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PART 1: GENERAL INFORMATION

1.1 Submission of the Annual Report

Departement van Gesondheid
Department of Health
ISebe lezeMpilo

Verwysing
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Minister P Uys
Minister of Health

In accordance with section 40(1)(d) of the Public Finance Management Act, 1999; the Public Service Act, 1994 (as amended) and the National Treasury Regulations (NTR), I hereby submit the Department of Health's Annual Report on financial statements, performance indicators and departmental activities for the 2003/2004 financial year.

Please note in terms of section 65(1)(a) of the Public Finance Management Act, 1999 the MEC is required to table the report in the Provincial Legislature by 30 September 2004. In the event that this is not possible, in terms of section 65(2)(a) of the Public Finance Management Act, 1999, the MEC is required to provide a written explanation within six months of the end of the relevant financial year, i.e. by 30 September 2004.

PROF KC HOUSEHAM
HEAD: HEALTH

Date: 20 August 2004

1.2 Introduction

The financial period April 2003 to March 2004 was once again a busy and challenging time for Health. The main challenge was to start the implementation of Healthcare 2010, the Department's long-term change strategy. The two-fold goal of Healthcare 2010 is to deliver a better-quality health service, on the one hand; and to ensure that our expenditure comes within budget, on the other.

Some progress was made, but not to the extent that the Department would have wished. Detailed reporting is given in the sections covering the respective programmes.

With regard to *Programme 1* (Administration), the various support services have been aligned to support the objectives of Healthcare 2010. For purposes of the human resources plan, new staff establishments have been developed in the District and Regional Hospitals. A staff performance management system has been implemented throughout the Department. Financial Management has been bolstered with the improved monitoring of spending and improved business intelligence, and funding has been enhanced by better-than-expected revenue generation. The tendering and procurement process has been refined with the implementation of service level agreements between the Department and suppliers. The Hospital Information System (HIS) was initiated at the Central Hospitals and is operating well. Communication with staff and other stakeholders has improved significantly, although much work still needs to be done in this regard. The Head of Department, supported by the heads of Communication, Human Resources and the relevant region, held face-to-face communication sessions in all the regions across the province. The information gathered from these visits led to the resolution of problems and also resulted in several improvements to the working environment of staff.

In respect of *Programme 2* (District Health Services), the Department compiled District Health Plans, which have facilitated integrated planning between the Provincial Department and Local Government. A decision was taken by the Provincial Government to provincialise primary health care services. This will result eventually in seamless health provision from clinic to hospital.

Substantive progress has been made in combating HIV/AIDS through the introduction of the anti-retroviral programme to supplement the existing PMTCT programme.

There was a smooth handover of the Primary School Nutrition programme to the Department of Education.

Under *Programme 3* (Emergency Medical Services (EMS)) one-person ambulances were eliminated in rural areas. There has also been significant rejuvenation of the ambulance fleet through the acquisition of new vehicles through government motor transport. This has boosted morale amongst EMS personnel and enhanced the comfort levels and reliability of the ambulances. With regard to communications systems, one new centre has been established in the Metropole and is already achieving improved monitoring of response times and vehicle movement.

With regard to *Programme 4* (Provincial Hospital Services), the disease profile in the Western Cape for infectious diseases, chronic diseases related to lifestyle, and mental illness, impacts markedly on service delivery. Trauma and Emergency attendance in the Western Cape continues to show an upward trend, with head counts increasing by 7.8% between April 2000 and October 2002. In the Metropole Region, a 10% increase in patient load was experienced over the five years from 1998 to 2003. The level of acuity of trauma cases has also risen sharply, resulting in an escalation in the cost of acute care of trauma cases as well as specialised rehabilitation services. The increased need for emergency trauma surgery has caused the waiting time for elective surgery to increase by lowering the availability of operating theatres for elective surgery.

Programme 5 (Central Hospital Services)
The Central Hospital Services Programme renders highly specialised services to the inhabitants of the Western Cape and beyond. The programme provides, in addition, a high quality teaching platform for both under– and postgraduate students.

The Central Hospitals remain beset by a multitude of diverse challenges. Restructuring and consolidation of the tertiary services platform remains a key challenge. The major constraints facing the Department are the ongoing failure to resolve the issue of the Joint Agreements with the Universities and reductions in the National Tertiary Services Grant.

Key service pressures relate to the absolute shortage of Intensive Care beds and the shortage of nurses described elsewhere.

The services under both Programmes 4 and 5 are hampered by the lack of permanent medical staff and in particular nursing staff.

Under *Programme 6* (Health Care Support Services), the Laundry services continue to be rendered at previous levels but are constrained by ageing equipment at many facilities.

Engineering services are struggling to maintain outdated equipment and a large maintenance backlog exists because a portion of this unit's budget had to be transferred to fund clinical services.

Three Hospital Revitalization projects commenced in 2003/04 financial year, namely Vredendal, George and Worcester Hospitals. It is envisaged that these hospitals will be state-of-the art and superior to private hospitals in several respects.

In *Programme 7* (Health Sciences And Training) the principal intervention has centred on nurse training as well as the training of Emergency personnel. Bursaries have also been provided to students attending Higher Education Institutions, which play an invaluable role in the training of nurses as well as other health personnel.

The Department has reached an agreement with the educational institutions that they will train the maximum number of nurses possible, and increase this number each year. This is important for the Department to meet its nursing-personnel requirements in terms of Healthcare 2010.

1.3 Health Ministry

Minister Piet Meyer continued to give leadership and management support. He was constructively critical in his appraisal of key management decisions, and he assisted in getting political support for decisions.

Minister Meyer interacted widely and actively with leaders of Community Health Forums, and played a substantial role in the successful implementation of the Health Facility Boards Act.

No new bills were submitted during the period under review.

1.4 Vision, Mission and Core Values

The Department remains committed to its vision of continuously providing better care to the people so that they experience better health all day, every day. The vision of Healthcare 2010 – "Equal access to quality care" – has become increasingly significant, and consideration is being given to making this the vision statement for the Department as a whole. This vision statement is more consistent with the Department's central goals, namely: accessibility; appropriateness; affordability; equity; effectiveness; and efficiency.

The Department's mission is to improve the health of all the people in the Western Cape and beyond, by ensuring the provision of a balanced health care system, in partnership with stakeholders, within the context of optimal socio-economic development.

During the period under review, the Department adhered to its core values while trying to realize its vision and mission. These values – integrity; openness and transparency; honesty; respect for people; and commitment to providing high-quality service within our means – became especially important during the difficult periods that health staff across all job categories experienced during the past year.

1.5 Legislative Mandate

A Provincial Legislation

1. Honorary Medical Staff of Provincial Hospitals Regulations. Published under Provincial Notice 553 of 1953,
2. Requirements from regional Stores, and Control and Condemning of Provincial Hospitals Stores and Equipment Regulations. Published under PN 761 of 1953,
3. Payment of Transport allowances to members of hospital boards attending meetings of such boards Regulations published under PN of 1956,
4. Election, Powers and Functions of Medical Committees Regulations. Published under PN 307 of 1960,
5. Exhumation Ordinance 12 of 1980,
6. Communicable Diseases and Notification of Notifiable Medical Condition Regulations. Published in Proclamation R158 of1987,
7. Health Act 63 of 1977, Assigned to the province by virtue of Proclamation R152 of 1994,
8. Hospitals Ordinance 18 of 1946. Assigned to the Province under Proclamation 115 of 1994,
9. Ambulance Personnel Transfer and Pensions Ordinance 11 of 1955. Assigned to the Province under Proclamation 115 of 1994,
10. Hospitals Amendment Ordinance 15 of 1955. Assigned to the Province under Proclamation 115 of 1994,
11. Hospitals Amendment Ordinance 3 of 1956. Assigned to this Province under Proclamation 115 of 1994,
12. Training of Nurses and Midwives Ordinance 4 of 1984. Assigned to the Province under Proclamation 115 of 1994,
13. Regulations Governing Private Health Establishments, published in PN 187 of 2001,
14. Western Cape Health Facility Boards Act 7 of 2001 and its Regulations, and
15. Provincial Treasury Instructions.

B National Legislation

1. Human Tissue Act 65 of 1953,
2. Sexual Offences Act 23 of 1957,
3. Inquests Act 58 of 1959,
4. Medicines and Related Substances Control Act 101 of 1965. (Regulations thereto as well),
5. Foodstuffs, Cosmetics and Disinfectants Act 54 of 1972,
6. Hazardous Substances Act 15 of 1973,
7. Mental Health Act 18 of 1973,
8. International Health Regulations Act 28 of 1974,
9. Pharmacy Act 53 of 1974,
10. Health Donations Fund Act 11 of 1978,
11. Medical, Dental and Supplementary Health Service Professions Act 56 of 1974,
12. Nursing Act 50 of 1978,
13. Allied Health Professions Act 63 of 1982,
14. Sterilisation Act 44 of 1988,
15. National Policy for Health Act 116 of 1990,
16. South African Medical Research Council Act 58 of 1991,
17. Births and Deaths Registration Act 51 of 1992,
18. Tobacco Products Control Act 83 of 1993 (including regulations),
19. Occupation Health and Safety Act 85 of 1993,
20. Academic Health Centres Act 86 of 1993,

21. Public Service Act, 1994,
22. Labour Relations Act 66 of 1995,
23. Choice on Termination of Pregnancy Act 92 of 1996,
24. Constitution of South Africa 108 of 1996,
25. SA medicines Control Amendment Act 90 of 1997,
26. Employment Equity Act 55 of 1998,
27. Correctional Services Act 111 of 1998,
28. Medical Schemes Act 131 of 1998,
29. Public Finance Management Act 1 of 1999,
30. Tobacco Products Control Amendment Act 12 of 1999,
31. National Health Laboratory Services act 37 of 2000,
32. Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000,
33. Promotion of Access to Information Act 2 of 2000,
34. Council for Medical Schemes Levies Act 58 of 2000,
35. Medical Schemes Amendment Act 55 of 2001, and
36. Births and Deaths Registration Amendment Act 1 of 2002.

Trading Accounts

1. Central Medical Trading Account – Ordinance 3 of 1962
   Hospital Trading Account: Karl Bremer – Provincial Treasury Approval F8/1/7/5 – 7/12 – 99/2000 dated 8 November 1999.

2. Central Medical Trading Account – to provide medical supplies for the needs of the Department. Hospital Trading Account: Karl Bremer – to render general hospital services by means of a trading account.

3. The Head of the Department is the accounting officer of both trading accounts. Both trading accounts maintain effective, efficient and transparent systems of financial and risk management and internal control.

PART 2: PROGRAMME PERFORMANCE

This section present an in-depth analysis of the performance of budget programmes and sub-programmes, against service delivery targets.

Specific tables are included below to facilitate reporting in the recommended format for each budget programme.

An overview of expenditure trends for the past three years are shown in Table 5.

Table 5: Evolution of expenditure by budget sub-programme in millions

Programme	2001/02 Exp R'000	2002/03 Exp R'000	2003/04 Exp R'000	2003/04 Budget R'000	Variance -% under / (over-expenditure)
Programme 1: Administration	116 495	122 325	215 644	243 751	11.5%
Programme 2: District Health Services	951 988	1 018 596	1 175 193	1 172 216	(0.3%)
District management	26 909	21 558	32 956	16 884	(95.2%)
Community health clinics	205 148	204 653	264 879	262 574	(0.9%)
Community health centres	328 149	362 373	384 819	387 193	0.6%
District hospitals	267 830	293 006	333 717	333 309	(0.1%)
Community based services	25 416	39 616	33 443	32 849	(1.8%)
Other community services	39 478	37 140	43 527	38 724	(12.4%)
Coroner services	0	0	304	1	(30300%)
HIV/AIDS	22 210	19 679	38 146	54 254	29.7%
Nutrition	36 848	40 571	43 402	46 428	(6.5%)
Programme 3: Emergency Medical Services	131 673	152 843	185 695	181 338	(2.4%)
Emergency transport	131 673	152 843	184 441	175 696	(5%)
Planned patient transport	0	0	1 254	5 642	77.8%
Programme 4: Provincial Hospital Services	909 382	974 038	1 053 048	1 012 098	(4%)
General hospitals (regional)	562 059	613 139	665 390	619 725	(7.4%)
Tuberculosis hospitals	49 062	51 141	54 269	55 671	2.5%
Psychiatric hospitals	216 064	225 157	232 790	237 451	2%
Sub-acute, step-down & chronic hospitals	41 542	42 077	53 227	53 049	(0.3%)
Dental training hospitals	40 655	42 524	47 372	46 202	(2.5%)
Other specialised hospitals	-	-	-	-	-
Programme 5: Central Hospital Services	1 346 722	1 475 930	1 607 089	1 527 009	(5.2%)
Central hospital services	1 346 722	1 475 930	1 607 089	1 527 009	(5.2%)
Provincial tertiary hospital services	-	-	-	-	-
Programme 6: Health Sciences and Training	58 833	65 381	71 116	75 583	5.9%
Nursing training college	52 673	55 683	48 825	51 043	4.3%
EMS training college	790	1 802	2 592	3 324	22%
Bursaries	5 370	6 456	17 017	17 653	3.6%
PHC training	0	0	0	1	100%
Other training	0	1 440	2 682	3 562	24.7%

Programme	2001/02 Exp R'000	2002/03 Exp R'000	2003/04 Exp R'000	2003/04 Budget R'000	Variance -% under / (over-expenditure)
Programme 7: Health Care Support Services	65 924	66 449	73 837	79 538	7.2%
Laundries	28 970	32 323	33 156	34 903	5%
Engineering	17 362	19 108	25 621	27 757	7.7%
Forensic services	4 490	4 947	5 466	6 099	10.4%
Orthotic and prosthetic services	7 359	7 679	7 594	8 778	13.5%
Medicines trading account	7 743	2 392	2 000	2 001	0%
Total: Programmes	**3 581 017**	**3 875 562**	**4 381 622**	**4 291 533**	**(2.1%)**

Table 6: Evolution of expenditure by budget per capita sub-programme (constant 2003/04 prices)

	2001/02	2002/03	2003/04
Population	4 524 276	4 594 629	4 666 017
% insured	28	28	28
Uninsured population	3 257 479	3 308 133	3 359 532
Conversion to constant 2003/04 prices	1.16	1.05	1.00
Programme	**Exp per capita Uninsured * R'000**	**Exp per capita Uninsured * R'000**	**Exp per capita Uninsured * R'000**
Programme 1: Administration	44	38	69
Programme 2: District Health Services	330	315	341
Programme 3: Emergency Medical Services	47	49	55
Programme 4: Provincial Hospital Services	321	309	309
Programme 5: Central Hospital Services	480	469	483
Programme 6: Health Sciences and Training	21	21	21
Programme 7: Health Care Support Services	24	21	21
Total: Programmes	**1 267**	**1 222**	**1 299**

* Calculate by (expenditure) x (conversion factor)/(uninsured population)

Expenditure on Conditional Grants

Table 7: Expenditure on conditional grants in millions

	2001/02	2002/03	2003/04
National Tertiary Services	1 011 436	1 047 438	1 076 724
HIV and AIDS	1 703	11 672	24 204
Hospital Revitalisation	-	-	-
Integrated Nutrition Programme	24 456	28 789	34 653
Hospital Management and Quality Improvement	-	19 000	16 376
Health Professions Training and Development	308 776	316 364	314 696
Medico-legal	-	-	304
Other grants	16 732	-	-

PROGRAMME 1: ADMINISTRATION

AIM

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

ANALYTIC REVIEW OF PROGRAMME PERFORMANCE

Significant progress has been made in the development of new staff establishments in the District and Regional Hospitals, as well as the District Health platform. Progress has also been made in the development of new staff establishments for the three Central Hospitals.

Support services have been aligned to support the objectives of Healthcare 2010, e.g. the reconfiguration of Information Management to monitor the diversions of patients as envisaged in Healthcare 2010.

A performance management system has been successfully implemented throughout the Department.

Financial Management has been bolstered with the improved monitoring of spending and improved business intelligence. Improved revenue generation enabled the Department to address shortfalls in funding. The tendering and procurement process has been refined with the implementation of service level agreements between the Department and suppliers.

Some progress was made in resolving the long-standing matter of the joint agreements between the Department and the Universities.

The Hospital Information System (HIS) was initiated at the Central Hospitals and is running well.

Significant strides were made in developing and staffing the Business Management Unit. Progress with regard to monitoring of private health care institutions as well as revenue generation has proceeded better than anticipated.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2003/04 STRATEGIC PLAN

Table 8: Performance against targets from 2003/04 strategic plan for the Administration programme

Sub-programme	Objective (Outputs)	Indicator	2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Manage-ment	**Policy & Planning:** Develop and document provincial health policy and draft legislation	Provincial Health Ordinance amended	Not applicable	Not applicable	Drafted; awaiting cabinet approval	Drafting and Passage of Ordinance
	Policy & Planning: Provide legal administration support	No litigation / All cases successfully defended			60% of cases successfully defended	No target set
	Policy & Planning: Provide health services planning	Widely accepted and workable strategic plan based on SPS	Healthcare 2010 framework developed	Healthcare 2010 model approved by Provincial Cabinet	HC 2010 widely disseminated Generic staffing model developed for hospitals	No specific target set

Sub-programme	Objective (Outputs)	Indicator	2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
	Information Management: Ensure the availability of health service information	% prescribed information collected, collated and published or disseminated	Not measured	Not measured	67%	85%
	Information Management: Develop and maintain health information systems	% of new HIS operational	Not measured	Not measured	Phase 1: 90% Phase 2A: 75%	50%
	Information Management: Ensure availability of effective computer systems	% of legitimate requests for IT systems realised	Not measured	Not measured	98%	95%
	Medico-legal: Limit expenditure on medico-legal claims	% of amount claimed paid out			21.75%	30%
	Medico-legal: Improve quality of care to reduce medico-legal risk	% of claims resulting in advice to institutions	100%	100%	100%	100%
	Pharmacy Services: Ensure availability and dispensing of essential drugs	% of indicator drugs immediately available and dispensed to patients	Not measured	63.75%	100%	
	Pharmacy Services: Ensure good pharmacy practice and efficient drug dispensing service to patients	% of pharmacist posts filled	Not measured	69%	90%	
		% Pharmacists assistants trained / in training	Not measured	65%	50%	
		% increase in pharmacy support personnel	Not measured	0%	Increase by 20%	
	Pharmacy Services: Ensure good pharmacy practice	% of facilities that meet GPP standards	Not measured	Audits being performed	70%	
	Human Resource Management: Ensure effective management of human resources	Number of personnel problems arising from the inefficient application of HRM policies and procedures	Not measured; measure poorly set	Not measured; measure poorly set	Not measured; measure poorly set	No target set

Sub-programme	Objective (Outputs)	Indicator	2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
	Human Resource Management: The development and maintenance of an effective organisational structure for the Department	Approved structure and establishment implemented on PERSAL	Not measured	Not measured	95%	PERSAL 100% accurate
	Human Resource Management: Effective human resources provisioning and utilisation	The execution of all procedures w.r.t. recruitment, selection, appointments, conditions of service and the assessment of staff should be in terms of approved departmental standards	Not measured	Not measured	90%	90% efficiency
	Labour Relations: Develop and communicate policy and procedures	Incidents of unrest resulting from lack of uniform approach	0 days lost	0 days lost	0 days lost	No person-days lost as a result of labour action
	Labour Relations: Provide functional training in labour relations	Incidents not dealt with at source (as a %)	Not measured	Not measured	65%	No target set
	Labour Relations: Provide labour advisory service	% of incidents resolved without compromising health service	100%	100%	100%	100%
	Human Resource Development: Ensure appropriate development of human resources to support health service delivery	Number of personnel trained	5000	8000	21 672	8 000
		Number of bursaries awarded			1 091	450
	Human Resource Development: Provide an Employee Assistance Programme	% of personnel who have access to EAP	Not applicable	Not applicable	Not quantified. Refer Table 10.2 on page 44 - 45	600 personnel members
	Finance: Production of Annual Financial Statements	Annual Financial Statements accepted by Auditor General			100%	100%

Sub-programme	Objective (Outputs)	Indicator	2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
	Finance: Monthly Revenue Statistical Monitoring	Monthly submis-sion of a credible report on out-standing revenue			100%	100%
	Finance: Contract Administration	Timeously concluded term & other contracts			100%	100%
	Finance: Monthly Budget Monitoring	Timeous monthly report indicating under and overspending and under and over recovery of revenue			100%	100%
	Finance: Revenue Systems	Revenue generated from appropriate systems introduced			100%	100%
	Business Manager: Provide for licensing of private hospitals and inspections***	Compliance with Regulation 187	Not measured	Not measured	100%	100% compliance
	Business Manager: Initiate and implement PPP's	Number of PPP's	Not measured	Not measured	5 PPP's developed	10 PPP's
		Input cost*	Not measured	Not measured		R4 million outlay*
		Payback period**	Not measured	Not measured		Average payback 2 years**
	Business Manager: To support the process of creating a private network of beds within provincial hospitals	Increase revenue Maximum revenue collection Adherence to revenue generation policy criteria when policy is in place	Not measured	Not measured	Policy developed	R 5 million benefit 100% revenue collected against accounts raised
	Business Manager: Provide Managed Care	Reduced expenditure, increased revenue	Not measured	Not measured	R3,5 million	R5 million benefit
	Business Manager: Provide Contract Management	All tenders for services followed by a service level agreement and facility based contract management.	Not measured	Not measured	60 %	New measure

Sub-programme	Objective (Outputs)	Indicator	2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
		Lower turnover of contractors/no termination of contracts due to poor performance.				
	Business Manager: Provide for Public Private Interaction	Monthly meeting. Initiatives undertaken jointly with private sector. Western Cape involvement of National Government	Not measured	Not measured	100%	100%
	Business Manager: Monitor and evaluate revenue generation projects to ensure compliance with revenue generation policy	Adherence to revenue generation policy criteria when policy is in place. Minutes and documentation from meetings and various steering committees. Training schedules. Monitoring and evaluation tools.	Not measured	Not measured	95%	Monthly stats on revenue generation projects
	Communications: Maintain effective and efficient internal communication	Number of bulletins, briefings, newsletters	Not measured	Not measured	21	22 per year
		Number of face-to-face meetings at health facilities	Not measured	Not measured	44	45 per year
	Communications: Maintain effective public relations	Extent of coverage of health matters in news media	Not measured	Not measured	125 456cm² good news 41 480cm² bad news	Good news exceeds bad news coverage
		Number of engagements with stakeholders	Not measured	Not measured		One per month
	Communications: Practise sound issue identification and management	Number of identified and recorded issues (All major issues have: holding statement; position paper; list of anticipated questions and answers.	Not measured	Not measured	63%	

Sub-programme	Objective (Outputs)	Indicator	2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
	Communications: Assist with awareness and promotions campaigns for Programmes and other Health directorates	Number of implemented communications plans	Not measured	Not measured	12	Coverage of all awareness/ promotions campaigns in at least two of the mass media

Notes:

* Input Cost negated by alternative funding mechanisms.

** Payback period not relevant measure in view of altered funding mechanisms.

*** 34 pre-inspections, 86 site inspections, 72 annual inspections, 72 follow-up inspections, 9 random inspections.

PROGRAMME 2: DISTRICT HEALTH SERVICES

AIM

The aim of the District Health Programme is to render primary health care services (Act 63of 1977) and coroner services.

ANALYTIC REVIEW OF PROGRAMME PERFORMANCE

Following exhaustive attempts to resolve the issue around District Health System governance, the decision was taken to provincialise municipal personal primary health care services. This decision was reached following the proclamation by Minister for Provincial and Local Government, Mr Mufamadi, which confined Municipal Health Services to environmental health services. This view of municipal health services is endorsed in the soon to be enacted National Health Bill. The decision was also driven with the need for integration and improved effectiveness of the services.

The demands on service providers continue to grow.

The Province has made substantial progress in coming to terms with the HIV/AIDS epidemic through the introduction of the anti-retroviral programme to supplement the PMTCT programme introduced in the preceding financial years.

The devolution of the primary school nutrition programme to the Department of Education has proceeded smoothly.

In line with National Department requirements, the Department has compiled District Health Plans which has facilitated integrated planning between the Provincial Department and Local Government.

In the Central Karoo good progress has been made with regard to the planning and implementation of joint decision making between the Health Department, other government departments and Local Government. The utilisation and per capita expenditure in public health expenditure remains is one of the highest amongst the provinces, according to the District Health Expenditure reviews published in 2003. However problems of unemployment, poverty and the rising incidence of HIV/AIDS remain as serious constraints to sustained development.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2003/04 STRATEGIC PLAN

Table 9: Performance against targets from 2003/04 strategic plan for the District Health Systems programme

Sub-programme	Objective (Outputs)	Indicator	Performance			
			2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
District hospitals	Implementation of the core package of services in all district hospitals	100% facilities rendering core package of district hospital services	Not measured	Not measured	70%	100%

Table 10: Performance against targets from 2003/04 Strategic Plan for other strategic health programmes within the District Health Systems programme

Provincial targets are congruent with National targets and no additional Provincial targets were set. Please refer to Table 14 on page 17 – 18.

REPORTING ON STANDARD NATIONAL INDICATORS

Table 11: District Health System

		2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Input					
Uninsured population served per fixed public PHC facility	No		9 266	9 410	10 000
Provincial PHC expenditure per uninsured person	R	346	333	376	No target set
LG PHC expenditure per uninsured person	R	28	39	N/A	No target set
PHC expenditure (provincial plus local government) per uninsured person	R	374	372	N/A	No target set
Professional nurses in fixed public PHC facilities per 1,000 uninsured people	No			0,3	
Sub-districts offering full package of PHC services	%	0	0	0	85%
EHS expenditure (provincial plus local government) per uninsured person	R	Not available	Not available	Not available	No target set
Process					
Health districts with appointed manager	%	0	0	0	100%
Health districts with plan as per DHP guidelines	%	0	0	66%	100
Fixed public PHC facilities with functioning community participation structure	%	Not measured	Not measured	28%	50
Facility data timeliness rate	%	Not measured	Not measured	Not measured	No target set
Output					
PHC headcount	No	11 444 770	12 959 900	12 238 113	12 000 000

		2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Utilisation rate – PHC	No	2.66	2.96	2.74	3.0
Utilisation rate - PHC under 5 years	No	6.01	6.97	5.54	No target set
Quality					
Supervision rate	%	Not measured	Not measured	Not measured	No target set
Fixed PHC facilities supported by a doctor at least once a week	%	Not measured	Not measured	Not measured	No target set
Efficiency					
Provincial expenditure per visit (headcount) at provincial PHC facilities	R	57	54	66	No target set
Expenditure (provincial plus local government) per visit (headcount) at public PHC facilities	R	65	64	N/A	No target set
Outcome					
Districts with a single health provider	%	0%	0%	0%	100%
Service volumes					
Clinic headcounts	No	7 450 399	8 468 492	7 815 726	No target set
CHC headcounts	No	3 445 183	3 968 888	3 919 675	No target set
Mobile headcounts	No	548 588	522 520	502 712	No target set

Table 12: District Hospitals

		2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Input					
Expenditure on hospital staff as percentage of total hospital expenditure	%	75.5%	75.9%	76.0%	72
Expenditure on drugs for hospital use as percentage of total hospital expenditure	%	5.4	8.6	6.3	6.8
Hospital expenditure per uninsured person	R	91	94	99	100
Process					
Hospitals with operational hospital board	%	100%	100%	100%	100%
Hospitals with appointed (not acting) CEO in place	%				100%
Facility data timeliness rate	%	Not measured	Not measured	Not measured	No target set
Output					
Caesarean section rate	%	13.42%	13.90%	14.43%	No target set
Quality					
Hospitals with a published nationally mandated patient satisfaction survey in last 12 months	%	Not measured	56%	36%	30%
Hospitals with clinical audit (M&M) meetings at least once a month	%	Not measured	Not measured	85%	50%

		2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Efficiency					
Average length of stay	Days	2.8	2.9	2.7	2.6
Bed utilisation rate (based on useable beds)	%	68.5%	68.45%	65.56%	75%
Expenditure per patient day equivalent	R	503	454	619	499
Outcome					
Case fatality rate for surgery separations	%	0.71%	0.64%	0.75%	No target set
Service volumes					
Separations	No	122 476	141 785	123 222	194 852
OPD headcounts	No	382 397	449 334	396 251	533 944
Day cases (=1 separation = 1/2 IPD)	No	20 400	16 045	12 769	No target set
Casualty headcount	No	198 667	248 618	225 010	No target set
PDEs	No	531 516	644 956	540 091	628 641

Table 13: HIV/AIDS/STIs and TB

		2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Input					
Fixed PHC facilities offering PMTCT	%	80%	100%	100%	100%
Fixed PHC facilities offering VCT	%	42%	97%	100%	100%
Hospitals offering PEP for occupational HIV exposure	%	Not measured	Not measured	100%	No target set
Hospitals offering PEP for sexual abuse	%	Not measured	Not measured	100%	No target set
Process					
TB cases with a DOT supporter	%	91,1		88,3%	90%
Male condom distribution rate from public sector health facilities (Per k male ≥15 years)	Per k	3 403	4 383	5 030	No target set
Male condom distribution rate from primary distribution sites (Per k male ≥15 years)	Per k	Not measured	Not measured	Not measured	Not measured
Nevirapine stock out	%	Not measured	0%	0%	0%
Output					
STI partner treatment rate	%	15.41	16.37	16.88	No target set
Nevirapine uptake rate among babies born to women with HIV	%	Not measured	Not measured	Not measured	No target set
VCT client pre-test counselling rate	%			90%	100%
TB treatment interruption rate	%	16.4%	13.3%	Not due	10%
Quality					
TB sputa specimens with turnaround time > 48 hours	%	Not measured	Not measured	26%	30%

		2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Efficiency					
Dedicated HIV/AIDS budget spent	%	56%	65%	78%	100%
Outcome					
New smear positive PTB cases cured at first attempt	%	74%	68%	Not due	71%
New MDR TB cases reported - annual % change	%	Not available	Not available	Not available	No target set
Service volumes					
STI case - new episode		120 409	117 719	111 635	No target set
Patients registered for ART		New measure	New measure	2 612	No target set

Table 14: Maternal Child and Women's Health including nutrition

		2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Input					
Hospitals offering TOP services	%	76%	82%	82%	34 designated hospitals
CHCs offering TOP services	%	33%	33%	33%	6 designated CHCs
Process					
DTP-Hib vaccines out of stock	%				
AFP detection rate (per 100 000 children < 15 years)		1.2	1.8	1.8	1.0
AFP stool adequacy rate	%	64%	78%	92%	80%
Output					
Schools at which phase 1 health services are being rendered	%	New measure	New measure	New measure	New measure
(Full) Immunisation coverage under 1 year	%	82.49%	87.71%	87.53%	90%
Antenatal coverage	%	86.74%	72.17%	86.21%	90%
Vitamin A coverage under 1 year	%				
Measles coverage under 1 year	%	82.49%	87.71%	87.53%	90%
Cervical cancer screening coverage	%	39%	46%	44%	52%
Quality					
Facilities certified as baby friendly	%				
Facilities certified as youth friendly	%	0%	5%	10%	10%
PHC facilities implementing IMCI**	%	New measure	New measure	All sub-districts excluding W Coast	100%

		2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Outcome					
Institutional delivery rate for women under 18 years	%	8,7%	8,9%	9,6%	10%
Not gaining weight under 5 years	%	0.75%	1.14%	0.82%	No target set

Table 15: Disease prevention and control programme

		2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Input					
Trauma centres for victims of violence (sexual assault, family violence)	No	53	53	42	No target set
Process					
CHCs with fast queues for elder persons	%	New measure	New measure	New measure	New measure
Output					
Districts with health care waste management plan implemented	No	Not measured	Not measured	100%	No target set
Hospitals providing occupational health programmes	%	Not measured	Not measured	39%	No target set
Schools implementing Health Promoting Schools Programme (HPSP)	%	New measure	New measure	New measure	No target set
Integrated epidemic preparedness and response plans implemented	Y/N	New measure	New measure	Y	No target set
Integrated communicable disease control plans implemented	Y/N	New measure	New measure	Y	No target set
Quality					
Schools complying with quality index requirements for Health Promoting Schools Programme	%	New measure	New measure	New measure	No target set
Outbreak response time	Days	New measure	New measure	New measure	No target set
Waiting time for a wheelchair	Week	New measure	New measure	New measure	No target set
Waiting time for a hearing aid	Week	New measure	New measure	New measure	No target set
Efficiency					
Waiting time for cataract surgery	Month	Not measured	Not measured	Not measured	No target set
Efficiency					
Dental extraction to restoration rate	%				
Malaria fatality rate	%	3.5%	0.0%	5.3%	No target set
Cholera fatality rate	%	0.0%	0.0%	0.0%	No target set
Cataract surgery rate	No	Not measured	12.53%	11.63%	No target set

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

AIM

The rendering of pre-hospital Emergency Medical Services including inter-hospital transfers and planned patient transport.

ANALYTIC REVIEW OF PROGRAMME PERFORMANCE

The Emergency Medical Services set three key strategic goals for the period 2003/04 – 2006/07, namely the elimination of one person ambulances, the reduction of the aging of the fleet in order to reduce maintenance costs and to improve communications systems. In all three of these areas significant progress has been made.

In relation to establishing two-person crews it can be reported that the service is currently exclusively rendered by two-person crews. This has thrown up new challenges where economies of scale do not justify the full complement of emergency personnel who are required if labour legislation is to be complied with fully in terms of duty and off duty hours.

Through the acquisition of new vehicles the fleet has been significantly rejuvenated. The cost of the new vehicles is already being offset both in terms of the savings on maintenance, but also in terms of the human cost of improved service delivery and improved morale of the personnel.

One new communications centre has been established in the Metropole and is already allowing for improved monitoring of response times and vehicle movement. These services will be expanded into the rural regions where two new sites will be created in the 2004/05 financial year.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2003/04 STRATEGIC PLAN

Table 16: Performance against targets from 2003/04 strategic plan for the EMS programme

Provincial targets are congruent with National targets and no additional Provincial targets were set. Please refer to Table 17 on page 19 - 20.

REPORTING ON STANDARD NATIONAL INDICATORS

Table 17: Emergency medical services and planned patient transport

		2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Input					
Ambulances per 1 000 people	No		0.07	0.045	No target set
Hospitals with patient transporters	%		0	0	No target set
Process					
Kilometres travelled per ambulance (per annum)	Kms		42 857	61 449	No target set
Locally based staff with training in BLS	%		48.5	44	30
Locally based staff with training in ILS	%		45.9	47	50
Locally based staff with training in ALS	%		0.06	9	20
Quality					
Response times within national urban target (15min)	%		-	61	100
Response times within national rural target (40 min)	%		-	63	100

		2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Call outs serviced by a single person crew	%		40	0	0
Efficiency					
Ambulance journeys used for hospital transfers	%		30	30	30
Green code patients transported as % of total	%			49	No target set
Cost per patient transported	R		439	484	No target set
Ambulances with less than 200,000 km on the clock	%		40	70	No target set
Output					
Patients transported per 1 000 separations	No		97.6	68.6	No target set
Volume indicator					
Number of emergency call-outs			540 000	540 000	No target set
Patients transported (routine patient transport)			39 445	37 076	No target set

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

AIM

To render a general and specialised hospital service.

ANALYTIC REVIEW OF PROGRAMME PERFORMANCE

With the focus on Healthcare 2010 and delivery of a package of services at appropriate levels of care, there is a need to define the service package to be delivered at facilities. Currently, facilities deliver a mixture of Level 1 and Level 2 services and sometimes Level 3 services. In the rural areas in particular, regional hospitals have insufficient beds to function as a facility providing specialised as well as District Hospital services.

The disease profile in the Western Cape, viz. infectious diseases, chronic diseases of lifestyle, trauma and mental ill health, impacts markedly on service delivery. Trauma and Emergency attendance in the Western Cape continues to show an upward trend, with head counts increasing by 7.8% (April 2000 – Oct 2002). In the Metro Region, a 10% increase in patient load was experienced over 5 years (1998 – 2003). The level of acuity of trauma cases has also risen sharply, resulting in an escalation in the cost of acute care of trauma cases as well as specialised rehabilitation services. The increased need for emergency trauma surgery has also caused the waiting time for elective surgery to increase.

The HIV/AIDS pandemic has increased the load on the services both in terms of patient numbers as well as acuity of illness. The impact is being felt at acute hospitals, TB and chronic medical hospitals. The policy decision to roll out the provision of anti-retroviral drugs will increase the direct costs of care. However, the benefits of reducing the concomitant sequelae of other AIDS related diseases will be significant.

The service demand on hospitals currently designated as Level 2 hospitals is high and they are currently functioning at maximum capacity, with bed occupancy rates fluctuating between 90 -100 % with a shortened average length of stay. The size of the bed platform including the availability of district level and chronic medical beds is being reviewed.

The service is hampered by the lack of permanent nursing and medical staff. It is difficult to recruit and retain staff for a variety of reasons, e.g. experienced staff are expected to enter the system at entry level posts and staff within the service are inadequately incentivised to remain. The main categories that are affected include specialist

trained nurses, medical officers and specialists (e.g. Radiology, Orthopaedic Surgery and Aneasthesiology). Facilities have thus become highly dependent on certain categories of agency staff to deliver services.

Significant progress has been made towards finalising the Level1/Level2 bed plan in the Metropole. The correct configuration of services at this level is seen as the key towards achieving the objectives of Healthcare 2010.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2003/04 STRATEGIC PLAN

Table 18: Performance against targets from 2003/04 strategic plan for the Provincial Hospital Services Programme

Sub-programme	Objective (Outputs)	Indicator	Performance			
			2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Tuberculosis hospitals	Provide hospitalisation for patients with multi-drug resistant tuberculosis and the physically, socio-economically compromised patients	Beds per 1,000 population	0.2	0.2	0.2	0.18
		Admissions per 1,000 population	1.0	1.0	1.0	0.8
		Length of stay	35.1	39.2	70.3	70 days
		Bed occupancy rate	81.74%	82.32%	84.08%	80%
		Expenditure on staff as % of total expenditure	81.2%	80.4%		76%
Psychiatric hospitals	Provide acute and chronic psychiatric hospital services	Beds per 1,000 population	0.6	0.5	0.5	0.51
		Admissions per 1,000 population	1.5	1.4	1.3	1.5
		Length of stay	115.2	112.8	117.8	106 days
		Bed occupancy rate	83.74%	84.14%	82.84%	85%
		Expenditure on staff as % of total expenditure	82.0%	82.8%		81%
	All facilities to have review boards in accordance with the Mental Health Care Act	Review boards fulfilling regulatory requirements	New measure	New measure	Currently being implemented	
Sub-acute, step-down and chronic medical hospitals	Provide chronic beds to serve as step-down services in order to reduce pressure on acute beds	Beds per 1,000 population	0.1	0.1	0.1	0.22
		Admissions per 1,000 population	0.3	0.3	0.3	1.7
		Length of stay	93.7	75.5	47.3	40 days
		Bed occupancy rate	92.06%	84.99%	71.30%	84%
		Expenditure on staff as % of total expenditure	82.0%	82.8%		81%

Sub-programme	Objective (Outputs)	Indicator	Performance			
			2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
	All facilities to have functional facility boards	Operational health facility boards in all hospitals	100%	100%	100%	100%

Dental Training Hospitals			
Dental graduates, post-graduates and oral hygienists	Graduating students	129 BchD students graduation.Double classes due to curriculum changes	Total of 153 dentist qualified(0% attrition)
Increase level of service delivery	Increase in the number of patients treated	150 000 OPD visits	45 650 total =179 662 (if add other sites 197 625)
Number of patients on waiting lists and time spent on waiting lists	Number of patients on waiting lists	All Patients on waiting list(not only for more than a year. No baseline as yet	9 221(30 April 2004)
Increase patient revenue	Percentage of accrued accounts paid	60%	86% Average =81%
Establish revenue generation initiatives	Number of projects implemented	0	0
Improve efficiency	Improve operating efficiency theatre	70 % (actual operating time) or 13000 patients operated(only refers to dedicated oral health theatres at Tygerberg Oral health Centre)	321.(Sessional anaesthetist employed for 2 sessions) total=1256

REPORTING ON STANDARD NATIONAL INDICATORS

Table 19: Regional hospitals

		2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Input					
Expenditure on hospital staff as percentage of total hospital expenditure	%	72.6%	72.9%	72..80%	72.6
Expenditure on drugs for hospital use as percentage of total hospital expenditure	%	9.9%	9.8%	9.40%	9.8%
Hospital expenditure per uninsured person	R	192	196	197	195
Useable beds		1 812	1 812	1 870	2 040
Process					
Hospitals with operational hospital board	%	Not measured	90%	90%	100%
Hospitals with appointed (not acting) CEO in place	%	100%	100%	82%	100%

		2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Facility data timeliness rate	%	New measure	New measure	New measure	No target set
Output					
Caesarean section rate	%	25.42	26.67	28.54	No target set
Quality					
Hospitals with a published nationally mandated patient satisfaction survey in last 12 months		N/A	22%	20%	36%
Hospitals with clinical audit (M&M) meetings at least once a month		N/A	N/A	40%	85%
Efficiency					
Average length of stay	Days	4.5	3.8	3.5	3.5
Bed utilisation rate (based on useable beds)	%	88.4%	87.6%	86.8%	90%
Expenditure per patient day equivalent	R	783	800	749	775
Outcome					
Case fatality rate for surgery separations	%	1.8%	1.9%	1.7%	No target set
Service volumes					
Separations	No	146 997	144 660	156 558	174 360
OPD headcounts	No	614 983	473 063	413 527	No target set
Day cases (=1 separation = 1/2 IPD)	No	11 713	13 724	14 291	No target set
Casualty headcount	No	275 304	251 359	291 405	No target set
PDEs	No	951 618	791 209	777 918	735 738

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

AIM

The aim of the Central Hospital Services Programme is to render highly specialised services to the inhabitants of the Western Cape as well as for the provinces for which the Western Cape is committed to render these services in terms of the National Tertiary Services Conditional Grant. To provide a high quality teaching platform at both under– and postgraduate level where students can develop the requisite skills which will enable them to deal with the problems facing the country both at clinical and research level.

ANALYTIC REVIEW OF PROGRAMME PERFORMANCE

The Central Hospitals remain beset by a multitude of diverse challenges. Restructuring and consolidation of the tertiary platform remains a key challenge. The major constraints facing the Department are the ongoing inability to resolve the issue of the Joint Agreements with the Universities and reductions in the National Tertiary Services Grant without a matching decrease in the patient load.

Significant progress has been made towards the finalisation of a service delivery and human resource plan. The persistently high demand for services has continued to put pressure on the budget. However, the Department has continued its efforts to provide access to quality tertiary services.. This has been done through the introduction of treatment protocols, morbidity and mortality monitoring and the acquisition and replacement of the necessary equipment.

Key service pressures relate to the absolute shortage of Intensive Care beds and the shortage of nurses described elsewhere.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2003/04 STRATEGIC PLAN

Table 20: Performance against targets from the 2003/04 strategic plan for the Central Hospital Services Programme

Provincial targets are congruent with National targets and no additional Provincial targets were set. Please refer to Table 21 on page 25.

PERFORMANCE ON NATIONAL TERTIARY SERVICES CONDITIONAL GRANT (NTSG)

The NTSG had been allocated fully to the three central hospitals Groote Schuur Hospital, Tygerberg Hospital and Red Cross Children's Hospital. The NTSG funded the tertiary component of the services provided in the central hospitals, and according to provincial estimates was R86m short of the resources required to provide the tertiary service.

Quarterly tertiary service activity reports have been submitted following scrutiny of data and continuous efforts to improve the information quality.

The tertiary activities in the hospitals have increased by 10% over the period. See the attached table.

Whilst the separations are in the direction of Healthcare 2010, the number of outpatients seen needs to reduce. Tertiary and secondary service design initiatives as well as targeted services such as Ear Nose and Throat services are steps already taken. The capacity at a district level would also be crucial to ensure patients are treated at the appropriate level.

	TBH	GSH	RCCH	Total
Separations 2002/03	69 063	42 781	13 451	125 295
Separations 2003/04	71 986	46 291	11 745	130 022
Change %	**4.2**	**8.2**	**(12.7)**	**3.8**
Patient days 2002/03	331 682	266 316	69 547	667 545
Patient days 2003/04	349 718	253 062	72 001	674 781
Change %	**5.4**	**(5.0)**	**3.5**	**1.1**
Outpatients 2002/03	306 927	374 322	105 644	786 893
Outpatients 2003/04	304 540	447 876	112 821	865 237
Change %	**(0.8)**	**19.6**	**6.8**	**10.0**

REPORTING ON STANDARD NATIONAL INDICATORS

Table 21: Central Hospital Services

		2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Input					
Expenditure on hospital staff as percentage of total hospital expenditure	%	72.8%	72.3%	65.59%	71.2%
Expenditure on drugs for hospital use as percentage of total hospital expenditure	%	5.33	7.4%	7.3%	7.4%
Hospital expenditure per uninsured person	R	416	446	483	452
Useable beds		2588	2576	2469	2360
Process					
Hospitals with operational hospital board	%	100	100	100	100
Hospitals with appointed (not acting) CEO in place	%	100%	100%	66%	100%
Facility data timeliness rate	%	New measure	New measure	New measure	New measure
Output					
Caesarean section rate	%	37.49	34.67	28.57	No target set
Quality					
Hospitals with a published nationally mandated patient satisfaction survey in last 12 months	%	Not measured	100%	50%	36%
Hospitals with clinical audit (M&M) meetings at least once a month	%	Departm. specific*	Departm. specific*	Departm. specific*	100%
Efficiency					
Average length of stay	Days	6.2	5.52	5.92	6.23
Bed utilisation rate (based on useable beds)	%	77%	81%	84%	85%
Expenditure per patient day equivalent	R	1 415	1 482	1 232	1 482
Outcome					
Case fatality rate for surgery separations	%	3.30%	3.72%	3.67%	No target set
Service volumes					
Separations		123 809	133 691	125 450	117543
OPD headcounts		984 173	932 760	938 537	662 180
Day cases (=1 separation = 1/2 IPD)		16 052	13 135	11 832	No target set
Casualty headcount		124 443	164 672	162 177	No target set
PDEs		1 115 852	1 184 784	1 143 801	952 917

* Morbidity and Mortality meetings are held at all Tertiary institutions, but under the auspices of specific clinical departments and not in a hospital-wide context.

PROGRAMME 6: HEALTH CARE SUPPORT SERVICES

AIM

The aim of the Health Care Support Services programme is to render the support services required by the Department to realise its aims.

ANALYTIC REVIEW OF PROGRAMME PERFORMANCE

Laundry services continue to be rendered at previous levels but are constrained by the fact that facilities are operating with ageing equipment; outsourcing opportunities are limited and skilled personnel are scarce.

Engineering services are also struggling to maintain obsolete equipment and a large maintenance backlog exists due to an inadequate budget.

Plans are currently being developed in line with the Hospital Revitalisation Projects. Three Hospital Revitalisation projects commenced in 2003/04 financial year, namely Vredendal, George and Worcester.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2003/04 STRATEGIC PLAN

Table 22: Performance against targets from the 2003/04 strategic plan for the Health Care Support Services Programme

Sub-programme	Objective (Outputs)	Indicator	Performance			
			2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Laundries	Provide a laundry service to all provincial hospitals	Number of pieces laundered	21 million	21 million	21 million	21 million pieces per annum
	Provide cost effective in-house laundry service	Average cost per item	R1.72	R1.50	R1.68	R1-50 per item
	Provide cost effective out-sourced laundry service	Average cost per item	R1.20	R1.10	R1.15	R1-10 per item
Engineering & Technical Services	Effective maintenance of buildings and engineering installations	Maintenance backlog as % of replacement value	11%	10%	9%	
	Efficient engineering installations	Cost of utilities per bed	R3700	R3650	R3600	
	Safe working environment (buildings, machinery and equipment	Number of reportable incidents	300	300	300	
	Cost effective maintenance of medical equipment	Average cost per repair	R800	R800	R800	

Sub-programme	Objective (Outputs)	Indicator	Performance			
			2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
	Cost effective maintenance of medical equipment	Number of jobs completed – in-house/outsourced	11000	11050	11200	
Forensic Services	Render a forensic pathology service to the Metropole in accordance with the prevailing statutory requirements	Number of post mortem examinations	6203	5273	6500	
	Render a cost effective forensic service in the Metropole	Average cost per examination	800	1037	1150	
Orthotic & Prosthetic Services	Render an Orthotic & Prosthetic service for the Province	Number of devices manufactured	4548	4500	5884	
	Provide quality Orthotic & Prosthetic devices	% of devices requiring remanufacture	5%	5%	3%	
	Provide a responsive Orthotic & Prosthetic service	Number of patients on waiting list waiting over 2 months	1744	600	1530	
Medpas Trading Account	Ensure availability of essential drugs	No of items on dues out		61	60	< 60
	Efficient utilisation of working capital	Stock turnover		8.68	9.05	> 8
	Adequate working capital to support adequate stockholding	Stock turnover		32 million	46 million	
	Sufficient stock available at end-user level	Service Level		81.5%	> 85%	> 85%

PROGRAMME 7: HEALTH SCIENCES AND TRAINING

AIM

The aim of the health sciences and training programme is to provide training of all personnel in the Department of Health.

ANALYTIC REVIEW OF PROGRAMME PERFORMANCE

The principal intervention has been with regard to nurse training performed at the Western Cape College of Nursing, as well as the training of Emergency personnel. Bursaries have also been provided to students attending Higher Education Institutions which provide an invaluable role of training of nurses as well as other cadres of health personnel.

In line with the global trend, the Department has seen a decline in the numbers of trained healthcare professionals in the service, particularly nursing personnel. The constraints placed on the time available for training because of the high workloads in the services has also meant that fewer opportunities arise for training of specialised workers such as clinical nurse practitioners.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2003/04 STRATEGIC PLAN

Table 23: Specification of measurable objectives and performance indicators of the Health Sciences and Training Programme

Sub-programme	Objective (Outputs)	Indicator	Performance			
			2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Nursing training college	Provide for the cost effective training of nurses to meet the service needs of the Department	Combination of in-house training at the Western Cape College of Nursing (WCCN) and sponsorship of university training through bursaries	873	828	928[1]	658
		Post basic	19[2]	26[1]	22[1]	-
EMS training college	Provide for the training of ambulance personnel to render Emergency Medical Services (EMS)	Basic ambulance assistant (BBA)	Not available	294	74	120
		Ambulance emergency assistant (AEA)	Not available	75	69	75
		Basic medical rescue (MBR)	Not available	99	39	25
		Intermediate medical rescue (IMR)	Not available	16	0[3]	12
		Flight medical training	Not available	17	14	15
		Continuing professional development (CPD)	Not available	60	50	80
		Level 3 Paramedic training	Not available	362	50	50

[1] Includes 165 bursary students reflected under heading "Bursaries"

[2] Personnel - not in receipt of bursaries

[3] No intake due to curriculum change determined nationally by HPCSA.

Sub-programme	Objective (Outputs)	Indicator	Performance			
			2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
		National diploma emergency medical care (EMC)	Not available	15	12	14
			Not available	60	57	55
Bursaries[4]	Provide financial support to key health personnel who can supplement existing service deliverers in key areas	Health Science Professionals	300	689	1157	910
PHC Training	PHC training opportunities		Not available	2016	5764	No target set
Other Training	Ensure appropriate development of human resources to support health service delivery	Training interventions provided to personnel	14125[5]	8338	15263	10000
	Adult based education and training (ABET) to provide for the needs of 800 employees	ABET interventions for employees of Health Department	1481	160	515	800
	Provide employee assistance for 600 employees	Employees to have completed accredited Employment Assistance Programmes				600

REPORTING ON PERFORMANCE ON HEALTH PROFESSIONS TRAINING AND DEVELOPMENT CONDITIONAL GRANT

Table 24: Health, Professionals Training and Development Grant

		2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Input					
Intake of medical students	No	430	417	419	No target set
Intake of nurse students	No	390	491	755	750
Students with bursaries from the province	No	873	828	928	658

[4] Includes nurse training plus other health science training

[5] Information computed manually

		2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Process					
Attrition rates in first year of medical school	%	Not available	Not available	Not available	Not available
Attrition rates in first year of nursing school	%	Not available	Not available	Not available	Not available
Output					
Basic medical students graduating	No	-	289	292	No target set
Basic nurse students graduating	No	-	184	196	No target set
Medical registrars graduating	No	Not available	Not available	Not available	Not available
Advanced nurse students graduating	No	78	147	210	180
Efficiency					
Average training cost per nursing graduate	R	Not available	6 600	7 500	7 500
Development component of HPT & D grant spent	%				

REPORTING ON STANDARD NATIONAL INDICATORS

Table 25: Human resources management

		2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Input					
Medical officers per 1000 people	No	0.33	0.33	0.32	No target set
Medical officers per 1000 people in rural districts[2]	No	0.03	0.039	0.03	No target set
Nurses per 1000 people	No	1.74	1.30	0.07	No target set
Nurses per 1000 people in rural districts[2]	No	0.31	0.32	0.32	No target set
Pharmacists per 1000 people	No	0.07	0.07	0.07	No target set
Pharmacists per 1000 people in rural districts[2]	No	0.01	0.01	0.01	No target set
Process					
Vacancy rate for nurses	%	Not defined	Not defined	Not defined	Not defined
Attrition rate for doctors	%	Not defined	Not defined	Not defined	Not defined
Attrition rate for nurses	%	Not defined	Not defined	Not defined	Not defined
Absenteeism for nurses	%	Not defined	Not defined	Not defined	Not defined
Output					
Doctors recruited against target *	%	Not defined	Not defined	Not defined	Not defined
Pharmacists recruited against target *	%	Not defined	Not defined	Not defined	Not defined

		2001/02 Actual	2002/03 Actual	2003/04 Actual	2003/04 Strat. plan target
Nurses recruited against target *	%	Not defined	Not defined	Not defined	Not defined
Community service doctors retained	%	Not measured	Not measured	Not measured	Not measured
Quality					
Facilities with employee satisfaction survey	%	0	0	0	0
Efficiency					
Nurse clinical workload (PHC)	Ratio	35	40	38	35
Doctor clinical workload (PHC)	Ratio	32	31	Not available	No target set
Outcome					
Surplus staff as a percentage of establishment	%	Not measured	Not measured	Not measured	Not measured

* No target set for these measures. Awaiting finalisation of HR plan.

PART3: REPORT OF THE AUDIT COMMITTEEREPORT OF THE DEPARTMENT OF HEALTH AUDIT COMMITTEE PROVINCIAL GOVERNMENT WESTERN CAPE ON THE DEPARTMENT OF HEALTH (VOTE 6) FOR THE FINANCIAL YEAR ENDED 31 MARCH 2004

1. Introduction

The Audit Committee is pleased to present its report for the abovementioned financial year.

2. Audit Committee Members and Attendance

Following the establishment of a centralised Audit Committee for the Western Cape Provincial Government in May 2000 in accordance with the requirements of section 17(2) and 77 (c) of the Public Finance Management Act, five members were appointed to a Shared Audit Committee by the Western Cape Provincial Cabinet on 23 June 2003. This was followed by the establishment of independent Audit Committees for the departments of Health, Education and Social Services. In the case of the Department of Health, the first three members were appointed on 1 August 2003 and a further two members, Mr Mpumelelo Tshume and Mr Jerome Lovendal, on 9 July 2004. (Mr D Naidoo was initially appointed to the Audit Committee, but resigned after the Sihluma Sonke Consortium Tender was awarded on the 12 December 2003. Mr Naidoo was replaced with the appointment of Mr Themba Pasiwe.)

Current Members

Dr Thomas Sutcliffe (Chairperson)
Mr Keith Ravens
Mr Themba Pasiwe
Mr Mpumelelo Tshume
Mr Jerome Lovendal

The newly appointed Audit Committee for Health met officially for the first time on 28 and then again on 30 July 2004. Prior to these meetings, the first three members appointed, Dr T Sutcliffe, Mr K Ravens and Mr T Pasiwe, met for the purposes of induction, training and orientation and to assist in the formulation of the Terms of Reference for Audit Committee Reports and development of the internal audit charter.

3. Audit Committee Responsibility

3.1 The Audit Committee reports that it has complied with its responsibilities arising from section 38(1)(a) of the Public Finance Management Act and Treasury Regulation 3.1.13 and 27(1)(10). The Audit Committee also reports that it has adopted appropriate formal terms of reference as its Audit Committee Charter, has regulated its affairs in compliance with this Charter and has discharged its responsibilities as contained therein.

3.2 In the process of discharging its responsibilities the Audit Committee reviewed, in his presence, the Auditor General's draft report including the Qualifications dated 30 July 2004. The response of the Accounting Officer to this report was not available to the Audit Committee and it is therefore unable to present an even-handed evaluation of the draft report and the response.

4. Effectiveness of Internal Control

4.1 While improvements to internal control measures were noted in the year under review, significant control weaknesses were reported as an emphasis of matter in the audit report of the Auditor General, particularly in respect of asset management and inventory control.

4.2 Notwithstanding the previous year's Auditor General's report, and the corrective steps implemented by the Department, shortcomings in respect of Commuted and normal overtime and in the control over paysheets were evident. The Audit Committee was informed by the Chief Director: Financial Management that corrective steps had been taken through the issuing of Circular H 95 of 20 July 2004 and that follow-up compliance inspections were planned.

4.3 The Audit Committee was satisfied with the explanation given regarding the deferred payment made in the previous financial year and noted the commitment given by the Chief Director: Financial Management that the use of deferred payments will no longer be made.

4.4 The Audit Committee noted that the Department has still not instituted a system of risk management and that no internal audit was performed at the Department during the year under review. However, the Committee was informed of the progress made by the the Provincial Treasury and its co-sourced service provider, the Sihluma Sonke Consortium appointed on 28 February 2004.

4.5 A consolidated risk report for the Department of Health was presented by the Sihluma Sonke Consortium to the Committee. The Committee was informed that this report will form the basis for the development by the consortium and the Department of Health of a risk response strategy to be tabled for consideration of the Audit Committee (inter-alia) in mid-August 2004.

4.6 The Audit Committee further notes that the risk response strategy will comprise an operational internal audit plan for the first year and an overall, three year strategic internal audit plan. The Audit Committee noted with appreciation that the risk profile had been consulted with the Executive Management Committee of the Department of Health.

4.7 The Audit Committee recommends that risk management and internal control becomes a regular item on the agenda of Executive management Committee meetings.

4.8 The absence of service level/business agreements in respect of payments made to municipalities, NGO's and other institutions for the rendering of health services was of concern to the Audit Committee. However, the committee was informed of progress in this regard and of the likely beneficial effect in the implementation of the Municipal Finance Management Act will have in correcting this situation.

4.9 The Audit Committee was satisfied with the forensic audit report presented to it on the scope, nature, outcome and loss recovery of the audits conducted in the Department of Health during the period under review.

5. The quality of Year Management and Monthly/Quarterly reports submitted in terms of the Division of Revenue Act, 2002 (Act 5 of 2002)

5.1 The Audit Committee noted the contents of the Management report for the year ended 31 March 2004. However, the Committee could not satisfy itself about the regularity or quality of the Monthly and Quarterly reports to Treasury as these had not been provided to the Committee at the time of the Committee's meeting. The Chief Director: Financial Management informed the Audit Committee that such reports had indeed been submitted on a regular basis and that copies would be made available to the Committee.

5.2 The Audit Committee noted the non-compliance with the Division of Revenue Act for Conditional Grants as recorded in the Report of the Auditor General in respect of the Integrated Nutrition Programme, the Health Professional Training and Development Grant and the Hospital Revitalisation Programme Grant. The Audit Committee was concerned that non-compliance in respect of the Integrated Nutrition Programme had also been reported in the Shared Audit Committee Report for the 2002/2003 financial year. The Chief Director: Financial Management informed the Audit Committee that this function had subsequently been transferred to the Department of Education.

6. Evaluation of financial Statements

6.1 The Audit Committee has reviewed the Auditor General's report and has discussed the audited financial statements included in the annual report with the Auditor General and senior departmental representatives of the Accounting Officer.

6.2 The Audit Committee concurs and accepts the conclusions of the Auditor General on the financial statements and is of the opinion that the audited financial statements be accepted and read together with the Auditor General's Report.

6.3 However, the Audit Committee wishes to draw the attention of the Accounting Officer to the following:

6.3.1 The Audit Committee identified certain typographical errors, inconsistencies and other errors in the financial statements and was assured by the Chief Director: Financial Management and the Auditor General that the final statements will reflect the changes agreed upon in its meeting.

6.3.2 The Audit Committee commends the Department of Health for the savings realised in Programme 1: Administration.

6.3.3 The Audit Committee commends the Department of Health for exceeding its revenues target, but is concerned with significant limitations identified in the HIS Billing Module. To this end, the Audit Committee has requested a presentation on all aspects of hospital revenue collection.

6.3.4 The Audit Committee noted with concern the marked increase in consultant's fees (note 6.1 of the Financial Statements). The Department reported that this was related to complexities in the administration of Public Private Partnership (PPP) ventures. The Audit Committee requested a presentation on PPPs from relevant officials within the Department of Health.

6.3.5 Under note 6.1 of the Financial Statements, the Audit Committee was informed of the reasons for the significant increase in laboratory costs. However, on questioning, it became apparent that the introduction of the National Health Laboratory Service had resulted in a significant per item increase to the Department of Health for pathology services. The Audit Committee recommends that this matter be taken up with relevant national bodies in order to address and contain these increases.

6.3.6 The Audit Committee noted with concern the significantly increased contingent liability for Medico-legal claims. In discussions with the Department of Health it became evident that the pattern of increasing claims could be related to under-staffing. The Audit Committee strongly recommends that a staff recruitment and retention strategy be implemented.
As the exodus of health care professionals was stated by the Department to be significant, the Audit Committee was concerned as to the effect this will have on the implementation of the Department's 2010 plan. The Audit Committee requested the Department arrange a presentation to the Committee on the 2010 plan to discuss this risk and to receive a presentation of the 2010 the plan.

6.3.7 In instances where the balances of certain accounts or group of accounts were not sufficiently elucidated and further notation would make this section of the Annual Financial Statements cumbersome, the Audit Committee was not able to satisfy itself as to the acceptability of the balances without examining specific transactions in the books of account. This situation will be resolved during the next cycle by embarking on regular contact sessions with the Department regarding these accounts and group of accounts.

7. Appreciation

The Audit Committee wishes to express its appreciation to Mr Charles Clacher of the Provincial Treasury, the Department of Health, the Auditor General and the Sihluma Sonke Consortium for their assistance and co-operation in compiling this report.

(DR TJ SUTCLIFFE)
CHAIRPERSON, AUDIT COMMITTEE FOR THE DEPARTMENT OF HEALTH, PROVINCIAL GOVERNMENT WESTERN CAPE

DATE: 05/08/2004

PART4: ANNUAL FINANCIAL STATEMENTS

CONTENTS **PAGE**

Report by the Accounting Officer to the Executive Authority and the Members of the Western Cape Provincial Parliament.

1. General review of the state of financial affairs

1.1 Balance Sheet

The Balance Sheet shows the assets and liabilities at 31 March 2004.

Unauthorised, Irregular, Fruitless and Wasteful Expenditure ***R441m***

R393m of this amount constitutes overspending inherited from the previous structures (before 1995) within the Province. On 18 March 2004 the Provincial Treasury forwarded a submission to National Treasury containing proposals to clear this debt.

Unauthorised expenditure for the 2002/2003 financial year amounts to R28m, being an overspending calculated per programme. The net overspending on the vote in that year was R4m.

Unauthorised expenditure for the 2003/2004 financial year amounts to R20m, calculated per programme. In total, the department had a saving of R5m.

Receivables ***R37m***

Receivables from state departments *R17m*
Personnel and other expenses owed to the Department by other national or provincial departments. R15m originated from the separation of this department from the provincial department for Social Services and Poverty Alleviation on 1 April 2001.

Receivables from personnel and general public consist of the following:

Other Debtors	R 7m
Staff Debtors	11m
Trade Debt	R 2m
Total	R20m

Amounts to be surrendered ***R31m***

This relates only to the previous financial year. Voted funds to be surrendered amounts to R31m. The department generated R10m more revenue than budgeted, which must be surrendered to Provincial Treasury. Of this, at year-end R6m was still to be surrendered.

Current Liabilities; Payables ***R465m***

R459m of this amount originates from the split of the accounting records of the province into departments during 2000. Technically this amount is payable to Department 70, but it relates to the Unauthorised Expenditure and the debt by Social Services and Poverty Alleviation, previously discussed. These balances will be corrected simultaneously.

The balance on payables consist of the following:

Preferred provider: Medical Aid (Deposits held)	R1m
European Union Funding (received via National Health)	R5m
Total	R6m

Non-Current Liabilities ***R8m***

This amount represents recoverable revenue. When debts, which originated in the previous financial year, are raised in the accounting records, contra entries are drawn to control accounts for "recoverable revenue". The contra debits are included under staff debtors.

Summarised Balance Sheet

Assets	**Rm**	**Liabilities**	**Rm**
Unauthorised expenditure	441	Funds to be surrendered	31
Cash and cash equivalents	26	Current Payables	465
Receivables	37	Non-Current Payables	8
	504		504

Income Statement for the year ended 31 March 2004.

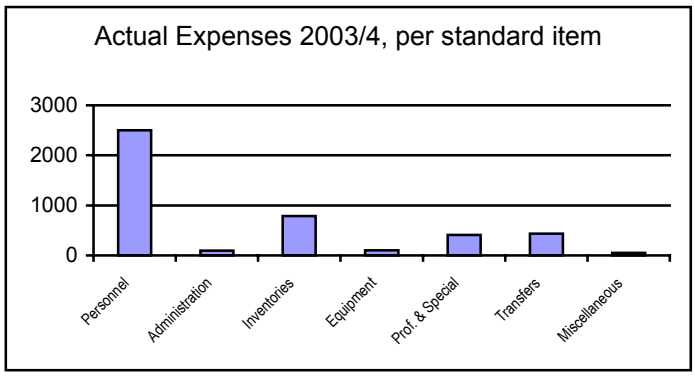
Actual Expenses spent per programme - Rm

1	Administration	216	5%
2	District health services	1,175	27%
3	Emergency medical services	185	4%
4	Provincial hospital services	1,053	24%
5	Academic hospital services	1,607	37%
6	Health sciences and training	72	2%
7	Healthcare support services	74	2%
		4,382	100%

Programme 1 incorporates the Provincial Minister, Head Office and Regional Management.
Programme 2 incorporates Primary Health Care Services and District Hospital Services.
Programme 3 incorporates pre-hospital Emergency Medical Services and inter-hospital transfers.
Programme 4 incorporates general specialist, psychiatric, TB and Chronic hospitals.
Programme 5 incorporates the three academic hospitals.
Programme 6 incorporates training of nurses and ambulance personnel.
Programme 7 incorporates Orthotic and Prosthetic Services, Forensic Pathology Services, Minor Building Maintenance, Engineering Installations and the Central Medical Depot.

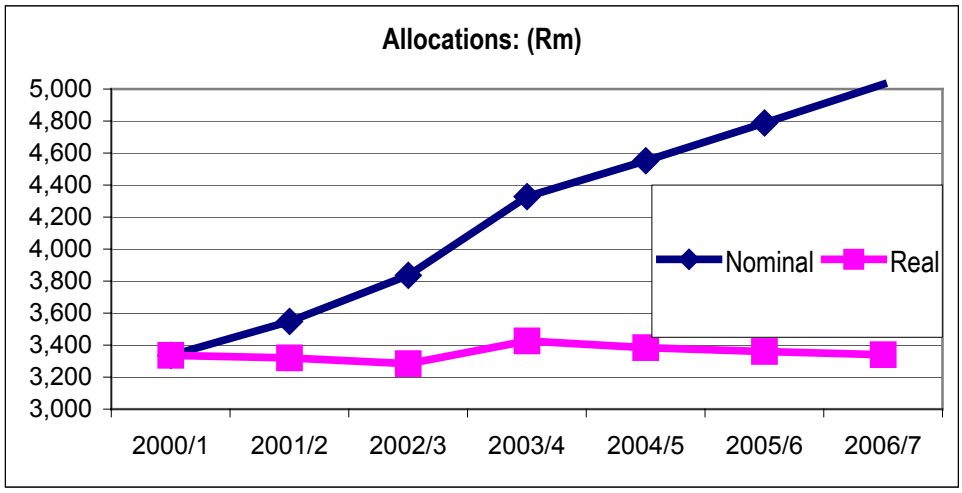
Amounts spent per Standard Item - Rm

Personnel	2,498	57%
Administration	97	2%
Inventories	787	18%
Equipment	104	2%
Prof. & Special	411	9%
Transfers	432	10%
Miscellaneous	53	1%
	4,382	



Being a service delivery department, expenditure on personnel comprises 57%. Inventory is mainly medical and surgical requisites, blood, pharmaceuticals, electricity, fuel and water. Professional & Special Services include the use of nurses via Agencies to augment nursing staff shortages. Transfer payments are made to municipalities and other institutions particularly for Primary Health Care.

Nominal and Real Allocations



The allocations exclude the Conditional Grants for AIDS & Nutrition, and also exclude Scarce Skills and Rural Allowances for comparison purposes. The following inflation rates have been used to calculate the graph above, which are weighted averages of ICS and inflation on non-personnel expenses.

	2001/2	2002/3	2003/4	2004/5	2005/6	2006/7
Weighted Inflation	6.9%	9.3%	8.2%	6.4%	6.0%	5.7%

1.2 *Important policy decisions and strategic issues facing the department*

During 2003/2004 the department continued to experience significant pressure on the budget.

Healthcare 2010 was approved by the Provincial Cabinet on 26 March 2003. Healthcare 2010 intends to structure Health Services in such a way that services can function within the allocated funds. It intends that 90% of patient contacts occur at the primary level in district hospitals, clinics or community health centres, 8% will require specialist or general specialist care and only 2% will require highly specialised tertiary health care.

A key strategy of Health Care 2010 is the revision of the staff establishments. Generic staffing models have been developed for the various levels of hospitals, which determine the appropriate number and mix of the various categories of staff at each of the hospitals.

Management of the primary health care facilities is a significant issue. Provincial Cabinet decided that the so-called 'uncontested' functions, which include personal primary health care (PPHC), would become a provincial responsibility.

1.3 *Significant events that have taken place during the year*

- The universal roll out of the prevention of mother-to-child programme. All pregnant women attending public health facilities can now access the programme.
- Voluntary counselling and testing (VCT) remains a key intervention in addressing the HIV/Aids epidemic. 344 VCT sites have been established.
- The management of the TB programme was improved by increasing capacity at Primary Health Care (PHC) level. Reporting and monitoring systems have been improved.
- A new Four Drug Combination (FDC) treatment for TB has been introduced.
- The appointment of Health Facilities Boards was completed.
- R38 million was spent on the replacement of medical equipment.
- A Quality of Care component has been established.
- The management of the Department was restructured to both enhance managerial accountability for programmes and increase operational coherence with management.

1.4 *Major projects undertaken or completed during the year*

- The first visible changes occurred in terms of Healthcare 2010, including
  - The acute services at Conradie Hospital were relocated to Eerste River, Somerset and Groote Schuur Hospitals.
  - Construction on the new Provincial Rehabilitation Centre at Lentegeur Hospital commenced.
  - Upgrading of the rural regional hospitals continued with major contracts being awarded for the revitalisation of George and Worcester Hospitals.
  - Planning of the revitalisation at Paarl and Robertson Hospitals has been completed and the tenders are ready to be advertised.
  - Business cases for the work at Victoria Hospital and the proposed Khayelitsha –Mitchell's Plain Hospitals have been submitted to the National Department of Health.
- A new health information system has been commissioned at the Central (Academic) Hospitals. The pilot phase of a roll-out of the system to the rest of the hospital service has commenced.

2. Services rendered by the department

2.1 Services rendered by the Department as well as an evaluation of output is addressed in the Performance Evaluation section of the Annual Report.

2.2 *Tariff Policy*

Fees charged for the services rendered at the institutions are calculated according to the Uniform Patient Fee Schedule (UPFS) as formulated by the National Department Health. This applies to both externally funded patients (previously known as private patients) and the subsidised patients. Various other tariffs, such as meals & laundry, are market related.

2.3 *Free Services*

Certain free services are rendered in line with policies determined by the National Department of Health:

- Children under the age of six years (Excluding private patients / private hospital patients)
- Pregnant women (Excluding private patients / private hospital patients)
- Family planning
- Infectious diseases
- Certified psychiatric patients
- Termination-of-pregnancy patients

- Children attending school who are referred to hospital
- Legal medical service
- Oral health services (Scholars and mobile clinics only)
- Immunisations
- Hospital personnel employed before 1976
- Committed children
- Boarders, live-in children and babies, relatives and donors
- Primary health care services
- Social pensioners
- Formally unemployed

The current accounting systems does not allow for the quantification of the cost of these free services.

2.4 *Inventories*

The following are the major categories of inventories as at 31 March 2004:

			R'000
Stationery	=	R	12,307
Provisions	=	R	4,039
Medical and Surgical Sundries	=	R	46,926
Pharmaceuticals	=	R	29,204
Cleaning Materials and Chemicals	=	R	2,283
Engineering supplies	=	R	2,861
Maintenance Materials	=	R	10,014
Other	=	R	7,942
Total Inventories	**=**	**R**	**115,576**

Due to various accounting systems being used, inventories are costed using various methods, including WAC (Weighted Average), FIFO (First in first out) and LIFO (last in first out). These inventories pertain to Main Depots only.

3. Capacity constraints

Shortages are experienced particularly in the following categories of staff:

- Pharmacists
- Nurses, in particular operating theatre-, intensive care-, paediatric- and psychiatric trained nurses
- Clinical technicians
- Professions allied to medicine (PAMS)

Given that the provincial funding for primary and secondary level services is based on the size of the population, the cross border migration of patients to make use of such services continue to tax the overburdened services in the province.

4. Utilization of Donor Funding

The following donor funding was received by the Department for the 2003/2004 financial year.

EU Funds (Home Based Care)	R	6,706,000.00
Belgium Funds (Capacity building in TB/HIV integration)	R	421,709.00
World Population Fund (capacity building in cervical cancer prevention)	R	695,817.10

Donor funding is accounted separately in the accounting financial system. The accounting of these as donations will be in the financial statements of the National Department of Health.

5. Trading Entities

The Department has not established any Trading Entities. To date the Department has established two trading accounts:

5.1 *Cape Medical Depot (CMD)*

The CMD was established in terms of Ordinance no 3 of 1962 to procure Pharmaceutical and Non-pharmaceutical supplies in bulk from suppliers, thereby enabling users to keep lower stock levels and rely on shorter delivery lead-times. Better control is exercised over purchases and bulk buying results in lower costs. The trading entity charges a levy of 8% on the price of goods purchased to fund its operational activities.

5.2 *Karl Bremer Hospital Trading account*

The Karl Bremer Hospital Trading Account is not a fully-fledged trading account as determined by the provisions of category 1 and 2 trading accounts. It has been piloted for the last five years to establish a mechanism by which revenue generated could be retained by the institution. However, the Provincial Treasury has indicated that surplus revenue can in future be re-appropriated in the adjustment estimates, therefore allowing for a mechanism of full revenue retention by Departments. In view of the above this Trading Account will cease to function as from 1 April 2004.

6. Other organisations to whom transfer payments have been made

For more detailed information in this regard please refer to Annexure IB of the Notes to the Income Statement.

7. Public/Private Partnership (PPP)

The Department has not yet entered into PPP Concession Agreements. The feasibility of such arrangements is still being investigated:

7.1 *Hermanus Provincial Hospital*

The Hermanus Medi-Clinic, situated adjacent to the Hermanus Provincial Hospital, requires space to expand and therefore needs to acquire more land. Medi-Clinic will, as part of the PPP, construct an additional ward on the land of the Public Hospital, and also design, build and maintain a Community Health Centre for the Provincial Hospital. Non-core services, i.e. catering, laundry, security, etc. will be shared between the parties, but procured and managed by the private party (Medi-Clinic). The Provincial Hospital will also allow Medi-Clinic access to its theatre, for which it will be compensated.

7.2 *Grassy Park*

The Private Party will be granted access and use of the portion of land not occupied by the Department of Health. The Department will have access and use of a Community Health Centre, which the Private Party will design, construct, build and maintain. It will also procure and manage the Facility Management of the Community Health Centre.

7.3 *Swellendam*

The Private Partner will be granted the right to establish a Private Health Facility on the premises of the Provincial Hospital. The Private Party will procure, maintain the building and manage non-core and other related services, which will be shared between the parties.

7.4 *Western Cape Rehabilitation Centre (WCRC)*

The Private Party will render hard and soft Facility Management Services, being the maintenance of buildings and plant equipment and the provision of non-core services such as catering, cleaning and gardening services respectively.

7.5 *Eersteriver*

Facility Management Project including hard and soft Facility Management as per definition stated for the WCRC (refer 7.4).

8. Corporate governance arrangements

The Provincial Treasury appointed the Sihluma Sonkwe Consortium to perform the Internal Audit function for the Department with the intention to build capacity within the Department over a five-year period. The consortium will also do an assessment of the risks facing the Department. Once the risk has been established a further tender will be called for to ensure the implementation of a Fraud/Risk Prevention Strategy.

9. Discontinued activities/activities to be discontinued

No services have been discontinued during 2003/2004.

10. New / Proposed activities

Western Cape Rehabilitation Centre

Construction on the Western Cape Rehabilitation Centre on the site of Lentegeur Hospital has progressed well. It is envisaged that services for the rehabilitation of people with physical disabilities, currently provided at the Conradie and Karl Bremer Hospitals, will be consolidated in this new facility from August 2004. The acute spinal unit, relocated from Conradie Hospital, was officially opened at Groote Schuur Hospital.

Healthcare 2010

Extensive preparatory work was undertaken with the view to the implementation of restructuring of health services in the Western Cape in line with the vision as outlined in the Healthcare 2010 plan. Particular activities are underway related to the development of new staff establishments for health facilities and planning the consolidation of highly specialised services in line with Healthcare 2010.

HIV/AIDS and Sexually Transmitted Disease (STD)

Mother to child transmission (PMTCT):
A new provincial treatment protocol of dual treatment (AZT and Nevirapine) has been introduced at more than 80% of public antenatal facilities by March 2004.

Sexually transmitted disease (STD):
The national STD surveillance site programme was successfully introduced at 30 sites across the province.

ARV Management and Treatment:
A total of 2295 clients (382 on drugs funded by the provincial health department) were on daily ARV treatment at 13 sites by 27 February 2004. The target for 2004/5 is to have more than 6000 patients on treatment at 33 accredited sites by March 2005.

Tuberculosis

The target for 2004/5 is to achieve a cure rate of 72% with a defaulter rate of only 12%. A provincial policy of standardized management of MDR TB cases will be introduced during 2004/2005.

Public Health

Two new dental clinics were commissioned during the 2003/2004 financial year at Grabouw and Vredendal North.

Environmental Health

Monitored ports and harbours when the SARS outbreak was prevalent. A policy was drawn up to prevent South Africans becoming infected with SARS. Only one case was identified and treated.

Maternal Child And Women's Health

All three rural regions commenced implementation of the Integrated Management of Childhood Illness strategy.

11. Events after the reporting date

No event occurred, which impacts operationally or financially materially on the department.

12. Progress with Financial Management Improvements

The implementation of the PFMA is a continuous process. Policies and processes are constantly measured against the requirements of the Act. Finance and Supply Chain Management Instructions are compiled to ensure compliance. Training has also been taking place on a continuous basis. The Department has developed capacity to determine the needs of the Department and build financial management capacity at all levels.

13. Performance information

In order to ensure that the information on performance meets the requirements of equity, efficiency, quality and effectiveness, the following process has been established:

- Key measurable objectives (KMO's) were formulated by the responsible managers, incorporated into the departmental strategic plan, and aligned with the budget plan.
- All KMO's were incorporated into the respective managers' performance agreements.
- The quarterly assessment of the managers against their performance agreements therefore forms the basis of evaluating departmental performance.
- The Monitoring and Evaluation Committee evaluates the progress towards the KMO's and reports to the Departmental Top Management.

14. Other

Statement of Changes in Net Assets

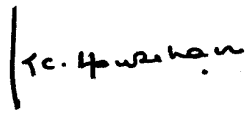
A Statement of Changes in Net Assets is required in terms of the accounting policy as prescribed by National Treasury. The Department could not comply with this requirement because of the uncertainty with respect to what is required.

Local Authority Claims

Local Authorities have indicated that backlogs have accumulated over the years and claims have been submitted in this regard. The Department called for an Internal Audit to verify the authenticity of the claims. The Provincial Treasury became aware of the Internal Audit investigation and contracted the services of the Auditor General to perform an audit on the backlogs. The Department awaits the outcome of this audit.

Approval

The attached annual financial statements set out on pages 55 to 89, 93 to 99 and 103 to 108 have been approved by the Accounting Officer



Professor KC Household
Accounting Officer

DATE: 31 May 2004

WESTERN CAPE PROVINCE
DEPARTMENT OF HEALTH

REPORT OF THE AUDITOR-GENERAL TO THE PROVINCIAL PARLIAMENT OF THE WESTERN CAPE ON THE FINANCIAL STATEMENTS OF THE WESTERN CAPE DEPARTMENT OF HEALTH (VOTE 6) FOR THE YEAR ENDED 31 MARCH 2004

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AUDITOR-GENERAL

REPORT OF THE AUDITOR-GENERAL TO THE PROVINCIAL PARLIAMENT OF THE WESTERN CAPE ON THE FINANCIAL STATEMENTS OF THE DEPARTMENT OF HEALTH (VOTE 6) FOR THE YEAR ENDED 31 MARCH 2004

1. AUDIT ASSIGNMENT

The financial statements as set out on pages 55 to 89, for the year ended 31 March 2004, have been audited in terms of section 188 of the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996), read with sections 3 and 5 of the Auditor-General Act, 1995 (Act No. 12 of 1995). These financial statements, the maintenance of effective control measures and compliance with relevant laws and regulations are the responsibility of the accounting officer. My responsibility is to express an opinion on these financial statements, based on the audit.

2. NATURE AND SCOPE

The audit was conducted in accordance with Statements of South African Auditing Standards. Those standards require that I plan and perform the audit to obtain reasonable assurance that the financial statements are free of material misstatement.

An audit includes:

- examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements,
- assessing the accounting principles used and significant estimates made by management, and
- evaluating the overall financial statement presentation.

Furthermore, an audit includes an examination, on a test basis, of evidence supporting compliance in all material respects with the relevant laws and regulations which came to my attention and are applicable to financial matters.

I believe that the audit provides a reasonable basis for my opinion.

3. QUALIFICATION

3.1 Staff debt

[note 12.1 on page 77 of the financial statements]

The new debtors system is unable to generate a debtor's age analysis report. Uncertainty therefore exists regarding the recoverability of debtors amounting to R11,1 million.

The following control weaknesses further contributed to the uncertainty expressed above:

- Reconciliations between the debtors' balance recorded on the debtors system and the debtors' records were not performed; and

- The system cannot classify the category of debtors thereby impeding the effective control and monitoring of staff debtor balances.

3.2 Employee benefits – leave entitlement
[Note 24 on page 81 of the financial statements]

The leave entitlement balances in respect of current and previous cycles, amounting to R26,9 million and R19,4 million respectively, were not disclosed in the above-mentioned note as prescribed by National Treasury in the guide for preparation of annual reports.

The leave entitlement balance amounting to R255,4 million is therefore understated by R46,3 million.

Furthermore the following control weaknesses over the administration of leave were identified, which affect the disclosed balance amounting to R255,4 million:

(i) At various hospitals/institutions leave taken by officials was recorded in the attendance registers but was not captured on PERSAL;

(ii) A PERSAL exception report generated indicated that 11 510 leave forms were recorded more than 365 days after the leave was actually taken. Furthermore instances where leave was recorded after the relevant officials had resigned were also indicated; and

(iii) Differences between the capped leave credits recorded on PERSAL and those reflected on a PERSAL report generated as at 31 March 2004, were identified (sample error rate 66%).

3.3 Receivables for services delivered; hospital fees
[note 26 on page 81 of the financial statements]

(i) Debtors' balances recorded on the Hospital Information System (HIS) for the two academic hospitals (estimated at R75,9 million) as well as the debtors' balances for Red Cross and Victoria Hospitals, which could not be provided for audit purposes, has not been disclosed in note 26 on page 81 of the financial statements as the system is unable to provide adequate management reports, debtors age analysis and the cumulative opening debtors' balance from prior financial years.

Consequently receivables for services delivered: hospital fees, amounting to R82,6 million, is understated by approximately R75,9 million.

Furthermore the hospital fee debt balances in respect of Alexandra Hospital, which have not been submitted for audit purposes, have also not been included in the receivables for service delivered: hospital fee balance.

(ii) No disclosure of the possible irrecoverable portion of debt balances in the note to the financial statements was made. An analysis of the debtors ageing report for hospitals/institutions utilising Delta 9 and HFS, however, revealed that approximately R28,3 million represents debtor balances in excess of 365 days.

4. QUALIFIED AUDIT OPINION

In my opinion, except for the effect on the financial statements of the matters referred to in paragraph 3, the financial statements fairly present, in all material respects, the financial position of the department as at 31 March 2004 and the results of its operations and cash flows for the year then ended in accordance with prescribed accounting practice and in the manner required by the Public Finance Management Act, 1999 (Act No. 1 of 1999).

5. EMPHASIS OF MATTER

Without further qualifying the audit opinion expressed above, attention is drawn to the following matters:

5.1 Unauthorised expenditure 2003/04

[Note 10 on page 76 of the financial statements and the appropriation statement on page 59)

As reflected in the appropriation statement on page 59, the budget of programmes 3, 4 and 5 were exceeded by R672 000; R278 000 and R19,6 million respectively (total R20,6 million). Due to the aforementioned expenditure, the standard item inventories was also exceeded by R36,3 million.

Explanations regarding the unauthorised expenditure were included in paragraph 1.1 on page 37 of the department's management report.

5.2 Unauthorised expenditure 2002/03

[Note 10 on page 76 of the financial statements)

In the previous financial year unauthorised expenditure, amounting to R24,1 million, representing overspending on programme 3, 4 and 6 was not disallowed in the financial records of the department. A journal entry was processed in the current financial year to account for the related unauthorised expenditure, which is reflected in note 10 on page 76 of the financial statements.

5.3 Asset management

The logistical information system (LOGIS) register, which is the official register for accounting purposes, did not contain sufficient information regarding assets. Consequently the department was unable to present a proper asset register for audit purposes.

5.4 Inventory value at year-end

[page 41 of the management report]

An audit of the inventory balances valued at R115,5 million, revealed the following internal checking and control shortcomings:

- Inventory balances submitted by hospitals and institutions contained various misstatements;
- Inadequate inventory count processes were followed by hospitals and institutions at the financial year-end; and
- Various internal checking and control shortcomings relating to inventory management.

Uncertainty therefore exists regarding the validity, accuracy and completeness of the inventory balance disclosed.

5.5 Personnel expenditure

[page 69 of the financial statements)

5.5.1 Commuted overtime

Commuted overtime paid by the department during the financial year under review amounted to R126,6 million compared to R119,6 million in the previous financial year. Commuted overtime represents 5.07% of the total personnel expenditure (R2 497 million). Notwithstanding the previous year's audit findings and the corrective steps indicated by the department the following shortcomings were once again encountered during the audit of the year under review.

(i) *Record keeping of actual hours worked*

Medical personnel are contractually bound to work a certain amount of overtime hours on a weekly basis in excess of the core 40 hours worked per week and paid commuted overtime. Commuted overtime is only payable for actual clinical services performed. Due to the lack of internal checking and control of the actual and normal hours worked by medical/dental personnel the accuracy of payments could not be verified. Registers and records of overtime worked by medical/dental personnel are also not maintained and reviewed by management.

(ii) *Double commuted overtime payments*

Commuted overtime tariffs are not programmatically adjusted on PERSAL, therefore in certain instances the revised commuted overtime rate is entered on the PERSAL system without deleting the previous tariff. Consequently double commuted overtime payments, amounting to R236 271 (sample error rate 63%), were made during the year under review. Approximately 76% of these overpayments were recovered from staff members, however, an amount of R56 752 has not been recovered to date.

(iii) C*ommuted overtime payments not reduced by leave periods*

Shortcomings in internal checking and control revealed overpayments in instances where commuted overtime payments were made in respect of periods during which officials were on leave.

5.5.2 Normal overtime

(i) Payments in respect of normal overtime for the department amounted to R45,2 million for the financial year. A PERSAL exception report indicated that R13,6 million (R7,4 million in 2002/03), in respect of overtime payments, represented 30.09% of employees' receiving overtime payments in excess of 30% or more of their basic salaries. Furthermore in certain instances, specific prior authorisation for overtime, in terms of the Public Service Regulations, could not be submitted for audit purposes and unless approval can be obtained the expenditure should be dealt with as irregular in terms of sections 38(h)(iii) and 81(1)(b) of the PFMA.

(ii) Due to the lack of internal checking and control of the actual and normal hours worked by medical/dental personnel the accuracy of payments could not be verified. Registers and records of overtime worked by medical/dental personnel are also not maintained and reviewed by management.

5.5.3 Cause and effect of excessive normal and fixed overtime

As indicated in paragraphs 5.5.1 and 5.5.2 above excessive normal and fixed overtime payments were made which is indicative that the department has serious medical staff shortages. This situation could lead to a reduction in the standard of health care delivered, which could increase the department's liability in respect of medical claims. In this regard it was noted that Medico legal claims increased from R23,4 million in the prior year to R68,7 million in the financial year under review (see note 20 on page 80 of the financial statements), of which approximately R36 million relates to claims of negligence during the financial year under review.

5.5.4 Control over paysheets

Notwithstanding the previous year's audit findings and the corrective steps indicated by the department the following shortcomings were once again encountered during the financial year under review, indicating that the control over paysheets at the various hospitals were still inadequate.

- The paymasters of paypoints did not sign paysheets on pay date.
- Registers to control paysheets distributed and returned, adequately certified by the paymasters, were not in all instances maintained at the hospitals/institutions;
- At certain hospitals/institutions officials were not appointed in writing to administer the control over the movement of paysheets;

- At the GF Jooste hospital paysheets for paypoints could not be submitted to audit for the entire financial year under review.

The above inadequacies could lead to salary overpayments.

5.6 Contingent liabilities – housing guarantees
[note 20 on page 80 of the financial statements]

Financial guarantees provided by the administration in respect of the 100% housing loan scheme, for which loans were granted by various financial institutions amounted to R46,7 million as at 31 March 2004.

The verification of financial guarantees disclosed in the financial statements, to reports provided by the department, revealed that financial guarantees amounting to R3 million, dating back to more than 10 years, were not recalled and reviewed to account for property revaluations.

5.7 Transfer payments
[note 7 on page 74 of the financial statements]

During the audit of transfer payments made during the financial year under review, various shortcomings in respect of proper control measures over these payments, including non-compliance with finance instructions, were revealed. These findings include the following:

(i) Contracts or agreements between municipalities, non-governmental organisations (NGO's) and other institutions and the department for the rendering of Primary Health Care Services (PHC) could not be submitted for audit purposes (This matter was also included in the audit report for 2002/03).

(ii) Evidence that audited financial statements submitted by beneficiary institutions were reviewed by departmental officials prior to further funding, could not be submitted for audit purposes.

(iii) Financial assistance was rendered or granted for the financial year under review, whilst audited financial statements were not submitted for the previous financial year (2002/03).

5.8 Reconciliation between the personnel and salary system (PERSAL) and the financial management system (FMS)

The department's human resource management and salary administration information is recorded and processed on the national transversal PERSAL computerised system. Information stored on this system pertains mainly to salary payments and related processes. Expenditure processed within the PERSAL system is programmatically transferred to the national transversal FMS. However, certain transactions in respect of personnel expenditure are processed directly through the FMS, without transferring the information to the PERSAL system.

The personnel expenditure recorded in the financial statements is based on the expenditure reflected in FMS.

A difference of approximately R37,8 million between the two systems in respect of personnel expenditure exists at 31 March 2004, for which no reconciliation could be submitted for audit purposes.

5.9 Non-compliance with the Division of Revenue Act (DORA): Conditional grants

(i) Integrated Nutrition Programme
[annexure 1A on page 83 of the financial statements]

Monthly reports of financial indicators, required by the DORA framework (No. 24834 gazetted 30 April 2003) and per correspondence from the National Department of Health (NDH) dated 8 July 2003, were not in all instances submitted by the department within 15 working days after each month end to the NDH.

(ii) Health Professional Training and Development Grant
[annexure 1A on page 83 of the financial statements]

The DORA framework also requires the submission of quarterly reports of various statistics, detailed in the framework, to the NDH. The department has however, not submitted the required quarterly reports to the NDH for the financial year under review.

5.10 Statement of changes in net assets

A statement of changes in net assets was not submitted for audit purposes as prescribed by National Treasury in the guide for preparation of annual reports. The statement could be completed, because the department does have recoverable revenue relating to employees.

5. 11 Internal checking and control

The following generic internal checking and control shortcomings relating to the hospitals and institutions were brought to the attention by way of management letters:

(i) Control over the utilisation of government garage motor vehicles and the related expenditure

- Incomplete trip authorisation forms and logbooks with respect to opening and closing kilometres;
- Logbooks not signed;
- Kilometres in trip authority not agreeing to logbooks;
- Unreasonable mileage recorded; and
- Transaction reports not signed by transport officer.

(ii) Invoices not stamped as "paid" to assist in preventing duplicate payments.

(iii) A loss control officer has not been appointed at the Metro District Health Services.

5.12 Internal audit

No internal audit was performed at the department for the year under review.

5.13 Performance audit

During the year under review a performance audit was performed on the management of sick leave benefits for which a separate audit report was issued on 5 March 2004 [PR 22/2004].

5.14 Value added audit

HIV/AIDS programme

(i) Policy and planning

Although a strategic plan for the Directorate: HIV/AIDS and Sexually Transmitted Infections (STI) for the 2003/04 financial year was included in the broader departmental strategic plan for the 2003/04 financial year, the directorate did not have a strategic plan containing specific targets per sub-programme and region.

(ii) Financial Management

(a) A conditional grant amounting to R24,2 million and earmarked own funds amounting to R30,1 million were allocated for the 2003/04 HIV/AIDS programme. Total actual expenditure in respect of this programme (sub-programme 2.6 under programme 2 : District Health Services) amounted to R38,1 million for the financial year under review, resulting in under spending of R16,2 million (30 per cent).

(b) Further investigation indicated that no expenditure was incurred by the Mitchells Plain Community Health Care Center (CHCC), Heideveld CHCC and Grassy Park CHCC while large amounts were underspent for Elsies River CHCC, Macassar CHCC and Kraaifontein CHCC in respect of the HIV/AIDS programme.

(iii) Voluntary Counseling and Testing (VCT)

(a) During visits to 9 CHCC's in the metropole region the following observations were made:

- There was a shortage of consultation rooms for private counselling and the provision of other health care services;
- There was a shortage of professional health care workers (sisters and nurses) to conduct the HIV tests;
- There was a general lack of promotional materials in respect of VCT services; and
- Computer resources enabling the recording of accurate and up to date statistics of services rendered were found to be inadequate.

(b) Lay counsellors increased by 73% in the current year (from 220 to 373), while the number of pre-test counselled patients increased by 32% in the current year (from 158 061 to 208 380). This resulted in a 22% decrease in the average number of patients counselled per lay counsellor during the financial year under review (from 719 to 559).

5.15 Agreed upon procedure audit: Transfer payments to municipalities

A request was received from the Head Official: Provincial Treasury of the Western Cape Provincial Government, to conduct agreed upon procedures on transfer payments to municipalities made by the department. The scope of this assignment was agreed upon and confirmed in a letter dated 26 January 2004. A separate report was issued on 30 July 2004 to the Head Official: Provincial Treasury of the Western Cape Provincial Government.

5.16 Previous audit reports

(i) Computer audit:

With reference to page 72, paragraph 4.2.12 of the prior year audit report, various significant control weaknesses were revealed during a computer audit of the general computer controls surrounding the information technology (IT) environment at Groote Schuur and Tygerberg hospitals. The IT manager subsequently replied on 13 August 2003 that various corrective steps had since been implemented.

(ii) Performance audit on the Joint Staff Establishment Agreements:

A management letter was issued on 13 July 2004 requesting details of corrective actions, as well as the progress regarding the recovery of identified overpayments. At the time of compiling this report the matter was still under correspondence.

6. APPRECIATION

The assistance rendered by the staff of the department during the audit is sincerely appreciated.

W J Brits
for **AUDITOR-GENERAL**

Cape Town
30 July 2004

WESTERN CAPE PROVINCE
DEPARTMENT OF HEALTH

REPORT OF THE AUDITOR-GENERAL TO THE PROVINCIAL PARLIAMENT OF THE WESTERN CAPE ON THE FINANCIAL STATEMENTS OF THE CAPE MEDICAL DEPOT TRADING ACCOUNT FOR THE YEAR ENDED 31 MARCH 2004

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REPORT OF THE AUDITOR-GENERAL TO THE PROVINCIAL PARLIAMENT OF THE WESTERN CAPE ON THE FINANCIAL STATEMENTS OF THE CAPE MEDICAL DEPOT TRADING ACCOUNT FOR THE YEAR ENDED 31 MARCH 2004

1. AUDIT ASSIGNMENT

The financial statements as set out on pages 93 to 99 for the year ended 31 March 2004, have been audited in terms of section 188 of the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996), read with sections 3 and 5 of the Auditor-General Act, 1995 (Act No. 12 of 1995). These financial statements, the maintenance of effective control measures and compliance with relevant laws and regulations are the responsibility of the accounting officer. My responsibility is to express an opinion on these financial statements, based on the audit.

2. NATURE AND SCOPE

The audit was conducted in accordance with Statements of South African Auditing Standards. Those standards require that I plan and perform the audit to obtain reasonable assurance that the financial statements are free of material misstatement.

An audit includes:

- examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements,
- assessing the accounting principles used and significant estimates made by management, and
- evaluating the overall financial statement presentation.

Furthermore, an audit includes an examination, on a test basis, of evidence supporting compliance in all material respects with the relevant laws and regulations which came to my attention and are applicable to financial matters.

I believe that the audit provides a reasonable basis for my opinion.

3. QUALIFICATION

3.1 Departure from generally accepted accounting practice (gaap)

The depot did not comply with gaap, as prescribed by chapter 18 of the Treasury Regulations, in the following instances during the financial year under review:

(i) Assets purchased were not capitalised and depreciated;

(ii) Income and expenditure was not accounted for in accordance with the accrual basis of accounting; and

(iii) The value of goods in transit was billed to hospitals resulting in debtors being raised before goods were delivered.

3.2 Payables

[page 94 of the financial statements]

A debit balance of R972 000 was incorrectly disclosed in the financial statements as payables instead of receivables accordingly understating receivables and payables.

4. QUALIFIED AUDIT OPINION

In my opinion, except for the effect on the financial statements of the matters referred to in paragraph 3, the financial statements fairly present, in all material respects, the financial position of the Cape Medical Depot at 31 March 2004 and the results of its operations and cash flows for the year then ended, in accordance with generally accepted accounting practice and in the manner required by the Public Finance Management Act, 1999 (Act No. 1 of 1999).

5. EMPHASIS OF MATTER

Without further qualifying the audit opinion expressed above, attention is drawn to the following matters:

5.1 Internal audit

No internal audit was performed at the medical depot for the year under review.

6. APPRECIATION

The assistance rendered by the staff of the medical depot during the audit is sincerely appreciated.

W J Brits
for **Auditor-General**

Cape Town
30 July 2004

WESTERN CAPE PROVINCE
DEPARTMENT OF HEALTH

REPORT OF THE AUDITOR-GENERAL TO THE PROVINCIAL PARLIAMENT OF THE WESTERN CAPE ON THE FINANCIAL STATEMENTS OF THE KARL BREMER TRADING ACCOUNT FOR THE YEAR ENDED 31 MARCH 2004

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AUDITOR-GENERAL

REPORT OF THE AUDITOR-GENERAL TO THE PROVINCIAL PARLIAMENT OF THE WESTERN CAPE ON THE FINANCIAL STATEMENTS OF THE KARL BREMER TRADING ACCOUNT FOR THE YEAR ENDED 31 MARCH 2004

1. AUDIT ASSIGNMENT

The financial statements as set out on pages 103 to 108 for the year ended 31 March 2004, have been audited in terms of section 188 of the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996), read with sections 3 and 5 of the Auditor-General Act, 1995 (Act No. 12 of 1995). These financial statements, the maintenance of effective control measures and compliance with relevant laws and regulations are the responsibility of the accounting officer. My responsibility is to express an opinion on these financial statements, based on the audit.

2. NATURE AND SCOPE

The audit was conducted in accordance with Statements of South African Auditing Standards. Those standards require that I plan and perform the audit to obtain reasonable assurance that the financial statements are free of material misstatement.

An audit includes:

- examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements,
- assessing the accounting principles used and significant estimates made by management, and
- evaluating the overall financial statement presentation.

Furthermore, an audit includes an examination, on a test basis, of evidence supporting compliance in all material respects with the relevant laws and regulations which came to my attention and are applicable to financial matters.

I believe that the audit provides a reasonable basis for my opinion.

3. QUALIFICATION

3.1 Departure from generally accepted accounting practice (gaap)

The hospital did not comply with gaap, as prescribed by chapter 18 of the Treasury Regulations, in the following instances during the financial year under review:

(i) Assets purchased were not capitalised and depreciated; and

(ii) Income and expenditure was not accounted for in accordance with the accrual basis of accounting.

4. QUALIFIED AUDIT OPINION

In my opinion, except for the effect on the financial statements of the matter referred to in paragraph 3, the financial statements fairly present, in all material respects, the financial position of the Karl Bremer Trading Account at 31 March 2004 and the results of its operations and cash flows for the year then ended, in accordance with generally accepted accounting practice and in the manner required by the Public Finance Management Act, 1999 (Act No. 1 of 1999).

5. EMPHASIS OF MATTER

Without further qualifying the audit opinion expressed above, attention is drawn to the following matter:

5.1 Asset management

The logistical information system (LOGIS) register, which is the official register for accounting purposes, did not contain sufficient information regarding assets. Consequently the hospital was unable to present a proper asset register for audit purposes.

6. APPRECIATION

The assistance rendered by the staff of the hospital during the audit is sincerely appreciated.

W J Brits
for **Auditor-General**

Cape Town
30 July 2004

PART5: HUMAN RESOURCE MANAGEMENT (OVERSIGHT REPORT)

1. Service delivery

The Department is currently developing a Service Delivery Improvement (SDI) Plan.

2. Expenditure

Departments budget in terms of clearly defined programmes. The following tables summarise final audited expenditure by programme (Table 2.1) and by salary bands (Table 2.2). In particular, it provides an indication of the amount spent on personnel costs in terms of each of the programmes or salary bands within the department.

Table 2.1: Personnel costs by programme, 2003/04

Programme	Total Expenditure (R'000)	Personnel Expenditure (R'000)	Training Expenditure (R'000)	Professional and Special Services (R'000)	Personnel cost as a percent of total expenditure	Average personnel cost per employee (R'000)	Total number of employees
	A	B	C	D	E	F	G
Programme 1	215,644	88,348	707	762	41%	154	572
Programme 2	1,175,193	539,155	604	13,551	46%	106	5103
Programme 3	185,695	80,069			43%	85	940
Programme 4	1,053,048	663,900	102	17,780	63%	102	6488
Programme 5	1,607,089	1,045,803	346	33,511	65%	118	8888
Programme 6	71,116	44,884	71,116		63%	68	659
Programme 7	73,837	35,499	161	120	48%	79	452
Total	**4,381,622**	**2,497,658**	**73,036**	**65,724**	**57%**	**108**	**23102**

Notes:

- The above expenditure totals and personnel totals excludes the Medsas (100) and Trading Account (554).
- Expenditure of sessional, periodical and extraordinary appointments are included in the expenditure but not in the personnel totals which inflate the average personnel cost per employee.
- Expenditure of the joint establishment is also included in the above and will inflate also the average cost per employee.

Table 2.2: Personnel costs by salary bands, 2003/04

Salary bands	Personnel Expenditure (R'000)	% of total personnel cost	Average personnel cost per employee (R'000)	Total number of employees
Lower skilled (Levels 1 - 2)	219,164	8.93	48	4534
Skilled (Levels 3 - 5)	518,158	21.10	71	7330
Highly skilled production (Levels 6 - 8)	1,029,416	41.92	120	8608
Highly skilled supervision (Levels 9 - 12)	542,767	22.10	275	1973
Senior management (Levels 13 - 16)	49,529	2.02	521	95
Other	96,445	3.93	172	562
Total	**2,455,479**	**100.00**	**106**	**23102**

Notes:

- The above expenditure totals excludes the Medsas (100) and Trading Account (554).
- Expenditure of sessional, periodical and extraordinary appointments are included in the expenditure but not in the personnel totals which inflate the average personnel cost per employee.
- Expenditure of the joint establishment is excluded in the above as the employees are not on the fixed establishment of the Department of Health and for this reason the average is lower than that of Table 2.1.
- The SMS cost includes commuted overtime of Health Professionals which inflates the average personnel cost per employee.

The following tables provide a summary per programme (Table 2.3) and salary bands (Table 2.4), of expenditure incurred as a result of salaries, overtime, home owners allowance and medical assistance. In each case, the table provides an indication of the percentage of the personnel budget that was used for these items.

Table 2.3: Salaries, Overtime, Home Owners Allowance and Medical Assistance by programme, 2003/04

Programme	Salaries		Overtime		Home Owners Allowance		Medical Assistance	
	Amount (R'000)	Salaries as a % of personnel cost	Amount (R'000)	Overtime as a % of personnel cost	Amount (R'000)	HOA as a % of personnel cost	Amount (R'000)	Medical Assistance as a % of personnel cost
Programme 1	83,855	94.91	939	1.06	2,044	2.31	3,973	4.50
Programme 2	474,922	88.09	22,831	4.23	14,928	2.77	25,900	4.80
Programme 3	67,992	84.92	6,197	7.74	1,679	2.10	4,438	5.54
Programme 4	561,802	84.62	41,504	6.25	20,090	3.03	30,955	4.66
Programme 5	838,069	80.14	104,361	9.98	29,996	2.87	43,210	4.13
Programme 6	37,386	83.29	223	0.50	758	1.69	1,911	4.26
Programme 7	30,861	86.93	1,481	4.17	1,557	4.39	1,616	4.55
Total	**2,094,887**	**83.87**	**177,536**	**7.11**	**71,052**	**2.84**	**112,003**	**4.48**

Notes:

- The above expenditure totals excludes the Medsas and Trading Account.
- Expenditure of sessional, periodical and abnormal appointments are included in the expenditure.
- Expenditure of the joint establishment is excluded in the above.
- Commuted overtime is included in salary bands Highly skilled supervision (Levels 9-12) and Senior Management (Levels 13-16).

Table 2.4: Salaries, Overtime, Home Owners Allowance and Medical Assistance by salary bands, 2003/04

Salary bands	Salaries		Overtime		Home Owners Allowance		Medical Assistance	
	Amount (R'000)	Salaries as a % of personnel cost	Amount (R'000)	Overtime as a % of personnel cost	Amount (R'000)	HOA as a % of personnel cost	Amount (R'000)	Medical Assistance as a % of personnel cost
Lower skilled (Levels 1 - 2)	192,672	87.91	6,397	2.92	11,025	5.03	9,071	4.14
Skilled (Levels 3 - 5)	451,498	87.14	15,378	2.97	21,936	4.23	29,346	5.66
Highly skilled production (Levels 6 - 8)	913,176	88.71	29,477	2.86	31,204	3.03	55,559	5.40
Highly skilled supervision (Levels 9 - 12)	404,784	74.58	115,205	21.23	6,789	1.25	15,988	2.95
Senior management (Levels 13 - 16)	41,613	84.02	6,195	12.51	16	0.03	1,705	3.44
Other	91,144	94.50	4,884	5.06	82	0.09	334	0.35
Total	**2,094,887**	**85.31**	**177,536**	**7.23**	**71,052**	**2.89**	**112,003**	**4.56**

Notes:

- The above expenditure totals excludes the Medsas and Trading Account.
- Expenditure of sessional, periodical and extraordinary appointments are included in the expenditure.
- Expenditure of the joint establishment is excluded in the above.
- Commuted overtime is included in salary bands Highly skilled supervision (Levels 9-12) and Senior Management (Levels 13-16).
- Other refer to employees on a personal salary notch.

3. Employment and Vacancies

The following tables summarise the number of posts on the establishment, the number of employees, the vacancy rate, and whether there are any staff that are additional to the establishment. This information is presented in terms of three key variables: - programme (Table 3.1), salary band (Table 3.2) and critical occupations (Table 3.3). Departments have identified critical occupations that need to be monitored. Table 3.3 provides establishment and vacancy information for the key critical occupations of the department.

The vacancy rate reflects the percentage of posts that are not filled.

Table 3.1: Employment and vacancies by programme, 31 March 2004

Programme	Number of posts	Number of posts filled	Vacancy Rate	Number of posts filled additional to the establishment
Programme 1	772	522	32.38	26
Programme 2	6234	5173	17.02	60
Programme 3	1694	852	49.70	1
Programme 4	7839	6382	18.59	16
Programme 5	9330	8690	6.86	32
Programme 6	891	558	37.37	0
Programme 7	616	447	27.44	0
Trading Account	724	544	24.86	1
Medsas	166	98	40.96	2
Total	**28266**	**23266**	**17.69**	**138**

Notes:

- Nature of appointments (03) Sessions are excluded.
- Nature of appointments (17) Periodical and (32) Abnormal are also excluded. No posts.
- Number of posts includes ± 5000 unfunded posts.

Table 3.2: Employment and vacancies by salary bands, 31 March 2004

Salary band	Number of posts	Number of posts filled	Vacancy Rate	Number of posts filled additional to the establishment
Lower skilled (Levels 1 - 2)	5516	4500	18.42	1
Skilled (Levels 3 - 5)	8573	7158	16.51	21
Highly skilled production (Levels 6 - 8)	10399	8525	18.02	20
Highly skilled supervision (Levels 9 - 12)	2413	1998	17.20	16
Senior management (Levels 13 - 16)	130	98	24.62	0
Other	345	345	0.00	77
Trading Account	166	98	40.96	2
Medsas	724	544	24.86	1
Total	**28266**	**23266**	**17.69**	**138**

Notes:

- Nature of appointments (03) Sessions are excluded.
- Nature of appointments (17) Periodical and (32) Abnormal are also excluded. No posts.

Table 3.3: Employment and vacancies by critical occupation, 31 March 2004

Critical occupations	Number of posts	Number of posts filled	Vacancy Rate	Number of posts filled additional to the establishment
Clinical Technologists	86	78	9.30	0
Industrial Technicians	71	52	26.76	0
Medical Physicists	5	4	20.00	0
Medical Ort & Pros	24	17	29.17	0
Total	**186**	**151**	**18.82**	**0**

Notes:

- Nature of appointments (03) Sessions are excluded.
- Nature of appointments (17) Periodical and (32) Abnormal are also excluded. No posts.

The information in each case reflects the situation as at 31 March 2003. For an indication of changes in staffing patterns over the year under review, please refer to section 5 of this report.

4. Job Evaluation

The Public Service Regulations, 1999 introduced job evaluation as a way of ensuring that work of equal value is remunerated equally. Within a nationally determined framework, executing authorities may evaluate or re-evaluate any job in his or her organisation. In terms of the Regulations all vacancies on salary levels 9 and higher must be evaluated before they are filled. This was complemented by a decision by the Minister for the Public Service and Administration that all SMS jobs must be evaluated before 31 December 2002.

The following table (Table 4.1) summarises the number of jobs that were evaluated during the year under review. The table also provides statistics on the number of posts that were upgraded or downgraded.

Table 4.1: Job Evaluation, 1 April 2003 to 31 March 2004

Salary band	Number of posts	Number of Jobs Eval-uated	% of posts eval-uated by salary bands	Posts Upgraded		Posts downgraded	
				Number	% of posts eval-uated	Number	% of posts eval-uated
Lower skilled (Levels 1 - 2)	5832	0	0.00	0	0.00	0	0.00
Skilled (Levels 3 - 5)	8965	1	0.01	1	100.00	0	0.00
Highly skilled production (Levels 6 - 8)	10970	46	0.42	46	100.00	0	0.00
Highly skilled supervision (Levels 9 - 12)	2597	177	6.82	177	100.00	0	0.00
Senior Management (Service Band A)	100	0	0.00	0	0.00	0	0.00
Senior Management (Service Band B)	29	0	0.00	0	0.00	0	0.00
Senior Management (Service Band C)	3	0	0.00	0	0.00	0	0.00
Senior Management (Service Band D)	1	0	0.00	0	0.00	0	0.00
Total	**28497**	**224**	**0.79**	**224**	**100.00**	**0**	**0.00**

Notes:

- Nature of appointments (03) Sessions are excluded.

The following table provides a summary of the number of employees whose salary positions were upgraded due to their posts being upgraded. The number of employees might differ from the number of posts upgraded since not all employees are automatically absorbed into the new posts and some of the posts upgraded could also be vacant.

Table 4.2: Profile of employees whose salary positions were upgraded due to their posts being upgraded, 1 April 2003 to 31 March 2004

Beneficiaries	African	Asian	Coloured	White	Total
Female	9	3	24	56	92
Male	4	4	34	49	91
Total	**13**	**7**	**58**	**105**	**183**
Employees with a disability					0

Notes:

- Nature of appointments (03) Sessions are excluded.

The following table summarises the number of cases where remuneration levels exceeded the grade determined by job evaluation. Reasons for the deviation are provided in each case.

Table 4.3: Employees whose salary level exceed the grade determined by job evaluation, 1 April 2003 to 31 March 2004 (in terms of PSR 1.V.C.3)

Occupation	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
Medical Technical Officer	1	6	8	Scarce Skills & Retention of Services due to specific skills
Industrial Technician	1	6	8	Scarce Skills & Retention of Services due to specific skills
DD: Finance/Admin	2	12	12 (12th notch)	Retention of Services due to specific skills
AD: Finance/HRM	2	9	10 (1st & 10th notch respectively)	Retention of Services due to specific skills Retention of Services to better job offer
Control Industrial Technician	1	9	10	Scarce Skills & Retention of Services due to specific skills
Chief Professional Nurse	1	8	8 (12th notch)	Scarce Skills & Retention of Services due to specific skills
Principal Medical Officer	1	11	11(16th notch)	Buy offer
Total number of employees whose salaries exceeded the level determined by job evaluation in 2003/04				9
Percentage of total employment (9/23266 = 0.0387)				0.04

Table 4.4 summarises the beneficiaries of the above in terms of race, gender, and disability.

Table 4.4: Profile of employees whose salary level exceed the grade determined by job evaluation, 1 April 2003 to 31 March 2004 (in terms of PSR 1.V.C.3)

Beneficiaries	African	Asian	Coloured	White	Total
Female	0	0	1	1	2
Male	0	0	2	5	7
Total	**0**	**0**	**3**	**6**	**9**

5. Employment Changes

This section provides information on changes in employment over the financial year.

Turnover rates provide an indication of trends in the employment profile of the department. The following tables provide a summary of turnover rates by salary band (Table 5.1) and by critical occupations (Table 5.2). (These "critical occupations" should be the same as those listed in Table 3.3).

Table 5.1: Annual turnover rates by salary band for the period 1 April 2003 to 31 March 2004

Salary Band	Number of employees per band as on 1 April 2003	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Lower skilled (Levels 1 - 2)	4753	304	356	7.49
Skilled (Levels 3 - 5)	8209	997	1359	16.56
Highly skilled production (Levels 6 - 8)	8997	836	1109	12.33
Highly skilled supervision (Levels 9 - 12)	2051	651	663	32.33
Senior Management Service Band A	74	5	9	12.16
Senior Management Service Band B	18	2	1	5.56
Senior Management Service Band C	2	1	0	0
Senior Management Service Band D	1	0	0	0
Total	**24105**	**2796**	**3497**	**14.51**

Notes:

- Nature of appointments (03) Sessions are excluded.
- Nature of appointments (17) Periodical and (32) Abnormal are also excluded. No posts.

Table 5.2: Annual turnover rates by critical occupation for the period 1 April 2003 to 31 March 2004

Occupation	Number of employees per occupation as on 1 April 2003	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Clinical Technologists	71	14	11	15.49
Industrial Technicians	52	4	4	7.69
Medical Physicists	3	1	0	0.00
Medical Ort & Pros	19	5	6	31.58
Total	**145**	**24**	**21**	**14.48**

Notes:

- Nature of appointments (03) Sessions are excluded.
- Nature of appointments (17) Periodical and (32) Abnormal are also excluded. No posts.
- Any differences in numbers between 2003 and 2004 is a result of the rectification of occupational classification and Job Title codes.

Table 5.3 identifies the major reasons why staff left the department.

Table 5.3: Reasons why staff are leaving the department

Termination Type	Number	% of total
Death	63	1.80
Resignation	983	28.11
Expiry of contract	1691	48.36
Dismissal – operational changes	1	0.06
Dismissal – misconduct	74	2.09
Dismissal – inefficiency	0	0.00
Discharged due to ill-health	115	3.29
Retirement	160	4.58
Transfers to other Public Service Departments	313	8.95
Other	97	2.77
Total	**3497**	**100.00**
Total number of employees who left as a % of the total employment		14.94

Notes:

- Nature of appointments (03) Sessions are excluded.
- Nature of appointments (17) Periodical and (32) Abnormal are also excluded. No posts.

Table 5.4: Promotions by critical occupation

Occupation	Employees as at 1 April 2003	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progressions as a % of employees by occupation
Clinical Technologists	71	37	52.11	51	72
Industrial Technicians	52	21	40.38	46	88
Medical Physicists	3	0	0.00	2	67
Medical Ort & Pros	19	0	0.00	12	63
Total	**145**	**58**	**40.00**	**111**	**76.55**

Notes:

- Nature of appointments (03) Sessions are excluded.
- Nature of appointments (17) Periodical and (32) Abnormal are also excluded. No posts.
- Promotions to another salary level includes event 10 – Promotion and event 65 – Upgrade of post.
- Progression to another notch within a salary level excludes event 61 – Pay Progression, event 62 – Higher notch PSR I.V.C.3 and event 63 – Higher Notch PS Act 37(2)(c)

Table 5.5: Promotions by salary band

Salary Band	Employees 1 April 2003	Promotions to another salary level	Salary bands promotions as a % of employees by salary level	Progressions to another notch within a salary level	Notch progressions as a % of employees by salary band
Lower skilled (Levels 1 - 2)	4753	11	0.23	4465	93.94
Skilled (Levels 3 - 5)	8209	32	0.39	6922	84.32
Highly skilled production (Levels 6 - 8)	8997	106	1.18	8018	89.12
Highly skilled supervision (Levels 9 - 12)	2051	128	6.24	1413	68.89
Senior management (Levels13 - 16)	95	10	10.53	0	0
Total	**24105**	**287**	**1.19**	**20818**	**86.36**

Notes:

- Nature of appointments (03) Sessions are excluded.
- Nature of appointments (17) Periodical and (32) Abnormal are also excluded. No posts.
- The above figures includes personnel of the Medsas and Trading Account.
- Promotions to another salary level includes event 10 – Promotion, 32 – Promotion (Leg) and 52- Promotion: Package SMS.
- Progression to another notch within a salary level excludes event 61 – Pay Progression, event 62 – Higher notch PSR I.V.C.3 and event 63 – Higher Notch PS Act 37(2)(c)

6. Employment Equity

The tables in this section are based on the formats prescribed by the Employment Equity Act, 55 of 1998.

Table 6.1: Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2004

Occupational categories (SASCO)	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials & managers	4	11	3	12	1	3	1	7	42
Professionals	63	256	117	894	82	286	102	816	2616
Technicians and associate professionals	164	511	3	157	775	3497	27	1079	6213
Clerks	107	705	3	152	171	1022	4	544	2708
Service and sales workers	188	853	3	124	566	4421	10	430	6595
Craft and related trades workers	4	79	1	89	0	2	0	0	175
Plant and machine operators and assemblers	12	131	2	3	0	10	0	0	158

Occupational categories (SASCO)	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Elementary occupations	421	1157	1	81	482	2649	0	106	4897
Total	**963**	**3703**	**133**	**1512**	**2077**	**11890**	**144**	**2982**	**23404**
Employees with disabilities	3	22	0	30	2	17	0	26	100

Notes:

- Nature of appointments (03) Sessions are excluded.
- Nature of appointments (17) Periodical and (32) Abnormal are also excluded. No posts.
- The above figures includes the Medsas and Trading Account.

Table 6.2: Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2004

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0	0	1	2	0	0	0	1	4
Senior Management	2	10	8	58	1	2	1	15	97
Professionally qualified	58	259	86	814	53	184	60	639	2153
Skilled technical	154	1030	32	425	793	4768	69	1735	9006
Semi-skilled	288	1313	3	141	685	4458	11	558	7457
Unskilled	461	1091	3	72	545	2478	3	34	4687
Total	**963**	**3703**	**133**	**1512**	**2077**	**11890**	**144**	**2982**	**23404**

Notes:

- Nature of appointments (03) Sessions are excluded.
- Nature of appointments (17) Periodical and (32) Abnormal are also excluded. No posts.
- The above figures includes the Medsas and Trading Account.
- Senior Management includes Senior Professionals.

Table 6.3: Recruitment for the period 1 April 2003 to 31 March 2004

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0	0	0	1	0	0	0	0	1
Senior Management	1	1	1	2	1	0	0	1	7
Professionally qualified	13	61	39	201	22	51	21	200	608
Skilled technical	22	47	27	88	82	254	44	234	798
Semi-skilled	103	383	1	47	107	273	6	71	991
Unskilled	14	65	0	6	47	138	1	27	298
Total	**153**	**557**	**68**	**345**	**259**	**716**	**72**	**533**	**2703**
Employees with disabilities	0	1	0	0	0	0	0	0	1

Notes:

- Nature of appointments (03) Sessions are excluded.
- Nature of appointments (17) Periodical and (32) Abnormal are also excluded. No posts.
- The above figures includes the Medsas and Trading Account.
- Senior Management includes Senior Professionals.

Table 6.4: Promotions for the period 1 April 2003 to 31 March 2004

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0	0	0	0	0	0	0	0	0
Senior Management	0	1	0	7	0	0	0	2	10
Professionally qualified	5	13	3	36	8	14	6	43	128
Skilled technical	4	15	0	7	12	52	1	15	106
Semi-skilled	1	8	0	0	4	15	0	4	32
Unskilled	9	1	0	0	1	0	0	0	11
Total	**19**	**38**	**3**	**50**	**25**	**81**	**7**	**64**	**287**
Employees with disabilities	0	0	0	0	0	0	0	1	1

Notes:

- Nature of appointments (03) Sessions are excluded.
- Nature of appointments (17) Periodical and (32) Abnormal are also excluded. No posts.
- The above figures includes the Medsas and Trading Account.
- Senior Management includes Senior Professionals.

Table 6.5: Terminations for the period 1 April 2003 to 31 March 2004

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0	0	0	0	0	0	0	0	0
Senior Management	0	1	0	8	0	0	0	0	9
Professionally qualified	18	52	28	253	20	43	22	205	641
Skilled technical	29	108	21	122	109	395	27	262	1073
Semi-skilled	125	465	18	64	131	396	3	126	1328
Unskilled	27	97	0	5	32	162	0	26	349
Total	**199**	**723**	**67**	**452**	**292**	**996**	**52**	**619**	**3400**
Employees with disabilities	0	1	0	4	0	3	0	3	11

Notes:

- Nature of appointments (03) Sessions are excluded.
- Nature of appointments (17) Periodical and (32) Abnormal are also excluded. No posts.
- The above figures includes the Medsas and Trading Account.
- Senior Management includes Senior Professionals.

Table 6.6: Disciplinary Action for the period 1 April 2003 to 31 March 2004

Disciplinary Action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Correctional Counselling	0	8	0	0	1	11	0	0	21
Verbal Warning	1	1	0	1	1	5	0	0	9
Written Warning	1	2	0	1	4	18	0	0	26
Final Written Warning	1	3	0	1	2	13	0	0	20
Suspension without pay	0	0	0	0	0	1	0	0	1
Fine	0	0	0	0	0	0	0	0	0
Demotion	0	0	0	0	0	0	0	0	0
Dismissal	6	21	0	1	4	22	0	1	55
Not guilty	0	0	0	0	0	0	0	0	0
Case withdrawn	0	0	0	0	0	0	0	0	0
Total	**9**	**35**	**0**	**4**	**12**	**70**	**0**	**1**	**132**

Table 6.7: Skills development for the period 1 April 2003 to 31 March 2004

Occupational categories (SASCO)	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers	2	13	0	5	0	11	1	4	36
Professionals	169	497	15	357	716	3493	46	17973	7395
Technicians and associate professionals	91	420	4	116	333	1902	16	342	3284
Clerks	114	585	5	192	117	785	7	436	2141
Service and sales workers	166	264	19	58	91	503	9	123	1133
Skilled Agriculture and fishery workers	0	0	0	0	0	0	0	0	0
Craft and related trades workers	10	117	2	56	0	4	0	3	192
Plant and machine operators and assemblers	1	55	1	10	3	14	0	4	88
Elementary occupations	166	450	0	45	215	872	0	25	1773
Total	**583**	**2344**	**45**	**837**	**1382**	**7342**	**73**	**2669**	**16042**

7. Performance Rewards

To encourage good performance, the department has granted the following performance rewards during the year under review. The information is presented in terms of race, gender, and disability (Table 6.1), salary bands (table 6.2) and critical occupations (Table 6.3).

Table 7.1: Performance Rewards by race, gender, and disability, 1 April 2003 to 31 March 2004

	Beneficiary Profile			Cost	
	Number of beneficiaries	Total number of employees in group	% of total within group	Cost (R'000)	Average cost per employee
African					
Male	2	963	0.00	11	6
Female	6	2077	0.00	38	6
Asian					
Male	0	133	0.00	0	0
Female	1	144	0.01	6	6
Coloured					
Male	44	3703	0.01	335	8
Female	183	11890	0.02	1,525	8
White					
Male	15	1512	0.01	259	17
Female	72	2982	0.02	861	12
Employees with a disability	0	100	0.00		
Total	**323**	**23404**	**1.38**	**3,035**	**9**

Notes:

- Nature of appointments (03) Sessions are excluded.
- Nature of appointments (17) Periodical and (32) Abnormal are also excluded. No posts.
- Performance awards includes merit awards, allowances 0228 and 0411.
- Employees with a disability is included in "TOTAL".
- Excluding Senior Management.

Table 7.2: Performance Rewards by salary bands for personnel below Senior Management Service, 1 April 2003 to 31 March 2004

Salary Bands	Beneficiary Profile			Cost		
	Number of beneficiaries	Number of employees	% of total within salary bands	Total Cost (R'000)	Average cost per employee	Total cost as a % of the total personnel expenditure
Lower skilled (Levels 1 - 2)	47	4687	1.00	194	4	0.01
Skilled (Levels 3 - 5)	72	7457	0.97	397	6	0.02
Highly skilled production (Levels 6 - 8)	165	9006	1.83	1,694	10	0.07
Highly skilled supervision (Levels 9 - 12)	39	2153	1.81	748	19	0.03
Total	**323**	**23303**	**1.39**	**3,033**	**9**	**0.13**

Notes:
- Nature of appointments (03) Sessions are excluded.
- Nature of appointments (17) Periodical and (32) Abnormal are also excluded. No posts.
- Performance awards includes merit awards and allowances 0228 and 0411.
- Excluding Senior Management.

Table 7.3: Performance Rewards by critical occupations, 1 April 2003 to 31 March 2004

Critical Occupations	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
Clinical Technologists	2	78	2.56	37	19
Industrial Technicians	1	52	1.92	17	17
Medical Physicists	0	4	0.00	0	0
Medical Orth & Pros	0	17	0.00	0	0
Total	**3**	**151**	**1.99**	**54**	**18**

Notes:
- Nature of appointments (03) Sessions are excluded.
- Nature of appointments (17) Periodical and (32) Abnormal are also excluded. No posts.
- Performance awards includes merit awards, and allowances 0228 and 0411.

Table 7.4: Performance related rewards (cash bonus), by salary band, for Senior Management Service

Salary Band	Beneficiary Profile			Cost			
	Number of beneficiaries	Number of employees	% of total within band	Total Cost (R'000)	Average cost per employee	Total cost as a % of the total personnel expenditure	Personnel cost per Band (R'000)
Band A	5	80	6.25	77	15	0.002	37,315
Band B	4	19	21.05	81	20	0.008	9,964
Band C	2	3	66.67	46	23	0.032	1,424
Band D	0	1	0.00	0	0	0.000	826
Total	**11**	**103**	**10.68**	**204**	**19**	**0.004**	**49,529**

8. Foreign Workers

The tables below summarise the employment of foreign nationals in the department in terms of salary bands and by major occupation. The tables also summarise changes in the total number of foreign workers in each salary band and by each major occupation.

Table 8.1: Foreign Workers, 1 April 2003 to 31 March 2004, by salary band

Salary Band	1 April 2003		31 March 2004		Change	
	Number	% of total	Number	% of total	Number	% change
Lower skilled (Levels 1 - 2)	6	3.59	5	3.03	-1	50
Skilled (Levels 3 - 5)	10	5.99	10	6.06	0	0
Highly skilled production (Levels 6 - 8)	52	31.14	48	29.09	-4	200
Highly skilled supervision (Levels 9 - 12)	97	58.08	101	61.21	4	-200
Senior management (Levels 13 - 16)	2	1.20	1	0.61	-1	50
Total	**167**	**100.00**	**165**	**100.00**	**-2**	**100**

Notes:

- Nature of appointments 03, 17 and 32 not included.

Table 8.2: Foreign Worker, 1 April 2003 to 31 March 2004, by major occupation

Major Occupation	1 April 2003		31 March 2004		Change	
	Number	% of total	Number	% of total	Number	% change
Admin Office Workers	2	1.20	2	1.21	0	0.00
Craft Related Workers	1	0.60	1	0.61	0	0.00
Elementary Occupations	5	2.99	7	4.24	2	-100.00
Professionals and Managers	143	85.63	108	65.45	-35	1750.00
Service Workers	8	4.79	6	3.64	-2	100.00
Soc Nat Tech Med Science Prof	0	0.00	0	0.00	0	0.00
Technical and Ass Professionals	8	4.79	41	24.85	33	-1650.00
Total	**167**	**100**	**165**	**100**	**-2**	**100.00**

Notes:

- Nature of appointments 03, 17 and 32 not included.

9. Leave utilisation for the period 1 January 2003 to 31 December 2003

The Public Service Commission identified the need for careful monitoring of sick leave within the public service. The following tables provide an indication of the use of sick leave (Table 9.1) and disability leave (Table 9.2). In both cases, the estimated cost of the leave is also provided.

Table 9.1: Sick leave, 1 January 2003 to 31 December 2003

Salary Band	Total days	% days with medical certification	Number of Employees using sick leave	% of total employees using sick leave	Average days per employee	Estimated Cost (R'000)
Lower skilled (Levels 1 - 2)	39201	78.89	3900	20.94	10	5,253
Skilled (Levels 3 - 5)	58657	80.54	6412	34.42	9	11,263
Highly skilled production (Levels 6 - 8)	65717	79.56	7448	39.98	9	21,575
Highly skilled supervision (Levels 9 - 12)	5721	72.47	830	4.46	7	3,505
Senior management (Levels 13 - 16)	161	72.67	38	0.20	4	268
Total	**169457**	**79.50**	**18628**	**100**	**9**	**43,399**

Notes:

- Nature of appointments 03, 17 and 32 not included.
- The number of 345 "Other" under total 23266 (Table 3.2) is included in "Levels".

Table 9.2: Disability leave (temporary and permanent), 1 January 2003 to 31 December 2003

Salary Band	Total days	% days with medical certification	Number of Employees using sick leave	% of total employees using sick leave	Average days per employee	Estimated Cost (R'000)
Lower skilled (Levels 1 - 2)	13103	99.91	654	27.28	20.04	1,758
Skilled (Levels 3 - 5)	14467	99.76	832	34.71	17.39	2,836
Highly skilled production (Levels 6 - 8)	14352	99.85	869	36.25	16.52	4,745
Highly skilled supervision (Levels 9 - 12)	916	99.67	40	1.67	22.90	591
Senior management (Levels 13 - 16)	33	100	2	0.08	16.50	52
Total	**42871**	**99.84**	**2397**	**100.00**	**17.89**	**9,982**

Notes:

- Nature of appointments 03, 17 and 32 not included.
- The number of 345 "Other" under total 23266 (Table 3.2) is included in "Levels".

Table 9.3 summarises the utilisation of annual leave. The wage agreement concluded with trade unions in the PSCBC in 2000 requires management of annual leave to prevent high levels of accrued leave being paid at the time of termination of service.

Table 9.3: Annual Leave, 1 January 2003 to 31 December 2003

Salary Bands	Total days taken	Average per employee
Lower skilled (Levels 1 - 2)	117,724	25
Skilled (Levels 3 - 5)	219,518	29
Highly skilled production (Levels 6 - 8)	285,617	31
Highly skilled supervision (Levels 9 - 12)	45,268	21
Senior management (Levels 13 - 16)	2,463	24
Total		**28**

Notes:

- Nature of appointments 03, 17 and 32 not included.

Table 9.4: Capped leave, 1 January 2003 to 31 December 2003

Salary Bands	Total days of capped leave taken	Average number of days taken per employee	Average capped leave per employee as at 31 December 2003
Lower skilled (Levels 1 - 2)	8830	2	18
Skilled (Levels 3 - 5)	16915	2	30
Highly skilled production (Levels 6 - 8)	21136	2	43
Highly skilled supervision(Levels 9 - 12)	3339	2	21
Senior management (Levels 13 - 16)	882	9	69
Total	**51102**	**2**	**32**

Notes:

- Nature of appointments 03, 17 and 32 not included.

Table 9.5: Leave payouts for the period 1 April 2003 to 31 March 2004

The following table summarises payments made to employees as a result of leave that was not taken.

Reason	Total Amount (R'000)	Number of Employees	Average payment per employee (R'000)
Leave payout for 2003/04 due to non-utilisation of leave for the previous cycle	1,067	426	3
Capped leave payouts on termination of service for 2003/04	5,177	276	19
Current leave payout on termination of service for 2003/04	1,355	464	3
Grand Total	**7,599**	**1,166**	**7**

10. HIV/AIDS & Health Promotion Programmes

Table 10.1: Steps taken to reduce the risk of occupational exposure

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk

Table 10.2: Details of Health Promotion and HIV/AIDS Programmes (tick the applicable boxes and provide the required information)

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	✓		Mrs B Arries Chief Director Human Resources
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.	✓		Two staff members has been designated to co-ordinate the programme. A budget of 1.5 million was made available by the Branch Special Health Projects for the Provincial Employee AIDS Programme (PEAP). PEAP represent not only the Department of Health but all 13 PGWC Departments. Consequently the 1.5 was for the 13 departments in total.
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.	✓		A post of Wellness Manager is in the process of being created to co-ordinate and formulate the EAP services within the Department.

Question	Yes	No	Details, if yes
			At some institutions internal EAP services have been instituted whereas some regions make use of outside service providers. At Head Office level a designated employee has been appointed to provide an EAP service to those regions/Directorates who do not offer an EAP service. Life Line Child Line currently also assist with Counselling of Employees.
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.	✓		HIV and AIDS in this province is seen as a transverse issue. Because of the nature of HIV and AIDS (Health related issue) the Department of Health was requested to be the primary driver of the HIV and AIDS Policy and to provide strategic Direction. • Consequently a Provincial committee consisting of co-ordinators of the 13 departments was established (PEAP). • Department of Health chair and facilitate all meetings activities of PEAP. • The Department of Health HIV and AIDS Task Team founding meeting is scheduled for August 2004. • Each Health institution also have their own institutional committee.
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.	✓		None of the employment policies and practices discriminate unfairly against employees on the basis of the HIV and AIDS status.
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.	✓		The department reviewed the HIV and AIDS policy in October 2003. The policy specifically address prohibition on discrimination. Furthermore a workplace programme was developed to give adherence to the Policy. One of the objectives of the programme is "to create a working environment that is free of discrimination".
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have you achieved.	✓		The Department entered into a working agreement with Life-Line Child Line to do BASIC HIV and AIDS information sessions and voluntary counselling and testing (VCT).
8. Has the department developed measures/ indicators to monitor & evaluate the impact of its health promotion programme? If so, list these measures/indicators.	✓		Monthly statistics is provided by Life Line on information sessions and the uptake of voluntary counselling and testing. A KAB survey is scheduled for end of 2004.

11. Labour Relations

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

Table 11.1: Collective agreements, 1 April 2003 to 31 March 2004

Subject Matter	Date
Total collective agreements	None

The following table summarises the outcome of disciplinary hearings conducted within the department for the year under review.

Table 11.2: Misconduct and disciplinary hearings finalised, 1 April 2003 to 31 March 2004

Outcomes of disciplinary hearings	Number	% of Total
Correctional counselling	20	15.1
Verbal warning	9	6.9
Written warning	26	19.7
Final Written warning	20	15.1
Suspended without pay	2	1.6
Fine	0	0
Demotion	0	0
Dismissal	55	41.6
Not guilty	0	
Case withdrawn		
Total	**132**	

Table 11.3: Types of misconduct addressed at disciplinary hearings

Type of misconduct	Number	% of Total
Absent from work without permission	98	74.2
Fails to comply with or contravenes an act	6	4.5
Fails to carry out order or instruction	5	3.8
Assault/attempts or threatens to assault	1	0.8
Conduct him/herself in improper/unacceptable manner	4	3
Possess or wrongfully uses property of the state	3	2.2
Willfully or negligently mismanages finances of the state	5	3.8
Damages and/or causes loss of state property	1	0.8
Sexual Harassment	2	1.5
Contravenes any code of conduct of the state	1	0.8
Steals, bribes or commit fraud	5	3.8
Under influence of habit-forming/stupefying drug	1	0.7
Total	**132**	

Table 11.4: Grievances lodged for the period 1 April 2003 to 31 March 2004

	Number	% of Total
Number of grievances resolved	30	62.5
Number of grievances not resolved	18	37.5
Total number of grievances lodged	48	

Table 11.5: Disputes lodged with Councils for the period 1 April 2003 to 31 March 2004

	Number	% of Total
Number of disputes upheld	10	21.2
Number of disputes dismissed	37	78.8
Total number of disputes lodged	47	

Table 11.6: Strike actions for the period 1 April 2003 to 31 March 2004

Total number of person working days lost	**0**
Total cost (R'000) of working days lost	0
Amount (R'000) recovered as a result of no work no pay	0

Table 11.7: Precautionary suspensions for the period 1 April 2003 to 31 March 2004

Number of people suspended	**4**
Number of people whose suspension exceeded 30 days	2
Average number of days suspended	180
Cost (R'000) of suspensions	R88304.49

12. Skills development

This section highlights the efforts of the department with regard to skills development.

Table 12.1: Training needs identified 1 April 2003 to 31 March 2004

Occupational Categories	Gender	Number of employees as at 1 April 2003	Training needs identified at start of reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	10		Oliver Tambo Fellowship Programme Provincial Executive Program (PEP) Senior Executive Management Programme (SEMP) J&J Hospital Leadership		10

Occupational Categories	Gender	Number of employees as at 1 April 2003	Training needs identified at start of reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
	Male	25		Oliver Tambo Fellowship Programme Provincial Executive Program (PEP) Senior Executive Management Programme (SEMP) J&J Hospital Leadership		12
Professionals	Female	5041		Provincial Executive Program (PEP) J&J Hospital Leadership Middle Management Skills Development Facilitator (SDF) Women in Management Project Management Client Care Computer training Public financial management Skills Development Facilitators Labour Law/ Labour Relations Quality management Diversity management Information management Performance management Nursing professionals: ICU Theatre technique PHC Clinical skills HIV/ AIDS training Curative skills for PHC IMCI Infection control Mental Health Medico legal risks Nutrition Oncology Reproductive Health Stoma & Incontinence Trauma TOP value clarification ACLS Wound management Psychosocial rehab Counselling & debriefing	Financial assistance: Post Basic Nurse Training (Profes-sional category i.e RN) Full-time bursaries: B Cur Degree: Nursing Full-time bursaries: Health Science students	3200

Occupational Categories	Gender	Number of employees as at 1 April 2003	Training needs identified at start of reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
	Male	1640		As above	Post Basic Nurse Training (Professional category i.e. RN) Full-time bursaries: B Cur Degree: Nursing Full-time bursaries: Health Science students	1000
Technicians and associate professionals	Female	2759		Middle Management Women in Management Project Management Client Care Interpersonal Skills Life Skills Meeting Skills Stress Management Supervision HR Management Presentation skills Group Dynamics Orientation Communication Diversity Management Problem solving & Decision making Computer training Finance Training HIV/ AIDS training Labour Law/ Labour relations Public Finance Management Financial management systems Nursing: ICU Theatre technique PHC Clinical skills HIV/ AIDS training Curative skills for PHC IMCI Infection control	Basic Nurse Training (R425 Diploma/ Degree)	1200

Occupational Categories	Gender	Number of employees as at 1 April 2003	Training needs identified at start of reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
				Mental Health Medico legal risks Oncology Reproductive Health Stoma & Incontinence Trauma TOP value clarification ACLS Wound management Psychosocial rehab Counselling & debriefing		
	Male	367		As above	Basic Nurse Training (R425 Diploma/ Degree)	200
Clerks	Female	1732		Client Care Interpersonal Skills Life Skills Meeting Skills Stress Management Supervision HR Management Presentation skills Group Dynamics Orientation Communication Diversity Management Problem solving & Decision making Computer training Finance Training Occupational Health and safety		900
	Male	1057		As above		600
Service and sales workers	Female	4948	Pharmacist Assistants Pupil Nurse Auxiliary (18.2, unemployed learners)	ABET (Adult Basic Education and Training) Occupational Health and Safety Finance training Xhosa training HIV/ AIDS training Client Care Interpersonal Skills Life Skills Meeting Skills Stress Management	Financial Assistance: Bridging Nurse Training	2000

Occupational Categories	Gender	Number of employees as at 1 April 2003	Training needs identified at start of reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
				Basic Supervision Supervision HR Management Presentation skills Group Dynamics Orientation Communication Diversity Management Problem solving & Decision making Computer training Applied Computer Literacy and Office Management (ACLOM) Emergency care practitioner (Basic, intermediate and advanced) Basic/ intermediate medical rescue Emergency aid First aid		
	Male	1602	Pharmacist Assistants	As above	Financial Assistance: Bridging Nurse Training	450
Skilled agriculture and fishery workers	Female	0				0
	Male	0				0
Craft and related trades workers	Female	2				2
	Male	165		Basic Supervision Communication Problem solving & Decision making ABET (Adult Basic Education and Training) Applied Computer Literacy and Office Management (ACLOM) Occupational Health & Safety Client care Life skills Interpersonal skills Meeting skills Stress management Diversity management Computer training Artisan training		90

Occupational Categories	Gender	Number of employees as at 1 April 2003	Training needs identified at start of reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Plant and machine operators and assemblers	Female	15		Basic Supervision Communication Problem solving & Decision making ABET (Adult Basic Education and Training) Applied Computer Literacy and Office Management (ACLOM) Occupational Health & Safety Client care Life skills Interpersonal skills Meeting skills Stress management Diversity management Computer training		10
	Male	147		As above		60
Elementary occupations	Female	2860		ABET Applied Computer Literacy and Office Management (ACLOM) Client Care Interpersonal Skills Life Skills Stress Management Basic Supervision Communication Problem solving & Decision making HIV/ AIDS training Orientation Diversity management Computer training Trade tests for artisans		710
	Male	1639		As above		380
Sub Total	Female	17461				8032
	Male	6642				2790
Total		**24103**				**10822**

Table 12.2: Training provided 1 April 2003 to 31 March 2004

Occupational Categories	Gender	Number of employees as at 1 April 2003	Training needs identified at start of reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	12		Oliver Tambo Fellowship Programme Provincial Executive Program (PEP) Senior Executive Management Programme (SEMP) J&J Hospital Leadership		16
	Male	30		As above		20
Professionals	Female	1286		Provincial Executive Program (PEP) J&J Hospital Leadership Middle Management Skills Development Facilitator (SDF) Women in Management Project Management Client Care Computer training Public financial management Skills Development Facilitators Labour Law/ Labour Relations Quality management Diversity management Information management Performance management Nursing professionals: ICU Theatre technique PHC Clinical skills HIV/ AIDS training Curative skills for PHC IMCI Infection control Mental Health Mental Health Medico legal risks Nutrition Oncology Reproductive Health Stoma & Incontinence Trauma TOP value clarification	Financial assistance: Post Basic Nurse Training (Professional category i.e RN Total: 84 Full-time bursaries: B Cur Degree: Nursing and R425 Nursing diploma Total: 299 Full-time bursaries: Health Science students Total:93 Part-time bursaries/ Generic Total: 23	6312

Occupational Categories	Gender	Number of employees as at 1 April 2003	Training needs identified at start of reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
				ACLS Wound management Psychosocial rehab Counselling and debriefing		
	Male	1330		As above	Financial assistance: Post Basic Nurse Training (Professional category i.e RN Total: 8 Full-time bursaries: B Cur Degree: Nursing and R425 Nursing diploma Total: 56 Full-time bursaries: Health Science students Total:28 Part-time bursaries/ Generic Total: 9	1083
Technicians and associate professionals	Female	5378		Middle Management Women in Management Project Management Client Care Interpersonal Skills Life Skills Meeting Skills Stress Management Supervision HR Management Presentation skills Group Dynamics Orientation Communication	Bridging nurse training Total: 58	2651

Occupational Categories	Gender	Number of employees as at 1 April 2003	Training needs identified at start of reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
				Diversity Management Problem solving & Decision making Computer training Finance Training HIV/ AIDS training Labour Law/ Labour relations Public Finance Management Financial management systems Nursing: ICU Theatre technique PHC Clinical skills HIV/ AIDS training Curative skills for PHC IMCI Infection control Mental Health Medico legal risks Nutrition Oncology Reproductive Health Stoma & Incontinence Trauma TOP value clarification ACLS Wound management Psychosocial rehab Counselling and debriefing		
	Male	835		As above	Bridging nurse training Total: 2	633
Clerks	Female	1741		Client Care Interpersonal Skills Life Skills Meeting Skills Stress Management Supervision HR Management Presentation skills Group Dynamics Orientation Communication Diversity Management Problem solving & Decision making		1253

Occupational Categories	Gender	Number of employees as at 1 April 2003	Training needs identified at start of reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
				Computer training Finance Training Occupational Health and safety		
	Male	967		As above		888
Service and sales workers	Female	5427	Pharmacist Assistants Total 55 Pupil Nurse Auxiliary (18.2, unemployed learners) Total 20	ABET (Adult Basic Education and Training) Occupational Health and Safety Finance training Xhosa training HIV/ AIDS training Client Care Interpersonal Skills Life Skills Meeting Skills Stress Management Basic Supervision Supervision HR Management Presentation skills Group Dynamics Orientation Communication Diversity Management Problem solving & Decision making Computer training Applied Computer Literacy and Office Management (ACLOM) Emergency care practitioner (Basic, intermediate and advanced) Basic/ intermediate medical rescue Emergency aid First aid		726
	Male	1168	Pharmacist Assistants Total 32	As above		407
Skilled agriculture and fishery workers	Female	0				0
	Male	0				0
Craft and related trades workers	Female	2		Refer below		7

Occupational Categories	Gender	Number of employees as at 1 April 2003	Training needs identified at start of reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
	Male	173		Basic Supervision Communication Problem solving & Decision making ABET (Adult Basic Education and Training) Applied Computer Literacy and Office Management (ACLOM) Occupational Health & Safety Client care Life skills Interpersonal skills Meeting skills Stress management Diversity management Computer training Artisan training		185
Plant and machine operators and assemblers	Female	10		Basic Supervision Communication Problem solving & Decision making ABET (Adult Basic Education and Training) Applied Computer Literacy and Office Management (ACLOM) Occupational Health & Safety Client care Life skills Interpersonal skills Meeting skills Stress management Diversity management Computer training		21
	Male	148		As above		67
Elementary occupations	Female	3237		ABET Applied Computer Literacy and Office Management (ACLOM) Client Care Interpersonal Skills Life Skills Stress Management Basic Supervision Communication		1112

Occupational Categories	Gender	Number of employees as at 1 April 2003	Training needs identified at start of reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
				Problem solving & Decision making		
	Male	1660		As above		661
Sub Total	Female	17093				12098
	Male	6311				3944
Total		**23404**				**16042**

13. Injury on duty

The following tables provide basic information on injury on duty.

Table 13.1: Injury on duty, 1 April 2003 to 31 March 2004

Nature of injury on duty	Number	% of Total
Required basic medical attention only	176	46.32
Temporary Total Disablement	195	51.32
Permanent Disablement	8	2.1
Fatal	1	0.26
Total	**380**	**100**

14. Utilisation of Consultants

Table 14.1: Report on consultant appointments using appropriated funds

Project Title	Total number of consultants that worked on the project	Duration: Work days	Contract value in Rand
J du P Projects	2	65	R142 844.99
Integrated Healing (Prof H McLeod)	2	105	R79 239.00
Ignis Project and Finance	1		R783 180.00
Total number of projects	**Total individual consultants**	**Total duration: Work days**	**Total contract value in Rand**
3	5	170	R1 005 263.99

Table 14.2: Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs)

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
J du P Projects	0%		0
Integrated Healing (Prof H McLeod)	0%		0
Ignis Project and Finance	0%		0

Table 14.3: Report on consultant appointments using Donor funds

Project Title	Total number of consultants that worked on the project	Duration: Work days	Contract value in Rand
Total number of projects	**Total individual consultants**	**Total duration: Work days**	**Total contract value in Rand**

Table 14.4: Analysis of consultant appointments using Donor funds, in terms of Historically Disadvantaged Individuals (HDIs)

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project