



Western Cape
Government

Health



Mandela Day
Surgeries
Legacy Project

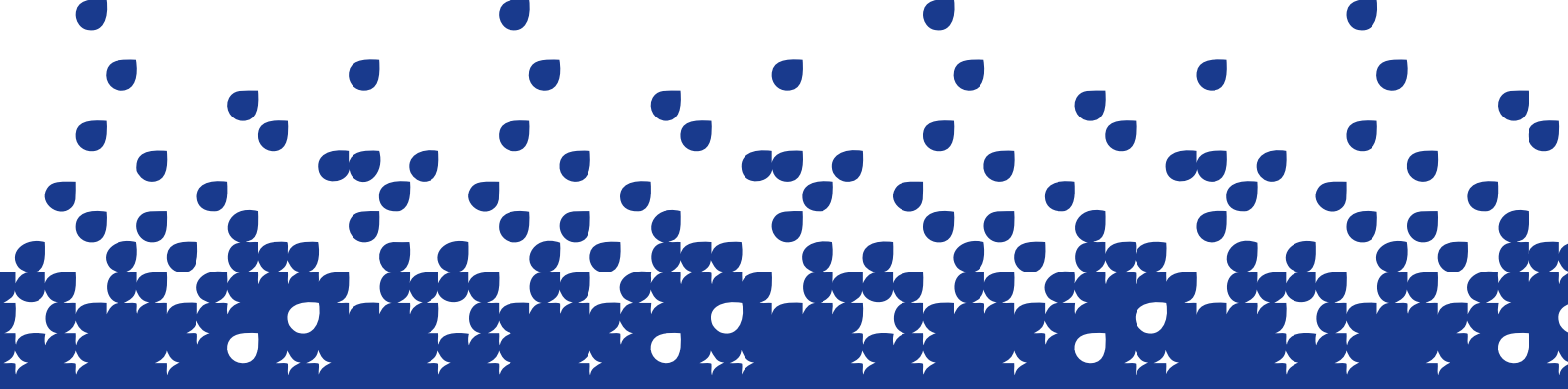
Annual Report
2019/20

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PART A

GENERAL INFORMATION

Department's General Information

FULL NAME OF DEPARTMENT

Western Cape Government: Health

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List of Abbreviation / Acronyms

ABET	Adult Basic Education and Training
AEA	Ambulance Emergency Assistant
AGSA	Auditor-General South Africa
AIDS	Acquired Immune Deficiency Syndrome
ALDP	Accelerated Leadership Development
ANC	Antenatal Care
AO	Accounting Officer
API	Active Pharmaceutical Ingredients
APP	Annual Performance Plan
ART	Antiretroviral Therapy
ARV	Anti-retroviral
ATA	Assistant to Artisan
BAC	Bid Adjudication Committees
BAS	Basic Accounting System
BBBEE	Broad-Based Black Economic Empowerment
BEC	Bid Evaluation Committee
BSC	Bid Specification Committee
BVS	Barret Value Survey
CA	Compliance Assessment
CAD	Computer Aided Despatch
CBS	Community-Based District Health Services
CD	Chief Director
CDC	Community Day Centre
CE-I	Centre of e-Innovation
CFO	Chief Financial Officer
CHC	Community Health Centre
CHE	Council on Higher Education
CHW	Community Health Workers
CISD	Critical Incident Stress Debriefing
CM	Change Management
CMI	Compliance Monitoring Instrument
CNP	Clinical Nurse Practitioners
CoCT	City of Cape Town
COT	Commuted Overtime
COVID-19	Coronavirus Disease 2019
CPUT	Cape Peninsula University of Technology
CSD	Central Supplier Database

CSIR	Council for Scientific & Industrial Research
DHS	District Health System
CMD	Cape Medical Depot
DICU	Devolved Internal Control Unit
DOCs	Department of Community Safety
DORA	Division of Revenue Act
DPSA	Department of Public Service Administration
EC	Emergency Centres
ECMO	Extra-Corporeal Membrane Oxygenation
EE	Employment Equity
EHW	Employee Health and Wellness
EHWP	Employee Health and Wellness Programme
EPWPRS	Employee Health and Wellness Programme Reporting System
EMC	Emergency Medical Care
EMS	Emergency Medical Services
EPWP	Expanded Public Works Programme
ER	Employee Relations
ERM	Enterprise Risk Management
EW	Employee Wellness
EWP	Employee Wellness Programme
FCA	Facility Condition Assessment
FIDPM	Framework for Infrastructure Delivery and Procurement Management
FPL	Forensic Pathology Laboratory
FPS	Forensic Pathology Services
GEPP	Government Employees Pension Fund
GEMS	Government Employees Medical Scheme
GF	Global Fund
GP	General Practitioner
GPAA	Government Pensions Administration Agency
GPSSBC	General Public Service Sector Bargaining Council
GSH	Groote Schuur Hospital
HAST	HIV/Aids, STIs and Tuberculosis
HCBC	Home Community-Based Care
HC2030	Health Care 2030
HCT	HIV Counselling and Testing
HEI	Higher Education Institutions
HFRG	Health Facility Revitalisation Grant
HIE	Health Information Exchange

HIRA	Health Identification Risk Assessment
HIV	Human Immunodeficiency Virus
HoD	Head of Department
HPCSA	Health Professions Council of South Africa
HPTDG	Health Professions Training and Development Grant
HR	Human Resources
HRD	Human Resources Development
HPRS	Health Patient Register System
HST	Health System Technologies
HT	Health Technology
HTA	High Transmissions Areas
HTS	HIV Testing Services
IA	Internal Assessment
IC	Ideal Clinic
ICAS	Independent Counselling and Advisory Services
ICRM	Ideal Clinic Realization and Maintenance
ICS	Improvement of Condition of Service
ICU	Information Compliance Unit
IDMS	Infrastructure Delivery Management System
IE	Irregular Expenditure
IMLC	Institutional Management Labour Committees
IOD	Injury on Duty
IPS	Integrated Procurement Systems
IPT	Isoniazide Prevention Therapy
LGH	Lentegeur Hospital
LOGIS	Logistic Information System
LRA	Labour Relations Act
MCWH	Maternal, Child and Women's Health
MHS	Metro Health Services
MDR	Multi-Drug Resistant
MEAP	Management Efficiencies and Alignment Projects
MEC	Member of the Executive Council
MMC	Medical Male Circumcision
MMS	Middle Management Service
MPSA	Minister of Public Service and Administration
MTEF	Medium-Term Expenditure Framework
N/A	Not applicable / Not available / No answer
NCS	National Core Standards

NDA	Non-Disclosure Agreement
NDoH	National Department of Health
NDP	National Development Plan
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NIMS	Nursing Information Management System
NPO	Non-Profit Organisation
NQF	National Qualifications Framework
NSP	National Strategic Plan
NTSG	National Tertiary Services Grant
OD	Organisation Design
OFPI	Observatory Forensics Pathology Institute
OHC	Oral Health Centre
OHS	Occupational Health and Safety
OPC	Orthotic and Prosthetic Centre
OPD	Outpatient Department
OSD	Occupation Specific Dispensation
OTL	Outreach Team Lead
PA	People Practices and Administration
PCGC	Provincial Coordinated Governance Committees
PCR	Polymerase Chain Reaction
PD	People Development
PDE	Patient Day Equivalent
PEPFAR	President's Emergency Plan for AIDS Relief
PERSAL	Personnel and Salary Information System
PES	Provincial Equitable Share
PFS	Provincial Forensic Services
PFMA	Public Finance Management Act
PHC	Primary Health Care
PHDC	Provincial Health Data Centre
PM	People Management
PMDS	Performance Management and Development System
PMI	Patient Master Index
PMIS	Project Management Information System
PMTCT	Prevention of Mother-to-Child Transmission
PPO	Project Management Information System
PPP	Public Private Partnership
PPT	Planned Patient Transport

PPTC	Provincial Pharmacy and Therapeutics Committee
PPTICRM	Perfect Permanent Team for Ideal Clinic Realization
PS	People Strategy
PSCBC	Public Service Co-ordinating Bargaining Council
PSP	Provincial Strategic Plan
PSR	Public Service Regulations
PSRMF	Public Sector Risk Management Framework
QIP	Quality Improvement Approach
RCC	Rolling Continuation Channel
RCWMCH	Red Cross War Memorial Children's Hospital
RMSU	Records Management Support Unit
RWOEE	Remunerative Work Outside the Employee's Employment
SABS	South African Bureau of Standards
SANC	South African Nursing Council
SCM	Supply Chain Management
SCOPA	Standing Committee on Public Accounts
SDIP	Service Delivery Improvement Plan
SHERQ	Safety, Health, Environment, Risk and Quality Management
SPV	Single Patient Viewer
SINJANI	Standard Information Jointly Assembled by Networked Infrastructure
SITA	State Information Technology Agency
SMS	Senior Management Service
SOP	Standard Operating Procedures
SSS	Staff Satisfaction Survey
STI	Sexually Transmitted Infection
SYSPRO	Software package used by central hospitals for supply chain management and asset management
TB	Tuberculosis
TBH	Tygerberg Hospital
TEXCO	Top Executive Management
UAMP	User Asset Management Plan
UHC	Universal Health Coverage
UN	United Nations
UPFS	Uniformed Patient Fees Schedule
VMMC	Voluntary Medical Male Circumcision
WCCN	Western Cape College of Nursing
WCEB	Western Cape Supplier Evidence Bank
WCG	Western Cape Government
WCGH	Western Cape Government: Health

WCGTPW	Western Cape Government Transport and Public Works
WCRC	Western Cape Rehabilitation Centre
WCSD	Western Cape Supplier Database
WoW	Western Cape on Wellness

Foreword by the MEC

The Department once again highlighted how, faced with multiple challenges and pressures, it continues to look for innovative ways of ensuring the best health outcomes for the people of the Western Cape.

We have consistently had the highest life expectancy over the years due to better population health outcomes (lower mortality rates). We have better coverage and access to health care services.

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.

Access to health services is crucial which is why we have chosen Universal Health Coverage. We have entered into an inter-provincial collaboration across KZN-EC and WC, to begin with, a Health System Strengthening framework.

Infrastructure is one of the building blocks within the health system and forms part of our priorities to address patient experience and service pressures. I am also proud to announce that we spent our entire allocation on infrastructure.

Our key infrastructure projects include new District Hospitals in Khayelitsha (330 beds) and Mitchells Plain (391), 10 Emergency Centres replaced or upgraded, 14 new Primary Health Care facilities completed, and the building of 11 new ambulance stations. We also prioritized psychiatric units such as these in Paarl, Vredenburg, and Mitchells Plain Hospitals.

Some of the key projects delivered:

- District Six CDC, Thembalethu CDC,
- Khayelitsha Hospital Ward & CT Scan Suite,
- Napier Clinic,
- De Rust Clinic upgrades, and
- Vredenburg Hospital upgrades.

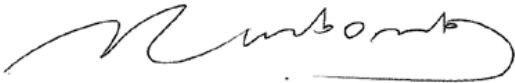
My Department has performed exceptionally well despite the fiscal constraints. The delivery of several new and upgraded health facilities was a major highlight. This will go a long way to assist with the growing number of patients relying on the public health system and the quadruple burden of disease. These achievements would not have been possible without the dedicated health professionals who work tirelessly to deliver this essential service to the people of the Western Cape.

Delivering quality patient-centred care to such a large portion of the population in the province is a tough task in the face of growing services pressures driven by rising demand from a growing population and a growing burden of disease. The Department's fight against the quadruple burden of disease and poor lifestyle choices was further compounded by major natural disasters, drought and severe storms.

I would like to commend our staff for their resilience amidst challenging circumstances.

Our frontline staff is at the core of service delivery in health, which is why we need to ensure that we continue to create an enabling environment for our staff to deliver a high-quality service.

I would also like to congratulate all our staff who managed to achieve success under these pressured circumstances.



Dr Nomafrench Mbombo
Western Cape Minister of Health

Date: 2021/03/17

Report of the Accounting Officer

Name: Dr Keith Cloete

Title: Head of Department

Overview of Operations

Service Delivery

In 2019/20 the provincial public health system saw:

- 14.3 million primary care contacts (this does not include contacts in home and community-based care setting)
- 112 718 baby deliveries
- 465 950 patients transported with emergency care services, of which 26.8 per cent were priority 1
- 288 405 admissions across 33 district hospitals
- 129 539 admissions across 16 regional and specialised hospitals
- 140 002 admissions in central/tertiary hospitals
- 7 614 cataract operations performed
- 300 380 patients on antiretroviral treatment
- 0.2 per cent mother to child HIV transmission rate at 10 weeks

Organisational Environment

In 2019/20 the Department had 32 479 employees, 65 per cent were health professionals and 35 per cent were administrative support staff and 92 per cent were employed in a permanent capacity. Women made up 72 per cent of all employees with 54% senior management positions being held by women. In terms of the race, 34 per cent of employees were Black; 13 per cent White, 51 per cent Coloured and 2 per cent Indian. The age profile includes 3 per cent under 25 years, 45 per cent aged 25 to 40 years, 40 per cent aged 41 to 55 years, 9 per cent aged 56 to 60 years and 3 per cent aged 61 to 65 years.

The Built Environment

Good progress was made during 2019/20 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:

- Bonnievale Ambulance Station - Upgrade and Additions including wash bay
- Grabouw CHC - Rehabilitation to accommodate Emergency Services
- Swartland Hospital - Rehabilitation of fire-damaged hospital Ph2
- Mitchell's Plain Hospital - Rehabilitation of Fire-damaged EC
- Vredenburg Hospital - Phase 2B Completion Contract
- Victoria Hospital - Temporary EC

Groote Schuur Hospital – Neuroscience rehabilitation (undertaken in partnership with University of Cape Town) was also completed during this period.

In addition, the following are some of the scheduled maintenance projects completed in 2019/20:

- Bellville - Reed Street CDC - Pharmacy compliance and general maintenance
- Parow - Tygerberg Hospital - Pharmacy West lifts upgrade 29, 30

- Retreat - DP Marais Hospital - Roof replacement
- Vredendal - Vredendal North Clinic - General upgrade and maintenance (Alpha)

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

- Oudtshoorn - Bongolethu Clinic - HT - NHI upgrade
- Goodwood - Goodwood CDC - HT - Pharmacy compliance and general maintenance
- Kraaifontein - Kraaifontein CHC - HT - Pharmacy compliance and roof over outside waiting area
- Mitchells Plain - Mitchells Plain CHC - HT - Records upgrade
- Parow - Tygerberg Hospital - HT - Maintenance and Remedial Works to Theatres Ph1
- Vredenburg - Vredenburg FPL - HT - General maintenance to newly acquired facility

Overview of the Financial Results

Departmental Receipts

Patient fees are the main source of revenue for the Department and the tariffs charged are as per the Uniform Patient Fees Schedule (UPFS), which is determined by the National Department of Health (NDoH). These fees are reviewed annually, and revised tariffs come into effect at the start of each financial year. The Department ended the 2019/20 financial year with a revenue surplus of R141,914 million, a breakdown of the sources of revenue and performance for 2019/20 is provided in the table below..

PROGRAMME NAME	2019/20			2018/19		
	Estimate R'000	Actual amount collected R'000	(Over) / under collection R'000	Estimate R'000	Actual amount collected R'000	(Over) / under collection R'000
Sale of goods and services other than capital assets	436 643	549 497	(112 854)	444 519	509 621	(65 102)
Transfers received	93 356	94 668	(1 312)	104 810	105 045	(235)
Interest, dividends and rent on land	1 536	2 906	(1 370)	1 536	3 504	(1 968)
Sale of capital assets	0	4	(4)	0	10	(10)
Financial transactions in assets and liabilities	12 643	39 017	(26 374)	12 203	59 211	(47 008)
TOTAL	544 178	686 092	(141 914)	563 068	677 391	(114 323)

Programme Expenditure

The Department recorded an under-expenditure of R78,768 million in the 2019/20 financial year. Please refer to Notes to the Appropriation Statements on page 202 to 206 for reasons.

PROGRAMME NAME	2019/20			2018/19		
	Final appropriation R'000	Actual expenditure R'000	(Over) / under expenditure R'000	Final appropriation R'000	Actual expenditure R'000	(Over) / under expenditure R'000
PROGRAMME 1: ADMINISTRATION	771 876	760 260	11 616	768 056	766 106	1 950
PROGRAMME 2: DISTRICT HEALTH SERVICES	10 121 174	10 103 687	17 487	9 341 766	9 328 752	13 014
PROGRAMME 3: EMERGENCY MEDICAL SERVICES	1 159 098	1 155 892	3 206	1 106 257	1 102 444	3 813

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES	3 919 182	3 909 658	9 524	3 630 241	3 622 842	7 399
PROGRAMME 5: CENTRAL HOSPITAL SERVICES	6 944 508	6 944 508	-	6 517 843	6 517 245	598
PROGRAMME 6: HEALTH SCIENCES AND TRAINING	342 981	330 869	12 112	328 616	321 643	6 973
PROGRAMME 7: HEALTH CARE SUPPORT SERVICES	500 470	491 257	9 213	468 707	461 667	7 040
PROGRAMME 8: HEALTH FACILITIES MANAGEMENT	1 092 750	1 077 140	15 610	938 493	922 894	15 599
TOTAL	24 852 039	24 773 271	78 768	23 099 979	23 043 593	56 386

Virements / Roll Overs

All virements applied are depicted on page 166 to 201 of the Annual Financial Statements. Virements were applied to ensure that no unauthorised expenditure occurred per Main Division. All virements were approved by the Accounting Officer. Note rollovers were requested amongst other for the following equitable share:

- Global fund,
- Provincial equitable share (PES) maintenance,
- PES Infrastructure,
- PES Tygerberg hospital, and
- Information technology and Bursaries.

MAIN DIVISION		R'000	REASON
FROM	TO		
Programme 1: Administration	Programme 2: District Health Services	45 604	To address over expenditure as a result of services pressures and burden of disease. Virements were applied to ensure that no unauthorised expenditure occurred.
Programme 3: Emergency Medical Services		4 000	
Programme 6: Health Sciences & Training		11 000	
Programme 7: Health Care Support Services		2 200	
Programme 1: Administration	Programme 5: Central Hospital Services	3 559	To address over expenditure as a result of services pressures and burden of disease. Virements were applied to ensure that no unauthorised expenditure occurred.
Programme 1: Administration	Programme 2: District Health Services	1 187	To address over expenditure as a result of Thefts and Losses
Programme 3: Emergency Medical Services		421	
Programme 1: Administration	Programme 5: Central Hospital Services	468	To address over expenditure as a result of Thefts and Losses

Unauthorised, Fruitless & Wasteful Expenditure

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

No fruitless and wasteful expenditure was incurred in the current financial year, resulting in a closing balance of zero.

Future Plans

The Department tabled its 2019 – 2024 Strategy Plan in March 2020, the plan is 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>

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 the Private Party Consortium is an 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 2019/20 financial year concludes the 13th year since implementation and operation after the contract has been extended to end 31 March 2020. The monitoring of the PPP continued through the well-functioning governance structures ensuring the contractual obligations were met during the entire duration of the contract.

The reporting period reflects the final year of the PPP Agreement. As part of the exit phase of this project, both the Department and the Private Party has reflected over the challenges and successes of this thirteen year partnership and the following was highlighted:

- Implementation challenges were initially experienced and organizational change management at the commencement of the PPP was within the Department a key factor to ensure that the staff of the Department embraced the concept of a PPP which would be beneficial in the long term to staff, patients and the Private Party.
- The complexity of the PPP Agreement and its legalities had to be carefully navigated by the various governance structures established since the contract commenced.
- The constant involvement and support of the Provincial Treasury and National Treasury has ensured that the Department has stayed within the legal framework of PPP's.
- Compliance with the BBBEE Codes of Good Practice has always remained a non-negotiable priority for the Department, the Private Party, its stakeholders and service providers. All contractual BBBEE requirements to the Code of Good Practice exceeded the compliancy requirements as stipulated by the PPP Agreement.
- Stable and objective Contract Management teams for both parties have been crucial to the success of the daily management of expected deliverables by the Private Party and continuous collaboration to ensure that the outputs of the contract were met to enhance quality patient care.

- The PPP has enabled the management teams of both hospitals to focus on the Department's core business, which is providing quality patient care.

This PPP has been hailed by the Provincial and National Treasuries as one of the most successful Public Private Partnerships. Regular reports tabled by Provincial Treasury focused on three areas namely value for money, risk management and affordability. Against these criteria, it would appear if the project has demonstrated value for money in terms of well-maintained infrastructure, efficient and effective risk management as well as prudent financial management.

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	Twelve Years. Extended for Thirteen Months ending 31 March 2020.
Escalation Index for Unitary fee	CPI (4.5198 % increase for 2019/20 FY).
Net present value of all payment obligations discounted at appropriate duration government bond yield	R60 051 480 ¹ fixed and index component (01/04/2019 to 31/03/2020) as approved in terms of Treasury Approval III.
Variations/amendments to PPP agreement	No variation order was approved during this period.
Cost implications of variations/amendments	See comment above.
Significant contingent fiscal obligations including termination payments, guarantees, warranties, and indemnities and maximum estimated value of such liabilities	These contingent fiscal obligations and its estimated value will be determined in accordance with the PPP Agreement and will depend on the type of obligation and the impact that it has on the concession period.
Notes:	
1. Variable component = R12 332 613	

New Public Private Partnerships

Tygerberg Hospital Redevelopment Project (an envisioned PPP)

The redevelopment of Tygerberg Hospital has long been envisaged and forms part of the Department's strategy to improve infrastructure for the people of the Western Cape. To this end, 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. Following receipt of comments from National Treasury, WCGH is in the process of refining proposals with the aim of submitting a comprehensive response during 2020/21.

In terms of the proposals, redevelopment of Tygerberg Hospital will comprise delivery of two new facilities:

- A replacement Central Hospital on the current hospital estate, to provide Level 2 and Level 3 / quaternary services and 1 100 beds, 800 of which will be operationalised in the first phase of commissioning; and
- A new 550-bed Regional Hospital to provide the complementary Level 1 and 2 services on a site procured for this purpose in Belhar.

Discontinued Activities

Child Psychiatry inpatient service at Red Cross Children's Hospital had to be discontinued as the Therapeutic Learning Centre building was deemed unsafe during last year's rainy season. This service will resume once the necessary infrastructure repair work has been completed.

Improved patient flow for patients being admitted from Emergency Centre at George Hospital allowed for the decommissioning of 8 emergency centre observation ward beds.

Plettenberg Bay theatre closed for anaesthetic elective day cases, as the service was centralised to Knysna Provincial Hospital.

New or Proposed Activities

The First Transperineal Ultrasound Guided Prostate Biopsy took place on 30th May 2019 at Groote Schuur Hospital (GSH). Two new joint GSH / UCT projects opened during the reporting period, CUBIC PET-CT Scanner and the Neuroscience Clinical Centre. The Neuroscience Centre (NSC) represents a partnership between the University of Cape Town and Groote Schuur Hospital. It is a purpose-designed facility that co-locates clinical neuro-disciplines and scientists in order to integrate and improve patient care, research, teaching, training and advocacy.

Tyberberg Hospital was designated as a COVID-19 facility by the National Department of Health at the end of the financial year and a COVID-19 surge plan to initially manage Persons Under Investigation (PUIs) referred through the Port Health Authority was operationalised.

George Hospital Commissioned an additional 10 beds to address Obstetric & Neonatal service pressure. A second trimester Medical Termination of Pregnancy (MTO) service was also established, to improve access for women seeking abortion services.

The Forensic Toxicology Unit (FTU) developed and launched the provincial validated carboxyhaemoglobin (COHb) analysis for the FPS service. This move represents a larger initiative to conduct full post-mortem toxicological analyses within the provincial Forensic Pathology Services, to enhance, streamline and improve medico-legal death investigation processes. The building of the new Forensic Pathology Institute continued through 2019/20. This is the first institute of its kind in Africa, that will encapsulate medico-legal death investigation and forensic medicine and science services within one facility. The facility is likely to be commissioned in 2020/21.

Supply Chain Management

Unsolicited Bid Proposals for the Year Under Review

No unsolicited bids were considered during the reporting period.

SCM Processes and Systems to Prevent Irregular Expenditure

The Accounting Officer's System and 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, (ePS, Central Supplier Database (CSD), e-Tender Publication Portal, i-Tender).

The COVID-19 pandemic will have a huge impact on the existing SCM legislation and prescripts, for it is within this environment that the public sector SCM will have to compete with Global Supply Chains on PPE. This will test the existing SCM governance frameworks and definitions for emergency procurement, within a severely constrained environment and limited availability of PPE. The duration of the pandemic may also pose a significant procurement planning challenge, for it may be difficult to estimate the demand for products, when the course of the epidemic is still unknown. It is also expected that there may be a demand/request for new products which we have not seen before due, to the uniqueness of the pandemic.

Gifts & Donations

The Department received gifts and donations to the value of R38,798 million in kind which is disclosed in the Annual Financial Statements, page 263 to 264.

Exemptions & Deviations

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

This annual report is the last in the 2015-2019 cycle and I would like to thank each and every employee for contributing to the Department's achievements over the past 5 years. I would also like to thank Dr Engelbrecht, these achievements would not have been possible without your leadership. We wish you only the best as you embark on your retirement journey.

Conclusion

The Department has much to celebrate and be proud of when reflecting on 2019/20 financial year. In the Western Cape people live longer, children are more likely to reach their 5th birthday and mothers are more likely to survive the birth of their babies than anywhere else in the country. The Department is also the first health department to be issued a clean audit opinion. Even as we celebrate these achievements, as the last year in the 2015-2019 five-year cycle and with the publication of the National Health Insurance (NHI) Bill, this has also been an opportune time to take stock and reflect on our journey thus far. The 20-year review undertaken in partnership with our HEIs has provided useful insights for how we approach the road ahead in a time of great economic difficulty and deepening inequality.

Looking forward there is significant change on the horizon for the health sector as the country aspires to achieve universal health coverage (UHC). The Department in the last year has developed a UHC Strategy, which invests in enhancing the system's service delivery capability, its governance capability, its workforce capability and its learning capability. These capabilities are deemed essential if we are to progressively realise the right to health care for all residents of the Province. However, the Department cannot achieve this on its own, it requires the efforts of the 'whole of government' and the 'whole of society'.

In 2019, the Department embraced its stewardship role and engage with a broad range of key stakeholders, co-travellers on this UHC journey; with the expressed intention of taking collaborative action, guided by a shared purpose to impact meaningfully on the health and well-being of the people living in the Province. The Department renews its commitment to the ideals of Healthcare 2030, for the next 5 years, reaffirming the need to place people at the heart of the health system. While there are significant challenges ahead, these are exciting times, filled with possibility.

Approval & Sign-off

The Annual Financial Statements set out on pages 166 to 276 have been approved by the Accounting Officer.



Dr Keith Cloete
Director General: Western Cape Department of Health

31st July 2020

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

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

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

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

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

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

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

The Accounting Officer is responsible for establishing and implementing a system of internal control that has been designed to provide reasonable assurance as to the integrity and reliability of the performance information, the human resources information and the annual financial statements. The external auditors are engaged to express an independent opinion on the annual financial statements.

In my opinion, the annual report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the Department for the financial year ended 31st March 2020.

Yours faithfully



Dr K. Cloete
Director General: Western Cape Department of Health

Date: 31st July 2020

Strategic Overview

Vision

Access to person-centred quality care

Mission

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

Values

Innovation
Caring
Competence
Accountability
Integrity
Responsiveness
Respect

Legislative & Other Mandates

Legislative Mandate

National

- Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996)
- Criminal Procedure Act, 1977 (Act No. 51 of 1977), Sections 212 4(a) and 212 8(a)
- Mental Health Care Act, 2002 (Act No. 17 of 2002)
- National Health Act, 2003 (Act No. 61 of 2003)
- National Health Act (Act No. 61 of 2003) National Environmental Health Norms and Standards (Notice 1229 of 2015)
- National Health Act (Act No. 61 of 2003) Health Infrastructure Norms and Standards Guidelines (No. R. 116 and R. 512 of 2014 and R. 414 of 2015)
- National Roads Traffic Act (Act No. 93 of 1996)
- Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973)
- Sterilisation Act, 1998 (Act No. 44 of 1998)
- NHI White Paper

Provincial

- Western Cape Regulations Governing Private Health Establishments, P.N. 187/2001
- Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)
- Western Cape Regulations Governing the Financial Prescripts in terms of Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)
- Western Cape Regulations Governing the Procedures for the Nomination of Members for Appointment to Boards and Committees Act, 2017 (PN 219/2017)
- Western Cape Regulations relating to the Criteria and Process for the Clustering of Primary Health Care Facilities, 2017 in terms of the Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)

- Western Cape Ambulance Services Act, 2010 (Act No. 3 of 2010)
- Western Cape District Health Councils Act, 2010 (Act No. 5 of 2010)
- Western Cape Independent Health Complaints Committee Act, 2014 (Act No. 2 of 2014)
- Western Cape Independent Health Complaints Committee Regulations, 2014 in terms of the Western Cape Health Complaints Committee Act, (Act No. 2 of 2014)

Other Mandates

International

- 2030 Agenda for Sustainable Development, 2015 (Goal 3)
- Political declaration of the UN high-level meeting on universal health coverage (UHC), September 2019

National

- National Development Plan (NDP), 2012
- Medium Term Strategic Framework (MTSF), 2015/19

Provincial

2015/19 Provincial Strategic Plan (PSP)
Healthcare 2030 – The Road to Wellness, 2014

Organisational Structure

The organisational structure reflects the senior management service (SMS) members as at 31st March 2020, see the organogram on the next page. The budget programme managers are as follow:

Dr K Vallabhjee Chief Director: Strategy and Health Support
Programme 1: Administration

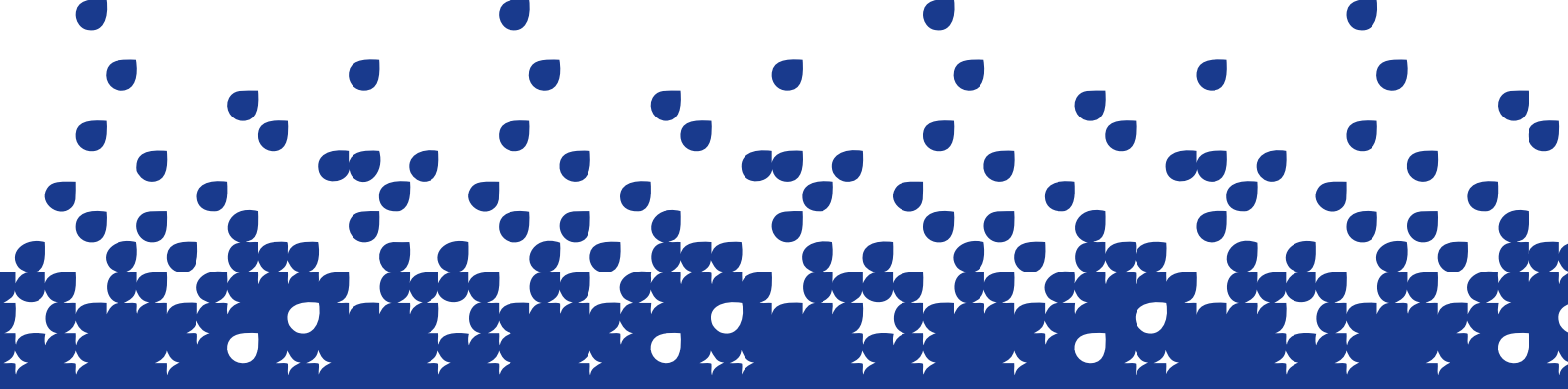
Dr K Cloete Deputy Director General: Chief of Operations
Programme 2: District Health Services
Programme 3: Emergency Medical Services
Programme 4: Provincial Hospital Services
Programme 5: Central Hospital Services

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

There are no entities reporting to the Minister/MEC.



PART B

PERFORMANCE INFORMATION

Auditor-General's Report: Predetermined Objectives

The Auditor-General South Africa (AGSA) currently performs certain audit procedures on the performance information to provide reasonable assurance in the form of an audit conclusion. The audit conclusion on the performance against predetermined objectives is included in the report to management, with material findings being reported under the Predetermined Objectives heading in the Report on other legal and regulatory requirements section of the auditor's report. Refer to pages 161 to 164 of the Report of the Auditor-General, in Part E: Financial Information.

Overview of Departmental Performance

Service Delivery Environment

Delivery Environment

The Western Cape population for 2019/20 was estimated at 6.6 million, with 75.2 per cent of the population dependent on public health services. The distribution of the population is skewed towards the City of Cape Town District, which is home to 64 per cent of the people in the Province. The demand for healthcare services has continued to grow and this is unlikely to change in the short to medium term, given the trends in the social determinants of health and the economic challenges the Country is facing. More and more people are becoming dependent on the public health system as medical aid becomes increasingly unaffordable. The quadruple burden of disease, compounded by population growth, places enormous strain on the health system.

The quadruple burden of disease refers to the combined burden of maternal, newborn and child health; HIV/AIDS and TB; non-communicable diseases; and violence and injury. Adding to the complexity is the fact that people now commonly present with multiple, interacting and compounding health problems. HIV prevalence is approximately 10% in the Province, due to the success of the ART programme, this is not coming down as HIV positive clients live for longer. Tuberculosis (TB) cases have decreased significantly over the past decade. However, of concern is the fact that of those who have TB, 40% are also HIV positive. The burden of non-communicable diseases (NCD) remains significant due to the prevalence of risk factors such as smoking, obesity and lack of exercise. Furthermore, these patients form part of the work force, as the Department's data show that 60% of diabetics are 40-65 years old. Injuries account for 14% of all deaths in the Province, 51% were due to homicides and affects mostly males (80% of all homicide deaths) aged 20-39 years old. More alarmingly, the Province has been experiencing a year-on-year increase in the number of homicides.

Services Provided

Primary Health Care

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

- *Home and Community Based Care*

HCBC involves primarily promotive and preventive health interventions that are rendered in people's living, learning, working and play/social environments. The Department contracted 96 Non-profit Organisations (NPOs), who employed approximately 3 798 community health workers to deliver these services. HCBC interventions recognises people's capacity for self-help and involves a range of

activities that supports the actions people take to maintain health and well-being; prevent illness and accidents; care for minor ailments and long-term conditions; and recover from periods of acute illness and hospitalisation.

- *Primary Care*

Primary Care is ambulatory in nature and includes child and adult curative care, preventive services, antenatal care, postnatal care, family planning, mental health, TB, HIV and AIDS, and chronic disease management. It is driven by Clinical Nurse Practitioners based at fixed and non-fixed facilities throughout the Province. There are 266 PHC facilities, 192 fixed clinics, 63 Community Day Centres (CDCs) and 11 Community Health Centres (CHCs). Of these facilities, 69 clinics and 14 CDCs are under the authority of the City of Cape Town (CoCT). In 2019/20 a total of 14 348 239 contacts occurred in Primary Care settings.

- *Intermediate Care*

The Intermediate Care component facilitates recovery from an acute illness or complications of a long-term condition. There are 32 Intermediate Care facilities in the province which equates to 659 beds, of which 74 per cent are found in the Metro. These facilities allow for post-acute and rehabilitative care, which include comprehensive assessment, structured care planning, active therapy, treatment and/or an opportunity to recover, thus enabling users to regain skills and abilities in daily living. Intermediate care essentially supports people in their transition from an acute hospital to the primary living environment and also includes end-of-life care.

Acute Hospital Care

- *District Hospitals*

The 33 District hospitals in the Province provide emergency care, adult and child inpatient and outpatient care, obstetric care as well as a varying quantum of general specialist services, with a total of 2 974 beds. In 2019/20 there were 288 405 inpatient separations, 694 293 outpatient contacts and 730 395 emergency cases seen in District Hospitals.

- *Regional Hospitals*

Four Regional Hospitals provide a full package of general specialist services whilst an additional maternity hospital provides maternal and neonatal services, a total of 1 438 beds are available. Paarl Hospital continues 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 had a net increase of 3 beds (8 emergency beds closed due to renovations and 11 medicine beds opened). New Somerset Hospital opened 8 additional psychiatric beds, which were already in use to correctly reflect the increasing service pressures in the acute mental health services. The ongoing mental health service pressures remained in the Metro and despite New Somerset Hospital reconfiguring their beds from the previous year, the bed occupancy rate for these beds during the 2019/20 financial year remained at full capacity due to high burden of disease and drug induced psychoses. Collectively these hospitals had 118 333 separations, saw 257 638 outpatients and 175 637 emergency cases in 2019/20.

- *Specialised Hospitals*

Specialised Hospitals includes 6 tuberculosis (TB) hospitals, 4 psychiatric hospitals and 1 rehabilitation hospital. In 2019/20 there were 1 026 TB beds available across the Province and there were 3 990 inpatient separations and 4 422 outpatients.

Acute psychiatric services are provided at Lentegour, Stikland and Valkenberg hospitals including a range of specialised therapeutic programmes. 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. 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. In 2019/20 there were 6 413 inpatient separations and 33 647 outpatients seen across these hospitals. The psychiatric hospital platform has 1 799 beds.

Western Cape Rehabilitation Centre, a 156-bed facility, provided a specialised, comprehensive, multidisciplinary inpatient rehabilitation service to persons with physical disabilities. Specialised outpatient clinics provided services at Urology, Orthopaedics, Plastic surgery and Specialised Seating clinics. In 2019/20 the WCRC had 803 inpatient separations and 3 395 outpatient contacts.

- *Dental Hospital*

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

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 tumors and facial deformities) and maxilla-facial procedures (related to injuries sustained in trauma and motor vehicle accident cases). In 2019/20 there were 121 516 oral health patient visits in the Western Cape.

- *Central and Tertiary Hospitals*

Tertiary and Quaternary services are provided at two Central Hospitals and one Tertiary Hospital. The two central hospitals serving the province are Groote Schuur Hospital and Tygerberg Hospital. These have 2 359 beds and in 2019/20 had 120 416 inpatient separations and saw 664 738 outpatients in outpatient departments and 70 497 patients at emergency centres. The combined bed occupancy rate was 89,3 per cent reflecting a full utilisation of services. The patient day equivalents (as a proxy for service volume provided) achieved was 1 013 828. These hospitals also provided access to the package of care for tertiary services funded by the National Tertiary Services Grant.

Red Cross War Memorial Children's Hospital is a Tertiary Hospital and provides specialist paediatric services, with a total of 272 beds. Inpatient separations for 2019/20 amounted to 19 586. Furthermore, 92 833 patients were seen in outpatient departments as well as 39 115 patients in emergency centres. The bed occupancy rate for the hospital for the period under review was 76.3 per cent. The patient day equivalents achieved for the year was 119 787. Together with Groote Schuur and Tygerberg Hospitals, Red Cross Hospital provided access to the package of care for tertiary services funded by the National Tertiary Services Grant.

- *EMS*

Ambulance, rescue and patient transport services are provided from 49 stations (excluding 6 satellite bases) in 5 rural district and 4 Cape Town divisions with a fleet of 252 ambulances, 1 655 operational personnel. A total of 465 950 emergency cases were attended to in 2019/20.

▪ *Forensic Pathology Services*

Specialised Forensic Pathology services are rendered via 17 Forensic Pathology Laboratories across the Province in order to establish the circumstances and causes surrounding unnatural/undetermined death. During the 2019/20 financial year, the Forensic Pathology Service logged 12 071 incidents and 11 806 medico-legal cases were admitted, resulting in 11 866 post-mortem examinations in the Western Cape. This amounts to 1,73 post-mortems per 1000 population. Of these, 8 719 (73.47%) medico-legal post-mortems were performed in the City of Cape Town metropolitan area and 3 147 (26.53 %) in the rural districts. The average response time achieved across the Province from the time that the incident was logged until the body was received on the scene was 35 minutes. A total of 38 response vehicles travelled 938 245 km during body transportation. A total of 582 toxicological reports were released by FCL in 2019, spanning toxicology requests from 2006 to 2019, 254 reports more than in 2018.

2019/20 Services Delivery Challenges

The provincial health system remains under pressure, mental health care; obstetrics and gynaecology; critical care; and emergency care are areas of particular challenge. Toxicology services have also been under pressure as even though there were 254 more reports done during the year under review, the backlog continues to grow. The forensic pathology caseload, specifically in the City of Cape Town District, continued to be a challenge.

Poor or intermittent supply of pharmaceuticals were a constant constraint, exacerbated by the late and no award of contracts. The intermittent supply of pharmaceuticals was primarily due to the impact of the COVID-19 pandemic affecting China and India as of December 2019, affecting the manufacturing capacity of these countries. A significant proportion of pharmaceuticals used by the public health sector in South Africa are manufactured in either India or China. There have been reduced quantities of pharmaceuticals released by India and China, the effects were experienced by February 2020, as these countries prioritized supplies for their own citizens. The net effect was that the number of line items out of stock or low in stock increased an average of 25% in the last quarter of 2019/20.

The COVID-19 global outbreak was declared a pandemic on the 11th March 2020 by the World Health Organisation (WHO); on the 5th March, South Africa reported its first case; and on the 11th March, the Western Cape reported its first case. The COVID-19 outbreak was declared a national disaster on the 15th March 2020 and a 6-week national lockdown was imposed from the 27th March. The lockdown was intended to slow the spread of the virus, allowing the health system time to prepare for the epidemic surge. Consequently, a significant scale-down of services to urgent and emergency cases/appointments only was introduced in March.

Service Delivery Improvement Plan

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 and currently version 18 is in use. The dashboard consists of 211 elements which are linked to 10 components and the National Core Standards for Health Establishments. Each element is assigned a specific weight i.e. vital, essential and important. In order for a facility to obtain an Ideal Clinic status, the facility must achieve a minimum score of 90% for vital, 70% for essential and 70% for important elements. The average score according to the weights assigned to the 211 elements determines whether a clinic has qualified for one of the three Ideal Clinic categories; Silver, Gold or Platinum.

Programme Priorities

The 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 Programme

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

Targets and Actual Achievements

Please note the SDIP does not apply to the City of Cape Town and thus their clinics are not included here.

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

Targets for Ideal Clinics			
2017/18	2018/19	2019/2020	2020/21
50%	60%	70%	80%

Actual Achievements								
2017/18			2018/19			2019/2020		
No. of Clinics*	No. of Clinics with IC Status	% of Clinics with IC Status	No. of Clinics	No. of Clinics with IC Status	% of Clinics with IC Status	No. of Clinics*	No. of Clinics with IC Status	% of Clinics with IC Status
179	106	59%	171	126	74%	166	136	82%

Note
* The total number of clinics in the Province is 183 however the number of clinics and community health centres varies year on year (denominator) due to facilities undergoing maintenance and/or renovations and therefore cannot participate in the ICRM for a particular year. The number of Primary Health Care (PHC) facilities which participated in the ICRM in 2019/20 is 166.

The number of Primary Health Care facilities which achieved Ideal Clinic in the 2019/20 financial year is 136, an increase of 10 facilities from 2018/19. The percentage of facilities which achieved Ideal Clinic Status who participated in the programme is 82%.

Breakdown per Type of Ideal Category for Clinics which Achieved IC Status															
2017/18					2018/19					2019/2020					
No. of Clinics	No. of Clinics with IC Status	No. of Clinics with Silver Status	No. of Clinics with Gold Status	No. of Clinics with Platinum Status	No. of Clinics	No. of Clinics with IC Status	No. of Clinics with Silver Status	No. of Clinics with Gold Status	No. of Clinics with Platinum Status	No. of Clinics	No. of Clinics with IC Status	No. of Clinics with Silver Status	No. of Clinics with Gold Status	No. of Clinics with Platinum Status	
178	106	74	28	4	171	126	61	62	3	166	136	63	62	11	

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, 2018/19 and 2019/20.

Organisational Environment

Resignations and/or Appointments in Senior Management Service

Changes due to attrition occurred in the senior management service (SMS) during 2019/20 as follows:

Retirements at the end of the previous financial year

- AJ Van Niekerk, Chief Financial Officer, Office of the CFO, 31 December 2019
- PG Piedt, Director, People Strategy, 31 August 2019
- JM Jooste, Chief Director, CD: Financial Management, 31 March 2019

Terminations and transfers out

- TC Qukula, Director, Community Based Programs, 30 October 2019 (Resignation)
- TC Qukula, Director, Community Based Programs, 31 December 2019 (Contract Expiry)
- H Schumann, Director, Eden District Office, 12 June 2019 (Resignation)
- H Schumann, Director, Eden District Office, 13 September 2019 (Contract Expiry)
- NTD Naledi, Chief Director, Health Programmes, 31 December 2019
- T Tladi, Director, Project Officer TBH PPP, 31 August 2019
- IE De Vega, Director, Information Management, 1 March 2020

New appointments

- TC Qukula, Director, Community Based Programs, 31 October 2019
- H Schumann, Director, Eden District Office, 13 June 2019
- AJ Van Niekerk, Director, Management Accounting, 20 January 2020

Promotions and Transfers in

- N Joubert, Manager Medical Physics, Groote Schuur Hospital, 30 August 2019
- SP Kaye, Chief Financial Officer, Office of the CFO, 1 April 2019

Management Efficiency and Alignment Project

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 structural 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 consultation. 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 Actions

There were no strikes during the reporting period.

Significant System Failures

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

Key Policy Developments & Legislative Changes

National Policy and Legislative Changes

- Disaster Management Act: Declaration of a National State of Disaster: COVID-19 (coronavirus), 15th March 2020
- Disaster Management Act: Classification of a national Disaster: COVID-19 (coronavirus), 15th March 2020
- Disaster Management Regulations, 18th May 2020
- Competition Act (89/1998) as amended: COVID-19 block exemptions for the Healthcare Sector, 19th March 2020
- Lockdown regulation amendments, 26th March 2020

Provincial Policy & Legislative Changes

There were no provincial policy and legislative changes with significant implications for the provincial health system, that came into effect during the period of review.

Strategic Outcome Oriented Goals 2015 - 2019

In the last 5 years the Department has focused its efforts on the promotion of health and wellness with the aim to increase the life expectancy of the citizens of the Province; and embedding good governance and values driven leadership practices that enables integrated service delivery and person-centred care.

Promoting Health and Wellness

Life expectancy & Mortality Rates

The Province has achieved its life expectancy targets as the average life expectancy in the Province is 68 years, the 2019 target was 67.5 years. The target for males was 65 years and is now at 65.7 years and female life expectancy at 71.1 years, the target was 70 years, life expectancy in the Province is currently the highest in the country. Infant and child mortality rates have decreased steadily, however appear to be plateauing now, the under 5 mortality is currently at 23.3 per 1000 live births. Institutional maternal mortality has also decreased steadily, of note is that there has been an increase in maternal deaths due to medical disorders (e.g. cardiac disease and pulmonary embolism), reflecting the complex nature of cases presenting at our facilities. Maternal mortality is currently 68.3 per 100 000 live births, the lowest in the country.

Embedding Good Governance and Values-driven Leadership

Audit Outcomes

The Department has established a reputation for sound management and achieved a clean audit outcome for the financial years 2018/19 and 2019/20.

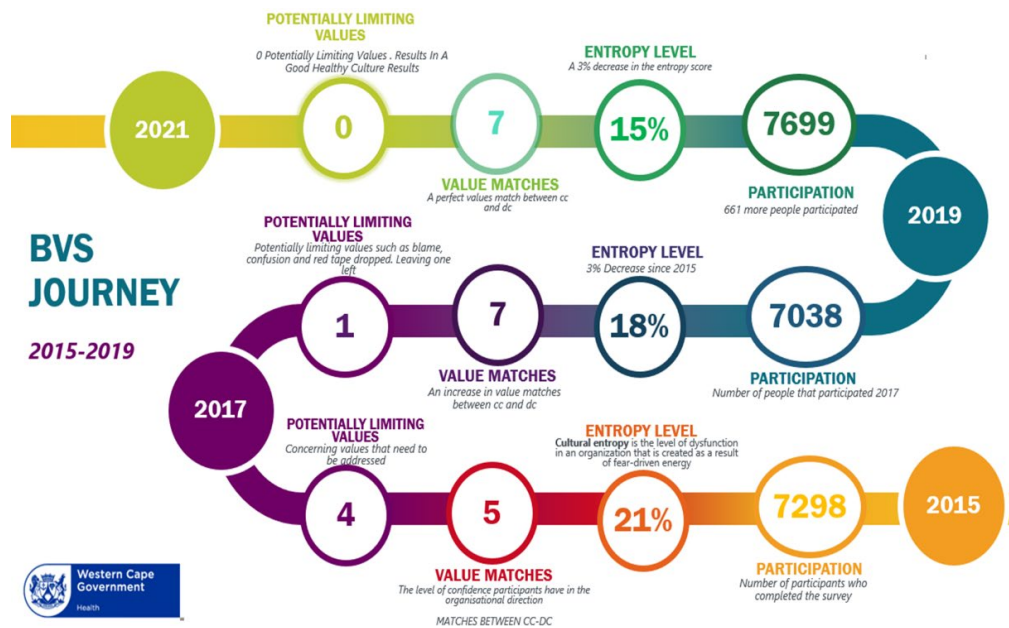
Organisational Culture

Organisational culture is the collective behaviour that dominates how employees live and work within the Department and is a reflection of 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 Barret Value Survey (BVS) and the Staff Satisfaction Survey are the two diagnostic instruments administered every alternate year to measure the organisational culture that exists within the Department.

The Barrett Values Survey measures the alignment between the organizations' core values and the employees personal; current and desired cultural values. The Barrett Model is rooted in the understanding of authentic motivations, measuring the values that matter and motivate us. In addition to measuring alignment of values, the BVS also measures the cultural entropy of the organisation which elaborates on the amount of energy spent on unproductive tasks.

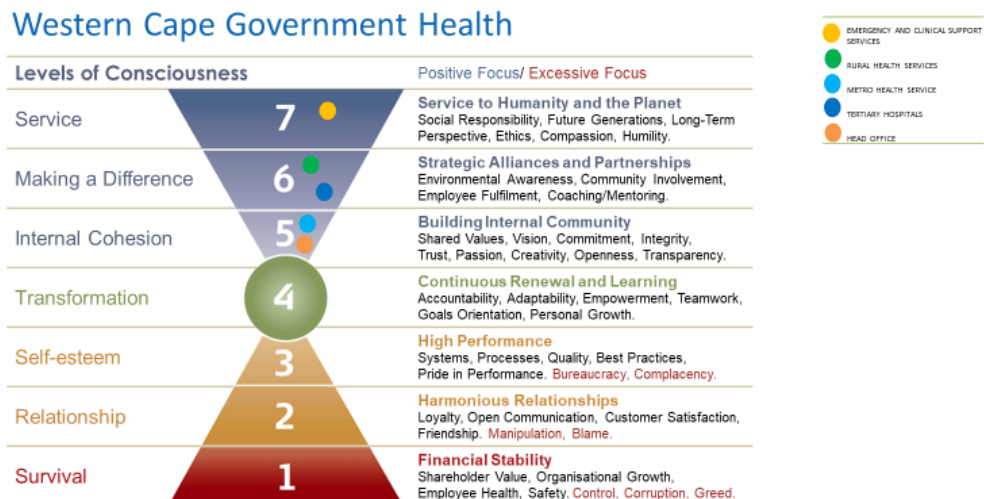
Since the inception of the WCGH Transformation Strategy, significant shifts have occurred in the organisational culture, Figure 1 illustrates the culture journey to date.

Figure 1: Department's Transformation Journey



The seven levels of consciousness model (see Figure 2) illustrates the status of the organisational culture in the Department. The model is a derivative of Maslow's Hierarchy of Human Motivation Theory.

Figure 2: Status of the organisational culture in the Department



Performance Information by Programme

Programme 1: Administration

Purpose

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

Sub-programme 1.1. Office of the MEC

Rendering of advisory, secretarial and office support services.

Sub-programme 1.2. Management

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

Strategic Objectives

The priorities of the key management components identified to provide strategic leadership and support are financial resources, people management and information management. The following strategic objectives have thus been identified:

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

Strategic Objective: Promote efficient use of financial resources					
INDICATOR: Percentage of the annual equitable share budget allocation spent					
	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation	Comment
	99.7%	100.0%	99.4%	0.6%	The marginal deviation from the planned performance target is considered by the Department as acceptable and is therefore considered as having achieved the target.
N	17 147 363 000	17 413 820 000	18 197 294 000	783 474	
D	17 203 595 000	17 413 820 000	18 314 005 000	900 185	
Strategic Objective: Develop and implement a comprehensive Human Resource Plan					
INDICATOR: Timeous submission of a Human Resource Plan for 2015 – 2019 to DPSA					
	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation	Comment
	Yes	Yes	Yes	None	Target achieved
Strategic Objective: Transform the Organisational Culture					
INDICATOR: Cultural entropy level for WCG: Health					
	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation	Comment
		16.0%	15.5%	0.5%	The marginal deviation from the planned performance target is considered by the Department as acceptable and the slight over performance is therefore considered a positive outcome for the Department. It is also important to note that a reduction in cultural entropy enables a more optimal work environment that improves organisational performance, increases employee engagement as well as reduces employee turnover.
N	Survey conducted every 2 nd year	12 000	11 903	(97)	
D		75 000	76 990	1990	

INDICATOR: Number of value matches in the Barrett survey					
Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation	Comment	
Survey conducted every 2 nd year	6	7	1	Over performance (1 more value match) is considered as acceptable and the over performance is therefore a positive outcome for the Department.	

Performance Indicators

Prescribed Sector Indicators					
INDICATOR: Audit opinion from Auditor-General of South Africa ¹					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
Unqualified	Unqualified	Unqualified	Unqualified	Clean	Over performance
Comment on Deviation Target achieved Note: The Department set a target of achieving an "Unqualified" audit outcome but managed to achieve a "Clean audit" (which is an even higher/better performance than anticipated). The overperformance is considered an advantage to the Department and reinforces good governance principles.					
INDICATOR: Percentage of hospitals with broadband access					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
69.2%	96.2%	98.1%	100.0%	98.1%	(1.9%)
N 37	51	51	52	51	(1)
D 54	53	52	52	52	0
Comment on Deviation The marginal deviation from the planned performance target is considered by the Department as acceptable and is therefore considered as having achieved the target.					
INDICATOR: Percentage of fixed PHC facilities with broadband access					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
84.2%	91.8%	93.5%	95.5%	94.3%	(1.2%)
N 230	246	246	253	250	(3)
D 273	268	263	265	265	0
Comment on Deviation The marginal deviation from the planned performance target is considered by the Department as acceptable and is therefore considered as having achieved the target.					

Strategies to Overcome Under-Performance

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

¹ The audit opinion expressed for a particular financial year refers to the audit outcome for the previous financial year.
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Changes to Planned Targets

No targets were changed during the year.

Linking Performance with Budgets

The underspending in sub-programme 1.2 is due to delays in the filling of posts as the Department is still in the process of finalising the outcome of the Management Efficiency and Alignment Project (MEAP), only critical posts were thus filled. This however did not significantly impact the overall performance for programme 1. Under performance in terms of broadband access were due to delays in finalising the procurement processes within the Centre of e-Innovation (CE-I) and the State information Technology (SITA) for the procurement of network equipment to enable connectivity in clinical areas contributed towards the under-spending. The Department identified the need for a reliable and resilient network. Funding was subsequently reprioritised and LAN infrastructure had to be procured via SITA to strengthen connectivity in clinical areas. The items will be delivered during the 2nd quarter of the new financial year.

SUB-PROGRAMME	2019/20			2018/19		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Office of the MEC	7 475	8 103	(628)	7 955	7 925	30
Management	764 401	752 157	12 244	760 101	758 181	1 920
TOTAL	771 876	760 260	11 616	768 056	766 106	1 950

Programme 2: District Health Services

Purpose

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

Sub-programme 2.1. District Management

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

Sub-programme 2.2. Community Health Clinics

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

Sub-Programme 2.3. Community Health Centres

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

Sub-Programme 2.4. Community Based-Services

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

Sub-Programme 2.5. Other Community Services

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

Sub-Programme 2.6. HIV/AIDS

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

Sub-Programme 2.7. Nutrition

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

Sub-Programme 2.8. Coroner Services

Rendering forensic and medico-legal services in order to establish the circumstances and causes surrounding unnatural death.

Sub-Programme 2.9. District Hospitals

Rendering of a district hospital service at sub-district level.

Sub-Programme 2.10. Global Fund

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

District Health Services

Strategic Objectives

There are no provincial strategic objectives specified for District Health Services.

Performance Indicators

Prescribed Sector Indicators						
INDICATOR: Ideal clinic status rate						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
		89.2%	68.8%	90.5%	76.3%	(14.2%)
N	New Indicator	239	181	239	203	(36)
D		268	263	264	266	2
Comment on Deviation Two new facilities opened, Pelican Park CDC and Asla Clinic, which increased the denominator number of facilities to 266. The facilities which did not conclude their ideal clinic assessment were either under renovation or could not conduct their Peer Reviews due to the impact of the COVID-19 pandemic on staff resources.						
Note Definition change from the previous year's indicator.						

INDICATOR: PHC utilisation rate - Total						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	2.3	2.2	2.2	2.2	2.2	0.0
N	14 413 350	14 140 046	14 082 696	14 439 998	14 348 239	(91 759)
D	6 318 283	6 418 069	6 515 589	6 610 945	6 610 945	0
Comment on Deviation Target achieved.						
Note Population data has been updated retrospectively for historical years, as per Circular H11/2017.						
INDICATOR: Complaint resolution within 25 working days rate (PHC)						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	95.6%	94.1%	95.3%	94.8%	95.5%	0.7%
N	3 175	2 365	2 473	1 791	2 503	712
D	3 320	2 514	2 594	1 890	2 621	731
Comment on Deviation Target achieved.						

Strategies to Overcome Under-Performance

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

Changes to Planned Targets

No targets were changed during the year.

Maternal, Child & Women's Health and Nutrition

Strategic Objectives

There are no provincial strategic objectives specified for Maternal, Child & Women's Health & Nutrition.

Performance Indicators

Prescribed Sector Indicators						
INDICATOR: Antenatal 1st visit before 20 weeks rate						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	69.6%	69.7%	70.3%	71.1%	71.9%	0.8%
N	63 901	67 292	72 593	72 661	80 989	8 328
D	91 849	96 563	103 241	102 243	112 718	10 475
Comment on Deviation Target achieved.						

INDICATOR: Mother postnatal visit within 6 days rate						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	60.0%	59.8%	59.6%	61.8%	62.0%	0.2%
N	54 816	55 532	57 410	59 090	62 058	2 968
D	91 322	92 819	96 249	95 613	100 151	4 538
Comment on Deviation						
Target achieved.						
INDICATOR: Antenatal client start on ART rate						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	90.8%	92.1%	78.4%	86.9%	80.0%	(6.8%)
N	7 009	6 420	5 604	6 183	4 838	(1 345)
D	7 715	6 968	7 149	7 119	6 047	(1 072)
Comment on Deviation						
According to the indicator definition clients who restart treatment are not included in the numerator (Antenatal client start on ART), however they are included in the denominator (eligible for ART) which skews the performance. This inconsistency was addressed in the indicator definitions for FY2020/21.						
INDICATOR: Infant 1st PCR test positive around 10 weeks rate						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	0.8%	0.2%	0.3%	0.5%	0.2%	0.3%
N	95	27	50	73	23	50
D	12 013	13 876	14 435	14 513	13 925	588
Comment on Deviation						
Target achieved. Due to the success of the "test and treat programme" most babies are tested and, if positive, initiated on treatment at birth, resulting in fewer babies testing positive at around 10 weeks.						
Note						
The birth PCR test positive rate is 0.8%						
INDICATOR: Immunisation under 1 year coverage						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	75.1%	81.2%	82.9%	84.1%	85.2%	1.1%
N	78 933	85 822	88 335	90 217	91 377	1 160
D	105 107	105 653	106 547	107 296	107 296	0
Comment on Deviation						
Target achieved. A positive performance as more children were fully immunised than planned.						
Note						
Population data has been updated retrospectively for historical years, as per Circular H11/2017.						
INDICATOR: Measles 2nd dose coverage						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	91.1%	78.3%	77.7%	79.7%	80.2%	0.5%
N	92 898	84 437	83 974	86 261	86 800	539
D	107 595	107 885	108 133	108 178	108 178	0
Comment on Deviation						
Target achieved. A positive performance as more children received their 2nd measles dose than planned.						
Note						
Population data has been updated retrospectively for historical years, as per Circular H11/2017.						

INDICATOR: Diarrhoea case fatality under 5 years rate						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	0.2%	0.4%	0.1%	0.3%	0.2%	0.1%
N	17	24	9	23	14	9
D	6 992	6 565	7 166	7 331	5 910	1 421
Comment on Deviation						
Target achieved. A positive performance as the diarrhoea fatality rate is lower than anticipated.						
Note						
Diarrhoea case fatality rates refer to children under 5 years of age and is counted at separation						
INDICATOR: Pneumonia case fatality under 5 years rate						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	0.4%	0.7%	0.2%	0.3%	0.2%	0.1%
N	29	45	35	38	29	9
D	7 943	6 859	14 671	12 165	12 953	(788)
Comment on Deviation						
Target achieved. A positive performance as the pneumonia fatality rate is lower than anticipated.						
Note						
Pneumonia case fatality rates refer to children under 5 years of age and is counted at separation						
INDICATOR: Severe acute malnutrition fatality under 5 years rate						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	0.6%	2.2%	1.6%	2.4%	1.5%	0.9%
N	5	10	9	13	8	5
D	841	462	553	552	520	32
Comment on Deviation						
Target achieved. A positive performance as the severe acute malnutrition fatality rate is lower than anticipated.						
Note						
Severe Acute Malnutrition case fatality rates refer to children under 5 years of age and is counted at separation.						
INDICATOR: School grade 1 - learners screened						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	55 171	48 889	17 686	23 735	47 840	24 105
Comment on Deviation						
The City of Cape Town district set zero targets for the year due to indicator definition requirements at the time of target setting. The definition was subsequently clarified, and City of Cape Town district was therefore subsequently able to report.						
INDICATOR: School grade 8 - learners screened						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	9 364	11 401	4 063	6 410	12 671	6 261
Comment on Deviation						
The City of Cape Town District set zero targets for the year due to indicator definition requirements at the time of target setting. The definition was subsequently clarified, and the City of Cape Town District was therefore subsequently able to report.						

INDICATOR: Delivery in 10 to 19 years in facility rate						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
		11.2%	11.4%	10.9%	11.3%	(0.4%)
N	New indicator	10 369	10 938	10 392	11 360	(968)
D		92 819	96 249	95 613	100 151	(4 538)
Comment on Deviation						
This is a demand driven indicator which means it is not possible for the Department to predict with 100% accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target						
INDICATOR: Couple Year Protection Rate (Int)						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
		81.3%	75.9%	80.9%	65.1%	(15.8%)
N	New Indicator	1 443 501	1 360 609	1 461 466	1 175 237	(286 229)
D		1 776 519	1 791 703	1 806 990	1 806 367	(623)
Comment on Deviation						
Changes in the ordering process of condoms, which makes up a large portion of the numerator in this indicator, has facilitated better stock flow management at facilities, however the targets of these indicators were set based on the push stock supply system of last year hence the underperformance.						
Note						
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. Population data has been updated retrospectively for historical years, as per Circular H11/2017.						
INDICATOR: Cervical cancer screening coverage 30 years and older						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
		55.7%	57.8%	56.3%	59.4%	(2.3%)
N	90 454	96 469	96 371	103 383	99 139	(3 934)
D	162 461	166 812	171 088	174 161	175 296	1 135
Comment on Deviation						
This is a demand driven service which the Department cannot predict with 100% accuracy. The marginal deviation is considered as having achieved target.						
Note						
Population data has been updated retrospectively for historical years, as per Circular H11/2017.						
INDICATOR: HPV 1st dose						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
		36 182	32 356	41 604	35 279	6 325
Comment on Deviation						
Target achieved. A positive performance as more learners were vaccinated than planned.						
INDICATOR: HPV 2nd dose						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
		34 941	34 397	48 855	40 864	42 413
						1 549
Comment on Deviation						
Target achieved. A positive performance as more learners vaccinated than planned.						

INDICATOR: Vitamin A 12-59 months coverage						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	48.8%	48.9%	52.1%	53.0%	54.0%	1%
N	425 757	427 878	455 226	461 277	470 469	9 192
D	872 328	874 217	873 395	870 790	870 790	0
Comment on Deviation						
Target achieved. A positive performance as more children provided with Vitamin A supplement than planned.						
Note						
Errata in APP 2019/20: quarterly annual target population denominator should be 879 790 and performance target should be 52.4%. Using the correct population in the actual achievement would be 53.5%, resulting in a deviation of 1.1%.						
INDICATOR: Maternal mortality in facility ratio						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	59 per 100 000	57 per 100 000	69.2 per 100 000	60.8 per 100 000	47.1 per 100 000	13.7
N	54	55	69	60	49	11
D	0.918	0.961	0.997	0.986	1.040	(0.054)
Comment on Deviation						
A positive performance as the fatality rate is lower than planned.						
INDICATOR: Neonatal death in facility rate						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
		9.3 per 1000	9.3 per 1000	8.1 per 1000	8.5 per 1000	(0.4)
N	New Indicator	860	889	775	847	(72)
D		92.34	95.9	95.4	99.9	(4.5)
Comment on Deviation						
The Department cannot predict mortality rates with 100% accuracy. The marginal deviation is considered as having achieved the target.						

Strategies to Overcome Under-Performance

- Antenatal client started on ART rate
Element definitions have been adjusted to accommodate clients restarting treatment.
- Couple Year Protection Rate
The impact of the changes to the ordering process for condoms has stabilised and targets for the new financial year adjusted accordingly.

Changes to Planned Targets

No targets were changed during the year.

HIV/Aids, STIs & Tuberculosis

Strategic Objectives

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. The following strategic objective was thus identified:

- Improve the proportion of ART clients who remain in care

Strategic Objective: Improve the proportion of ART clients who remain in care					
INDICATOR: ART retention in care after 12 months					
	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation	Comment
	59.6%	63.1%	58.1%	(5.0%)	The Province has adopted the 10-point plan of the NDOH to address HIV and TB performance and is working with City of Cape Town and Non-Profit partners to implement these strategies appropriately in our context. Challenges include data capture difficulties, inconsistent use of loss to follow up lists, incorrect addresses and telephone numbers and staff turnover. The long treatment period for HIV also impacts retention in care.
N	28 568	29 658	25 701	(3 957)	
D	47 940	47 014	44 251	(2 763)	
INDICATOR: ART retention in care after 48 months					
	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation	Comment
	46.3%	54.3%	48.3%	(6.0%)	The Province has adopted the 10-point plan of the NDOH to address HIV and TB performance and is working with City of Cape Town and Non-Profit partners to implement these strategies appropriately in our context. Challenges include data capture difficulties, inconsistent use of loss to follow up lists, incorrect addresses and telephone numbers and staff turnover. The long treatment period for HIV also impacts retention in care.
N	15 409	21 675	21 764	89	
D	33 250	39 899	45 014	5 115	

Performance Indicators

Prescribed Sector Indicators						
INDICATOR: ART client remain on ART end of month -total						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	230 931	256 821	278 027	300 369	300 380	11
Comment on Deviation						
Target exceeded, with more clients remaining on ART than planned.						
INDICATOR: TB/HIV co-infected client on ART rate						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	89.6 %	90.3%	90.2%	88.0%	85.9%	2.1%
N	14 902	14 584	14 376	14 111	13 571	540
D	16 637	16 152	15 935	16 033	15 797	236
Comment on Deviation						
This is a demand driven indicator which means it is not possible for the Department to predict with 100% accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.						
INDICATOR: HIV test done – Total						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	1 379 375	1 436 042	1 783 343	1 624 453	1 688 321	63 848
Comment on Deviation						
Target exceeded as more HIV tests conducted than planned. Joint initiatives with non-profit partners has contributed to this performance.						

INDICATOR: Male condom distributed						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	113 913 868	114 396 200	103 322 800	113 896 655	82 055 960	(31 840 695)
Comment on Deviation						
Changes in the ordering process of condoms (from push to pull: Cape Medical Depot used to push stock to facilities, but they became overstocked and we reverted to a pull system where the facility ordered condoms). Subsequently this has facilitated better stock flow management at facilities, however the targets of these indicators were set based on the push system of last year hence the underperformance.						
INDICATOR: Medical male circumcision - total						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	11 687	16 544	14 217	20 530	18 122	(2 408)
Comment on Deviation						
This is a demand driven indicator which means it is not possible to predict with 100% accuracy the number of people that agree to a circumcision. The stigma attached to circumcisions remains. There is ongoing work with non-profit partners to encourage circumcisions and on a positive note there was a 30% increase in circumcisions from last year.						
INDICATOR: TB client 5 years and older start on treatment rate						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
		89.4%	89.6%	92.7%	90.4%	(2.3%)
N	<i>New Indicator</i>	21 193	22 151	22 998	22 152	(846)
D		23 708	24 725	24 818	24 503	315
Comment on Deviation						
This is a demand driven indicator which means it is not possible for the Department to predict with 100% accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.						
INDICATOR: TB client treatment success rate						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	80.4%	80.2%	79.2%	81.8%	77.3%	(4%)
N	34 651	33 694	32 886	33 435	34 084	649
D	43 099	42 009	41 532	40 868	44 077	3 209
Comment on Deviation						
The Province has adopted the 10-point plan of the National Department of Health to address HIV and TB performance and is working with City of Cape Town and Non-Profit partners to implement these strategies appropriately in our context. Challenges include data capture difficulties, inconsistent use of loss to follow up lists, incorrect addresses and telephone numbers and staff turnover.						
INDICATOR: TB client lost to follow-up rate						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
		11.1%	11.1%	9.6%	17.7%	(8.1%)
N	<i>New Indicator</i>	4 674	4 620	3 943	7 811	(3 868)
D		42 009	41 532	40 868	44 077	3 209
Comment on Deviation						
The Province has adopted the 10-point plan of the National Department of Health to address HIV and TB performance and is working with City of Cape Town and Non-Profit partners to implement these strategies appropriately in our context. Challenges include data capture difficulties, inconsistent use of loss to follow up lists, incorrect addresses and telephone numbers and staff turnover.						

INDICATOR: TB client death rate						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	3.3%	3.8%	3.9%	3.7%	3.8%	(0.1%)
N	1 419	1 605	1 630	1 515	1 685	(170)
D	42 685	42 009	41 532	40 868	44 077	3 209
Comment on Deviation						
Target achieved						
INDICATOR: TB MDR treatment success rate						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	44.6%	43.4%	51.2%	50.5%	55.8%	5.3%
N	738	611	756	755	790	35
D	1 653	1 407	1 476	1 496	1 415	(81)
Comment on Deviation						
A positive performance as more Drug Resistant TB clients achieved treatment success than planned.						

Strategies to Overcome Under-Performance

- *TB and ART treatment outcomes*

The Province has adopted the 10-point plan of the NDOH to address HIV and TB performance and is working with City of Cape Town and NPO partners to implement these strategies appropriately in our context. Challenges include data capture difficulties, inconsistent use of loss to follow up lists, incorrect addresses and telephone numbers and staff turnover.

- *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.

- *Male Condoms Distributed*

Impact of the changes to the ordering process have stabilised and targets for the new financial year adjusted accordingly.

Changes to Planned Targets

No targets were changed during the year.

District Hospitals

Strategic Objectives

There are no provincial strategic objectives specified for District Hospitals.

Performance Indicators

Prescribed Sector Indicators					
INDICATOR: Average length of stay (district hospitals)					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
3.2	3.3	3.4	3.4	3.4	0
N 909 891	940 690	984 631	960 094	983 215	(23 121)
D 280 580	285 936	288 199	286 514	288 405	1 891
Comment on Deviation Target achieved.					
INDICATOR: Inpatient bed utilisation rate (district hospitals)					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
84.8%	88.3%	91.4%	90.3%	90.6%	0.3%
N 909 891	940 690	984 631	960 094	983 215	(23 121)
D 1 072 731	1 064 943	1 077 416	1 063 726	1 084 747	21 021
Comment on Deviation Target achieved.					
INDICATOR: Expenditure per PDE (district hospitals)					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
R 2 139	R 2 329	R 2 385.95	R 2 580	R 2 566	R 14
N 2 923 677 427	3 229 036 306	3 453 083 213	3 652 489 000	3 741 745 573	(89 256 573)
D 1 366 830	1 386 403	1 447 259	1 415 628	1 458 111	(42 483)
Comment on Deviation Target achieved.					
INDICATOR: Complaint resolution within 25 working days rate (district hospitals)					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
90.4%	91.1%	89.7%	91.3%	90.3%	(1%)
N 1 501	1 244	1 068	799	1 071	272
D 1 661	1 365	1 190	875	1 186	311
Comment on Deviation Target achieved.					

Strategies to Overcome Under-Performance

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

Changes to Planned Targets

No targets were changed during the year.

Disease Prevention & Control

Strategic Objectives

There are no provincial strategic objectives specified for Disease Prevention & Control.

Performance Indicators

Prescribed Sector Indicators					
INDICATOR: Cataract surgery performed					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
8 050	7 443	7 591	7 731	7 614	(117)
Comment on Deviation					
A marginal deviation is accepted by the Department as having achieved target.					
INDICATOR: Malaria case fatality rate					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
0.7%	0.5%	0.7%	0.6%	0.0%	0.6%
N 1	1	1	1	0	1
D 39	186	134	164	101	63
Comment on Deviation					
A positive performance as no malaria deaths were reported.					

Strategies to Overcome Under-Performance

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

Changes to Planned Targets

No targets were changed during the year.

Linking Performance with Budgets

District Management had to deal with numerous vacancies at programme management level. Various posts were vacant, some of which were senior management positions. The remaining staff were able to maintain performance levels with some ongoing adjustments while the sustainability thereof is evaluated.

A considerable increase in expenditure on Community Health Clinics were linked to the commissioning of an additional clinic in the Mossel Bay area and the extension of services in Grabouw, which contributed towards the increase in access to primary health care (PHC) services in key areas.

Similarly, 2019/20 was the first year where the full effect of newly commissioned Community Health Centres in the Cape Town metropolitan area realised with new facilities coming online, like District Six CHC.

The highest increases noted within PHC services were on personnel expenses and medicine. Strengthening the personnel capacity at PHC level is considered a key enabler to meet the strategic objectives for Programme 2.

The Global Fund Donor Grant came to an end officially 30 November 2019 as per Global Fund Close Agreement Ref.: HIA2/ZAF/MB/KB/ZAF-C-WCDOH Grant Closure. Most of it manifested through the Young Women and Girls Programme that was run in partnership with NPOs. The under-spending can mainly be attributed to NPO's Transfers in the GF Young Women and Girls programme, Cash Plus Care project as not all candidates recruited completed the course and therefore could not qualify for the cash incentives. This resulted in a huge saving in the amount budgeted for. No further activities will happen in the GF Young Women and Girls programme, Cash and Care project and as per Global Fund Grant Closure agreement, all unspent needs to be returned to the funder which is the Global Fund.

District Hospital expenditure was mostly under pressure within staffing related expenses, which was considered critical to retain service levels.

SUB-PROGRAMME	2019/20			2018/19		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
District Management	463 858	433 039	30 819	441 183	444 106	(2 923)
Community Health Clinics	1 419 567	1 444 792	(25 225)	1 327 648	1 305 678	21 970
Community Health Centres	2 349 089	2 349 089	-	2 211 204	2 145 480	65 724
Community-Based Services	280 229	268 757	11 472	222 491	227 339	(4 848)
Other Community Services	1	-	1	1	-	1
HIV/AIDS	1 772 204	1 771 779	425	1 613 625	1 607 733	5 892
Nutrition	53 088	51 123	1 965	50 250	50 153	97
Coroner Services	1	-	1	1	-	1
District Hospitals	3 728 001	3 745 781	(17 780)	3 372 722	3 457 401	(84 679)
Global Fund	55 136	39 327	15 809	102 641	90 862	11 779
TOTAL	10 121 174	10 103 687	17 487	9 341 766	9 328 752	13 014

Programme 3: Emergency Medical Services

Purpose

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

Sub-Programme 3.1: Emergency Transport

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

Sub-Programme 3.2: Planned Patient Transport

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

Strategic Objectives

The provincial strategic objective for Programme 3 is as follows:

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

Strategic Objective: Ensure registration and licensing of ambulances as per the statutory requirements.				
INDICATOR: Number of WCG: Health operational ambulances registered and licensed				
Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation	Comment
254	249	252	3	Target achieved. The marginal deviation is considered acceptable and deemed as a positive outcome for the Department.

Performance Indicators

Prescribed Sector Indicators						
INDICATOR: EMS P1 urban response under 15 minutes rate						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	58.0%	59.5%	46.8%	50.0%	37.5%	(12.5%)
N	121 339	79 131	57 769	67 495	42 883	(24 612)
D	209 107	133 019	123 553	134 991	114 330	(20 661)
Comment on Deviation						
Reaching this target remains a challenge due to a combination of factors affecting the availability of resources. These factors include staff safety and red zone areas. The attacks on operational crews have a dire impact on service delivery due to unavailability of staff when booked off as a result of attacks. In red zone areas, crews awaiting law enforcement escorts tie up resources and add to the unavailability of those resources to service other incidents.						
INDICATOR: EMS P1 rural response under 40 minutes rate						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	79.0%	79.3%	73.7%	81.0%	72.0%	(9.0%)
N	13 874	9 655	8 737	9 925	7 638	(2 287)
D	17 570	12 180	11 862	12 253	10 606	(1 647)
Comment on Deviation						
The achievements for this indicator have been stable throughout the year despite the long distances, crews must travel to rural P1 incidents. Temporary closure of smaller stations has this year resulted in crews having to travel far distances to service certain calls. These challenges were experienced in West Coast, Overberg and Garden Route.						

INDICATOR: EMS inter-facility transfer rate						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	39.8%	31.6%	32.8%	32.5%	31.9%	(0.6%)
N	203 699	155 373	158 879	158 585	148 740	9 845
D	512 256	492 303	484 946	488 279	465 950	(22 329)
Comment on Deviation						
Relationships developed between Emergency Medical Services and facilities contributes to an achievement with minimal deviation throughout the year. The success of the inter-facility transfer projects and the continuous monitoring and evaluation of the projects' predetermined objectives ensure that we provide optimum service to our clients (facilities and patients).						

Provincial Indicators						
INDICATOR: Total number of EMS emergency cases						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	512 256	492 303	484 946	488 279	465 950	(22 329)
Comment on Deviation						
This is a demand driven indicator which means it is not possible for the Department to predict with 100% accuracy the number of people that will require a health service. The deviation is considered by the Department as having achieved the planned target.						

Strategies to Overcome Under-Performance

Staff attacks, and their mitigation, remains a challenge within the Cape Town service. With the implementation of the joint venture between Western Cape Government: Health Emergency Medical Services (WCGH EMS) and the City of Cape Town (CoCT) Traffic Management Centre, we were able to improve our response to certain Red Zone areas. These initiatives have been made possible through the Department of Community Safety and our safety stakeholders, including the South African Police Service. These have proven invaluable and the service will continue to uphold these relationships. That said, the impact of safety mitigation on our operational practices, renders performance improvement secondary to staff safety and will likely offset the gains made.

This performance trend is likely to be exaggerated in the next reporting cycle, however the Department has made significant progress in the management of our Post traumatic stress disorder (PTSD) cases and staff absenteeism. This should enable greater crew availability and lessen resource losses.

Changes to Planned Targets

No targets were changed during the year.

Linking Performance with Budgets

There is a stricter criterion being followed when assigning Aero Medical Transport to patients and for minor assets the price per unit being above R5000 threshold which makes it a major asset and fleet services, savings used to compensate for over expenditure in capital assets above R5000 and financial leases, respectively.

SUB-PROGRAMME	2019/20			2018/19		
	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	1 062 048	1 059 096	2 952	1 019 770	1 010 885	8 885
Planned Patient Transport	97 050	96 796	254	86 487	91 559	(5 072)
TOTAL	1 159 098	1 155 892	3 206	1 106 257	1 102 444	3 813

Programme 4: Provincial Hospital Services

Purpose

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

Sub-Programme 4.1: General (Regional) Hospitals

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

Sub-Programme 4.2: Tuberculosis Hospitals

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

Sub-Programme 4.3: Psychiatric/Mental Hospitals

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

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

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

Sub-Programme 4.5: Dental Training Hospitals

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

Regional Hospitals

Improving the overall quality, safety and access to health services remained a key focus for this sub-programme. 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.

Strategic Objectives

The provincial strategic objective for Programme 4 is as follows:

- Provide access to quality regional hospital services

Strategic Objective: Provide quality general / regional hospital services					
INDICATOR: Actual (usable) beds in regional hospitals					
Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation	Comment	
1 427	1 427	1 438	11	At George Hospital 8 Emergency beds closed due to renovations and 11 medicine beds opened. It was possible to open the additional beds (which were not reflected in the annual performance target as additional staff that could be appointed using the Human Resource Capacitation Grant which only became available in February 2019 (after the annual performance plan was finalised). At New Somerset Hospital 8 psychiatry beds opened in October 2019 to reflect additional beds already in use, and to correctly reflect service pressures.	

Performance Indicators

Prescribed Sector Indicators						
INDICATOR: Average length of stay (regional hospitals)						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	4.0 days	3.9 days	4.0 days	4.0 days	4.0 days	0 days
N	454 770	455 333	465 832	466 380	468 801	(2 421)
D	114 099	115 099	115 652	166 566	118 333	1 767
Comment on Deviation Target Achieved						
INDICATOR: Inpatient bed utilisation rate (regional hospitals)						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	89.4%	88.6%	89.4%	89.5%	89.5%	0%
N	454 770	455 333	465 832	466 380	468 801	(2 421)
D	508 501	513 733	520 912	520 912	523 832	(2 920)
Comment on Deviation Target Achieved.						
INDICATOR: Expenditure per PDE (regional hospitals)						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	R 2 925	R 3 106	R 3 239	R 3 562	R 3 516	(R 46)
N	1 725 945 856	1 841 574 080	1 970 196 306	2 166 740 000	2 156 142 265	10 597 735
D	590 126	592 935	608 319	608 369	613 226	4 857
Comment on Deviation Target achieved. The marginal deviation is considered acceptable and deemed as a positive outcome for the Department.						

INDICATOR: Complaint resolution within 25 working days rate (regional hospitals)						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	97.6%	98.1%	99.4%	98.9%	96.4%	(2.5%)
N	286	265	309	263	323	60
D	293	270	311	266	335	69
Comment on Deviation						
A marginal deviation from the performance target is considered by the Department as having achieved the target.						

Provincial Indicators						
INDICATOR: Mortality and morbidity review rate (regional hospitals)						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	83.3%	106.4%	101.5%	83.3%	82.4%	(0.9%)
N	170	217	207	170	168	(2)
D	204	204	204	204	204	0
Comment on Deviation						
Hospitals unable to conduct morbidity and mortality review meetings in March 2020 due to COVID-19 social distancing.						

Strategies to Overcome Under-Performance

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

Changes to Planned Targets

No targets were changed during the year.

Tuberculosis Hospitals

Strategic Objectives

The provincial strategic objective for Programme 4 is as follows:

- Provide access to quality Tuberculosis Hospital services

Strategic Objective: Provide quality tuberculosis hospital services				
INDICATOR: Actual (usable) beds in tuberculosis hospitals				
Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation	Comment
1 026	1 026	1 026	0	Target Achieved.

Performance Indicators

Provincial Indicators						
INDICATOR: Mortality and morbidity review rate (tuberculosis hospitals)						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	95.8%	93.1%	97.2%	91.7%	88.9%	(2.8%)
N	69	67	70	66	64	(2)
D	72	72	72	72	72	0
Comment on Deviation Hospitals unable to conduct morbidity and mortality review meetings in March 2020 due to COVID-19 social distancing.						

Strategies to Overcome Under-Performance

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

Changes to Planned Targets

No targets were changed during the year.

Psychiatric Hospitals

Strategic Objectives

The provincial strategic objective for Programme 4 is as follows:

- Provide access to quality Psychiatric Hospital services

Strategic Objective: Provide quality psychiatric hospital services				
INDICATOR: Actual (usable) beds in psychiatric hospitals				
Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation	Comment
1 799	1 799	1799	0	Target Achieved.

Performance Indicators

Provincial Indicators						
INDICATOR: Mortality and morbidity review rate (psychiatric hospitals)						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	91.7%	91.7%	87.5%	91.7%	87.5%	(4.2%)
N	44	44	42	44	42	(2)
D	48	48	48	48	48	0
Comment on Deviation Hospitals unable to conduct morbidity and mortality review meetings in March 2020 due to COVID-19 social distancing.						

Strategies to Overcome Under-Performance

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

Changes to Planned Targets

No targets were changed during the year.

Rehabilitation Hospitals

Strategic Objectives

The provincial strategic objective for Programme 4 is as follows:

- Provide access to quality rehabilitation hospital services

Strategic Objective: Provide quality rehabilitation hospital services				
INDICATOR: Actual (usable) beds in rehabilitation hospitals				
Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation	Comment
156	156	156	0	Target Achieved.

Performance Indicators

Provincial Indicators					
INDICATOR: Mortality and morbidity review rate (rehabilitation hospitals)					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
91.7%	91.7%	100.0%	91.7%	91.7%	0%
N 11	11	12	11	11	0
D 12	12	12	12	12	0
Comment on Deviation Target Achieved.					

Strategies to Overcome Under-Performance

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

Changes to Planned Targets

No targets were changed during the year.

Specialised Hospitals

Strategic Objectives

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There are no provincial strategic objectives specified for Specialised Hospitals.

Performance Indicators

Prescribed Sector Indicators						
INDICATOR: Complaint resolution within 25 working days rate (specialised hospitals)						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	96.5%	99.1%	98.9%	98.1%	100.0%	1.9%
N	192	221	180	205	171	(34)
D	199	223	182	209	171	(38)
Comment on Deviation Target achieved. The marginal deviation is considered acceptable and deemed as a positive outcome for the Department.						

Strategies to Overcome Under-Performance

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

Changes to Planned Targets

No targets were changed during the year.

Dental Hospitals

Strategic Objectives

The provincial strategic objective for Programme 4 is as follows:

- Provide access to quality dental training hospital services

Strategic Objective: Provide quality dental training hospital services				
INDICATOR: Oral health patient visits at dental training hospitals				
Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation	Comment
125 490	126 801	121 516	(5 285)	Under-performance due to low figures for March 2020 in services rendered by students. Academic term suspended due to COVID-19 pandemic.

Performance Indicators

Provincial Indicators					
INDICATOR: Number of removable oral health prosthetic devices manufactured (dentures)					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
4 581	4 853	4 383	4 559	4 409	(150)
Comment on Deviation Under-performance due to low figures for March 2020 in services rendered by students as the academic term was suspended due to the COVID-19 pandemic.					

Strategies to Overcome Under-Performance

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

Changes to Planned Targets

No targets were changed during the year.

Linking Performance with Budgets

Programme 4 under expenditure can be attributed to the follow:

- Various senior management posts were not filled resulting in some savings.
- Savings were generated due to various strategies implemented over the past financial years for example the implementation of Neotel/VoIP.
- In 2018/2019 financial year some hospitals supplemented their stock levels, which directly impacted (reduced) on the orders for the 2019/2020 financial year.
- Additional funds were made available for the new security contracts and the impact of cost was less than expected.
- Some capital assets could not be delivered due to COVID-19 impacting on imports.

See table below, note the under expenditure did not negatively impact on Programme 4 performance.

SUB-PROGRAMME	2019/20			2018/19		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
General (Regional) Hospitals	2 179 695	2 181 082	(1 387)	1 999 288	1 995 181	4 107
Tuberculosis Hospitals	347 877	348 725	(848)	325 013	324 057	956
Psychiatric/Mental Hospitals	984 954	983 865	1 089	921 562	930 626	(9 064)
Sub-acute, Step-Down and Chronic Medical Hospitals	224 181	219 748	4 433	208 925	206 682	2 243
Dental Training Hospitals	182 475	176 238	6 237	175 453	166 296	9 157
TOTAL	3 919 182	3 909 658	9 524	3 630 241	3 622 842	7 399

Programme 5: Central Hospital Services

Purpose

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

Sub-Programme 5.1: Central Hospital Services

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

Sub-Programme 5.2: Provincial Tertiary Hospital Services

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

Strategic Objectives

The provincial strategic objective for Programme 5 is as follows:

- Provide access to quality Central Hospital services

Strategic Objective: Provide access to the full package of central hospital services					
INDICATOR: Actual (usable) beds (central hospitals)					
Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation	Comment	
2 359	2 359	2 359	0	Target Achieved.	

Performance Indicators

Prescribed Sector Indicators					
INDICATOR: Average length of stay (central hospitals)					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
6.4 days	6.5 days	6.5 days	6.6 days	6.4 days	(0.2 days)
N 742 396	750 954	774 007	754 152	768 750	(14 598)
D 115 448	116 152	119 554	114 988	120 416	5 428
Comment on Deviation Target achieved. The marginal deviation is considered acceptable and deemed a positive outcome for the Department as the average length of stay was reduced below the targeted level, indicating improved efficiency.					
INDICATOR: Inpatient bed utilisation rate (central hospitals)					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
86.2%	87.2%	89.9%	87.6%	89.3%	1.7%
N 742 396	750 954	774 007	754 152	768 750	(14 598)
D 861 129	861 129	861 129	861 129	861 129	0
Comment on Deviation This is a demand driven indicator which means it is not possible for the Department to predict with 100% accuracy the number of people that will require a health service. The marginal deviation is considered by the Department as having achieved the planned target. The bed occupancy was higher than the target due to a higher admission rate, indicating a greater need for health services than anticipated.					
INDICATOR: Expenditure per PDE (central hospitals)					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
R 4 987	R 5 319	R 5 506	R 5 979	R 5 967	R 12
N 4 950 578 555	5 328 069 158	5 663 750 514	6 027 893 000	6 049 874 377	(21 981 377)
D 992 676	1 001 686	1 028 733	1 008 248	1 013 828	(5 580)
Comment on Deviation Target achieved. The marginal deviation is considered acceptable and deemed a positive outcome for the Department as the cost per patient day equivalent is lower than the target, indicating improved expenditure efficiency.					

INDICATOR: Complaint resolution within 25 working days rate (central hospitals)						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	88.7%	92.0%	89.1%	88.9%	95.5%	6.6%
N	N: 716	599	498	695	555	(140)
D	D: 807	651	559	782	581	(201)

Comment on Deviation:
This is a demand driven indicator which means it is not possible for the Department to predict with 100% accuracy the number of people that will require a health service. The marginal deviation is considered by the Department as having achieved the planned target.

Provincial Indicators						
INDICATOR: Mortality and morbidity review rate (central hospitals)						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	96.4%	98.8%	100.0%	100.0%	101.2%	1.2%
N	81	83	84	84	85	1
D	84	84	84	84	84	0

Comment on Deviation:
The marginal deviation is considered acceptable and deemed a positive outcome for the Department.

Strategies to Overcome Under-Performance

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

Changes to Planned Targets

No targets were changed during the year.

Tertiary Hospitals

Strategic Objectives

The provincial strategic objective for Programme 5 is as follows:

- Provide access to quality Tertiary Hospital services.

Strategic Objective: Provide access to the full package of tertiary hospital services					
INDICATOR: Actual (usable) beds (tertiary hospitals)					
	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation	Comment
	272	272	272	0	Target Achieved.

Performance Indicators

Prescribed Sector Indicators						
INDICATOR: Average length of stay (tertiary hospitals)						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	4.0 days	3.8 days	3.8 days	3.9 days	3.9 days	0 days
N	N: 78 222	78 402	78 201	80 417	75 804	(4 613)
D	D: 19 581	20 465	20 838	20 620	19 586	(1 034)
Comment on Deviation Target Achieved.						
INDICATOR: Inpatient bed utilisation rate (tertiary hospitals)						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	78.8%	79.0%	78.8%	81.0%	76.3%	(4.7%)
N	N: 78 222	78 402	78 201	80 417	75 804	(4 613)
D	D: 99 291	99 291	99 291	99 291	99 291	0
Comment on Deviation There is a slight drop in performance due to the decrease in medical admissions during the year. 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.						
INDICATOR: Expenditure per PDE (tertiary hospitals)						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	R 5 980	R 6 453	R 6 820	R 7 044	R 7 358	(R 314)
N	739 990 486	790 081 704	841 027 272	889 983 000	881 428 556	(8 554 444)
D	123 748	122 439	123 314	126 338	119 787	6 551
Comment on Deviation The increase in expenditure per patient day equivalent is due to additional buffer stock ordered and the decrease in bed utilisation.						

INDICATOR: Complaint resolution within 25 working days rate (tertiary hospitals)						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	95.5%	92.5%	92.2%	94.0%	93.9%	(0.1%)
N	168	123	106	158	124	(34)
D	176	133	115	169	132	(37)
Comment on Deviation This is a demand driven indicator which means it is not possible for the Department to predict with 100% accuracy the number of people that will require a health service. The marginal deviation is considered by the Department as having achieved the planned target.						

Provincial Indicators						
INDICATOR: Mortality and morbidity review rate (tertiary hospitals)						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	100.0%	100.0%	100.0%	100.0%	100.0%	0%
N	12	12	12	12	12	0
D	12	12	12	12	12	0

Comment on Deviation
Target Achieved.

Strategies to Overcome Under-Performance

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

Changes to Planned Targets

No targets were changed during the year.

Linking Performance with Budgets

Programme 5 targets have largely been achieved and thus positively contributed to the Department's strategic objectives. Compensation of employees subsumes the major share of the total expenditure, as the nature of tertiary and quaternary services rendered in these hospitals require highly skilled specialist staff that attract higher than average remuneration.

SUB-PROGRAMME	2019/20			2018/19		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Central Hospital Services	6 041 122	6 049 874	(8 752)	5 664 349	5 663 751	598
Provincial Tertiary Hospital Services	903 386	894 634	8 752	853 494	853 494	-
TOTAL	6 944 508	6 944 508	-	6 517 843	6 517 245	598

Programme 6: Health Sciences & Training

Purpose

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

Sub-Programme 6.1: Nurse Training College

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

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

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

Sub-Programme 6.3: Bursaries

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

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

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

Sub-Programme 6.5: Training (Other)

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

Strategic Objectives

People Development plays an important role in facilitating the continued development of competencies of health and support professionals and workers thus the provincial strategic objective for Programme 6 is as follows:

- Implement a Human Resource Development (HRD) strategy

Strategic Objective: Implement a Human Resource Development (HRD) strategy				
INDICATOR: Number of bursaries awarded for scarce and critical skills categories				
Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation	Comment
1 875	1 900	2 090	190	Additional bursaries awarded to Study by Assignment Nurse Specialties based on scarce skills need.

Performance Indicators

Prescribed Sector Indicators					
INDICATOR: Number of bursaries awarded for first year medicine students					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
49	58	50	50	51	1
Comment on Deviation The marginal deviation from the planned performance target is considered by the Department as acceptable and is therefore considered as having achieved the target.					
INDICATOR: Number of bursaries awarded for first year nursing students					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
195	153	101	130	138	8
Comment on Deviation Additional bursaries awarded to Study by Assignment Nurse Specialties based on scarce skills need.					

Provincial Indicators					
INDICATOR: EMC intake on accredited HPCSA courses					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
90	90	90	60	90	30
Comment on Deviation There was an additional intake for the Ambulance Emergency Assistant (AEA) course. As of January 2020, the Health Professions Council of South Africa (HPCSA) closed the register for AEA.					

INDICATOR: Intake of home community based carers (HCBCs)					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
882	1 154	803	800	800	0
Comment on Deviation Target achieved.					
INDICATOR: Intake of Admin Interns					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
220	219	180	300	322	22
Comment on Deviation Target exceeded due to the number of contract extensions for an additional year funded by sub-programme 6.5 (to meet service demands).					
INDICATOR: Intake of learner basic/post basic pharmacist assistants					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
123	125	99	130	130	0
Comment on Deviation Target achieved.					
INDICATOR: Intake of assistant to artisan (ATA) interns					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
119	146	120	120	234	114
Comment on Deviation Over performance due to additional service needs and funding availability. Interns absorbed into permanent posts.					
INDICATOR: Intake of PAY Interns					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
153	185	167	300	285	(15)
Comment on Deviation The marginal deviation from the planned performance target is considered by the Department as acceptable and is therefore considered as having achieved the target.					
INDICATOR: Intake of emergency medical care (EMC) assistant interns					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
162	137	80	100	100	0
Comment on Deviation Target achieved.					
INDICATOR: Intake of forensic pathology service (FPS) assistant interns					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
13	9	20	50	30	(20)
Comment on Deviation Not sufficient amount of candidates met the minimum educational entrance criteria. Interns also declined due to nature of work.					

Strategies to Overcome Under-Performance

The deviation in intake of forensic pathology service (FPS) assistant interns was due to the limited pool of applicants, based on candidates not meeting the minimal educational requirements of Grade 12 Mathematics, and the nature of work involved. The target will therefore be adjusted downward going forward.

Changes to Planned Targets

No targets were changed during the year.

Linking Performance with Budgets

Programme 6 recorded a total under expenditure of R12.212 million which is mainly attributed to:

- Sub-programme 6.1 *Nurse Training College*

Nurse Training College recorded an under expenditure (surplus) of R5.3m 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 264 undergraduate and 142 post-basic level students graduating.

- Sub-programme 6.2 *Emergency Medical Services (EMS) Training Colleges*

Emergency Medical Services Training College showed marginal under expenditure. The expenditure contributed to the achievement of outputs with an enrolment of 57 students on the Emergency Diploma programme and 60 students on the Ambulance Emergency Assistant course.

- Sub-programme 6.3 *Bursaries*

The Department was not able to spend its projected bursary budget for 2019/20 due to the attrition rate at Higher Education Institutions (HEIs) as a result of the high second year Nursing failure rate i.e. students who did not progress to the 2020 academic year. Also, owing to COVID 19 and the early closure of HEIs, not all Bursaries could be paid before end of March. This resulted in under-expenditure of the Sub-programme 6.3 budget. A rollover request to the Provincial Treasury was made to roll over the unspent funds to the 2020/21 financial year, as students who pass their 2020 academic year will be eligible to continue with their bursary in 2020. The expenditure contributed to the achievement of outputs with a total of 2090 bursaries allocated for health and related professionals.

- Sub-programme 6.4 *Primary Health Care*

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

- Sub-programme 6.5 *Training (other)*

Training Other reflected an under expenditure which was mainly due to following reasons: The postponement of training particularly in Quarter 4 due to the unexpected COVID-19 lockdown, and the late start of graduate interns in the Department due to delays in the recruitment process. The expenditure contributed to the achievement of outputs including the training of 223 operational managers on the Engaged Leadership Programme, the training of 3105 health professionals on clinical skills development; and the funding of 997 interns on the stipend youth development programmes.

SUB-PROGRAMME	2019/20			2018/19		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Nursing Training College	70 151	64 816	5 335	68 152	56 688	11 464
Emergency Medical Services (EMS) Training College	31 718	31 473	245	32 679	34 322	(1 643)
Bursaries	61 704	58 087	3 617	69 477	67 509	1 968
Primary Health Care (PHC) Training	1	-	1	1	-	1
Training (Other)	179 407	176 493	2 914	158 307	163 124	(4 817)
TOTAL	342 981	330 869	12 112	328 616	321 643	6 973

Programme 7: Health Care Support Services

Purpose

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

Sub-Programme 7.1. Laundry Services

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

Sub-Programme 7.2. Engineering Services

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

Sub-Programme 7.3. Forensic Services

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

Sub-Programme 7.4. Orthotic and Prosthetic Services

To render specialised orthotic and prosthetic services.

Sub-Programme 7.5. Cape Medical Depot

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

Laundry Services

In 2019/20 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 Sub-programme 7.1 in 2019/20.

Strategic Objectives

The provincial strategic objective for Sub-Programme 7.1 is as follows:

- Provide an efficient and effective laundry service

Strategic Objective: Provide an efficient and effective laundry service					
INDICATOR: Average cost per item laundered in-house					
	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation	Comment
	R 4.84	R 5.83	R 5.23	R 0.60	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 and the resultant number of pieces generated to be laundered. The "over" performance is however seen as a positive outcome for the Department.
N	67 370 557	78 116 095	72 194 537	5 921 558	
D	13 906 232	13 398 987	13 802 689	403 702	

Performance Indicators

Provincial Indicators						
INDICATOR: Average cost per item laundered outsourced						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
	R 3.56	R 3.80	R 4.00	R 4.43	R 4.31	R 0.12
N	28 471 463	29 399 503	31 394 130	38 072 678	33 295 673	4 777 005
D	7 991 134	7 742 569	7 838 769	8 594 284	7 722 641	(871 643)
Comment on Deviation						
This is a demand driven indicator which means it is not possible for the Department to predict with 100% accuracy the number of people that will require a health service and the resultant number of pieces generated to be laundered. The marginal over-performance is, however, seen as a positive outcome for the Department.						

Strategies to Overcome Under-Performance

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 2019/20 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, still remains in place. Upgrading of the equipment at Tygerberg Laundry is being planned.

Changes to Planned Targets

No targets were changed during the year.

Engineering Services

Strategic Objectives

The provincial strategic objective for Programme 7 is as follows:

- Provide an efficient and effective maintenance service

Strategic Objective: Provide an efficient and effective maintenance service					
INDICATOR: Percentage reduction in energy consumption at provincial hospitals (compared to 2014/15 baseline)					
	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation	Comment
	6.0%	10.0%	11.4%	1.4%	Over performance indicates that reduction in energy exceeds the target, which means that more hospitals have managed to reduce their energy consumption. This is to the benefit of the Department, the Province and the environment.
N	9 262 882	15 327 925	17 400 253	2 072 328	
D	153 279 246	153 279 246	153 279 246	0	

The target for 2019/20 was achieved. The Department remains committed to reducing energy consumption at its facilities as it is beneficial from an expenditure perspective, whilst also positively impacting on the environment.

Performance Indicators

Provincial Indicators						
INDICATOR: Threshold (provincial benchmark) achieved for clinical engineering maintenance jobs completed						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
New indicator		Yes	No	Yes	No	Threshold not achieved
Comment on Deviation						
The backlog in the Electronics Unit affected overall performance. Although two vacant posts in this Unit were filled, it will take time to reach acceptable efficiency levels.						
Note: The Provincial benchmark (set target/threshold) is based on a formula that calculates performance as a percentage by taking into consideration the number of clinical engineering maintenance jobs received versus clinical engineering maintenance jobs completed.						
INDICATOR: Threshold (provincial benchmark) achieved for engineering maintenance jobs						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
New indicator		Yes	Yes	Yes	Yes	None
Comment on Deviation						
Target achieved (threshold exceeded).						
Note: The Provincial benchmark (set target/threshold) is based on a formula that calculates performance as a percentage by taking into consideration the number of engineering maintenance jobs received versus engineering maintenance jobs completed.						
INDICATOR: Percentage of hospitals achieving the provincial benchmark for water utilisation						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
		70.0%	76.9%	75.0%	75.0%	0%
N	<i>New indicator</i>	35	40	39	39	0
D		50	52	52	52	0
Comment on Deviation						
Target achieved.						

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. In addition, exceeding the target for utilities consumption is beneficial not only to the Department and the Province, but also to the environment.

Strategies to Overcome Under-Performance

In terms of Subprogramme 7.2, the aim is to maintain the improved response times for engineering maintenance. 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 and water consumption and to enable billing of other users e.g. leased areas;
- Behaviour change intervention for electricity and water 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.

Forensic Pathology Services

Strategic Objectives

There are no provincial strategic objectives specified for Forensic Pathology Services.

Performance Indicators

Provincial Indicators						
INDICATOR: Percentage of Child Death Cases Reviewed by the Child Death Review Boards						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
			75.2%	100.0%	71.5%	(28.5%)
N	New Indicator		1 365	2 083	1 058	(1 025)
D			1 815	2 083	1 479	(604)
Comment on Deviation						
The underperformance in Child death reviews is mainly due to the mass disaster declared during quarter 3, which resulted in a huge caseload and backlog in post-mortem examinations and in quarter 4 child death review meetings in Metro East, West Coast, Garden Route and Central Karoo could not be held for 2 months due to the reprioritising of services to focus on COVID-19 and the national lockdown						

Strategies to Overcome Under-Performance

- Percentage of Child Death Cases Reviewed by the Child Death Review Board

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 and issues are to be addressed as it presents.

Changes to Planned Targets

No targets were changed during the year.

Orthotic & Prosthetic Services

This service is reported in Sub-programme 4.4.

Cape Medical Depot

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

The provincial strategic objective for Sub-Programme 7.5 is as follows:

- Ensure optimum pharmaceutical stock levels to meet the demand

Strategic Objective: Ensure optimum pharmaceutical stock levels to meet the demand					
INDICATOR: Percentage of pharmaceutical stock available					
	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation	Comment
	89.4%	95.1%	84.2%	10.9%	The under-performance was mainly attributed due to the late award of tenders by National Treasury, together with the reduced number of pharmaceutical items within these tenders for which bids were received. Continued poor supplier performance has directly affected medicine availability in the reporting period. As of 01 April 2019, National Department of Health (NDoH) has managed the pharmaceutical tender processes, as well as the re-tender process for items no bids were previously received. Delegates of pharmacy services in the Western Cape assisted NDoH where possible. The added constraint that became apparent was the effect of the Corona virus in China and India, with its concomitant lockdown, where a significant amount of the active pharmaceutical ingredients (API) is sourced, thus delivery was sparse and resulting in decreased medicine availability.
N	634	694	583	(111)	
D	709	730	692	(38)	

Performance Indicators

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

Strategies to Overcome Under-Performance

The HOD and MEC describe in written correspondence, to the National Department of Health, the risks as they relate to health outcomes for patients in this Province, linked to the reduced number of pharmaceutical items on contract. The CMD actively sources and procures medicines from registered suppliers to optimise stock levels using the procurement systems available in the Province, albeit that the pharmaceutical items not included in a national contract, may attract a higher unit price. The depot actively manages contracts and imposes penalties on suppliers for part / poor/ no delivery where required. Assistance and support has been provided to the colleagues in the National Department of Health with respect to the technical aspects of pharmaceutical contracts, so as to optimise contract efficiencies of scale, wherever possible. The payment of creditors occurs well within the 30 days post invoice allowable by the PFMA, making the CMD a reliable client for suppliers.

The Provincial Pharmacy and Therapeutics Committee (PPTC) is a well-functioning and active committee consisting of pharmacologists, physicians, specialists and pharmacists, whose advice related to substitutions or clinical alternatives are sought and gained timeously when required, all evidence based.

Changes to Planned Targets

No targets were changed during the year.

Linking Performance with Budgets

- Laundry Services

Laundry Services recorded a slight under spending of 0.43 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, and the continued implementation of the strategy to reduce water usage by generating less laundry items e.g. changing linen only when required. 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.

- Engineering Services

Engineering Services recorded an under-expenditure of 10.5 per cent. The under-expenditure is predominantly due to posts not filled, due to the difficulties in recruiting technical staff, high turnover due to the competitive market, 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.

- Forensic Pathology Services

Forensic Pathology Services recorded an overspending of R3,239 million. This was largely due to over-expenditure on compensation of employees due to approved expansion of filling of critical posts in response to the increased caseload.

- Cape Medical Depot

Cape Medical Depot recorded a minor over expenditure of R221 000 for the financial year, that was due to higher unit prices paid for items not included in the most recent contracts awarded by the National Department of Health.

SUB-PROGRAMME	2019/20			2018/19		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Laundry Services	111 337	110 862	475	105 669	104 649	1 020
Engineering Services	115 829	103 632	12 197	106 277	105 495	782
Forensic Services	196 654	199 893	(3 239)	185 559	185 309	250
Orthotic and Prosthetic Services	1	-	1	1	-	1
Cape Medical Depot	76 649	76 870	(221)	71 201	66 214	4 987
TOTAL	500 470	491 257	9 213	468 707	461 667	7 040

Programme 8: Health Facilities Management

Purpose

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

Sub-Programme 8.1. Community Health Facilities

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

Sub-Programme 8.2. Emergency Medical Rescue Services

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

Sub-Programme 8.3. District Hospital Services

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

Sub-Programme 8.4. Provincial Hospital Services

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

Sub-Programme 8.5. Central Hospital Services

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

Sub-Programme 8.6. Other Facilities

Planning, design, construction, upgrading, refurbishment, additions, and maintenance of other health facilities, including forensic pathology facilities.

Strategic Objectives

The provincial strategic objective for Programme 8 is as follows:

- Efficient and effective management of infrastructure

Strategic Objective: Efficient and effective management of infrastructure					
INDICATOR: Percentage of Programme 8 Capital infrastructure budget spent (excluding Maintenance)					
	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation	Comment
	98.2%	100.0%	93.0%	7.0%	As it is not possible to predict with 100% accuracy the expenditure for capital infrastructure, the Department considers the slight deviation of 7.0% from the set performance target as acceptable. This deviation is mainly due to slow progress on projects in design stages and to delays or extensions of time for projects in construction.
N	342 006 236	535 214 000	372 776 936	162 437 064	
D	348 121 000	535 214 000	400 962 000	134 252 000	

Good progress was made in 2019/20 towards achieving the strategic objective with 93.0 per cent of the capital infrastructure budget spent.

Performance Indicators

Prescribed Sector Indicators					
INDICATOR: Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District (Garden Route District)					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
6	4	0	1	1	0
Comment on Deviation Target achieved.					
INDICATOR: Number of health facilities that have undergone major and minor refurbishment outside NHI pilot District (Garden Route District)					
Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
52	38	23	26	18	(8)
Comment on Deviation Target partially achieved. Work was completed at 18 of the 26 facilities planned to undergo major and minor refurbishment. Under performance is due to slow progress on design stages; delays or extensions of time for projects in construction; delay in tender processes for scheduled maintenance projects; and significant delays on scheduled maintenance projects in construction.					

Provincial Indicators						
INDICATOR: Percentage of Programme 8 Maintenance budget spent						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
		88.3%	88.2%	100.0%	92.0%	8.0%
N	New indicator	294 424 853	351 680 830	411 771 000	320 089 424	91 681 576
D		333 603 000	398 780 000	411 771 000	347 942 000	63 829 000
Comment on Deviation Target partially achieved. Under expenditure is due to: Slow progress on design stages; delay in tender processes for Scheduled Maintenance projects; significant delays on Scheduled Maintenance projects in construction; and various challenges with suppliers / contractors in rural areas with limited registered service providers in rural areas (WC supplier database, Construction Industry Development Board etc.).						
INDICATOR: Percentage of Programme 8 Health Technology budget spent						
	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Target 2019/20	Actual Achievement 2019/20	Deviation
		110.6%	136.2%	100.0%	117.1%	(17.1%)
N	113 359 879	128 782 098	166 430 755	126 335 000	316 380 840	(190 045 840)
D	67 665 000	116 394 000	122 156 000	126 335 000	270 191 000	(143 856 000)
Comment on Deviation In spite of increased budget allocation, planned over expenditure was forecasted as a mitigating strategy to address under expenditure in other Programme 8 components.						

Strategies to Overcome Under-Performance

Performance will be continuously monitored, and the Department will remain focused on the following strategies:

- Utilising alternative implementing strategies e.g. Framework Agreements and Management Contractor for larger Day-to-day Maintenance projects.
- Use of standard designs to shorten design processes.
- Continue with the implementation of the Infrastructure Delivery Management System (IDMS) through the Framework for Infrastructure Delivery and Procurement Management (FIDPM) and One IDMS.
- Reallocation of infrastructure budget to Health Technology and Engineering as soon as the risk of under expenditure is raised.

Changes to Planned Targets

No targets were changed during the year.

Linking Performance with Budgets

Programme 8 recorded an under expenditure of R15,610 million or 1.43 per cent in the 2019/20 financial year, mainly due to the following:

- Compensation of employees is underspent by R2,765 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 R105,690 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 R92,800 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 and Other Facilities. Projects in the District Health Services, Provincial Hospital Services and Central Hospital Services Subprogrammes 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.

SUB-PROGRAMME	2019/20			2018/19		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Community Health Facilities	223 215	189 651	33 564	151 576	118 211	33 365
Emergency Medical Rescue Services	33 970	21 320	12 650	10 869	7 214	3 655
District Hospital Services	256 587	269 147	(12 560)	291 158	257 183	33 975
Provincial Hospital Services	92 319	96 231	(3 912)	107 620	93 878	13 742
Central Hospital Services	243 397	331 916	(88 519)	194 507	277 682	(83 175)
Other Facilities	243 262	168 875	74 387	182 763	168 726	14 037
TOTAL	1 092 750	1 077 140	15 610	938 493	922 894	15 599

Transfer Payments

Transfer payments to Public Entities

The Department does not have any Public Entity.

Transfer payments made

The total transfer payments made and spent equates to R1 396 558 for the year 2019/20, see tables below for a breakdown of the payments.

Transfers to Municipalities						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
City of Cape Town						
Municipality	Rendering of personal Primary Health Care, including maternal child and infant health care, antenatal care, STI treatment, tuberculosis treatment and basic medical care. Also, nutrition and HIV/AIDS.	Yes	592 756	592 756	N/A	City of Cape Town District
Municipality	Vehicle Licences	Yes	12	12	N/A	Emergency Medical and Forensic Pathology Services Groups

Transfers to Departmental Agencies and Accounts						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
Health & Welfare SETA						
Statutory body	People Development	Yes	6 126	6 126	N/A	Departmental
Radio & Television						
Licensing Authorities	Television & Radio Licences	Yes	500	500	N/A	Departmental
Aerodrome Licences						
Licensing authorities	Aerodrome Licences	Yes	61	61	N/A	Departmental

Transfers to Higher Education Institutions						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
University of Cape Town						
Higher Education Institution	Neuroscience Department Rehabilitation at Groote Schuur Hospital	Yes	10 000	10 000	N/A	City of Cape Town District

Transfers to Non-Profit Institutions						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
Various Institutions						
Community Based Programmes	E vision and ICT development Project	Yes	1 611	1 611	N/A	City of Cape Town District
Various Institutions						
Non-profit institutions	Community Health Clinics: Vaccines and Tuberculosis treatment	Yes	179	179	N/A	Central Karoo District

Various Institutions						
Non-profit Institutions	Tuberculosis treatment	Yes	938	938	N/A	Cape Winelands District
		Yes	200	200	N/A	Garden Route District
		Yes	152	152	N/A	West Coast District
Aquaries Healthcare						
Chronic Care	Intermediate care facility - adult & children	Yes	46 316	46 316	N/A	City of Cape Town District
Booth Memorial						
Provincially Aided hospital	Intermediate care facility - adult	Yes	27 864	27 864	N/A	City of Cape Town District
St Joseph						
Provincially Aided hospital	Intermediate care facility – children	Yes	10 554	10 554	N/A	City of Cape Town District
Various Institutions						
Non-profit Institutions	Chronic Care: Caring for elderly patients in assisting with wound care, feeding etc. after being discharged	Yes	1 516	1 516	N/A	Garden Route District
Various Institutions						
Non-Profit Institutions	TB Adherence and Counselling	Yes	504	504	N/A	Khayelitsha/Eastern SS
		Yes	279	279	N/A	Northern/Tygerberg SS
		Yes	2 870	2 870	N/A	West Coast District
Various Institutions						
Non-Profit Institutions	Home Based care	Yes	19 882	19 882	N/A	Khayelitsha/Eastern SS
		Yes	12 965	12 965	N/A	Klipfontein/M Plain SS
		Yes	5 649	5 649	N/A	Northern/Tygerberg SS
		Yes	9 115	9 115	N/A	Western/Southern SS
		Yes	2 000	2 000	N/A	Cape Winelands District
		Yes	603	603	N/A	Central Karoo District
		Yes	1 660	1 660	N/A	Garden Route District
		Yes	2 306	2 306	N/A	Overberg District
Yes	2 786	2 786	N/A	West Coast District		
Various Institutions						
Non-Profit Institutions	Mental Health	Yes	3 559	3 559	N/A	Cape Winelands District
		Yes	429	429	N/A	Central Karoo District
		Yes	169	169	N/A	Garden Route District
		Yes	20 000	20 000	N/A	Khayelitsha/Eastern SS
		Yes	14 831	14 831	N/A	Klipfontein/M Plain SS
		Yes	10 413	10 413	N/A	Northern/Tygerberg SS
		Yes	4 954	4 954	N/A	Overberg District
		Yes	8 826	8 826	N/A	Western/Southern SS

Various Institutions						
Non-Profit Institutions	Anti-retroviral treatment, home-based care, step-down care, HIV counselling and testing, etc.	Yes	40 140	40 140	N/A	Cape Winelands District
		Yes	9 946	9 946	N/A	Central Karoo District
		Yes	39 342	39 342	N/A	Garden Route District
		Yes	13 972	13 972	N/A	Khayelitsha/Eastern SS
		Yes	39 570	39 570	N/A	Klipfontein/Mitchell's Plain SS
		Yes	46 181	46 181	N/A	Northern/Tygerberg SS
		Yes	21 008	21 008	N/A	Overberg District
		Yes	28 665	28 665	N/A	West Coast District
		Yes	12 669	12 669	N/A	Western/Southern SS
		Yes	23 818	23 818	N/A	City of Cape Town District
Various Institutions						
Nutrition	Rendering of a Nutrition intervention service to address malnutrition in the Western Cape	Yes	139	139	N/A	Central Karoo District
		Yes	663	663	N/A	Garden Route District
		Yes	484	484	N/A	Khayelitsha/Eastern SS
		Yes	256	256	N/A	Klipfontein/Mitchell's Plain SS
		Yes	632	632	N/A	Northern/Tygerberg SS
		Yes	477	477	N/A	Western/Southern SS
Carel Du Toit & Philani						
Non-Profit Institutions	Hearing Screening Rehab Workers and mentoring in Speech-Language and Audiology services for children	Yes	1 743	1 743	N/A	Klipfontein/Mitchell's Plain SS
Various Institutions						
Global Fund	Investing for Impact against Tuberculosis and HIV through innovative HIV prevention strategies within key populations	Yes	73	73	N/A	Cape Winelands District
		Yes	358	358	N/A	Khayelitsha/Eastern SS
		Yes	28 468	28 468	N/A	Community Based Programmes
		Yes	556	556	N/A	Klipfontein/M Plain SS
Open Circle & Hurdy Gurdy						
Non-Profit Institutions	Residential care for people with autism or intellectual disability and with challenging behaviour	Yes	3 406	3 406	N/A	City of Cape Town District
Maitland Cottage						
Step-down Care	Paediatric orthopaedic care	Yes	13 205	13 205	N/A	City of Cape Town District
Various Institutions						
Non-Profit Institutions	Expanded Public Works Programme (EPWP) funding used for training and Home Based Care	Yes	56 995	56 995	N/A	Various
Various Institutions						
Non-Profit Institutions	Wellness strategy focused on healthy lifestyle choices to prevent and control chronic diseases of lifestyle; promote safe and healthy pregnancies and child rearing; and a reduction of harmful personal behaviours	Yes	2 250	2 250	N/A	Khayelitsha/Eastern SS
		Yes	2 250	2 250	N/A	Klipfontein/Mitchell's Plain SS
		Yes	2 250	2 250	N/A	Northern/Tygerberg SS
		Yes	2 250	2 250	N/A	Western/Southern SS

Transfers to Households						
Type of Organisation	Purpose for which the funds were used	Compliance with PFMA [S38(1)(J)]	Amount Transferred (R'000)	Amount Spent (R'000)	Reasons for Under Expenditure	Geographical Area
Employee Social Benefits – cash residents						
Various Claimants	Injury on duty, Leave Gratuity, Retirement Benefit, Severance Package	Yes	75 972	75 972	N/A	Departmental
Various Claimants						
Various Claimants	Claims against the state: households	Yes	60 140	60 140	N/A	Departmental
Various Claimants						
Higher education Institutions	Bursaries	Yes	45 948	45 948	N/A	Departmental
Various Claimants						
Various Claimants	Payment made as act of grace	Yes	67	67	N/A	Departmental
Western Cape on Wellness (WoW)						
Community Based Programmes	Cash donation made to the Health Foundation for the Department healthy lifestyles initiatives within communities	Yes	80	80	N/A	City of Cape Town District

Transfer Payments Not Made						
Type of Organisation	Purpose for which the funds were to be used	Amount Budgeted (R'000)	Amount Transferred (R'000)	Reasons why funds were not transferred	Geographical Area	
Global Fund						
Non-profit institution	Investing for Impact against Tuberculosis and HIV through innovative HIV prevention strategies within key populations	5	-	The funds were for Accruals of 2018/2019 financial year. No claim was received.	Central Karoo 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. 16 of 2019 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 2019/20 financial year, the Department continued to utilise the Health Facility Revitalisation Grant in line with its Healthcare 2030.

Transferring Department	National Department of Health
Grant Purpose	<ul style="list-style-type: none"> ▪ To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance ▪ To enhance capacity to deliver health infrastructure ▪ To accelerate the fulfilment of the requirements of occupational health and safety

Expected Outputs	PERFORMANCE INDICATORS	ANNUAL TARGET	ACTUAL ACHIEVEMENT
	Number of new facilities completed ¹	1	0
	Number of facilities maintained ²	57	89
	Number of facilities upgraded and renovated ³	6	6
	Number of facilities commissioned in terms of health technology ⁴	30	6
Amount per amended DORA (R'000)	R 812 626		
Amount received (R'000)	R 812 626		
Reasons if amount per DORA was not received	N/A		
Amount spent by the Department (R'000)	R 812 626		
Reasons for under-expenditure	N/A		
Reasons for target deviation	Number of New Facilities Completed¹ The Observatory FPL was targeted to achieve Practical Completion but, due to contractor performance and quality of work concerns, this was not achieved.		
	Number of Facilities Maintained² Expenditure on Scheduled Maintenance projects was incurred at 89 facilities during 2019/20.		
	Number of Facilities Upgraded and Renovated³ Facilities or areas/units within facilities upgraded and renovated (Practical Completion or equivalent achieved) at: <ul style="list-style-type: none"> ▪ Bonnievale Ambulance Station ▪ Grabouw CHC ▪ Mitchell's Plain Hospital ▪ Swartland Hospital ▪ Victoria Hospital ▪ Vredenburg Hospital 		
	Number of Facilities Commissioned in Terms of Health Technology⁴ HT projects were commissioned at the following facilities in 2019/20: <ul style="list-style-type: none"> ▪ Bongoletu Clinic ▪ Goodwood CDC ▪ Kraaifontein CHC ▪ Mitchell's Plain CHC ▪ Tygerberg Hospital ▪ Vredenburg FPL It is important to note that health technology projects could not be commissioned at various facilities due to delays to infrastructure projects, some of which are NHI projects.		
Measures taken to improve performance	Performance in 2019/20 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 2020/21: <ul style="list-style-type: none"> ▪ Utilising alternative implementing strategies (e.g. Framework Agreements and Management Contractor for larger Day-to-day Maintenance projects) ▪ Use of standard designs to shorten design processes ▪ Continue with the implementation of the Infrastructure Delivery Management System (IDMS) through the Framework for Infrastructure Delivery and Procurement Management (FIDPM) and One IDMS ▪ Reallocation of infrastructure budget to Health Technology and Engineering as soon as the risk of under expenditure is raised 		

Monitoring mechanism by the receiving Department	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 PMIS or Project Management Information System (also referred to as PPO) to update project information and progress, with some of the information being integrated from BizProjects.
Notes	<ul style="list-style-type: none"> ▪ ¹Output refers to facilities where capital infrastructure projects, categorised as new or replaced infrastructure assets, achieved Practical Completion or equivalent in the year under review. ▪ ²Output considers facilities where expenditure was incurred on Scheduled Maintenance projects in the year under review. ▪ ³Facilities where capital infrastructure projects, categorised as either 'Upgrade and Additions', or as 'Renovations, Rehabilitation or Refurbishments' have achieved Practical Completion or equivalent in the year under review. ▪ ⁴Areas / 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.

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. 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.

Comprehensive HIV & Aids Grant

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

Transferring Department	National Department of Health		
Grant Purpose	<ul style="list-style-type: none"> ▪ To enable the health sector to develop an effective response to HIV and AIDS including universal access to HIV Counselling and Testing ▪ To support the implements of the National operational plan for comprehensive HIV and AIDS treatment and care ▪ To subsidise in-part funding for the antiretroviral treatment plan ▪ 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 ▪ 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 ▪ HIV / AIDS / STI Strategic Plans 2007-2011 and Healthcare 2010 ▪ 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 		
Expected Outputs	PERFORMANCE INDICATORS	ANNUAL TARGET	ACTUAL ACHIEVED
	No. of male condoms distributed	113 896 655	90 346 360
	No. of female condoms distributed	2 308 505	1 480 900
	No. of HTA intervention sites	170	170
	No. of peer educators receiving stipends	100	100
	Male urethritis syndrome treated - new episode	42 135	44 592

	No. of individuals who received an HIV service or referral at high transmission area sites	84 388	101 498
	No. of Individuals from key populations reached with individual/ small group HIV prevention interventions designed for the target population	20	58
	No. of active Lay counsellors on stipend	705	705
	No. of clients tested (including antenatal)	1 624 453	1 687 069
	No. of health facilities offering MMC	74	74
	No. of MMC performed	20 530	18 124
	No. of sexual assault cases offered ARV prophylaxis	3 000	3 379
	No. of antenatal clients initiated on ART	6 183	4 845
	No. of babies, PCR tested at 10 weeks	14 513	13 970
	No. of new patients started on treatment	49 184	40 634
	No of patients on ART remaining in care	300 369	300 470
	No of HIV positive clients screened for TB	74 650	50 449
	No of HIV positive clients started on IPT	25 961	26 979
	No of Doctors trained on HIV/AIDS, TB, STIs and other chronic diseases	120	183
	No of Nurses trained on HIV/AIDS, TB, STIs and other chronic diseases	1000	1280
	No of Non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases	1000	957
	No of CHWs receiving stipends	3 799	3 562
	No of CHWs trained	1 000	2 103
	Number of OTLs trained	190	56
	No of under 5 head count	190 044	274 022
	No of 5 and above head count	549 346	1 067 559
	Number of HIV defaulters traced	23 999	14 626
	Number of TB defaulters	1 866	1 665
	TB symptom clients screened in facility rate	41%	56%
	TB client start on treatment rate	93%	89%
	TB client treatment success rate	81%	76.8%
	TB Rifampicin Resistant confirmed treatment start rate	93%	98%
	TB MDR treatment success rate	51%	55.8%
	DR-TB patients that received Bedaquiline	1 223	1 386
Amount per amended DORA (R'000)	R 1 685 517		
Amount received (R'000)	R 1 685 517		
Reasons if amount per DORA was not received	N/A		

Amount spent by the Department (R'000)	R 1 685 517
Reasons for under-expenditure	N/A
Reasons for target deviation and measures taken to improve performance	<p>Male & Female Condoms Distributed</p> <p>The Department is having challenges with condom promotion and 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. The province was in the process of investigating the decline in condom distribution when movement restrictions were instituted in the fourth quarter. We do however think one of the reasons is poor identification of alternative distribution sites such as shebeens, spaza shops, bars, taverns, night clubs, etc. The following measures have been taken to improve performance:</p> <ul style="list-style-type: none"> ▪ The plan is to establish networks of NPO partnerships and link them to health facilities to support condom distribution. Alternative ways of ensuring access to condoms are being explored in the current environment of COVID-19 ▪ Standard Operating Procedures (SOP) for the management, recording & reporting of Barrier Methods at facility and community level in order to guide the districts and in-so-doing ensure accurate reporting. Cupid female condom training's will be conducted quarterly to Health promoters and Counsellors
	<p>Total Number of New Patients Started on Art</p> <p>During the 2019/20 year, the total number of clients initiated on ART, decreased slightly from 41 359 (2018/19) to 40 634. Part of the government strategy to find new HIV infections and putting these clients on treatment however it has been a challenge. The Department has identified high burden geographic areas as focal points to find new cases to initiate on ART.</p>
	<p>Community Health Workers Receiving Stipends</p> <p>There were 3 562 CHWs appointed via NPOs 19/20 financial year, we always have an attrition rate of >10%. In 19/20 the attrition rate was 6.3% and these vacant posts are filled by the NPOs, there is constant attrition as CHWs are looking for better opportunities and permanent employment. The following measure has been put in place to improve performance:</p> <ul style="list-style-type: none"> • NPO's to fill vacant posts. The province to continue contacting CHWs via our NPO network and fully implement the increases in stipends for CHWs
	<p>Number of Antenatal Care (ANC) Clients Initiated on Life-Long Art</p> <p>Achieved 76% of the target on ANC clients initiated on ART while 98% of women who are HIV positive were on ART at delivery. Quality improvement plans were put in place in order to improve the outcomes. The following measure has been put in place to improve performance:</p> <ul style="list-style-type: none"> ▪ All districts and tertiary hospitals filled their PMTCT Coordinator posts to strengthen the PMTCT programme and to address the gaps identified. The provincial PMTCT Task team meeting which integrated other programs continued quarterly in order to provide support and direction. Plan to engage with poor performing districts and address issues related to data capturing challenge
	<p>Number of HIV Positive Clients Screened for Tuberculosis</p> <p>Finding missing TB cases is one of our strategies the province is committed to find clients who are initial lost to follow up or those who are struggling with TB adherence for (various reasons). Emphasis has been placed on finding missing TB cases and has resulted in increased screening. The following measure has been put in place to improve performance:</p> <ul style="list-style-type: none"> ▪ To continue with the TB cases finding strategy and the comprehensive health database, source of finding all TB cases and the collection tool for finding TB cases in the province presents an opportunity to track and finding the missing cases
	<p>Number of Medical Male Circumcisions Performed</p> <p>Provision of MMC as a prevention strategy continues to be a challenge in this Province. Activities were carried out according to the business plan and some slight improvement was observed. After the reduced target in the metro as per PEPFAR the annual performance was no longer red. The mode of delivery for these services is a big challenge, especially in the rural districts – GPs that are prepared to conduct MMC need higher number in order to justify the long distances they must travel away from their practices. Transitions from one partner has also continued to be a problem, i.e. new negotiations must take place between the new service provider and district managers. Services were suspended before the end of the fourth quarter due to COVID-19. One of our intentions before lockdown was to implement a Quality improvement approach (QIP) at 10 identified VMMC facilities to improve the service. The following measure has been put in place to improve performance:</p> <ul style="list-style-type: none"> ▪ Services available at 30 identified sites throughout the province and routinized at all PHC facilities, meaning that facilities either perform, refer to the appropriate site or do follow up care for circumcised clients. Collaborating with NDoH in conducting an external quality assurance exercise throughout the province

Human Papillomavirus Grant (HPV)

Transferring Department	National Department of Health
Grant Purpose	To enable the health sector to prevent cervical cancer by making available HPV vaccination for grade five schoolgirls in all public and special schools.
Amount per amended DORA (R'000)	R 15 404
Amount received (R'000)	R 15 404
Reasons if amount per DORA was not received	N/A
Amount spent by the Department (R'000)	R15 404
Reasons for under-expenditure	N/A
Monitoring mechanism by the receiving Department	<ul style="list-style-type: none"> ▪ Submission of Monthly In-Year Monitoring (IYM) and Finance Variance reports as well as Quarterly and Annual Performance reports to various spheres of government including NDoH in terms of section 11(4)(b) and section 12(2)(c) in respect of schedule 4, 5, or 7 allocations of DoRA ▪ Due to ongoing challenges with the electronic collection of data, the Western Cape Management made use of paper-based registers which were then verified and reported on Facility Weekly Summary Sheets and Data Sign off sheets for all levels of reporting on SINJANI data system according to the Provincial SOP. The province deviated from the national recommendations in that Provincial Programme and IM emphasized to use only one register for the initial and follow-up (mop-up) visit.

EPWP Integrated Grant for Provinces

Transferring Department	National Department of Public Works		
Grant Purpose	<p>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:</p> <ul style="list-style-type: none"> ▪ Road maintenance and the maintenance of buildings ▪ Low traffic volume roads and rural roads ▪ Other economic and social infrastructure ▪ Tourism and cultural industries ▪ Sustainable land-based livelihoods ▪ Waste management 		
Expected Outputs	PERFORMANCE INDICATORS	ANNUAL TARGET	ACTUAL ACHIEVEMENT
	Number of people employed and receiving income through the EPWP	60	47
	Increased average duration of the work opportunities created	Average duration of 1 year (with option to extend for an additional year)	10 months
Amount per amended DORA (R'000)	R 2 046		
Amount received (R'000)	R 2 046		
Reasons if amount per DORA was not received	N/A		
Amount spent by the Department (R'000)	R2 046		
Reasons for under-expenditure	N/A		

Reasons for target deviation and measures taken to improve performance	<p>Although 60 people were appointed at the beginning of the financial year, further appointments were made during the year as there were some shifts in these positions during the financial year. The reduction to 47 people employed at the end of the financial year is due to 5 people appointed in permanent positions, 5 resignations and 3 abscondments. People are appointed for the financial year. Appointments made later in the year are, therefore, only for the remainder of the financial year.</p> <p>In-house training and rotation of duties between the various institutions continue. In addition, groundsman assist in the laundries in winter on rainy days, which provides them with additional training and skills.</p>
Monitoring mechanism by the receiving Department	<p>Projects are monitored at various levels:</p> <ul style="list-style-type: none"> ▪ One project manager (not EPWP appointment) and two supervisors (EPWP appointees) oversee projects ▪ Written feedback received from facilities ▪ Attendance registers maintained on a daily basis ▪ Weekly and monthly progress reports submitted by Team Leaders ▪ Reporting on EPWP Reporting System (EPWPRS) on all activities e.g. attendance, training

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.

Social Sector EPWP Incentive Grant for Provinces

Transferring Department	Western Cape Government Treasury		
Grant Purpose	<ul style="list-style-type: none"> ▪ To incentivise provincial Social Sector departments to increase job creation by focusing on the strengthening and expansion of social sector programmes that have employment potential 		
Expected Outputs	PERFORMANCE INDICATORS	ANNUAL TARGET	ACTUAL ACHIEVEMENT
	Number of Community Health Workers (CHWs) receiving stipends	273	273
Amount per amended DORA (R'000)	R 13,495m		
Amount received (R'000)	R 13,495m		
Reasons if amount per DORA was not received	N/A		
Amount spent by the Department (R'000)	R 13,495m		
Reasons for under-expenditure	N/A		
Reasons for target deviation and measures taken to improve performance	The Directorate is aiming to implement an electronic database to monitor appointments of CHWs against NPOs. We will also appoint dedicated data capturers to each district to capture CHW appointments and training		
Monitoring mechanism by the receiving Department	From a governance perspective, liaison with SP2 finance as well as Community Based Services. Reporting to Management, Department of Transport and Public Works as well as National Public Works (EPWP)		

Health Professions Training & Development Grant

Transferring Department	National Department of Health		
Grant Purpose	<ul style="list-style-type: none"> Support provinces to fund service costs associated with clinical teaching and training of health science trainees on the public service platform 		
Expected Outputs	PERFORMANCE INDICATORS	ANNUAL TARGET	ACTUAL ACHIEVEMENT
	Number of Registrars	483	483
	Number of Medical Specialists	79	79
	Number of Medical Officers	215	215
	Number of Clinical Supervisors: Professional Nurses	566	566
	Number of Clinical Supervisors: Radiographers	108	108
Amount per amended DORA (R'000)	R 606 334		
Amount received (R'000)	R 606 334		
Reasons if amount per DORA was not received	N/A		
Amount spent by the Department (R'000)	R 606 334		
Reasons for under-expenditure	N/A		
Reasons for target deviation and measures taken to improve performance	N/A		
Monitoring mechanism by the receiving Department	Quarterly reports and Annual reports, as prescribed by the DORA, are submitted to the National Department of Health, National Treasury and Provincial Treasury. Financial management of the grant aligns with Public Finance Management Act principles.		
Notes	<ul style="list-style-type: none"> 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 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 There was an intake of students for the academic year in the fourth quarter of the financial year. Student enrolment is concluded after the submission of the business plan. Students are subjected to a selection process by the higher education institutions before they can enrol. The additional student's enrolments align to national strategic intent but require additional funding to sustain All grant supported targets were achieved. The growth in the grant funding has not kept up with inflation or ICS over the last few years which resulted in a significant funding gap. A significant contribution by the equitable share is required to bridge this funding gap 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 		

National Tertiary Services Grant

Transferring Department	National Department of Health		
Grant Purpose	<ul style="list-style-type: none"> To ensure provision of tertiary health services for all South African citizens (including documented foreign nationals) To compensate tertiary facilities for the additional costs associated with provision of these services 		
Expected Outputs	PERFORMANCE INDICATORS	ANNUAL TARGET	ACTUAL ACHIEVED

	Number of approved and funded tertiary services provided by the Western Cape Department of Health	45	45
	Day patient separations - Total	12,119	13,059
	Inpatient days - Total	579,691	584,091
	Inpatient separations - Total	90,046	94,590
	Outpatient first attendances	213,370	223,920
	Outpatient follow-up attendances - Total	549,839	578,571
Amount per amended DORA (R'000)	R 3,221,651		
Amount received (R'000)	R 3,221,651		
Reasons if amount per DORA was not received	Not applicable		
Amount spent by the Department (R'000)	R 3,221,651		
Reasons for under-expenditure	N/A		
Reasons for target deviation and measures taken to improve performance	N/A		
Monitoring mechanism by the receiving Department	N/A		
Notes	<ul style="list-style-type: none"> 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 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 		

Human Resources Capacitation Grant

Transferring Department	National Department of Health		
Grant Purpose	<ul style="list-style-type: none"> To enable the health sector to address deficiencies in human resources towards phasing-in of National Health Insurance 		
Expected Outputs	PERFORMANCE INDICATORS	ANNUAL TARGET	ACTUAL ACHIEVEMENT
	Number of Medical Interns appointed	390	390
Amount per amended DORA (R'000)	R 161,451		
Amount received (R'000)	R 161,451		
Reasons if amount per DORA was not received	Not applicable		
Amount spent by the Department (R'000)	R 173,262		

Reasons for under-expenditure	The over expenditure can be attributed to insufficient funds available at the National Department of Health to reimburse the Department for the short funding of the 2020 Medical Intern intake (186 posts), as previously committed.
Reasons for target deviation and measures taken to improve performance	N/A
Monitoring mechanism by the receiving Department	N/A
Notes	<ul style="list-style-type: none"> ▪ 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 ▪ 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

Donor Funds

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

Name of Donor	EU-Primcare SPS
Full amount of the fund	R369 360
Period of the commitment	Once off commitment from April 2017
Purpose of the fund	<ul style="list-style-type: none"> ▪ The National Department of Health in conjunction with the Council for Scientific & 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 ▪ 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
Expected Outputs	Development of an interface between the CLINICOM Patient Master Index (PMI) used in the Western Cape and the Health Patient Registration System.
Actual Achievement	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)	R 369 360
Amount spent by the Department (R'000)	0
Reasons for under-expenditure	There was initially a delay with obtaining a signed copy of the Non-Disclosure Agreement (NDA). The next challenge relates to the development effort and the associated time. Monies not spent have been rolled over to next period.
Monitoring mechanisms by the donor	Via the office of Chief Director, Milani Wolmarans.
Funds received in cash or in kind?	Cash

Tirelo Bosha Fund – Catch, Care, Cure funding received for the period 1 April 2019 to 31 March 2020

Name of Donor	The Tirelo Bosha Grant Year 1 and 2
Full amount of the fund	R 3 568 276 for Year 1 and 2
Period of the commitment	Year 1: November 2017 – March 2018 Year 2: April 2018 – August 2018 (extended until November 2018)
Purpose of the fund	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: <ul style="list-style-type: none"> Objective 1: Catch & Match Communities: Strengthen systematic community-based model of care to improve screening, prevention and treatment support, with the primary focus on TB Objective 2: Catch & 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 Objective 3: 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
Expected Outputs	<ul style="list-style-type: none"> Completion of mHealth development Completion of training Implementation of Catch and Match communities and facilities CCC Data collection and reporting
Actual Achievement	<ul style="list-style-type: none"> Health development 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. Training 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. Implementation 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. Reporting 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.
Amount received in current period (R'000)	0
Amount spent by the Department (R'000)	R 3 565
Reasons for under-expenditure	Project has ended November 2018. Surplus amount of R2 769.26 was allocated to revenue, as funder did not want the amount to be paid back to them, as the Department had covered expenditure over and above the allocated amount.
Monitoring mechanisms by the donor	Quarterly reports by WCG Health to Dept of Public Service and Administration (DPSA). DPSA Monitoring visits.
Funds received in cash or in kind?	Cash

Capital Investments

Progress made on implementing capital investment

Expenditure on capital investment during 2019/20 was 98.6 per cent. 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: 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, challenges with decanting plans, scope changes and defective work.

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

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 2018/19 and 2019/20. In comparing the two financial years, expenditure increased in 2019/20. Under expenditure for both years are below 2%.

PROJECT CATEGORY	2019/20			2018/19		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
New and replacement assets	157 193	131 675	25 518	118 315	139 024	(20 709)
Existing infrastructure assets	591 711	561 191	30 520	628 586	551 200	77 386
Upgrades and additions	121 844	121 380	464	50 081	47 208	2 873
Rehabilitation, renovations and refurbishments	121 925	119 722	2 203	179 725	155 774	23 951
Maintenance and repairs	347 942	320 089	27 853	398 780	348 218	50 562
Infrastructure Transfer Capital	10 000	10 000	-	10 209	10 209	-
Non-Infrastructure	333 846	374 274	(40 428)	181 383	222 460	(41 077)
TOTAL	1 092 750	1 077 140	15 610	938 493	922 894	15 599

Infrastructure projects completed in 2019/20 compared to target

The table below reflects the Capital projects that were planned to achieve completion in 2019/20 and reasons for deviations.

Infrastructure Projects Scheduled for Completion in 2019/20		
Projects Scheduled for Practical Completion in 2019/20	Practical Completion (or equivalent) Achieved / Not Achieved in 2019/20	Comments / Reasons for Deviations
Bonnievale - Bonnievale Ambulance Station - Upgrade and Additions incl wash bay	Achieved	Practical Completion achieved on 29 July 2019.
Grabouw - Grabouw CHC - Rehabilitation to accommodate Emergency Services	Achieved	Practical Completion achieved on 25 February 2020.
Khayelitsha - Khayelitsha Hospital - CT Scan	Not achieved	Project was closed and combined with another project.
Malmesbury - Swartland Hospital - Rehabilitation of fire-damaged hospital Ph2	Achieved	Practical Completion achieved on 25 March 2020.
Mitchell's Plain - Mitchell's Plain Hospital - Rehabilitation of Fire-damaged EC	Achieved	Practical Completion achieved on 13 September 2019.
Observatory - Groote Schuur Hospital - Greywater recycling	Not achieved	Minor changes in project scope.
Observatory - Observatory FPL - Replacement	Not achieved	Contractor delays and quality of work issues.
Parow - Tygerberg Hospital - 11Kv Generator Panel Upgrade	Not achieved	Construction delays.
Somerset West - Helderberg Hospital - EC Upgrade and Additions	Not achieved	Delays due to decanting and discovery of old medical waste on site.
Swellendam - Swellendam Ambulance Station - Upgrade and Additions	Not achieved	Typographical error in project list resulted in Practical Completion reflected as January 2020, instead of 2021.
Vredenburg - Vredenburg Hospital - Phase 2B Completion Contract	Achieved	Practical Completion achieved on 23 May 2019.
Wynberg - Victoria Hospital - Temporary EC	Achieved	Practical Completion achieved on 26 August 2019.

In addition to the above, the Groote Schuur Hospital - Neuroscience rehabilitation project, undertaken in partnership with University of Cape Town, achieved Practical Completion on 15th November 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. Please note that the information is as provided by the Department's Implementing Agent and, due to the COVID-19 pandemic, it has not been interrogated by WCGH.

Performance Measures for Capital Infrastructure Programme per Sub-Programme

NO.	DISTRICT	SP	PROJECT	START	FINISH
1	Cape Town	8.1	Elsies River - Elsie's River CHC - Replacement	25-May-16	31-Jan-24
2	Cape Town	8.1	Green Point - Green Point CDC - Pharmacy refurbishment and general maintenance	21-Dec-18	31-Aug-21
3	Cape Town	8.1	Hanover Park - Hanover Park CHC - Replacement	30-Jun-16	31-Mar-23
4	Cape Town	8.1	Hout Bay - Hout Bay CDC - Replacement and Consolidation	21-Jun-18	30-Jun-23
5	Cape Town	8.1	Kraaifontein - Scottsdene CDC - Upgrade and Additions (Alpha)	01-Feb-21	30-Apr-24
6	Cape Town	8.1	Maitland - Maitland CDC - Replacement	13-Dec-17	30-Sep-23
7	Cape Town	8.1	Nyanga - Nyanga CDC - Pharmacy Compliance and General Maintenance	01-Jun-16	31-Oct-20
8	Cape Town	8.1	Nyanga - Nyanga CDC - Pharmacy Compliance and General Maintenance	01-Jun-16	31-Oct-20
9	Cape Town	8.1	Philippi - Weltevreden CDC - New	30-Nov-17	30-Nov-23
10	Cape Town	8.1	Retreat - Retreat CHC - Rehabilitation (Alpha)	01-May-20	31-Aug-24
11	Cape Winelands	8.1	De Doorns - De Doorns CDC - Upgrade and Additions	09-Apr-14	28-Feb-22
12	Cape Winelands	8.1	Paarl - Paarl CDC – Enabling work incl fencing to secure new site	28-Feb-17	31-Jul-23
13	Cape Winelands	8.1	Paarl - Paarl CDC - New	28-Feb-17	31-May-23
14	Cape Winelands	8.1	Wellington - Windmeul Clinic - Upgrade and Additions (Alpha)	01-Jun-16	31-Dec-20
15	Cape Winelands	8.1	Worcester - Avian Park Clinic - New	01-Jul-15	30-Dec-22
16	Central Karoo	8.1	Laingsburg - Laingsburg Clinic - Upgrade and Additions	30-Apr-14	12-Oct-20
17	Central Karoo	8.1	Laingsburg - Laingsburg Clinic - Upgrade and Additions	30-Apr-14	12-Oct-20
18	Garden Route	8.1	Ladismith - Ladismith Clinic - Replacement	16-Mar-17	31-Oct-21
19	Overberg	8.1	Grabouw - Grabouw CHC - Entrance and records upgrade	30-Aug-19	31-Dec-20
20	Overberg	8.1	Villiersdorp - 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 - Chatsworth Satellite Clinic - Replacement	16-Mar-17	30-Sep-20
23	West Coast	8.1	Saldanha - Diazville Clinic - Replacement	21-Nov-17	31-Mar-23
24	West Coast	8.1	St Helena Bay - Sandy Point Satellite Clinic - Replacement	05-May-15	30-Dec-22
25	West Coast	8.1	Vredenburg - Vredenburg CDC - New	30-Nov-17	30-Mar-23

26	Cape Winelands	8.2	De Doorns - De Doorns Ambulance Station - Replacement	01-Sep-14	30-Sep-20
27	Cape Winelands	8.2	De Doorns - De Doorns Ambulance Station - Replacement	01-Sep-14	30-Sep-20
28	Central Karoo	8.2	Laingsburg - Laingsburg Ambulance Station - Upgrade and Additions (Alpha)	01-Jul-19	30-Apr-24
29	Central Karoo	8.2	Murraysburg - Murraysburg Ambulance Station - Upgrade and Additions incl wash bay	01-Jul-19	31-Mar-22
30	Central Karoo	8.2	Prince Albert - Prince Albert Ambulance Station - Upgrade and Additions incl wash bay	01-Jun-16	31-Oct-20
31	Overberg	8.2	Caledon - Caledon Ambulance Station - Communications Centre extension	01-Aug-14	31-Oct-20
32	Overberg	8.2	Swellendam - Swellendam Ambulance Station - Upgrade and Additions	31-Mar-15	30-Sep-20
33	Overberg	8.2	Swellendam - Swellendam Ambulance Station - Upgrade and Additions	31-Mar-15	30-Sep-20
34	West Coast	8.2	Darling - Darling Ambulance Station - Upgrade and Additions incl wash bay	01-Jun-16	31-Oct-20
35	Cape Town	8.3	Bellville - Karl Bremer Hospital - New Acute Psychiatric Unit	01-Sep-20	01-Dec-24
36	Cape Town	8.3	Bellville - Karl Bremer Hospital - Nurses Home repairs and renovations Ph2	13-Jan-20	10-Dec-21
37	West Coast	8.3	Malmesbury - Swartland Hospital - EC extension to fire-damaged building Ph3 EC and Old Kitchen Block	01-Jul-19	15-Jul-20
38	West Coast	8.3	Malmesbury - Swartland Hospital - Rehabilitation of fire-damaged hospital Ph2	15-May-18	30-Sep-20
39	Cape Town	8.4	Belhar - Tygerberg Regional Hospital - New	01-Dec-20	01-Mar-30
40	Cape Town	8.4	Observatory - Valkenberg Hospital - Forensic Precinct - Admission, Assessment, High Security	01-Apr-10	30-Sep-27
41	Cape Town	8.4	Observatory - Valkenberg Hospital - Forensic Precinct - Low Security, Chronic and OT	01-Apr-10	31-Mar-24
42	Cape Town	8.4	Observatory - Valkenberg Hospital - Forensic Precinct - Medium Security	01-Apr-10	30-Sep-22
43	Cape Winelands	8.4	Paarl - Paarl Hospital - New Obstetric Theatre in Maternity Unit	01-Dec-19	31-Dec-21
44	Cape Town	8.5	Observatory - Groote Schuur Hospital - Greywater recycling	12-Nov-18	30-Sep-20
45	Cape Town	8.5	Parow - Tygerberg Hospital - Enabling work for decanting non-clinical users - From A-LG	01-Aug-19	31-Dec-21
46	Cape Town	8.5	Parow - Tygerberg Hospital - External and Internal Logistics - Central Stores fire safety	14-May-19	01-Dec-23
47	Cape Town	8.5	Parow - Tygerberg Hospital - External and Internal Logistics - Pharmacy priorities (Alpha)	14-May-19	01-Dec-23
48	Cape Town	8.5	Parow - Tygerberg Hospital - Rehab of Various Wards - Block G Paeds EC, OPD, Entrance	02-Jun-19	01-Dec-25
49	Cape Town	8.5	Parow - Tygerberg Hospital - Rehabilitation of Various Wards (Alpha) - Block A	02-Jun-19	01-Dec-25
50	Cape Town	8.5	Parow - Tygerberg Hospital - Repurposing of Bank and Post Office Building	01-May-20	31-Mar-23
51	Cape Town	8.6	Mitchells Plain - Lentegour Laundry - Upgrade and Additions to Dirty Linen Area	01-Jul-19	30-Dec-23
52	Cape Town	8.6	Observatory - Observatory FPL - Replacement	01-Apr-12	30-Sep-20

53	Cape Town	8.6	Observatory - Observatory FPL - Replacement	01-Apr-12	30-Sep-20
54	Cape Town	8.6	Thornton - Orthotic and Prosthetic Centre - Upgrade	17-Dec-14	30-Sep-20
55	Cape Winelands	8.6	Worcester - WCCN Boland Campus - Training facility at Keerom	01-Apr-12	31-Dec-26
56	Central Karoo	8.6	Nelspoort - Nelspoort Hospital - Repairs to Wards	15-Aug-17	31-Mar-21
57	Central Karoo	8.6	Nelspoort - Nelspoort Hospital - Repairs to Wards	15-Aug-17	31-Mar-21
58	Garden Route	8.6	Knysna - Knysna FPL - Replacement	01-Nov-14	29-May-22

Facilities that were Closed or Downgraded in 2019/20

No facility was closed down or downgraded in 2019/20.

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 2020/21 User Asset Management Plan, the current state of the Department's capital assets is as below.

Current Condition of State-owned Facilities		
CONDITION STATUS	NUMBER OF FACILITIES	PERCENTAGE
C5	18	5%
C4	154	45%
C3	156	45%
C2	18	5%
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 2019/20.

MAINTENANCE PER CATEGORY	2019/20		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
MAINTENANCE – DAY-TO-DAY			
PES: Infrastructure	45 445	55 024	(9 579)
MAINTENANCE – DAY-TO-DAY (MANAGEMENT CONTRACT)			
PES: Infrastructure	44 214	32 893	11 321
PES: Tygerberg	24 000	21 287	2 713
MAINTENANCE – EMERGENCY			
PES: Infrastructure	9 035	7 268	1 767
PES: Tygerberg	2 000	550	1 450
MAINTENANCE – ROUTINE			
PES: Infrastructure	42 801	49 281	(6 480)
PES: Tygerberg	15 631	13 440	2 191
MAINTENANCE – SCHEDULED			
HFRG	114 557	94 616	19 941
PES: Infrastructure	1 076	1 421	(345)
PES: Maintenance	25 000	19 419	5 581
PES: Tygerberg	24 183	24 891	(708)
TOTAL	347 942	320 089	27 853

Scheduled Maintenance projects completed in 2019/20

The following Scheduled Maintenance projects achieved Practical Completion in 2019/20:

- Bellville - Reed Street CDC - Pharmacy compliance and general maintenance
- Bellville - Stikland Hospital - Medical Suite roof replacement
- Fish Hoek - False Bay Hospital - Lift upgrade (Alpha)
- George - George Hospital - Latent defects
- Grabouw - Grabouw Ambulance Station - General upgrade fire compliance
- Kraaifontein - Kraaifontein CHC - Pharmacy compliance and roof over outside waiting area
- Laingsburg - Laingsburg Ambulance Station - General maintenance (Alpha)
- Mitchells Plain - Mitchells Plain CHC - Records upgrade
- Mowbray - Mowbray Maternity Hospital - Lift upgrade (Alpha)
- Parow - Tygerberg Hospital - Pharmacy West lifts upgrade 29, 30
- Retreat - DP Marais Hospital - Roof replacement
- Rondebosch - Red Cross War Memorial Children's Hospital - Nurses Home lift upgrade (Alpha)

- Vredendal - Vredendal North Clinic - General upgrade and maintenance (Alpha)

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 2019/20 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 2020/21 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	2020/21	2021/22	2022/23
Estimated Value of Buildings		58 762 776 980	58 762 776 980	64 639 054 678
Estimated Value of Buildings Escalated @10% P.A.		58 762 776 980	64 639 054 678	71 102 960 146
Cost of Maintenance Required @ 3.5% P.A.		2 056 697 194	2 262 366 914	2 488 603 605
Actual Maintenance Budget including Rehabilitation, Renovations & Refurbishments, and Scheduled, Routine and Day-To-Day Maintenance at Hospitals		699 516 000	809 840 000	819 311 000
Estimated Total Backlog as at March 2020 and increased in following year according to backlog not addressed per annum		1 357 181 194	2 809 708 108	4 479 000 713

NOTES

- Replacement value based on existing building areas. Areas not used are to be relinquished to reduce maintenance required per year.
- Bidding amounts are not included.
- Ideally the maintenance allocation should be at least R1 billion per year.

While the above figures are only estimations, they do indicate a sharp increase in the maintenance budget required by WCGH to address the maintenance backlog, thereby ensuring that all facilities are returned to optimal condition. Such budget is not currently available, and the Chief Directorate: Infrastructure and Technical Management 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.

In order to improve service efficiency and better utilisation of scarce skills in the delivery of maintenance services, Maintenance Hub and Spoke Blueprints^[1] for both infrastructure and clinical engineering have been prepared. Phased implementation of the Engineering Maintenance hub and spoke has commenced with further roll-out to Garden Route / Central Karoo, followed by Cape Winelands / Overberg and thereafter to West Coast. Implementation of the Health Technology Hub and Spoke is planned to commence in 2020.

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^[2].

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

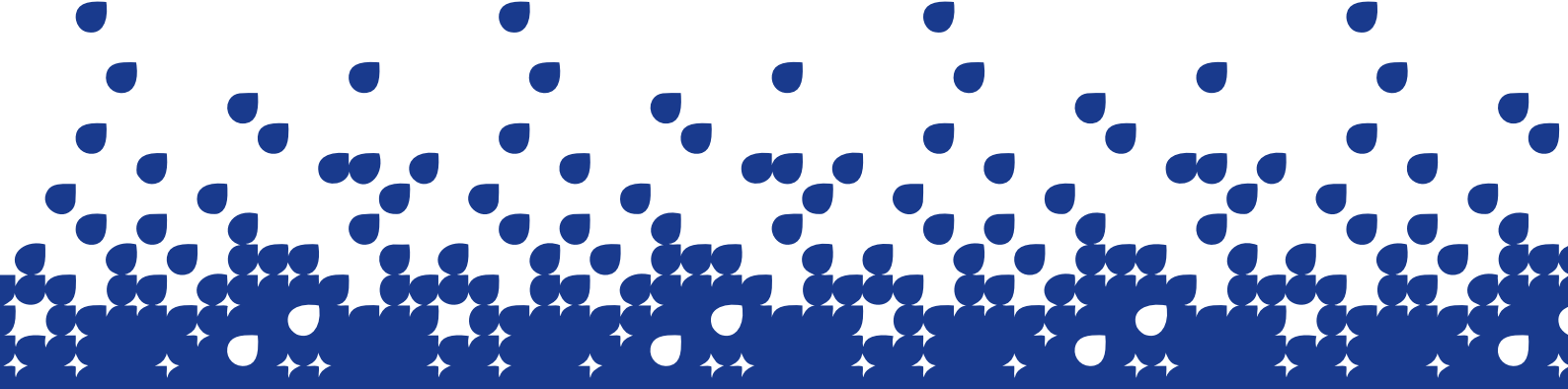
Measures taken to ensure that the Department's asset register remained up-to-date

All institutions have asset registers for minor and major assets which are updated 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.

^[1] Blueprint: Organisation and Establishment for the Provisioning of Day-to-day, Routine and Emergency Building Maintenance Services and the Blueprint on the Organisation and Establishment for the Provision of Health Technology Maintenance Services by the Department of Health.

^[2] Available at https://www.westerncape.gov.za/assets/departments/health/uamp_13072020.pdf



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 Western Cape Government: Health (WCG:H) takes responsibility for implementing Enterprise Risk Management (ERM) in accordance with the National Treasury Public Sector Risk Management Framework (PSRMF) and the Chief Director: Strategic Cluster has been appointed as the risk champion for the Department.

In compliance with the PSRMF and to further embed risk management within the Department, WCG has adopted an ERM Policy Statement which sets out its overall intention with regards to ERM. The Department adopted an ERM Policy and Strategy for the period 2018/19 – 2020/21, approved by the AO on 27 September 2018 respectively; and its concomitant ERM Implementation Plan valid for the same period. 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 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 AO on 4 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 AO 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

Risk management has become embedded in the day to day management practices within the Department. In 2019/20, there were 7 Departmental risks identified through a rigorous process of engagement. The quality of the conversations around risks has significantly 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 2020.

Risk	Residual Rating
1. Budget constraints	Moderate (Impact = 2; Likelihood = 3)
2. Staff related security incidents	High (Impact = 2; Likelihood = 4)
3. Stock-outs of essential pharmaceutical goods	Moderate (Impact = 3; Likelihood = 2)
4. Fraud, corruption and theft	Low (Impact = 1; Likelihood = 3)
5. Service delivery pressures	Extreme (Impact = 3; Likelihood = 4)
6. Water shortage	Low (Impact = 1; Likelihood = 2)
7. Aging infrastructure & Health Technology	High (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 WCG adopted an Anti-Fraud and Corruption Strategy which confirms the Province's zero-tolerance stance towards fraud, theft and corruption. In line with this strategy the Department is committed to zero-tolerance with regard to corrupt, fraudulent or any other criminal activities, whether internal or external, and vigorously pursues and prosecutes by all legal means available, any parties who engage in such practices or attempt to do so.

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

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

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

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

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

Cases	Number of Cases
Open cases as at 1 April 2019	6
New cases (2019/20)	7
Closed cases (2019/20)	(6)
Open cases as at 31 March 2020	7

The following table further analyses the closed cases indicated above:

Nature and investigation outcomes of 6 cases closed
<p>Allegations were substantiated in the following 3 cases:</p> <ul style="list-style-type: none"> • 1 case of irregularity; • 1 case of fraud (the case was reported to SAPS); and • 1 case non-compliance.
<p>In 2 cases the investigations were concluded with no adverse findings.</p>
<p>In 1 case the investigation was concluded with no adverse findings, but recommendations were made.</p>

Minimising Conflict of Interest

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 Evidence Bank (WCEB) 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 the Public Service Regulations issued in 2016 expects all employees to comply with its standards. Chapter 2, Part 1 addresses the employee behaviour in the workplace, encourages the employee to report any maladministration and corrupt activities, and it promotes the Department's determination to uphold the strong ethics and integrity and the eradication of corruption as part of the governance framework, which is fundamental to good organisational performance. The primary purpose of the Code of Conduct is to promote exemplary conduct and avert unacceptable conduct. All employees are sensitised on a yearly basis about the Code of Conduct through information sessions and it is available on the WCG website. New appointees are made aware, of the Code of Conduct during induction phase and they receive a copy thereof. An employee who contravenes any provision of the Code of Conduct if found guilty of misconduct, may be subject to disciplinary action.

The Department had made 973 employees aware through various awareness sessions of the ethical conduct policies of the Public Service and the expected standard of conduct in this reporting period.

The Department established an Ethics Committee in line with Chapter 2, Part 3 of the Public Service Regulations of 2016, and the role of the Ethics Committee is to provide oversight on ethics management in the Department. The Ethics Committee concluded an Ethics and Integrity Management Strategy and Ethics Management Implementation Plan which was approved by the Head of Department. The Ethics Management Implementation Plan outline steps to be followed by the Department in promoting ethical conduct.

Health Safety & Environmental Issues

The WCG: H 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 Department has a strong stance with regard to Health and Safety of its employees and the provision of a healthy working environment. In light of the COVID-19 pandemic and TB infections, particular attention is being paid to prevention. This includes implementation of risk control measures of isolation, hygiene, adequate ventilation, space provision and provision of Personal Protective Equipment to prevent the spread of infectious diseases. Health Risk Assessments, Infection Control Programmes and Medical surveillance has been upgraded and standardised for control of relevant hazards in the workplace.

In order to ensure the Occupational training needs of the Department are met, the Department has rendered Occupational Health and Safety Training for 3 years (2017 – 2019). The needs of the Department are currently being reviewed. The Department will be adding First aid level 2, Firefighting level 2, Departmental Policies, Health Identification Risk Assessment (HIRA), and Health Care Waste Management to the existing list of courses. Below please find training statistics.

Department of Health Occupational Health Training (July 2017 – November 2019)					
	First Aid Level 1	Fire Fighting Level 2	OHS Rep Training	Incident Investigation	Evacuation Training
TOTAL TRAINED	1076	1401	550	325	590

Portfolio Committees

Not applicable

SCOPA Resolutions

Subject	Details	Response by Department	Resolved (Yes/No)
<p>Heading: "Progress with the Management of Risk"</p> <p>Description: The Committee notes that during the 2018/19 financial year, the Department has made significant progress with the management of its risks. The risks included the following:</p> <ul style="list-style-type: none"> • Budget Constraints; • Staff related security incidents; • Stock-outs of essential pharmaceutical goods; • Fraud; • Service delivery pressures; • Water shortage; and • Aging infrastructure and Health Technology. 	<p>That the Department brief the Standing Committee on Health on the progress made in addressing and mitigating the potential impact of the risks identified by the Audit Committee.</p>	<p>The Department briefed the Standing Committee on Health on 19 August 2020.</p>	<p>Yes</p>

Prior Modifications to Audit Reports

Finance

No matters to report.

Information Management

No matters to report.

Human Resources

No matters to report.

Internal Control Unit

Finance

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

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

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

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

For 2019/20 the Department will report R6.472 million IE which equates to only 0.085 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 performance information 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 information from municipally managed primary health care facilities in the Metro and some private facilities. The information is recorded in source documents and systems and collated and captured or imported 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 the provincial office in 2013 consisting of a manager supported by a team of twelve (current capacity is ten) to focus on data management. In addition, six Records Management Support Unit (RMSU) staff were employed in 2014/15. These teams are deployed to districts to perform internal assessments, identify shortcomings and develop and support remedial actions to mitigate these shortcomings.

The teams are responsible for ensuring the facilities comply with information management and records management guidelines, policies, standard operating procedures and other Departmental prescripts to ensure valid and verifiable data and safe, secure records. With so many facilities and limited capacity, the focus is on public health facilities and support offices in the districts and sub-districts.

Facilities are selected for assessment based on previous audit and assessment findings, special requests from districts and facilities for interventions and those identified through routine data monitoring as high risk. Standardised assessment tools are used to identify compliance issues that are a risk for the Department. After the assessment, remedial actions are developed or revised and implemented with the facility and sub-district. General outcomes of 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.

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.

Despite vacancies 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 resulted in a clean audit.

Human Resources

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

Although there has been significant progress in terms of compliance, on-going challenges and gaps still exist as a result of lack of capacity, system, individual and institutional weaknesses. There is a crucial need to improve collaboration with internal clients (outreach) and to 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:

Annual Report 2019/20

- Attended to Compliance Investigations and provided support to various Institutions e.g. Rural District Health Services (Oudtshoorn, Paarl, Worcester, George Hospital), Groote Schuur and Red Cross Hospital.
- Informal training was provided during investigations to People Management Staff. Training and support was also given to DICU staff regarding the HR Action Plan as well as technical aspects on how to conduct compliance investigations.
- Ad-hoc investigations were conducted that included the following:
 - Commuted overtime (COT) policy, guidelines and monitoring tools. Initiation, implementation and monitoring of pilot projects regarding COT monitoring tools at various institutions.
 - Investigation regarding alleged overtime abuse at a Rural Hospital.
 - Initiated a project to audit leave files of staff, aged 60 to 65 years, who will be retiring within the next few years. This was initiated pro-actively to prevent and ensure that no leave over grants occur upon retirement of employees. Additional leave files were also audited to support PM Offices at institutions of other service terminations, i.e. resignations, ill-health retirements, etc.
 - Initiated Debt Project in order to ensure that the correct procedures are followed regarding the recovering of debt. This was done to reduce the amount of debt that is written off by the Department annually. Informal training was also provided at 36 Institutions on the management of debt.
 - Cost containment strategies identified in the Internal Audit Report, i.e. checking the reduction of Commuted Overtime during periods of maternity leave (various overpayments were identified) and Remunerative Work Outside the Employee's Employment (RWOEE) (employees being on leave and working RWOEE and employees performing RWOEE with no approval on PERSAL).
 - Provided assistance with the redistribution of PM Functions at Oudtshoorn Hospital.
 - Attended to an investigation on allegations reported to the national anti-corruption hotline regarding financial mismanagement at an institution.
 - Ensuring the effective managing of service termination to enhance the timeous and correct submission of pension related matters to GEPP. This is being achieved through continuous monitoring and evaluation of pension administration, attending to the more complex aspects in order to prevent delays in finalisation of pension administration, working closely with Government Pensions Administration Agency (GPAA). Great successes have been achieved thus preventing late pay outs.
 - Development of user friendly procedural manuals pertaining to several HR administrative matters, i.e. leave, overtime, shift allowances, etc.
 - Input pertaining to circulars/policies.

Internal Audit & Audit Committees

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

- Assess and make appropriate recommendations for improving the governance processes in achieving the Department's objectives;
- Evaluate the adequacy and effectiveness and contribute to the improvement of the risk management process; and

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

Internal Audit work completed during the year under review for the Department included four assurance engagements, one consulting engagement and five follow-up areas. The details of these engagements are included in the Audit Committee Report. One assurance engagement, namely Medical Waste Management, although at an advanced stage, could not be completed due to the fact that the auditee was not available due to his involvement in the COVID-19 response.

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 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/external	If internal, position in the Department	Date appointed	Date Resigned	No. of Meetings attended
Mr Ronnie Kingwill (Chairperson)	BCOM CTA; CA(SA);	External	N/A	01 Jan 2019 (2 nd term)	N/A	7
Mr Francois Barnard	BProc BCompt (Honours); CTA; Postgrad Dip Audit; MCom (Tax); CA (SA);	External	N/A	01 Jun 2018 (1 st term)	N/A	7
Mr Terence Arendse	CTA, CA (SA)	External	N/A	01 Jan 2017 (2 nd term)	2 nd term ended 31 December 2019	5
Ms Bonita Petersen	BCOM, BCOM (Hons), CA (SA)	External	N/A	01 Jan 2017 (2 nd term)	2 nd term ended 31 December 2019	5
Dr Gilbert Lawrence	M.Med, MB.ChB.	External	N/A	01 Jan 2020 (1 st term)	N/A	2
Ms Maresce Geduld-Jefftha	BCOM, BCOM (Hons), CA (SA)	External	N/A	01 Jan 2020 (1 st term)	N/A	1

Audit Committee Report

We are pleased to present our report for the financial year ended 31st March 2020.

Audit Committee Responsibility

The Audit Committee reports that it has complied with its responsibilities arising from Section 38 (1) (a) (ii) of the Public Finance Management Act and Treasury Regulation 3.1. The Audit Committee also reports that it has adopted appropriate formal terms of reference as its Audit Committee Charter, Annual Report 2019/20

has regulated its affairs in compliance with this charter and has discharged all its responsibilities as contained therein.

The Effectiveness of Internal Control

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

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

Assurance Engagements

- DPSS Directive Delegations (completed)
- Transfer Payments (completed)
- Medico-Legal Services (completed)
- Promotion to Information Act (completed)
- Medical Waste Management (not completed, refer to earlier comment in this regard)

Consulting Engagements

- Corporate Governance – Enterprise Risk Management

Apart from the one exception 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 current actions and previously reported actions on an on-going basis.

In-Year Management and Monthly/Quarterly Report

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

Evaluation of Financial Statements

The Audit Committee has:

- reviewed the Audited Annual Financial Statements to be included in the Annual Report, 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 which included management's responses thereto.

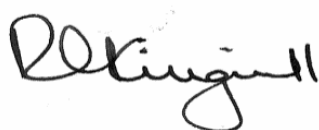
Report of the Auditor-General South Africa

Following the COVID-19 pandemic National Treasury has issued a Notice allowing the Departments to postpone the issuance of Annual Financial Statements. The AGSA amended their scope and timing of the 2019-20 PFMA audits accordingly.

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 opinion of the Auditor-General South Africa regarding the Annual Financial Statements and proposes that these Audited Annual Financial Statements be accepted and read together with their report.

Despite challenging circumstances, a severe increase in demand on resources and the impact of COVID-19 on all aspects of life, the Audit Committee with its monitoring role has noted and commends the Accounting Officer and team on maintaining a clean audit in the Department.



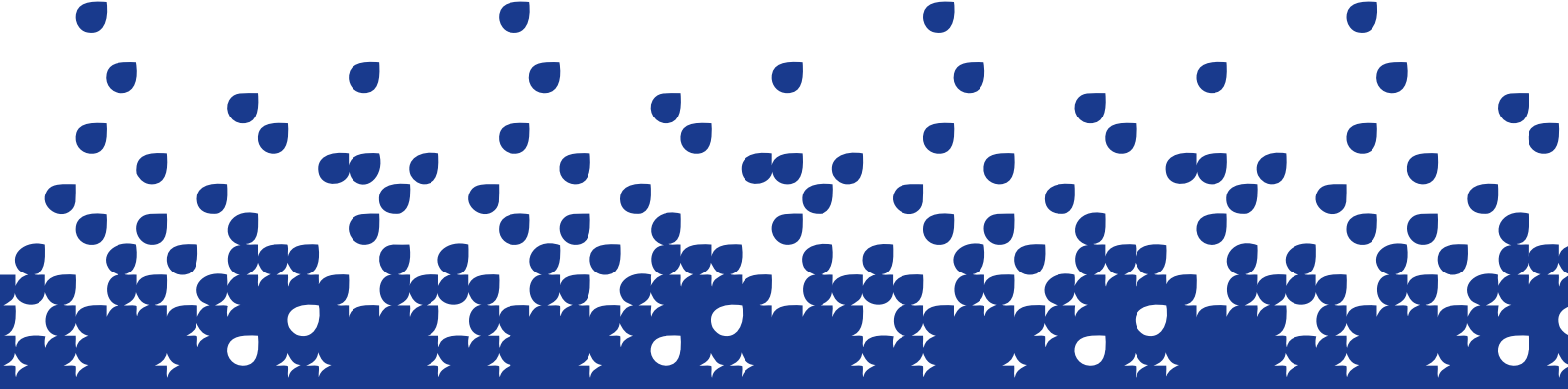
Mr Ronnie Kingwill

Chairperson of the Department of Health Audit Committee

Date: 26 February 2021

B-BBEE Compliance Performance Information

Code of Good Practice		
CRITERIA	YES/NO	DISCUSSION
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?	N/A	
Developing and implementing a preferential procurement policy?	No	In progress
Determining qualification criteria for the sale of state-owned enterprises?	N/A	
Developing criteria for entering into partnerships with the private sector?	N/A	
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?	N/A	



PART D

HUMAN RESOURCE MANAGEMENT

Legislation that governs People Management

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

Occupational Health and Safety Act (85 of 1993)

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

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

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

Labour Relations Act (66 of 1995)

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

Basic Conditions of Employment Act (75 of 1997)

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

Skills Development Act (97 of 1998)

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

Employment Equity Act (55 of 1998)

To promote equality, eliminate unfair discrimination in employment and 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 envisaged advent of Universal Health Coverage (UHC) places a further emphasis on a capacitated workforce. The Human Resources for Health Strategy, 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 32 479² staff members of which, 65 per cent are health professionals and 35 per cent are administrative and general support staff; with 92 per cent of all staff being permanently employed. Women constitute 72 per cent of the total workforce and 54 per cent of senior management positions. Men make up 28% of the total employees and 46% of senior management positions. In terms of race, 34 per cent are Black; 13 per cent are White, 51 per cent are Coloured and 2 per cent are Indian. In SMS positions 0 per cent are African Female, 5 per cent are African Male, 27 per cent are Coloured Female, 19 per cent are Coloured Male, 2 per cent are

² This is the number of staff as at 31 March 2020.

Indian Female, 5 per cent are Indian Male, 25 per cent are White Female and 17 per cent are White Male. The Department employs 219 persons who are classified as disabled. The length of service ranges from newly appointed staff to forty 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 2019/20 & the Impact of these Priorities

WCG: Health has a staff establishment of 32 479 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, actual and projected 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

Clean HR Audit

The Department achieved a clean audit report for 2018/19 and 2019/20 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

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

Disciplinary transgressions of a serious nature, such as fraud, sexual harassment, discrimination and serious misconduct cases emanating from Provincial Forensic Services Investigative reports are being dealt with by the Directorate: Labour Relations, to ensure efficiency and consistency in the handling of such cases. There is continuous capacity building and outreach to managers and employees which aims to enable optimal working relationships and to effectively handle labour relations matters.

The Western Cape Public Health and Social Development Sectoral Bargaining Chamber had 8 (eight) meetings and 1 (one) task team meeting for the reporting period, where negotiations and consultations with organised labour took place. Moreover, the Department has 62 active Institutional Management Labour Committees (IMLC's) which allows parties at institutional level to deal with workplace issues in a constructive and meaningful manner.

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, MMS and SMS 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 has implemented a clustering system to further decentralise the determination of employment equity numerical targets. A diversity facilitator been contracted to engage with senior management regarding issues of diversity, transformation and the commitment towards achieving employment equity numerical targets. The Department is to implement policy interventions, namely retention management, succession planning and flexible workplace practices (work from home) to further create an environment conducive to diversity.

Barrett Values Survey

The Barrett Values Survey (BVS) 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 the 5th BVS in December 2019. The participation rate increased with a significant decrease in the entropy score by 3 per cent. The current entropy for the Department stands at 15 per cent with no potentially limiting values. Key factors that influenced the shift was the willingness of employees to voice their opinion about the organisational culture and the strong advocacy by the Head of Department, senior managers and the Chief Directorate: People Management in the Department to complete the survey.

Staff Satisfaction Survey

The Department 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 were 7 379 responses to the survey, representing a 23.6% (31 192) response rate. The SSS assesses 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 which 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?" 12 693 responses were received to this question. The top five sub-themes that emerged were:

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

The most frequently emerging sub-theme related to the physical environment in 2018. This has changed from 2016 to in which most feedback concerned the need for more staff. The overall areas of greatest satisfaction and dissatisfaction are captured in the tables below, respectively.

Areas of Greatest Satisfaction			
Dimension	Item Assessed	2018	2016
DRIVERS OF COMMITMENT AND RETENTION	I am clear as to what I am supposed to accomplish at work	81.21%	85.92%
DRIVERS OF COMMITMENT AND RETENTION	I understand how my job contributes to the organisation's objectives	79.90%	86.08%
TEAM FUNCTIONING	I have good relationships with my colleagues	79.36%	84.05%
TEAM FUNCTIONING	I am able to consult my colleagues when I am faced with an unexpected or challenging situation at work	78.01%	81.92%
DRIVERS OF COMMITMENT AND RETENTION	I have a measure of control and influence over how my work is completed	73.91%	79.23%
OPINION OF THE ORGANISATION	My organisation is committed to providing quality health care to patients	73.22%	77.73%
EDUCATION AND TRAINING	I have the skills and resources to perform my work effectively	72.14%	81.39%
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	70.85%	76.85%
PERCEPTIONS OF CHANGE	I am receptive towards change and transformation	70.54%	-

Areas of Greatest Dissatisfaction			
Dimension	Item Assessed	2018	2016
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	40.57%	38.25%
COMMUNICATION AND CONSULTATION WITHIN THE ORGANISATION	The organisation puts employee's ideas into practice	38.56%	39.09%
PHYSICAL WORK ENVIRONMENT, SAFETY & SECURITY	The restroom/tearoom facilities are adequate	36.73%	40.32%
OPINION OF THE ORGANISATION	The organisation treats the employees fairly	35.32%	35.46%
LEADERSHIP STYLE	In the last 7 days I have received recognition or praise	34.83%	37.17%
DRIVERS OF COMMITMENT AND RETENTION	People in this organisation are transparent	34.72%	40.04%
COMMUNICATION AND CONSULTATION WITHIN THE ORGANISATION	The organisation informs employees timeously about planned changes	34.43%	33.74%
OPINION OF THE ORGANISATION	The organisation values & cares for the employees	32.81%	33.39%
PHYSICAL WORK ENVIRONMENT, SAFETY & SECURITY	I have not experienced verbal and/or physical abuse from patients in the last year	31.71%	33.16%

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. 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 2020/21 financial year. The Staff and Barret Surveys alternate yearly.

Employee Health & Wellness Programme

The Employee Health and Wellness Programme (EHWP) in the Department is a dedicated service for person-centred quality care of its employees. The programme is focused on maintaining a work life

balance which has multi-faceted benefits and is adapted to the changing work-place trends in South Africa and globally. The programme aims to create a resilient workforce which able to work in challenging and demanding situations and be productive. This leads to reduced absenteeism, improved morale and improved leadership, 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, managerial consultancy and leadership coaching services. This integrated approach to EHW recognises the importance of individual health, wellness and safety and its linkages to organisational wellness and productivity in the Public Service. The Employee Health and Wellness Programme (EHWP) encompass the following:

- Individual wellness (physical);
- Individual wellness (psycho-social & psychiatric);
- Organisational wellness; and Work-life balance;
- Group Therapy for Specific Occupations;
- Occupational Therapeutic Services; and
- Strategic Leadership Development.

The overall engagement rate for the 2019/20 financial year, includes uptake of all services provided, amounted to 42,2% during the period under review, which has increased from 30.4%. During the period under review and the preceding period, the most commonly utilised service was Professional Counselling, which constitutes 30,8% of the total engagement in the most recent period and 49.9% per cent during the previous period. Problems relating to stress and relationship issues constituted the most commonly presenting broad problem category during the most recent review period dealt with by the EHWP.

The managerial consultancy service was used by managers to address workplace challenges in the year under review. Managers sought assistance for issues such as absenteeism, conflictual work relationships, disciplinary, performance management, general stress, substance abuse 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 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 2019/20 (808) employees profiled themselves on the e-Care service which is a slight decrease from the 796 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

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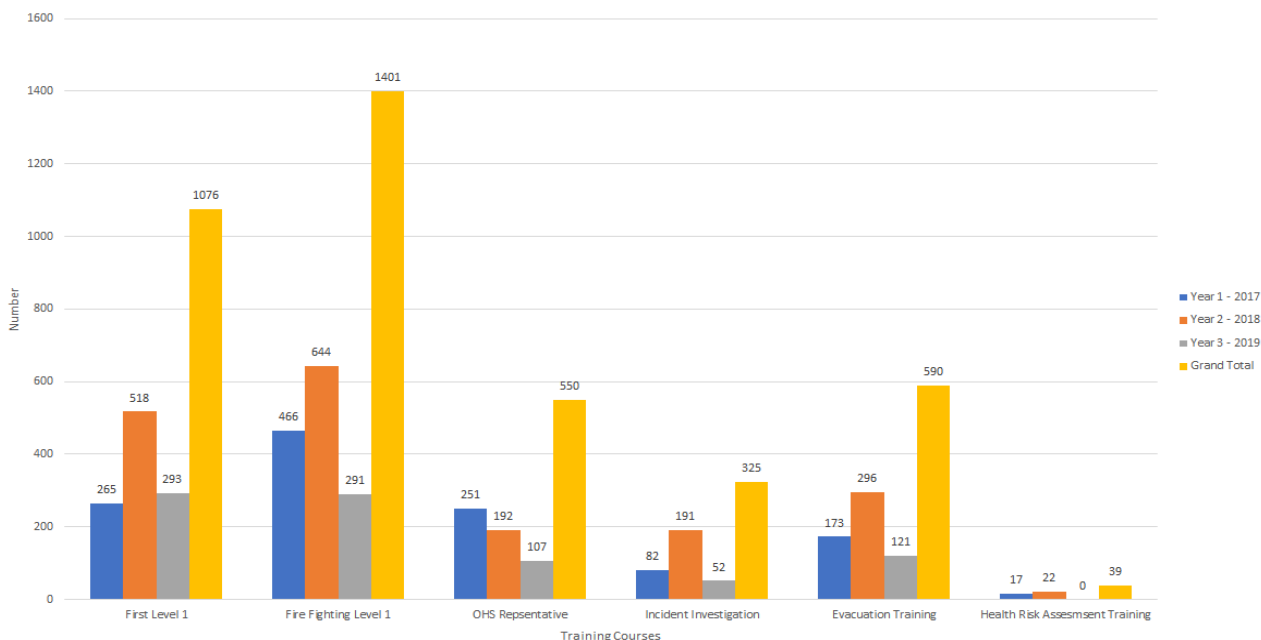
of HIV and AIDS in the Province. The HIV testing services (HTS) programme in the workplace was strengthened by not only catering for HIV testing, but also testing for other lifestyle diseases such as hypertension and diabetes, monitoring cholesterol and body mass index. This package of services provided by the HTS programme therefore offers an integrated approach to well-being.

A total number of 2 838 employees were tested during 2019/20, compared to a total number of 2 807 employees in the previous comparable period. The Department has reached 60% of its target to test HTS. The number of positive results revealed a significant decrease in the number of employees testing positive for HIV (8 employees tested positive during 2019/20 and 17 employees in 2018/19). 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 (2016). 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 Occupational Health and Safety Programme are available to all health institutions. The Occupational Health & Safety training 3-year contract has completed (2017 – 2019), a new service provider will be appointed in the new financial year 2020/2. A breakdown of the OHS training offered in the last 3 years is provided in Figure 3. The EHW component assisted with fire drills, fire risk assessments and fire safety induction awareness sessions at various facilities.

Figure 3: OHS Training Programme July 2017 - November 2019



Diversity Management

The Department acknowledges the need to engage on matters of diversity in the workplace. There are measures which have 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 2019/2020 reporting period the number of employees with a disability has increased to 219 towards the numerical target of 2% of the employment of persons with disabilities. The Department continues with the implementation of the JOBACCESS Strategic Framework for disability.

Although there is a marginal increase in the numerical target for disability, there has been significant progress in breaking down the stereotypical understanding about disability employment within the Department. The change in mindset has caused a shift in the occupational categories of OSD and Non-OSD, where Non-OSD were reported at 81% whilst OSD are at 19% of the current disability workforce profile. In the occupational category of non-OSD, only 28% are reported at lower level positions whilst 51% are administrative and 0.9% are reported in engineering and related. Thus, the impact of continues advocacy and awareness and management of employees with disabilities prove to be essential contributors to the target and creating a barrier free workplace.

The strategic framework is focused on creating an enabling environment, provide equal opportunity and mainstreaming disability into all projects and programmes of the Department to attain a barrier free workplace 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 Development strategy, the Leadership Behaviours charter and the vision of Healthcare 2030.

During the 2019/20 reporting period the Department achieved 54 per cent women in Senior Management. Focusing on the four functional pillars, measures have been implemented in order to sustain the target achieved and promote an organisational culture that embraces diversity. These include inter alia:

- Diversity facilitation targeted at Top Management;
- Diversity sensitisation, advocacy and awareness at all levels;
- Diversity Management; and
- Diversity Mainstreaming which includes mainstreaming of gender in policy, processes and programmes.

Leadership Development aims to strengthen the leadership pipeline and embed 'everybody is a leader'. The Department is committed to creating an enabling organisational culture that embraces

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diversity, equality of opportunities and a barrier free workplace on the journey toward the Healthcare 2030 vision: access to person-centred quality care.

Change Management

To embed the Change Management Competency Program, Change Management Maturity and application of Change Management Methodologies across the province, the CM Sub-directorate provides thought leadership on organisational effectiveness, organisational development interventions, alignment of strategic priorities as it relates to innovation, leadership development and organisational culture transformation.

Support with the design, development and implementation, has been provided with the following initiatives:

- Developing the Theory of Change as it relates to the Leadership Journey
- Design Accelerated Leadership Development Program (ALDP)
- Advise and support Implementation of Leadership development program
- Mowbray Maternity Values and Vision revisited - ongoing
- Continued support to the MEAP Project with the organisational design and related change management processes
- Design and implement CM session with Organised Labour Forum members;
- Commissioning of Observatory Forensics Pathology Institute (OFPI) facility- ongoing
- Annual Health Indaba – Innovation Exhibition
- Commissioning of Observatory Forensics Pathology Institute (OFPI) facility – ongoing
- Organisational surveys like the Barrett Values Survey & Staff Satisfaction Survey, where there was on-going support and feedback provided to facilities in address findings and develop action plans
- Coaching and Mentoring Framework for Leaders

Nursing

Nursing Information Management System (NIMS)

The Nursing Information Management System (NIMS) has 3 (three) modules namely, Nursing Agency module, Staff module and Internal overtime pool module. The first module is an electronic booking system utilized to request and order supplementary nursing staff from private nursing agencies on contract with the Western Cape Government Health facilities. NIMS 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. It is currently activated at Helderberg, Red Cross Children's War Memorial Hospitals and the three (3) Academic Hospitals. The last module, NIMS Internal Overtime Pool, was piloted and is in full use at Mitchells' Plain and Klipfontein Sub-structure. The Overtime Module assist 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; and training manuals, pamphlets and step-by-step guides have also been developed to facilitate the training on these modules. QR 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 2019 academic year, two thousand eight hundred and sixteen (2816) nursing students, enrolled in different nursing programmes were placed for clinical learning experiences across the accredited health facilities in the province using the provincial coordinated clinical placement system. One hundred and fifty (150) Professional Nurses successfully completed nursing speciality training programmes.

During the period under review, three hundred and twenty-three (323) community service nurses were placed in health facilities to fulfil their community nursing service obligations. Furthermore, a research study was conducted to determine the perceptions of Operational Nurse Managers on the on the competencies of Community Service Nurses across the province. Based on the outcome of this survey recommendations were shared with Nursing education institutions, nurse managers and the Department executive management for consideration and implementation.

Due to the changing landscape of nursing education and practice in South Africa as a result of the implementation of the new nursing qualifications aligned to National Qualifications Framework (NQF) Act, 2008 and Higher Education Act 1997(as amended), endorsements to offer the new qualification were given to the Higher Education Institutions (HEI's), eleven (11) Memorandum of Agreements were signed and nine hundred and eighty three (983) situational analyses of the clinical facilities to be used as clinical placements sites for the respective HEI's in the province were completed to enable the HEI's to be accredited by the South African Nursing Council (SANC) and Council on Higher Education(CHE) offer new nursing education programmes .

Nursing Practice

The authorisation of Clinical Nurse Practitioners (CNP's) and the dispensing of medicines by professional nurses are ongoing to comply with the legislative requirements and to promote access to service delivery. A database of authorised Nurse Practitioners has been developed and is monitored for compliance on annual bases by the Nursing Services Directorate. Nursing staffing (nurse-patient ratios) monitoring to ensure proper planning, allocation and utilisation of nurses in the clinical areas and to optimise the provisioning of quality patient care. The Nursing practice sub directorate participated in Inter-professional clinical governance structures such as Provincial Coordinated Governance Committees (PCGCs) and played a critical role in development clinical service standards to improve quality of service delivery. Monitoring the competence of the Community Service Nurse Practitioners was done to ensure readiness to practice independently. Scope of Practice of Advance Psychiatric Nurse, Midwifery and Clinical Forensic nurses were evaluated, and recommendations made for improvement.

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 currently has this function as its focus. 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. The Department has introduced PERMIS and will be a phased in approach as from 1 April 2020.

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:

- Finalisation of the amended Recruitment and Selection policy.
- Developed a draft guideline on Accelerated Leadership Development.
- Developed a draft Volunteer Policy.
- Draft Bereavement Policy.

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 7.4 per cent vacancy rate.

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

The Department has followed a journey of emerging strategy within a complex adaptive system. Our journey toward our reimagined future of Healthcare 2030 has required shifts, one of which is the focus on transformational leadership and governance with the desired outcome of culture change and distributed leadership. Distributed leadership is exercised through multiple teams spread throughout the system. Effective health leaders need to work within a wider system that nurtures and enables them. A leadership competency framework reflects what the future leaders look like within an integrated individual, team and systems perspective.

The successes of the journey thus far include:

- Leading from the front: TEXCO leadership and managerial support;
- Bringing in expertise and enabling capability of internal team;
- Co-creation of the leadership competencies and behaviours;
- Using coaching on the journey focussed on individuals and groups/ teams;
- Dedicated investment in team leadership;
- C²AIR² Club (competition, recognition and innovation); - learnings and reflection;
- Innovation and the recognition thereof;
- Boundary spanning leadership;
- Reflection and adaption; and
- Dipsticks are the staff satisfaction survey and Barrett Value survey as key levers influencing direction.

The way ahead requires the following:

- Development of distributed leadership and fit-for-purpose functional capabilities, supported through structured mentorship and coaching;
- Encourage an appetite for learning by having an approach of inspiring participation;
- Pursue development primarily through teams, learning together, with real day to day situations;
- Develop a learning organization approach, building resilience, adaptability and innovation;
- Embrace new models of learning, new insights into the way in which people learn and new technologies to support the initiatives; and
- Explore and examine approaches to evaluating the impact of leadership development programs and innovate to create best practice in the evaluation of program impact.

The clinical capabilities of health and allied professionals are coordinated through the People Development Centre. This is based on the critical skills needs identified and continuous professional development to deliver the various packages of care. Learning packages are clustered to promote a life course approach (children, adolescents, adults and the elderly life cycle). Content is integrated to include: Prevention, promotion, curative, rehabilitation and palliative aspects. Empathic skills and monitoring and evaluation are included as an element of all clinical training courses. Health professionals are capacitated to meet the more immediate service challenges. These include inter alia; service pressures, first 1000 days, HIV/TB epidemic and non-communicable diseases, including mental health.

The 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

45 Per cent of the workforce is between the ages 25 to 40 years and 40 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
- Non-Financial Recognition of teams and individuals
- Ensure sound people management practices
- Structured youth development programmes

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 2019/20

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	760 260	359 156	1 502	-	47%	546	658
PROGRAMME 2	10 103 687	5 533 601	13 249	250 306	55%	443	12 504
PROGRAMME 3	1 155 892	720 603	1 002	-	62%	366	1 968
PROGRAMME 4	3 909 658	2 857 384	4 862	55 713	73%	444	6 439
PROGRAMME 5	6 944 508	4 760 853	5 721	87 492	69%	514	9 255
PROGRAMME 6	330 869	153 558	330 869	182	46%	554	277
PROGRAMME 7	491 257	318 383	723	-	65%	397	801
PROGRAMME 8	1 077 140	55 059	543	-	5%	663	83
TOTAL	24 773 271	14 758 597	358 471	393 693	60%	461	31 985

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 2019 to 31 March 2020. The average is calculated using the number of staff as at the 15th of each month, April 2019-February 2020, and the 31st March 2020.
- Goods and services: Consist of the SCOA items Agency and Outsourced Services: Admin and Support Staff, Nursing Staff and Professional Staff.

Personnel Expenditure by Salary Band for 2019/20

Salary Bands	Personnel Expenditure R'000	Percent of Total Expenditure	Average Expenditure per Employee R'000	No. of Employees
Lower Skilled (Levels 1 - 2)	566 449	3.84	194	2923
Skilled (Level 3 - 5)	3 065 809	20.77	253	12113
Highly Skilled Production (Levels 6 - 8)	3 259 387	22.08	389	8376
Highly Skilled Supervision (Levels 9 - 12)	7 789 671	52.77	915	8510
Senior and Top Management (Levels 13 - 16)	79 645	0.54	1276	62
TOTAL	14 760 961	100.00	461	31985

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 2019 to 31 March 2020.

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 2019/20

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	325 361	2.20	1 636	0.01	8 319	0.06	14 870	0.10
PROGRAMME 2	4 883 829	33.09	327 321	2.22	144 275	0.98	217 360	1.47
PROGRAMME 3	613 513	4.16	46 029	0.31	24 715	0.17	44 048	0.30
PROGRAMME 4	2 435 095	16.50	217 700	1.47	76 516	0.52	119 574	0.81
PROGRAMME 5	3 904 477	26.45	530 904	3.60	103 309	0.70	162 585	1.10
PROGRAMME 6	168 518	1.14	2 816	0.02	2 858	0.02	5 300	0.04
PROGRAMME 7	266 525	1.81	25 507	0.17	10 774	0.07	18 155	0.12
PROGRAMME 8	57 463	0.39	8	0.00	444	0.00	1 159	0.01
TOTAL	12 654 780	85.73	1 151 920	7.80	371 210	2.51	583 051	3.95

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 R14 760 961 000 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 2019/20

SALARY BAND	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)	466 626	3.16	10 135	0.07	38 203	0.26	51 485	0.35
Skilled (Level 3 - 5)	2 566 840	17.39	91 825	0.62	164 406	1.11	242 738	1.64
Highly Skilled Production (Levels 6 - 8)	2 902 721	19.66	84 730	0.57	105 245	0.71	166 691	1.13
Highly Skilled Supervision (Levels 9 - 12)	6 639 581	44.98	965 230	6.54	63 355	0.43	121 504	0.82
Senior and Top Management (Level 13 - 16)	79 013	0.54	0	0.00	0	0.00	632	0.00
TOTAL	12 654 780	85.73	1 151 920	7.80	371 210	2.51	583 051	3.95

NOTES

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

Employment & Vacancies

Employment & Vacancies by Programme as at the 31st March 2020

PROGRAMMES	No. of Funded Posts	No. of Posts filled	Vacancy Rate percent	No. of persons additional to the establishment
PROGRAMME 1	768	671	12.63	13
PROGRAMME 2	13592	12660	6.86	483
PROGRAMME 3	2090	1983	5.12	0
PROGRAMME 4	7029	6527	7.14	281
PROGRAMME 5	10241	9453	7.69	317
PROGRAMME 6	389	292	24.94	41
PROGRAMME 7	852	803	5.75	0
PROGRAMME 8	108	90	16.67	6
TOTAL	35069	32479	7.39	1141

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 2019 to 31 March 2020.

Employment & Vacancies by Salary Band as at 31st March 2020

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)	3181	3020	5.06	0
Skilled (Level 3 - 5)	12805	12256	4.29	17
Highly Skilled Production (Levels 6 - 8)	9195	8427	8.35	462
Highly Skilled Supervision (Levels 9 - 12)	9817	8717	11.21	662
Senior and Top Management (Levels 13 - 16)	71	59	16.90	0
TOTAL	35069	32479	7.39	1141

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 31st March 2020				
SALARY BANDS	No. of Funded Posts	No. of Posts filled	Vacancy Rate percent	No. of persons additional to the establishment
Medical orthotist & prosthetist	16	16	0.00	0
Medical physicist	11	11	0.00	0
Clinical technologist	91	91	0.00	0
Pharmacist	438	378	13.70	60
Industrial technician	67	66	1.49	1
TOTAL	623	562	9.79	61

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.

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 2019/20							
SALARY BAND	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)	3181	0	0.00	0	0.00	0	0.00
Skilled (Level 3 - 5)	12805	0	0.00	0	0.00	0	0.00
Highly Skilled Production (Levels 6 - 8)	9195	14	0.15	0	0.00	0	0.00
Highly Skilled Supervision (Levels 9 - 12)	9817	5	0.05	0	0.00	0	0.00
Senior Management Service Band A (Levels 13)	56	14	25.00	0	0.00	0	0.00
Senior Management Service Band B (Levels 14)	10	4	40.00	0	0.00	0	0.00
Senior Management Service Band C (Levels 15)	4	2	50.00	0	0.00	0	0.00
Senior Management Service Band D (Levels 16)	1	1	100.00	0	0.00	0	0.00
TOTAL	35069	40	0.11	0	0.00	0	0.00

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 2019/20						
Gender	African	Indian	Coloured	White	TOTAL	
Female	1	0	3	0	4	
Male	0	0	1	0	1	
TOTAL	1	0	4	0	5	
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 2019/20					
MAJOR OCCUPATION	No. of employees	Job evaluation level	Remuneration on a higher salary level	Remuneration on a higher notch of the same salary level	Reason for deviation
Industrial Technician	1	7	7	12 th Notch	Recruitment
Director: Medical Physics	1	13	13	5 th Notch	Recruitment
Total number of employees whose salaries exceed the level determined by job evaluation (including awarding of higher notches)					2
Percentage of total employed					0.01%

Employees who have been Granted Higher Salaries than those determined by Job Evaluation per race group, for 2019/20						
Gender	African	Indian	Coloured	White	TOTAL	
Female	1	0	0	1	2	
Male	0	0	0	0	0	
TOTAL	1	0	0	1	2	
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 2019/20							
SALARY BAND	No. of employees per band as at 31/03/19	Turnover rate 2018/19	Appointments	Transfers into the Department	Terminations out of the Department	Transfers out of the Department	Turnover rate 2019/20
Lower Skilled (Levels 1 - 2)	2870	5.19	381	1	140	4	5.02
Skilled (Level 3 - 5)	12118	5.97	1020	15	684	39	5.97
Highly Skilled Production (Levels 6 - 8)	8418	14.48	1120	17	1206	12	14.47
Highly Skilled Supervision (Levels 9 - 12)	8443	17.67	1417	29	1387	31	16.79
Senior Management Service Band A (Levels 13)	50	12.00	3	0	6	1	14.00
Senior Management Service Band B (Levels 14)	10	20.00	0	0	2	0	20.00
Senior Management Service Band C (Levels 15)	4	25.00	0	1	1	0	25.00
Senior Management Service Band D (Levels 16)	1	0.00	0	0	0	0	0.00
TOTAL	31914	11.21	3941	63	3426	87	11.01

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 2019/20							
CRITICAL OCCUPATION	No. of employees per band as at 31/03/19	Turnover rate 2018/19	Appointments	Transfers into the Department	Terminations out of the Department	Transfers out of the Department	Turnover rate 2019/20
Clinical Technologist	90	20.22	18	0	15	1	17.78
Industrial Technician	58	11.11	9	0	3	1	6.90
Medical Ort & Prosthetist	14	8.33	5	0	3	0	21.43
Medical Physicist	11	33.33	4	0	4	0	36.36
Pharmacists	436	19.11	87	0	82	1	19.04
TOTAL	609	18.51	123	0	107	3	18.06

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 2019/20

EXIT CATEGORY	No.	Percent of Total Exits	No. of exits as a percent of total No. of employees as at 31/03/20
Contract Expiry	1442	42.09	4.44
Death Resignation	81	2.36	0.25
Dismissal: Ill Health	80	2.34	0.25
Dismissal: Incapacity	1	0.03	0.00
Dismissal: Misconduct	49	1.43	0.15
Resignation	1263	36.87	3.89
Retirement	480	14.01	1.48
Other	30	0.88	0.09
TOTAL	3426	100.00	10.55

NOTES

- The table identifies the various exit categories for those staff members who have left the employ of the Department.
- 1266 of the 1442 contract expiries were employees from the medical professions, pharmacy interns, community service and registrars.

Reasons Why Staff Resigned in 2019/20

TERMINATION TYPES	No.	Percent of Total Terminations
Age	13	1.03%
Bad Health	14	1.11%
Better Remuneration	269	21.30%
Domestic Problems	8	0.63%
Emigration	2	0.16%
Further Studies	44	3.48%
Housewife	9	0.71%
Misconduct	2	0.16%
Nature of Work	59	4.67%
Other Occupation	154	12.19%
Personal Grievances	71	5.62%
Resigning of Position	597	47.27%
No Reason Given	21	1.66%
TOTAL	1 263	100.00

NOTES

- Reasons as reflected on PERSAL.

Different Age Groups of Staff Who Resigned in 2019/20		
AGE GROUP	No.	Percent of Total Resignations
AGES <20	0	0.00%
AGES 20 TO 24	26	2.06%
AGES 25 TO 29	190	15.04%
AGES 30 TO 34	269	21.30%
AGES 35 TO 39	203	16.07%
AGES 40 TO 44	145	11.48%
AGES 45 TO 49	117	9.26%
AGES 50 TO 54	104	8.23%
AGES 55 TO 59	104	8.23%
AGES 60 TO 64	103	8.16%
AGES 65 >	2	0.16%
TOTAL	1263	100.00

Granting of Employee Initiated Severance Packages by Salary Band for 2019/20				
SALARY BAND	No. of applications received	No. of applications referred to the MPSA	No. of applications supported by MPSA	No. of packages approved by Department
Lower Skilled (Levels 1 - 2)	0	0	0	0
Skilled (Level 3 - 5)	0	0	0	0
Highly Skilled Production (Levels 6 - 8)	0	0	0	0
Highly Skilled Supervision (Levels 9 - 12)	0	0	0	0
Senior & Top Management (Levels 13 - 16)	0	0	0	0
TOTAL	0	0	0	0

Promotions by Salary Band for 2019/20					
SALARY BAND	Employees as at the 31/03/19	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)	2870	0	0.00	1679	58.50
Skilled (Level 3 - 5)	12118	568	4.69	5839	48.18
Highly Skilled Production (Levels 6 - 8)	8418	563	6.69	3504	41.63
Highly Skilled Supervision (Levels 9 - 12)	8443	461	5.46	2970	35.18
Senior & Top Management (Levels 13 - 16)	65	1	1.54	40	61.54
TOTAL	31914	1593	4.99	14032	43.97

Promotions by Critical Occupation in 2019/20					
CRITICAL OCCUPATION	No. of employees as at 01/04/19	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	90	9	10.00	30	33
Industrial Technician	58	3	5.17	37	64
Medical Ort & Prosthetist	14	5	35.71	7	50
Medical Physicist	11	1	9.09	8	73
Pharmacists	436	16	3.67	210	48.17
TOTAL	609	34	5.58	292	47.95

Employment Equity

Total Number of Employees per Occupational Band, including employees with disabilities, as at the 31 st March 2020											
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	1	0	2	1	3	0	0	13
Senior Management (Levels 13)	2	5	2	8	0	14	0	12	0	0	43
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	67	269	85	500	81	418	108	693	50	41	2312
Skilled technical / Academically qualified workers / Junior management, / supervisors, foremen, and superintendents (Levels 8- 10)	277	726	17	181	850	2976	67	880	7	9	5990
Semi-skilled and discretionary decision making (Level 4-7)	1357	2532	28	230	4339	6241	44	673	8	4	15456
Unskilled and defined decision making (Levels 1-3)	838	1005	3	41	2493	1658	4	35	1	1	6079
SUB-TOTAL	2542	4541	136	961	7763	11309	224	2296	66	55	29893
Temporary employees	143	218	113	381	344	550	163	602	45	27	2586
TOTAL	2685	4759	249	1342	8107	11859	387	2898	111	82	32479

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 31ST March 2020

OCCUPATIONAL LEVELS	MALE				FEMALE				FOREIGN NATIONALS		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14-16)	0	0	0	0	0	0	0	0	0	0	0
Senior Management (Levels 13)	0	0	0	0	0	0	0	0	0	0	0
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	0	1	0	1	0	3	1	5	0	0	11
Skilled technical / Academically qualified workers / Junior management, / supervisors, foremen, and superintendents (Levels 8- 10)	2	11	0	4	0	6	4	8	0	0	35
Semi-skilled and discretionary decision making (Level 4-7)	11	39	0	13	16	27	0	18	0	0	124
Unskilled and defined decision making (Levels 1-3)	12	9	0	5	5	12	0	4	0	0	47
SUB-TOTAL	25	60	0	23	21	48	5	35	0	0	217
Temporary employees	0	0	0	0	0	0	0	0	0	2	2
TOTAL	25	60	0	23	21	48	5	35	0	2	219

NOTES

- Nature of appointments periodical and abnormal is excluded.
- Total number of employees includes employees additional to the establishment.

Recruitment in 2019/20

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	25	8	49	14	42	10	98	6	5	268
Skilled technical / Academically qualified workers / Junior management, / supervisors, foremen, and superintendents (Levels 8- 10)	24	21	1	6	52	94	0	21	0	1	220
Semi-skilled and discretionary decision making (Level 4-7)	129	99	1	8	404	297	5	49	2	1	995
Unskilled and defined decision making (Levels 1-3)	92	93	1	2	310	133	0	5	0	0	636
SUB-TOTAL	256	238	11	65	780	566	15	173	8	7	2119
Temporary employees	114	151	57	162	330	478	104	394	16	16	1822
TOTAL	370	389	68	227	1110	1044	119	567	24	23	3941

NOTES

- Total number of employees includes employees additional to the establishment.

Promotions in 2019/20												
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	1	0	0	1	
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	7	7	3	12	4	23	5	18	3	2	84	
Skilled technical / Academically qualified workers / Junior management, / supervisors, foremen, and superintendents (Levels 8- 10)	31	64	1	13	90	243	6	61	0	0	509	
Semi-skilled and discretionary decision making (Level 4-7)	103	170	4	12	263	327	1	28	0	0	908	
Unskilled and defined decision making (Levels 1-3)	11	8	0	1	4	7	0	1	0	0	32	
SUB-TOTAL	152	249	8	38	361	600	12	109	3	2	1534	
Temporary employees	4	10	1	7	5	19	1	10	1	1	59	
TOTAL	156	259	9	45	366	619	13	119	4	3	1593	

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 2019/20												
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	2	1	0	0	0	0	0	3	
Senior Management (Levels 13)	0	0	0	0	1	1	0	1	0	0	3	
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	7	20	12	51	8	31	13	63	8	5	218	
Skilled technical / Academically qualified workers / Junior management, / supervisors, foremen, and superintendents (Levels 8- 10)	26	43	0	16	64	201	4	89	0	1	444	
Semi-skilled and discretionary decision making (Level 4-7)	65	146	2	23	239	393	0	72	0	0	940	
Unskilled and defined decision making (Levels 1-3)	44	59	1	4	46	131	0	2	0	0	287	
SUB-TOTAL	142	268	15	96	359	757	17	227	8	6	1895	
Temporary employees	102	111	34	151	257	386	86	370	9	25	1531	
TOTAL	244	379	49	247	616	1143	103	597	17	31	3426	

NOTES

- Total number of employees includes employees additional to the establishment.
- Temporary employees reflect all contract appointments.

Disciplinary Actions in 2019/20												
OCCUPATIONAL LEVELS	MALE				FEMALE				FOREIGN NATIONALS		TOTAL	
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female		
TOTAL	20	30	1	6	16	17	0	2	0	0	92	

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 2019/20

OCCUPATIONAL LEVELS	MALE				FEMALE				TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management (Levels 14-16)	0	1	1	0	0	0	0	1	3
Senior Management (Levels 13)	0	3	1	2	0	8	0	3	17
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	39	114	44	218	48	204	60	331	1058
Skilled technical / Academically qualified workers / Junior management, / supervisors, foremen, and superintendents (Levels 8- 10)	118	220	5	52	369	1369	33	418	2584
Semi-skilled and discretionary decision making (Level 4-7)	417	764	8	49	1532	2283	13	227	5293
Unskilled and defined decision making (Levels 1-3)	207	250	2	8	751	478	3	14	1713
SUB-TOTAL	781	1352	61	329	2700	4342	109	994	10668
Temporary employees	1	14	0	7	9	29	0	30	90
TOTAL	782	1366	61	336	2709	4371	109	1024	10758

Signing of Employment Agreements by SMS Members

All members of the SMS must conclude and sign performance agreements within specific timeframes. Information regarding the signing of performance agreements by SMS members, the reasons for not complying within the prescribed timeframes and disciplinary steps taken is presented here.

Signing of Performance Agreements per SMS Level as at the 31st May 2019

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)	-	-	-	-
Salary Level 15	5	5	3	60%
Salary Level 14	9	9	5	56%
Salary Level 13	55	50	29	58%
TOTAL	70	65	38	58%

NOTES

- The number of funded SMS posts per level.
- DPSA Circular 17/2019 gave extension until 31 August 2019.
- Further 20 SMS completed by 31 August 2019.

Reasons for Not Concluding the Performance Agreements of all SMS Members

DPSA Circular 17/2019 gave extension until 31 August 2019, a further 20 SMS completed PA's by 31 August 2019.

Reason for staff not completing by 31 August 2019:

- 1 SMS member resigned on 31 August 2019 (T Tladi, SL 13)
- 1 SMS member resigned on 31 December 2019, was previously on sabbatical leave (T Naledi, SL 14)
- 1 SMS member resigned on 31 October 2020 (T Qukula, SL 13)
- 1 SMS member resigned on 12 June 2019 (H Schumann, SL 13)
- 1 SMS member retired on 31 August 2019 (P Piedt, SL 13)
- 1 SMS member was Director until 31 August 2019, SL 12 from 1 September 2019 (S De Vries, SL 13)
- 1 SMS member completed on 17 December 2019 due to connectivity issues with PERMIS (W Sonnie, SL 13)

Disciplinary Steps taken for Not Concluding Performance Agreements

N/A

Filling of SMS Posts

SMS Posts as at 30th September 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	5	100.00%	0	0.00%
Salary Level 14	9	9	100.00%	0	0.00%
Salary Level 13	56	47	83.93%	9	16.07%
TOTAL	71	62	87.32%	9	12.68%

NOTES

- The number of funded SMS posts per level.

SMS Post Information as at the 31st March 2020

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	10	8	80.00%	2	20.00%
Salary Level 13	56	46	82.14%	10	17.86%
TOTAL	71	59	83.14%	12	16.90%

Advertising and Filling of SMS Posts as at the 31st 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)	1	0	0	
Salary Level 16 (Excl. HoD)	0	0	0	
Salary Level 15	1	1	0	
Salary Level 14	1	0	0	
Salary Level 13	9	0	0	
TOTAL	12	1	0	

Reasons for Non-compliance with the timeframes for filling the vacant funded SMS Posts

SMS LEVEL	Reasons for non-compliance
Head of Department (HoD)	The post is filled with effect from 1 April 2020 which is outside the reporting period
Salary Level 16 (Excl. HoD)	N/A
Salary Level 15	N/A
Salary Level 14	In process of being filled within the 12 months. Cabinet Submission on route
Salary Level 13	In the process of being filled within the 12 months' period but appointments will be done during the 2020/21 financial year

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

N/A

Employee Performance

Notch Progression per Salary Band for 2019/20

SALARY BANDS	Employees as at 31 March 2019	Progressions to another notch within a salary level	Notch progressions as a percent of employees by salary band
Lower Skilled (Levels 1 - 2)	2870	1679	58.50
Skilled (Level 3 - 5)	12118	5839	48.18
Highly Skilled Production (Levels 6 - 8)	8418	3504	41.63
Highly Skilled Supervision (Levels 9 - 12)	8443	2970	35.18
Senior and Top Management (Levels 13 - 16)	65	40	61.54
TOTAL	31914	14032	43.97

NOTES

- The 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.

Notch Progression per Critical Occupation for 2019/20

CRITICAL OCCUPATION	Employees as at 31 March 2019	Progressions to another notch within a salary level	Notch progressions as a percent of employees by salary band
Clinical Technologist	90	30	33
Industrial Technician	58	37	64
Medical Ort & Prosthetist	14	7	50
Medical Physicist	11	8	73
Pharmacists	436	210	48.17
TOTAL	609	292	47.95

NOTES

- The Nature of appointments periodical and abnormal is excluded.

Performance Reward by Race, Gender & Disability for 2019/20

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)
African					
Male	334	2618	12.76%	2 128	6
Female	953	7661	12.44%	6 396	7
Indian					

Male	10	243	4.12%	80	8
Female	19	379	5.01%	198	10
Coloured					
Male	886	4741	18.69%	6 630	7
Female	1913	11923	16.04%	15 159	8
White					
Male	82	1382	5.93%	740	9
Female	261	2967	8.80%	2 605	10
Employees with Disabilities	36	208	17.31%	257	7
TOTAL	4458	31914	13.97	33 936	8

NOTES

- The above table relates to performance rewards for the performance year 2018/19 and payment effected in the 2019/20 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 2019/20 (excl. SMS Members)						
SALARY BANDS	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)	568	2870	19.79	2 355	4	0.02
Skilled (Level 3 - 5)	2217	12118	18.30	14 219	6	0.10
Highly Skilled Production (Levels 6 - 8)	1670	8418	19.84	17 326	10	0.12
Highly Skilled Supervision (Levels 9 - 12)	3	8443	0.04	37	12	0.00
TOTAL	4458	31849	14.00	33 936	8	0.23

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 2019/20							
SALARY BANDS	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%	58 930
Senior Management Service Band B (Level 14)	0	10	0	0	0	0.00%	11 420
Senior Management Service Band C (Level 15)	0	4	0	0	0	0.00%	6 953
Senior Management Service Band D (Level 16)	0	1	0	0	0	0.00%	2 341
TOTAL	0	65	0	0	0	0.00%	79 645

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 2019/20						
SALARY BANDS	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
Clinical Technologist	9	90	10.00	114	13	0.08%
Industrial Technician	6	58	10.34	73	12	0.05%
Medical Ort & Prosthetist	2	14	14.29	25	13	0.02%
Medical Physicist	0	11	0.00	0	0	0.00%
Pharmacists	0	436	0.00	0	0	0.00%
TOTAL	17	609	2.79	212	12	0.14%

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 2019/20						
SALARY BANDS	1 st April 2019		31 st March 2020		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)	6	3.06	6	3.11	0	0
Highly Skilled Production (Levels 6 - 8)	15	7.65	16	8.29	1	7
Highly Skilled Supervision (Levels 9 - 12)	175	89.29	171	88.60	-4	-2
Senior and Top Management (Levels 13 - 16)	0	0.00	0	0.00	0	0
TOTAL	196	100.00	193	100.00	-3	-2

NOTES

- Nature 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 2019/20						
SALARY BANDS	1 st April 2019		31 st March 2020		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	0	0.00	0	0.00	0	0.00
Professionals and managers	161	82.14	156	80.83	-5	-3

Service workers	6	3.06	6	3.11	0	0.00
Senior officials and managers	0	0.00	0	0.00	0	0.00
Technical and associated professionals	29	14.80	31	16.06	2	7
TOTAL	196	100.00	193	100.00	-3	2

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 2019

SALARY BANDS	Total days	Percent days with medical certification	No. of employees using sick leave	Total No. of employees 31-12-2019	Percent of total employees using sick leave	Average days per employee	Estimated cost (R'000)
Lower Skilled (Levels 1 - 2)	28232	87.20%	2692	2945	91.41%	10	11 893
Skilled (Level 3 - 5)	115425	85.00%	11267	12188	92.44%	9	74 560
Highly Skilled Production (Levels 6 - 8)	82656	84.97%	7857	8391	93.64%	10	84 414
Highly Skilled Supervision (Levels 9 - 12)	61472	82.11%	6734	8565	78.62%	7	122 076
Senior and Top Management (Levels 13 - 16)	321	70.40%	46	62	74.19%	5	1 048
TOTAL	288106	84.58%	28596	32151	88.94%	9	293 991

NOTES

- The three-year sick leave cycle started in January 2019.
- Nature of appointment sessional, periodical and abnormal is not included.
- Annual leave cycle is from 1 January - 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 1st January 2019 – 31st December 2019

SALARY BANDS	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)	1464	100.00%	35	2945	1.19%	42	631
Skilled (Level 3 - 5)	8939	100.00%	217	12188	1.78%	41	5 789
Highly Skilled Production (Levels 6 - 8)	9693	100.00%	223	8391	2.66%	43	9 582
Highly Skilled Supervision (Levels 9 - 12)	6666	100.00%	163	8565	1.90%	41	13 311
Senior and Top Management (Levels 13 - 16)	36	100.00%	1	62	1.61%	0	120
TOTAL	26798	100.00%	639	32151	1.99%	42	29 434

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 st January 2019 to 31 st December 2019			
SALARY BANDS	Total days taken	Total number of employees using annual leave	Average days per employee
Lower Skilled (Levels 1 - 2)	63809	2949	22
Skilled (Level 3 - 5)	281428	12375	23
Highly Skilled Production (Levels 6 - 8)	209457	8818	24
Highly Skilled Supervision (Levels 9 - 12)	210042	8876	24
Senior and Top Management (Levels 13 - 16)	1747	66	26
TOTAL	766483	33084	23

NOTES

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

Capped Leave for the 1 st January 2019 – 31 st December 2019						
SALARY BANDS	Total capped leave available as at 31/12/18	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 31/12/19	Total capped leave available as at 31/12/19
Lower Skilled (Levels 1 - 2)	325	4	3	1	43	189
Skilled (Level 3 - 5)	28559	2387	132	18	1345	24142
Highly Skilled Production (Levels 6 - 8)	75552	7165	306	23	2096	66701
Highly Skilled Supervision (Levels 9 - 12)	66738	7197	285	25	1787	58572
Senior and Top Management (Levels 13 - 16)	877	153	6	26	18	730
TOTAL	172051	16906	732	23	5289	150334

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 2019/20			
REASONS	Total amount (R'000)	No. of employees	Average per employee (R'000)
Leave pay-outs for 2019/20 due to non-utilisation of leave for the previous cycle	118	12	10
Capped leave pay-outs on termination of service for 2019/20	30 377	374	81

Current leave pay-outs on termination of service 2019/20	21 975	1494	15
TOTAL	52 470	1880	28

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, 1st April 2019 to 31st March 2020

UNITS/CATEGORIES OF EMPLOYEES IDENTIFIED TO BE AT HIGH RISK OF CONTRACTING HIV & RELATED DISEASES (IF ANY) *

Employees in clinical areas, i.e. doctors, nurses, medical students, general workers and paramedics are more at risk of contracting HIV and related communicable diseases such as TB. The nature of injuries reported by employees for 2019/20 include 135 needle pricks and 14 cases of tuberculosis.

KEY STEPS TAKEN TO REDUCE THE RISK

- The HIV and AIDS/STI/TB Policy and Safety, Health, Environment, Risk and Quality (SHERQ) policy within the Department identifies the prevention of occupational exposure to potentially infectious blood and blood products as a key focus area. The SHERQ policy has been revised to have a greater focus on infection control.
- The WCGH has approved the strategic plan to formalise SHERQ management in the Department. The following areas will be focused on:
 - Occupational Health & Safety Statuary appointments
 - Occupational Health & Safety Committee compliance
 - Occupational Health & Safety Provincial Forum
 - Occupational Health & Safety Risk Assessment and Management
 - Occupational Health & Safety Training
 - Medical Surveillance
- 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.
- Infection control measures are implemented.
- Responsive and educational programs targeting behavioural risks have been implemented.

Note:

*Data provided is for the period 1 April – 31 December 2019.

Details of Health Promotion and HIV and AIDS programmes, 1 April 2019 to 31 March 2020

HIV AND AIDS & HEALTH PROMOTION PROGRAMMES

Question	YES	NO
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.	X	
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	X	

Health and Wellness within the People Practices and Administration Directorate, Health and Wellness at Head Office level:

- Deputy Director, Ms Michelle Buis (Acting Wellness, Diversity & Disability Manager)
- Assistant Director, Ms Michelle Buis (Employee Health and Wellness)
- Assistant Directors, Mr Clive Cyster & Mr Nabeel Ismail (SHERQ)
- Practitioners, Ms Janice Andrews & Ms Caldine Van Willing

Institutional and district level:

- Groote Schuur Hospital: Lisl Mullins
- Tygerberg Hospital: Jillene Johnson
- Red Cross Hospital: Ntombozuko Ponono & Galiema Haroun
- Associated Psychiatric Hospitals: Jessica Minnaar, Anne Marie Basson, Valerie Nel
- Cape Winelands District: BJ Vd Merwe
- Overberg District: Christopher Matshoza
- West Coast District: Willem Small
- Eden/Central Karoo Districts: Lindiwe Mgzulwa
- MDHS: Riaan Van Staden
- RDHS: Nuruh Davids
- EMS: Liesel Meter & Emma Hoffmeyer
- FPS: Deon Bruiners & Safia Samsodien

Budget Allocation R 2.420 million

3. Has the Department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of this programme.

X

The Department makes follows an integrated approach whereby internal and external services are utilised. An independent service provider, Metropolitan, has been appointed for the period 2019-2021.

Programmes and services offered:

- Counselling and support services
 - 24/7/365 telephone counselling
 - The service is available to all employees and their household members
 - Face to face counselling (6 session model) per issue
 - Case management
 - Trauma/critical incident management
 - HIV and AIDS counselling
- Life management services
 - Family care
 - Financial Wellness
 - Legal information and advice
- Managerial consultancy and referral services
 - Managerial consultancy
 - Formal Referral Programme
- Training Services
 - Targeted training interventions based on identified needs and trends
- Electronic Wellness Information System
 - EWIS is an innovative online healthcare service to help improve Employee Health and Wellness

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.

X

Health Departmental Committee:

- Ms Michelle Buis: Head Office
- Ms Lisl Mullins: Groote Schuur Hospital
- Ms Jillene Johnson: Tygerberg Hospital
- Ms Ntombozuko Ponono/ Ms Galiema Haroun: Red Cross Hospital
- Ms Anne Marie Basson: Associated Psychiatric Hospitals
- BJ Vd Merwe: Cape Winelands District
- Mr Christopher Matshoza: Overberg District
- Mr Willem Small: West Coast District
- Ms Berenice Klein: Eden/Central Karoo Districts
- Mr Riaan Van Staden: MDHS
- Ms L Meter & Ms E Hoffmeyer: Emergency Medical Services
- Deon Bruiners: FPS

5. Has the Department reviewed its employment policies and practices to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.

X

HIV and AIDS, STI, and TB is seen as a transversal issue in the Western Cape Government. The WCG: Health has been appointed as the primary driver of the process and therefore has a dual role to play (i.e. to oversee and manage their Departmental programme as well as to manage and co-ordinate the programme within the Province). The transversal Employee Health and Wellness Policies was approved in April 2016.

6. Has the Department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	X	
<p>Key elements – HIV and AIDS/STI programmes:</p> <ul style="list-style-type: none"> ▪ To ensure that every employee within the Department receives appropriate and accurate HIV and AIDS, and STI risk-reduction education. ▪ To create a non-discriminatory work environment via the workplace HIV and AIDS/STI policy. ▪ To prevent occupational exposure to potentially infectious blood and blood products and to manage occupational exposures that occurred. ▪ To provide HIV counselling and testing services for those employees who wish to determine their own HIV status. ▪ To determine the impact of HIV and AIDS on the Department in order to plan accordingly. ▪ To promote the use of and to provide SABS approved male and female condoms. ▪ Awareness of available services. ▪ Education and training. ▪ Counselling. ▪ Critical incident stress debriefing (CISD). ▪ Reporting and evaluating. 		
7. Does the Department encourage its employees to undergo voluntary counselling and testing? If so, list the results that you have achieved.	X	
<p>Yes, the Department does encourage voluntary counselling and testing and for the period 1st April 2019 till the 30th March 2020, 2850 employees underwent counselling and testing, a slight increase on last year as 36 more employees were tested in 2019/20, than in 2018/19. Of the 2850 employees tested, 10 were positive and 2747 were negative. Employees who test positive are supported via the Employee Health and Wellness Programme and are also encouraged to join GEMS in cases where they have not already joined a medical aid. The Programme is currently aligned with national HTS programme. 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"> ▪ Partners in Sexual Health: Metro East ▪ Wolanani: Metro West ▪ Diakonale Dienste: West Coast District ▪ Right to Care: Cape Winelands District ▪ Right to Care: Overberg District ▪ Right to Care: Eden District ▪ Right to Care: Central Karoo District 		
8. Has the Department developed measures/indicators to monitor and evaluate the impact of its health promotion programme? If so, list these measures/indicators.	X	
<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. Monthly statistics, quarterly reports and annual reports provided by HTS service providers serve as a means to monitor and evaluate the effectiveness of this programme. Quarterly and Annual reports provided by the Employee Health and Wellness service provider serves as a means to monitor and evaluate the effectiveness of this programme and also to identify trends and challenges within the Department and develop and implement special interventions to address trends and challenges.</p>		

Labour Relations

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

Collective Agreements for 2019/20

Nil

Misconduct & Disciplinary Hearings finalised in 2019/20		
OUTCOMES OF DISCIPLINARY HEARINGS	No.	Percent of Total Hearings
Correctional counselling	0	0%
Verbal warning	0	0%
Written warning	0	0%
Final written warning	9	9.8%
Suspended without pay	4	4.4%
Demotion	0	0%
Dismissal	49	53.3%

Desertion	29	31.5%
Not guilty	1	1.1%
Case withdrawn	0	0%
TOTAL	92	100%
Percentage of total employment		0.28%

NOTES

- Outcomes of disciplinary hearings refer to formal cases only.

Types of Misconduct Addressed in Disciplinary Hearing for 2019/20		
OUTCOMES OF DISCIPLINARY HEARINGS	No.	Percent of Total
Absent from work without reason or permission	16	17.4%
Code of conduct (improper/unacceptable manner)	5	5.4%
Insubordination	1	1.1%
Fails to comply with or contravenes acts	2	2.2%
Negligence	1	1.1%
Misuse of WCG property	4	4.3%
Steals, bribes or commits fraud	23	25.0%
Substance abuse	1	1.1%
Sexual harassment	6	6.5%
Discrimination	1	1.1%
Assault or threatens to assault	3	3.3%
Desertions	29	31.5%
Protest Action	0	0%
Social grant fraud	0	0%
TOTAL	92	100%

Grievances Lodged in 2019/20		
OUTCOMES OF DISCIPLINARY HEARINGS	No.	Percent of Total
Number of grievances resolved	75	46.3%
Number of grievances not resolved	59	36.4%
Pending	28	17.3%
TOTAL	162	100%

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 2019/20		
CONCILIATIONS	No.	Percent of total
Deadlocked	53	90%
Settled	0	0%
Withdrawn	6	10%
TOTAL NO. OF DISPUTES LODGED	59	100%
ARBITRATIONS	No.	Percent of total
Upheld in favour of employee	53	74.6%
Dismissed in favour of employer	7	9.9%
Settled	11	15.5%
TOTAL NO. OF DISPUTES LODGED	71	100%

NOTES

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

Strike Action in 2019/20	
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 2019/20	
Number of people suspended	27
Number of people whose suspension exceeded 60 days	5
Average number of days suspended	45
Cost of suspension	R1 938 160.57

NOTES

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

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 2019/20						
OCCUPATIONAL CATEGORY	Gender	No. of employees as at 01/04/19	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	88	0	59	0	59
	Male	150	0	33	0	33

PROFESSIONALS	Female	9761	79	12820	0	12899
	Male	3163	9	3189	0	3198
TECHNICIANS AND ASSOCIATE PROFESSIONALS	Female	788	0	6685	0	6685
	Male	550	0	3643	0	3643
CLERKS	Female	2605	0	3789	0	3789
	Male	1396	0	1979	0	1979
SERVICE AND SALES WORKERS	Female	7431	0	2679	0	2679
	Male	1989	0	1707	0	1707
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	27	0	27
	Male	155	0	340	0	340
ELEMENTARY OCCUPATIONS	Female	2249	0	1791	0	1791
	Male	1581	0	1202	0	1202
SUB-TOTAL	Female	22930	79	27850	0	27929
	Male	8984	9	12093	0	12102
TOTAL		31914	88	39943	2176*	40031
EMPLOYEES WITH DISABILITIES	Female	100	0	216	0	216
	Male	108	0	125	0	125

NOTES

- The above table identifies the training needs at the start of the reporting period as per the Department's Workplace Skills Plan.
- Source: Quarterly Monitoring and Evaluation Reports.

* Other forms of training - (Interns, ABET, Home-based carers).

Training Provided in 2019/20						
OCCUPATIONAL CATEGORY	Gender	No. of employees as at 31/03/20	TRAINING NEEDS IDENTIFIED AT START OF THE REPORTING PERIOD			
			Learnerships	Skills programmes and other short courses	Other forms of training	TOTAL
LEGISLATORS, SENIOR OFFICIALS AND MANAGERS	Female	87	0	79	0	79
	Male	146	0	162	0	162
PROFESSIONALS	Female	10008	59	9067	0	9126
	Male	3293	5	2127	0	2132
TECHNICIANS AND ASSOCIATE PROFESSIONALS	Female	804	0	444	0	444
	Male	562	0	184	0	184
CLERKS	Female	2600	0	1553	0	1553
	Male	1426	0	761	0	761
SERVICE AND SALES WORKERS	Female	7537	0	5296	0	5296
	Male	1974	0	857	0	857
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	9	0	6	0	6
	Male	154	0	75	0	75

ELEMENTARY OCCUPATIONS	Female	2288	0	817	0	817
	Male	1591	0	728	0	728
SUB-TOTAL	Female	23333	59	17262	0	17321
	Male	9146	5	4894	0	4899
TOTAL		31914	32479	64	22156	2331*
EMPLOYEES WITH DISABILITIES	Female	111	0	91	0	91
	Male	108	0	46	0	46

NOTES

- The above table identifies the number of training courses attended by individuals during the period under review.
- Source: Quarterly Monitoring and Evaluation Reports.

* Other forms of training reflect the training of non-employees (Interns, Adult Basic Education and Training (ABET), Community Health Workers).

Injury on Duty

The table below provides basic information on injury on duty.

Injuries on Duty for 2019/20		
NATURE OF INJURY ON DUTY	No.	Percent of total
Required basic medical attention only	315	61
Temporary disablement	55	11
Permanent disablement	148	28
Fatal	0	0
TOTAL	518	100
Percent of total employed		1.59%

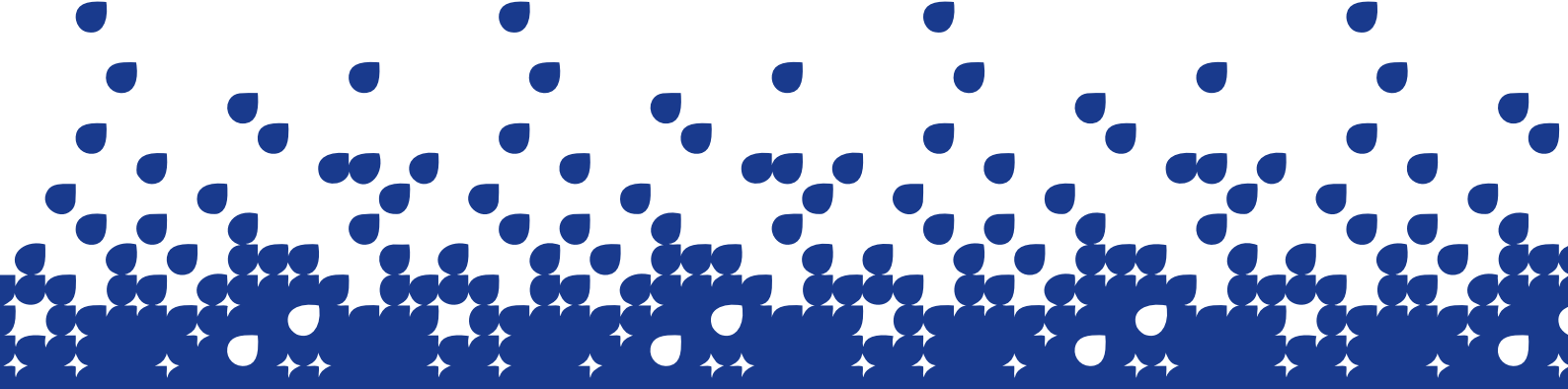
NOTES

- The information provided above is calculated and provided as per Department of Labour definition of IOD (i.e. basic IOD equals no leave taken; temporary disablement is less than 14 days leave for occupational injuries and disease; and permanent disablement more than 14 days for leave for occupational injuries and disease).

Utilisation of Consultants

CONSULTANT/CONTRACTOR	Amount (R'000)	Purpose
Alexander Forbes Health (Pty) Ltd	91	Evaluation of PILIR and Incapacity cases
ARUP	2,578	Tygerberg Hospital Redevelopment Feasibility Studies
BCX	1,486	Assistance with data analysis on PERSAL
Break Through HR Solutions	468	Patient Satisfaction Survey
Cebano Consultants	48	Organisational scans and Leadership Values Assessment
Department of the Premier	794	Barret's Value Survey and Competency Assessment
Dept of Cultural Affairs and Sport	94	The rendering of translation Services
Development Works Change Makers	450	Evaluation study of the Cash Plus Care project with the Young Women and Girls program
E-Science Associates Pty Ltd	124	Waste treatment area noise tests (OHSA)
Firewire System Solutions	135	Repairs/maintenance of Nurse Call System in wards/therapy areas at Western Cape Rehab Centre
Folio Online	2,073	Tele-interpretation services for foreign patients
Folio Translation Consultants	510	Tele-interpretation services for foreign patients
Hasler Business Systems	4	Franking machine expenses (credits)

Health System Technologies (Pty)	802	Maintenance of the Health Information System (HIS)
ICAS	44	Employee Wellness Program
INLEXSO	7	The rendering of transcription services
Litha-Lethu Management Solutions	8	Competency assessment
Locktag Digital Tracking	238	Temperature and humidity mapping as per Pharmaceutical legislation
MI Consulting	622	Contractor assisting with the verification of Inventory Code numbers on LOGIS
MIE (Pty) Ltd	2,046	Verification of personal credentials, qualifications and criminal records to minimise CV fraud
Mpilisweni Facility Serv	75,471	PPP payments to the Mpilisweni Consortium
Netcare	14	Commissioning of the CT Scanner
NOSA	17	Appointment of an EAP (Environmental Assessment Practitioner)
Notherncape Provincial Government	906	To support the province in identifying high burden areas (hotspots) in the Vulnerable Population Program
PC Card Brooklyn Chest	1	Driver competency and training test
PC-Card Montagu Hospital	2	Satisfaction Survey
PC-Card Robertson Hospital	3	Staff survey and translation services
PC-Card Wc Nursing College	6	Examination moderating services
PC-Card Wc Rehab Centre	1	Refund to staff members for over-deduction of telephone account bill; Replacement and installation of DSTV satellite dish for patient ward
SA Diamond and Precious Metal Regulators	5	Gold licence fees (gold used for eye cancer treatment)
SABS	191	SABS payments for Dosimeter monitoring (Radiation Protection Fees)
SABS Commercial	1,529	SABS payments for Dosimeter monitoring (Radiation Protection Fees)
South African Nursing College	737	South African Nursing Council Accreditation
Susan Rosemary Fawcus	16	Assessment service (comply with the minimum standards for providing a safe caesarean delivery service)
Testhouse	14	X-Ray Dosimeters for the Western Cape Rehab Centre
Tree Tops Management	8	Compulsory Competency Assessment
Ukuphela Training	14	Development on training material for the level 3 Community Health Workers in the Rural areas
University of Cape Town	4,584	Delivery of healthy lifestyle training which includes monitoring and research evaluation (WoW)
University of Cape Town Lung Ins	3,343	Development of the "Practical Approach to Care Kit" adolescent guidelines
Work Dynamics	8	Compulsory Competency Assessment
L/State Attorney: Legal Advice Service	16,257	Legal services rendered
Total Rand Value		115 749
Contractor Total		0
Consultant Total		115 749
Total number of Projects		41



PART E

ANNUAL FINANCIAL STATEMENTS

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 166 to 257, which comprise the appropriation statement, the statement of financial position as at 31 March 2020, the statement of financial performance, the statement of changes in net assets, and the 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 2020, 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 the Revenue Act of South Africa, 2019 (Act No. 16 of 2019) (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 *Code of ethics for professional accountants* and parts 1 and 3 of the *International Code of Ethics for Professional Accountants (including International Independence Standards)* of the International Ethics Standards Board for Accountants (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 impairment

7. As disclosed in note 22.3 to the financial statements, accrued departmental revenue was significantly impaired. The impairment allowance amounted to R253 million (2018-19: R230,6 million).

Restatement of corresponding figures

8. As disclosed in note 32 to the financial statements, the corresponding figures for 31 March 2019 were restated as a result of errors discovered during the 2019-20 financial year in the financial statements of the department at, and for the year ended, 31 March 2020.

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 258 to 276 does not form part of the annual financial statements and is presented as additional information. We have not audited these schedules and we will not express an opinion on them.

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 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 department's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations, or has no realistic alternative but to do so.

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

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 on the usefulness and reliability of the reported performance information against predetermined objectives for selected programmes presented in the annual performance report. I performed procedures to identify material findings but not to gather evidence to express assurance.
16. My procedures address the usefulness and reliability of 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 do not examine whether the actions taken by the department enabled service delivery. My procedures also do 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 programme presented in the annual performance report of the department for the year ended 31 March 2020:

Programme	Pages in the annual performance report
Programme 2 – district health services	42 to 54

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 identify any material findings on the usefulness and reliability of the reported performance information for this programme:
- Programme 2 – district health services

Other matters

20. I draw attention to the matter below.

Achievement of planned targets

21. Refer to the annual performance report on pages 42 to 54 for information on the achievement of planned targets for the year and explanations provided for the under-/overachievement of a number of targets.

Adjustment of material misstatements

22. We identified material misstatements in the annual performance report submitted for auditing. These material misstatements were on the reported performance information of programme 2: district health services. As management subsequently corrected the misstatements, we 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 department's compliance with specific matters in key legislation. I performed procedures to identify findings but not to gather evidence to express assurance.
24. I did not identify any material findings on compliance with the specific matters in key legislation set out in the general notice issued in terms of the PAA.

Other information

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 the selected programme 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 programme 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 we have performed we conclude that there is a material misstatement of this other information, we are required to report that fact. I have nothing to report in this regard.

Internal control deficiencies

29. I considered internal control relevant to my audit of the financial statements, reported performance information and compliance with applicable legislation; however, my objective was not to express any form of assurance on it. I did not identify any significant deficiencies in internal control.

Auditor-General

Cape Town

19 February 2021



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 programme and on the department’s compliance with respect to the selected subject matters.

Financial statements

2. In addition to my responsibility for the audit of the financial statements as described in this auditor’s report, I also:
 - identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control
 - obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department’s internal control
 - evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the accounting officer
 - conclude on the appropriateness of the accounting officer’s use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists relating to events or conditions that may cast significant doubt on the ability of the Western Cape Department of Health to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor’s report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify my opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor’s report. However, future events or conditions may cause a department to cease operating as a going concern
 - evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

Communication with those charged with governance

3. I communicate with the accounting officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.
4. I also 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, actions taken to eliminate threats or safeguards applied.

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

Appropriation per programme	2019/20							2018/19		
	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
Voted funds and Direct charges										
Programme										
1 ADMINISTRATION	822 694	-	(50 818)	771 876	760 260	11 616	98.5%	768 056	766 106	
2 DISTRICT HEALTH SERVICES	10 056 762	-	64 412	10 121 174	10 103 687	17 487	99.8%	9 341 766	9 328 752	
3 EMERGENCY MEDICAL SERVICES	1 163 519	-	(4 421)	1 159 098	1 155 892	3 206	99.7%	1 106 257	1 102 444	
4 PROVINCIAL HOSPITAL SERVICES	3 919 182	-	-	3 919 182	3 909 658	9 524	99.8%	3 630 241	3 622 842	
5 CENTRAL HOSPITAL SERVICES	6 940 481	-	4 027	6 944 508	6 944 508	-	100.0%	6 517 843	6 517 245	
6 HEALTH SCIENCES AND TRAINING	353 981	-	(11 000)	342 981	330 869	12 112	96.5%	328 616	321 643	
7 HEALTH CARE SUPPORT SERVICES	502 670	-	(2 200)	500 470	491 257	9 213	98.2%	468 707	461 667	
8 HEALTH FACILITIES MANAGEMENT	1 092 750	-	-	1 092 750	1 077 140	15 610	98.6%	938 493	922 894	
Programme sub total	24 852 039	-	-	24 852 039	24 773 271	78 768	99.7%	23 099 979	23 043 593	
TOTAL	24 852 039	-	-	24 852 039	24 773 271	78 768	99.7%	23 099 979	23 043 593	
Reconciliation with Statement of Financial Performance										
Add:										
Departmental receipts				141 914				114 323		
NRF Receipts				-				-		
Aid assistance				-				1 559		
Actual amounts per Statement of Financial Performance (Total)				24 993 953	3			23 215 861	2 218	
Add: Aid assistance										
Prior year unauthorised expenditure approved without funding										
Actual amounts per Statement of Financial Performance Expenditure					24 773 274				-	23 045 811

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

Economic classification	2019/20				2018/19				
	Adjusted	Shifting of	Virement	Final	Actual	Variance	as % of final	Final	Actual
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	22 483 786	-	(5 461)	22 478 325	22 360 697	117 628	99.5%	20 896 461	20 734 987
Compensation of employees	14 751 167	-	-	14 751 167	14 758 597	(7 430)	100.1%	13 554 100	13 515 392
Salaries and wages	13 023 403	-	-	13 023 403	13 052 155	(28 752)	100.2%	11 949 099	11 943 906
Social contributions	1 727 764	-	-	1 727 764	1 706 442	21 322	98.8%	1 605 001	1 571 486
Goods and services	7 732 619	-	(5 461)	7 727 158	7 602 100	125 058	98.4%	7 342 361	7 219 595
Administrative fees	383	-	(145)	238	227	11	95.4%	364	230
Advertising	16 331	-	-	16 331	20 646	(4 315)	126.4%	16 709	16 744
Minor assets	102 100	-	-	102 100	46 722	55 378	45.8%	58 239	42 407
Audit costs: External	23 497	-	(3 465)	20 032	17 625	2 407	88.0%	22 293	20 769
Bursaries: Employees	10 853	-	-	10 853	11 120	(267)	102.5%	10 297	10 287
Catering: Departmental activities	4 734	-	-	4 734	5 105	(371)	107.8%	5 193	4 983
Communication (G&S)	67 104	-	(3)	67 101	50 724	16 377	75.6%	71 120	55 015
Computer services	110 607	-	-	110 607	102 837	7 770	93.0%	104 681	91 548
Consultants: Business and advisory services	98 569	-	-	98 569	98 182	387	99.6%	105 906	92 467
Infrastructure and planning services	54 693	-	-	54 693	44 326	10 367	81.0%	61 732	19 833
Laboratory services	729 546	-	-	729 546	767 037	(37 491)	105.1%	665 181	703 818
Legal services	19 200	-	-	19 200	16 257	2 943	84.7%	26 267	28 809
Contractors	549 239	-	(24 707)	524 532	520 953	3 579	99.3%	537 866	537 804
Agency and support / outsourced services	476 486	-	20 555	497 041	510 377	(13 336)	102.7%	469 081	488 685
Entertainment	280	-	-	280	85	195	30.4%	215	148
Fleet services (including government motor transport)	195 034	-	(2 098)	192 936	183 018	9 918	94.9%	188 208	181 050
Inventory: Food and food supplies	58 657	-	-	58 657	56 237	2 420	95.9%	55 881	55 881
Inventory: Medical supplies	1 595 504	-	7 766	1 603 270	1 670 081	(66 811)	104.2%	1 526 696	1 526 635
Inventory: Medicine	1 625 842	-	-	1 625 842	1 587 469	38 373	97.6%	1 527 414	1 471 997
Inventory: Other supplies	16 101	-	-	16 101	14 119	1 982	87.7%	17 118	16 487
Consumable supplies	482 886	-	(1 222)	481 664	470 664	11 000	97.7%	448 580	437 925
Consumable: Stationery, printing and office supplies	103 055	-	-	103 055	97 272	5 783	94.4%	93 645	88 874
Operating leases	27 524	-	-	27 524	19 188	8 336	69.7%	28 304	20 237
Property payments	1 214 413	-	(2 142)	1 212 271	1 145 192	67 079	94.5%	1 175 767	1 176 800
Transport provided: Departmental activity	1 620	-	-	1 620	1 417	203	93.2%	1 822	1 477
Travel and subsistence	43 253	-	-	43 253	43 088	165	99.6%	40 181	39 766
Training and development	50 429	-	-	50 429	46 240	4 189	91.7%	34 280	36 303
Operating payments	28 074	-	-	28 074	26 324	1 750	93.8%	24 541	26 297
Venues and facilities	1 659	-	-	1 659	2 653	(994)	159.9%	920	1 384
Rental and hiring	25 046	-	-	25 046	26 915	(1 869)	107.5%	23 860	24 935

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

	2019/20					2018/19			
	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
Economic classification									
Transfers and subsidies	1 414 260	-	(1 019)	1 413 241	1 396 558	16 683	98.8%	1 320 202	1 294 436
Provinces and municipalities	593 689	-	-	593 689	592 768	921	99.8%	549 953	549 661
Provinces	17	-	-	17	12	5	70.6%	16	15
Provincial agencies and funds	17	-	-	17	12	5	70.6%	16	15
Municipalities	593 672	-	-	593 672	592 756	916	99.8%	549 937	549 646
Municipal bank accounts	593 672	-	-	593 672	592 756	916	99.8%	549 937	549 646
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	6 600	-	-	6 600	6 687	(87)	101.3%	6 211	6 172
Departmental agencies	6 600	-	-	6 600	6 687	(87)	101.3%	6 211	6 172
Higher education institutions	10 000	-	-	10 000	10 000	-	100.0%	10 209	10 209
Non-profit institutions	629 901	-	-	629 901	604 896	25 005	96.0%	572 683	560 737
Households	174 070	-	(1 019)	173 051	182 207	(9 156)	105.3%	181 146	167 657
Social benefits	66 727	-	-	66 727	75 972	(9 245)	113.9%	62 401	50 953
Other transfers to households	107 343	-	(1 019)	106 324	106 235	89	99.9%	118 745	116 704
Payments for capital assets	953 993	-	-	953 993	1 009 536	(55 543)	105.8%	873 186	1 004 040
Buildings and other fixed structures	400 962	-	-	400 962	372 777	28 185	93.0%	348 121	342 006
Buildings	400 962	-	-	400 962	372 777	28 185	93.0%	348 121	342 006
Machinery and equipment	553 008	-	-	553 008	631 022	(78 014)	114.1%	515 560	660 428
Transport equipment	183 167	-	-	183 167	192 178	(9 011)	104.9%	163 945	180 853
Other machinery and equipment	369 841	-	-	369 841	438 844	(69 003)	118.7%	351 615	479 575
Software and other intangible assets	23	-	-	23	5 737	(5 714)	24943.5%	9 505	1 606
Payment for financial assets	24 852 039	-	6 480	24 852 039	24 773 271	78 768	99.7%	23 099 979	23 043 593

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

	2019/20					2018/19			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Programme 1: ADMINISTRATION									
Sub programme									
1 OFFICE OF THE MEC	7 475	-	-	7 475	8 103	(628)	108.4%	7 955	7 925
2 MANAGEMENT	815 219	-	(50 818)	764 401	752 157	12 244	98.4%	760 101	758 181
	822 694	-	(50 818)	771 876	760 260	11 616	98.5%	768 056	766 106
Economic classification									
Current payments	735 033	-	(50 963)	684 070	676 374	7 696	98.9%	680 697	649 179
Compensation of employees	383 717	-	(23 198)	360 519	359 156	1 363	99.6%	345 748	340 271
Salaries and wages	337 367	-	(23 198)	314 169	313 610	559	99.8%	303 710	297 153
Social contributions	46 350	-	-	46 350	45 546	804	98.3%	42 038	43 118
Goods and services	351 316	-	(27 765)	323 551	317 218	6 333	98.0%	334 949	308 908
Administrative fees	379	-	(145)	234	227	7	97.0%	360	229
Advertising	8 388	-	-	8 388	9 551	(1 163)	113.9%	8 582	9 390
Minor assets	1 953	-	-	1 953	2 030	(77)	103.9%	1 406	1 118
Audit costs: External	23 497	-	(3 465)	20 032	17 625	2 407	88.0%	22 293	20 769
Catering: Departmental activities	725	-	-	725	652	73	89.9%	661	488
Communication (G&S)	10 388	-	-	10 388	7 049	3 339	67.9%	9 853	7 507
Computer services	101 439	-	-	101 439	95 768	5 671	94.4%	94 537	81 989
Consultants: Business and advisory services	6 783	-	-	6 783	6 445	338	95.0%	15 323	7 486
Legal services	19 200	-	-	19 200	16 257	2 943	84.7%	26 267	28 809
Contractors	155 574	-	(24 155)	131 419	127 419	4 000	97.0%	136 029	133 861
Agency and support / outsourced services	-	-	-	-	-	-	-	50	-
Entertainment	82	-	-	82	42	40	51.2%	76	99
Fleet services (including government motor transport)	4 199	-	-	4 199	4 566	(367)	108.7%	3 984	4 803
Inventory: Medical supplies	6	-	-	6	15 085	(15 079)	251416.7%	7	1
Inventory: Medicine	-	-	-	-	20	(20)	-	-	-
Consumable supplies	558	-	-	558	522	36	93.5%	490	286
Consumables: Stationery, printing and office supplies	5 609	-	-	5 609	3 279	2 330	58.5%	4 697	2 512
Operating leases	1 398	-	-	1 398	477	921	34.1%	1 315	621
Property payments	304	-	-	304	165	139	54.3%	329	156
Travel and subsistence	7 774	-	-	7 774	6 736	1 038	86.6%	6 947	6 140
Training and development	2 041	-	-	2 041	1 502	539	73.6%	1 031	1 281
Operating payments	520	-	-	520	414	106	79.6%	493	642
Venues and facilities	380	-	-	380	1 341	(961)	352.9%	105	720
Rental and hiring	119	-	-	119	46	73	38.7%	114	1

**WESTERN CAPE GOVERNMENT HEALTH
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**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

	2019/20					2018/19			
	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
Economic classification									
Transfers and subsidies	66 764	-	-	66 764	69 803	(3 039)	104.6%	71 388	66 987
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	544	-	-	544	500	44	91.9%	512	469
Departmental agencies	544	-	-	544	500	44	91.9%	512	469
Households	66 220	-	-	66 220	69 303	(3 083)	104.7%	70 876	66 518
Social benefits	10 371	-	-	10 371	9 263	1 108	89.3%	9 243	4 972
Other transfers to households	55 849	-	-	55 849	60 040	(4 191)	107.5%	61 633	61 546
Payments for capital assets	20 897	-	-	20 897	13 938	6 959	66.7%	15 971	49 940
Machinery and equipment	20 897	-	-	20 897	13 910	6 987	66.6%	15 971	49 911
Transport equipment	6 076	-	-	6 076	7 322	(1 246)	120.5%	5 750	7 368
Other machinery and equipment	14 821	-	-	14 821	6 588	8 233	44.5%	10 221	42 543
Software and other intangible assets	-	-	-	-	28	(28)	-	-	29
Payment for financial assets	-	-	145	145	145	-	100.0%	-	-
	822 694	-	(50 818)	771 876	760 260	11 616	98.5%	768 056	766 106

**WESTERN CAPE GOVERNMENT HEALTH
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**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

Subprogramme: 1.1: OFFICE OF THE MEC	2019/20						2018/19		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	7 031	-	-	7 031	7 126	(95)	101.4%	7 498	6 544
Compensation of employees	5 381	-	-	5 381	5 985	(604)	111.2%	5 979	5 349
Goods and services	1 650	-	-	1 650	1 141	509	69.2%	1 519	1 195
Transfers and subsidies	-	-	-	-	76	(76)	-	-	471
Households	-	-	-	-	76	(76)	-	-	471
Payments for capital assets	444	-	-	444	901	(457)	202.9%	457	910
Machinery and equipment	444	-	-	444	901	(457)	202.9%	457	910
Total	7 475	-	-	7 475	8 103	(628)	108.4%	7 955	7 925

Subprogramme: 1.2: MANAGEMENT	2019/20						2018/19		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	728 002	-	(50 963)	677 039	669 248	7 791	98.8%	673 199	642 635
Compensation of employees	378 336	-	(23 198)	355 138	353 171	1 967	99.4%	339 769	334 922
Goods and services	349 666	-	(27 765)	321 901	316 077	5 824	98.2%	333 430	307 713
Transfers and subsidies	66 764	-	-	66 764	69 727	(2 963)	104.4%	71 388	66 516
Departmental agencies and accounts	544	-	-	544	500	44	91.9%	512	469
Households	66 220	-	-	66 220	69 227	(3 007)	104.5%	70 876	66 047
Payments for capital assets	20 453	-	-	20 453	13 037	7 416	63.7%	15 514	49 030
Machinery and equipment	20 453	-	-	20 453	13 009	7 444	63.6%	15 514	49 001
Software and other intangible assets	-	-	-	-	28	(28)	-	-	29
Payment for financial assets	-	-	145	145	145	-	100.0%	-	-
Total	815 219	-	(50 818)	764 401	752 157	12 244	98.4%	760 101	758 181

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

	2019/20					2018/19			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Programme 2: DISTRICT HEALTH SERVICES									
Sub programme									
1 DISTRICT MANAGEMENT	463 437	-	421	463 858	433 039	30 819	93.4%	441 183	444 106
2 COMMUNITY HEALTH CLINICS	1 419 478	-	89	1 419 567	1 444 792	(25 225)	101.8%	1 327 648	1 305 678
3 COMMUNITY HEALTH CENTRES	2 330 345	-	18 744	2 349 089	2 349 089	-	100.0%	2 211 204	2 145 480
4 COMMUNITY BASED SERVICES	280 229	-	-	280 229	268 757	11 472	95.9%	222 491	227 339
5 OTHER COMMUNITY SERVICES	1	-	-	1	-	1	-	1	-
6 HIV/AIDS	1 772 204	-	-	1 772 204	1 771 779	425	100.0%	1 613 625	1 607 733
7 NUTRITION	53 088	-	-	53 088	51 123	1 965	96.3%	50 250	50 153
8 CORONER SERVICES	1	-	-	1	-	1	-	1	-
9 DISTRICT HOSPITALS	3 682 843	-	45 158	3 728 001	3 745 781	(17 780)	100.5%	3 372 722	3 457 401
10 GLOBAL FUND	55 136	-	-	55 136	39 327	15 809	71.3%	102 641	90 862
	10 056 762	-	64 412	10 121 174	10 103 687	17 487	99.8%	9 341 766	9 328 752
Economic classification									
Current payments	8 770 455	-	62 801	8 833 256	8 843 643	(10 387)	100.1%	8 173 468	8 146 720
Compensation of employees	5 506 036	-	29 449	5 535 485	5 533 601	1 884	100.0%	5 049 366	5 032 114
Salaries and wages	4 842 166	-	27 649	4 869 815	4 869 107	708	100.0%	4 434 001	4 426 465
Social contributions	663 870	-	1 800	665 670	664 494	1 176	99.8%	615 365	605 649
Goods and services	3 264 419	-	33 352	3 297 771	3 310 042	(12 271)	100.4%	3 124 102	3 114 606
Advertising	7 334	-	-	7 334	10 885	(3 551)	148.4%	7 525	7 191
Minor assets	18 406	-	-	18 406	14 426	3 980	78.4%	18 715	12 082
Catering: Departmental activities	2 469	-	-	2 469	2 931	(462)	118.7%	3 059	3 202
Communication (G&S)	32 679	-	(3)	32 676	24 062	8 614	73.6%	33 372	25 659
Computer services	3 529	-	-	3 529	2 644	885	74.9%	3 784	3 397
Consultants: Business and advisory services	12 651	-	-	12 651	11 461	1 190	90.6%	15 827	10 064
Laboratory services	436 136	-	-	436 136	486 887	(50 751)	111.6%	397 651	441 387
Contractors	90 789	-	1 844	92 633	92 467	166	99.8%	100 787	93 786
Agency and support / outsourced services	269 342	-	21 555	290 897	301 844	(10 947)	103.8%	268 705	290 286
Entertainment	143	-	-	143	31	112	21.7%	104	27
Fleet services (including government motor transport)	33 445	-	-	33 445	29 040	4 405	86.8%	34 055	29 297
Inventory: Food and food supplies	41 920	-	-	41 920	40 126	1 794	95.7%	38 901	40 220
Inventory: Medical supplies	453 980	-	7 956	461 936	461 936	-	100.0%	460 188	446 107
Inventory: Medicine	1 245 183	-	-	1 245 183	1 217 136	28 047	97.7%	1 169 635	1 121 386
Inventory: Other supplies	753	-	-	753	-	753	-	4 462	2
Consumable supplies	122 405	-	-	122 405	128 286	(5 881)	104.8%	117 572	124 490
Consumable: Stationery, printing and office supplies	49 321	-	-	49 321	51 243	(1 922)	103.9%	49 509	48 654

**WESTERN CAPE GOVERNMENT HEALTH
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**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

	2019/20					2018/19			
	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
Economic classification									
Operating leases	15 596	-	-	15 596	9 995	5 601	64.1%	15 098	11 961
Property payments	369 985	-	-	369 985	364 199	5 786	98.4%	329 549	346 991
Transport provided: Departmental activity	1 309	-	-	1 309	1 197	112	91.4%	1 432	1 261
Travel and subsistence	14 305	-	2 000	16 305	16 463	(158)	101.0%	15 366	14 699
Training and development	14 981	-	-	14 981	13 249	1 732	88.4%	13 603	13 232
Operating payments	7 778	-	-	7 778	7 580	198	97.5%	7 148	9 617
Venues and facilities	506	-	-	506	824	(318)	162.8%	300	297
Rental and hiring	19 474	-	-	19 474	21 130	(1 656)	108.5%	17 755	19 311
Transfers and subsidies	1 169 302	-	-	1 169 302	1 142 087	27 215	97.7%	1 064 905	1 050 684
Provinces and municipalities	593 672	-	-	593 672	592 756	916	99.8%	549 937	549 646
Municipalities	593 672	-	-	593 672	592 756	916	99.8%	549 937	549 646
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	26	(26)	-	-	-
Departmental agencies and accounts	-	-	-	-	26	(26)	-	-	-
Departmental agencies	556 255	-	-	556 255	531 289	24 966	95.5%	496 949	485 024
Non-profit institutions	19 375	-	-	19 375	18 016	1 359	93.0%	18 019	16 014
Households	18 732	-	-	18 732	17 871	861	95.4%	17 485	15 238
Social benefits	643	-	-	643	145	498	22.6%	534	776
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	117 005	-	-	117 005	116 346	659	99.4%	100 713	128 668
Machinery and equipment	116 982	-	-	116 982	114 895	2 087	98.2%	100 671	128 329
Transport equipment	53 366	-	-	53 366	59 362	(5 996)	111.2%	45 242	60 834
Other machinery and equipment	63 616	-	-	63 616	55 533	8 083	87.3%	55 429	67 495
Software and other intangible assets	23	-	-	23	1 451	(1 428)	6308.7%	42	339
Payment for financial assets	-	-	1 611	1 611	1 611	-	100.0%	2 680	2 680
	10 056 762	-	64 412	10 121 174	10 103 687	17 487	99.8%	9 341 766	9 328 752

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

	2019/20						2018/19		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification	437 015	-	-	437 015	405 612	31 403	92.8%	413 490	409 055
Current payments	369 536	-	-	369 536	334 092	35 444	90.4%	341 213	338 412
Compensation of employees	67 479	-	-	67 479	71 520	(4 041)	106.0%	72 277	70 643
Goods and services	12 562	-	-	12 562	12 528	34	99.7%	14 968	15 507
Transfers and subsidies	11 000	-	-	11 000	10 610	390	96.5%	13 737	13 305
Non-profit institutions	1 562	-	-	1 562	1 918	(356)	122.8%	1 231	2 202
Households	13 860	-	-	13 860	14 478	(618)	104.5%	11 984	18 803
Payments for capital assets	13 860	-	-	13 860	14 478	(618)	104.5%	11 984	18 803
Machinery and equipment	-	-	-	-	421	421	100.0%	741	741
Payment for financial assets	463 437	-	-	463 858	433 039	30 819	93.4%	441 183	444 106
Total									

	2019/20						2018/19		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification	1 060 919	-	-	1 060 919	1 090 312	(29 393)	102.8%	986 615	961 701
Current payments	635 736	-	-	635 736	656 262	(20 526)	103.2%	585 661	570 934
Compensation of employees	425 183	-	-	425 183	434 050	(8 867)	102.1%	400 954	390 767
Goods and services	334 914	-	-	334 914	333 314	1 600	99.5%	317 745	316 968
Transfers and subsidies	330 377	-	-	330 377	330 377	-	100.0%	313 451	313 451
Provinces and municipalities	2 297	-	-	2 297	1 469	828	64.0%	2 169	1 761
Non-profit institutions	2 240	-	-	2 240	1 468	772	65.5%	2 125	1 756
Households	23 645	-	-	23 645	21 077	2 568	89.1%	23 112	26 833
Payments for capital assets	23 645	-	-	23 645	21 033	2 612	89.0%	23 112	26 822
Machinery and equipment	-	-	-	-	44	(44)	-	-	11
Software and other intangible assets	-	-	-	-	89	89	100.0%	176	176
Payment for financial assets	1 419 478	-	-	1 419 567	1 444 792	(25 225)	101.8%	1 327 648	1 305 678
Total									

**WESTERN CAPE GOVERNMENT HEALTH
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**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

	2019/20						2018/19		
	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
Subprogramme: 2.3: COMMUNITY HEALTH CENTRES									
Economic classification									
Current payments	2 294 344	-	18 532	2 312 876	2 315 030	(2 154)	100.1%	2 182 067	2 117 730
Compensation of employees	1 333 949	-	18 532	1 352 481	1 361 677	(9 196)	100.7%	1 257 407	1 234 252
Goods and services	960 395	-	-	960 395	953 353	7 042	99.3%	924 660	883 478
Transfers and subsidies	4 625	-	-	4 625	5 912	(1 287)	127.8%	4 389	3 843
Households	4 625	-	-	4 625	5 912	(1 287)	127.8%	4 389	3 843
Payments for capital assets	31 376	-	-	31 376	27 935	3 441	89.0%	24 516	23 675
Machinery and equipment	31 353	-	-	31 353	27 216	4 137	86.8%	24 495	23 441
Software and other intangible assets	23	-	-	23	719	(696)	3126.1%	21	234
Payment for financial assets	-	-	212	212	212	-	100.0%	232	232
Total	2 330 345	-	18 744	2 349 089	2 349 089	-	100.0%	2 211 204	2 145 480

	2019/20						2018/19		
	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
Subprogramme: 2.4: COMMUNITY BASED SERVICES									
Economic classification									
Current payments	66 170	-	(3)	66 167	57 728	8 439	87.2%	56 034	61 897
Compensation of employees	58 536	-	-	58 536	50 064	8 472	85.5%	48 819	55 126
Goods and services	7 634	-	(3)	7 631	7 664	(33)	100.4%	7 215	6 771
Transfers and subsidies	213 520	-	-	213 520	210 292	3 228	98.5%	165 767	164 467
Non-profit institutions	213 184	-	-	213 184	210 050	3 134	98.5%	165 448	164 157
Households	336	-	-	336	242	94	72.0%	319	310
Payments for capital assets	539	-	-	539	734	(195)	136.2%	690	975
Machinery and equipment	539	-	-	539	734	(195)	136.2%	690	975
Payment for financial assets	-	-	3	3	3	-	100.0%	-	-
Total	280 229	-	-	280 229	268 757	11 472	95.9%	222 491	227 339

	2019/20						2018/19		
	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
Subprogramme: 2.5: OTHER COMMUNITY SERVICES									
Economic classification									
Current payments	1	-	-	1	-	1	-	1	-
Goods and services	1	-	-	1	-	1	-	1	-
Total	1	-	-	1	-	1	-	1	-

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

	2019/20					2018/19			
	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
Subprogramme: 2.6: HIV/AIDS									
Economic classification									
Current payments	1 233 194	-	-	1 233 194	1 238 153	(4 959)	100.4%	1 149 594	1 146 957
Compensation of employees	527 729	-	-	527 729	529 765	(2 036)	100.4%	483 129	483 521
Goods and services	705 465	-	-	705 465	708 388	(2 923)	100.4%	666 465	663 436
Transfers and subsidies	538 835	-	-	538 835	533 149	5 686	98.9%	463 810	460 650
Provinces and municipalities	257 047	-	-	257 047	257 047	-	100.0%	230 558	230 558
Non-profit institutions	281 788	-	-	281 788	275 311	6 477	97.7%	233 252	229 517
Households	-	-	-	-	791	(791)	-	-	575
Payments for capital assets	175	-	-	175	477	(302)	272.6%	221	126
Machinery and equipment	175	-	-	175	477	(302)	272.6%	221	126
Total	1 772 204	-	-	1 772 204	1 771 779	425	100.0%	1 613 625	1 607 733

	2019/20					2018/19			
	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
Subprogramme: 2.7: NUTRITION									
Economic classification									
Current payments	43 746	-	-	43 746	43 137	609	98.6%	40 987	40 726
Compensation of employees	9 993	-	-	9 993	10 640	(647)	106.5%	9 654	9 212
Goods and services	33 753	-	-	33 753	32 497	1 256	96.3%	31 333	31 514
Transfers and subsidies	9 335	-	-	9 335	7 983	1 352	85.5%	9 256	9 425
Provinces and municipalities	6 248	-	-	6 248	5 332	916	85.3%	5 928	5 637
Non-profit institutions	3 087	-	-	3 087	2 651	436	85.9%	3 328	3 760
Payments for capital assets	7	-	-	7	3	4	42.9%	7	2
Machinery and equipment	7	-	-	7	3	4	42.9%	7	2
Total	53 088	-	-	53 088	51 123	1 965	96.3%	50 250	50 153

	2019/20					2018/19			
	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
Subprogramme: 2.8: CORONER SERVICES									
Economic classification									
Current payments	1	-	-	1	-	1	-	1	-
Goods and services	1	-	-	1	-	1	-	1	-
Total	1	-	-	1	-	1	-	1	-

**WESTERN CAPE GOVERNMENT HEALTH
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**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

	2019/20						2018/19		
	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
Subprogramme: 2.9: DISTRICT HOSPITALS									
Economic classification									
Current payments	3 623 203	-	44 272	3 667 475	3 683 974	(16 499)	100.4%	3 319 498	3 389 158
Compensation of employees	2 564 147	-	10 917	2 575 064	2 585 327	(10 263)	100.4%	2 308 949	2 327 206
Goods and services	1 059 056	-	33 355	1 092 411	1 098 647	(6 236)	100.6%	1 010 549	1 061 952
Transfers and subsidies	12 237	-	-	12 237	9 279	2 958	75.8%	11 605	8 503
Departmental agencies and accounts	-	-	-	-	26	(26)	-	-	-
Non-profit institutions	1 743	-	-	1 743	1 743	-	100.0%	1 650	1 250
Households	10 494	-	-	10 494	7 510	2 984	71.6%	9 955	7 253
Payments for capital assets	47 403	-	-	47 403	51 642	(4 239)	108.9%	40 088	58 209
Machinery and equipment	47 403	-	-	47 403	50 954	(3 551)	107.5%	40 067	58 115
Software and other intangible assets	-	-	-	-	688	(688)	-	21	94
Payment for financial assets	-	-	886	886	886	-	100.0%	1 531	1 531
Total	3 682 843	-	45 158	3 728 001	3 745 781	(17 780)	100.5%	3 372 722	3 457 401

	2019/20						2018/19		
	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
Subprogramme: 2.10: GLOBAL FUND									
Economic classification									
Current payments	11 862	-	-	11 862	9 697	2 165	81.7%	25 181	19 496
Compensation of employees	6 410	-	-	6 410	5 774	636	90.1%	14 534	13 451
Goods and services	5 452	-	-	5 452	3 923	1 529	72.0%	10 647	6 045
Transfers and subsidies	43 274	-	-	43 274	29 630	13 644	68.5%	77 365	71 321
Non-profit institutions	43 156	-	-	43 156	29 455	13 701	68.3%	77 365	71 274
Households	118	-	-	118	175	(57)	148.3%	-	47
Payments for capital assets	-	-	-	-	-	-	-	95	45
Machinery and equipment	-	-	-	-	-	-	-	95	45
Total	55 136	-	-	55 136	39 327	15 809	71.3%	102 641	90 862

**WESTERN CAPE GOVERNMENT HEALTH
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**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

Programme 3: EMERGENCY MEDICAL SERVICES									
	2019/20					2018/19			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 EMERGENCY TRANSPORT	1 065 469	-	(3 421)	1 062 048	1 059 096	2 952	99.7%	1 019 770	1 010 885
2 PLANNED PATIENT TRANSPORT	98 050	-	(1 000)	97 050	96 796	254	99.7%	86 487	91 559
	1 163 519	-	(4 421)	1 159 098	1 155 892	3 206	99.7%	1 106 257	1 102 444
Economic classification									
Current payments	1 063 385	-	(6 274)	1 057 111	1 046 340	10 771	99.0%	1 010 645	1 005 404
Compensation of employees	722 590	-	-	722 590	720 603	1 987	99.7%	673 183	672 280
Salaries and wages	615 569	-	-	615 569	616 592	(1 023)	100.2%	574 994	574 860
Social contributions	107 021	-	-	107 021	104 011	3 010	97.2%	98 189	97 420
Goods and services	340 795	-	(6 274)	334 521	325 737	8 784	97.4%	337 462	333 124
Minor assets	1 284	-	-	1 284	128	1 156	10.0%	842	541
Catering: Departmental activities	323	-	-	323	101	222	31.3%	219	35
Communication (G&S)	6 858	-	-	6 858	6 596	262	96.2%	8 019	7 561
Computer services	-	-	-	-	-	-	-	70	-
Consultants: Business and advisory services	45	-	-	45	132	(87)	293.3%	43	76
Contractors	142 799	-	(2 274)	140 525	139 385	1 140	99.2%	151 041	159 611
Agency and support / outsourced services	650	-	-	650	327	323	50.3%	710	620
Entertainment	3	-	-	3	-	3	-	3	-
Fleet services (including government motor transport)	136 366	-	(1 000)	135 366	131 591	3 775	97.2%	129 379	125 565
Inventory: Medical supplies	11 033	-	(2 000)	9 033	8 959	74	99.2%	10 083	6 370
Inventory: Medicine	1 155	-	-	1 155	835	320	72.3%	1 279	926
Consumable supplies	18 555	-	-	18 555	18 025	530	97.1%	18 408	14 746
Consumable: Stationery, printing and office supplies	2 000	-	-	2 000	1 093	907	54.7%	1 356	1 285
Operating leases	1 177	-	-	1 177	914	263	77.7%	2 299	1 024
Property payments	13 438	-	(1 000)	12 438	12 399	39	99.7%	9 944	10 470
Travel and subsistence	3 593	-	-	3 593	4 212	(619)	117.2%	2 427	3 517
Training and development	1 300	-	-	1 300	1 002	298	77.1%	1 151	488
Operating payments	96	-	-	96	14	82	14.6%	91	44
Venues and facilities	120	-	-	120	2	118	1.7%	97	57
Rental and hiring	-	-	-	-	22	(22)	-	1	188

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for the year ended 31 March 2020**

Economic classification	2019/20					2018/19			
	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
Transfers and subsidies	812	-	-	812	1 211	(399)	149.1%	772	832
Provinces and municipalities	17	-	-	17	10	7	58.8%	16	15
Provinces	17	-	-	17	10	7	58.8%	16	15
Provincial agencies and funds	17	-	-	17	10	7	58.8%	16	15
Households	795	-	-	795	1 201	(406)	151.1%	756	817
Social benefits	795	-	-	795	1 201	(406)	151.1%	756	746
Other transfers to households	-	-	-	-	-	-	-	-	71
Payments for capital assets	99 322	-	-	99 322	106 488	(7 166)	107.2%	92 843	94 211
Machinery and equipment	99 322	-	-	99 322	106 488	(7 166)	107.2%	92 843	94 211
Transport equipment	89 200	-	-	89 200	91 573	(2 373)	102.7%	81 512	82 807
Other machinery and equipment	10 122	-	-	10 122	14 915	(4 793)	147.4%	11 331	11 404
Payment for financial assets	-	-	1 853	1 853	1 853	-	100.0%	1 997	1 997
	1 163 519	-	(4 421)	1 159 098	1 155 892	3 206	99.7%	1 106 257	1 102 444

**WESTERN CAPE GOVERNMENT HEALTH
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**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

	2019/20						2018/19		
	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
Economic classification									
Current payments	978 222	-	(5 274)	972 948	962 959	9 989	99.0%	935 738	926 468
Compensation of employees	683 799	-	-	683 799	678 180	5 619	99.2%	641 523	632 485
Goods and services	294 423	-	(5 274)	289 149	284 779	4 370	98.5%	294 215	293 983
Transfers and subsidies	725	-	-	725	1 107	(382)	152.7%	689	707
Provinces and municipalities	17	-	-	17	10	7	58.8%	16	15
Households	708	-	-	708	1 097	(389)	154.9%	673	692
Payments for capital assets	86 522	-	-	86 522	93 177	(6 655)	107.7%	81 346	81 713
Machinery and equipment	86 522	-	-	86 522	93 177	(6 655)	107.7%	81 346	81 713
Payment for financial assets	-	-	1 853	1 853	-	-	100.0%	1 997	1 997
Total	1 065 469	-	(3 421)	1 062 048	1 059 096	2 952	99.7%	1 019 770	1 010 885

	2019/20						2018/19		
	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
Economic classification									
Current payments	85 163	-	(1 000)	84 163	83 381	782	99.1%	74 907	78 936
Compensation of employees	38 791	-	-	38 791	42 423	(3 632)	109.4%	31 660	39 795
Goods and services	46 372	-	(1 000)	45 372	40 958	4 414	90.3%	43 247	39 141
Transfers and subsidies	87	-	-	87	104	(17)	119.5%	83	125
Households	87	-	-	87	104	(17)	119.5%	83	125
Payments for capital assets	12 800	-	-	12 800	13 311	(511)	104.0%	11 497	12 498
Machinery and equipment	12 800	-	-	12 800	13 311	(511)	104.0%	11 497	12 498
Total	98 050	-	(1 000)	97 050	96 796	254	99.7%	86 487	91 559

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**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

		2019/20						2018/19		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Programme 4: PROVINCIAL HOSPITAL SERVICES										
Sub programme										
1	GENERAL (REGIONAL) HOSPITALS	2 179 695	-	-	2 179 695	2 181 082	100.1%	1 999 288	1 995 181	
2	TUBERCULOSIS HOSPITALS	347 877	-	-	347 877	348 725	100.2%	325 013	324 057	
3	PSYCHIATRIC/MENTAL HOSPITALS	984 954	-	-	984 954	983 865	99.9%	921 562	930 626	
4	SUB-ACUTE, STEP DOWN AND CHRONIC MEDICAL HOSPITALS	224 181	-	-	224 181	219 748	98.0%	208 925	206 682	
5	DENTAL TRAINING HOSPITALS	182 475	-	-	182 475	176 238	96.6%	175 453	166 296	
		3 919 182	-	-	3 919 182	3 909 658	99.8%	3 630 241	3 622 842	
Economic classification										
Current payments										
	Compensation of employees	2 830 785	-	(242)	3 852 723	3 850 292	99.9%	3 566 476	3 554 973	
	Salaries and wages	2 487 978	-	-	2 487 978	2 857 384	100.9%	2 602 784	2 612 953	
	Social contributions	342 807	-	-	342 807	2 519 441	101.3%	2 281 708	2 300 436	
	Goods and services	1 022 180	-	(242)	1 021 938	337 943	98.6%	321 076	312 517	
	Administrative fees	4	-	-	4	992 908	97.2%	963 692	942 020	
	Advertising	139	-	-	139	-	-	4	1	
	Minor assets	9 635	-	-	9 635	79	56.8%	160	46	
	Catering: Departmental activities	345	-	-	345	9 014	93.6%	10 127	10 759	
	Communication (G&S)	8 894	-	-	8 894	425	123.2%	278	345	
	Computer services	1 411	-	-	1 411	6 301	70.8%	9 378	7 726	
	Consultants: Business and advisory services	75 869	-	-	75 869	1 348	95.5%	1 123	943	
	Laboratory services	76 823	-	-	76 823	76 556	100.9%	71 833	72 343	
	Contractors	34 641	-	(122)	34 519	77 026	100.3%	68 980	70 248	
	Agency and support / outsourced services	83 824	-	-	83 824	33 562	97.2%	32 346	29 794	
	Fleet services (including government motor transport)	5 792	-	(98)	5 694	4 896	94.8%	75 229	74 977	
	Inventory: Food and food supplies	6 778	-	-	6 778	10	66.7%	15	14	
	Inventory: Medical supplies	249 431	-	-	249 431	4 896	86.0%	6 234	5 184	
	Inventory: Medicine	91 937	-	-	91 937	5 966	88.0%	6 979	6 008	
	Inventory: Other supplies	1 860	-	-	1 860	812	104.3%	237 227	233 201	
	Consumable supplies	112 974	-	(22)	112 952	260 073	104.3%	84 419	77 617	
	Consumables: Stationery, printing and office supplies	14 791	-	-	14 791	4 821	94.8%	1 885	743	
	Operating leases	5 305	-	-	5 305	483	26.0%	1 885	743	
	Property payments	229 941	-	-	229 941	109 947	97.3%	109 542	109 080	
	Transport provided: Departmental activity	191	-	-	191	16 604	112.3%	14 723	13 376	
	Travel and subsistence	4 668	-	-	4 668	4 073	76.8%	4 809	3 753	
	Training and development	5 246	-	-	5 246	208 280	90.6%	216 767	216 619	
	Operating payments	1 472	-	-	1 472	220	115.2%	181	216	
	Venues and facilities	5	-	-	5	4 912	105.2%	4 704	3 730	
	Rental and hiring	189	-	-	189	4 862	92.7%	4 834	3 677	
			-	-		1 156	78.5%	1 332	1 273	
			-	-		48	960.0%	5	6	
			-	-		502	265.6%	578	341	

**WESTERN CAPE GOVERNMENT HEALTH
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**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

	2019/20					2018/19			
	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
Economic classification									
Transfers and subsidies	19 002	-	-	19 002	18 732	270	98.6%	18 320	13 798
Departmental agencies and accounts	-	-	-	-	20	(20)	-	-	-
Departmental agencies	-	-	-	-	20	(20)	-	-	-
Non-profit institutions	3 446	-	-	3 446	3 407	39	98.9%	3 253	3 232
Households	15 556	-	-	15 556	15 305	251	98.4%	15 067	10 566
Social benefits	15 556	-	-	15 556	15 203	353	97.7%	14 758	10 566
Other transfers to households	-	-	-	-	102	(102)	-	309	-
Payments for capital assets	47 215	-	-	47 215	40 392	6 823	85.5%	45 054	53 680
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	47 215	-	-	47 215	40 351	6 864	85.5%	45 054	53 501
Transport equipment	11 604	-	-	11 604	11 525	79	99.3%	9 062	10 400
Other machinery and equipment	35 611	-	-	35 611	28 826	6 785	80.9%	35 992	43 101
Software and other intangible assets	-	-	-	-	41	(41)	-	-	179
Payment for financial assets	-	-	242	242	242	-	100.0%	391	391
	3 919 182	-	-	3 919 182	3 909 658	9 524	99.8%	3 630 241	3 622 842

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**APPROPRIATION STATEMENT
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	2019/20						2018/19		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	2 143 367	-	(122)	2 143 245	2 151 089	(7 844)	100.4%	1 966 613	1 957 156
Compensation of employees	1 536 165	-	-	1 536 165	1 563 112	(26 947)	101.8%	1 395 472	1 404 091
Goods and services	607 202	-	(122)	607 080	587 977	19 103	96.9%	571 141	553 065
Transfers and subsidies	4 946	-	-	4 946	5 713	(767)	115.5%	4 693	3 556
Departmental agencies and accounts	-	-	-	-	20	(20)	-	-	-
Households	4 946	-	-	4 946	5 693	(747)	115.1%	4 693	3 556
Payments for capital assets	31 382	-	-	31 382	24 158	7 224	77.0%	27 780	34 267
Machinery and equipment	31 382	-	-	31 382	24 158	7 224	77.0%	27 780	34 210
Software and other intangible assets	-	-	-	-	-	-	-	-	57
Payment for financial assets	-	-	122	122	122	-	100.0%	202	202
Total	2 179 695	-	-	2 179 695	2 181 082	(1 387)	100.1%	1 999 288	1 995 181

	2019/20						2018/19		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	341 787	-	(58)	341 729	343 917	(2 188)	100.6%	318 638	319 325
Compensation of employees	237 817	-	-	237 817	239 756	(1 939)	100.8%	221 324	222 588
Goods and services	103 970	-	(58)	103 912	104 161	(249)	100.2%	97 314	96 737
Transfers and subsidies	2 451	-	-	2 451	487	1 964	19.9%	2 633	891
Households	2 451	-	-	2 451	487	1 964	19.9%	2 633	891
Payments for capital assets	3 639	-	-	3 639	4 263	(624)	117.1%	3 689	3 788
Machinery and equipment	3 639	-	-	3 639	4 263	(624)	117.1%	3 689	3 788
Payment for financial assets	-	-	58	58	58	-	100.0%	53	53
Total	347 877	-	-	347 877	348 725	(848)	100.2%	325 013	324 057

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**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

	2019/20						2018/19		
	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
Subprogramme: 4.3: PSYCHIATRIC/MENTAL HOSPITALS									
Economic classification	966 898	-	(40)	966 858	966 272	586	99.9%	905 188	913 395
Current payments	790 585	-	-	790 585	794 002	(3 417)	100.4%	735 377	746 538
Compensation of employees	176 313	-	(40)	176 273	172 270	4 003	97.7%	169 811	166 857
Goods and services	9 479	-	-	9 479	8 512	967	89.8%	8 977	8 068
Transfers and subsidies	3 446	-	-	3 446	3 407	39	98.9%	3 253	3 232
Non-profit institutions	6 033	-	-	6 033	5 105	928	84.6%	5 724	4 836
Households	8 577	-	-	8 577	9 041	(464)	105.4%	7 280	9 046
Payments for capital assets	8 577	-	-	8 577	9 041	(464)	105.4%	7 280	9 046
Machinery and equipment	-	-	-	40	40	-	100.0%	117	117
Payment for financial assets	-	-	40	40	-	-	-	-	-
Total	984 954	-	-	984 954	983 865	1 089	99.9%	921 562	930 626

	2019/20						2018/19		
	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
Subprogramme: 4.4: SUB-ACUTE, STEP DOWN AND CHRONIC MEDICAL HOSPITALS									
Economic classification	222 118	-	(22)	222 096	218 182	3 914	98.2%	206 927	204 484
Current payments	119 318	-	-	119 318	117 665	1 653	98.6%	111 956	109 104
Compensation of employees	102 800	-	(22)	102 778	100 517	2 261	97.8%	94 971	95 380
Goods and services	761	-	-	761	582	179	76.5%	722	720
Transfers and subsidies	761	-	-	761	582	179	76.5%	722	720
Households	1 302	-	-	1 302	962	340	73.9%	1 270	1 472
Payments for capital assets	1 302	-	-	1 302	962	340	73.9%	1 270	1 472
Machinery and equipment	-	-	-	22	22	-	100.0%	6	6
Payment for financial assets	-	-	22	22	-	-	-	-	-
Total	224 181	-	-	224 181	219 748	4 433	98.0%	208 925	206 682

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**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

	2019/20					2018/19			
	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
Subprogramme: 4.5: DENTAL TRAINING HOSPITALS									
Economic classification									
Current payments	178 795	-	-	178 795	170 832	7 963	95.5%	169 110	160 613
Compensation of employees	146 900	-	-	146 900	142 849	4 051	97.2%	138 655	130 632
Goods and services	31 895	-	-	31 895	27 983	3 912	87.7%	30 455	29 981
Transfers and subsidies	1 365	-	-	1 365	3 438	(2 073)	251.9%	1 295	563
Households	1 365	-	-	1 365	3 438	(2 073)	251.9%	1 295	563
Payments for capital assets	2 315	-	-	2 315	1 968	347	85.0%	5 035	5 107
Machinery and equipment	2 315	-	-	2 315	1 927	388	83.2%	5 035	4 985
Software and other intangible assets	-	-	-	-	41	(41)	-	-	122
Payment for financial assets	-	-	-	-	-	-	-	-	13
Total	182 475	-	-	182 475	176 238	6 237	96.6%	175 453	166 296

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**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

		2019/20					2018/19			
		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	
Programme 5: CENTRAL HOSPITAL SERVICES										
Sub programme										
1	CENTRAL HOSPITAL SERVICES	6 037 095	-	4 027	6 041 122	6 049 874	100.1%	5 664 349	5 663 751	
2	PROVINCIAL TERTIARY HOSPITAL SERVICES	903 386	-	-	903 386	894 634	99.0%	853 494	853 494	
		6 940 481	-	4 027	6 944 508	6 944 508	100.0%	6 517 843	6 517 245	
Economic classification										
Current payments										
	Compensation of employees	4 759 104	-	1 749	4 760 853	4 760 853	100.0%	4 388 508	4 379 069	
	Salaries and wages	4 255 900	-	1 749	4 257 649	4 265 033	100.2%	3 922 501	3 918 801	
	Social contributions	503 204	-	-	503 204	495 820	98.5%	466 007	460 268	
	Goods and services	2 084 645	-	1 799	2 086 444	2 106 845	101.0%	1 966 562	1 966 562	
	Advertising	219	-	-	219	36	16.4%	208	38	
	Minor assets	11 171	-	-	11 171	7 080	63.4%	11 018	9 362	
	Catering: Departmental activities	82	-	-	82	129	157.3%	78	39	
	Communication (G&S)	4 176	-	-	4 176	3 564	85.3%	5 713	3 360	
	Computer services	1 194	-	-	1 194	1 243	104.1%	1 307	3 541	
	Consultants: Business and advisory services	2 418	-	-	2 418	2 719	112.4%	2 294	2 270	
	Laboratory services	215 842	-	-	215 842	202 745	93.9%	197 975	191 632	
	Contractors	110 380	-	-	110 380	112 904	102.3%	103 486	106 957	
	Agency and support / outsourced services	108 065	-	-	108 065	115 835	107.2%	110 953	111 667	
	Entertainment	2	-	-	2	-	-	2	-	
	Fleet services (including government motor transport)	1 341	-	-	1 341	969	72.3%	1 225	1 084	
	Inventory: Food and food supplies	9 959	-	-	9 959	10 145	101.9%	10 001	9 653	
	Inventory: Medical supplies	858 953	-	1 810	860 763	913 331	106.1%	810 455	833 108	
	Inventory: Medicine	287 458	-	-	287 458	282 359	98.2%	272 066	272 066	
	Inventory: Other supplies	12 243	-	-	12 243	12 422	101.5%	9 614	11 569	
	Consumable supplies	147 952	-	-	147 952	147 251	99.5%	137 753	129 712	
	Consumable: Stationery, printing and office supplies	19 161	-	-	19 161	20 002	104.4%	18 797	18 837	
	Operating leases	2 529	-	-	2 529	2 754	108.9%	3 158	1 760	
	Property payments	278 149	-	(11)	278 138	258 611	93.0%	257 175	247 482	
	Transport provided: Departmental activity	20	-	-	20	-	-	209	-	
	Travel and subsistence	1 871	-	-	1 871	2 211	118.2%	1 680	1 662	
	Training and development	5 405	-	-	5 405	5 721	105.8%	5 128	5 384	
	Operating payments	1 101	-	-	1 101	565	51.3%	1 092	741	
	Venues and facilities	58	-	-	58	-	-	55	-	
	Rental and hiring	4 896	-	-	4 896	4 249	86.8%	5 120	4 638	

**WESTERN CAPE GOVERNMENT HEALTH
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**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

	2019/20					2018/19			
	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
Economic classification	33 068	-	-	33 068	44 090	(11 022)	133.3%	31 312	30 246
Transfers and subsidies	-	-	-	-	15	(15)	-	-	-
Departmental agencies and accounts	-	-	-	-	15	(15)	-	-	-
Departmental agencies	-	-	-	-	-	-	-	-	-
Non-profit institutions	13 205	-	-	13 205	13 205	-	100.0%	12 467	12 467
Households	19 863	-	-	19 863	30 870	(11 007)	155.4%	18 845	17 779
Social benefits	19 863	-	-	19 863	30 870	(11 007)	155.4%	18 845	17 779
Payments for capital assets	63 664	-	-	63 664	32 241	31 423	50.6%	130 349	140 256
Machinery and equipment	63 664	-	-	63 664	31 764	31 900	49.9%	129 249	139 432
Transport equipment	3 873	-	-	3 873	3 365	508	86.9%	3 230	3 274
Other machinery and equipment	59 791	-	-	59 791	28 399	31 392	47.5%	126 019	136 158
Software and other intangible assets	-	-	-	-	477	(477)	-	1 100	824
Payment for financial assets	-	-	479	479	479	-	100.0%	1 112	1 112
	6 940 481	-	4 027	6 944 508	6 944 508	-	100.0%	6 517 843	6 517 245

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for the year ended 31 March 2020**

	2019/20						2018/19		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	5 969 103	-	3 559	5 972 662	6 007 184	(34 522)	100.6%	5 541 808	5 543 097
Compensation of employees	4 147 194	-	1 749	4 148 943	4 148 867	76	100.0%	3 814 459	3 812 808
Goods and services	1 821 909	-	1 810	1 823 719	1 858 317	(34 598)	101.9%	1 727 349	1 730 289
Transfers and subsidies	17 135	-	-	17 135	25 838	(8 703)	150.8%	16 257	14 996
Departmental agencies and accounts	-	-	-	-	10	(10)	-	-	-
Households	17 135	-	-	17 135	25 828	(8 693)	150.7%	16 257	14 996
Payments for capital assets	50 857	-	-	50 857	16 384	34 473	32.2%	105 569	104 943
Machinery and equipment	50 857	-	-	50 857	15 907	34 950	31.3%	104 469	104 469
Software and other intangible assets	-	-	-	-	477	(477)	-	1 100	474
Payment for financial assets	-	-	468	468	-	-	100.0%	715	715
Total	6 037 095	-	4 027	6 041 122	6 049 874	(8 752)	100.1%	5 664 349	5 663 751

	2019/20						2018/19		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	874 646	-	(11)	874 635	860 514	14 121	98.4%	813 262	802 534
Compensation of employees	611 910	-	-	611 910	611 986	(76)	100.0%	574 049	566 261
Goods and services	262 736	-	(11)	262 725	248 528	14 197	94.6%	239 213	236 273
Transfers and subsidies	15 933	-	-	15 933	18 252	(2 319)	114.6%	15 065	15 250
Departmental agencies and accounts	-	-	-	-	5	(5)	-	-	-
Non-profit institutions	13 205	-	-	13 205	13 205	-	100.0%	12 467	12 467
Households	2 728	-	-	2 728	5 042	(2 314)	184.8%	2 588	2 783
Payments for capital assets	12 807	-	-	12 807	15 857	(3 050)	123.8%	24 780	35 313
Machinery and equipment	12 807	-	-	12 807	15 857	(3 050)	123.8%	24 780	34 963
Software and other intangible assets	-	-	-	-	-	-	-	-	350
Payment for financial assets	-	-	11	11	-	-	100.0%	397	397
Total	903 386	-	-	903 386	894 634	8 752	99.0%	853 494	853 494

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for the year ended 31 March 2020**

		2019/20					2018/19			
		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
Programme 6: HEALTH SCIENCES AND TRAINING										
Sub programme										
1	NURSE TRAINING COLLEGE	71 151	-	(1 000)	70 151	64 816	5 335	92.4%	68 152	56 688
2	EMERGENCY MEDICAL SERVICES (EMS) TRAINING COLLEGE	31 718	-	-	31 718	31 473	245	99.2%	32 679	34 322
3	BURSARIES	61 704	-	-	61 704	58 087	3 617	94.1%	69 477	67 509
4	PRIMARY HEALTH CARE (PHC) TRAINING	1	-	-	1	-	1	-	1	-
5	TRAINING (OTHER)	189 407	-	(10 000)	179 407	176 493	2 914	98.4%	158 307	163 124
		353 981	-	(11 000)	342 981	330 869	12 112	96.5%	328 616	321 643
Economic classification										
Current payments										
	Compensation of employees	236 876	-	(11 000)	225 876	211 643	14 233	93.7%	195 355	181 728
	Salaries and wages	173 770	-	(8 000)	165 770	153 558	12 212	92.6%	150 355	137 402
	Social contributions	157 240	-	(6 200)	151 040	143 254	7 786	94.8%	131 937	127 920
	Goods and services	16 530	-	(1 800)	14 730	10 304	4 426	70.0%	18 418	9 482
	Advertising	63 106	-	(3 000)	60 106	58 085	2 021	96.6%	45 000	44 326
	Minor assets	251	-	-	251	95	156	37.8%	234	79
	Bursaries: Employees	693	-	-	693	1 257	(564)	181.4%	539	455
	Catering: Departmental activities	10 853	-	-	10 853	11 120	(267)	102.5%	10 297	10 287
	Communication (G&S)	464	-	-	464	683	(219)	147.2%	323	824
	Computer services	851	-	-	851	664	187	78.0%	935	720
	Consultants: Business and advisory services	-	-	-	-	271	(271)	-	-	19
	Contractors	40	-	-	40	593	(553)	1482.5%	144	12
	Agency and support / outsourced services	134	-	-	134	640	(506)	477.6%	155	297
	Entertainment	4 448	-	(1 000)	3 448	3 147	301	91.3%	4 205	1 520
	Fleet services (including government motor transport)	3	-	-	3	-	3	-	4	-
	Inventory: Medical supplies	1 207	-	-	1 207	1 551	(344)	128.5%	1 246	1 499
	Inventory: Medicine	390	-	-	390	136	254	34.9%	332	182
	Consumable supplies	12	-	-	12	3	9	25.0%	14	2
	Consumable: Stationery, printing and office supplies	4 167	-	-	4 167	2 696	1 471	64.7%	5 168	2 501
	Operating leases	711	-	-	711	960	(249)	135.0%	849	1 058
	Property payments	439	-	-	439	241	198	54.9%	535	155
	Travel and subsistence	11 587	-	-	11 587	9 819	1 768	84.7%	8 338	6 403
	Training and development	6 942	-	(2 000)	4 942	4 707	235	95.2%	4 670	6 634
	Operating payments	19 229	-	-	19 229	18 638	591	96.9%	6 516	10 808
	Venues and facilities	137	-	-	137	259	(122)	189.1%	158	446
	Rental and hiring	483	-	-	483	438	45	90.7%	256	259
		65	-	-	65	167	(102)	256.9%	82	166

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for the year ended 31 March 2020**

	2019/20					2018/19			
	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
Economic classification									
Transfers and subsidies	114 453	-	(1 019)	113 434	109 743	3 691	96.7%	122 505	120 816
Departmental agencies and accounts	6 056	-	-	6 056	6 126	(70)	101.2%	5 699	5 703
Departmental agencies	6 056	-	-	6 056	6 126	(70)	101.2%	5 699	5 703
Non-profit institutions	56 995	-	-	56 995	56 995	-	100.0%	60 014	60 014
Households	51 402	-	(1 019)	50 383	46 622	3 761	92.5%	56 792	55 099
Social benefits	551	-	-	551	674	(123)	122.3%	523	788
Other transfers to households	50 851	-	(1 019)	49 832	45 948	3 884	92.2%	56 269	54 311
Payments for capital assets	2 652	-	-	2 652	8 464	(5 812)	319.2%	7 780	16 123
Machinery and equipment	2 652	-	-	2 652	8 464	(5 812)	319.2%	7 759	16 123
Transport equipment	2 652	-	-	2 652	2 960	(308)	111.6%	2 516	2 570
Other machinery and equipment	-	-	-	-	5 504	(5 504)	-	5 243	13 553
Software and other intangible assets	-	-	-	-	-	-	-	21	-
Payment for financial assets	353 981	-	1 019	1 019	1 019	-	100.0%	2 976	2 976
			(11 000)	342 981	330 869	12 112	96.5%	328 616	321 643

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**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

	2019/20						2018/19		
	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
Economic classification									
Current payments	69 691	-	(1 000)	68 691	58 141	10 550	84.6%	64 719	44 824
Compensation of employees	47 632	-	-	47 632	38 520	9 112	80.9%	44 534	33 795
Goods and services	22 059	-	(1 000)	21 059	19 621	1 438	93.2%	20 185	11 029
Transfers and subsidies	526	-	-	526	429	97	81.6%	499	650
Households	526	-	-	526	429	97	81.6%	499	650
Payments for capital assets	934	-	-	934	6 246	(5 312)	668.7%	2 869	11 149
Machinery and equipment	934	-	-	934	6 246	(5 312)	668.7%	2 869	11 149
Payment for financial assets	-	-	-	-	-	-	-	65	65
Total	71 151	-	(1 000)	70 151	64 816	5 335	92.4%	68 152	56 688

	2019/20						2018/19		
	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
Economic classification									
Current payments	29 975	-	-	29 975	29 217	758	97.5%	27 744	29 366
Compensation of employees	24 078	-	-	24 078	23 586	492	98.0%	22 181	22 628
Goods and services	5 897	-	-	5 897	5 631	266	95.5%	5 563	6 738
Transfers and subsidies	25	-	-	25	38	(13)	152.0%	24	-
Households	25	-	-	25	38	(13)	152.0%	24	-
Payments for capital assets	1 718	-	-	1 718	2 218	(500)	129.1%	4 911	4 956
Machinery and equipment	1 718	-	-	1 718	2 218	(500)	129.1%	4 890	4 956
Software and other intangible assets	-	-	-	-	-	-	-	21	-
Total	31 718	-	-	31 718	31 473	245	99.2%	32 679	34 322

**WESTERN CAPE GOVERNMENT HEALTH
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**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

	2019/20						2018/19		
	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
Subprogramme: 6.3: BURSARIES									
Economic classification									
Current payments	10 853	-	-	10 853	11 120	(267)	102.5%	10 297	10 287
Goods and services	10 853	-	-	10 853	11 120	(267)	102.5%	10 297	10 287
Transfers and subsidies	50 851	-	(1 019)	49 832	45 948	3 884	92.2%	56 269	54 311
Households	50 851	-	(1 019)	49 832	45 948	3 884	92.2%	56 269	54 311
Payment for financial assets	-	-	1 019	1 019	1 019	-	100.0%	2 911	2 911
Total	61 704	-	-	61 704	58 087	3 617	94.1%	69 477	67 509

	2019/20						2018/19		
	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
Subprogramme: 6.4: PRIMARY HEALTH CARE (PHC) TRAINING									
Economic classification									
Current payments	1	-	-	1	-	1	-	-	-
Goods and services	1	-	-	1	-	1	-	-	-
Total	1	-	-	1	-	1	-	1	-

	2019/20						2018/19		
	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
Subprogramme: 6.5: TRAINING (OTHER)									
Economic classification									
Current payments	126 356	-	(10 000)	116 356	113 165	3 191	97.3%	92 594	97 251
Compensation of employees	102 060	-	(8 000)	94 060	91 452	2 608	97.2%	83 640	80 979
Goods and services	24 296	-	(2 000)	22 296	21 713	583	97.4%	8 964	16 272
Transfers and subsidies	63 051	-	-	63 051	63 328	(277)	100.4%	65 713	65 855
Departmental agencies and accounts	6 056	-	-	6 056	6 126	(70)	101.2%	5 699	5 703
Non-profit institutions	56 995	-	-	56 995	56 995	-	100.0%	60 014	60 014
Households	-	-	-	-	207	(207)	-	-	138
Payments for capital assets	-	-	-	-	-	-	-	-	18
Machinery and equipment	-	-	-	-	-	-	-	-	18
Total	189 407	-	(10 000)	179 407	176 493	2 914	98.4%	158 307	163 124

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**APPROPRIATION STATEMENT
for the year ended 31 March 2020**

	2019/20						2018/19		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Programme 7: HEALTH CARE SUPPORT SERVICES	502 670	-	(2 200)	500 470	491 257	9 213	98.2%	468 707	461 667
Sub programme									
1 LAUNDRY SERVICES	111 337	-	-	111 337	110 862	475	99.6%	105 669	104 649
2 ENGINEERING SERVICES	119 095	-	(3 266)	115 829	103 632	12 197	89.5%	106 277	105 495
3 FORENSIC SERVICES	196 622	-	32	196 654	199 893	(3 239)	101.6%	185 559	185 309
4 ORTHOTIC AND PROSTHETIC SERVICES	1	-	-	1	-	1	-	1	-
5 CAPE MEDICAL DEPOT	75 615	-	1 034	76 649	76 870	(221)	100.3%	71 201	66 214
	502 670	-	(2 200)	500 470	491 257	9 213	98.2%	468 707	461 667
Economic classification									
Current payments	475 856	-	(3 331)	472 525	467 695	4 830	99.0%	441 067	437 160
Compensation of employees	317 341	-	-	317 341	318 383	(1 042)	100.3%	292 274	291 196
Salaries and wages	275 023	-	-	275 023	275 418	(395)	100.1%	252 270	252 107
Social contributions	42 318	-	-	42 318	42 965	(647)	101.5%	40 004	39 089
Goods and services	158 515	-	(3 331)	155 184	149 312	5 872	96.2%	148 793	145 964
Minor assets	1 823	-	-	1 823	1 153	670	63.2%	1 805	1 495
Catering: Departmental activities	232	-	-	232	110	122	47.4%	215	27
Communication (G&S)	3 103	-	-	3 103	2 324	779	74.9%	3 666	2 356
Computer services	1 802	-	-	1 802	1 549	253	86.0%	2 122	1 659
Consultants: Business and advisory services	753	-	-	753	276	477	36.7%	426	216
Laboratory services	745	-	-	745	379	366	50.9%	575	551
Contractors	14 751	-	-	14 751	14 373	378	97.4%	14 022	13 386
Agency and support / outsourced services	10 157	-	-	10 157	9 775	382	96.2%	9 229	9 615
Entertainment	9	-	-	9	1	8	11.1%	9	2
Fleet services (including government motor transport)	12 679	-	(1 000)	11 679	10 403	1 276	89.1%	12 085	13 618
Inventory: Medical supplies	6 857	-	-	6 857	7 012	(155)	102.3%	6 364	5 218
Inventory: Medicine	97	-	-	97	-	97	-	1	-
Inventory: Other supplies	1 245	-	-	1 245	1 214	31	97.5%	1 157	779
Consumable supplies	60 755	-	(1 200)	59 555	61 016	(1 461)	102.5%	57 859	56 081
Consumable: Stationery, printing and office supplies	3 444	-	-	3 444	2 980	464	86.5%	3 186	2 667
Operating leases	1 028	-	-	1 028	677	351	65.9%	1 070	952
Property payments	17 760	-	(1 131)	16 629	15 729	900	94.6%	16 686	20 289
Travel and subsistence	3 020	-	-	3 020	2 912	108	96.4%	3 043	2 642
Training and development	943	-	-	943	723	220	76.7%	851	562
Operating payments	16 902	-	-	16 902	16 334	568	96.6%	14 110	13 514
Venues and facilities	107	-	-	107	-	107	-	102	45
Rental and hiring	303	-	-	303	372	(69)	122.8%	210	290

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for the year ended 31 March 2020**

	2019/20					2018/19			
	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
Economic classification									
Transfers and subsidies	777	-	-	777	765	12	98.5%	738	797
Provinces and municipalities	-	-	-	-	2	(2)	-	-	-
Provinces	-	-	-	-	2	(2)	-	-	-
Provincial agencies and funds	-	-	-	-	2	(2)	-	-	-
Households	777	-	-	777	763	14	98.2%	738	797
Social benefits	777	-	-	777	763	14	98.2%	738	797
Payments for capital assets	26 037	-	-	26 037	21 666	4 371	83.2%	25 997	22 805
Machinery and equipment	26 037	-	-	26 037	21 666	4 371	83.2%	25 997	22 805
Transport equipment	16 396	-	-	16 396	16 071	325	98.0%	16 633	13 600
Other machinery and equipment	9 641	-	-	9 641	5 595	4 046	58.0%	9 364	9 205
Payment for financial assets	-	-	1 131	1 131	1 131	-	100.0%	905	905
	502 670	-	(2 200)	500 470	491 257	9 213	98.2%	468 707	461 667

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for the year ended 31 March 2020**

	2019/20						2018/19		
	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
Subprogramme: 7.1: LAUNDRY SERVICES									
Economic classification									
Current payments	109 397	-	(25)	109 372	108 833	539	99.5%	103 628	102 892
Compensation of employees	45 500	-	-	45 500	45 372	128	99.7%	43 199	42 817
Goods and services	63 897	-	(25)	63 872	63 461	411	99.4%	60 429	60 075
Transfers and subsidies	138	-	-	138	426	(288)	308.7%	131	11
Households	138	-	-	138	426	(288)	308.7%	131	11
Payments for capital assets	1 802	-	-	1 802	1 578	224	87.6%	1 888	1 724
Machinery and equipment	1 802	-	-	1 802	1 578	224	87.6%	1 888	1 724
Payment for financial assets	-	-	25	25	25	-	100.0%	22	22
Total	111 337	-	-	111 337	110 862	475	99.6%	105 669	104 649

	2019/20						2018/19		
	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
Subprogramme: 7.2: ENGINEERING SERVICES									
Economic classification									
Current payments	111 007	-	(3 306)	107 701	96 162	11 539	89.3%	98 233	98 201
Compensation of employees	72 261	-	-	72 261	62 385	9 876	86.3%	61 606	60 336
Goods and services	38 746	-	(3 306)	35 440	33 777	1 663	95.3%	36 627	37 865
Transfers and subsidies	393	-	-	393	212	181	53.9%	373	542
Households	393	-	-	393	212	181	53.9%	373	542
Payments for capital assets	7 695	-	-	7 695	7 218	477	93.8%	7 536	6 617
Machinery and equipment	7 695	-	-	7 695	7 218	477	93.8%	7 536	6 617
Payment for financial assets	-	-	40	40	40	-	100.0%	135	135
Total	119 095	-	(3 266)	115 829	103 632	12 197	89.5%	106 277	105 495

**WESTERN CAPE GOVERNMENT HEALTH
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	2019/20						2018/19		
	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
Subprogramme: 7.3: FORENSIC SERVICES									
Economic classification	180 084	-	-	180 084	187 362	(7 278)	104.0%	169 174	170 804
Current payments	149 725	-	-	149 725	157 939	(8 214)	105.5%	140 621	141 197
Compensation of employees	30 359	-	-	30 359	29 423	936	96.9%	28 553	29 607
Goods and services	121	-	-	121	117	4	96.7%	115	243
Transfers and subsidies	-	-	-	-	2	(2)	-	-	-
Provinces and municipalities	121	-	-	121	115	6	95.0%	115	243
Households	16 417	-	-	16 417	12 382	4 035	75.4%	16 229	14 221
Payments for capital assets	16 417	-	-	16 417	12 382	4 035	75.4%	16 229	14 221
Machinery and equipment	-	-	32	32	32	-	100.0%	41	41
Payment for financial assets	196 622	-	32	196 654	199 893	(3 239)	101.6%	185 559	185 309
Total									

	2019/20						2018/19		
	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
Subprogramme: 7.4: ORTHOTIC AND PROSTHETIC SERVICES									
Economic classification	1	-	-	1	-	1	-	1	-
Current payments	1	-	-	1	-	1	-	1	-
Goods and services	1	-	-	1	-	1	-	1	-
Total	1	-	-	1	-	1	-	1	-

	2019/20						2018/19		
	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
Subprogramme: 7.5: CAPE MEDICAL DEPOT									
Economic classification	75 367	-	-	75 367	75 338	29	100.0%	70 031	65 263
Current payments	49 855	-	-	49 855	52 687	(2 832)	105.7%	46 848	46 846
Compensation of employees	25 512	-	-	25 512	22 651	2 861	88.8%	23 183	18 417
Goods and services	125	-	-	125	10	115	8.0%	119	1
Transfers and subsidies	125	-	-	125	10	115	8.0%	119	1
Households	123	-	-	123	488	(365)	396.7%	344	243
Payments for capital assets	123	-	-	123	488	(365)	396.7%	344	243
Machinery and equipment	-	-	1 034	1 034	1 034	-	100.0%	707	707
Payment for financial assets	75 615	-	1 034	76 649	76 870	(221)	100.3%	71 201	66 214
Total									

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**APPROPRIATION STATEMENT
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		2019/20					2018/19			
		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
Programme 8: HEALTH FACILITIES MANAGEMENT										
Sub programme										
1	COMMUNITY HEALTH FACILITIES	223 215	-	-	223 215	189 651	33 564	85.0%	151 576	118 211
2	EMERGENCY MEDICAL RESCUE SERVICES	33 970	-	-	33 970	21 320	12 650	62.8%	10 869	7 214
3	DISTRICT HOSPITAL SERVICES	256 587	-	-	256 587	269 147	(12 560)	104.9%	291 158	257 183
4	PROVINCIAL HOSPITAL SERVICES	92 319	-	-	92 319	96 231	(3 912)	104.2%	107 620	93 878
5	CENTRAL HOSPITAL SERVICES	243 397	-	-	243 397	331 916	(88 519)	136.4%	194 507	277 682
6	OTHER FACILITIES	243 262	-	-	243 262	168 875	74 387	69.4%	182 763	168 726
		1 092 750	-	-	1 092 750	1 077 140	15 610	98.6%	938 493	922 894
Economic classification										
Current payments										
	Compensation of employees	505 467	-	-	505 467	397 012	108 455	78.5%	473 683	414 192
	Salaries and wages	57 824	-	-	57 824	55 059	2 765	95.2%	51 882	50 107
	Social contributions	52 160	-	-	52 160	49 700	2 460	95.3%	47 978	46 164
	Goods and services	5 664	-	-	5 664	5 359	305	94.6%	3 904	3 943
	Minor assets	447 643	-	-	447 643	341 953	105 690	76.4%	421 801	364 085
	Catering: Departmental activities	57 135	-	-	57 135	11 634	45 501	20.4%	13 787	6 595
	Communication (G&S)	94	-	-	94	74	20	78.7%	360	23
	Computer services	155	-	-	155	164	(9)	105.8%	184	126
	Consultants: Business and advisory services	1 232	-	-	1 232	14	1 218	1.1%	1 738	-
	Infrastructure and planning services	10	-	-	10	-	10	-	16	-
	Contractors	54 693	-	-	54 693	44 326	10 367	81.0%	61 732	19 833
	Entertainment	171	-	-	171	203	(32)	118.7%	-	112
	Fleet services (including government motor transport)	23	-	-	23	1	22	4.3%	2	6
	Inventory: Medical supplies	5	-	-	5	2	3	40.0%	-	-
	Inventory: Other supplies	14 854	-	-	14 854	3 549	11 305	23.9%	2 040	2 448
	Consumable supplies	15 520	-	-	15 520	2 921	12 599	18.8%	1 788	3 394
	Consumable: Stationery, printing and office supplies	8 018	-	-	8 018	1 111	6 907	13.9%	528	1 029
	Operating leases	52	-	-	52	57	(5)	109.6%	20	485
	Property payments	293 249	-	-	293 249	275 990	17 259	94.1%	336 979	328 390
	Travel and subsistence	1 080	-	-	1 080	935	145	86.6%	1 344	742
	Training and development	1 284	-	-	1 284	543	741	42.3%	1 166	871
	Operating payments	68	-	-	68	2	66	2.9%	117	20
	Rental and hiring	-	-	-	-	427	(427)	-	-	-

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for the year ended 31 March 2020**

	2019/20					2018/19			
	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
Economic classification									
Transfers and subsidies	10 082	-	-	10 082	10 127	(45)	100.4%	10 262	10 276
Higher education institutions	10 000	-	-	10 000	10 000	-	100.0%	10 209	10 209
Households	82	-	-	82	127	(45)	154.9%	53	67
Social benefits	82	-	-	82	127	(45)	154.9%	53	67
Payments for capital assets	577 201	-	-	577 201	670 001	(92 800)	116.1%	454 479	498 357
Buildings and other fixed structures	400 962	-	-	400 962	372 777	28 185	93.0%	348 121	342 006
Buildings	400 962	-	-	400 962	372 777	28 185	93.0%	348 121	342 006
Machinery and equipment	176 239	-	-	176 239	293 484	(117 245)	166.5%	98 016	156 116
Other machinery and equipment	176 239	-	-	176 239	293 484	(117 245)	166.5%	98 016	156 116
Software and other intangible assets	-	-	-	-	3 740	(3 740)	-	8 342	235
Payment for financial assets	-	-	-	-	-	-	-	69	69
	1 092 750	-	-	1 092 750	1 077 140	15 610	98.6%	938 493	922 894

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	2019/20						2018/19		
	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
Economic classification									
Current payments	108 475	-	-	108 475	88 398	20 077	81.5%	93 965	73 170
Goods and services	108 475	-	-	108 475	88 398	20 077	81.5%	93 965	73 170
Payments for capital assets	114 740	-	-	114 740	101 253	13 487	88.2%	57 611	45 041
Buildings and other fixed structures	82 995	-	-	82 995	72 884	10 111	87.8%	46 931	34 962
Machinery and equipment	31 745	-	-	31 745	28 130	3 615	88.6%	10 038	10 079
Software and other intangible assets	-	-	-	-	239	(239)	-	642	-
Total	223 215	-	-	223 215	189 651	33 564	85.0%	151 576	118 211

	2019/20						2018/19		
	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
Economic classification									
Current payments	8 818	-	-	8 818	5 839	2 979	66.2%	7 254	4 885
Goods and services	8 818	-	-	8 818	5 839	2 979	66.2%	7 254	4 885
Payments for capital assets	25 152	-	-	25 152	15 481	9 671	61.5%	3 615	2 329
Buildings and other fixed structures	21 981	-	-	21 981	14 511	7 470	66.0%	2 642	1 603
Machinery and equipment	3 171	-	-	3 171	970	2 201	30.6%	938	726
Software and other intangible assets	-	-	-	-	-	-	-	35	-
Total	33 970	-	-	33 970	21 320	12 650	62.8%	10 869	7 214

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	2019/20						2018/19		
	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
Subprogramme: 8.3: DISTRICT HOSPITAL SERVICES									
Economic classification									
Current payments	89 603	-	-	89 603	83 799	5 804	93.5%	92 665	70 114
Compensation of employees	701	-	-	701	702	(1)	100.1%	5 014	4 588
Goods and services	88 902	-	-	88 902	83 097	5 805	93.5%	87 651	65 526
Transfers and subsidies	-	-	-	-	-	-	-	12	12
Households	-	-	-	-	-	-	-	12	12
Payments for capital assets	166 984	-	-	166 984	185 348	(18 364)	111.0%	198 481	187 057
Buildings and other fixed structures	139 714	-	-	139 714	155 019	(15 305)	111.0%	179 896	170 435
Machinery and equipment	27 270	-	-	27 270	30 329	(3 059)	111.2%	17 814	16 387
Software and other intangible assets	-	-	-	-	-	-	-	771	235
Total	256 587	-	-	256 587	269 147	(12 560)	104.9%	291 158	257 183

	2019/20						2018/19		
	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
Subprogramme: 8.4: PROVINCIAL HOSPITAL SERVICES									
Economic classification									
Current payments	69 024	-	-	69 024	62 490	6 534	90.5%	99 392	89 956
Compensation of employees	2 004	-	-	2 004	1 924	80	96.0%	2 001	2 001
Goods and services	67 020	-	-	67 020	60 566	6 454	90.4%	97 391	87 955
Payments for capital assets	23 295	-	-	23 295	33 741	(10 446)	144.8%	8 228	3 922
Buildings and other fixed structures	6 470	-	-	6 470	6 326	144	97.8%	8 223	3 922
Machinery and equipment	16 825	-	-	16 825	27 415	(10 590)	162.9%	5	-
Total	92 319	-	-	92 319	96 231	(3 912)	104.2%	107 620	93 878

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	2019/20					2018/19			
	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
Subprogramme: 8.5: CENTRAL HOSPITAL SERVICES									
Economic classification									
Current payments	138 011	-	-	138 011	94 075	43 936	68.2%	114 991	121 499
Compensation of employees	2 580	-	-	2 580	2 250	330	87.2%	2 573	2 593
Goods and services	135 431	-	-	135 431	91 825	43 606	67.8%	112 418	118 906
Transfers and subsidies	10 005	-	-	10 005	10 002	3	100.0%	10 209	10 209
Higher education institutions	10 000	-	-	10 000	10 000	-	100.0%	10 209	10 209
Households	5	-	-	5	2	3	40.0%	-	-
Payments for capital assets	95 381	-	-	95 381	227 839	(132 458)	238.9%	69 238	145 905
Buildings and other fixed structures	36 805	-	-	36 805	34 165	2 640	92.8%	22 950	17 039
Machinery and equipment	58 576	-	-	58 576	190 368	(131 792)	325.0%	42 136	128 866
Software and other intangible assets	-	-	-	-	3 306	(3 306)	-	4 152	-
Payment for financial assets	-	-	-	-	-	-	-	69	69
Total	243 397	-	-	243 397	331 916	(88 519)	136.4%	194 507	277 682

	2019/20					2018/19			
	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
Subprogramme: 8.6: OTHER FACILITIES									
Economic classification									
Current payments	91 536	-	-	91 536	62 411	29 125	68.2%	65 416	54 568
Compensation of employees	52 539	-	-	52 539	50 183	2 356	95.5%	42 294	40 925
Goods and services	38 997	-	-	38 997	12 228	26 769	31.4%	23 122	13 643
Transfers and subsidies	77	-	-	77	125	(48)	162.3%	41	55
Households	77	-	-	77	125	(48)	162.3%	41	55
Payments for capital assets	151 649	-	-	151 649	106 339	45 310	70.1%	117 306	114 103
Buildings and other fixed structures	112 997	-	-	112 997	89 872	23 125	79.5%	87 479	114 045
Machinery and equipment	38 652	-	-	38 652	16 272	22 380	42.1%	27 085	58
Software and other intangible assets	-	-	-	-	195	(195)	-	2 742	-
Total	243 262	-	-	243 262	168 875	74 387	69.4%	182 763	168 726

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**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2020**

1. Detail of transfers and subsidies as per Appropriation Act (after Virement):

Detail of these transactions can be viewed in the note on Transfers and subsidies, disclosure notes and Annexure 1 (A-E) to the Annual Financial Statements.

2. Detail of specifically and exclusively appropriated amounts voted (after Virement):

Detail of these transactions can be viewed in note 1 (Annual Appropriation) to the Annual Financial Statements.

3. Detail on payments for financial assets:

Detail of these transactions per programme can be viewed in the note on Payments for financial assets to the Annual Financial Statements.

4. Explanations of material variances from Amounts Voted (after Virement):

4.1 Per programme

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
Per programme:	R'000	R'000	R'000	%
ADMINISTRATION	771 876	760 260	11 616	1.5%

The under-spending can mainly be attributed to:

• **Compensation of employees**

- the high attrition rate and slow filling of posts at National Tertiary Services - Diagnostic Related Group, and was offset against over - expenditure in other programme economic classifications within the grant.

• **Goods & Services**

- year end surplus is a result of cost containment measures and savings achieved across multiple items e.g. end-users have been requested to utilise the SITA printing services in moderation and to access more cost-effective Business Intelligence (BI) reports via the SharePoint platform. Making use of alternative electronic methods to communicate also contributed towards savings against the Communication expenditure category.

• **Capital Assets**

- delays in finalising the procurement processes within the Centre of e- Innovation (CE-I) and the State Information Technology (SITA) respectively for the procurement of network equipment to enable connectivity in clinical areas for the implementation of electronic Health records.

DISTRICT HEALTH SERVICES	10 121 174	10 103 687	17 487	0.2%
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The under-spending can mainly be attributed to:

Global fund

• **Transfers and Subsidies**

- The Non profit Institutions transfers in the Global Fund Young Women and Girls programme in respect of the Cash Plus Care project. Not all recruited candidates completed the course and therefore could not qualify for the cash incentives of R300 per session.

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**NOTES TO THE APPROPRIATION STATEMENT
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	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
Per programme:	R'000	R'000	R'000	%
EMERGENCY MEDICAL SERVICES	1 159 098	1 155 892	3 206	0.3%
<p>The under-spending can mainly be attributed to:</p> <ul style="list-style-type: none"> • Compensation of Employees <ul style="list-style-type: none"> - the delay in filling senior posts. • Goods and Services <ul style="list-style-type: none"> under the items <ul style="list-style-type: none"> - contractors: stricter criteria being followed when assigning Aero Medical Transport to patients. - minor assets: price per unit being above the R5000 threshold which makes it a major asset and fleet services (kilometre tariffs), savings used to compensate for over expenditure in capital assets machinery and equipment above R5000 and financial leases (daily tariffs), respectively. 				
PROVINCIAL HOSPITAL SERVICES	3 919 182	3 909 658	9 524	0.2%
<p>The under-spending can mainly be attributed to :</p> <ul style="list-style-type: none"> • Goods and Services <ul style="list-style-type: none"> - communication due to implementation of Neotel/VoIP. - concluding of more cost effective Cleaning contract and a medical waste contract, as well as the delay in implementation of the new security contract. • Capital Assets <ul style="list-style-type: none"> - Medical Equipment (i.e. X-Ray Unit, Operating Table, Ultra Sound) funded by Infrastructure as part of the replacement programme. 				
CENTRAL HOSPITAL SERVICES	6 944 508	6 944 508	-	0.0%
<p>This programme is in budget after application of virements.</p>				
HEALTH SCIENCES AND TRAINING	342 981	330 869	12 112	3.5%
<p>The under-spending can mainly be attributed to:</p> <ul style="list-style-type: none"> • Compensation of employees <ul style="list-style-type: none"> - slow filling of posts at Western Cape college of Nursing, due to some posts under Organisation Development Investigation. - over allocation of budget for limited number of EPWP interns the department could employ. • Transfers and Subsidies <ul style="list-style-type: none"> - reduced Bursaries payments due to the lower than anticipated students promoted to their next year of study, as well as the fact that the Western Cape College of Nursing and other Higher Education Institutions closed earlier due to Covid-19. 				

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HEALTH CARE SUPPORT SERVICES	500 470	491 257	9 213	1.8%
<p>The under-spending can mainly be attributed to:</p> <ul style="list-style-type: none"> • Goods & Services <ul style="list-style-type: none"> - Fleet Services: reduced trips, as work has been re-prioritised and combined in respect of linen collection and delivery as well as maintenance work in outlying areas. • Capital Assets <ul style="list-style-type: none"> - delay in the procurement process, due to the uniqueness of equipment used in the Forensic Pathology Service environment. 				
HEALTH FACILITIES MANAGEMENT	1 092 750	1 077 140	15 610	1.4%
<p>The under-spending can mainly be attributed to :</p> <ul style="list-style-type: none"> • Goods and Services <ul style="list-style-type: none"> - reprioritised Health Technology items as well as slow project performance with regards to Maintenance projects. - slower than anticipated progress within Provincial Equitable Share (PES): Maintenance Projects. - in respect of the Tygerberg Hospital Maintenance & Remedial Works Programme, under-expenditure is attributed mostly to delays in construction stage due to decanting challenges and lead time on imported equipment. 				

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4.2 Per economic classification

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
Per economic classification:	R'000	R'000	R'000	%
Current expenditure				
Compensation of employees	14 751 167	14 758 597	(7 430)	-0.1%
Goods and services	7 727 158	7 602 100	125 058	1.6%
Interest and rent on land	-	-	-	0.0%
Transfers and subsidies				
Provinces and municipalities	593 689	592 768	921	0.2%
Departmental agencies and accounts	6 600	6 687	(87)	-1.3%
Higher education institutions	10 000	10 000	-	0.0%
Public corporations and private enterprises	-	-	-	0.0%
Foreign governments and international organisations	-	-	-	0.0%
Non-profit institutions	629 901	604 896	25 005	4.0%
Households	173 051	182 207	(9 156)	-5.3%
Payments for capital assets				
Buildings and other fixed structures	400 962	372 777	28 185	7.0%
Machinery and equipment	553 008	631 022	(78 014)	-14.1%
Heritage assets	-	-	-	0.0%
Specialised military assets	-	-	-	0.0%
Biological assets	-	-	-	0.0%
Land and subsoil assets	-	-	-	0.0%
Software and other intangible assets	23	5 737	(5 714)	-24843.5%
Payments for financial assets	6 480	6 480	-	0.0%

The variance between the total budget and expenditure of R79m is equal to 0.3 percent of the budget, which is within the acceptable norm of 2 percent.

Reasons for under-spending on economic classifications are extensively addressed under each programme. Over-expenditure in the following economic classifications can mainly be attributed to:

• Current Payments

- Compensation of Employees
 - Insufficient funds available at the National Department of Health to reimburse the Department for the short funding of the 2020 Medical Intern intake (186 posts), as previously committed.

• Transfers and subsidies

- Households
 - The over-expenditure predominately relates to medico negligence claims instated against the Department and where merits have been conceded to the claimant by the Courts.
 - higher employee benefits paid, than the anticipated budget provided for, as the number of employees planning to exit the service was unknown at the time the budget was allocated.

• Payments for Capital Assets

- Machinery and equipment
 - Over-expenditure within Capital Assets aligns to mitigating strategy to over-commit in in-lieu of slow project performance within Maintenance projects.
- Software and other Intangible Assets
 - Expenditure mainly attributed to commissioning of diagnostic imaging equipment in the cardiac catheterisation lab at Red Cross War Memorial Childrens Hospital, without which the equipment would be rendered unusable. The replacement of this equipment, formed part of the projects identified to mitigate under-expenditure within Buildings and Scheduled Maintenance Projects.

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2020**

4.3 Per conditional grant

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
Per conditional grant				
National Tertiary Services Grant	3 221 651	3 221 651	-	0%
Health Professions Training and Development Grant	606 334	606 334	-	0%
Comprehensive HIV, AIDS and TB Grant	1 685 517	1 685 517	-	0%
Health Facility Revitalisation Grant	812 626	812 626	-	0%
National Health Insurance Grant	19 510	19 510	-	0%
Expanded Public Works Programme Integrated Grant for Provinces	2 046	2 046	-	0%
Social Sector Expanded Public Works Programme Incentive Grant for Provinces	13 495	13 495	-	0%
Human Pappillomavirus Vaccine Grant	15 404	15 404	-	0%
Human Resource Capacitation Grant	161 451	173 262	(11 811)	-7%
Human Resources Capacitation Grant				
The over-expenditure can be attributed to:				
- Insufficient funds available at the National Department of Health to reimburse the Department for the short funding of the 2020 Medical Intern intake (186 posts), as previously committed.				

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6
STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2020

	Note	2019/20 R'000	2018/19 R'000
REVENUE			
Annual appropriation	1.1	24 852 039	23 099 979
Departmental revenue	2	141 914	114 323
Aid assistance	3	-	1 559
TOTAL REVENUE		24 993 953	23 215 861
EXPENDITURE			
Current expenditure			
Compensation of employees	4	14 758 597	13 515 392
Goods and services	5	7 602 100	7 219 595
Aid assistance	3	-	-
Total current expenditure		22 360 697	20 734 987
Transfers and subsidies			
Transfers and subsidies	7	1 396 558	1 294 436
Aid assistance	3	3	2 218
Total transfers and subsidies		1 396 561	1 296 654
Expenditure for capital assets			
Tangible assets	8	1 003 799	1 002 434
Intangible assets	8	5 737	1 606
Total expenditure for capital assets		1 009 536	1 004 040
Payments for financial assets	6	6 480	10 130
TOTAL EXPENDITURE		24 773 274	23 045 811
SURPLUS FOR THE YEAR		220 679	170 050
Reconciliation of Net Surplus for the year			
Voted funds		78 768	56 386
Annual appropriation		90 579	56 232
Conditional grants		(11 811)	154
Departmental revenue and NRF Receipts		141 914	114 323
Aid assistance	3	(3)	(659)
SURPLUS FOR THE YEAR		220 679	170 050

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6
STATEMENT OF FINANCIAL POSITION
for the year ended 31 March 2020

	Note	2019/20 R'000	2018/19 R'000
ASSETS			
Current assets		198 715	194 532
Cash and cash equivalents	9	141 500	128 963
Prepayments and advances	10	4 650	6 006
Receivables	11	52 565	59 563
Non-current assets		2 242	887
Receivables	11	2 242	887
TOTAL ASSETS		200 957	195 419
LIABILITIES			
Current liabilities		187 028	180 588
Voted funds to be surrendered to the Revenue Fund	12	78 768	56 386
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	13	34 044	51 686
Payables	14	73 847	72 144
Aid assistance unutilised	3	369	372
TOTAL LIABILITIES		187 028	180 588
NET ASSETS		13 929	14 831
		2019/20 R'000	2018/19 R'000
Represented by:			
Recoverable revenue		13 929	14 831
TOTAL		13 929	14 831

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6
STATEMENT OF CHANGES IN NET ASSETS
for the year ended 31 March 2020

	<i>Note</i>	2019/20 R'000	2018/19 R'000
Recoverable revenue			
Opening balance		14 831	14 241
Transfers:		(902)	590
Irrecoverable amounts written off	6.2	(3 086)	(7 129)
Debts revised		520	124
Debts recovered (included in departmental receipts)		(1 296)	2 560
Debts raised		2 960	5 035
Closing balance		13 929	14 831
TOTAL		13 929	14 831

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**CASH FLOW STATEMENT
for the year ended 31 March 2020**

	<i>Note</i>	2019/20 R'000	2018/19 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		25 538 127	23 778 919
Annual appropriated funds received	1.1	24 852 039	23 099 979
Departmental revenue received	2	683 182	673 877
Interest received	2.2	2 906	3 504
Aid assistance received	3	-	1 559
Net (increase)/decrease in working capital		10 057	1 573
Surrendered to Revenue Fund		(760 120)	(846 530)
Current payments		(22 360 697)	(20 734 987)
Payments for financial assets		(6 480)	(10 130)
Transfers and subsidies paid		(1 396 561)	(1 296 654)
Net cash flow available from operating activities	15	1 024 326	892 191
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	8	(1 009 536)	(1 004 040)
Proceeds from sale of capital assets	15	4	10
(Increase)/decrease in non-current receivables		(1 355)	-
Net cash flows from investing activities		(1 010 887)	(1 004 030)
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/(decrease) in net assets		(902)	590
Net cash flows from financing activities		(902)	590
Net increase/(decrease) in cash and cash equivalents		12 537	(111 249)
Cash and cash equivalents at beginning of period		128 963	240 212
Cash and cash equivalents at end of period	9	141 500	128 963

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 March 2020

Summary of significant accounting policies

The financial statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. Management has concluded that the financial statements present fairly the department's primary and secondary information.

The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.

Where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the financial statements and to comply with the statutory requirements of the Public Finance Management Act (PFMA), Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the PFMA and the annual Division of Revenue Act.

1 Basis of preparation

The financial statements have been prepared in accordance with the Modified Cash Standard.

2 Going concern

The financial statements have been prepared on a going concern basis.

3 Presentation currency

Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.

4 Rounding

Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).

5 Foreign currency translation

Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.

6 Comparative information

6.1 Prior period comparative information

Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.

6.2 Current year comparison with budget

A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 March 2020

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.

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 March 2020

8.2 Other expenditure

Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.

8.3 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.

9 Aid Assistance

9.1 Aid assistance received

Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value.

Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.

9.2 Aid assistance paid

Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 March 2020

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.

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 March 2020

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.

**WESTERN CAPE GOVERNMENT HEALTH
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NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 March 2020

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 Capital commitments

Capital commitments are recorded at cost in the notes to the financial statements.

**WESTERN CAPE GOVERNMENT HEALTH
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NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 March 2020

18 Unauthorised expenditure

Unauthorised expenditure is expenditure incurred that is not in accordance with the approved budget.

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 expenditure that was made in vain and could have been avoided had reasonable care been taken.

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 or written off.

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 expenditure that was not incurred in the manner prescribed by legislation.

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, not condoned and removed or written-off.

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 estimates and errors

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.

**WESTERN CAPE GOVERNMENT HEALTH
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NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 March 2020

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

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.

The number of individuals and the full compensation of key management personnel 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.

**WESTERN CAPE GOVERNMENT HEALTH
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**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2020**

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:

	2019/20		2018/19	
	Final	Actual Funds	Final	Appropriation
	Appropriation	Received	Appropriation	received
	R'000	R'000	R'000	R'000
Administration	771 876	771 876	768 056	768 056
District Health Services	10 121 174	10 121 174	9 341 766	9 341 766
Emergency Medical services	1 159 098	1 159 098	1 106 257	1 106 257
Provincial Hospital Services	3 919 182	3 919 182	3 630 241	3 630 241
Central Hospital Services	6 944 508	6 944 508	6 517 843	6 517 843
Health Sciences and Training	342 981	342 981	328 616	328 616
Health Care Support	500 470	500 470	468 707	468 707
Health Facility Management	1 092 750	1 092 750	938 493	938 493
Total	24 852 039	24 852 039	23 099 979	23 099 979

1.2 Conditional grants (included in actual funds received)

	Note	2019/20	2018/19
		R'000	R'000
Total grants received	33	<u>6 538 034</u>	<u>5 896 384</u>
Provincial grants included in Total Grants received		<u>6 538 034</u>	<u>5 896 384</u>

2. Departmental revenue

	Note	2019/20	2018/19
		R'000	R'000
Sales of goods and services other than capital assets	2.1	549 497	509 621
Interest, dividends and rent on land	2.2	2 906	3 504
Sales of capital assets	2.3	4	10
Transactions in financial assets and liabilities	2.4	39 017	59 211
Transfer received	2.5	94 668	105 045
Total revenue collected		686 092	677 391
Less: Own revenue included in appropriation	13	<u>(544 178)</u>	<u>(563 068)</u>
Departmental revenue collected		<u>141 914</u>	<u>114 323</u>

Departmental Revenue as per Cash Flow Statement is made up as follows:

		2019/20	2018/19
		R'000	R'000
Total revenue collected		686 092	677 391
Less:	Interest, dividends, rent on land	(2 906)	(3 504)
	Sales of Capital Assets	(4)	(10)
Departmental revenue received		<u>683 182</u>	<u>673 877</u>

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2020**

2.1 Sales of goods and services other than capital assets

	<i>Note</i>	2019/20 R'000	2018/19 R'000
Sales of goods and services produced by the department		548 689	508 884
Sales by market establishment		4 715	4 318
Administrative fees		9 798	8 604
Other sales		534 176	495 962
Sales of scrap, waste and other used current goods		808	737
Total	2	549 497	509 621

Other Sales

This revenue item is primarily comprised of Patient Fees, Services to State Departments (e.g. Department of Justice), Medical Aid Claims and Road Accident Fund Claims. An increase in recoveries from the Department of Justice (services to State Departments) was the primary driver for the increase in this revenue item.

2.2 Interest, dividends and rent on land

	<i>Note</i>	2019/20 R'000	2018/19 R'000
Interest		2 906	3 504
Total	2	2 906	3 504

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>	2019/20 R'000	2018/19 R'000
Tangible assets		4	10
Machinery and equipment	29.2	4	10
Total	2	4	10

2.4 Transactions in financial assets and liabilities

	<i>Note</i>	2019/20 R'000	2018/19 R'000
Receivables		37 166	56 130
Other Receipts including Recoverable Revenue		1 851	3 081
Total	2	39 017	59 211

**WESTERN CAPE GOVERNMENT HEALTH
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**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2020**

2.5 Transfers received

	Note	2019/20 R'000	2018/19 R'000
Higher education institutions		35 631	34 229
International organisations		55 136	70 816
Public corporations and private enterprises		3 901	-
Total	2	94 668	105 045

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. The Funding terminated in November 2019.

Public corporations and private enterprises

Relates to a donation received from the University of Cape Town for the installation of a GAS Supply System in the new Observatory Forensic Pathology Laboratory on the premises of Groote Schuur Hospital.

3. Aid assistance

	2019/20 R'000	2018/19 R'000
Opening Balance	372	1 031
Transferred from statement of financial performance	(3)	(659)
Closing Balance	369	372

Transferred from Statement of Financial Performance is made up as follows:

	2019/20 R'000	2018/19 R'000
Donor Funding received during the year (Revenue)	-	1 559
Statement of Financial Performance (Current Expenditure)	-	-
Capital Expenditure (Note 8.1)	-	-
Transfers made to non-Profit Organisations	(3)	(2 218)
Closing Balance	(3)	(659)

3.1 Analysis of balance by source

	Note	2019/20 R'000	2018/19 R'000
Aid assistance from other sources	3	369	372
Closing balance		369	372

**WESTERN CAPE GOVERNMENT HEALTH
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**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2020**

3.2 Analysis of balance

		2019/20	2018/19
		R'000	R'000
Aid assistance unutilised	Note 3	369	372
Closing balance		369	372

3.3 Aid assistance expenditure per economic classification

		2020/19	2019/18
		R'000	R'000
Transfers and subsidies	Note 3	3	2 218
Total aid assistance expenditure		3	2 218

4. Compensation of employees

4.1 Salaries and Wages

	2019/20	2019/18
	R'000	R'000
Basic salary	9 744 386	8 944 356
Performance award	41 198	33 102
Service Based	17 650	15 118
Compensative/circumstantial	1 414 380	1 275 372
Periodic payments	17 173	16 927
Other non-pensionable allowances	1 817 368	1 659 031
Total	13 052 155	11 943 906

The cost of living adjustment of 5.2% for Senior Manager Service employees and between 5.2% and 6.2% for all other employee salary levels is the primary driver behind the increase in employee costs as there was minimal growth in staff levels. In addition, officials appointed in terms of the Human Resource Capacitation Grant accounted for just over 60% of the increase in average number of employees for the current period as well as approximately 1.5% of the increase in compensation costs.

4.2 Social contributions

	2019/20	2019/18
	R'000	R'000
Employer contributions		
Pension	1 121 026	1 040 495
Medical	582 987	528 606
Bargaining council	2 422	2 385
Insurance	7	-
Total	1 706 442	1 571 486
Total compensation of employees	14 758 597	13 515 392
Average number of employees	32 096	31 611

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5. Goods and services

	Note	2019/20 R'000	2018/19 R'000
Administrative fees		227	230
Advertising		20 646	16 744
Minor assets	5.1	46 722	42 407
Bursaries (employees)		11 120	10 287
Catering		5 105	4 983
Communication		50 724	55 015
Computer services	5.2	102 837	91 548
Consultants: Business and advisory services		98 182	92 467
Infrastructure and planning services		44 326	19 833
Laboratory services		767 037	703 818
Legal services		16 257	28 809
Contractors		520 953	537 804
Agency and support / outsourced services		510 377	488 685
Entertainment		85	148
Audit cost – external	5.3	17 625	20 769
Fleet services		183 018	181 050
Inventory	5.4	3 327 906	3 071 000
Consumables	5.5	567 936	526 799
Operating leases		19 188	20 237
Property payments	5.6	1 145 192	1 176 800
Rental and hiring		26 915	24 935
Transport - departmental activities		1 417	1 477
Travel and subsistence	5.7	43 088	39 766
Venues and facilities		2 653	1 384
Training and development		46 240	36 303
Other operating expenditure	5.8	26 324	26 297
Total		7 602 100	7 219 595

Advertising

Health Programmes Promotional Items was primary driver behind the increase of this item.

Communication

Cost saving due to the continued rollout of Voice Over Internet Protocol (VOIP), specifically in the Regional Health facilities and larger Metro District Hospitals.

Consultants: Business and advisory services

See section within Annual Report - Part D: Utilisation of consultants for more detail.

Infrastructure and planning services

Increase primarily driven by infrastructure planning services related to the Health Facilities Revitalisation Grant.

Laboratory services

National Health Laboratory Service's tariff annual escalation of 5% was implemented as of 1 May 2019.

Training and development

Increase due to bursaries offered to Nurses for post graduate studies on a study by assignment basis. Cost of these qualification modules also increased by more than 8% during the current year.

COVID 19

Included in total goods and services expenditure is R47.1m related to Covid-19 expenditure. See Annexure 7 for more detail.

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5.1 Minor assets

	Note	2019/20 R'000	2018/19 R'000
Tangible assets		46 722	42 392
Machinery and equipment		46 722	42 392
Intangible assets		-	15
Software		-	15
Total	5	46 722	42 407

5.2 Computer services

	Note	2019/20 R'000	2018/19 R'000
SITA computer services		17 923	15 298
External computer service providers		84 914	76 250
Total	5	102 837	91 548

External computer service providers

Increase primarily due to the acquisition of Local Area Network Equipment to support the roll out of various projects such as PACS (Digital X-Rays) and Voice Over Internet Protocol (VOIP).

5.3 Audit cost – External

	Note	2019/20 R'000	2019/18 R'000
Regularity audits		17 625	20 769
Total	5	17 625	20 769

Reduction in Audit Cost primarily due to a combination of the following:

- Audit Efficiencies in respect of the 2018/19 audit
- Reduced audit time in respect of 2019/20 audit as a result of the lockdown.

5.4 Inventory

	Note	2019/20 R'000	2018/19 R'000
Food and food supplies		56 237	55 881
Medical supplies		1 670 081	1 526 635
Medicine		1 587 469	1 471 997
Laboratory supplies		14 119	13 090
Water distribution supplies		-	3 397
Total	5	3 327 906	3 071 000

Inventory item expenditure in line with inflation. Water distribution supplies cost in the prior period was once off set up costs in respect of the Departments water augmentation projects to counteract the water crisis.

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5.5 Consumables

	<i>Note</i>	2019/20 R'000	2018/19 R'000
Consumable supplies		470 664	437 925
Uniform and clothing		69 619	64 222
Household supplies		264 137	247 299
Building material and supplies		69 008	66 242
Communication accessories		1 052	271
IT consumables		1 253	1 763
Other consumables		65 595	58 128
Stationery, printing and office supplies		97 272	88 874
Total	5	567 936	526 799

Other consumables

This item comprises mainly Medical and Domestic Gas as well as other fuel products.

5.6 Property payments

	<i>Note</i>	2019/20 R'000	2018/19 R'000
Municipal services		347 176	345 389
Property management fees		483 135	464 440
Property maintenance and repairs		314 881	366 971
Total	5	1 145 192	1 176 800

5.7 Travel and subsistence

	<i>Note</i>	2019/20 R'000	2018/19 R'000
Local		42 447	39 560
Foreign		641	206
Total	5	43 088	39 766

<u>% Share of Local Travel and subsistence expenditure</u>	<u>2019/20</u>	<u>2018/19</u>
Accommodation	39.5%	36.8%
Road & Rail Transport	36.8%	41.4%
Subsistence	14.1%	14.3%
Air Transport	9.6%	7.5%
	100.0%	100.0%

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	2019/20 R'000	2018/20 R'000
Professional bodies, membership and subscription fees		1 274	1 360
Resettlement costs		3 771	4 149
Other		21 279	20 788
Total	5	26 324	26 297

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	2020/19 R'000	2018/19 R'000
Material losses through criminal conduct		-	1
Theft	6.3	-	1
Other material losses written off	6.1	3 393	3 000
Debts written off	6.2	3 087	7 129
Total		6 480	10 130

6.1 Other material losses written off

	Note	2020/19 R'000	2018/19 R'000
Nature of losses			
Government vehicle damages & losses		2 393	2 293
Redundant stock (CMD & HIV AIDS)		1 000	707
Total	6	3 393	3 000

6.2 Debts written off

	Note	2019/20 R'000	2018/19 R'000
Salary overpayment		1 031	3 139
Medical bursaries		1 019	2 911
Supplier debtors		891	445
Tax		75	343
Telephone account		-	7
Other minor incidents		71	284
Total	6	3 087	7 129

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6.3 Details of theft

	<i>Note</i>	2019/20 R'000	2018/19 R'000
Nature of theft			
Petty cash stolen		-	1
Total	6	<u>-</u>	<u>1</u>

7. Transfers and subsidies

	<i>Note</i>	2019/20 R'000	2018/19 R'000
Provinces and municipalities	34	592 768	549 661
Departmental agencies and accounts	<i>Annexure 1B</i>	6 687	6 172
Higher education institutions	<i>Annexure 1C</i>	10 000	10 209
Non-profit institutions	<i>Annexure 1D</i>	604 896	560 737
Households	<i>Annexure 1E</i>	182 207	167 657
Total		<u>1 396 558</u>	<u>1 294 436</u>

8. Expenditure for capital assets

	<i>Note</i>	2019/20 R'000	2018/19 R'000
Tangible assets		1 003 799	1 002 434
Buildings and other fixed structures	31.1	372 777	342 006
Machinery and equipment	29.1	631 022	660 428
Intangible assets		5 737	1 606
Software	30.1	5 737	1 606
Total		<u>1 009 536</u>	<u>1 004 040</u>

8.1 Analysis of funds utilised to acquire capital assets – 2019/20

	Voted funds R'000	Aid assistance R'000	Total R'000
Tangible assets	1 003 799	-	1 003 799
Buildings and other fixed structures	372 777	-	372 777
Machinery and equipment	631 022	-	631 022
Intangible assets	5 737	-	5 737
Software	5 737	-	5 737
Total	<u>1 009 536</u>	<u>-</u>	<u>1 009 536</u>

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8.2 Analysis of funds utilised to acquire capital assets – 2018/19

	Voted funds	Aid assistance	Total
	R'000	R'000	R'000
Tangible assets	1 002 434	-	1 002 434
Buildings and other fixed structures	342 006	-	342 006
Machinery and equipment	660 428	-	660 428
Intangible assets	1 606	-	1 606
Software	1 606	-	1 606
Total	1 004 040	-	1 004 040

8.3 Finance lease expenditure included in Expenditure for capital assets

	2019/20 R'000	2018/19 R'000
Tangible assets		
Machinery and equipment	183 380	173 138
Total	183 380	173 138

9. Cash and cash equivalents

	2019/20 R'000	2018/19 R'000
Consolidated Paymaster General Account	257 453	543 802
Disbursements	(117 783)	(415 248)
Cash on hand	1 830	409
Total	141 500	128 963

10. Prepayments and advances

	Note	2019/20 R'000	2018/19 R'000
Travel and subsistence		1 330	1 416
Advances paid (Not expensed)	10.1	3 320	4 590
Total		4 650	6 006

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10.1 Advances paid (Not expensed)

	<i>Note</i>	Balance as at 1 April 2019	Less: Amount expensed in current year	Add or Less: Other	Add: Current Year advances	Balance as at 31 March 2020
		R'000	R'000	R'000	R'000	R'000
Other entities		4 590	(60 817)	-	59 547	3 320
Total	<i>10</i>	4 590	(60 817)	-	59 547	3 320

	<i>Note</i>	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
Total	<i>10</i>	11 492	(73 257)	-	66 355	4 590

10.2 Advances paid (Expensed)

	Amount as at 1 April 2019	Less: Received in the current year	Add or Less: Other	Add: Current Year advances	Amount as at 31 March 2020
	R'000	R'000	R'000	R'000	R'000
Other entities	8 867	(2 767)	-	2 755	8 855
Total	8 867	(2 767)	-	2 755	8 855

The above amount relates to Motor Vehicles 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).

	Amount as at 1 April 2018	Less: Received 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
Total	13 861	(13 270)	-	8 276	8 867

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11. Receivables

	<i>Note</i>	2019/20			2018/19		
		Current	Non-current	Total	Current	Non-current	Total
		R'000	R'000	R'000	R'000	R'000	R'000
Claims recoverable	11.1	20 024	-	20 024	25 585	-	25 585
Staff debt	11.2	8 932	210	9 142	8 175	237	8 412
Other receivables	11.3	23 609	2 032	25 641	25 803	650	26 453
Total		52 565	2 242	54 807	59 563	887	60 450

11.1 Claims recoverable

	<i>Note</i>	2019/20 R'000	2018/19 R'000
National departments		836	3 098
Provincial departments		891	3 078
Public entities		-	7
Local governments		18 297	19 402
Total	11 & Annex 3	20 024	25 585

11.2 Staff debt

	<i>Note</i>	2019/20 R'000	2018/19 R'000
Salary Reversal Control Account		1 150	384
Salary Tax Debt		251	389
Salary Deductions		-	26
Salary Medical Aid		5	-
Debt Account		7 736	7 613
Total	11	9 142	8 412

11.3 Other debtors

	<i>Note</i>	2019/20 R'000	2018/19 R'000
Disallowance Miscellaneous		1 522	1 258
Disallowance Damage and losses		1 214	1 516
Damage Vehicles		165	190
Supplier Debtors		7 566	10 734
Medical Bursaries		12 168	12 755
Depot Pharmaceutical Control Account		3 006	-
Total	11	25 641	26 453

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11.4 Impairment of receivables

	2019/20	2018/19
	R'000	R'000
Estimate of impairment of receivables	2 736	4 321
Total	2 736	4 321

12. Voted funds to be surrendered to the Revenue Fund

	2019/20	2018/19
	R'000	R'000
Opening balance	56 386	190 426
Transfer from statement of financial performance (as restated)	78 768	56 386
Paid during the year	(56 386)	(190 426)
Closing balance	78 768	56 386

13. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund

	2019/20	2018/19
	R'000	R'000
Opening balance	51 686	30 399
Transfer from Statement of Financial Performance (as restated)	141 914	114 323
Own revenue included in appropriation	544 178	563 068
Paid during the year	(703 734)	(656 104)
Closing balance	34 044	51 686

14. Payables – current

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Amounts owing to other entities			
Advances received	14.1	61 930	56 704
Clearing accounts	14.2	4 803	4 293
Other payables	14.3	7 114	11 147
Total		73 847	72 144

14.1 Advances received

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Other institutions		61 930	56 704
Total	14	61 930	56 704

Road Accident Fund

Relates to funds received totalling R61,9m (2018/19: R56,7m) that is still to be allocated to specific patient fee revenue accounts. Consequently, this amount is not included in the Departmental Revenue as per Note 2.

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14.2 Clearing accounts

	<i>Note</i>	2019/20 R'000	2018/19 R'000
Patient Fee Deposits		41	45
Sal: Pension Fund		147	55
Sal: GEHS refunds control account		2 076	953
Sal: Income Tax		2 530	3 188
Sal: Bargaining Councils		4	3
Sal: ACB Recalls		3	49
Medscheme Control Account: CL		2	-
Total	<i>14</i>	<u>4 803</u>	<u>4 293</u>

14.3 Other payables

	<i>Note</i>	2019/20 R'000	2018/19 R'000
Depot Pharmaceutical Control Account		-	11 147
Bursaries for Health workers		7 114	-
Total	<i>14</i>	<u>7 114</u>	<u>11 147</u>

15. Net cash flow available from operating activities

	2019/20 R'000	2018/19 R'000
Net surplus/(deficit) as per Statement of Financial Performance	220 679	170 050
Add back noncash/cash movements not deemed operating activities	803 647	722 141
(Increase)/decrease in receivables - current	6 998	(7 305)
(Increase)/decrease in prepayments and advances	1 356	6 332
Increase/(decrease) in payables – current	1 703	2 556
Proceeds from sale of capital assets	(4)	(10)
Expenditure on capital assets	1 009 536	1 004 040
Surrenders to Revenue Fund	(760 120)	(846 530)
Own revenue included in appropriation	544 178	563 068
Net cash flow generated by operating activities	<u>1 024 326</u>	<u>892 191</u>

16. Reconciliation of cash and cash equivalents for cash flow purposes

	2019/20 R'000	2018/19 R'000
Consolidated Paymaster General Account	257 453	543 802
Disbursements	(117 783)	(415 248)
Cash on hand	1 830	409
Total	<u>141 500</u>	<u>128 963</u>

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17. Contingent liabilities and contingent assets

17.1 Contingent liabilities

Liable to	Nature	<i>Note</i>	2019/20 R'000	2018/19 R'000
Housing loan guarantees	Employees	<i>Annex 2A</i>	12	99
Claims against the department		<i>Annex 2B</i>	119 009	125 599
Intergovernmental payables (unconfirmed balances)			-	542
Total			119 021	126 240

17.2 Contingent assets

Nature of contingent asset	2019/20 R'000	2018/19 R'000
Civil	411	300
Total	411	300

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. Capital Commitments

	2019/20 R'000	2018/19 R'000
Building and other fixed structures	353 708	372 943
Total	353 708	372 943

The Modified Cash Standard has been revised in respect of the disclosure of commitments, which only includes commitments for capital expenditure.

In the 2018/19 AFS, current and capital commitments amounted to R1 756 315 000, which consisted of Capital Commitments of R372 943 000 and Current Commitments of R1 383 372 000.

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19. Accruals and payables not recognised

19.1 Accruals

Listed by economic classification	30 Days	30+ Days	2019/20	2018/19
			R'000	R'000
			Total	Total
Goods and services	121 050	28 715	149 765	134 614
Transfers and subsidies	82 866	-	82 866	53 651
Capital assets	4 726	327	5 053	5 668
Total	208 642	29 042	237 684	193 933

Listed by programme level	2019/20	2018/19
	R'000	R'000
Administration	10 585	14 442
District Health Services	115 760	89 228
Emergency Health Services	2 114	1 893
Provincial Hospital Services	22 349	10 272
Central Hospital Services	80 996	70 701
Health Science and Training	1 814	1 158
Health Care Support Services	429	970
Health Facility Management	3 637	5 269
Total	237 684	193 933

Included in Accruals not recognised is R1.1m relating to COVID 19 expenditure. See Annexure 7 for more detail.

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19.2 Payables not recognised

Listed by economic classification	30 Days	30+ Days	2019/20	2018/19
			R'000 Total	R'000 Total
Goods and services	187 671	7 016	194 687	119 997
Transfers and subsidies	-	-	-	9 015
Capital assets	12 860	12	12 872	16 463
Other	106 109	-	106 109	7 886
Total	306 640	7 028	313 668	153 361
			2019/20 R'000	2018/19 R'000
Listed by programme level				
Administration			107 959	8 102
District Health Services			68 097	16 807
Emergency Health Services			2 991	1 784
Provincial Hospital Services			16 037	1 357
Central Hospital Services			57 556	38 882
Health Science and Training			146	829
Health Care Support Services			60 882	85 112
Health Facility Management			-	488
Total			313 668	153 361

Included in Payables not recognised is R1.3m relating to COVID 19 expenditure. See Annexure 7 for more detail.

	Note	2019/20 R'000	2018/19 R'000
Included in the above totals are the following:			
Confirmed balances with other departments	Annex 4	10 177	6 386
Total		10 177	6 386

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20. Employee benefits

	2019/20	2018/19
	R'000	R'000
Leave entitlement	412 731	373 718
Service bonus (Thirteenth cheque)	326 521	304 793
Performance awards	33 936	28 739
Capped leave	207 212	224 247
Other	33 183	30 142
Total	<u>1 013 583</u>	<u>961 639</u>

<u>Leave Entitlement</u>	2019/20	2018/19
	R'000	R'000
Leave Entitlement on PERSAL at year end	412 299	368 855
Add: Negative Leave credits included	26 818	27 360
Less: Leave captured after year end	<u>(26 386)</u>	<u>(22 497)</u>
Recalculated	<u>412 731</u>	<u>373 718</u>
<u>Other</u>		
Payables (Mainly overtime)	16 608	11 859
Long Service Awards	16 090	17 821
Provision for MEC exit gratuity	<u>485</u>	<u>462</u>
	<u>33 183</u>	<u>30 142</u>
At this stage the department is not able to reliably measure the long-term portion of the long service awards.		

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21. Lease commitments

21.1 Operating leases

2019/20	Machinery and equipment R'000	Total R'000
Not later than 1 year	18 518	18 518
Later than 1 year and not later than 5 years	27 014	27 014
Later than five years	1 224	1 224
Total lease commitments	46 756	46 756

2018/19	Machinery and equipment R'000	Total R'000
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
Total lease commitments	53 895	53 895

Predominantly relates to the leasing of multifunction printing office equipment at various facilities.

21.2 Finance leases

2019/20	Machinery and equipment	
	R'000	Total R'000
Not later than 1 year	184 212	184 212
Later than 1 year and not later than 5 years	198 360	198 360
Later than five years	1 190	1 190
Total lease commitments	383 762	383 762

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
Total lease commitments	365 723	365 723

Finance leases relates to motor vehicles leased from Government Motor Transport (GMT). 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

	2019/20	2018/19
	R'000	R'000
Sales of goods and services other than capital assets	624 359	615 299
Total	<u>624 359</u>	<u>615 299</u>

22.1 Analysis of accrued departmental revenue

	2019/20	2018/19
	R'000	R'000
Opening balance	615 299	646 260
Less: amounts received	(494 856)	(452 026)
Add: amounts recorded	763 348	682 914
Less: amounts written-off/reversed as irrecoverable	<u>(259 432)</u>	<u>(261 849)</u>
Closing balance	<u>624 359</u>	<u>615 299</u>

22.2 Accrued department revenue written off

	2019/20	2018/19
	R'000	R'000
Nature of losses		
Patient Fees	<u>259 432</u>	<u>261 849</u>
Total	<u>259 432</u>	<u>261 849</u>

22.3 Impairment of accrued departmental revenue

	2019/20	2018/19
	R'000	R'000
Estimate of impairment of accrued departmental revenue	<u>253 000</u>	<u>230 591</u>
Total	<u>253 000</u>	<u>230 591</u>

Projected irrecoverable amount in respect of hospital fees debt is attributable to the following main drivers:

	2019/20	2018/19
	R'000	R'000
Road Accident Fund due to the rules for shared accountability	158 000	127 050
Individual Debt due to unaffordability	70 000	73 720
Debt older than 3 years	22 000	28 001
Medical Aid Debt due to depleted benefits;	3 000	1 820
	<u>253 000</u>	<u>230 591</u>

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23. Irregular expenditure

23.1 Reconciliation of irregular expenditure

	<i>Note</i>	2019/20 R'000	2018/19 R'000
Opening balance		52 205	77 922
Add: Irregular expenditure – relating to prior year	23.2	-	-
Add: Irregular expenditure – relating to current year	23.2	6 472	13 260
Less: Prior year amounts condoned	23.3	-	(38 977)
Less: Current year amounts condoned		-	-
Closing balance		58 677	52 205

Analysis of awaiting condonation per age classification

Current year	6 472	13 260
Prior years	52 205	38 945
Total	58 677	52 205

23.2 Details of current and prior year irregular expenditure – added current year (under determination and investigation)

Incident	2019/20 R'000
Additional charges not covered by contract	37
Award made to wrong bidder	1 023
Contract expanded without approval	9
Contract extended without approval	1 404
Incorrect bidding process followed < R 500 000	626
Incorrect delegate making award	68
Invalid/No quotations obtained (no reason provided)	64
Item purchased not on contract	79
Items on contract procured via IPS without valid reasons	97
Less than 3 quotations obtained (no reason provided)	6
Local Content not applied	139
Local Content policy applied incorrectly	7
No declaration of interest	139
No formal bidding process followed > R 500 000	16
No proof to substantiate Sole Supplier	3
No valid tax clearance certificate/CSD Tax Status	2 317
Quantity on invoice more than approved order	4
Supplier not registered on relevant database	79
Used invalid contract	355
Total	6 472

Disciplinary steps taken/criminal proceedings to be confirmed by relevant Institutional Managers
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23.3 Details of irregular expenditure condoned

Incident	Condoned by (relevant authority)	2019/20 R'000
		Rnil

The Department submitted irregular expenditure amounting to R 38.3m (548 cases) to be condoned to Provincial Treasury (PT), as the relevant authority for irregular expenditure in terms of National Treasury Instruction 2 of 2019/20. On the 20th July PT requested additional information in respect of R4.7m (124 cases). The outcome of the remaining R33.6m (424 cases) is still pending.

23.4 Prior period error

Nature of prior period error Relating to 2018/19	2018/19 R'000
Amounts not reported as Irregular Expenditure in 2018/2019	374
Total prior period errors	374

24. Fruitless and wasteful expenditure

24.1 Reconciliation of fruitless and wasteful expenditure

	2019/20 R'000	2018/19 R'000
Opening balance	-	7
Less: Amounts recoverable	-	(7)
Closing balance	-	-

24.2 Analysis of awaiting resolution per economic classification

	2019/20 R'000	2018/19 R'000
Current year	-	-
Total	-	-

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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	2019/20 R'000	2018/19 R'000
Member of the Executive Council (MEC)	1	1 978	1 978
Officials:			
Management	15	22 711	20 859
Family members of key management personnel	0	-	469
Total		<u>24 689</u>	<u>23 306</u>

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27. Public Private Partnership

	2019/20 R'000	2018/19 R'000
Unitary fee paid	60 051	57 449
Fixed component	57 449	55 237
Indexed component	2 602	2 212
Analysis of indexed component	2 602	2 212
Goods and services (excluding lease payments)	2 602	2 212
Capital / (Liabilities)	11 139	8 599
Plant and equipment	11 139	8 599

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 60,1m (2018/19: R 57,4m) was made for the provision of equipment, facilities management and all other associated services at the Western Cape Rehabilitation Centre (WCRC) and Lentegeur Hospital.

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28. Provisions

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Medical Legal Claims		305 900	230 700
Total		305 900	230 700

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.

28.1 Reconciliation of movement in provisions – 2019/20

	Medico Legal Claims R'000	Total provisions R'000
Opening balance	230 700	230 700
Increase in provision	175 450	175 450
Settlement of provision	(31 642)	(31 642)
Unused amount reversed	(7 468)	(7 468)
Change in provision due to change in estimation of inputs	(61 140)	(61 140)
Closing balance	305 900	305 900

Reconciliation of movement in provisions – 2018/19

	Medico Legal Claims R'000	Total provisions R'000
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)
Closing balance	230 700	230 700

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29. Movable Tangible Capital Assets

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2020

	Opening balance R'000	Value adjustment R'000	Additions R'000	Disposals R'000	Closing Balance R'000
MACHINERY AND EQUIPMENT	3 523 502	-	335 812	(125 632)	3 733 682
Transport assets	5 662	-	638	-	6 300
Computer equipment	375 439	-	62 402	(55 805)	382 036
Furniture and office equipment	129 315	-	12 063	(1 602)	139 776
Other machinery and equipment	3 013 086	-	260 709	(68 225)	3 205 570
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	3 523 502	-	335 812	(125 632)	3 733 682

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	2 758	86 912

29.1 Additions

ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2020

	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
MACHINERY AND EQUIPMENT	631 022	33 062	(331 134)	2 862	335 812
Transport assets	192 178	-	(191 559)	19	638
Computer equipment	58 856	482	2 647	417	62 402
Furniture and office equipment	15 985	644	(4 481)	(85)	12 063
Other machinery and equipment	364 003	31 936	(137 741)	2 511	260 709
TOTAL ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS	631 022	33 062	(331 134)	2 862	335 812

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29.2 Disposals

**DISPOSALS OF MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER
FOR THE YEAR ENDED 31 MARCH 2020**

	Sold for cash R'000	Non-cash disposal R'000	Total disposals R'000
MACHINERY AND EQUIPMENT			
	4	125 628	125 632
Transport assets	-	-	-
Computer equipment	-	55 805	55 805
Furniture and office equipment	4	1 598	1 602
Other machinery and equipment	-	68 225	68 225
<hr/>			
TOTAL DISPOSAL OF MOVABLE TANGIBLE CAPITAL ASSETS	4	125 628	125 632

29.3 Movement for 2018/19

**MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR
THE YEAR ENDED 31 MARCH 2019**

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposal s R'000	Closing Balance R'000
MACHINERY AND EQUIPMENT					
	3 581 022	(442 357)	488 944	(104 107)	3 523 502
Transport assets	477 967	(472 343)	193	(155)	5 662
Computer equipment	312 958	(230)	85 809	(23 098)	375 439
Furniture and office equipment	109 169	6 852	15 994	(2 700)	129 315
Other machinery and equipment	2 680 928	23 364	386 948	(78 154)	3 013 086
<hr/>					
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	3 581 022	(442 357)	488 944	(104 107)	3 523 502

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29.3.1 Prior period error

	2018/19 R'000
Nature of prior period error	
Relating to 2017/18 [affecting the opening balance]	(442 357)
Correction of incorrect classification	29 986
Correction of Finance lease vehicles incorrectly recognised as Transport assets	(472 343)
 Relating to 2018/19	 (10 782)
Additions understated	7 391
Additions: Correction of Finance lease vehicles incorrectly recognised as Transport assets	(59 638)
Disposals: Correction of Finance lease vehicles incorrectly recognised as Transport assets	41 465
Total prior period errors	(453 139)

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29.4 Minor assets

**MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED
AS AT 31 MARCH 2020**

	Machinery and equipment R'000	Total R'000
Opening balance	555 920	555 920
Value adjustments	-	-
Additions	42 131	42 131
Disposals	(11 662)	(11 662)
TOTAL MINOR ASSETS	586 389	586 389

	Machinery and equipment	Total
Number of minor assets at cost	284 822	284 822
TOTAL NUMBER OF MINOR ASSETS	284 822	284 822

Minor Capital Assets under investigation

	Number	Value R'000
Included in the above total of the minor capital assets per the asset register are assets that are under investigation:		
Machinery and equipment	4 752	12 480

**MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED
AS AT 31 MARCH 2019**

	Machinery and equipment R'000	Total R'000
Opening balance	541 689	541 689
Prior period error	(5 320)	(5 320)
Additions	44 594	44 594
Disposals	(25 043)	(25 043)
TOTAL MINOR ASSETS	555 920	555 920

	Machinery and equipment	Total
Number of minor assets at cost	359 034	359 034
TOTAL NUMBER OF MINOR ASSETS	359 034	359 034

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29.4.1 Prior period error

	2018/19 R'000
Nature of prior period error	
Relating to 2017/18 [affecting the opening balance]	(5 320)
Incorrect Classifications	(5 320)
Total prior period errors	(5 320)

30. Intangible Capital Assets

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2020

	Opening balance R'000	Value adjustments R'000	Additions R'000	Disposals R'000	Closing Balance R'000
SOFTWARE	15 312	-	4 801	(151)	19 962
TOTAL INTANGIBLE CAPITAL ASSETS	15 312	-	4 801	(151)	19 962

30.1 Additions

ADDITIONS TO INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2020

	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
SOFTWARE	5 737	-	(936)	-	4 801
TOTAL ADDITIONS TO INTANGIBLE CAPITAL ASSETS	5 737	-	(936)	-	4 801

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30.2 Disposals

DISPOSALS OF INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2020

	Sold for cash R'000	Non-cash disposal R'000	Total disposals R'000
SOFTWARE	-	(151)	(151)
TOTAL DISPOSALS OF INTANGIBLE CAPITAL ASSETS	-	(151)	(151)

30.3 Movement for 2018/19

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
SOFTWARE	13 047	-	2 265	-	15 312
TOTAL INTANGIBLE CAPITAL ASSETS	13 047	-	2 265	-	15 312

31. Immovable Tangible Capital Assets

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2020

	Opening balance R'000	Value adjustments	Additions R'000	Disposals R'000	Closing Balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	1 104 127	-	223 345	-	1 327 472
Non-residential buildings	1 089 059	-	222 361	-	1 311 420
Other fixed structures	15 068	-	984	-	16 052
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	1 104 127	-	223 345	-	1 327 472

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31.1 Additions

**ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER
FOR THE YEAR ENDED 31 MARCH 2020**

	Cash	Non-cash	(Capital Work in Progress current costs and finance lease payments)	Received current, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
BUILDING AND OTHER FIXED STRUCTURES	372 777	223 345	(372 777)	-	223 345
Non-residential buildings	372 777	222 361	(372 777)	-	222 361
Other fixed structures	-	984	-	-	984
TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS	372 777	223 345	(372 777)	-	223 345

31.2 Disposals

DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2020

	Sold for cash	Non-cash disposal	Total disposals	Cash Received Actual
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	-	-	-	-
Non-residential buildings	-	-	-	-
Other fixed structures	-	-	-	-
TOTAL DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS	-	-	-	-

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31.3 Movement for 2018/19

**MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR
THE YEAR ENDED 31 MARCH 2019**

	Opening balance	Prior Period Error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	1 784 091	8	52 571	(732 543)	1 104 127
Non-residential buildings	1 769 520	-	52 082	(732 543)	1 089 059
Other fixed structures	14 571	8	489	-	15 068
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	1 784 091	8	52 571	(732 543)	1 104 127

31.3.1 Prior period error

	2018/19 R'000
Nature of prior period error	
Relating to 2017/18 [affecting the opening balance]	8
Incorrect classification	8
Total prior period errors	8

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31.4 Capital Work-in-progress

CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2020

	Opening balance 1 April 2019	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2020
	R'000	R'000	R'000	R'000
Buildings and other fixed structures	538 270	365 686	(215 270)	688 686
TOTAL	538 270	365 686	(215 270)	688 686

Age analysis on ongoing projects	Number of projects		2019/20
	Planned, Construction not started	Planned, Construction started	Total R'000
0 to 1 Year	8	1	13 299
1 to 3 Years	26	6	161 642
3 to 5 Years	19	9	89 296
Longer than 5 Years	13	6	424 449
Total	66	22	688 686

Projects running longer than 5 years:			
Project Number	Project Name	R'000	Reason for Delay
Planned, Construction not started			
CI810013	De Doorns- De Doorns CDC- Upgrade and Additions	565	Construction delayed by COVID
CI830015	EERSTE/R H:PSYCH:U&A	3 965	Construction delayed by COVID
CI830021	KHAYELISHA H:PSYCH:U&A	3 725	Slow progression during design phases due to the specifications which needed clarification.
CI840010	Green Point- New Somerset Hospital- Acute Psychiatric Unit	3 529	The project was on hold due to fund availability
CI840014	Observatory- Valkenberg Hospital- Acute Precinct Redevelopment	24 650	The project was on hold due to fund availability
CI840016	Observatory- Valkenberg Hospital- Forensic Precinct Enabling Work	435	The project was on hold due to fund availability
CI840019	Observatory- Valkenberg Hospital- Forensic Precinct- Admission, Assessment, High Security	7 326	The project was on hold due to fund availability

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Projects running longer than 5 years: (Continued)			
Project Number	Project Name	R'000	Reason for Delay
Planned, Construction not started			
CI840062	Observatory- Valkenberg Hospital- Forensic Precinct- Medium Security	5 280	The project was delayed due to town planning matters and the design had to be amended
CI850005	Observatory- Groote Schuur Hospital- EC upgrade and additions	7 248	Project is delayed due to town planning matters
CI860007	Knysna- Knysna FPL- Replacement	2 148	The project was delayed in construction due to contractor delays. More recently, the project was delayed by COVID
HCI850002	TBH:REPLACEMENT(PPP)	4 736	National Treasury's suggested changes to the Feasibility Study model submitted on 27/07/2018 necessitated revisions to the model. Further review by Provincial stakeholders will be required.
CI860008	LAINSBURG FPL REPL	17	The project was cancelled in December 2018. After this date, there was a late payment received.
CI860025	WCCN B:TRAIN.F KEEROM	798	The project was placed on hold and has been restarted.
Planned, Construction started			
CI810053	Laingsburg- Laingsburg Clinic- Upgrade and Additions	16 927	Slow progression during design phases
CI820001	Caledon- Caledon Ambulance Station- Communications Centre extension	5 299	The project was placed on hold during the initial design stages. More recently, the project construction was delayed by COVID.
CI820002	De Doorns- De Doorns Ambulance Station- Replacement	5 217	COVID has delayed the completion of the project
CI830045	Somerset West- Helderberg Hospital- EC Upgrade and Additions	32 638	The project was placed on hold during IGS 6 due to funding limitations. Project was further delayed due to COVID
CI830052	Wynberg- Victoria Hospital- New EC	52 420	Slow progression during design phases due to the specifications which needed clarification
CI860012	Observatory- Observatory FPL- Replacement	247 526	Slow progression during design phases due to the specifications which needed clarification
Total Accumulated Cost		<u>424 449</u>	

Accruals Payables not recognised relating to Capital WIP

	2019/20	2018/19
	R'000	R'000
Accruals	3 632	3 747
Payables	-	78
Total	<u>3 632</u>	<u>3 825</u>

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CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2019

	Opening balance 1 April 2018	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminate d	Closing balance 31 March 2019
	R'000	R'000	R'000	R'000
Buildings and other fixed structures	248 993	331 889	(42 612)	538 270
TOTAL	248 993	331 889	(42 612)	538 270

	Number of projects		2018/19
Age analysis on ongoing projects	Planned, Construction not started	Planned, Construction started	Total R'000
0 to 1 Year	1	2	18 478
1 to 3 Years	25	7	95 384
3 to 5 Years	14	3	351 516
Longer than 5 Years	6	2	72 892
Total	46	14	538 270

Projects running longer than 5 years:			
Project Number	Project Name	R'000	Reason for Delay
Planned, Construction not started			
HC1850002	Tygerberg Hospital – Replacement (PPP)	2 158	Changes in the project management team, project scope variation and revised National Treasury Infrastructure criteria for Mega Projects.
C1850005	Groote Schuur Hospital- EC upgrade and additions	7 171	Changes and clarification of the Project Scope.
C1840062	Valkenberg Hospital- Forensic Precinct- Medium Security	5 280	Funding constraints resulted in the project construction being postponed.
C1840019	Valkenberg Hospital- Forensic Precinct- Admission, Assessment, High Security	7 326	
C1840016	Valkenberg Hospital- Forensic Precinct Enabling Work	435	
C1840014	Valkenberg Hospital- Acute Precinct Redevelopment	23 760	
Planned, Construction started			
C1830052	Victoria Hospital- New EC	12 246	Appointment of new Structural Engineering firm and subsequent additional information requests.
C1830045	Helderberg Hospital- EC Upgrade and Additions	14 516	Project site handover delay.
Total Accumulated Cost		72 892	

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31.5 S42 Immovable assets

Assets to be transferred in terms of S42 of the PFMA – 2019/20

	Number of assets	Value of assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES	6	82 908
Non-residential buildings	6	82 908
TOTAL	6	82 908

Assets to be transferred in terms of S42 of the PFMA – 2018/19

	Number of assets	Value of assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES	5	76 030
Non-residential buildings	5	76 030
TOTAL	5	76 030

32. Prior period errors

32.1 Correction of prior period errors

	<i>Note</i>	Amount before error correction 2018/19 R'000	Prior period error 2018/19 R'000	Restated Amount 2018/19 R'000
Assets:				
Movable tangible capital assets		3 976 641	(453 139)	3 523 502
Minor tangible Assets		561 240	(5 320)	555 920
Immovable tangible capital assets		15 060	8	15 068
Net effect		4 552 941	(458 451)	4 094 490

	<i>Note</i>	Amount before error correction 2018/19 R'000	Prior period error 2018/19 R'000	Restated Amount 2018/19 R'000
Other:				
Irregular Expenditure		51 831	374	52 205
Net effect		51 831	374	52 205

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33. STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF GRANT	GRANT ALLOCATION						SPENT			2018/19	
	Division of Revenue Act/Provincial Grants	Roll Overs	DORA Adjustments	Other Adjustments	Total Available	Amount received by department	Amount spent by department	Under / (overspending)	% of available funds spent by dept	Division of Revenue Act	Amount spent by department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
National Tertiary Services Grant	3 221 651	-	-	-	3 221 651	3 221 651	3 221 651	-	100%	3 049 284	3 049 130
Health Professions Training and Development Grant	606 334	-	-	-	606 334	606 334	606 334	-	100%	574 177	574 177
Comprehensive HIV, AIDS and TB Grant of which:	1 685 517	-	-	-	1 685 517	1 685 517	1 685 517	-	100%	1 531 535	1 531 535
<i>Community Outreach Services Component</i>	112 766	-	-	13 626	126 392	126 392	126 392	-	100%	-	-
<i>Comprehensive HIV, AIDS Component</i>	1 509 757	-	-	(24 726)	1 485 031	1 485 031	1 485 031	-	100%	-	-
<i>Tuberculosis Component</i>	62 994	-	-	11 100	74 094	74 094	74 094	-	100%	-	-
Health Facility Revitalisation Grant	812 626	-	-	-	812 626	812 626	812 626	-	100%	717 226	717 226
National Health Insurance Grant	-	-	19 510	-	19 510	19 510	19 510	-	100%	-	-
Expanded Public Works Programme Integrated Grant for Provinces	2 046	-	-	-	2 046	2 046	2 046	-	100%	2 116	2 116
Social Sector Expanded Public Works Programme Incentive Grant for Provinces	13 495	-	-	-	13 495	13 495	13 495	-	100%	2 447	2 447
Human Papillomavirus Vaccine Grant	20 697	-	(5 293)	-	15 404	15 404	15 404	-	107%	19 599	19 599
Human Resources Capacitation Grant	135 284	-	26 167	-	161 451	161 451	173 262	(11 811)	-	-	-
	6 497 650	-	40 384	-	6 538 034	6 538 034	6 549 845	(11 811)	-	5 896 384	5 896 230

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34. STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES

NAME OF MUNICIPALITY	2019/20						2018/19		
	GRANT ALLOCATION			TRANSFER			Re-allocations by National Treasury or National Department	Division of Revenue Act	Actual Transfer
	DoRA and other transfers	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld			
City of Cape Town	593 672	-	-	593 672	592 756	-	-	549 937	549 646
PD: Vehicle Licences	17	-	-	17	12	-	-	16	15
	593 689	-	-	593 689	592 768	-	-	549 953	549 661

35. BROAD BASED BLACK ECONOMIC EMPOWERMENT PERFORMANCE

Information on compliance with the B-BBEE Act is included in the annual report under the section titled B-BBEE Compliance Performance Information.

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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**ANNEXURE 1A
STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES**

NAME OF MUNICIPALITY	GRANT ALLOCATION			TRANSFER			SPENT				2018/19		
	DoRA and other transfers	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department	Amount received by Municipality	Amount spent by municipality	Unspent funds	% of available funds spent by municipality	Division of Revenue Act	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
City of Cape Town	593 672	-	-	593 672	592 756	-	-	592 756	592 756	916	100%	549 937	549 646
PD: Vehicle Licences	17	-	-	17	12	-	-	12	12	5	100%	16	15
Total	593 689	-	-	593 689	592 768	-	-	592 768	592 768	921		549 953	549 661

WESTERN CAPE GOVERNMENT HEALTH
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2020

ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION			TRANSFER		2018/19 Final Appropriatio n R'000
	Adjusted appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	
Health&Welfare Seta	6 056	-	-	6 056	6 126	101%
Aerodrome Licences	-	-	-	-	61	-
COM:Licences	544	-	-	544	500	92%
Total	6 600	-	-	6 600	6 687	6 211

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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**ANNEXURE 1C
STATEMENT OF TRANSFERS TO HIGHER EDUCATION INSTITUTIONS**

INSTITUTION NAME	TRANSFER ALLOCATION				TRANSFER			2018/19 Final Appropriatio n
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	Amount not transferred	% of Available funds transferred	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
University of Cape Town	10 000	-	-	10 000	10 000	-	0%	10 209
Total	10 000	-	-	10 000	10 000	-		10 209

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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**ANNEXURE 1D
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS**

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION			EXPENDITURE		2018/19 Final Appropriation R'000	
	Adjusted appropriation in Act	Roll Overs	Adjustments	Total Available	Actual Transfer		% of Available funds transferred
	R'000	R'000	R'000	R'000	R'000		%
Transfers							
District Management	2 000	-	-	2 000	1 611	81% ▲	
COPC Wellness	9 000	-	-	9 000	9 000	100%	
Human Pappillomavirus Vaccine	-	-	-	-	-	0%	
Community Health Clinics	179	-	-	179	179	100%	
Tuberculosis	2 118	-	-	2 118	1 290	61%	
Aquaries Healthcare	46 316	-	-	46 316	46 316	100%	
Booth Memorial	27 864	-	-	27 864	27 864	100%	
Garden Route District Office (Chronic Care)	1 657	-	-	1 657	1 516	91%	
Sarah Fox	-	-	-	-	-	0%	
ST Joseph	10 554	-	-	10 554	10 554	100%	
TB Adherence Support	3 422	-	-	3 422	3 653	107%	
Home Base Care	60 197	-	-	60 197	56 966	95%	
Mental Health	63 174	-	-	63 174	63 181	100%	
HIV and AIDS	281 788	-	-	281 788	275 311	98%	
Nutrition	3 087	-	-	3 087	2 651	86%	
Klipfontein/Mitchells Plain substructure	1 743	-	-	1 743	1 743	100%	
Global Fund	43 156	-	-	43 156	29 455	68%	
Alexandra Hospital	3 446	-	-	3 446	3 406	99%	
Maitland Cottage	13 205	-	-	13 205	13 205	100%	
EPWP	56 995	-	-	56 995	56 995	100%	
	629 901	-	-	629 901	604 896		
						572 683	

**WESTERN CAPE GOVERNMENT HEALTH
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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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**ANNEXURE 1E
STATEMENT OF TRANSFERS TO HOUSEHOLDS**

	TRANSFER ALLOCATION				EXPENDITURE		2018/19 Final Appropriatio n 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	%	
HOUSEHOLDS							
Transfers							
Employee social benefits-cash residents	66 727	-	-	66 727	75 972	114%	62 401
Claims against the state: households	56 136	-	-	56 136	60 140	107%	62 206
Bursaries	50 851	-	(1 019)	49 832	45 948	92%	59 180
Payments made as an act of grace	192	-	-	192	67	35%	270
Donations and gifts: cash	164	-	-	164	80	49%	-
	174 070	-	(1 019)	173 051	182 207		184 057

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2020**

**ANNEXURE 1F
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED**

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2019/20	2018/19
		R'000	R'000
Received in kind			31 461
Gifts & Donations sponsorships received for the year ending 31 March 2019			
Alexandra Hospital	Furniture & Office Equipment	2	-
Brewelskloof Hospital	Other Machinery & Equipment	3	-
Cape Medical Depot	Consumables	9 020	-
Cape Medical Depot	Furniture & Office Equipment	4	-
Ceres Hospital	Consumables	1	-
Ceres Hospital	Furniture & Office Equipment	3	-
Eerste Rivier Hospital	Computer Equipment	10	-
Emergency Medical Services	Consumables	5	-
False Bay Hospital	Consumables	52	-
False Bay Hospital	Furniture & Office Equipment	43	-
False Bay Hospital	Other Machinery & Equipment	783	-
Groote Schuur Hospital	Consumables	2 124	-
Groote Schuur Hospital	Furniture & Office Equipment	148	-
Groote Schuur Hospital	Other Machinery & Equipment	20 033	-
Helderberg Hospital	Furniture & Office Equipment	3	-
Karl Bremer Hospital - Pharmacy	Other Machinery & Equipment	1	-
Karl Bremer Hospital-Northern			
Tygerberg Sub Structure	Computer Equipment	178	-
Karl Bremer Hospital-Northern			
Tygerberg Sub Structure	Furniture & Office Equipment	2	-
Karl Bremer Hospital-Northern			
Tygerberg Sub Structure	Other Machinery & Equipment	21	-
Lentegeur Hospital	Consumables	3	-
Mitchells Plain Hospital	Computer Equipment	14	-

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2020**

**ANNEXURE 1F (CONTINUED)
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED**

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2019/20	2018/19
		R'000	R'000
Mitchells Plain Hospital	Other Machinery & Equipment	64	-
Mowbray Hospital	Consumables	57	-
Mowbray Hospital	Furniture & Office Equipment	21	-
Mowbray Hospital	Other Machinery & Equipment	207	-
New Somerset Hospital	Computer Equipment	29	-
New Somerset Hospital	Consumables	110	-
New Somerset Hospital	Furniture & Office Equipment	95	-
New Somerset Hospital	Other Machinery & Equipment	629	-
Oudtshoorn Hospital	Consumables	1	-
Oudtshoorn Hospital	Other Machinery & Equipment	3	-
Red Cross Hospital	Consumables	998	-
Red Cross Hospital	Furniture & Office Equipment	11	-
Red Cross Hospital	Other Machinery & Equipment	1 596	-
Riversdal Hospital	Consumables	6	-
Tygerberg Hospital	Other Machinery & Equipment	2 417	-
Valkenburg Hospital	Furniture & Office Equipment	1	-
Victoria Hospital	Computer Equipment	91	-
West Coast District Office	Other Machinery & Equipment	1	-
Worcester Hospital	Furniture & Office Equipment	8	-
TOTAL		38 798	31 461

WESTERN CAPE GOVERNMENT HEALTH
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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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
Received in cash						
BELGIUM DONOR FUND	CATCH AND MATCH PROJECT	3	-	3	-	-
EU Donor Fund	HEALTH PATIENT REGISTRATION SYSTEM - HPRS	369	-	-	-	369
TOTAL		372	-	3	-	369

**WESTERN CAPE GOVERNMENT HEALTH
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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2020**

**ANNEXURE 1H
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE**

NATURE OF GIFT, DONATION OR SPONSORSHIP (Group major categories but list material items including name of organisation)	2019/20	2018/19
	R'000	R'000
Made in kind		
Gifts & Donations sponsorships made for the year ending 31 March 2019	-	278
For the year 2019/20	-	-
TOTAL	-	278

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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**ANNEXURE 2A
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2020 – LOCAL**

Guarantor institution	Guarantee in respect of	Original guaranteed capital amount	Opening balance 1 April 2019	Guarantees draw downs during the year	Guarantees repayments/ cancelled/ reduced during the year	Revaluation due to foreign currency movements	Closing balance 31 March 2020	Revaluations due to inflation rate movements	Accrued guaranteed interest for year ended 31 March 2020
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
	Housing								
	First Rand	-	12	-	-	-	12	-	-
	Standard Bank	-	87	-	(87)	-	-	-	-
	TOTAL	-	99	-	(87)	-	12	-	-

WESTERN CAPE GOVERNMENT HEALTH
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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**ANNEXURE 2B
STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2020**

Nature of Liability	Opening Balance 1 April 2019 R'000	Liabilities incurred during the year R'000	Liabilities paid/cancell ed/reduced during the year R'000	Liabilities recoverabl e (Provide details hereunder) R'000	Closing Balance 31 March 2020 R'000
Claims against the department					
Medico Legal	93 955	13 250	(74 050)	-	33 155
Civil & Legal Claims including Labour Relations Claims	31 644	54 239	(29)	-	85 854
TOTAL	125 599	67 489	(74 079)	-	119 009

**WESTERN CAPE GOVERNMENT HEALTH
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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2020**

**ANNEXURE 3
CLAIMS RECOVERABLE**

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2019/20	
	31/03/2020	31/03/2019	31/03/2020	31/03/2019	31/03/2020	31/03/2019	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
DEPARTMENT								
PROVINCE OF THE WESTERN CAPE								
Department of Transport & Public Works	-	1 433	199	953	199	2 386	-	-
Department of Community Safety	-	-	37	79	37	79	-	-
Department of Education	-	-	93	3	93	3	-	-
Department of the Premier	-	-	12	22	12	22	-	-
Department of Cultural Affairs	-	-	-	84	-	84	-	-
Department of Social Development	-	296	198	15	198	311	-	-
Department of Humans Settlements	-	-	-	58	-	58	-	-
PROVINCE OF THE EASTERN CAPE								
Department of Health	-	-	16	23	16	23	-	-
Department of Education	-	-	-	29	-	29	-	-
GAUTENG PROVINCE								
Department of Health	-	-	191	83	191	83	-	-
KWA-ZULU NATAL PROVINCE								
Department of Health	-	-	145	-	145	-	-	-

**WESTERN CAPE GOVERNMENT HEALTH
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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2020**

**ANNEXURE 3
CLAIMS RECOVERABLE (CONTINUED)**

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2019/20	
	31/03/2020 R'000	31/03/2019 R'000	31/03/2020 R'000	31/03/2019 R'000	31/03/2020 R'000	31/03/2019 R'000	Receipt date up to six (6) working days after year end R'000	Amount R'000
PUBLIC ENTITIES								
South African Revenue Services	-	-	-	7	-	7	-	-
NATIONAL DEPARTMENTS								
Department of Health	-	-	-	70	-	70	-	-
Department of Correctional Services	-	-	13	90	13	90	-	-
South African Social Security Agency	-	1 273	822	1 665	822	2 938	-	-
	-	3 002	1 726	3 181	1 726	6 183	-	-
OTHER GOVERNMENT ENTITIES								
City of Cape Town (Cape Medical Depot)	-	-	18 296	19 402	18 296	19 402	-	-
	-	-	18 296	19 402	18 296	19 402	-	-
TOTAL	-	3 002	20 022	22 583	20 022	25 585	-	-

**WESTERN CAPE GOVERNMENT HEALTH
VOTE 6**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2020**

**ANNEXURE 4
INTER-GOVERNMENT PAYABLES**

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL		Cash in transit at year end 2019/20	
	31/03/2020	31/03/2019	31/03/2020	31/03/2019	31/03/2020	31/03/2019	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
DEPARTMENTS								
Current								
WESTERN CAPE GOVERNMENT								
Government Motor Transport	-	168	-	-	-	168	-	-
Department of the Premier	1 601	-	-	-	1 601	-	-	-
Department of Transport and Public Works	8 576	6 209	-	-	8 576	6 209	-	-
Department of Economic Development and Tourism	-	9	-	-	-	9	-	-
Department of Social Development	-	-	-	542	-	542	-	-
TOTAL	10 177	6 386	-	542	10 177	6 928	-	-

WESTERN CAPE GOVERNMENT HEALTH
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2020

**ANNEXURE 5
INVENTORIES**

Inventories for the year ended 31 March 2020

	Medical Supplies R'000	TOTAL R'000
Opening balance	626 023	626 023
Add/(Less): Adjustments to prior year balances	-	-
Add: Additions/Purchases – Cash	3 111 844	3 111 844
Add: Additions - Non-cash	10 371	10 371
(Less): Disposals	(7 638)	(7 638)
(Less): Issues	(3 278 059)	(3 278 059)
Add/(Less): Received current, not paid (Paid current year, received prior year)	-	-
Add/(Less): Adjustments	45 486	45 486
Closing balance	508 027	508 027

Inventories for the year ended 31 March 2019

	Medical Supplies R'000	TOTAL R'000
Opening balance	602 383	602 383
Add/(Less): Adjustments to prior year balances	4	4
Add: Additions/Purchases – Cash	4 480 502	4 480 502
Add: Additions - Non-cash	4 064	4 064
(Less): Disposals	(13 442)	(13 442)
(Less): Issues	(4 021 116)	(4 021 116)
Add/(Less): Received current, not paid (Paid current year, received prior year)	-	-
Add/(Less): Adjustments	(426 372)	(426 372)
Closing balance	626 023	626 023

**WESTREN CAPE GOVERNMENT HEALTH
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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2020**

ANNEXURE 6A

INTER-ENTITY ADVANCES PAID (note 10)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2020	31/03/2019	31/03/2020	31/03/2019	31/03/2020	31/03/2019
	R'000	R'000	R'000	R'000	R'000	R'000
OTHER ENTITIES						
ACVV	-	-	3	9	3	9
Afrika Tikkun	-	-	-	34	-	34
Aquiries	-	-	-	2 463	-	2 463
Arisen Women	-	-	-	81	-	81
Athlone YMCA	-	-	602	22	602	22
Aurum	-	-	62	93	62	93
Baphumelele	-	-	35	1	35	1
Call to Serve	-	-	-	3	-	3
Cape Flats YMCA	-	-	117	2	117	2
Caring Network (East)	-	-	-	215	-	215
Caring Network (Wallacedene)	-	-	126	39	126	39
Cederberg Matzikama Aids network	-	-	-	3	-	3
Etafeni	-	-	83	37	83	37
FAMSA Karoo	-	-	-	4	-	4
FAMSA Metro	-	-	2	-	2	-
Ithemba Lobomi	-	-	-	14	-	14
Kheth Impilo Tb Enhanced	-	-	419	163	419	163
Koinonia	-	-	-	23	-	23
La Leche	-	-	-	4	-	4
Lifeline Childline	-	-	23	25	23	25
Masinedane	-	-	43	45	43	45
Mfesane	-	-	69	-	69	-
Omega	-	-	3	21	3	21
Opportunity To Serve Ministries	-	-	-	51	-	51
Partners in Sexual Health NT	-	-	70	51	70	51
Philani	-	-	133	10	133	10
Piet Julies	-	-	-	1	-	1
Prince Albert CBR	-	-	-	2	-	2
Reliable Action	-	-	-	16	-	16
Sacla	-	-	69	349	69	349
Siyabonga	-	-	-	2	-	2
Spades Yda	-	-	251	251	251	251
St Johns	-	-	546	-	546	-
St Lukes	-	-	3	6	3	6
Tb/Hiv Care Association	-	-	429	482	429	482
Tehillah	-	-	34	-	34	-
The Parents Centre	-	-	17	-	17	-
Touch	-	-	79	2	79	2
Touching Nations	-	-	2	-	2	-
Tygerberg Hospice	-	-	49	63	49	63
Vredendal Old Age Home	-	-	1	3	1	3
Wolanani	-	-	50	-	50	-
TOTAL	-	-	3 320	4 590	3 320	4 590

**WESTREN CAPE GOVERNMENT HEALTH
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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2020**

**ANNEXURE 6B
INTER-ENTITY ADVANCES RECEIVED (note 14)**

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2020	31/03/2019	31/03/2020	31/03/2019	31/03/2020	31/03/2019
	R'000	R'000	R'000	R'000	R'000	R'000
OTHER ENTITIES						
Current						
Spectramed	8	8	-	-	8	8
Fishmed	8	8	-	-	8	8
Golden Arrow	12	12	-	-	12	12
Discovery (Management Accounting)	80	80	-	-	80	80
RAF Unknown (Management Accounting)	-	-	43 114	43 449	43 114	43 449
COID/WCA Unknown	-	-	8 502	10 505	8 502	10 505
Vericred Unknown	-	-	142	140	142	140
State Departments/Unknown	-	-	10 064	2 502	10 064	2 502
TOTAL	108	108	61 822	56 596	61 930	56 704

**WESTREN CAPE GOVERNMENT HEALTH
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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2020**

**ANNEXURE 7
INFORMATION ON COVID 19**

The World Health Organization (WHO) officially declared the outbreak of COVID-19 as a pandemic on March 11th. The Western Cape also reported their first laboratory confirmed case of COVID-19 on this date.

COVID 19 related expenditure

During the month of March 2020, the Western Cape Department of Health incurred the following expenditure in preparation for the Pandemic:

	2019/20 R'000
<u>Goods and Services (see note 5)</u>	
Consumable supplies	2 454
Contractors	28 536
Inventory	15 325
Other operating expenditure	50
Communication	11
Minor assets	693
	47 069
<u>Expenditure for capital assets (see note 8)</u>	
Machinery and equipment	464
	464

COVID 19 Accruals and Payables not recognised

As at 31 March 2020, the following COVID 19 Accruals and Payables were included in the year end reported figures:

	<u>30 Days</u>	<u>30+ Days</u>	<u>Total</u>
<u>Accruals not recognised (see note 19.1)</u>			
Goods and services	1 133	-	1 133
	1 133	-	1 133
<u>Payables not recognised (see note 19.2)</u>			
Goods and services	273	3	276
Capital assets	-	1 012	1 012
	273	1 015	1 289

COVID 19 Capital Commitments

Due to the lateness of the declaration of the COVID 19 pandemic no COVID 19 Capital Commitments existed at year-end.

**WESTREN CAPE GOVERNMENT HEALTH
VOTE 6**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2020**

**ANNEXURE 7
INFORMATION ON COVID 19 (CONTINUED)**

COVID 19 Funding 2020/21

On 1st April 2020 the Department received Disaster Funding totalling R53.3m for Personal Protective Equipment (PPE) to be utilised in the 2020/21 financial period.

On 27 July 2020 the Department's 2020/21 budget was adjusted with an additional R1.55bn for the COVID 19 Pandemic, broken up as follows:

	<u>2020/21</u>
	<u>R'000</u>
Additional Internal Capacity	233 000
Communications	10 000
Contracting Private Hospitals	177 000
Field Hospitals:	267 000
Infrastructure	62 000
Professional Protective Equipment	396 819
Testing and Screening	406 401
	<u>1 552 220</u>



**Western Cape
Government**

Health

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