</b>
Non-residential buildings	1 242 924	125 630	436 008	(35 042)	1 769 520
Other fixed structures	14 466	(228)	464	(131)	14 571
<b>TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>1 257 390</b>	<b>125 402</b>	<b>436 472</b>	<b>(35 173)</b>	<b>1 784 091</b>

**31.3.1 Prior period error**

	2017/18 R'000
<b>Nature of prior period error</b>	
<b>Relating to 2016/17 [affecting the opening balance]</b>	<b>125 402</b>
Other fixed structures - Incorrect classifications	(228)
Non-residential buildings - Items not included in Immovable Assets	90 588
Non-residential buildings – Section 42 Assets removed in incorrect year	35 042
<b>Relating to 2017/18</b>	<b>616 676</b>
<b>Disposals</b>	
Non-residential buildings – Section 42 Assets removed in incorrect year	651 718
Non-residential buildings – Section 42 Assets to be disposed of in 2017/18	(35 042)
<b>Total prior period errors</b>	<b>742 078</b>

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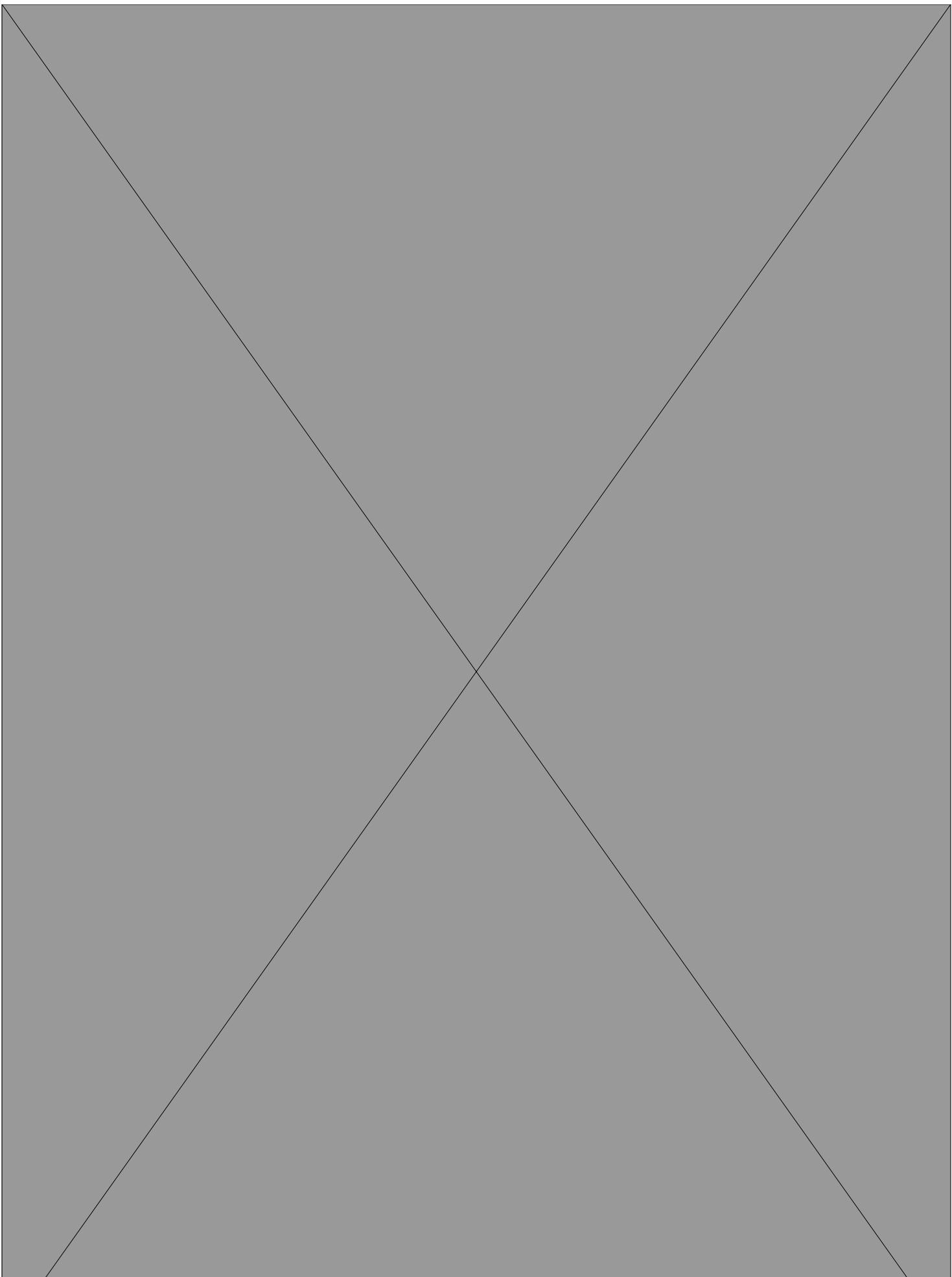
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**31.4 Capital Work-in-progress**

**CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2019**

	<b>Opening balance 1 April 2018</b>	<b>Current Year WIP</b>	<b>Ready for use (Assets to the AR) / Contracts terminated</b>	<b>Closing balance 31 March 2019</b>
<i>Note</i>	<b>R'000</b>	<b>R'000</b>	<b>R'000</b>	<b>R'000</b>
Buildings and other fixed structures	248 993	331 889	(42 612)	538 270
<b>TOTAL</b>	<b>248 993</b>	<b>331 889</b>	<b>(42 612)</b>	<b>538 270</b>

<b>The following projects were terminated:</b>			
<b>Project Number</b>	<b>Project Name</b>	<b>R'000</b>	<b>Reason for Cancellation</b>
CI810107	Kleinvlei CDC - Upgrade and Additions	607	Facility is to be replaced in the future, therefore no value in affecting these infrastructure changes.
HCI830003	Helderberg Hospital - Parking	40	Work included within the Helderberg Hospital EC project which is currently under construction.
<b>Total Accumulated Cost</b>		<b>647</b>	



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**CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2018**

	Opening balance 1 April 2017 R'000	Prior period error R'000	Current Year WIP R'000	Ready for use (Assets to the AR) ) / Contracts terminated R'000	Closing balance 31 March 2018 R'000
Buildings and other fixed structures	403 442	(4 762)	273 934	(423 621)	248 993
<b>TOTAL</b>	<b>403 442</b>	<b>(4 762)</b>	<b>273 934</b>	<b>(423 621)</b>	<b>248 993</b>

Prior period error	2017/18 R'000
<b>Nature of prior period error</b>	
<b>Relating to 2016/17 [affecting the opening balance]</b>	<b>(4 762)</b>
Incorrect Classification	(4 762)
<b>Total prior period errors</b>	<b>(4 762)</b>

Age analysis on ongoing projects	Number of projects		2017/18
	Planned, Construction not started	Planned, Construction started	Total R'000
0 to 1 Year	15	1	22 647
1 to 3 Years	11	2	113 090
3 to 5 Years	8	-	45 819
Longer than 5 Years	-	2	67 437
<b>Total</b>	<b>34</b>	<b>5</b>	<b>248 993</b>

*Projects running longer than 5 years can mainly be attributed to delays from contractors i.e. Contractors not responsive and delaying the process, poor workmanship and certain parts of the projects that needs to be redone, and contracts cancelled due to poor performance and new contractors that had to be appointed to complete projects.*

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**31.5 S42 Immovable assets**

**Assets to be transferred in terms of S42 of the PFMA – 2018/19**

	Number of assets	Value of assets R'000
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>	<b>5</b>	<b>76 030</b>
Non-residential buildings	5	76 030
<b>TOTAL</b>	<b>5</b>	<b>76 030</b>

**Assets to be transferred in terms of S42 of the PFMA – 2017/18**

	Number of assets	Value of assets R'000
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>	<b>15</b>	<b>702 874</b>
Non-residential buildings	15	702 874
<b>TOTAL</b>	<b>15</b>	<b>702 874</b>

**32. Prior period errors**

**32.1 Correction of prior period errors**

	<i>Note</i>	Amount before error correction 2017/18 R'000	Prior period error 2017/18 R'000	Restated Amount 2017/18 R'000
<b>Assets:</b>				
Movable tangible capital assets	29.3.1	3 578 855	2 167	3 581 022
Minor tangible assets	29.4.1	549 718	(8 029)	541 689
Immovable tangible assets	31.3.1	1 042 013	742 078	1 784 091
Capital Work in Progress	31.4	253 755	(4 762)	248 993
<b>Net effect</b>		<b>5 424 341</b>	<b>731 454</b>	<b>6 155 795</b>

	<i>Note</i>	Amount before error correction 2017/18 R'000	Prior period error 2017/18 R'000	Restated Amount 2017/18 R'000
<b>Liabilities:</b>				
Employee Benefits - Other	20	32 148	341	32 489
<b>Net effect</b>		<b>32 148</b>	<b>341</b>	<b>32 489</b>

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	<i>Note</i>	<b>Amount before error correction 2017/18 R'000</b>	<b>Prior period error 2017/18 R'000</b>	<b>Restated Amount 2017/18 R'000</b>
<b>Other:</b>				
Irregular Expenditure	23.4	77 857	65	77 922
Commitments	18	842 802	78 142	920 944
Lease Commitments	21.1	62 271	4 894	67 165
<b>Net effect</b>		<b>982 930</b>	<b>83 101</b>	<b>1 066 031</b>

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33. STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF GRANT	GRANT ALLOCATION					SPENT			2017/18		
	Division of Revenue Act/Provincial Grants R'000	Roll Overs R'000	DORA Adjustments R'000	Other Adjustments R'000	Total Available R'000	Amount received by department R'000	Amount spent by department R'000	Under / (overspending) R'000	% of available funds spent by dept %	Division of Revenue Act R'000	Amount spent by department R'000
National Tertiary Services Grant	3 049 284	-	-	-	3 049 284	3 049 284	3 049 130	154	100%	2 876 410	2 876 410
Health Professions Training and Development Grant	574 177	-	-	-	574 177	574 177	574 177	-	100%	542 700	542 700
Comprehensive HIV, AIDS and TB Grant	1 531 535	-	-	-	1 531 535	1 531 535	1 531 535	-	100%	1 454 773	1 454 773
Health Facility Revitalisation Grant	678 829	38 397	-	-	717 226	717 226	717 226	-	100%	605 786	567 389
Expanded Public Works Programme	2 116	-	-	-	2 116	2 116	2 116	-	100%	2 473	2 473
Integrated Grant for Provinces	2 447	-	-	-	2 447	2 447	2 447	-	100%	3 334	3 334
Social Sector Expanded Public Works Programme Incentive Grant for Provinces	19 599	-	-	-	19 599	19 599	19 599	-	100%	-	-
Human Papillomavirus Vaccine Grant	5 857 987	38 397	-	-	5 896 384	5 896 384	5 896 230	154	100%	5 485 476	5 447 079

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS  
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34. STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES

NAME OF MUNICIPALITY	GRANT ALLOCATION			TRANSFER			
	DoRA and other transfers	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
City of Cape Town	549 937			549 937	549 646		
PD: Vehicle Licences	16			16	15		
	549 953	-	-	549 953	549 661	-	-

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ANNEXURE 1A  
STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES

NAME OF MUNICIPALITY	GRANT ALLOCATION			TRANSFER			SPENT			2017/18			
	DoRA and other transfers R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Funds Withheld R'000	Re-allocations by National Treasury or National Department R'000	Amount received by Municipality R'000	Amount spent by municipality R'000	Unspent funds R'000	% of available funds spent by municipality %	Division of Revenue Act R'000	Actual Transfer R'000
City of Cape Town	549 937			549 937	549 646			549 646	549 646	291	100%	520 665	520 665
PD: Vehicle Licences	16			16	15			15	15	1	100%	22	18
<b>Total</b>	<b>549 953</b>	<b>-</b>	<b>-</b>	<b>549 953</b>	<b>549 661</b>	<b>-</b>	<b>-</b>	<b>549 661</b>	<b>549 661</b>	<b>292</b>		<b>520 687</b>	<b>520 683</b>

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ANNEXURE 1B  
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION			TRANSFER		2017/18 Final Appropriation R'000
	Adjusted appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	
Health&Welfare Seta	5 699			5 699	5 703	100%
COM:Licences	512			512	469	92%
<b>Total</b>	<b>6 211</b>	<b>-</b>	<b>-</b>	<b>6 211</b>	<b>6 172</b>	<b>5 874</b>



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ANNEXURE 1D  
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION			EXPENDITURE		2017/18 Final Appropriation R'000
	Adjusted appropriation Act R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	
<b>Transfers</b>						
Health Programmes	-	-	-	-	-	4 678
Community Based Programmes	-	-	-	-	-	2 000
District Management	6 180			6 180	5 804	94%
COPC Wellness	7 500			7 500	7 500	100%
Human Papillomavirus Vaccine	57			57	-	0%
Community Health Clinics	169			169	169	100%
Tuberculosis	2 000			2 000	1 593	80%
Aquaries Healthcare	46 500			46 500	42 663	92%
Booth Memorial	26 306			26 306	26 306	100%
Garden Route District Office (Chronic Care)	1 564			1 564	1 595	102%
Sarah Fox	5 235			5 235	5 147	98%
St Joseph	6 531			6 531	6 531	100%
TB Adherence Support	3 756			3 756	3 420	91%
Home Base Care	25 504			25 504	26 556	104%
Mental Health	50 052			50 052	51 939	104%
HIV and AIDS	233 252			233 252	229 517	98%
Nutrition	3 328			3 328	3 760	113%
Klipfontein/Mitchells Plain sub- structure	1 650			1 650	1 250	76%
Global Fund	77 365			77 365	71 274	92%
Alexandra Hospital	3 253			3 253	3 232	99%
Maitland Cottage	12 467			12 467	12 467	100%
EPWP	60 014			60 014	60 014	100%
Children's Hospital Trust	-			-	-	-
<b>Total</b>	<b>572 683</b>	<b>-</b>	<b>-</b>	<b>572 683</b>	<b>560 737</b>	<b>466 528</b>

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ANNEXURE 1E  
STATEMENT OF TRANSFERS TO HOUSEHOLDS

HOUSEHOLDS	TRANSFER ALLOCATION			EXPENDITURE		2017/18 Final Appropriation R'000	
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer		% of Available funds transferred
	R'000	R'000	R'000	R'000	R'000		%
<b>Transfers</b>							
Employee social benefits-cash residents	62 997		(596)	62 401	50 953	82%	
Claims against the state: households	100 910		(38 704)	62 206	62 140	100%	
Bursaries	59 180		-	59 180	54 311	92%	
Payments made as an act of grace	270		-	270	103	38%	
Donations and gifts: cash	-		-	-	150		
<b>Total</b>	<b>223 357</b>	<b>-</b>	<b>(39 300)</b>	<b>184 057</b>	<b>167 657</b>	<b>178 697</b>	

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ANNEXURE 1F  
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
<b>Received in kind</b>			
Gifts & Donations sponsorships received for the year ending 31 March 2017			36 141
Cape Medical Depot	Consumables	1 765	-
Du-Noon / Metro Tb Hospital	Consumables	7	-
Du-Noon / Metro Tb Hospital	Other Machinery and equipment	140	-
Eerste River Hospital	Furniture & Office Equipment	110	-
George Hospital	Other Machinery and Equipment	544	-
Groote Schuur Hospital	Computer Equipment	14	-
Groote Schuur Hospital	Consumables	2 645	-
Groote Schuur Hospital	Furniture & Office Equipment	59	-
Groote Schuur Hospital	Other Machinery and Equipment	2 184	-
Helderberg	Other Machinery and Equipment	35	-
Karl Bremer Hospital -1B	Consumables	12	-
Karl Bremer Hospital -1B	Other Machinery and Equipment	5	-
Karl Bremer Hospital -2C	Consumables	15	-
Karl Bremer Hospital -3C	Other Machinery and Equipment	56	-
Karl Bremer Hospital -3E	Consumables	12	-
Karl Bremer Hospital -Ec	Consumables	13	-
Karl Bremer Hospital -Ec	Other Machinery and Equipment	3	-
Khayelitsha	Other Machinery and Equipment	515	-
Knysna Hospital	Other Machinery and Equipment	6	-
Lentegeur Hospital	Consumables	2	-
Lentegeur Hospital	Furniture & Office Equipment	4	-
Mowbray Maternity	Furniture & Office Equipment	20	-
Mowbray Maternity	Other Machinery and Equipment	313	-
New Somerset Hospital	Computer Equipment	6	-

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ANNEXURE 1F (CONTINUED)  
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
New Somerset Hospital	Consumables	119	-
New Somerset Hospital	Furniture & Office Equipment	44	-
New Somerset Hospital	Other Machinery and Equipment	165	-
Northern Tygerberg Sub Structure	Consumables	1	-
Paarl Hospital	Other Machinery and Equipment	2	-
Red Cross Hospital	Consumables	2 587	-
Red Cross Hospital	Furniture & Office Equipment	16	-
Red Cross Hospital	Other Machinery and Equipment	7 763	-
Tygerberg Hospital	Buildings & Other Fixed Structure	245	-
Tygerberg Hospital	Consumables	122	-
Tygerberg Hospital	Furniture & Office Equipment	42	-
Tygerberg Hospital	Intangible Assets	305	-
Tygerberg Hospital	Other Machinery and Equipment	10 649	-
Valkenberg Hospital	Furniture & Office Equipment	2	-
Valkenberg Hospital	Other Machinery and Equipment	22	-
Victoria Hospital	Computer Equipment	55	-
Victoria Hospital	Consumables	65	-
Victoria Hospital	Furniture & Office Equipment	75	-
Victoria Hospital	Other Machinery and Equipment	650	-
Vredenburg Hospital	Other Machinery and Equipment	29	-
Western Cape Rehab Centre	Other Machinery and Equipment	14	-
Worcester Hospital	Other Machinery and Equipment	2	-
Worcester Hospital	Other Machinery and Equipment	2	-
<b>TOTAL</b>		<b>31 461</b>	<b>36 141</b>

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ANNEXURE 1G  
STATEMENT OF AID ASSISTANCE RECEIVED

NAME OF DONOR	PURPOSE	OPENING BALANCE R'000	REVENUE R'000	EXPENDI- TURE R'000	PAID BACK ON/BY 31 MARCH R'000	CLOSING BALANCE R'000
<b>Received in cash</b>						
BELGIUM DONOR FUND	CATCH AND MATCH PROJECT	662	1 559	2 218	-	3
EU Donor Fund	HEALTH PATIENT REGISTRATION SYTEM - HPRS	369	-	-	-	369
<b>TOTAL</b>		<b>1 031</b>	<b>1 559</b>	<b>2 218</b>	<b>-</b>	<b>372</b>

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE

NATURE OF GIFT, DONATION OR SPONSORSHIP (Group major categories but list material items including name of organisation)	2018/19	2017/18
	R'000	R'000
<b>Made in kind</b>		
Gifts, Donations & Sponsorships made for the year ending 31 March 2019	-	-
Albertinia Clinic (Consumables – 2x Wheelchairs)	3	-
Baphumelele Clemens Care For Kids Org (Other Machinery & Equipment – Stretcher, Medical, Fern Washington, number 19)	29	-
Kronendal Music Academy (Furniture & Office Equipment – Chairs x4)	3	-
Mario Wilemse (Other Machinery & Equipment – BED PATIENT)	7	-
Mozambique Government (Other Machinery & Equipment Board, Spine, Trauma, Plastic, Large)	2	-
Mozambique Government (Other Machinery & Equipment – Defibrillator Monitor, Recorders, Philips Heartstart Xi, Spo2)	91	-
Mozambique Government (Other Machinery & Equipment – Defibrillator Monitor, Recorders, Philips Aed, Model M3860A)	13	-
Mozambique Government (Other Machinery & Equipment – Extrinsic Immobilization Unit Extrinsic Immobilization unit)	4	-
Mozambique Government (Other Machinery & Equipment – Splint, Traction, Ttrs Adult, Sager, Emergency)	1	-
Mozambique Government (Other Machinery & Equipment –Stretcher, Chair, Aluminium, And Pvc Canvas, 4 Castors)	29	-
Mozambique Government (Other Machinery & Equipment - Stretcher, Medical, Fern Washington, number 19)	15	-
Mozambique Government (Other Machinery & Equipment- Stretcher, Medical, Scoop, (Patient Stretcher)(Aluminium)	4	-
Mozambique Government (Other Machinery & Equipment- Stretcher, Medical, Strokes Basket Stretcher)	6	-
Mozambique Government (Other Machinery & Equipment- Stretcher, Medical Ambulance, Aluminium Frame, Canvas Cover)	16	-
Mr Moss (On Behalf Of Mr Sampson)(Other Machinery & Equipment- BED PATIENT)	13	-
Mrs Malloy (On Behalf of Mr Malloy) (Other Machinery & Equipment – BED PATIENT)	20	-
Mrs Wilton (On Behalf of Mr Gavin Bradshaw)(Other Machinery & Equipment- DRIP STAND)	2	-
Nederduitse Gereformeerde Kerk (Other Machinery & Equipment – BED PATIENT)	20	-
<b>TOTAL</b>	<b>278</b>	<b>-</b>

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ANNEXURE 2A  
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2019 – LOCAL

Guarantor institution	Guarantee in respect of	Original guaranteed capital amount R'000	Opening balance 1 April 2018 R'000	Guarantees draw downs during the year R'000	Guarantees repaid/cancelled/reduced during the year R'000	Revaluation due to foreign currency movements R'000	Closing balance 31 March 2019 R'000	Revaluations due to inflation rate movements R'000	Accrued guaranteed interest for year ended 31 March 2019 R'000
Standard Bank	Housing	-	87	-	-	-	87	-	-
First Rand Bank	Housing	-	12	-	-	-	12	-	-
	<b>TOTAL</b>	-	<b>99</b>	-	-	-	<b>99</b>	-	-

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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ANNEXURE 2B  
STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2019

Nature of Liability	Opening Balance 1 April 2018 R'000	Liabilities incurred during the year R'000	Liabilities paid/cancelled/reduced during the year R'000	Liabilities recoverable (Provide details hereunder) R'000	Closing Balance 31 March 2019 R'000
<b>Claims against the department</b>					
Medico Legal	90 350	47 955	(44 350)	-	93 955
Civil & Legal Claims including labour Relations Claims	31 910	247	(513)	-	31 644
<b>TOTAL</b>	<b>122 260</b>	<b>48 202</b>	<b>(44 863)</b>	<b>-</b>	<b>125 599</b>

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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ANNEXURE 3  
CLAIMS RECOVERABLE

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2018/19	
	31/03/2019	31/03/2018	31/03/2019	31/03/2018	31/03/2019	31/03/2018	Receipt date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
<b>DEPARTMENT</b>								
<b>PROVINCE OF THE WESTERN CAPE</b>								
Department of Transport & Public Works	1 433	-	953	1 939	2 386	1 939	03-Apr-19	912
Department of Community Safety	-	-	79	78	79	78		
Department of the Premier	-	-	22	36	22	36		
Department of Cultural Affairs	-	-	84	78	84	78		
Department of Social Development	296	603	15	184	311	787	03-Apr-19	194
Department of Human Settlements	-	-	58	-	58	-		
Department of Education	-	-	3	-	3	-		
<b>PROVINCE OF THE EASTERN CAPE</b>								
Department of Health	-	-	23	387	23	387		
Department of Education	-	-	29	-	29	-		
<b>GAUTENG PROVINCE</b>								
Department of Health	-	-	83	53	83	53		
<b>NORTHERN CAPE PROVINCE</b>								
Department of Health	-	-	-	83	-	83		
<b>KWA – ZULU NATAL PROVINCE</b>								
Department of Health	-	-	-	28	-	28		

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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**ANNEXURE 3 (CONTINUED)  
CLAIMS RECOVERABLE**

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2018/19	
	31/03/2019 R'000	31/03/2018 R'000	31/03/2019 R'000	31/03/2018 R'000	31/03/2019 R'000	31/03/2018 R'000	Receipt date up to six (6) working days after year end	Amount R'000
<b>PUBLIC ENTITIES</b>								
South African Revenue Services	-	-	7	270	7	270		
<b>NATIONAL DEPARTMENTS</b>								
Department of Health	-	-	70	2 042	70	2 042		
Department of Correctional Services	-	-	90	59	90	59		
South African Social Security Agency	1 273	-	1 665	2 892	2 938	2 892		
Justice & Constitutional Development	-	-	-	221	-	221		
	<b>3 002</b>	<b>603</b>	<b>3 181</b>	<b>8 350</b>	<b>6 183</b>	<b>8 953</b>		<b>1 106</b>
<b>Other Government Entities</b>								
City of Cape Town (Cape Medical Depot)	-	-	19 402	16 436	19 402	16 436		-
			<b>19 402</b>	<b>16 436</b>	<b>19 402</b>	<b>16 436</b>		-
<b>TOTAL</b>	<b>3 002</b>	<b>603</b>	<b>22 583</b>	<b>24 786</b>	<b>25 585</b>	<b>25 389</b>		<b>1 106</b>

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ANNEXURE 4 INTER-GOVERNMENT PAYABLES	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL		Cash in transit at year end 2018/19	
	31/03/2019	31/03/2018	31/03/2019	31/03/2018	31/03/2019	31/03/2018	Payment date up to six (6) working days before year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
<b>GOVERNMENT ENTITY</b>								
<b>DEPARTMENTS</b>								
<b>Current</b>								
<b>WESTERN CAPE GOVERNMENT</b>								
Department of Social Development	-	-	542	-	542	-		
Department of Education	-	12	-	-	-	12		
Government Motor Transport	168	-	-	-	168	-	29-Mar-19	183
Department of the Premier	-	-	-	-	-	-	29-Mar-19	443
Department of Transport and Public Works	6 209	13 000	-	-	6 209	13 000	29-Mar-19	1 536
Department of Economic Development and Tourism	9	-	-	-	9	-		
Department of Government Printing Works	-	-	-	-	-	-	29-Mar-19	24
<b>EASTERN CAPE PROVINCE</b>								
Department of Health	-	74	-	-	-	74		
Department of Social Development	-	24	-	-	-	24		
<b>LIMPOPO</b>								
Department of Health	-	91	-	-	-	91		
<b>TOTAL</b>	<b>6 386</b>	<b>13 201</b>	<b>542</b>	<b>-</b>	<b>6 928</b>	<b>13 201</b>		<b>2 186</b>

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ANNEXURE 5  
INVENTORIES

Inventories	Note	Quantity	2018/19	Quantity	2017/18
			R'000		R'000
Opening balance		27 448 420	602 383	34 050 260	624 839
Add/(Less): Adjustments to prior year balance		-	4	(4 931 839)	(62 123)
Add: Additions/Purchases – Cash		204 956 317	4 480 502	159 877 922	3 338 671
Add: Additions - Non-cash		614 643	4 064	671 393	2 029
(Less): Disposals		(1 088 606)	(13 442)	(540 099)	(8 068)
(Less): Issues		(210 565 009)	(4 021 116)	(167 719 598)	(3 417 603)
Add/(Less): Received current, not paid (Paid current year, received prior year)		-	-	-	-
Add/(Less): Adjustments		10 151 521	(426 372)	6 040 381	124 638
<b>Closing balance</b>		<b>31 517 286</b>	<b>626 023</b>	<b>27 448 420</b>	<b>602 383</b>

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**ANNEXURE 6A  
INTER-ENTITY ADVANCES PAID (note10)**

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2019	31/03/2018	31/03/2019	31/03/2018	31/03/2019	31/03/2018
	R'000	R'000	R'000	R'000	R'000	R'000
<b>OTHER ENTITIES</b>						
ACVV			9	2	9	2
Africa Tikkun			34	18	34	18
Anova			-	7	-	7
Aquiries			2 463	-	2 463	-
Afrisen Women			81	2 722	81	2 722
Athlone YMCA			22	33	22	33
Aurum			93	-	93	-
Baphumelele			1	6	1	6
Bergrivier Motivated Women				-		-
Call to Serve			3	1	3	1
Cape Flats YMCA			2	27	2	27
Caring Network (EAST)			215	54	215	54
Caring Network (Wallacedene)			39	266	39	266
Cederberg Matzikama Aids Network			3	1	3	1
CMH – Eagles Program			-	216	-	216
Deaf			-	4	-	4
Desmond Tutu Foundation			-	3 158	-	3 158
Etafeni			37	5	37	5
FAMSA Karoo			4	-	4	-
Groeneweide			-	2	-	2
In The Public Interest			-	16	-	16
Ithemba Lobomi			14	-	14	-
Kheth Impilo Tb Enhanced			163	211	163	211
Koinonia			23	26	23	26
La Leche			4	19	4	19
Lifeline Childline			25	27	25	27
Masinedane			45	11	45	11
Mothers to Mothers			-	60	-	60
Oasis			-	147	-	147
Omega			21	71	21	71
Opportunity To Serve Ministries			51	42	51	42
Partners in Sexual Health NT			51	63	51	63

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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**ANNEXURE 6A (CONTINUED)**

**INTER-ENTITY ADVANCES PAID (note10)**

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2019	31/03/2018	31/03/2019	31/03/2018	31/03/2019	31/03/2018
	R'000	R'000	R'000	R'000	R'000	R'000
<b>OTHER ENTITIES</b>						
Philani	-	-	10	721	10	721
Piet Julies	-	-	1	-	1	-
Prince Albert CBR	-	-	2	-	2	-
Sacla	-	-	16	-	16	-
Sacala	-	-	349	29	349	29
Sarah Fox	-	-	-	12	-	12
Siyabonga	-	-	2	-	2	-
Spades Yda	-	-	251	251	251	251
St Johns	-	-	-	35	-	35
St Lukes	-	-	6	1	6	1
TB/HIV Care Association	-	-	482	873	482	873
Tehillah	-	-	-	375	-	375
Touch	-	-	2	59	2	59
Touching Nations	-	-	-	281	-	281
Tygerberg Hospice	-	-	63	476	63	476
Vredendal Old Age Home	-	-	3	-	3	-
Wolanani	-	-	-	1 164	-	1 164
<b>Subtotal</b>	-	-	4 590	11 492	4 590	11 492
<b>TOTAL</b>	-	-	4 590	11 492	4 590	11 492

**WESTERN CAPE GOVERNMENT HEALTH  
VOTE**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
for the year ended 31 March 2019**

**ANNEXURE 6B  
INTER-ENTITY ADVANCES RECEIVED (note 14)**

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2019	31/03/2018	31/03/2019	31/03/2018	31/03/2019	31/03/2018
	R'000	R'000	R'000	R'000	R'000	R'000
<b>OTHER ENTITIES</b>						
<b>Current</b>						
Spectramed	8	8	-	-	8	8
Fishmed	8	8	-	-	8	8
Golden Arrow	12	12	-	-	12	12
Discovery	80	80	-	-	80	80
RAF Unknown	-	-	43 449	35 335	43 449	35 335
COIDA/WCA Unknown	-	-	10 505	7 430	10 505	7 430
Vericred Unknown	-	-	140	139	140	139
State Departments/Unknown	-	-	2 502	1 225	2502	1 225
HWSETA	-	-	-	361	-	361
<b>TOTAL</b>	<b>108</b>	<b>108</b>	<b>56 596</b>	<b>44 490</b>	<b>56 704</b>	<b>44 598</b>



**Western Cape  
Government**

Health

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