ANNUAL REPORT 2008/9

PROVINCIAL GOVERNMENT WESTERN CAPE

DEPARTMENT OF HEALTH

INDEX

PART 1: GENERAL INFORMATION

1.1 Submission of the Annual Report to the executive authority

Verwysing
Reference 13/3/1
Isalathiso

Navrae
Enquiries Prof K C Household
Imibuzo

Telefoon
Telephone (021) 483-4473
Ifowuni

Minister TL Botha
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 for the 2008/09 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 2009.

PROF KC HOUSEHAM
HEAD: HEALTH

Date: 28 August 2009

1.2 Introduction by Head of Department

The 2008/09 financial year was not without its challenges, limited resources in particular. The health care services in the Western Cape, and nationally, require more funding to meet the increasing need for health services resulting from an increased population and burden of disease that is exceeding the capacity of the department in many areas.

It is important to note that the Department engages vigorously at every opportunity with the National Department of Health and both the National and Provincial Treasury to motivate for additional funding to address this need and the Comprehensive Service Plan (CSP) has provided a useful and credible foundation on which to base these motivations.

The key focus of the CSP is to treat patients at the level of care most appropriate to their needs, thereby optimally using the available resources. I am pleased to report that significant steps to implement the CSP were taken during 2008/09 which includes the appointment of district directors to implement the district health system.

I am proud to report that even in the face of its challenges the Western Cape Department of Health has provided a valuable service to the people, for example: The Department is responsible for hospitals that admit over 45,000 patients and see close to 2.6 million hospital outpatients every year while the community health centres and clinics manage over 13 million patient contacts in the same period. This department has the highest cure rate for tuberculosis, the highest immunisation coverage, one of the highest primary health care utilisation rates, the lowest transmission of the HI virus from mother to child in the country, is a referral centre for Africa for highly specialised surgical procedures such as the separation of conjoined twins and provides a teaching platform for health professionals from across the country and elsewhere who spend over 5.6 million student hours in our services.

The department acknowledges that there is always room for improvement and rigorously monitors its performance against its performance targets and takes corrective action where necessary. However, I would like to acknowledge and thank the staff of the department at all levels whose commitment to service delivery enable the Western Cape Department of Health to make a significant contribution to the people of this province and the country.

1.3 Key publications

Some of the key publications and documents published during 2008/09 included:

- 2007/08 Annual Report
- 2009/10 Annual Performance Plan
- Phased Implementation of the DHS
- Copies of CSP x 100
- Burden of Disease Reduction Project
- Jonga x 3 (Head office newsletter)
- Onder Ons x 3 (Tygerberg Hospital newsletter)
- Red Letter x 2 (Red Cross War Memorial Children's Hospital newsletter)
- Groote Schuur Hospital newsletter x 2
- Service booklets x 43

1.4 Health Ministry

The Provincial Cabinet was reshuffled during July 2008 and Minister Uys was transferred to another portfolio. Mr Marius Fransman was appointed as the Western Cape Minister of Health from 1 August 2008 until the end of the financial year.

Bills submitted to the legislature

The following Bills were submitted to the legislature during the 2008/09 financial year:

1. Western Cape Health Services Fees Bill
2. Ambulance Personnel Transfer and Pensions Ordinance Repeal Bill

1.5 Vision, mission and core values

The Western Cape Department of Health's vision statement is "Equal access to quality health care".

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 all stakeholders, within the context of optimal socio-economic development.

The core values that will be reflected in the way in which the vision and mission are achieved are:

- Integrity
- Openness and transparency
- Honesty
- Respect for people
- Commitment to high quality service.

1.6 Legislative mandate

A Provincial legislation

1. Communicable Diseases and Notification of Notifiable Medical Condition Regulations. Published in Proclamation R158 of 1987.
2. Exhumation Ordinance, 12 of 1980.
3. Regulations Governing Private Health Establishments. Published in PN 187 of 2001.
4. Regulations governing the Uniform Patient Fee Schedule, 2007.
5. Training of Nurses and Midwives Ordinance 4 of 1984.
6. Western Cape Health Facility Boards Act 7 of 2001 and its regulations.
7. Western Cape Land Administration Act, 6 of 1998.
8. Western Cape Health Care Waste Management Act, 7 of 2007.
9. Western Cape Direct Charges Act, 6 of 2000.
10. Western Cape Health Services Fees Act, 5 of 2008

B National legislation

1. Academic Health Centres Act, 86 of 1993
2. Aged Persons Act, 81 of 1967
3. Allied Health Professions Act, 63 of 1982
4. Atmospheric Pollution Prevention Act, 45 of 1965
5. Births and Deaths Registration Act, 51 of 1992

6. Broad Based Black Economic Empowerment Act, 53 of 2003
7. Child Care Act, 74 of 1983
8. Children's Act, 30 of 2005
9. Chiropractors, Homeopaths and Allied Health Service Professions Act, 63 of 1982
10. Choice on Termination of Pregnancy Act, 92 of 1996
11. Compensation for Occupational Injuries and Diseases Act, 130 of 1993
12. Constitution of the Republic of South Africa, 1996
13. Constitution of the Western Cape, 1of 1998
14. Correctional Services Act, 8 of 1959
15. Criminal Procedure Act, 51 of 1977
16. Dental Technicians Act, 19 of 1979
17. Division of Revenue Act (Annually)
18. Domestic Violence Act, 116 of 1998
19. Drugs and Drug Trafficking Act, 140 of 1992
20. Employment Equity Act, 55 of 1998
21. Environment Conservation Act, 73 of 1998
22. Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972
23. Government Immovable Asset Management Act, 19 of 2007
24. Hazardous Substances Act, 15 of 1973
25. Health Act, 63 of 1977
26. Health Donations Fund Act, 11 of 1978
27. Health Professions Act, 56 of 1974
28. Higher Education Act, 101 of 1997
29. Human Tissue Act, 65 of 1983
30. Inquests Act, 58 of 1959
31. Intergovernmental Relations Framework, Act 13 of 2005
32. Institution of legal proceedings against certain Organs of State Act, 40 of 2002
33. International Health Regulations Act, 28 of 1974
34. Labour Relations Act, 66 of 1995
35. Local Government: Municipal Demarcation Act, 27 of 1998
36. Local Government: Municipal Systems Act, 32 of 2000
37. Medical Schemes Act, 131 of 1997
38. Medicines and Related Substances Control Amendment Act, 90 of 1997
39. Mental Health Care Act, 17 of 2002
40. Municipal Finance Management Act, 56 of 2003
41. National Health Act, 61 of 2003
42. National Health Laboratories Service Act, 37 of 2000
43. National Policy for Health Act, 116 of 1990
44. Non-profit Organisations Act, 71 of 1997
45. Nuclear Energy Act, 46 of 1999
46. Nursing Act, 33 of 2005
47. Occupational Health and Safety Act, 85 of 1993
48. Pharmacy Act, 53 of 1974
49. Preferential Procurement Policy Framework Act, 5 of 2000
50. Promotion of Access to Information Act, 2 of 2000
51. Promotion of Administrative Justice Act, 3 of 2000
52. Promotion of Equality and Prevention of Unfair Discrimination Act, 4 of 2000
53. Protected Disclosures Act, 26 of 2000
54. Prevention and Treatment of Drug Dependency Act, 20 of 1992
55. Public Audit Act, 24 of 2005
56. Public Finance Management Act, 1of 1999
57. Public Service Act, 1994
58. Road Accident Fund Act, 56 of 1996
59. Sexual Offences Act, 23 of 1957
60. State Information Technology Agency Act, 88 of 1998

61. Skills Development Act, 97 of 1998
62. Skills Development Levies Act, 9 of 1999
63. South African Medical Research Council Act, 58 of 1991
64. South African Police Services Act, 68 of 1978
65. Sterilisation Act, 44 of 1998
66. Tobacco Products Control Act, 83 of 1993
67. Traditional Health Practitioners Act, 34 of 2004
68. University of Cape Town (Private) Act, 8 of 1999

Trading entities

1. Cape Medical Depot

Governing legislation:	Established in terms of the PFMA.
Functions/objectives:	Manage the supply of pharmaceuticals and medical sundries to hospitals, community health centres and local authorities.
Accountability:	The Head of Department is the accounting officer of this trading entity.

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GENERAL INFORMATION

PART 2: PROGRAMME PERFORMANCE

2.1 Voted funds for Vote 6

Appropriation	Main appropriation	Adjusted appropriation	Actual amount spent	Over / under expenditure
Vote 6	8,870,805	8,870,805	8,655,845	214,960
Responsible MEC	Provincial Minister of Health			
Administering Department	Department of Health			
Accounting Officer	Head of Department, Department of Health			

Aim of vote

The core function and responsibility of the Western Cape Department of Health is to deliver a comprehensive package of health services including all levels of care to the people of the province. This includes preventive, promotive, emergency and curative, rehabilitation and chronic care services. Effective interventions should be implemented to reduce morbidity and mortality particularly in the high priority areas of HIV and AIDS, tuberculosis (TB), trauma and chronic diseases. Highly specialised tertiary health care services are rendered in addition to the people from neighbouring provinces and these services are largely funded from the National Tertiary Services Grant.

In addition, the Department provides a training platform within provincial health facilities for health care workers and professionals in conjunction with higher education institutions. The Department is also responsible for the licensing and regulation of private hospitals within the province and the rendering of a forensic pathology service.

2.2 Key issues and strategic goals, programmes and achievements

Key issues and strategic goals

The following key issues or focus areas were identified by the Department in the 2008/09 Budget Statement:

- Continue with the implementation of the Comprehensive Service Plan (CSP) to improve the quality of health care delivery.
- Strengthen TB programmes with special focus on improved cure rates and the management of multi-drug resistant and extreme drug resistant TB.
- Strengthen care and management of people living with HIV and AIDS with a greater focus on targeted prevention interventions and district health based treatment.
- Address service pressures in mental health, obstetric and neonatal services, surgery and emergency care.
- Strengthen mechanisms to assess the burden of disease and strategies developed with other departments to begin to reduce the burden of disease.
- Strengthen human resource and financial management to improve performance.

Specific focus areas in terms of the CSP were:

- Implement health districts and create district management structures in the Cape Town Metro and rural health districts.
- Strengthen district health service delivery through outreach and support to district hospitals, community health centres and clinics.
- Restructure the service platform with the designation and management of hospital beds according to a defined level and package of care in central, regional and district hospitals.
- Achieve the Comprehensive Service Plan targets for level three beds in the central hospitals.
- Strengthen the general specialist capacity and clinical management within the reconfigured level two (general specialist) services.
- Restructure emergency medical services to improve response times and begin to achieve response times closer to the national norms.
- Expand community-based care services through the Extended Public Works Programme (EPWP) in Health to enable people to be managed in communities where they live.
- Construct, upgrade and improve maintenance of health facilities with a special focus in the 2008/09 financial year on the planned construction of the Khayelitsha and Mitchells Plain Hospitals in the Cape Town Metro.

In terms of the 2008/09 Annual Performance Plan (APP), the following strategic goals were identified:

Administration

- Conduct the strategic management and overall administration of the Department of Health.
- Render a support service to all institutions, regions and the Department in order to ensure improved quality of care and the reduction of service risks in order to achieve the provision of a safe standard of care.
- The recruitment and retention of an appropriate workforce for the Department of Health.

District health services

- In line with Comprehensive Service Plan targets, transform the District Health System (DHS) in order to ensure the delivery of the full package of good quality DHS services in all the districts of the Western Cape.
- Ensure accessibility to district hospitals in all the districts of the Western Cape.
- Implement a comprehensive community based service package in all sub-districts of the Western Cape.
- Improve chronic disease management.
- Reduce morbidity and mortality amongst HIV affected persons.
- Decrease the number of new HIV infections in the age group 15 - 24 years.
- Reduce morbidity and mortality due to TB.
- Improve women's health.
- Decrease morbidity and mortality during pregnancy, birth and post delivery.
- Reduce child and neonatal morbidity and mortality.
- Improve the nutritional status of prioritised groups.
- Ensure adequate disease prevention and control.
- Ensure the delivery of a good quality disease control programme in all the districts of the Western Cape.
- Establish a Forensic Pathology Service for the province that is designed to contribute positively to ensure the development of a just South African society, to assist with the fight against and prevention of crime, to assist with the prevention of unnatural death, to establish the independence of the medical and related scientists and to ensure an equitable, efficient and cost effective service.

Emergency medical services

- Render effective and efficient pre-hospital emergency services including inter-hospital transfers and patient transport in the Western Cape.
- Facilitate clinical governance and co-ordination of emergency medicine within the emergency departments of all health institutions.
- Render effective and efficient pre-hospital emergency services during the FIFA World Cup.

Provincial hospital services

- Provide sufficient infrastructure for the rendering general specialist services in regional hospitals.
- Render a comprehensive package of general specialist hospital services to the population of the Western Cape.
- Provide sufficient infrastructure for the rendering of TB hospital services.
- Render comprehensive TB hospital services to the population of the Western Cape.
- Provide sufficient infrastructure for the rendering of specialist psychiatric hospital services.
- Render specialist psychiatric hospital services to the population of the Western Cape.
- Provide sufficient infrastructure for the rendering of high intensity rehabilitation services at the Western Cape Rehabilitation Centre.
- Render specialised orthotic and prosthetic services.
- Provide high intensity specialised rehabilitation services for persons with physical disabilities.
- Establish an effective and efficient dental service delivery platform with sufficient resources for the teaching and training of dental professionals.

Central hospital services

- Provide sufficient infrastructure for the rendering of highly specialised hospital services.
- Provide highly specialised hospital services in accordance with the specifications of the National Tertiary Services Grant.

Health sciences and training

- Render education, training and development opportunities for employees of the Department of Health.
- Address the shortfall in the number of professionals to meet future service requirements.

Health care support services

- Render laundry services to hospitals, care and rehabilitation centres and certain local authorities.
- Render a maintenance service to equipment, engineering installations, and repairs and renovations to buildings.
- Manage the supply of pharmaceuticals and medical sundries to hospitals, community health centres and local authorities.

Health facilities management

- Provide new health facilities.
- Provide for the upgrading and maintenance of existing health facilities.

For a complete list of the strategic objectives and measurable objectives per programme, see the “Programme Performance” section of this Report.

Programmes

The Department of Health consists of the following eight budget programmes:

- **Programme 1:** **Administration**

  Conduct the strategic management and overall administration of the Department of Health.

- **Programme 2:** **District Health Services**

  Render primary health care and district hospital services.

- **Programme 3:** **Emergency Medical Services**

  Render pre-hospital emergency medical services including inter-hospital transfers and planned patient transport.

- **Programme 4:** **Provincial Hospital Services**

  Deliver hospital services which are accessible, appropriate, and effective and provide general specialist services, including a specialised rehabilitation service, as well as a platform for training health professionals and research.

- **Programme 5:** **Central Hospital Services**

  Provide highly specialised tertiary health services and create a platform for the training of health workers.

- **Programme 6:** **Health Sciences and Training**

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

- **Programme 7:** **Health Care Support Services**

  Render support services required by the Department to realise its aims.

- **Programme 8:** **Health Facilities Management**

  Provide for new health facilities, upgrading and maintenance of existing facilities, including the hospital revitalisation programme and the provincial infrastructure grant.

More detail on the sub-programmes within the eight budget programmes is provided in the "Programme Performance" section of this Report.

Achievements

The following achievements were reported for 2008/09 in the 2009 Budget Statement:

<u>Implementation of the Comprehensive Service Plan (CSP)</u>

Health districts and district management structures

District managers were appointed in all six districts, i.e. Metro, Cape Winelands, Overberg, Eden, Central Karoo and West Coast.

The eight sub-districts in the Metro are managed through four sub-structure offices. The four directors for the sub-structure offices have been appointed and report to a chief director responsible for Metro District Health Services.

The sub-structures in the Metro manage the following sub-districts:

- Sub-structure 1: Northern and Tygerberg
- Sub-structure 2: Southern and Western
- Sub-structure 3: Klipfontein and Mitchell's Plain
- Sub-structure 4: Khayelitsha and Eastern

Strengthen district health services through outreach and support

The Department set and achieved a target for 28 of its 31 district hospitals (90%) to provide administrative support and clinical outreach and support to the Primary Health Care (PHC) platform during 2008/09.

Restructure service platform for central, regional and district hospitals

The service packages for levels one, two and three have been defined in line with the national guidelines and following wide consultation. The development of standard case definitions and a folder audit at different facilities across the various general specialities, will allow for the quantification of current level one, two and three activities across the acute hospital service platform.

Each central hospital has designated inpatient and outpatient services according to the CSP, which are being implemented and will be further consolidated during 2009/10. Level two and three services in the central hospitals are resourced from Programmes 4.1 and 5 respectively and performance information has been similarly separated between the two programmes. The setting of targets has been a challenge and the process will be refined during 2009/10.

The number of district hospital beds has increased from 1,750 beds in 2006/07 to 2,312 beds in 2008/09 towards a CSP target of 2,458 beds.

Achieve CSP target for level three beds in central hospitals

Although the CSP target of 1,460 operational level three beds was achieved during 2008/09, the distribution of the beds across the central hospitals, their level of functioning and the specifics of discipline and sub-discipline are still in transition. A systematic process will commence in 2009/10 to bolster high care and intensive care services.

Strengthen general specialist capacity and clinical management

The level two services in the central hospitals will be managed by a head of general specialised services for each discipline in Metro West and Metro East. These heads of general specialised services will report to the respective level two chief operating officers, and ultimately to the CEO of the central hospital. As the heads of general specialised services are joint staff members, the Universities of Cape Town and Stellenbosch have been consulted in this process. The posts have been job evaluated and will be filled as soon as possible.

The staff establishments of all hospitals in the Metro are currently being reviewed and adjusted to ensure that the appropriate human resources are allocated to deliver the envisaged packages of hospital services. This is done by means of organisational development investigations which have commenced and will be completed in 2009/10.

Restructure emergency medical services

The key issue for Emergency Medical Services (EMS) is the improvement of response times towards the national target of 15 minutes in urban areas and 40 minutes in rural areas. During 2008/09 EMS achieved 43.6% of responses to calls in urban areas within 15 minutes and 75.4% of responses to calls in rural areas within 40 minutes.

In the Metro, patients were not found at the scene in 30% of responses.
Emergency Medical Services has recruited 170 student emergency care practitioners who are in training. The skills mix of EMS personnel currently does not meet national targets and training capacity is a limiting factor.

New ambulance stations have been constructed at Hermanus, Caledon, Atlantis and Riversdale. Ten Metropolitan VW Crafter ambulances were procured to augment the ambulance fleet.

An important development in EMS is the establishment of the emergency medicine component which will co-ordinate and provide clinical governance of emergency services across the platform. An Acute Emergency Case Load Management Policy (AECLMP) has been developed to ensure the flow of emergency patients to the appropriate level of care.

The aero-medical service provided by the Red Cross Air Mercy Service continues to transport patients requiring long distance transfer from rural locations to the metropolitan hospitals, thereby retaining ambulances in rural towns to service local emergency calls.

The strengthening of the planned patient transport system, HealthNET, relieves the emergency ambulance service by transporting non-emergency patients within and between districts.

Expand community based services through EPWP

Community based services (CBS) complement and enhance services provided at public health facilities by providing appropriate services in community settings thus alleviating the pressure on health facilities.

The key focus of the EPWP training has been the strengthening of the home based care programme to ensure a safety net for de-hospitalised patients to be cared for in their homes and communities where they live.

At the end of 2008/09 there were 24,232 home-based care clients registered. An additional 1,000 plus caregivers were recruited during the first quarter of the financial year. A total of 6,957 home-based care clients were hospital referrals versus a target of 8,200.

Construct, upgrade and improve maintenance of health facilities

Funding was approved for the construction of Khayelitsha Hospital. The tender was awarded on 5 January 2009 and the anticipated completion date is January 2012. Site works have been completed and construction has commenced with good progress on the foundations of the building.

The capital infrastructure programme for the construction of new facilities and the upgrading of existing facilities is proceeding as planned. The upgrading and extension of the Hermanus and Knysna Hospitals will commence in the MTEF period as will the final phase of the revitalisation project at Vredenburg Hospital. The upgrading of the Red Cross War Memorial Children's Hospital is ongoing thanks to the generosity of the Children's Hospital Trust.

In the past three years new community day centres (CDC's) were opened in Swellendam, Montagu and Wellington. New clinics were opened in Stanford, Browns Farm and Simondium. During the same period, new ambulance stations have been constructed in Hermanus, Riversdale, Atlantis, Beaufort West and Caledon. The ambulance stations at Bredasdorp, Lentegeur, Oudtshoorn, and Stellenbosch have been upgraded. During the MTEF period new CDCs are planned for Malmesbury, Plettenberg Bay, Knysna and Du Noon with clinics planned for Grassy Park and Rawsonville.

Examples of key projects in progress are:

- Construction of the new Khayelitsha Hospital.
- Revitalisation of Paarl Hospital.
- Phase 1 of the upgrading of Riversdale Hospital is complete and Phase 2 is in construction.
- Phase 1 of the upgrading of Caledon Hospital.
- The construction of the new casualty unit at Eerste River Hospital has commenced.

The forensic mortuaries at Hermanus and George were completed in 2008/09. Delays are however being experienced at Worcester, Paarl and Malmesbury due to contractors defaulting and contracts being terminated.

Strengthen TB programmes

Tuberculosis was identified as a high priority in the State of the Nation address, declaring it to be one of the apex priorities of government. In line with the priorities of the National Department of Health, strengthening TB control in the Western Cape was a key focus area in 2008/09.

The TB cure rate increased from 68.6%in 2004/05 to 77.8% in 2008/09; the smear conversion rate at two months for new smear positive PTB cases increased from 59.3% in 2004/05 to 70.6% in 2008/09.

Additional funding was allocated in the 2008/09 financial year to strengthen the staff capacity at all TB hospitals. There are no waiting lists for multi-drug resistant and extreme drug resistant TB patients, but the waiting list for TB sensitive patients requiring hospitalisation remains a challenge and is being addressed in a holistic manner.

Patients who can be managed through the home based care system are discharged to make way for more acutely ill patients. Due to the fact that there are only two TB hospitals in the Metro, the drainage areas for patients being referred from these hospitals to acute hospitals are being redefined.

Strengthen care and management of people living with HIV and AIDS

The conditional grant that provides funding to implement the provisions of the Comprehensive Plan and now the National Strategic Plan (NSP) is currently inadequate to provide for prevention of HIV transmission programmes and the care, management and treatment of people with HIV and AIDS.

Social mobilisation targeted interventions

A key finding of the NSP analysis of the last Five Year Plan is that the ABC messages have not delivered the desired outcomes. To address this and the need for 'clear and non-confusing' messages around HIV prevention, a process of consultation with those involved in youth interventions to develop a new set of messages for both young people and older men, has begun. A two-year campaign based on this strategy is anticipated.

Antiretroviral treatment (ART)

Approximately 1,500 patients are currently enrolled monthly for ART at 66 accredited facilities, with outreach to smaller sites. At the end of March 2009, the cumulative number of clients receiving ART was 54,703.

Successful ART services have been extended to Brooklyn Chest TB Hospital and Pollsmoor Correctional Service and both were accredited in September 2008. For 2008/09, the two high burden sub-districts of Khayelitsha and Mitchell's Plain were prioritised. Twenty sites (twelve in the Metro, six in Eden, and two in Drakenstein / Breede Valley) have been identified for phased implementation.

Address service pressures

Various steps were taken to manage the service pressures more effectively in mental health, obstetric and neonatal services, surgery and emergency care. The need for psychiatric outreach and support in the management of substance abuse was identified and a plan is being developed to address this matter.

Burden of disease

The Burden of Disease (BoD) project has two main components, namely institutionalisation of the surveillance system and reduction of the burden of disease.

Institutionalisation of surveillance system

The report on the Burden of Disease estimated for the Province and trends since 1998 – 2006 has been completed. Mortality reports for sub-districts in the Metro 2001 – 2006 and for sub-districts in the Overberg and Cape Winelands 2004 – 2006 have been completed.

The functions of data collection and management of mortality statistics in the district office information units have been institutionalised in the Department in partnership with the Department of Home Affairs and the City of Cape Town. An electronic provincial wide injury mortality surveillance based on the National Injury Surveillance System (NIMMS) called the Provincial Injury Surveillance System (PIMMS) has been developed.

Reduction of the burden of disease

Recommendations have been made to the Provincial Government of the Western Cape (PGWC) that efforts to reduce the burden of disease should focus on addressing injuries and alcohol as a risk factor. Evidence based recommendations of interventions that can be implemented have been provided to PGWC.

Formal recommendations in the form of an article in the Provincial State of the Province publication were published by the Department of the Premier. This article provides evidence based recommendations on how the difficulty in inter-sectoral action could be addressed.

Substantive input into the development of the Liquor Act, 2008 which seeks to address one of the key risk factors driving burden of disease in the Province, was provided by the Department based on the evidence generated by the BoD study.

The BoD project will also inform the research sub-committee in the Provincial Road Traffic Coordinating Committee with the aim of supporting the development of an integrated surveillance system for road traffic injuries and determinants thereof.

Together with the Department of Social Development and Community Safety, the Department of Health is developing a documentary to challenge and undermine pervasive norms, attitudes and beliefs about alcohol use to promote the decrease in misuse of alcohol in the Western Cape. This documentary will be shown in relevant settings (schools, health clinics, places of work, prisons, to traffic offenders etc.) accompanied by workshops discussing different aspects of the film and an evaluation process to evaluate behaviour change.

Human resource and financial management

Specific posts for human resource and financial management that need to be filled have been identified. Although many of these posts are at various stages of being filled, the Department struggles to retain these categories of staff as other departments compete to appoint staff from this limited pool. The Department will continue to train staff in the various functions and in particular in financial governance.

More detailed information on the performance of each programme is included in the “Programme Performance” section of this Report.

Overview of the service delivery environment for 2008/09

Summary of services rendered by the department

In terms of section 27 of the Constitution of the Republic of South Africa, 1996 (Act 108 of 1996): "Everyone has the right to have access to health care services, including reproductive health care; and no-one may be refused emergency treatment" and the state must take reasonable legislative and other measures within its available resources, to achieve the progressive realisation of these rights.

The Western Cape Department of Health is therefore responsible for providing health services to the uninsured population of the province, i.e. ± 75% of the total population of 5.6 million, which amounts to ± 4.2 million. In addition to this there is an obligation to provide tertiary services to people beyond the provincial boundaries in line with the funding received through the National Tertiary Services Grant.

The range of services provided by the Department includes the following:

- Delivery of comprehensive, cost-effective primary health care services including the prevention of disease and the promotion of a safe and healthy environment:

  Primary health care (PHC) services are provided at 428 facilities that consist of mobiles, satellite clinics, clinics and community health centres (CHC's). In total there are 32 sub-districts in the Province, all of which provide a full package of PHC services.

  For the 2008/09 financial year, a total of 15,051,210 clients were seen for primary health care services in the Province. This figure translates into an utilisation rate of 2.8 for the total population of the Western Cape, and an utilisation rate of 4.9 for the population under five years.

- The delivery of district, provincial and central hospital services:

  There are 32 district hospitals in the Western Cape. This includes the Khayelitsha and Mitchell's Plain district hospital hubs, which are located currently at Tygerberg and Lentegeur Hospitals respectively pending the construction of these hospitals. 221,365 inpatients were discharged from district hospitals. The number of clients (headcounts) seen at the outpatient and casualty/emergency/trauma departments were 508,504 and 331,675 respectively.

  Six general (regional) hospitals and three central hospitals that render level two services discharged 196,668 inpatients. The number of clients (headcounts) seen at the outpatient and casualty/emergency/trauma departments were 718,131 and 308,188 respectively.

  In total 3,725 inpatients were discharged from the six tuberculosis hospitals and 1,818 headcounts were recorded in the outpatient departments at these hospitals.

  A further 5,051 inpatients were discharged from the four psychiatric hospitals and 23,955 headcounts were recorded in the outpatient departments at these hospitals.

  The Western Cape Rehabilitation Centre recorded 944 inpatient discharges and 16,227 outpatient headcounts.

  In the three central hospitals 62,555 inpatients were discharged from the institutions. The number of clients (headcounts) seen at the outpatient department was 543,461. Clients seen in the casualty/emergency/trauma department is reflected as level two services under general (regional) hospitals.

- The delivery of health programmes to deal with specific health issues such as nutrition, HIV and AIDS, Tuberculosis, reproductive health, environmental and port health.

  In terms of nutrition, three new public facilities were accredited as baby friendly hospital initiative (BFHI) sites during 2008/09. The total number of BFHI facilities accredited in the province is 19 which include two private facilities. The province also provided vitamin A supplementation to 88.8% of children under one year. Currently 29 out of the 54 facilities evaluated comply with 75% of the standardised measuring tool used to evaluate the quality of food services provided to clients in public hospitals.

  The nutrition supplementation programme (NSP) was extended to include HIV, AIDS and TB clients who meet the criteria. The programme was extended to provide clients with access to receive the products at 83% (54 / 65) of accredited ART sites in 2008/09.

  Voluntary counselling and HIV testing (VCT) services are available at all fixed PHC facilities in the province. During 2008/09 a total of 353,959 people were tested for HIV in addition to the 96,411 women who tested as part of the prevention of mother-to-child transmission (PMTCT) programme. In total 87,277 more people were tested for HIV in the province, excluding the antenatal women who tested, which is a 24.7% increase from the previous year. Of the 108,352 first antenatal clients seen in the province, 96,411 (89%) were tested for HIV and 13,432 (13.9%) tested HIV positive. There were 2,223 (17.2%) of women who delivered while receiving HAART.

  Antiretroviral (ARV) treatment was provided to 54,703 patients at 66 accredited ARV sites.

  The smear positive TB cure rate and the TB treatment interruption rate remained stable at 77.8% and 9.2% respectively. A total of 1,153 new MDR TB cases and 66 new XDR TB cases were diagnosed.

- Delivery of emergency medical and patient transport services:

  There are 50 emergency medical service (EMS) stations across the Western Cape Province and the EMS fleet consists of 230 ambulances. EMS received 404,134 emergency call-outs during 2008/09 and more than 78,000 patients were transported by HealthNET.

- Rendering of specialised orthotic and prosthetic services:

  A total of 5,462 orthotic and prosthetic devices were manufactured of which only 1.3% required remanufacture. The waiting list for devices was reduced from 441 in 2007/08 to 295 in 2008/09.

- Rendering of forensic pathology and medico-legal services:

  Forensic pathology services are rendered via eighteen forensic pathology facilities across the province and 46 response vehicles. During 2008/09 a total of 9,702 incidents were logged, which resulted in 9,586 forensic pathology cases and 7,864 autopsies.

- Delivery of support services to ensure efficient health services.

- The overall management and administration of the delivery of public health care within the province.

- The development of organisational structures that enable effective quality service delivery.

- Effective communication.

- The regulation of private health care.

External activities and events relevant to budget decisions

As outlined in the 2009 Budget Statement, the Department of Health has a relatively large budget for Goods and Services and a significant dependence on imports which is substantially affected by inflation and exchange rate fluctuations. The impact of the recent movements in these rates are already being felt, and will increase as contractors request price increases for these reasons.

The relentlessly increasing patient load, which is estimated at 3% per annum on a weighted average basis places budgets under pressure.

The cost of information technology is expected to increase as the Department becomes increasingly dependent on information systems. Over the last months the Department experienced problems with slow response times and contracted a firm to analyse the problems and issue a report with recommendations.

The growth in patients requiring anti-retroviral treatment (ART) continued. National Treasury did not allocate additional funds in 2008/09 for this purpose.

Overview of the organisational environment for 2008/09

The 16.7% increase in the population of the Western Cape from 4,524,335 in 2001 to 5,278,585 in 2007 as reported in the Community Survey 2007, has had a significant impact on the demand for services.

The implementation of the Comprehensive Service Plan will reshape the service to improve the quality of patient care and treat patients at the most appropriate level of care thereby optimising the use of limited resources. The thrust of the initial implementation is in the Metro where improving the service will impact on the majority of the people in the Western Cape.

Appointments / promotions / transfers to senior management services during 2008/09 included:

- Director: Cape Winelands District: Dr LC Phillips – promotion with effect from 1 May 2008.
- Director: Central Karoo District: Ms NE Msindo-Mayeng – transfer and promotion with effect from 1 June 2008.
- Director: Western / Southern Sub-structure: Dr KE Grammer – promotion with effect from 1 May 2008.
- Director: Khayelitsha / Western Sub-structure: Dr GM Perez – promotion with effect from 1 May 2008.
- Director: Mitchell's Plain / Klipfontein Sub-structure: Dr JMB Claasen – appointment with effect from 1 June 2008.
- Director: Clinical Services (Chief Operational Officer) Groote Schuur Hospital: Dr KLN Linda – transfer with effect from 1 July 2008.

Strategic overview and key policy developments for the 2008/09 financial year

This information is provided in the section titled "Important policy decisions and strategic issues facing the Department", contained in the Report by the Accounting Officer in Part 4 of this Report.

2.3 Departmental revenue, expenditure and other specific topics

Collection of departmental revenue

The table below provides a breakdown of the sources of revenue and the performance for 2008/09.

Table 2.3.1 Sources of revenue (R'000)

	2005/06 Actual	2006/07 Actual	2007/08 Actual	2008/09 Target	2008/09 Actual	% deviation from target
Tax revenue	N/A	N/A	N/A	N/A	N/A	N/A
Non-tax revenue	**268, 094**	**287, 567**	**486, 288**	**400, 887**	**429, 196**	**7.06%**
Sale of goods & services	200, 081	223, 712	348, 056	265, 161	289, 680	9.25%
Transfers received	67, 916	63, 651	137, 607	135, 002	138, 174	2.35%
Fines, penalties	1				1	100%
Interest, dividends	96	204	625	724	1, 341	85.22%
Sales of capital assets (Capital Revenue)	**24**	**10**	**10**	**11**	**11**	
Sales of capital assets	24	10	10	11	11	
Financial transactions (Recovery of loans and advances)	**8, 500**	**16, 482**	**11, 548**	**8,621**	**7, 937**	**(7.93%)**
TOTAL DEPARTMENTAL RECEIPTS	**276, 618**	**304, 059**	**497, 846**	**409, 519**	**437, 144**	**6.75%**

The Department ended the 2008/09 year with a revenue surplus of R 27,625 million (7%). The better than anticipated performance is attributed primarily to the following:

- Sales of Goods and Services:

  The surplus of R 24,5 million (7%) is due to the R 13 million surplus in the collection of patient fees as a result of a joint initiative between the Department of Health and the Road Accident Fund in addressing the backlog of unpaid claims.

  A further surplus of R 7 million relates to recovery of penalties for late deliveries via the MEDSAS system at the Cape Medical Depot.

  The balance of the surplus relates to, among others, accommodation in respect of staff and private, inspection fees in respect of private health care facilities, and private patient/ambulance transport.
- Transfers:

  The surplus (2%) is due to an increased contribution from the respective universities to the academic hospitals.

- Interest:

  The surplus (85%) resulted through the levying of interest in respect of certain unpaid patient fee accounts. The surplus is also a result of improved performance in terms of interest collected on staff debt.

- Financial transactions:

  The under collection (8%) is primarily due to fewer receipts having to be allocated to the item “unallocated credits” within the category of financial transactions.

Departmental expenditure

Table 2.3.2 Departmental expenditure

Programmes	Voted for 2008/09	Roll-overs and adjustments	Virement	Total voted	Actual expenditure	Variance
Programme 1	300,788	(25,538)	(18,509)	256,741	249,104	7,637
Programme 2	2,964,886	137,922	5,276	3,108,084	3,139,800	(31,716)
Programme 3	386,026	6,709	2,607	395,342	403,118	(7,776)
Programme 4	2,305,977	52,664	(87,081)	2,271,560	2,260,650	10,910
Programme 5	1,801,295	58,244	111,147	1,970,686	1,970,686	0
Programme 6	178,520	590	(14,000)	165,110	136,629	28,481
Programme 7	97,086	852	560	98,498	96,150	2,348
Programme 8	607,395	(2,611)	0	604,784	399,708	205,076
Total	8,641,973	228,832	0	8,870,805	8,655,845	214,960

Transfer payments

Services rendered by means of transfer payments

During 2008/09 transfer payments were made to municipalities, the Cape Medical Depot, SETA and non-profit institutions that render a service on behalf of the Department of Health.

Municipalities

The City of Cape Town received transfer payments during 2008/09 for the rendering of personal primary health care (PPHC) services in the Cape Metropole. This is the only municipality that still receives funding from the department to render PPHC services. The Department of Health assumed responsibility for PPHC services in the rural areas in the province from 1 April 2005. Prior to 1 April 2005 the rural municipalities were also funded for rendering PPHC services by means of transfer payments.

In terms of the Global Fund, transfer payments were made to municipalities for the ARV Treatment Capital Works Project and the Community Based Response (CBR) programme. The ARV Treatment Capital Works Project identified five clinics operated by the Cape Town City Health Department in 2008/09 in order to increase the physical capacity at these sites, namely Bloekombos, Delft South, Khayelitsha Town 2, Wallacedene and Weltevreden Valley. The extensions to Bloekombos Clinic were completed during 2008/09 while the work continues at the four other clinics.

The Department entered into service level agreements with five municipalities during 2008/09 to implement the CBR programme, namely Cape Town, Central Karoo, Eden, Overberg and West Coast. The programme provides small grants to community based organisations to implement projects to address the effect of the HIV and AIDS epidemic on local communities. The focus areas of these projects are promotion of food security; community care for vulnerable children; community based emergency accommodation or short-term placement of children, the frail and terminally ill; job creation and income generation; and life skills and youth work targeting out-of-school youth.

Cape Medical Depot

The transfer payment made to the Cape Medical Depot was used to augment the trading account capital. The aim of the trading account is to manage the supply of pharmaceuticals and medical sundries to hospitals, community health centres and local authorities.

SETA

An administration levy payment is also made to SETA on an annual basis.

Non-profit institutions

Transfer payments are made to specific institutions such as St Joseph's Home, Sarah Fox Hospital, Booth Memorial Hospital and Conradie Care Centre. Radie Kotze, Murraysburg and Uniondale provincially aided hospitals also receive transfer payments from the Department of Health to render level one inpatient services.

The HIV and AIDS Conditional Grant contracts non-profit organisations (NPOs) to render front-line services in health care facilities and in the community. The funding to NPOs were utilised to render services in 46 high transmission areas (HTA) and 18 step-down care facilities and to provide voluntary counselling and HIV testing services through 499 lay counsellors.

Global Fund transfer payments to non-profit institutions were used to:

- Provide adherence counselling services at the ARV treatment sites in Khayelitsha and Gugulethu;
- Provide peer education services to modify risk-taking behaviour and to reduce HIV transmission amongst the youth in selected secondary schools in high HIV prevalence areas in the province (nine NPOs were contracted);
- Provide inpatient palliative care and respite services (six NPOs were funded);
- Fund 17 community based projects in the Cape Winelands area in respect of the community based response programme; and
- Fund the Networking AIDS Community of South Africa (NACOSA) for the support of their training, mentoring, networking and support of community based organisations across the province.

The SA Red Cross Air Mercy Service ensures that rural patients have access to acute services in regional and central hospitals and also provide wilderness search and rescue support services. During 2008/09 a total of 1,005 patients were transferred by this service and 84 patients were rescued from mountains or the sea.

Maitland Cottage Home is a provincially aided hospital that receives funding to provide highly specialised paediatric orthopaedic surgery and serves as an extension of Red Cross War Memorial Children's Hospital.

The Expanded Public Works Programme (EPWP) strengthens the sustainability of community based services at primary care level through the training of home community based carers towards formal qualifications in ancillary health care and community health work. It contributes towards creating employment opportunities and alleviating poverty through stipend work opportunities and / or training to relief workers who are recruited from the community.

Transfer payments in 2008/09

Refer to Annexure 1F, 1G, 1H, and 1K in the annual financial statements.

Monitoring systems for transfer payments

In order to meet the requirements of Section 38(1) (j) of the PFMA, namely to obtain a written assurance from the recipient, that such recipient implements efficient, effective and transparent financial management and internal controls systems, the department appointed a service provider to do the following, for all transfers made to NGO's:

- Visit all recipients of transfers to establish if the recipients meet the requirements as set out in the department's policy for making/receiving transfers.
- Audit all files administered by the various offices of the department to determine whether the offices apply the policy as prescribed, whether files have been opened for all recipients and whether sound financial control is exercised.
- Establish whether sufficient capacity exists at all offices properly manage transfer payments.

- Inform the department whether the accounting officer can certify that the requirements of the PFMA are met to continue with making payments to recipients of transfers.

Upon receipt of the progress reports submitted by the service provider, the following was established and the following remedial steps will be taken:

- Not all recipients meet the requirements of the Act. It was decided that the service provider will provide training to the relevant recipients, and that the requirements to receive payments will be communicated more clearly to applicants.
- Not all offices meet the requirements of departmental policy. The service provider was requested to develop a standard operating procedure to be implemented at all offices, to ensure the administration of transfers will all be done in accordance with departmental policy.
- The service provider established that not sufficient dedicated capacity exists at all offices responsible for the administration of transfers. The department will take the necessary steps to ensure sufficient capacity is created.
- The accounting officer is not in a position to certify that the department meets the requirement of the Act. It is envisaged that once all the above steps have been taken that the department will meet the requirements of the Act.

Conditional grants and earmarked funds

The Department received the following conditional grants during 2008/09:

National Tertiary Services Grant (NTSG)

The purpose of the NTSG is to compensate provinces for the supra-provincial nature of tertiary services provision and spill over effects and to provide strategic funding to enable provinces to plan, modernise, rationalise and transform the tertiary hospital service delivery platform in line with national policy objectives including improving access and equity.

R 1,500 million was allocated during 2007/08 and the full amount was spent by the department. It must be noted that the NTSG only accounts for 55.8% of the total budget in the central hospitals. The balance of the required funding are sourced via other sources like the provincial equitable share.

The key inputs funded by this grant are related to remuneration of staff delivering tertiary services (R 933,587,000), goods and services such as medicine, surgical and medical supplies (R 554,126,000), and payment for capital assets i.e. equipment and buildings (R 12,480,000).

The key performance activities and outcomes of the grant is patient care activities as stipulated in the service level agreement between the National Department of Health and the Western Cape Department of Health.

The financial and service outputs of the grant are monitored in line with the DORA and PFMA by means of monthly financial reporting and detailed quarterly performance reports on the related service outputs and activity. The table below provides a summary of performance measures for 2008/09. It is evident that the service outputs for each element have been exceeded by a global average of 9%.

Table 2.3.4: Performance measures for NTSG

Performance measure / indicator	Target 2008/09	Actual 2008/09
Day patient separations	12,299	14,803
Inpatient days	770,587	839,108
Inpatient separations	137,126	137,758
Outpatient first attendances	259,582	271,244

Outpatient follow up attendances	500,727	565,634

Challenges and recommendations in terms of the NTSG:

- Tertiary and quaternary services are very costly. In 2007 the department concluded a costing study regarding the real costs to provide the quantum of tertiary services and the shortfall of R 1 billion is aligned with the National Department of Health calculations. The main challenge the province faces is that the amount of funding is inadequate for the services it provides. The province is therefore forced to supplement funding of the services from other sources like the provincial equitable share.
- Certain hospitals are providing tertiary services by definition but are not funded by the NTSG for example George Hospital. The process to acknowledge and register these sites is ongoing.
- There is an urgent need to have a national plan for tertiary services whereby the macro plan for the country could determine the financial allocations. This should clearly indicate where services are to take place and for which demographic area of the country. This is crucial as the denominator in comparative analyses is only the provincial specific population.
- Tertiary services are highly complex and the lead time to establish these services is very long. To train a single sub-specialist in a surgical discipline takes up to 12 or 19 years. These services furthermore operate in an interdependent matrix system and the ability to establish independent units at provinces who did not historically have medical faculties would be extremely difficult.
- The main successes have been to maintain service levels as far as possible. Many of the services, however, are now beyond the critical mass and no more sustainable in the short term.
- A linked capacity development plan is required with funding clearly re-aligned to the real cost of providing these services, as well as for the patient overflow from surrounding provinces.
- The limitations in the management of this Grant are as follows:
    - It is not clear what the national performances of other provinces are as the numbers of patients from neighbouring provinces appear to be increasing.
    - There should be clear correlation between resources allocated and service outputs required.
    - The national tertiary services plan should be completed so as to align the grant to the findings therein.
    - Medium-term planning should not be limited to financial budgets but should include service targets in line with provincial and national needs.
    - Service output targets should be agreed at least one year before implementation in order to obtain the skills base needed and to develop the required capacity.

Health Professions Training and Development Grant (HPTDG)

The Health Professions Training and Development Grant (HPTDG) was established to:

- Support provinces to fund service costs associated with training of health professionals.
- Development and recruitment of medical specialists in under-served provinces. (Not applicable to the Western Cape.)
- Support and strengthen undergraduate and postgraduate teaching and training processes in health facilities.
- Enable shifting of teaching activities from central hospitals to regional and district hospitals.

R 356 million was allocated and spent by the department during 2007/08.

The key activities and outputs of the grant can be summarised as follows:

- Fund the service costs related to supervision, consumables, etc. for the training of health professionals.
- Recruitment of medical specialists.
- Support and strengthen undergraduate and postgraduate teaching and training processes in health facilities.
- Enable shifting of teaching activities from central to regional and district hospitals.

The grant assisted to help train over 13,453 (baseline 6,795) undergraduate students in various categories ranging from medical students, nursing, dentists, emergency services, speech therapists, social workers, physiotherapy, audiology, occupational therapy, etc. The grant is also utilised to train postgraduate students for example medical specialists and funded the training for 7,011 students.

There is an annual intake of students at the institutes for higher education. Students train for a period of at least three years. The duration of the medical students training is six years and for postgraduate students four to five years. The academic training program follows a calendar year while the grant follows a financial year timeframe, making definite target setting and reporting difficult as these are not in synchronization. It is therefore difficult to predict a target, apart from reflecting the numbers of students trained for the year.

It is important to note that the Department of Health accommodates the students on the service platform but the health sciences student training are performed by the institutes of higher education. The faculties of health sciences plan student placements according to curriculum requirements, with health facility managers taking the responsibility for ensuring students are accommodated as far as possible. The institutes of higher education are responsible for the student pass rates and other educational outputs and outcomes.

Monthly financial reports and quarterly and annual performance reports are submitted to the Provincial and National Treasury. Whilst this happens to comply with the prescripts it is important to note that the students are registered with the institutions of higher education for four to six year training courses and a student rotation survey is only done once a year. Thus, the quarterly reports are just a twelfth of the funds and the same number of students every quarter. As this is a special purpose block grant, the funds are allocated as per student load (type of student, and student numbers) in the various institutions. Financial management is incorporated with PFMA principles of managing financial resources.

The main challenge experienced in this grant is the policy gap experienced at a national level, as well as the serious level of under-funding. The grant diminished over time and there is no national plan by which these changes were planned. The Western Cape has increased the number of students being trained, yet the funding reduced. It also appears that not all provinces use the grant in the same way and provinces, such as the Western Cape, which have to provide the country with health workers, have been penalised in the absence of any framework. The Western Cape, for example trains 30% of all medical students, and 45% of all dental students, but receives only 9% of the national allocation.

Should inflationary adjustments be made over time, the amounts that would financially support sustainability would have been as follows:

Table 2.3.5: Funding for the HPTDG

Financial year	2004/05	2005/06	2006/07	2007/08	2008/09
Allocation	327,210	323,278	323,278	339,442	356,414
Inflation		4%	6%	8%	10%
Required at same inflation level		340,298	342,675	349,140	373,386
Difference		17,020	19,397	9,698	16,972
Accumulative loss since 2005/06			36,417	46,115	63,088

A total accumulative reduction of R 63 million happened over the past five years. This is despite a costing exercise done in 2007 whereby a shortfall of R 435 million was calculated. The resulting challenge is that the province cannot maintain a service platform necessary for health science student training. The impact is already noticeable with insufficient supervision and training opportunities for health sciences students.

The basis of calculating the allocation at national level requires further work. The HPTDG should compensate a province for the additional service costs related to the clinical training and clinical teaching of all health sciences students. Furthermore, the costs of increasing the number of health sciences students towards meeting the required health care staff numbers cannot happen without a considerable injection of funding.

Provinces need to be involved in national reviews and motivations to Treasury for funding. Furthermore, provinces need to be involved when meetings with HEIs are held so as to ensure policy gaps are identified and addressed.

Comprehensive HIV and AIDS Grant

The HIV and AIDS Conditional Grant was implemented in 2001/02 and initially focused on voluntary counselling and testing with the prevention of mother-to-child transmission of HIV included from 2002/03 onwards. Since 2004/05 a more comprehensive approach has been followed with the focus on antiretroviral treatment (ART) interventions for HIV positive patients and enhanced response interventions such as:

- Home based care (HBC)
- High transmission areas (HTA)
- Post exposure prophylaxis (PEP) for victims of sexual assault
- Prevention of mother-to-child transmission of HIV (PMTCT)
- Programme management and strengthening (PM)
- Regional training centre (RTC)
- Step-down care (SDC)
- Voluntary counselling and testing (VCT)

The total amount received for 2008/09 was R 241,467 million and the actual expenditure was R 268,801 million (111.32%).

Monthly in-year monitoring (IYM) reports are used to confirm that all transfers were deposited into the accredited bank account.

The outcomes and outputs set for 2008/09 are defined in the Comprehensive HIV and AIDS Integrated Business Plan 2008/2009. These are summarised as follows:

- Staff members were employed against the plan to manage the programme.
- All programmes were implemented, co-ordinated and maximised as per the business plan.
- Implementation of the programme was monitored and evaluated and reports were submitted accordingly.
- Consumables, supplies and services were provided and available at all times.
- All objectives were achieved or exceeded, except the number of facilities accredited as ART service points.

Table 2.3.6: Performance measures for HIV and AIDS Conditional Grant

Intervention	Performance measure / indicator	Target 2008/09	Actual 2008/09
ART	Number of facilities accredited as ART service points	70	66*
	Number of registered ART patients	45, 756	54, 703
HBC	Number of home based carers receiving stipends	2, 300	2, 455
HTA	Number of HTA intervention sites	33	46
PEP	% Hospitals offering PEP and after sexual assault services	87%	92.5%
PMTCT	Nevirapine dose to baby rate	95%	98.6%
	Transmission rate	4.5%	4.5%
PM	At least 80% of programme targets met as per business plans	80%	80%
RTC	Number of monthly expenditure reports submitted in time	12	12
	Number of quarterly output reports submitted in time	4	4
SDC	Number of facilities/ units offering SDC services	18	18
VCT	Number of lay counsellors receiving stipends	499	499

	Number of persons tested for HIV, excluding antenatal	324, 000	353,959

As of the 30 March 2009, there were 66 accredited sites in the province that provided antiretroviral therapy. This is four sites (6%) short of what was planned (70 sites). The main constraints to achieving the planned targets were delays in completing the infrastructure changes required for accreditation and the projected over-expenditure in the ART programme, particularly towards the end of the financial year.

However, at these 66 sites, there were 54,703 patients on ARV treatment at the end of March 2009. This is 19.6% more than the target of 45,756 and this overshoot is likely to reflect both the widespread burden of disease, increased access to service, as well as clinic efficiency gains over time. Furthermore, province-wide, 20,751 additional patients were started on antiretroviral therapy in 2008/09, which translates to 84.8% of patients who were classified as newly requiring treatment, as based on the Actuarial Society of South Africa (ASSA) model.

In terms of financial compliance, the Western Cape had an over-expenditure / short fall of R 27,334 million (111.32%). The major over expenditure was in the ART sub-programme – R 37,831 million (125.90%).

In September 2008, projections indicated that the department will have a shortfall for ART. Despite applications to the National CCMT manager and the Director-General of the National Department of Health, no additional funding were allocated to the province and the department indicated in a letter to the National Department of Health on 12 December 2008 that donor funding will be pursued to cover the shortfall.

However, the enrollment of ART patients was not curtailed and it was apparent that even the adjusted target of 52,800 would be exceeded by March 2008. To this end allocations to NPOs were reduced to a minimum (in HTA and SDC) and some goods and services (in PMTCT and VCT) were journalised to the equitable share budgets at district level. Some drug expenditures were journalised to the Global Fund even although these expenditures were incurred at non-Global Fund sites. The successful request for a drug donation of R 25 million from USAID unfortunately did not realise in the 2008/09 year but the donation will however assist in covering the already projected shortfall in 2009/10.

The Western Cape has done remarkably well in curtailing the over expenditure to only R 27,334 million in the light of the fact that there were 54,703 patients retained in care on 31 March 2009, exceeding the original target by 16.3% and targets in all the other sub-programmes have been reached or exceeded.

Forensic Pathology Services Grant

The Forensic Pathology Services Grant is utilised for the provision and implementation of a forensic pathology service in line with the approved business plan.

This was achieved through:

- Implementation of a new Forensic Pathology Service as per policy, statutory and legal requirements (Code).
- Implementation of the human resource plan as per implementation plan.
- Training and orientation of personnel as per human resource development plan.
- Determining the equipment needs and procurement the required equipment as per supply chain prescripts.
- Establishing a vehicle fleet as per the vehicle needs and procure as per government motor transport fleet management prescripts.
- Development of a facilities plan and implementation of a schedule for the renovation and construction of facilities.
- Development, piloting and implementation a forensic pathology information management system.

R 55.535 million was allocated for 2008/09. During the adjustment budget an additional R 30.482 million was allocated to offset infrastructure commitments. R 69.958 million (81.33%) was spent. The target that infrastructure upgrades would be implemented according to plan was not met and became a major risk to the project, this largely due to the inability of contractors to conclude these projects. Delays were experienced with the construction projects resulting in delays in commissioning of the five projects under construction (George, Paarl, Worcester, Hermanus, Malmesbury). The department has requested the rollover of R 16.059 million unspent funds to enable the completion of these projects.

The forensic pathology service is rendered to the estimated 5,576,765 population of the Western Cape via eighteen forensic pathology facilities. The following was achieved during the financial year:

A total of 9,702 incidents were logged, resulting in 9,586 forensic pathology cases (1.72 cases per 1,000 population). A total of 117 cases were deferred. The average response time achieved across the province from the time that the incident was logged until the body was received on the scene was 39 minutes. A total of 46 response vehicles travelled 942,882 km during body transportation.

A total of 9,702 case files were opened whilst 8,645 files were closed. A total of 3,160 case files were open for a period exceeding 90 days at the end of the year. This is largely due to the backlogs being experienced by the National and South African Police Service forensic laboratories and the time taken to process and report on toxicology and DNA results.

The average number of days from admission to release of body is 11.76 days. If those deceased buried as paupers are excluded the average number of days from admission to release reduce to 4.86 days.

During the period under review 31 complaints and 223 compliments were received. Of concern remains the number of occupational injuries reported (50) and concerted effort will need to be made to manage and impact on this.

Not all the objectives were achieved within the specified time. Filling of posts as well as progress on infrastructure projects are behind program. Infrastructure spending has halted due to the termination of three out of five infrastructure contracts. The full scale and complexity as it relates to infrastructure projects were not fully realised up-front. It is imperative that the initial project design assumptions be reviewed. As has been seen during the implementation, normative models used in determination of resource allocation did not hold true specifically where it relates to infrastructure. The continued relationship with and reliance on the SAPS in terms of various activities result in frustration. One example is the increase in the number of unidentified persons due to the reliance on SAPS for the positive identification of deceased. Continued high-level interaction with stakeholders such as SAPS is required to ensure that operational matters are addressed.
Project activities are imbedded, however fully staffed support structures still need to be put in place. Monitoring and reporting is being institutionalised through monitoring tools.

The main successes that have been achieved are:

- Smooth implementation of service and the creation of a new forensic pathology service within the Department of Health.
- The appointment of 223 personnel (including contract appointments) at the end of March 2009, despite the target of 275.
- Implementation of a software business solution in all eighteen FPS facilities.
- Development of a customised vehicle fleet that will be able to respond to the service need.
- Orientation of all personnel to the forensic pathology service.
- Improving the physical working conditions of personnel by improved working environment, increased availability of consumables as well as improved staffing.
- Drafting of major incident response plans.

The main challenges are:

- Under expenditure of the budget allocation mainly due to delays in the infrastructure project implementation. Only 81% was achieved against a target of 100%.
- Even though the infrastructure target was achieved with regard to the number of facilities built or under construction, delays resulted in only two facilities being commissioned during the 2008/09 financial year. Delays and cost escalation in projects pose a severe risk to the service.
- Escalation in infrastructure costs impacted on the ability to proceed with infrastructure projects as per the implementation plan.
- Finalisation of standard operating procedures.
- No progress with the implementation of enhancements to the FPS information technology system due to lack of additional funding.

Hospital Revitalisation Grant

The Hospital Revitalisation Grant is utilised in line with Healthcare 2010 and the Comprehensive Service Plan. For the period under review projects under construction were: Vredenburg Hospital, Worcester Hospital, George Hospital, Paarl Hospital and Khayelitsha Hospital. Projects in planning for this period were Mitchell's Plain Hospital and Valkenberg Hospital.

R 407.5 million was allocated for 2008/09 of which R 232.7 million (57.1%) was spent. The department took a long term view in 2007/08 to slow down projects in order to manage the budget deficit in 2010/11. A deliberate slow down of projects during 2008/09 and 2009/10 would result in an under expenditure which would provide roll-over funding that would relieve the budget pressure in 2010/11.

A difference of R 171.2 million was recorded for 2008/09 which translates to 42.76% of the budget not being spent. The main contributing factors for the R 171.2 million under expenditure are:
- R 86 million is due to the planned roll-over to address the said budget deficit in 2010/11.
- R 85 million is as a result of the protracted planning of the new Khayelitsha and Mitchell's Plain Hospitals. The planning took longer than anticipated as the implementing agent took longer than expected to align the project with the standards of cost per bed as prescribed by the national cost norms.
- Construction on the Paarl Hospital project was slowed down by the complexity of the decanting programme and congestion on site.
- A further contributing factor was the lack of progress on Vredenburg Hospital since 2007/08.

It is important to note that if all of the present hospital revitalisation projects proceed as originally planned there will be a deficit of R 270 million in the 2010/11 year. A deliberate strategy has therefore been put in place to reduce the risk of over spending in 2010/11. The roll-over of R 170 million will address most of this deficit.

Infrastructure Grant to Provinces

The grant is utilised in line with Healthcare 2010 and the Comprehensive Service Plan to improve health care services in order to ensure equal access to quality healthcare.

R 94.6 million was allocated in 2008/09 of which R 63.9 million (67.6%) was spent.

The main reasons for the under expenditure relate to the following:
- Inadequate capacity within Health in terms of briefing, design, design standards and site supervision to ensure quality. In addition to this, there is also inadequate technical and professional capacity in the built environment professions in the Department of Transport and Public Works.
- Expenditure was unacceptably low which highlights the need for capacity at both Health and at Public Works.
- Very few projects (17.9%) were delivered in terms of the original time lines as judged by actual expenditure.

- Difficulty is being experienced with adhering to time lines which can be ascribed to the differing performance of consultants and contractors. The Implementing agent, the Department of Transport and Public Works, is fully committed to the government policies relating to empowerment and job creation. The result is that not all of the consultants and contractors have the necessary levels of expertise and resources to deliver in terms of the desired time frames. Some deliver ahead of schedule whilst others cause major delays. A few are unable to complete the projects. The officials of both Public Works and Health are aware of these impediments and manage the programme accordingly so as to produce a satisfactory overall result.

In order to address these shortcomings, the following measures are needed:

- Address capacity problems at Health to improve the briefing documentation and thereby assist the consultants with the design process.
- Address capacity problems at Public Works that delay the design of projects and limit supervision and quality control of construction work.
- Utilise the IDIP process to improve the overall management of the Programme.

One of the department's constraints is that there is currently no up to date immovable asset register (IAR) of the Department's estate; without which it is difficult to plan, manage and maintain health facilities in a fully co-ordinated manner. IDIP is assisting the department to update the IAR which will comply with the legislative requirements and guidelines laid down by National Treasury, the National Department of Health and GIAMA. The IDIP technical assistant is assisting the department to prepare their user asset management plan (U-AMP) which is also a GIAMA requirement. The latter will reflect the basic condition and suitability of health facilities.

2.4 Capital investment, maintenance and asset management plan

It is important to note that all projects undertaken are in line with the CSP and are budgeted for in terms thereof.

Capital investment

Details pertaining to building projects that are currently in progress are provided below:

Table 2.4.1: Provincial Infrastructure Grant

No	Facility	Type of Infrastructure	Current Project Stage	Project Duration Months	Start Target Date	Complete Target Date	Estimated Total cost
1	Beaufort West	New ambulance station and DMC	Complete	15	Jul-06	Oct-07	11,250
2	Beaufort West Hospital	New store	Construction	7	Feb-09	Aug-09	2,000
3	Bredasdorp Hospital	Addition and alteration to hospital entrance and store	Planning	6	Jun-08	Dec-08	800
4	Bredasdorp Hospital ambulance station	Ambulance station and road upgrade	Complete	18	May-07	Oct-07	1,150
5	Caledon Hospital – phase 1	New wards and ambulance station	Construction	8	Feb-07	Oct-08	22,400
6	Caledon Hospital – phase 2	Upgrade	Planning	6	Sep-10	Oct-11	8,000

No	Facility	Type of Infrastructure	Current Project Stage	Project Duration Months	Start Target Date	Complete Target Date	Estimated Total cost
7	Caledon Hospital	Upgrading of electrical supply	Construction	20	May-08	Oct-08	1,150
8	Cape Medical Depot	Upgrade	Complete	14	Jul-06	Sep-07	13,350
9	Ceres Hospital – ambulance station	New ambulance station	Planning	11	Oct-08	Sep-09	6,000
10	Du Noon Community Health Centre	New CHC	Inception	11	Aug-09	Jul-10	18,000
11	Eerste River Hospital	New casualty	Construction	4	May-08	Aug-09	20,780
12	Grassy Park Clinic	New clinic	Planning	11	Nov-08	Oct-09	8,500
13	Groote Schuur Hospital	Interim improvements	Inception	12	Apr-10	Mar-11	1,019
14	Groote Schuur Hospital	E-Floor toilets, management suite and relocate dietetics	On hold	10			5,300
15	Groote Schuur Hospital	Upgrade security	Inception	12	Apr-09	Mar-10	5,000
16	Groote Schuur Hospital	Linear accelerator installation	Complete	6	Nov-06	Apr-07	5,704
17	Groote Schuur Hospital	NMB fire detection phase 1	Construction	18	Oct-06	Apr-08	12,300
18	Groote Schuur Hospital	NMB fire detection phase 2	Planning	24	Apr-09	Mar-11	11,000
19	Groote Schuur Hospital	Upgrade pharmacy store	Planning	7	Apr-09	Oct-09	2,000
20	Groote Schuur Hospital	Upgrade D23 department anaesthesia	Planning	8	Apr-08	Nov-08	1,000
21	Groote Schuur Hospital	Lift upgrading	Complete	10	Jan-07	Oct-07	2,726
22	Groote Schuur Hospital	Upgrade trauma security	Inception	8	Apr-09	Nov-09	2,000
23	Groote Schuur Hospital	Out patient department upgrading	Planning	7	Nov-08	Jun-09	2,000
24	Groote Schuur Hospital	Master plan for place utilisation	Planning	12	Apr-08	Mar-09	1,000
25	Hermanus Ambulance Station	Ambulance station	complete	9	Oct-06	Jul-07	5,780
26	Hermanus Community Day Centre	New CDC	Inception	20	Oct-10	Jun-12	18,000
27	Hermanus Hospital	New ward, OPD and admin	Inception	27	Jun-09	Oct-11	40,000

No	Facility	Type of Infrastructure	Current Project Stage	Project Duration Months	Start Target Date	Complete Target Date	Estimated Total cost
28	Helderberg Hospital	New OPD and wards	Construction	9	Oct-07	Jul-08	16,470
29	Karl Bremer Hospital	Trauma upgrade	Inception	17	Feb-09	Jun-10	15,000
30	Khayelitsha Clinic	New clinic	Inception	22	Apr-10	Mar-12	18,000
31	Knysna Hospital	Upgrade casualty and new OPD	Inception	18	Jun-10	Jan-12	16,000
32	Knysna – Witlokasie Community Day Centre	New CDC	Inception	16	Jul-10	Nov-11	18,000
33	Lamberts Bay Hospital ambulance station	Ambulance station upgrade	Planning	7	Apr-08	Nov-08	1,600
34	Maitland Community Day Centre	New CDC	Inception	14	Apr-10	Jun-11	18,000
35	Malmesbury – Wesbank Community Day Centre	New CDC	Planning	15	Mar-09	Jun-10	18,000
36	Mitchell's Plain Community Health Centre	Trauma and pharmacy upgrade	Planning	18	Aug-08	Feb-10	15,000
37	Mitchell's Plain Community Health Centre	New community health centre	Inception	14	Oct-09	Dec-10	18,000
38	Mowbray Maternity Hospital	Hospital upgrading	Complete	30	Sep-04	Mar-07	56,000
39	Oudtshoorn Hospital ambulance station	Ambulance station upgrade	Complete	8	Nov-06	Jun-07	1,114
40	Oudtshoorn Medical Depot	Relocation of the Medical Depot	Complete	9	Oct-06	Jul-07	3,404
41	Plettenberg Bay Kwanokuthula ambulance station	New ambulance station	Inception	10	Mar-11	Feb-12	6,000
42	Plettenberg Bay Kwanokuthula Community Day Centre	New CDC	Planning	11	Oct-08	Sep-09	18,000
43	Riversdale Hospital	Phase 1 upgrade	Complete	10	Jan-07	Oct-07	5,595
44	Riversdale Hospital	Phase 2 upgrade	Construction	17	Apr-08	Sep-09	16,600
45	Robbie Nurock Clinic	Replacement clinic	Inception	17	Jun-10	Nov-11	18,000
46	Stanford Clinic	New clinic	Complete	11	Jul-06	Jun-07	5,748
47	Stellenbosch Hospital	Casualty upgrade	Inception	12	Apr-10	Mar-11	6,435
48	Tygerberg Hospital	Fire door upgrade phase 1	Complete	14	May-06	Jul-07	3,400
49	Tygerberg Hospital	Fire door upgrade phase 2	Planning	4	Jul-08	Nov-09	4,000

No	Facility	Type of Infrastructure	Current Project Stage	Project Duration Months	Start Target Date	Complete Target Date	Estimated Total cost
50	Tygerberg Hospital	Interim improvement: psychiatric ward upgrade	Planning	24	Apr-09	Mar-11	5,200
51	Tygerberg Hospital	Kitchen upgrade	Planning	12	Mar-09	Apr-10	15,000
52	Tygerberg Hospital	Helipad	Planning	7	Apr-08	Nov-08	500
53	Tygerberg Hospital	Lift upgrading Block 22, Block 21, Block 53	Planning	12	May-08	Apr-09	6,400
54	Vredendal Hospital	X-ray and CSSD upgrade/ construction	Construction	12	May-06	Apr-08	6,733

Table 2.4.2: Hospital Revitalisation

No	Facility	Type of Infrastructure	Current project stage	Project duration months	Start target date	Complete target date	Estimated total cost
1	George - final phase	Hospital	Planning	24	Jan-09	Jul-10	94,780
2	Khayelitsha	Hospital	Construction	36	Oct-08	Sep-11	480,000
3	Mitchell's Plain	Hospital	Planning	36			480,000
4	Paarl Hospital	Hospital	Construction	39	Apr-06	Jun-09	370,000
5	Paarl TC Newman CDC	CDC	Planning	10	Jan-09	Nov-09	11,000
6	Valkenberg	Hospital	Inception	78	Oct-08	Mar-15	550,000
7	Vredenburg - CDC	CDC	Planning	15	Jul-09	Sep-10	18,000
8	Vredenburg Hospital - phase 2	Hospital	Planning	16	Jan-09	Jun-10	92,000
9	Worcester Hospital	Hospital	Construction	67	Jun-03	Dec-08	243,400
10	Worcester Hospital New Phase	Hospital	Planning	13	May-08	May-09	23,220
11	Worcester DMC	DMC	Construction	10	Nov-06	Aug-08	10,900
12	Brooklyn Chest Hospital	Hospital	Inception	48	Oct-10	Sep-14	460,000

Maintenance

Summary of future costs

Currently, maintenance of the Department's immovable assets is poor and inevitably leading to deterioration of buildings and other assets. Maintenance funds have always been, and remain, limited.

Table 2.4.3: Budgeted expenditure on maintenance versus total infrastructure budget

Financial year	Total infrastructure budget (R'000)	Immovable asset maintenance budget (R'000)	Maintenance budget as % of total infrastructure budget
2008/09 (actual)	405,924	85,427	21.0%
2009/10 (projection)	703,339	133,405	19.0%
2010/11 (projection)	737,210	137,977	18.7%
2011/12 (projection)	817,629	145,130	17.8%
2012/13 (projection)	824,886	152,387	18.5%
2013/14 (projection)	832,505	160,006	19.2%
2014/15 (projection)	840,505	168,006	20.0%
2015/16 (projection)	848,905	176,406	20.8%

Note: Infrastructure budget based on HRP bid. Uncertainty about the HRP budget means that no meaningful projections can be made beyond 2010/11.

Planned measures to reduce the maintenance backlog

The Healthcare 2010 plan provides for additional maintenance funding to ensure sustainability of the health care service. The proposed expenditure is in line with national targets. However, in this instance, the norms relate back to a percentage of the total available health budget and not as a percentage of the replacement value of the assets. Increasing the maintenance expenditure to meet the norms will therefore not fully address the backlog.

The backlog will be eliminated through the following capital infrastructure initiatives:

- By constructing new hospitals to replace the most dilapidated infrastructure. This has already been achieved in the case of Conradie Hospital and the replacement of Helderberg and Victoria Hospitals is planned.
- By disposing of surplus property to fund the reconstruction of hospitals. This is proposed in the case of Stikland and Somerset Hospitals.
- By the upgrading of existing district hospitals utilising IGP funding.
- By way of the Hospital Revitalisation Programme. This is already in progress at George, Worcester, Vredenburg, Paarl and Valkenberg Hospitals. All of these hospitals had a substantial maintenance backlog prior to revitalisation.
- By the rationalisation of PHC services and the construction of new CDCs and CHCs. Projects currently underway are: Extensions to Gugulethu CDC, Michael Mapongwana CDC (Khayelitsha), and extensions to Retreat CHC. The following projects are planned to commence in 2009/10: new Wesbank CDC (Malmesbury), new Kwanokuthula CDC (Plettenberg Bay), new Grassy Park CDC, upgrading of TC Newman CDC (Paarl), upgrading of Happy Valley Clinic (Bonnievale), and extensions to Mitchell's Plain CHC.

Lifecycle management

Based on a maintenance budget of 4% of health infrastructure replacement costs, expenditure on maintenance should have been R 539 million per annum, however, the maintenance spending has only increased from R 71 million in 2003/04 to a projected R 133 million in 2009/10.

An important aspect of the infrastructure planning for 2010 is the disposal of the worst infrastructure and thereby reducing the backlog. The sale of surplus property will release funding for the upgrading of other facilities.

The Directorate: Engineering and Technical Support Services is responsible for hospital equipment repairs and maintenance, clinical engineering, engineering services repairs and maintenance, operation of plant and machinery, in-house building repairs and maintenance, in-house minor building projects, and continuous refinement of systems and processes.

Responsibility for day-to-day maintenance of health facilities, including hospitals, primary healthcare facilities, ambulance stations and forensic mortuaries, lies with the individual institutions. Capital repair and rehabilitation requirements are identified by the facility and the Directorate: Engineering and Technical Support and is normally undertaken by the Department of Transport and Public Works.

There is an acceptance by Health management that there is an urgent need to prioritise maintenance. The prioritisation of maintenance work is acknowledged in Healthcare 2010, the long-term strategic plan of the department. There is acknowledgement that the maintenance problems must be addressed as a matter of urgency.

The Department of Health is implementing the Infrastructure Development Improvement Programme (IDIP). National Treasury is currently funding IDIP and a technical assistant has been attached to the Western Cape Department of Health.

In 2007 the Department of Health appointed the CSIR to carry out a situational analysis and make recommendations to substantially improve the maintenance of both buildings and equipment. The CSIR made key recommendations, of which the following are currently being addressed:

- Maintenance terms and definitions have been developed which will be applied to ensure uniformity of approach to maintenance.
- Updating of the Immovable Asset Register (IAR) for the Department of Health's estate. IDIP is assisting the department to update the IAR which will comply with the legislative requirements and guidelines laid down by National Treasury, the National Department of Health and GIAMA.
- Following the development of the updated IAR, it is the intention that the Department of Transport and Public Works will undertake a condition assessment by using the structured process recommended by the National Department of Health and thereby meeting the requirements of GIAMA.
- Using the IAR and the condition assessment, the funding required for normal maintenance and backlog maintenance will be determined. A strategy will be determined to proactively address the backlog. This plan will be consolidated into an approach to National Treasury for special funding in consultation with the Department of Transport and Public Works and Provincial Treasury.

In the absence of adequate maintenance funding, the intention is to improve the management of the existing maintenance capability in the Department. The immediate focus will be on the 'quick wins' identified by the CSIR which are aimed at improving systems and procedures.

Implementation of the IDIP complements the work of the CSIR and will lead to the creation of an Infrastructure Management component in the Department. IDIP will also address relationships with the Department of Transport and Public Works that is a problem identified by the CSIR.

Another significant initiative during 2008/09 was the expansion of the comprehensive maintenance management system, introduced at the George Hospital as part of the Hospital Revitalisation Programme, to the Worcester Hospital. The comprehensive maintenance management system at both hospitals is a pilot project to assess cost effectiveness.

Asset management

In order to ensure that the department's asset registers remain up to date, asset management teams have been established at institutions and asset controllers have been appointed. Two service providers have been appointed to compile an asset register for minor assets and to update the current capital asset register.

Statistics on the current state of the department's capital stock is not available but it can be reported that the bulk of the movable assets fall within the good and fair categories.

Emergency Medical Services

The ambulance service was previously rendered by local authorities and was largely accommodated inappropriately in buildings originally designed for other purposes and that have been neglected over the years. Since provincialisation in 2005, the Department has undertaken a programme to construct new purpose-built ambulance stations. In the past three years new ambulance stations have been constructed in Hermanus, Riversdale, Atlantis, Beaufort West and Caledon. The ambulance stations at Bredasdorp, Lentegeur, Oudtshoorn, and Stellenbosch have been upgraded.

Primary Health Care

The implementation of an effective District Health System for the provision of health services is the cornerstone of Healthcare 2010. On 1 March 2006 the Department of Health assumed responsibility for personal primary health care (PPHC) in the rural districts. The rural local authority clinics infrastructure is in the process of being transferred to the provincial government by the Department of Transport and Public Works. An assessment of this infrastructure has been done, which is based on the accommodation required to deliver services in accordance with the Comprehensive Service Plan. The gap analysis will be used to inform the prioritisation of infrastructure need. Meanwhile the prioritisation of community health service projects focuses on communities where services are either non-existent or seriously deficient (over-loaded).

The transfer of the said facilities has added another challenge to the department. Despite limited resources, the department is slowly busy upgrading these facilities.

Hospitals

The upgrading and extending of district hospitals in growth areas and the improvement of district hospitals in other towns is an ongoing focus area. Phase 1 of the upgrading of Riversdale Hospital is complete and phase 2 is in construction. Phase 1 of the upgrading of the Caledon Hospital is in progress. The upgrading and extension of the Hermanus and Knysna Hospitals will commence in the MTEF period. The final phase of the revitalisation project at Vredenburg Hospital will also commence in the MTEF period.

The increasing of level one beds in the Metropole has long been a priority. The construction of the new 230 bed Khayelitsha District Hospital has commenced and with the planned new Mitchell's Plain District Hospital will greatly alleviate the level one bed shortage.

The upgrading of the Red Cross War Memorial Children's Hospital is ongoing thanks to the generosity of the Children's Hospital Trust. In the past three years the Trust has undertaken a number of major projects including the construction of a new operating theatre complex and the upgrading of wards.

The campaign to prevent the spread of TB and to provide adequate treatment for those infected requires a major improvement of the physical infrastructure. A major concern is infection control to prevent cross infection between patients and to protect the hospital personnel. Interim measures are being applied using maintenance funding. An additional earmarked sum of R 10 million was provided in 2008/09 and 2009/10, and a similar amount will be provided in 2010/11. There is an urgent need for new purpose-built facilities. Brooklyn Chest Hospital has been accepted into the Hospital Revitalisation Programme but funding has as yet to be approved

Forensic Pathology Service

Forensic pathology service transferred from the South African Police Service to the Provincial Departments of Health with effect 1 April 2006. In terms of section 25(2) of the Health Act 2003, the Provincial Departments of

Health (Heads of Department) are responsible for implementation of the entire forensic pathology service, excluding forensic laboratories (which is a national responsibility), in compliance with national policies and law.

The Department of Health, Provincial Government Western Cape is implementing a new Forensic Pathology Service (FPS) in the province as per its' mandate.

Together with the transfer of the service to the Western Cape Department of Health as described previously, the department has assumed responsibility for the upgrading and maintenance of these facilities.

Some of the existing facilities will be closed, some retained and expanded and others moved to more suitable locations. The organisation of services is based on the available autopsy statistics on people presumed to have died from unnatural causes. Based on these figures and the geographical location, a total of eighteen forensic pathology laboratories are planned for the Western Cape. This includes two M6 forensic pathology laboratories (more than 1,251 autopsies per year) at Salt River and Tygerberg Hospital and five M3 forensic pathology laboratories (between 501 and 750 autopsies per year) at Paarl, George, Worcester (referral centres) Stellenbosch and Oudtshoorn.

The target that infrastructure upgrades would be implemented according to plan was not met and became a major risk to the project. Delays were experienced with the construction projects resulting in delays in commissioning of the five projects under construction (George, Paarl, Worcester, Hermanus, Malmesbury).

Practical completion was taken on the Hermanus and George projects and the facilities were occupied in November 2008 and April 2009 respectively. Despite various interactions with the contractor, very few of the snags have been addressed which impacts on the functioning and optimal utilisation of the facilities. Issuing of a default notice with the intention of cancellation of the contracts is being pursued as well as the call up of guarantees and urgent appointment of another contractor to correct the defects.

The previous contractors at Worcester, Paarl and Malmesbury defaulted and their contracts were terminated during October 2008. After a limited bidding process, a new contractor was appointed to complete the construction projects. The contractor was granted access to the constructions sites in January 2009. Due to the newly appointed contractor not progressing on the projects and defaulting on the contracts, default notices were issued and the contracts terminated.

These delays experienced in the construction projects have significant implications for the Department.

Grant funding to undertake the replacement of the facilities undertaken was provided in 2007/08 and 2008/09, but is unfortunately not being extended. Due to the project delays stated above, a great deal of work is still outstanding, especially at the two M6 Forensic Pathology Laboratories at Salt River and Tygerberg which undertake in excess of 1,250 autopsies per annum. The latter facilities are in dire need of replacement.

2.5 Programme Performance

Overview of Expenditure Trends

An overview of expenditure trends for the past three years is shown in Table 1.

Table 2.5.1: Expenditure by budget sub-programme

Programme	2006/07 Exp R'000	2007/08 Exp R'000	2008/09 Exp R'000	2008/09 Budget R'000	Variance -% under/ (over-) expenditure
Programme 1: Administration	162,125	205,333	249,104	256,741	2.97%
Programme 2: District Health Services	1,922,792	2,707,578	3,139,800	3,108,084	(1.02%)
District management	94,151	103,010	164,641	158,544	(3.85%)
Community health clinics	372,910	430,608	649,969	638,426	(1.81%)
Community health centres	552,220	677,703	705,342	676,363	(4.28%)
Community based services	98,295	125,738	106,033	118,271	10.35%
Other community services	32,312	52,414	0	1	100.00%
HIV and AIDS	168,579	239,899	268,931	241,467	(11.37%)
Nutrition	15,136	16,810	17,068	17,868	4.48%
Coroner services	51,966	122,266	83,538	94,980	12.05%
District hospitals	456,673	854,454	1,030,902	1,015,160	(1.55%)
Global fund	80,550	84,676	113,376	147,004	22.88%
Programme 3: Emergency Medical Services	277,844	341,877	403,118	395,342	(1.97%)
Emergency medical services	268,597	321,120	378,469	370,434	(2.17%)
Planned patient transport	9,247	20,757	24,649	24,908	1.04%
Programme 4: Provincial Hospital Services	1,397,635	1,306,027	2,260,650	2,271,560	0.48%
General (regional) hospitals	909,634	718,190	1,567,744	1,578,027	0.65%
Tuberculosis hospitals	76,379	101,671	135,635	135,635	0.00%
Psychiatric hospitals	300,496	344,390	391,902	391,902	0.00%
Rehabilitation services	55,202	79,888	99,317	99,855	0.54%
Dental training hospitals	55,924	61,888	66,052	66,141	0.13%
Programme 5: Central Hospital Services	2,123,000	2,349,884	1,970,686	1,970,686	0.00%
Central hospital services	2,123,000	2,349,884	1,970,686	1,970,686	0.00%
Programme 6: Health Sciences and Training	98,858	133,706	136,629	165,110	17.25%
Nurse training college	26,746	32,117	35,767	37,105	3.61%
EMS training college	3,705	6,152	7,156	7,311	2.12%
Bursaries	50,397	52,178	31,249	41,663	25.00%
PHC training	0	0	0	1	100.00%
Other training	18,010	43,259	62,457	79,030	20.97%

Programme	2006/07 Exp R'000	2007/08 Exp R'000	2008/09 Exp R'000	2008/09 Budget R'000	Variance -% under/ (over-) expenditure
Programme 7: Health Care Support Services	92,906	81,785	96,150	98,498	2.38%
Laundry services	46,547	34,696	45,134	45,627	1.08%
Engineering services	33,615	35,732	49,443	51,296	3.61%
Forensic services	0	0	0	1	100.00%
Orthotic and prosthetic services	8,700	9,946	0	1	100.00%
Medicines trading account	4,044	1,411	1,573	1,573	0.00%
Programme 8: Health Facilities Management	344,355	371,678	399,708	604,784	33.91%
Community health facilities	31,249	28,400	28,026	31,159	10.05%
Emergency medical services	9,093	18,706	7,892	11,077	28.75%
District hospitals	58,649	55,281	132,460	226,949	41.63%
Provincial hospitals	191,900	201,568	176,875	264,547	33.14%
Central hospitals	41,092	52,320	41,775	58,819	28.98%
Other facilities	12,372	15,403	12,680	12,233	(3.65%)
Total: Programmes	**6,419,515**	**7,497,868**	**8,655,845**	**8,870,805**	**2.42%**

Table 2.5.2: Evolution of expenditure by budget per capita sub-programme (constant 2008/09 prices)

	2006/07	2007/08	2008/09
Population	4,886,465	4,850,336	5,576,765
% insured	27	27	25
Uninsured population	3,567,119	3,540,745	4,158,246
Conversion to constant 2008/09 prices	1.16	1.05	1.00
Programme	**Exp per capita uninsured[1] R'000**	**Exp per capita uninsured[1] R'000**	**Exp per capita uninsured[1] R'000**
Programme 1: Administration	53	61	60
Programme 2: District Health Services	625	803	755
Programme 3: Emergency Medical Services	90	101	97
Programme 4: Provincial Hospital Services	455	387	544
Programme 5: Central Hospital Services	690	697	474
Programme 6: Health Sciences and Training	32	40	33
Programme 7: Health Care Support Services	30	24	23
Programme 8: Health Facilities Management	112	110	96
Total: Programmes	**2,088**	**2,223**	**2,082**

The remainder of this section reports on the department's performance against the objectives, indicators and targets as specified in the 2008/09 Annual Performance Plan for the Western Cape Department of Health.

It is important to note that the performance information in this report is based on the data that was extracted from the different information systems used by the department as at 13 May 2009.

1 Calculate by (expenditure) x (conversion factor) / (uninsured population).

PROGRAMME 1: Administration

AIM

Conduct the strategic management and overall administration of the Department of Health.

ANALYSIS PER SUB-PROGRAMME

Sub-programme 1.1: Office of the MEC

Render advisory, secretarial and office support services.

Sub-programme 1.2: Management

Policy formulation, overall management and administration support of the department and the respective regions and institutions within the department.

ANALYTICAL REVIEW OF PROGRAMME PERFORMANCE

The Comprehensive Service Plan (CSP) is in the process of implementation. In order to move towards full implementation of the CSP the department has developed and approved a human resources plan.

Quality improvement strategies

The Occupation Specific Dispensation (OSD) for nurses has been fully implemented and it is trusted that this has addressed the issue of salary packages for nurses and that it will lead to better recruitment and retention of this very important group of staff. The department has also implemented a three year nurse training programme, with increased access in the rural areas which should also address the number of additionally qualified staff which is very important to the service.

The OSD for other health professional categories will be addressed during the MTEF period.

During 2008/09 the Department continued with the roll-out of the Clinicom and Billing system and went live at the following hospitals: Lentegeur, Western Cape Rehabilitation Centre, DP Marais, Karl Bremer and Brewelskloof.

The Directorate: Nursing has been fully established with a staff complement of five members. The focus of the directorate is to provide guidance and direction, co-ordinate and strengthen support to nurse management in the province.

Significant progress has been made in setting up quality assurance committees across the department to ensure effective co-ordination of quality of care initiatives.

The department successfully closed its books and compiled the annual financial statements by the due date for the 2007/08 financial year.

An internal audit unit was set up and completed twenty reports. A fraud prevention plan was developed and is being implemented.

The department has developed a dashboard to monitor the CSP implementation.

During the financial year the department experienced considerable down time with regard to the following systems: BAS, HIS and SYSPRO which affected the functioning of the department negatively.

The year started with erratic supplier performance and the Cape Medical Depot (CMD) being unable to deliver on time. In order to address and counteract the dues out the department doubled their stock holding. The dues out at the CMD was very high at the start of the year (110), it however decreased significantly over the year to 47 in the last quarter. The department engaged the suppliers and set efficiency processes in place to address the administrative problems experienced.

During this year control measures were implemented to ensure an efficient establishment as well as personnel expenditure control. This process enabled the department to identify the funded approved vacant posts that must be activated on PERSAL for the appointment of appropriate staff. The department also identified the cleaning up of PERSAL as a key process and this process was commenced.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2008/09 ANNUAL PERFORMANCE PLAN

Table 2.5.3: Performance against targets from the 2008/09 Annual Performance Plan for the Administration Programme

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	To conduct the strategic management and overall administration of the Department of Health.					
To formulate policy and provide overall management and administrative support to the department and the respective districts and institutions within the department.	Implementation of HIS at all contracted hospitals.	Percentage of hospitals where the HIS has been implemented	34%	47%	58.5% (24 / 41)	60% (24 / 41)
	All hospitals with up to date asset register.	Percentage of hospitals with up to date asset register	95%	100%	100% (41 / 41)	100% (41 / 41)
	All other components, excluding hospitals, with an up to date asset register.	All other components excluding hospitals with up to date asset register	Not required to report	Not required to report	100% (15 / 15)	100% (15 / 15)
	Reduce the number of dues out at the CMD.	Number of items on dues out at the CMD	53	61 on average	> 75.5	<50

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	To render a support service to all institutions, regions and the department in order to ensure improved quality of care and the reduction of service risks in order to achieve the provision of a safe standard of care.					
To systematically monitor and evaluate the quality of service delivery.	Percentage of facilities that have conducted an annual client satisfaction survey (CSS) per level of care.	Number of facilities which have conducted a CSS	Not required to report	Not required to report	37.5% (36 / 96)	75% (72 / 96)
	Percentage of regional offices and facilities which submit complaints and compliments returns.	Number of regional offices, facilities and EMS districts that submitted quarterly complaints and compliment returns/ Number of regional offices, EMS districts and facilities	83%	67%	72.7% (80 / 110)	100% (110 / 110)
	Timeous resolution of complaints.	Complaints resolved rate	Not required to report	Not required to report	81.9% (2,640 / 3,261)	75% of complaints received
	Implementation of clinical audit.	Clinical audit rate	Not required to report	Not required to report	25% (24 / 96)	38% (36 / 96)

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.4: Public health personnel 2008/09

Categories	Number employed	% of total employed	Number per 1,000 people	Number per 1,000 uninsured people	Vacancy Rate [1]	% of total personnel budget	Annual cost per staff member
Medical officers	1,808	6.72	0.32	0.43	13.20	16.64	323,843
Medical specialists	431	1.73	0.08	0.10	23.58	7.12	539,347
Dentists	67	0.27	0.01	0.02	20.24	0.65	318,584
Professional nurses	5,098	17.07	0.91	1.23	27.81	19.69	150,904
Enrolled nurses	1,886	7.56	0.34	0.45	18.85	6.14	106,316
Enrolled nursing auxiliaries	3,866	15.49	0.69	0.93	17.53	9.94	83,939
Student nurses	9	0.04	0.00	0.00	98.04	0.05	165,938
Pharmacists	343	1.20	0.06	0.08	33.11	1.64	178,882
Physiotherapists	112	0.45	0.02	0.03	22.76	0.49	142,492
Occupational therapists	99	0.40	0.02	0.02	22.05	0.42	137,264
Clinical	66	0.26	0.01	0.02	20.48	0.35	173,446

Categories	Number employed	% of total employed	Number per 1,000 people	Number per 1,000 uninsured people	Vacancy Rate [1]	% of total personnel budget	Annual cost per staff member
psychologists							
Radiographers	393	1.58	0.07	0.09	11.09	1.95	161,976
Emergency medical staff	1,125	4.51	0.20	0.27	10.36	4.59	133,227
Nutritionists	-	-	-	-	-	-	-
Dieticians	63	0.25	0.01	0.02	24.10	0.29	148,343
Community care givers	-	-	-	-	-	-	-
Other allied health professionals and technicians	771	3.09	0.14	0.19	25.44	3.66	154,750
Managers, administrators and all other staff	9,828	39.39	1.76	2.36	24.44	26.37	87,573
Grand Total	**24,951**	**100**	**4.47**	**6.00**	**23.4**	**100**	**130,794**

Table 2.5.5: Human resources (excluding health sciences and training) 2008/09

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	The recruitment and retention of an appropriate workforce for the Department of Health.					
To have an effective and efficient and skilled workforce.	To provide sufficient staff with appropriate skills per occupational group.	1. Medical officers per 100,000 people	37	35.6	32.42 (1,808 / 5,576,765)	37
		2. Medical officers per 100,000 people in rural districts	13	15.2	14.64 (286 / 1,953,305)	13
		3. Professional nurses per 100,000 people	100	98	91.42 (5,098 / 5,576,765)	100
		4. Professional nurses per 100,000 people in rural districts	70	85.7	80.73 (1,577 / 1,953,305)	80
		5. Pharmacists per 100,000 people	10	6.8	6.15 (343 / 5,576,765)	15
		6. Pharmacists per 100,000 people in rural districts	8	5.9	5.63 (110 / 1,953,305)	12
		Process				
		7. Vacancy rate for professional nurses	15%	28.0%	1.9%	13%

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
		8. Attrition rate for doctors	25%	21.0%	19.5%	20%
		9. Attrition rate for professional nurses	12%	7.1%	6.26%	10%
		10. Absenteeism for professional nurses	3%	2.9%	2.68%	2.7%
		11. Hospitals with employee satisfaction survey	60%	Not available	65%	65%
		Efficiency				
		12. Nurse clinical workload (PHC)	35	32	31 (15,051,210 / 484,534)	35
		13. Doctor clinical workload (PHC)	50	29	21 (1,701,788 / 81,547)	50
		Outcome				
		14. Supernumerary staff as a percentage of establishment	0%	0%	0%	0%

PROGRAMME 2: District Health Services

AIM

To render primary health care and district hospital services.

ANALYSIS PER SUB-PROGRAMME

Programme 2 is divided into ten sub-programmes. These are presented below:

Sub-programme 2.1: District management

Planning and administration of services, managing personnel and financial administration and the co-ordinating and management of the day hospital organisation and community health services rendered by local authorities and non-governmental organisations within the Metro and determining working methods and procedures and exercising district control.

Sub-programme 2.2: Community health clinics

Render a nurse driven primary health care service at clinic level including visiting points, mobile and local authority clinics.

Sub-programme 2.3: Community health centres

Render a primary health service with full-time medical officers in respect of mother and child, health promotion, geriatrics, occupational therapy, physiotherapy, psychiatry, speech therapy, communicable diseases, mental health, etc.

Sub-programme 2.4: Community based services

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

Sub-programme 2.5: Other community services

Render environmental and port health etc.

Sub-programme 2.6: HIV and AIDS

Render a primary health care service in respect of HIV and AIDS campaigns and special projects.

Sub-programme 2.7: Nutrition

Render a nutrition service aimed at specific target groups and combines direct and indirect nutrition interventions to address malnutrition.

Sub-programme 2.8: Coroner services

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

Sub-programme 2.9: District hospitals

Render hospital services at district level.

Sub-programme 2.10: Global Fund

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

ANALYTICAL REVIEW OF PROGRAMME PERFORMANCE

District Health System

The District Health System (DHS) is the vehicle for the delivery of primary health care (PHC). The Western Cape Provincial Department of Health successfully transferred personal primary health care services, previously provided by municipalities in the five rural district council areas, from the municipalities to the Provincial Government of the Western Cape (PGWC) between 2005 and 2008. Over the past three years, the department transferred 545 local government staff members to the provincial staff establishment in the rural districts, as well as all the fixed assets, associated with the services.

The six district offices (Cape Metro, West Coast, Cape Winelands, Overberg, Eden and Central Karoo), were implemented during the 2008/09 financial year with the appointment of two additional district managers (Cape Winelands and Central Karoo). The four sub-structure management offices in the Cape Metro were implemented with the appointment of three additional sub-structure managers (Khayelitsha / Eastern, Klipfontein / Mitchell's Plain and Southern / Western).

The number of networked PHC facilities with access to the Primary Health Care Information System (PHCIS) increased from 33 to 44 between 2007/08 and 2008/09. The target of 54 was not reached because of infrastructure challenges pertaining to connectivity with either data lines or wireless technology. The system allows for each registered patient to have a single unique identification number which allows the facilities where the patient presents to identify if the patient has visited other facilities in the province.

Access to emergency services

The South African Triage System (SATS) was implemented at 30 of the 31 district hospitals. The nucleus Khayelitsha District Hospital has not implemented the SATS as it does not have an on-site emergency / admissions unit. The SATS was implemented at nine of the fifteen designated community health centres (CHC's). It will be implemented at the remaining CHC's during the 2009/10 financial year. Forty two percent (42%) of non-hospitals towns with a population of more than 5,000 people have access to emergency care on a 24-hour basis. The target of 50% could not be achieved due to the delay in the finalisation of the service delivery model by the emergency medicine department. The number of CHC's providing extended hour services has increased from nine to ten. The commencement of the service at the eleventh earmarked facility has been delayed to the 2009/10 financial year due to physical infrastructure challenges.

Clinical governance

The number of family medicine registrars in the DHS has increased from eighteen in 2007/08 to thirty-one in 2008/09. There will be an additional intake during the first quarter of the 2009/10 financial year. The number of employed family physicians in the DHS has increased from nine in 2007/08 to thirteen (eleven in the Metro and two in Cape Winelands) in 2008/09. The number of district hospitals and CHC's with a functioning Improvement and Maintenance of Competencies of Medical Practitioners (iMOCOMP) programme has increased from 18 in 2007/08 to 61 in 2008/09.

Management of PHC facilities

Primary health care services are provided at over 450 facilities (mobiles, satellite clinics, clinics, community day centres (CDC's) and community health centres (CHC's)). A hundred percent of the 32 sub-districts provide a full

package of PHC services. The PHC supervision rate increased from 43.8% in 2007/08 to 70.3% in 2008/09. The target of 100% indicates zero tolerance for no supervision being done. Even though that has not been achieved, mainly due to the delay in appointing PHC managers across the province, this is a significant improvement and thus a rate of 100% is achievable in 2009/10. The use of the Red Flag checklist for the structured monthly supervisory visit has been standardised as from 1 April 2008 across the province. The percentage of PHC facilities supported by a doctor at least once per week has increased from 73.4% in 2007/08 to 75.3% in 2008/09. The target of 100% was overambitious.

Access and utilisation

A total PHC headcount of 15,051,210 was recorded (against a target of 13,384,235) in 2008/09. This represents an increase of 15.5% from the 2007/08 financial year (total PHC headcount of 13,029,007). Only 817,554 (5%) of PHC patients were seen in hospitals. The increase in the PHC headcount in general has largely been in the adult population since the utilisation rate for under 5 year olds has remained stable. This general increase is also an encouraging step in the implementation of the CSP, aimed at delivering the right care at the right level through encouraging the communities to access PHC services as the entry point into the health care system. The PHC utilisation rate per capita (total population) at 2.8 was slightly higher than the target of 2.7. The PHC utilisation rate for uninsured population was 3.9 in 2008/09 (against a target of 3.2). The PHC utilisation rate for the population under five remained stable at a rate of 4.9 in 2007/08 and 2008/09 (against a target of 5.0).

PHC expenditure

The provincial PHC expenditure per uninsured person was R 395 in 2008/09, which is a R 82 increase per uninsured person from 2007/08 (R 313 per uninsured person), and is R 76 above the target of R 319 per uninsured person for 2008/09. The provincial expenditure per headcount at PHC facilities in 2008/09 was R 107, which is a R 15 decrease per headcount compared to the 2007/08 figure (R 122) and is R 8 above the target of R 99. The figures represent an increase in efficiency in PHC services as there has been a 12% decrease in the expenditure per headcount but a 15.5% increase in headcount.

Community Based Services

Community based services (CBS) is an integral part of District Health Services. The aim of these services is to relieve the pressure on acute hospitals and primary health care (PHC) facilities. There are three components of CBS service delivery: de-hospitalised care, adherence and support, and prevention and promotion.

Over the past five years, the European Union (EU) has provided seed funding for the community based services programme and this will come to an end during the 2009/10 financial year.

CBS is provided by 145 non-profit organisations (NPOs) contracted by the department, 110 of these NPO's deliver an integrated home based care service. The delivery of services is regulated by service level agreements to ensure quality of care and financial accountability. NPO's are essential partners and the department has embarked on various initiatives to strengthen their capacity.

Integrated home-based care delivers care to clients with a functional impairment and thus needing personal clinical care in their homes and/or adherence counselling (individually or in groups) for chronic diseases including HIV and TB and/or prevention and promotion. During 2008/09, there was a remarkable 83% increase in the number of NPO appointed caregivers (from 1,343 caregivers in 2007/08 to 2,455 in 2008/09). The funding for these caregivers was R 28 million from the Expanded Public Works Programme (EPWP) and R 14 million from the European Union.

The caregivers provided home based care (HBC) to 24,232 clients, of which 6,957 were referred from hospitals and 10,771 were referred from the primary health care platform. Even though the department provided services to 5% more people than was targeted, it is disappointing that the referrals from hospitals in particular were 15% less than the target and 7% less than last year's performance. The department has done a study to investigate what proportion of patients in acute beds should be referred to the CBS platform. This showed that between 15 - 20%

of patients currently in acute beds should be referred to the CBS platform. The department developed guidelines to improve such referrals to alleviate pressure in acute beds.

Caregivers trained in the Community Integrated Management of Childhood Illnesses (CIMCI) programme focus on children and managed 71,488 clients. Most of the children seen here were found during a home based care visit or with door-to-door visits.

During 2008/09 the caregivers had done 2,044,549 client visits which included home based care and CIMCI clients. In total 1,973,061 visits were made to HBC clients.

Palliative Care

Palliative care services provide care to terminally and chronically ill patients for an average length of stay of 2 weeks (14 days). The bed utilisation rate for the year was 82.2%.

Sub-acute Care

Sub-acute facilities provide care for clients who are assessed as not well enough to be discharged home from an acute hospital bed and need continued close medical attention. Two funded NPOs manage 144 sub-acute beds: Booth Memorial Hospital has 84 adult beds and Sarah Fox Hospital 60 paediatric beds. The plan is to increase the number of adult beds in 2009/10 to 90 beds.

Chronic Care

Chronic inpatient care is provided by an organisation called Life Care. Life Care provides the service by means of 250 beds at an average length of stay (ALOS) of 6 months. In 2008/09 the beds have been reduced from 280 to 250 as there were inappropriate patients admitted over the years and this was found not to be cost effective. These patients have since been appropriately transferred out of the facility.

Community Mental Health Services

In 2008/09 there were 1,565 clients seen in community mental health care services. The CBS platform also took over 150 patients that were assessed to be inappropriately occupying beds in psychiatric hospitals.

Management of Chronic Diseases

The National Burden of Disease study, conducted in 2001, identified chronic diseases of lifestyle such as cardiovascular disease and diabetes mellitus as two of the major causes of death in the province. The department has prioritised the management of the following chronic diseases: chronic lung disease (e.g. asthma), diabetes mellitus, hypertension, cardiovascular diseases and epilepsy.

Chronic disease management entails the dispensing of medication on a monthly basis. This practice places an enormous burden on the health system and impacts on service delivery by increasing waiting times. One strategy for the improvement of chronic disease management has been the establishment of the Chronic Dispensing Unit (CDU) which supplies pre-packaged medication to clients through alternative systems with the specific aim of decreasing waiting times in the facilities. These alternative systems include central pre-packing for clinics, old age homes and factories. CDU patients on their appointment date fetch medication at a clinic or CHC from the pharmacy and bypass waiting at reception. In rural districts the pharmacy or a professional nurse from the clinic will dispense medication to the community based support groups at old age homes or in community halls.
The number of patients receiving medication through this alternative supply system has increased from 1,420,500 to 1,919,172 which is above the intended target of 730,000.

As part of also improving the management of chronic diseases, clinical audits were implemented in the Metro, but due to capacity constraints in the Metro audits were only done in 28 facilities instead of the 40 targeted.

The decision to decant stable chronic patients from level three and two hospitals was not as successful. The department has since established Strategic and Operational Management Teams to focus on ambulatory care.

These teams will focus on improving patient care for chronic diseases by institutionalising clinical governance and managing the decanting of patients to appropriate levels of care. Furthermore the department has developed a prevention and promotion strategy that will to seek to improve the prevention and early detection of diseases of lifestyle.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2008/09 ANNUAL PERFORMANCE PLAN

Table 2.5.6: Performance against targets from the 2008/09 Annual Performance Plan for the District Health Services Programme

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	In line with Comprehensive Service Plan targets, transform the District Health System (DHS) in order to ensure the delivery of the full package of good quality DHS services in all the districts of the Western Cape.					
To establish decentralised management capacity in all six districts.	Establish a fully functional DHS management office in each of the districts by 2010.	1. The number of DHS offices created in the province	3	3	6	6
	Establish fully functional sub-structure management structures in the metro by 2010.	2. The number of DHS sub-structure offices created in the metro	Not required to report	0	4	4
To ensure the provision of accessible, good quality District Health Services.	Increase access to emergency care.	3. Number of CHC's with a designated emergency unit implementing the South African Triage System at all times of service delivery	Not required to report	Not required to report	9	15
		4. Percentage of district hospitals implementing the South African Triage System at all times of service delivery	Not required to report	Not required to report	96.8% (30 / 31)	100% (31 / 31)
		5. Percentage of towns with populations of more than 5,000 that have access to an emergency service 24 hours a day			42% (24 / 57)	50%

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
	Improve the access to primary health care clinic services by extending the service hours CHCs in the Cape Town metro district.	6. The number of CHC's in the Metro offering nurse based extended hours to 21h30 weekdays and 8h00 to 12h00 on weekends	Not required to report	9	10	11
	Ensure clinical governance and quality of District Health Services in all six districts by 2010.	7. The number of family medicine registrars employed in district hospitals	Not required to report	Not required to report	31	40
		8. The number of district hospitals with appointed family physicians	Not required to report	Not required to report	13	20
		9. The number of CHCs and district hospitals with a functioning Maintenance of Competencies Programme (iMOCOMP)	Not required to report	18	61	30
Improve information management systems.	Computerise and network all community health centres (CHCs) to ensure the maintenance of effective information management systems by 2010	10. The number of networked PHC facilities with access to the Primary Health Care Information System (PHCIS) and the provincial intranet	31 with access to provincial intranet	33	44	54

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	Ensure accessibility to district hospitals in all the districts of the Western Cape.					
To provide sufficient bed capacity to ensure accessibility of district hospital services.	Provide a total of 2,311 beds in district hospitals by 2010.	11. Number of level one beds	1,750	2,292	2,312	2,300
		12. Number of patient days in district hospitals	411,569	663,515	682,960	755,550
		13. The ratio of total outpatient headcount to inpatient days	Not required to report	Not required to report	0.76 (508,504 / 670,335)	1.00
To provide outreach and support to PHC platform.	Provide administrative support and clinical outreach and support to the PHC platform from all district hospitals.	14. Percentage of district hospitals providing administrative support and clinical outreach and support to the PHC platform	Not required to report	88.6%	87.5% (28 / 32)	90% (28 / 31)
Strategic goal:	Implement a comprehensive community-based service package in all sub-districts of the Western Cape.					
To provide home based care for prioritised clients in need of care.	Implement exit strategy for European Union (EU) partnership funding.	15. Number of PGWC funded posts in districts and sub-districts previously funded by EU	Not required to report	37	37	4 regional and 29 sub-district co-ordinators and 4 clerks (37)
	Increase the number of NPO appointed home-carers.	16. Number of NPOs funded by PGWC	Not required to report	145	110	110
	Increase the number of clients receiving home based care service.	17. Total number of NPO appointed home carers	1,288	1,343	2,455	2,300
	Increase number of home based care (HBC) clients seen.	18. Total number of clients seen	Not required to report	16,823	24,232	23,000
	Improve referral of clients from hospitals to HBC programme.	19. Number of hospital referrals	Not required to report	7,877	6,957	8,200

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
	Improve referral of clients from PHC to the integrated HBC programme.	20. Number of PHC referrals (home-based care, TB DOTS, mental health, chronic disease and ARV adherence clients)	Not required to report	14,800	10,771	14,800
To provide inpatient palliative care to prioritised clients in need of care.	Sustain the funding of palliative care beds.	21. Number of palliative beds	136	269	264	269
	Ensure bed utilisation to full capacity.	22. Number of inpatient days	39,491	77,882	79,165	83,457
		23. Bed occupancy rate	Not required to report	79.3%	82.2% (79,165 / 96,360)	85% (83,457 / 98,185)
To provide sub-acute care to prioritised clients in need of care.	Increase the number of sub-acute care beds.	24. Number of usable beds (adult)	84	84	84	84
		25. Number of usable beds (paediatrics)	60	60	60	60
		26. Number of inpatient days (adult)	Not required to report	Not required to report	25,490	34,884
		27. Number of inpatient days (paediatrics)	Not required to report	Not required to report	20,986	18,360
	Ensure bed utilisation to full capacity.	28. Bed occupancy rate	Not required to report	Not required to report	88.4% (46,476 / 52,560)	85%
To provide chronic care to prioritised clients in need of long term care.	Increase the number of mental health clients in community mental health programmes.	29. Number of clients in community mental health programmes	Not required to report	1,681	1,565	1,681
	Provide inpatient chronic care to all patients in need of long term care.	30. Number of usable beds (adult)	280	280	250	280
		31. Number of usable beds (paediatrics)	114	87	87	114
To implement care and support programmes for people living with HIV and AIDS.	Transfer funding to district municipalities in order to fund CBOs that implement HIV related projects.	32. Number of MSAT projects funded via Global Fund.	558	343	754 (Cumulative number since 2004)	343[2]
Strategic goal:	Improve chronic disease management.					

2 Target set in 2005, therefore over-achievement on old target.

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
To effect the shift of appropriately identified patients to access appropriate services closest to their place of residence.	Increase number of CDM clients receiving medication at a reduced time.	33. Number of patients with prescriptions issued for chronic medication through an alternative supply system	336,662	1,420,500	1,919,172	730,000
		34. Number of patients receiving medication through non-health sites (accredited NPOs)	Not required to report	Not required to report	35,417	8,000
		35. Number of patients receiving medication through home delivery (via courier, adherence supporters)	Not required to report	Not required to report	6,801	4,000
		36. Number of CDM clients shifted from level 3, 2 and 1 to appropriate level	Not required to report	Not required to report	0	20,000
To implement a coherent strategy for chronic disease management (CDM).	Implement a clinical governance system for chronic diseases.	37. Number CHC's undertaking annual clinical audits for the management of cardiovascular risk factor management	Not required to report	Not required to report	28	40

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.7: Standard national indicators for District Health Services

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
To allocate sufficient resources for the rendering of the full package of PHC services.	Allocate sufficient funds per uninsured person to sustain an average utilisation rate of 3.87 per annum by 2010.	1. Provincial PHC expenditure per uninsured person	R 273	R 313	R 395 (R 1,519, 951,325 / 3,852,214)	R 319
		2. Total PHC headcount per annum	12,180,933	13,029,007	15,051,210	13,384,235
		3. PHC utilisation rate (per uninsured person)	Not required to report	Not required to report	3.9 (15,051,210 / 3,852,214)	3.22
		4. PHC utilisation rate (per capita)	2.8	2.7	2.8 (15,051,210 / 5,299,999)	2.4
		5. PHC utilisation rate - under 5 years	4.8	4.9	4.9 (2,436,479 / 495,993)	5.0
		6. Percentage of sub-districts offering the full package of PHC services	100%	100%	100% (32 / 32)	100%
	Ensure the efficient and quality delivery of the full package of PHC services.	7. Percentage fixed PHC facilities supported by a doctor at least once a week	Not available	73.4%	75.3% (280/ 372)	100% (288 / 288)
		8. Supervision rate	51.2%	43.8%	70.3% (785 / 1,116)	100%
		9. Expenditure per PHC headcount - province	R 72	R 122	R 107[3] (R 1,519, 951,325 / 14,233,656)	R 99

3 The PHC Headcount reflected here excludes the patients seen for PHC services at hospitals since the expenditure reflected here is only that on the PHC platform.

District Hospital Services

District hospitals play an important role in the District Health System. In total 87.5% of the district hospitals provide both clinical and non-clinical outreach services to the PHC facilities in their respective drainage areas. There are 32 district hospitals in the Western Cape (including the Khayelitsha and Mitchell's Plain district hospital hubs). The total number of level one beds increased from 2,292 in 2007/08 to 2,312 in 2008/09, with the addition of level one obstetric beds in the Metro. The total number of patient days for 2008/09 is 682,960, which is 11% below the target of 755,550. The ratio of total OPD headcount to inpatient days is 0.77. This is a reflection that significant numbers of OPD headcounts still need to be relocated to PHC facilities, in line with the Comprehensive Service Plan (CSP). Westfleur Hospital is a particular challenge as it has a relatively high proportion of OPD headcounts. The department has instituted a strategic management team (SMT) to focus on acute services which includes district hospitals. This SMT has two operational management teams, one for the Metro and the other for the rural areas.

Quality of care and clinical governance

The caesarean section rate has remained at 20.6% in 2008/09 (against a target of 13%). The percentage of hospitals conducting patient satisfaction surveys has increased from 25.7% in 2007/08 to 62.5% in 2008/09, although this is still significantly short of the target of 100%. The percentage of hospitals conducting monthly mortality and morbidity (M & M) meetings has decreased from 71.4% in 2007/08 to 62.5% in 2008/09 (against a target of 70%). The percentage of hospitals conducting monthly clinical audit meetings was 65.6% (against a target of 70%). This is mainly due to smaller rural district hospitals not being able to conduct monthly M & M and clinical audit meetings. The percentage of complaints resolved within 25 days was 75.5%, which is 14.5% short of the target of 90%. The case fatality rate for surgery separations has remained the same at 1.1% in 2007/08 and in 2008/09 (target: 1.0%).

Utilisation and service volumes

The average length of stay decreased from 3.3 in 2007/08 to 3.1 days in 2008/09 (below the target of 3.3). The figure of 3.1 is much closer to the CSP figure of an average length of stay of 3.0 days to ensure efficient use of the district hospital beds. The bed utilisation rate increased from 79.3% in 2007/08 to 80.9% in 2008/09, which was 9.2% below the target of 90%. The CSP target however is 85% and thus the achievement for bed utilisation is in line with the service transformation agenda of the department. The total separations increased from 203,932 in 2007/08 to 221,365 in 2008/09, but were 9,310 below the target of 228,955. The total patient day equivalents (PDE's) increased from 956,181 in 2007/08 to 963,020 in 2008/09, but were 44,380 below the target of 1,007,400.

District hospital expenditure

The expenditure per patient day equivalent (PDE) increased from R 893 in 2007/08 to R 1,252 which is an increase of 40%.

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.8: Standard national indicators for District Hospitals

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
To provide sufficient capacity to render quality inpatient and outpatient services in district hospitals.	Provide sufficient theatre capacity and resources at district hospitals to perform caesarean sections at a rate of 10 - 15%.	1. Caesarean section rate for district hospitals (caesarean sections/ total deliveries)	8.4%	20.6%	20.6% (6,093 / 29,648)	13%
	Provide sufficient resources to provide out patient services at a target rate of one outpatient per inpatient day.	2. Total patient day equivalents (PDEs) in district hospitals	661,655	956,181	963,020	1,007,400
		3. Total OPD headcount (OPD + trauma) in district hospitals	695,108	877,999	840,179	755,550
		(a) OPD headcount	436,643	515,501	508,504	-
		(b) Trauma/ casualty / emergency headcount	258,465	362,498	331,675	-
	Implement quality assurance measures to minimise patient risk.	4. Percentage of district hospitals with patient satisfaction survey using DoH template	32.1%	25.7%	62.5% (20 / 32)	100%
		5. Percentage of district hospitals with mortality and morbidity meetings every month	21.4%	71.4%	62.5% (20 / 32)	70%
		6. Percentage of district hospitals with clinical audit meetings at least once a month	Not required to report	Not required to report	65.6% (21 / 32)	70%

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
		7. Percentage complaints resolved within 25 days (= total complaints resolved in all hospitals within 25 days/ total complaints received)	Not required to report	Not required to report	75.5% (283 / 375)	90%
		8. Case fatality rate in district hospitals for surgery separations (total surgery fatalities/ total operations)	0.79%	1.05%	1.1% (460 / 43,750)	1%
To ensure the effective and efficient rendering of sustainable district hospital services.	Manage bed utilisation to achieve an average length of stay of approximately 3 days and a bed occupancy rate of 85% in district hospitals.	9. Average length of stay in district hospitals	2.8 days	3.3 days	3.1 days (682,960 / 221,365)	3.3 days
		10. Bed utilisation rate (based on usable beds) in district hospitals	71.7%	79.3%	80.9% (682,960 / 843,880)	90%
		11. Total separations in district hospitals	144,373	203,932	221,365	228,955
	Ensure the cost effective management of district hospitals at a target expenditure of approximately R 970 per PDE by 2010.	12. Expenditure per patient day equivalent	R 693	R 893	R 1,070 (R 1,030, 902,043 / 963,020)	R 905

HIV and AIDS

HIV prevention

HIV prevention remains a priority for the department and the reduction of new infections remains a key challenge. This is also a key priority in the Provincial Strategic Plan (PSP) for HIV and AIDS which was endorsed by both the Provincial AIDS Council (PAC) and the Cabinet Social Cluster Committee.

Community mobilisation

The 33 multi-sectoral action teams (MSATs) continue to bring relevant role-players (government, civil society organisations, local government and non-governmental organisations) together at sub-district level to initiate local responses to the HIV epidemic. Since the start of the Global Fund grant programme 754 locally based MSAT projects have been funded via the Global Fund, against a target of 412. Targeted interventions in high transmission areas (HTAs) are critical in addressing HIV prevention. The department implemented interventions in 46 sites, 13 more sites than were planned for the year. This increase is due to reaching more peer educators that are not getting a stipend as per the DORA definition of 'trained' peer educators at an HTA site.

Advocacy, Communication and Social mobilisation

A provincial HIV prevention communication campaign (ACSM) was put together after consultation with NPO's and launched in Guguletu on 26 September 2008. The campaign focuses on messaging covering the 'Scrutinise' series and 'Beat it' television commercials that are currently flighted on SABC TV. These television commercials are accompanied by manuals for use at community level. A television commercial addressing delaying sexual debut commissioned as part of the series has been finalised.

The campaign needs to move to the non-metro areas and regional specificities, such as language preferences, have to be built into the strategy.

Life skills and peer education

Peer education has been identified as one of the critical programmes for HIV prevention to ensure "an HIV free generation". The department exceeded its target of badged peer educators (18,297) in the province by 17.8% (target 15,035).

Post Exposure Prophylaxis (PEP) for sexual abuse

Post exposure prophylaxis (PEP) services for sexual assault[4] are available at 92.5% of hospitals in the province. The target was 100%. These services have been consolidated to fewer sites, but access to PEP remains a problem, as only 51.4% of new sexual assault cases reporting to health facilities were issued with PEP of which only 22% have completed the full course.

Voluntary Counselling and Testing

Voluntary counselling and HIV testing (VCT) services are available at all fixed PHC facilities in the province (79.3% of all PHC services which include mobiles and satellite clinics), as well as at 52 non-medical sites. Mobile testing facilities have been introduced as an extension of service delivery and to bring the service closer to where people live and work.

The total number of people tested for HIV was 353,959 excluding the 96,411 women who tested as part of the PMTCT programme at public facilities from 1 April 2008 – 31 March 2009.

In total 87,277 more people than the previous year were tested for HIV in the province. This represents a 24.7% increase excluding PMTCT. The target set by the province has been exceeded by 8.5%. The figure represents 12.2% coverage of the targeted adult population and 14.9% if women who tested on the PMTCT programme are

4 Sexual assault is reported as sexual 'abuse' in the Annual Report (Table 9; Indicator 5).

included. The bulk of this increase is attributed the routine offering of the HIV testing service to all the clients visiting the public health facilities.

Prevention of Mother-to-Child Transmission (PMTCT)

The PMTCT programme is the flagship HIV prevention programme of the Western Cape. The programme is available at 64% of fixed PHC facilities in the province. It is important to note that the denominator for this indicator refers to the total number of fixed facilities, which explains the apparent lack of coverage of all PHC facilities. In reality, the PMTCT programme is implemented at all (100%) facilities that offer antenatal care, including hospitals and midwife obstetric units (MOU's) that provide antenatal care service.

During 2008/09 a total of 108,352 first antenatal clients were seen, of those 96,411 (89%) were tested for HIV and 13,432 (13.9%) tested HIV positive. There were 2,223 (17.2%) women that delivered on HAART; which is an increase from 1,308 (11.3%) in 2007/08.

The nevirapine uptake rate amongst HIV positive women who have accepted PMTCT is 66.9%. If women who were on HAART were included into the numerator, the coverage would be 83.8%. The National Department of Health was requested to consider revising the definition and thus calculation of this indicator as it does not give a fair reflection of the coverage of the programme.

The nevirapine uptake rate among babies born to women with HIV remains high at 98.6%.There has also been an increase in the infant testing rate from 74.1% in 2007/08 to 97.9% in 2008/09. This increase can be attributed to the PCR testing offered at six weeks since November 2007. No nevirapine stock-outs were reported throughout the province. The HIV transmission rate for infants that were tested at six weeks is 4.5%.

Sexually Transmitted Infections (STI's)

Sexually transmitted infections are an important component of the HIV prevention strategy. There is an increase of 4.2% per 1,000 in the incidence of STI's in 2008/09 compared to 2007/08. The whole country has had major shortages in male condoms as discussed below and this could have been one the contributing factors. One additional problem however with this programme has been the consistent low partner treatment rate. One of the issues identified has been a definition issue and this has since been addressed for 2009/10.

Male condoms

The province has an extensive condom distribution network that includes public and non-public sector sites. There has been a decrease in condom distribution from 2007/08 and 2008/09. The province distributed 26% less male condoms than was projected, due to the challenge of limited availability, from the National Department of Health where the supply is not meeting the demand.

Female condoms

In 2007/08 499,713 female condoms were distributed against a target of 300,000. A total of 861,490 female condoms were distributed in 2008/09 far exceeding the target of 400,000. The greater majority is distributed in the Metro district but improvement in the distribution in rural districts is also noted. Currently the challenge is the limited availability of female condoms from the National Department of Health, again like the male condoms, the supply is not meeting the demand.

HIV treatment

As of the 30 March 2009, there were 66 accredited sites in the province that provided antiretroviral therapy. This is four sites (6%) short of what was planned for the financial year. The main constraints to achieving the planned

targets were delays in completing the infrastructure changes required for accreditation and difficulty attracting the appropriate cadre of staff, particularly towards the end of the financial year.

At these 66 sites, there were 54,703 patients on ARV treatment at the end of March 2009. This is 19.6% more than the target of 45,756 and this overshoot is likely to reflect both the widespread burden of disease, increased access to service, as well as clinic efficiency gains over time. Furthermore, province-wide, 20,751 additional patients were started on antiretroviral therapy in 2008/09, which translates to 84.8% of patients who were classified as newly requiring treatment, as based on the Actuarial Society of South Africa (ASSA) model. With regards to drug availability, no ARV stock outs were reported.

For the province to continue to impact on morbidity associated with the HIV epidemic (through the reduction of the incidence of debilitating and opportunistic infections) at least 80% of patients who are WHO stage 4 must be put on treatment (National Strategic Plan 2007 – 2011 target). To this end, targets have been exceeded for the number of hospitals and fixed PHC facilities drawing blood for CD4 testing. Of the latter facilities, 100% are able to refer patients to ARV treatment points for assessment. Specific challenges lie in recruiting and retaining the appropriate staff, and in providing the infrastructure for the provision of services. Furthermore, maintaining adequate financial resources is also an ongoing challenge.

To address human resource challenges, the department has begun implementing a "nurse-led, doctor supported" treatment model which has achieved extensive on-site nurse training in HIV and ARV management and which will see patients directed towards more appropriate providers of services.

Tuberculosis

General TB Control

Tuberculosis, a preventable and curable disease, continues to be a major epidemic in the Western Cape. In response to controlling the large TB epidemic in the Western Cape, the provincial strategy draws from the Tuberculosis Strategic Plan for South Africa 2007 – 2011 to reduce morbidly and mortality due to TB. The overall goal for 2008/09 was to strengthen the implementation of the directly observed treatment short course (DOTS) strategy through expansion and enhancement of high quality DOTS in high TB burden sub-districts and health facilities.

Unfortunately serious problems were experienced during the year with TB drug supply due to one of the major TB drug companies whose drug were withdrawn and placed under quarantine. However the department managed with the cooperation of relevant role-players to maintain an uninterrupted drug supply to most TB patients.

The smear positive cure rate remained stable at 77.8%, and the TB defaulter rate remained stable from 2007/08 at 9.2%. The percentage of TB specimens with a turnaround time of more than 48 hours increased from 35.1% to 53.9 % this year. This still does not achieve the target of 80%. However suspect registers were implemented during the year in the Cape Town Metropole and a manual to guide TB services in the correct use of the suspect registers and the calculation of indicators have been written and distributed with the goal of further improving this indicator.

Treatment support for TB patients has improved with the number of patients with a DOTS supporter increased from 89.3% in the previous year to 92.2%, this is a great achievement but remains slightly below the 2008/09 target of 95%.

MDR and XDR-TB

Multi-drug resistant (MDR) and extreme drug resistant (XDR) TB is emerging as a serious public health problem. In 2008/09 a total of 1,153 new MDR TB cases were diagnosed and 66 XDR TB cases. The very high increase in the incidence of MDR TB is probably exaggerated since only 339 cases of MDR TB were reported in 2007/08. This could be attributed to the following reasons: there were two provincial training courses aimed at doctors and

professional nurses in drug-resistant TB conducted to improve knowledge and skills. Furthermore to improve data availability and quality, drug-resistant TB registers were implemented at Brooklyn Chest Hospital, Brewelskloof Hospital and Harry Comay Hospital. Standardised national drug-resistant TB data collection data tools have also been implemented and data is now collected quarterly. Collection of this data through an electronic web-based information system is in the process of being piloted by Brewelskloof Hospital and if successful will be rolled out to the other centres in 2009/10.

TB and HIV integration

Collaborative TB / HIV activities continued to be implemented. This was supported by the PALSA Plus integrated training and outreach approach. The integrated TB / HIV / STI audit tool was finalised. Integrated audits to assess progress with integration at facility level were conducted in Cape Winelands and Eden Districts during the year.

TB Advocacy, Communication and Social mobilisation

A provincial communication strategy was implemented. A very successful TB Road Show was conducted in December 2008 with the support of TB Free. World TB Day 2009 was celebrated in March 2009 and a range of successful events were hosted. Other activities such as printing and distribution of pamphlets, posters and promotional material; erection of static and mobile billboards; door-to-door awareness campaigns; training of community members in TB; and the training of DOTS supporters continue.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2008/09 ANNUAL PERFORMANCE PLAN

Table 2.5.9: Performance against targets from the 2008/09 Annual Performance Plan for HIV and AIDS, STI's and TB Control

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	Reduce morbidity and mortality amongst HIV affected persons.					
To provide ART to patients in need.	Increase number of clients in need of ART starting treatment to 65,000 by 2011.	1. Cumulative number of clients on ART	26,111	37,435	54,703	45,756
		2. Cumulative number of clients on ART via the conditional grant	18,437	29,425	47,961	38,852
		3. Cumulative number of clients on ART via the Global Fund	7,674	8,010	6,742	6,904

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	Decrease the number of new infections in the age group 15 - 24 years.					
To implement an effective prevention strategy.	Increase number of clients tested for HIV to 360,000 by 2011	4. Number of persons tested for HIV excluding antenatal	245,271	266,682	353,959	324,000
	Train 15,000 peer educators in schools by 2010.	5. Number of badged peer educators via Global Fund	8,388	13,068	18,297	15,035
	Distribute 600,000 female condoms to designated sites in the province by 2011.	6. Female condom distribution from primary distribution sites	254,426	499,713	861,490	400,000
	Decrease mother-to-child HIV transmission to 4% by 2011.	7. PMTCT transmission rate	5.5%	5.2%	4.5% (487 / 10,797)	4.5%
Strategic goal:	Reduce morbidity and mortality due to TB.					
To strengthen the implementation of the DOTS strategy.	Increase routine sputum collection in all TB patients at 2 months to 80% by 2011.	8. Smear conversion rate at 2 months for new smear positive PTB cases	72.2%	71.2%	70.6% (11,516 / 16,317)	73%

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.10: Standard national indicators for HIV and AIDS, STIs and TB Control

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	Decrease the number of new infections in the age group 15 - 24 years.					
To implement an effective prevention strategy.	Provide PMTCT services to all pregnant women at 1st antenatal booking visit.	1. Percentage fixed PHC facilities offering PMTCT (PMTCT facility rate)	90.3%	84.4%	64.0% (238 / 372)	80% (230 / 288)
	Provide VCT services at all fixed PHC facilities in the province.	2. Percentage fixed PHC facilities offering VCT (VCT facility rate)	100%	89.1%	79.3% (295 / 372)	100% (290 / 290)
	Provide PEP for occupational exposure at all hospitals in the province.	3. Percentage hospitals offering PEP for occupational HIV exposure	92.3%	100%	91.3% (37 / 40)	100% (40 / 40)

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
	Provide PEP for sexual assault at all hospitals in the province.	4. Percentage hospitals offering PEP for sexual abuse	92.3%	87%	92.5% (37 / 40)	100% (40 / 40)
	Distribute male condoms from all PHC facilities and non-PHC facilities to all adult males 15 years and above	5. Male condom distribution rate from public sector health facilities (rate)	25.7 (per male 15 years and older)	41.1 (per male 15 years and older)	33.6 (per male 15 years and older) (63,830,181 / 1,901,372)	50 (per male 15 years and older)
	Issue of STI partner notification slips to all STI clients treated new.	6. STI partner treatment rate (percentage)	17.5%	18.9%	19.9% (19,110 / 96,270)	22%
	Administer nevirapine to babies of mothers who accepted PMTCT intervention.	7. Nevirapine newborn uptake rate	98.3%	101.6%	98.6% (12,718 / 12,894)	95%
	Administer nevirapine to HIV positive women in labour who accepted PMTCT intervention.	8. Nevirapine uptake - antenatal clients	Not required to report	Not required to report	66.9% (8,982 / 13,432)	90.0%
	Provide HIV pre-test and post-test counselling services in fixed PHC facilities.	9. Clients HIV pre-test counselled rate in fixed PHC facilities (percentage)	2.5%	2.5%	2.5% (370,306 / 14,578,944)	3.0% (370,154 / 12,338,462)
	Determine acceptability of HIV testing in those pre-test counselled.	10. HIV testing rate (excluding antenatal)	Not required to report	Not required to report	95.6% (353,959 / 370,306)	95.5% (353,497 / 370,154)

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	Reduce morbidity and mortality amongst HIV affected persons.					
To provide ART to patients in need.	Accredit facilities to provide ART.	11. ART service points registered	Not required to report	Not required to report	66	70
	Increase number of patients on ART.	12. ART patients - total registered	26,111	37,435	54,703	45,756
	Improve quality of ART service provision.	13. Fixed facilities with any ARV drug stock out	0%	0%	0.2% (10 / 4,944)	0%
	Accredit facilities to provide ART.	14. Percentage fixed facilities referring patients to ARV sites assessment	100%	100%	100.0% (372 / 372)	100% (290 / 290)
	Monitor turn around times and engage NHLS as needed.	15. CD4 test at ARV treatment service points with turn around time > 6 days	Data not available	Not collected	Not available	Not available
	Monitor expenditure on a monthly basis and variances.	16. Dedicated HIV and AIDS budget spent (percentage)	95.1%	100%	101.4% (382,306,779 / 377,188,000)	100%
Strategic goal:	Reduce morbidity and mortality due to TB.					
To strengthen the implementation of the DOTS strategy.	Strengthen the TB community DOT programme	17. Percentage TB cases with a DOT supporter	81.0%	89.3%	92.2% (79,400 / 86,118)	95%
	Ensure that TB patients remain in care.	18. TB treatment interruption rate	11.1%	9.6%	9.2% (1,534 / 16,703)	9%
	Monitor turn around times and engage NHLS as needed	19. TB sputa specimens with turn-around time less than 48 hours	77%	64.9%	53.9% (289,326 / 536,834)	80%
	Increase the number of people cured for PTB at first attempt.	20. New smear positive PTB cases cured at first attempt	71.2%	77.4%	77.8% (12,990 / 16,703)	75%
To ensure a standardised TB drug resistant recording and reporting system to monitor progress in the implementation of the M(X)DR-TB programme.	Ensure a standardised TB drug resistant recording and reporting system to monitor progress in the implementation of the M(X)DR-TB programme.	21. New MDR TB cases reported - % annual change	Data not available	3.2%	240.1% (814 / 339)	Not available

Maternal, Child and Women's Health and Nutrition

Women's Health

Women's health is a worldwide priority as indicated by the fifth Millennium Development Goal (MDG). In terms of this MDG countries are required to improve maternal health services in order to reduce the maternal mortality ratio by three quarters in 2015.

Antenatal care

Effective antenatal care can contribute significantly to a reduction in maternal mortality. Women are therefore encouraged to book before 20 weeks gestation in order to detect problems early and intervene appropriately. As part of implementation of the national and provincial policy the province has set a target of 50% for antenatal bookings before 20 weeks for 2008/09. Basic antenatal care (BANC) as a national programme was introduced in July 2007. Implementing BANC contributes to the improvement in booking rate before 20 weeks gestation. This programme has been successfully rolled out to 272 facilities compared to the 178 facilities targeted.

Overall the province has a very good antenatal coverage of above 80% but it is still faced with the problem of women generally booking late i.e. booking after 20 weeks gestation. The five rural districts with exception of the urban district (Metro) have exceeded the target of 50% by 8.5% (58.5% overall for the rural districts only). With Metro included the province only achieved 42.3% similar to the previous year. This difference is due to the fact that in the rural districts antenatal care has always been part of the integrated primary health care (PHC) package whereas in the Metro, only midwife obstetric units (MOU's) provided antenatal care before the introduction of BANC. The roll out of BANC in the City of Cape Town facilities has been slow which has a direct impact on the provincial target. The Metro has however developed an implementation plan with the target of increasing the provincial before 20 week booking rate to 60% for 2009/10.

Cervical cancer screening

Cervical cancer is one of the few preventable cancers among women, yet it continues to account for more deaths among women. Early detection of cervical cancer through the screening programme reduces the morbidity and mortality of women. It is a national and provincial policy that all women aged 30 years and above should have at least three cervical smears at intervals of ten years in their lifetime. In the province this programme is offered as part of an integrated primary health care package with the aim of preventing and reducing morbidity and mortality.

In the previous financial year the target for this programme was not achieved with only 5.1% of the target population being screened. This performance was maintained in 2008/09 at 5.2%. The districts that have individual nurse targets at facility level have been able to achieve the district targets. This is therefore the strategy that the province will be implementing in the districts that have not reached their targets.

Community involvement and awareness of the screening programme will also form part of a provincial prevention and promotion strategy to increase the uptake.

Termination of Pregnancy

There are currently 36 hospitals in the province designated to provide the Choice on Termination of Pregnancy (CTOP) service. This service is under tremendous pressure due to various reasons such as the inability of facilities to retain or attract staff willing to perform termination of pregnancies (TOP's). This has resulted in unmanageable increases at facilities where there is still staff willing to perform TOP's. This has inadvertently resulted in reduced access to the service as is shown by the fact that almost 25.7% (3,665 / 14,257) of all TOP's are in the second trimester. Two rural districts have even had to outsource this function to a private service provider in order to ensure access to the service.

What is of concern is that 21.4 % (2,513 / 11,703) of TOP's are performed on teenage clients. Sustained increase of women, particularly teenagers using contraceptive services would relieve pressures on the TOP services. In fact one of the recommendations of the Saving Mothers lll Report (2002 – 2004) is that contraceptive services

should be promoted through education. This implies the availability of a full range of contraceptive methods at all health facilities.

Child Health

One of the millennium development goals is to reduce childhood mortality by two thirds by 2015. According to the Medical Research Council, National Burden of Disease Study of 2000, the majority of child deaths occur in infancy (under one year of age) and in the young child (1 - 4 years of age).

Two key interventions have been introduced nationally to address this burden. Firstly the national Expanded Programme on Immunisation (EPI) was implemented since 1995 and will be further expanded during 2009 to address conditions like pneumonia, meningitis, bacteraemia and diarrhoea. Nationally the target for fully immunised children under 1 year is set at 90%. Secondly, the child problem identification programme (CHPIP) was introduced nationally in 2004 to evaluate deaths of children under 5 years. This programme identifies modifiable factors of death which when addressed can lower childhood mortality.

Immunisation

The target set for fully immunised children under one year in this province for the 2008/09 financial year was 93%. The coverage for 2008/09 was 96% for fully immunised under one year of age. The target was therefore exceeded for the reporting period by 3.5%. The performance for the respective districts for 2008/09 was: Cape Town 93%, Cape Winelands 95% Central Karoo 111%, Eden 112%, Overberg 94% and West Coast 101 %. The coverage of more than 100% reflected in four districts, is a measure of in migration in the various districts. The denominator for this indicator is the total population of under 1 year as is provided by Statistics SA in the recent community survey. This therefore reflects the fact that in Eden for an example there is at least 12% more one year olds than is expected according to official population figures.

Even though the districts met the provincial targeted coverage for immunisation, there are five sub-districts out of the 32 sub-districts that achieved coverage below 90%. The Reach Every District (RED) Strategy has been implemented in these sub-districts to address the lower reported coverage. This could have also been due to the non-availability of hepatitis B vaccine at BIOVAC countrywide.

Following national policy the province introduced tetanus and reduced diphtheria (Td) vaccine from 1 February 2008, which is given at 6 and 12 years to prevent tetanus and diphtheria. Children in this age group are not easily accessible at facilities and thus the implementation of the Td vaccine had to be incorporated within the school health programme. The rendering of this service differs in the rural districts and in the Metro, in that the latter have dedicated school health teams versus clinic staff in the rural areas who perform this service.

Diphtheria, tetanus, pertussis, haemophilus influenza type b (DTP-Hib) and oral polio vaccines (OPV) are being administered separately. However, in future they will be given together as pentaxim (diphtheria, a-cellular pertussis, tetanus, Hib and inactivated polio). OPV will still be administered at birth and 6 weeks. Pentaxim will only be used after stock of DTP-Hib at facility level and BIOVAC is depleted.

The National Department of Health has announced the intention to introduce rotarix (rotavirus) and prevenar (pneumococcal vaccines), which will be implemented in the 2009/10 financial year.

Screening for developmental disabilities

The screening for developmental disabilities is important to detect these disabilities at 6 weeks, 9 months and 18 months to ensure early intervention. This screening is done simultaneously when children are vaccinated at PHC facilities within the province.

This is a priority programme in the department and interventions to improve the quality of screening have been implemented e.g. training to reinforce policy, increased supervisory visits, improving information systems etc.

Neonatal health

The focus on prenatal care has identified major areas of concern regarding the care of women during pregnancy, labour and the newborn period (APP 2008/09).

Thus having identified the perinatal problem identification programme (PPIP) as the audit tool to inform the division on perinatal care (specifically prenatal and neonatal care), the department's priority was to increase the birthing sites with PPIP that was functional. Functional PPIP sites had to have the following three components:

- Data capturing of all deliveries, births and perinatal deaths.
- Entering and identifying the causes of deaths at regular minuted mortality and morbidity meetings.
- Instituting management change and policies as a result of the facility data.
- The target was to have functional PPIP at 90% of birthing sites and this was achieved by end March 2009.

Nutrition

Baby Friendly Hospital Initiative

The baby friendly hospital initiative (BFHI) is one of the key strategies for child survival. It is implemented in maternity facilities promoting and protecting safe infant feeding practices.

The BFHI is not only implemented in public birthing units, but also in private birthing units. The province has reached its target of successfully accrediting three new BFHI public facilities for the period 2008/09. The total BFHI facilities accredited in the province is 19 which include two private facilities.

Vitamin A supplementation

The vitamin A supplementation programme is implemented to protect immunity, prevent blindness and reduce the risk of children dying from common childhood illnesses. Significant progress has been made since the inception of this programme and the province has now managed to maintain its goal of an 80% and above coverage in all six health districts for the age group under one year.

Food services

Food service audits have been instituted to evaluate the quality of food service provided to clients in public hospitals. A baseline audit of 38 hospitals was conducted in 2005, which have been extended now to include 54 facilities in the province. Facilities need to score an average of 75% on the standardised measuring tool. This is an indication of satisfactory compliance to the provincial food service management policy. It was envisaged the number of facilities reaching the satisfactory score would increase annually by seven. Since 2005 remarkable progress have been recorded from an initial five facilities to 29 facilities in 2008 reaching the compliance score.

Nutrition supplementation

The nutrition supplementation programme (NSP) was extended to include HIV, AIDS and TB clients who meet the criteria. Supplements were initially only made available through existing NSP sites and not only at ART sites. To provide clients access to receive the products at the ART sites, the programme was extended to 83% (54 / 65) of the accredited fixed sites in 2008/09. However in rural district clients are allowed to exercise their right of preference to access products at there nearest health centre.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2008/09 ANNUAL PERFORMANCE PLAN

Table 2.5.11: Performance against targets from the 2008/09 Annual Performance Plan for Maternal, Child and Women's Health (MCWH) and Nutrition

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	Improve women's health and decrease morbidity and mortality during pregnancy, birth and post delivery.					
To improve antenatal care.	Increase antenatal booking rate below 20 weeks to at least 65% by 2011.	1. Percentage of women booking below 20 weeks	37.0%	39.1%	40.6% (43,413 / 106,909)	50%
	Implement BANC at PHC clinics/ facilities to 100% by 2011.	2. Percentage of PHC clinics/ facilities offering BANC	3%	51.9%	73.1% (272 / 372)	61% (178 / 290)
To implement the Saving Mothers (SM) recom-mendations.	Increase number birthing units/ facilities implementing SM recom-mendations to 95% by 2011.	3. Percentage of birthing units/ facilities implementing SM recom-mendations	Not required to report	Not required to report	100% (51 / 51)	86% (44 / 51)
To reduce second trimester TOP's and morbidity and mortality in women as a result of abortions.	Decrease number of second trimester TOP's.	4. Percentage of second trimester TOP's	21% (3,022 / 13,979)	22% (3,480 / 15,196)	25.7% (3,665 / 14,257)	27%
Strategic goal:	Reduce child and neonatal morbidity and mortality.					
To improve perinatal care to reduce neonatal morbidity and mortality.	Increase number of birth units/ facilities with functional perinatal problem identification programme (PPIP).	5. Percentage of birthing units/ facilities with functional PPIP	Not required to report	Not required to report	74.5% (38 / 51)	71% (36 / 51)
To assess the health status of learners grade 1.	Increase the number of schools where phase 1 is implemented.	6. Percentage of schools visited to do screening	Not required to report	Not required to report	89.1% (995 / 1,118)	80% (882 / 1,102)

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	Improve the nutritional status of prioritised groups.					
To improve the nutritional status of prioritised groups.	Improve the nutritional status of people on ART.	7. Number of ART sites implementing the Nutrition Supplementation Programme	39	49	54	70
	Improve food service management in all public hospitals.	8. Number of facilities scoring above 75% of the standard	18	23	29	34

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.12: Standard national indicators for Maternal, Child and Women's Health and Nutrition

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	Reduce child and neonatal morbidity and mortality.					
To reduce morbidity and mortality from vaccine preventable diseases.	Improve child immunisation status such that at least 90% of all children under one year are fully immunised.	1. Fixed PHC facilities with DTP-Hib vaccine stock out	1.2%	0.7%	10.6% (44 / 412)	< 2%
		2. Full immunisation coverage under 1 year	92.9%	100.5%	96.5% (94,540 / 98,008)	93% (93,750 / 101,902)
		3. Measles coverage under 1 year	93.7%	102.8%	99.7% (97,726 / 98,008)	93% (93,750 / 101,902)
To improve resistance to disease in children <1 year.	Increase vitamin A supplementation coverage in children <1 year to at least 90%.	4. Vitamin A coverage under 1 year	66.2%	91.6%	88.8% (87,011 / 98,008)	89% (90,726 / 101,902)
To improve prevention and management of common childhood problems.	Facilities implementing IMCI.	5. Fixed PHC facilities implementing IMCI	82.0%	88%	97.6% (363 / 372)	84% (287 / 342)
To improve access of health services to youth.	Ensure that health services are certified as youth friendly.	6. Fixed PHC facilities certified as youth friendly	18.6%	20.1%	43.0% (160 / 372)	Not available

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	Improve women's health.					
To reduce morbidity and mortality in women at risk of cervical cancer.	Increase cervical cancer screening coverage in women aged 30 years and over to be at least 8%.	7. Cervical cancer screening coverage	6.3%	5.1%	5.2% (63,127 / 1,213,224)	8.0% (72,449 / 905,618)
Strategic goal:	Decrease morbidity and mortality during pregnancy, birth and post delivery.					
To reduce morbidity and mortality in women as a result of abortions	Improve access to TOP services by increasing TOP facilities to 100% of all acute hospitals and 8.5% of CHC.	8. Hospitals offering TOP services	87.2%	78.4%	90.0% (36 / 40)	88% (35 / 40)
		9. CHC's offering TOP services	5.7%	5.7%	8.5% (5 / 59)	8.5% (5 / 60)
To increase the number of BFHI facilities.	Increased facilities certified as baby friendly to at least 35%.	10. Facilities certified as baby friendly (percentage)	11.5%	13.5%	37.3% (19 / 51)	26% (75 / 290)
To increase access to safe delivery services.	Improve facility delivery rate to 95%.	11. Total deliveries in facilities	69,575	97,404	94,139	85,000
		12. Facility delivery rate	Not required to report	Not required to report	93.3% (94,139 / 100,948)	95%
	Decrease teenage pregnancy to <10% of all deliveries.	13. Institutional delivery rate for women under 18 years	10.1%	7.5%	7.9% (7,412 / 94,139)	10%

Disease Prevention and Control

Environmental Health

The provincial environmental health service is responsible for the delivery of port health services and the monitoring of municipal health services. The environmental health dataset was integrated into the provincial software package (SINJANI) in 2008/09 to better monitor this service. The target for the indicator of water samples conforming to standards has been met, but not that of food samples conforming to Act 54/72. This is because there has been an increase of unregistered food vendors. Government is working on process to register these vendors and thus improve food safety.

The challenge of non conforming sewage samples still exists and this is due to increased infrastructure development but limited upgrading of existing bulk infrastructure. This challenge is receiving attention from the Premier's office and the Department of Local Government and Housing. Affected municipalities are working with the provincial government to develop improvement plans to remedy the situation.

Even though the province only had eight cases of cholera and no deaths in the recent epidemic which saw 12,740 cases identified in the country, the aforementioned challenges in water and sanitation quality do pose a significant risk to public health and thus need urgent attention.

The number of households with effective refuse removal service was 98.6%, which is over the target of 90% for 2008/09.

Occupational Health

Most hospitals have access to immunisation of hepatitis B and influenza, services for acute health programmes and reproductive health and employee wellness. The challenge for the department is to have a well co-ordinated programme that also has other elements such as health and medical surveillance and health risk assessment within its limited resources and increasing burden of disease of its clients.

Prevention of blindness

The national target for cataract surgery is for all provinces to incrementally work towards achieving the cataract surgery rate of 2,000 per million population by 2010. In 2006/07 the Western Cape had the second highest coverage in the country, largely due to the Eerste River Hospital high volume cataract unit. In 2007/08 the province also reached the target for cataract surgery.

In 2008/09 however the target was not reached due to the SA Bureau for the Blind, an organisation that used to voluntarily assist with cataract surgery, reducing it's assistance to the province due to funding constraints.

A provincial eye care plan has been drafted for presentation to senior management and part of the plan proposes ring fenced funding of the existing high volume unit at Eerste River Hospital.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2008/09 ANNUAL PERFORMANCE PLAN

Table 2.5.13: Performance against targets from the 2008/09 Annual Performance Plan for non-communicable disease control

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	Ensure adequate disease prevention and control.					
To implement the National Health Act provisions dealing with environmental health.	Monitor municipal environmental health services.	1. Percentage water samples conforming to standards	Not required to report	92.3%	93.7% (38,544 / 41,128)	90%
		2. Percentage sewage effluent samples complying to requirements	Not required to report	69.3%	61.2% (1,677 / 2,738)	70%
		3. Percentage food samples conforming to Act 54/72	Not required to report	76.2%	72.2% (8,641 / 11,969)	85%

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
		4. Percentage households with effective refuse removal service (minimum of one refuse removal per week)	Not required to report	97%	98.6% (3,191,326 / 3,237,194)	90%

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.14: Standard national indicators for Disease Prevention and Control

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	To ensure the delivery of a good quality disease control programme in all the districts of the Western Cape.					
To provide capacity to render disease control services.	Ensure that all districts have at least one trauma centre for victims of violence.	1. Trauma centres for victims of violence (number)	41	42	42	41
	Ensure all districts have a health care waste management plan.	2. Health districts with health care waste management plan implemented (number)	6	5	6	6
To provide programmes for the prevention of occupational diseases.	Increase the % of hospitals providing occupational health programme to 100%.	3. Hospitals providing occupational health programmes (percentage)	77%	84.4%	60.0% (24 / 40)	90%
To ensure the involvement of schools in promoting health.	Increase the number of schools implementing Health Promoting Schools programme.	4. Schools implementing Health Promoting Schools programme (HPSP) (percentage)	11.8%	20.4%	15.8% (177 / 1,118)	7%
To be prepared to deal with epidemics and disasters.	Ensure all districts have an integrated epidemic preparedness and response plan.	5. Integrated epidemic preparedness and response plans implemented (Y/N)	Y	Y	Y	Y

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
	Ensure adequate outbreak response in line to provincial guidelines.	6. Outbreaks responded to within 24 hours	Not required to report	Not required to report	100% (7 / 7)	95%
		7. Malaria fatality rate (percentage)	No malaria	0%	0%	0%
		8. Cholera fatality rate (percentage)	No cholera	0%	0%	0%
To improve the vision of people with cataracts.	Increase the cataract surgery rate to be in line with the national target of 1,400 / 1 million.	9. Cataract surgery rate (No/ million population)	1,399	1,033	1,070 (5,670 / 5,299,999)	1,273
		10. Number of cataract operations	Not required to report	Not required to report	5,670	7,100

Forensic pathology services

The Forensic Pathology Service (FPS) renders a standardised, objective, and scientifically accurate service, following national protocols and procedures, for the medico-legal investigation of death that serves the judicial process in the Western Cape. The priority is to retain the necessary medical expertise to ensure a uniform, high standard of medico-legal autopsy in cases of unnatural death or unattended / non-ascertained natural deaths.

The responsibility for the provision of this service transferred from the South African Police Service to the Department of Health with effect 1 April 2006.

The Forensic Pathology Service is currently being rendered via eighteen forensic pathology facilities across the province.

A total of 9,702 incidents were logged, resulting in 9,586 forensic pathology cases (1.72 cases per 1,000 population). A total of 117 cases were deferred. The average response time achieved across the province from the time that the incident was logged until the body was received on the scene was 39 minutes. A total of 46 response vehicles travelled 942,882 km during body transportation.

During 2008/09 9,702 case files were opened whilst 8,645 files were closed. A total of 3,160 case files were open for a period exceeding 90 days at the end of the year. This is largely due to the backlogs being experienced by the National and South African Police Service Forensic Laboratories and the time taken to process and report on toxicology and DNA results.

The average number of days from admission to release of a deceased is 11.76 days (from 5.05 in 2007/08). A total of 247 bodies were unidentified as at the end of March 2009, whilst 761 bodies were released for pauper burial during the period under review. A matter of concern is the increase in the number of unidentified persons; this is largely due to the reliance on the South African Police Service with regard to the formal identification process. The impact of this is clearly explained by the escalation in the average number of days from admission to release of the deceased (Quarter 1: 5.13 days; Quarter 2: 5.59 days; Quarter 3:16.22 days; Quarter 4: 20.07 days) and the average number of days from admission to release of deceased interned as paupers including unidentified bodies (Quarter 1: 71.22 days; Quarter 2: 56.38 days; Quarter 3:106.04 days; Quarter 4: 123.26 days).

During the period under review 31 complaints and 223 compliments were received. Of concern remains the number of occupational injuries reported (50) and concerted effort will need to be made to manage this.

Implementation of the Human Resource Plan

The department continued with the implementation of the macro as well as micro organisational structure during 2008/09. For 2008/09 the department set a target of 275 filled posts out of an organisational structure of 306 by the financial year-end. A total of 223 posts were filled which included 31 medical personnel (sessional, forensic medical practitioners as forensic pathologists), 123 forensic officers (all categories) and 69 administrative personnel.

Training and orientation of personnel as per human resource development plan

All personnel have been orientated to the Forensic Pathology Services. Standard training is provided to all forensic officers to ensure appropriate standard of practice.

Specific focus was placed on human resource development to ensure that personnel are equipped to perform their functions. A total of 206 personnel were offered 807 training interventions including financial training (BAS, LOGIS), human resource aspects (performance management, PILIR, Workmen's Compensation Act, diversity management, labour relations), major incident management, occupational health and safety as well as computer training.

The NQF Level 5, Forensic Officer Diploma, registered with the South African Qualifications Authority (SAQA) during 2006/07 is still not implemented due to delays experienced with the introduction of an accredited programme by the Education and Training Authority (ETQA) for the training programme (HPCSA).

Employee wellness

Due to the nature of the work, a structured wellness programme was introduced which include trauma-debriefing, psycho-education, managerial consultancy as well as formal and informal referral. These interventions should facilitate early detection and intervention in at risk cases.

Procurement of equipment as per determined needs as per supply chain prescripts

Equipment needs were identified and furniture and equipment procured according to the priorities. Equipment that was procured includes an X-ray machine, microscopes, stoke baskets, tissue processors, computer equipment, reefer containers and instrument cabinets.

Procurement and conversion of vehicles

The vehicle fleet consists of 64 vehicles, which include body transportation, incident response, as well as administrative vehicles. The fleet is managed by Government Motor Transport.

Implement the infrastructure plan as per priorities

Five facilities were under construction during 2008/09. These include the following projects: new referral centre in George (M3), new referral centre in Worcester (M3), new referral centre in Paarl (M3), a new M2 forensic pathology laboratory on Hermanus and a new M1 forensic pathology laboratory in Malmesbury. Major delays were experienced with the construction projects (specifically Worcester, Paarl and Malmesbury) due to termination of contracts and re-tendering. Planning for the new M6 facility, supported by the CSIR, continued. Planning continued for the Beaufort West and Riversdale facilities. Budget availability impacted on the planning activities as additional funding needs to be secured to be able to implement the infrastructure schedule of works.

Develop, pilot and implement a Forensic Pathology information management system

The Forensic Pathology Service Business Management system has been implemented in all 18 facilities across the province. This system will be implemented nationally. Enhancements to the system were identified but the development of the enhancements could not be implemented due to insufficient funding. The document management requirement is dealt with through an enterprise content management (ECM) system and an ECM pilot is being implemented.

Challenges and constraints

The recruitment of appropriately skilled personnel remained a challenge. The Forensic Pathology Service working environment is a challenging one and requires sound human resource management practice to ensure that the appropriate person is selected. Although staff-turnover has not been high, a number of people did not take up their appointments when the nature of the work became clear to them. The national unavailability of forensic pathologists remains a challenge. The department has increased the number of forensic pathology registrar posts. This is a long-term process and interim measures are put in place through the appointment and training of medical officers. Retention of staff is addressed through a supportive work environment with appropriate staff wellness interventions.

The assumption that infrastructure upgrades would be implemented according to plan was not met. Apart from financial pressures on the projects, delays were experienced in the five construction projects. Three of the five contracts were terminated during October 2008/09, a limited bidding process was concluded and a new contractor moved on site in January 2009. Due to the newly appointed contractor not progressing on the projects and defaulting on the contracts, default notices were issued and the contracts terminated.

Building cost escalation had a major negative impact on the implementation of the infrastructure plan as actual project costs far exceeded the initial budget allocation. The full scale and complexity as it relates to infrastructure projects were not fully realised up-front. The department has not yet succeeded in securing additional funding to implement the infrastructure plan.

The continued relationship with and reliance on the SAPS in terms of various activities has been a challenge. An example is the increase in the number of unidentified persons due to the reliance on SAPS for the positive identification of deceased. Continued high-level interaction with stakeholders such as SAPS is required to ensure that operational matters are addressed.

Major incident response plans were developed but these still require internalisation and testing.

It is expected that the conditional grant for the funding of this service will terminate at the end of the 2010/11 financial year. As the service is not yet fully established, funding for the service needs to remain ring-fenced and urgent consideration must be given to the continued funding of the Forensic Pathology Service by means of conditional grant allocation. There is a concern that budget shift will take place away from forensic pathology service once it is funded through the equitable share allocation.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2008/09 ANNUAL PERFORMANCE PLAN

Table 2.5.15: Performance against targets from the 2008/09 Annual Performance Plan for Forensic Pathology Services

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	The establishment of a Forensic Pathology Service for the province that is designed to contribute positively to ensure the development of a just South African Society, to assist with the fight against and prevention of crime, to assist with the prevention of unnatural death, to establish the independence of the medical and related scientists and to ensure an equitable, efficient and cost effective service.					

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
To provide an effective and efficient forensic pathology service in accordance with the statutory requirements.	Adequate staffing through the recruitment of personnel as per the Human Resource Plan.	1. Percentage of posts filled according to Human Resource Plan	Not required to report	Not required to report	72.9% (223 / 306)	90%
	Improved quality of service.	2. Percentage of autopsies performed	Not required to report	Not required to report	82.0% (7,864 / 9,586)	70%
	Improved response time.	3. Average response time (from receipt of call to arrival on scene)	Not required to report	Not required to report	39	40 minutes
	Improved quality of service.	4. Percentage of personnel budget spent on training	Not required to report	Not required to report	2.53%	2%

PROGRAMME 3: Emergency Medical Services

AIM

Render pre-hospital emergency medical services including inter-hospital transfers and planned patient transport.

ANALYSIS PER SUB-PROGRAMME

Sub-programme 3.1: Emergency medical services

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

Sub-programme 3.2: Planned patient transport

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

ANALYTICAL REVIEW OF PROGRAMME PERFORMANCE

Emergency Medical Services (EMS) had three strategic focus areas in 2008/09: training, communications and personnel.

Training

The EMS training objectives for 2008/09 have been met by the re-accreditation of the Ambulance Training College to train basic, intermediate and advanced life support personnel. Training has therefore been guaranteed and provides access by service personnel to improve skills levels towards service targets. During 2008/09, 21 paramedics (twelve in May 2008 and nine in March 2009), 142 basic life support (BLS), and 92 intermediate life support (ILS) personnel graduated. It must be noted that the Western Cape EMS has achieved a very positive skills mix (48% BLS, 43% ILS and 9% ALS) and retains the largest paramedic cadre in the country. The skills mix achieved is very close to target.

Training has further been augmented by the introduction of a staff development programme which ensures continuous medical education and prepares operational personnel for the next level of qualification. Paramedic instructors in each district provide in service short course programmes to hone existing skills and improve the quality of care. In addition 1,500 personnel received short course training during 2008/09.

Information Communication Technology

A review of the communications systems within EMS was completed because service providers were unable to meet expectations in respect of systems expansion and integration. Two reports, one dealing with the technical aspects of communications centres and the other dealing with the operational aspects of the centres, were commissioned.

The technical systems report advised that EMS should commission the compilation of detailed user requirements and specifications for the EMS information communication technology solution necessary and then go to market to procure the full system incrementally over time preferably from a supplier that has demonstrated products and their integration in the emergency communications market. A key element of the solution is the integration of communications centre, fixed base and mobile communications (vehicles, personnel) including information technology and radio communication technology.
The operations report indicated that EMS does not comply with current national regulation in respect of contact centre operations (Telecommunications Act) and that the training and operational processes need to be addressed towards achieving compliance. The example that illustrates this point is that the industry standard for

answering contact centre calls is to answer within three seconds whereas EMS is being measured against a standard of twelve seconds. EMS answers calls in twelve seconds 70% of the time.

The performance of the Cape Town Communications Centre is a particular focus because of the incident volumes in Cape Town and the levels of management and co-ordination required. The operational environment must be redesigned to meet the demands for call taking and dispatch in the Cape Town area.

It is noted that the national emergency number 112 Service has yet to be implemented by the Department of Communications and will in all probability not be implemented and functional by the FIFA World Cup tournament.

Ambulance Operations

EMS appointed over 400 new personnel over the year mainly from the students trained through the student ECP program to augment the Cape Town establishment. Training the students has been a real challenge because of restricted access through local authority traffic services to driver's licence testing both for learners and drivers licences.

Response times, the principle indicator of performance, have improved only marginally in Cape Town while targets in rural districts have been met indicating that the focus for service improvement is Cape Town. The factors influencing performance in Cape Town are complex and involve communication centre and operational service factors. Both elements will be the priority focus of management intervention. The improvement in priority one responses (a call categorised by the call taker, based on existing protocol, as an emergency) less than 30 minutes (73% of priority one under 30 minutes) has shown greater improvement than those less than 15 minutes (42% of priority one under 15 minutes). EMS is measured mainly on its performance in response to priority one incidents which constitute only 30% of the calls responded to. No measurement of response to priority two incidents is reflected.

The challenge to the operational ambulance service is to maximise shift fleet size and match it with periodic incident rates e.g. increase fleet size at peak periods during the day and on weekends and lower ambulance capacity at night. The shift system applied is a key factor.

The ambulance service travelled over 14 million kilometres in 2008/09.

The Red Cross Air Mercy Service continues to ensure access by rural patients to acute services in regional and central hospitals and to provide excellent wilderness search and rescue services support. Two new Augusta 119Ke helicopters have been delivered to the service in the Western Cape and will be operational in 2009. Both helicopters have full rescue and medical modules. A total of 1,005 patients were transferred by the service and 84 patients were rescued from mountains or the sea.

EMS continues to provide medical rescue services across the province for patients injured and trapped in traffic, industrial and urban accidents. During 2008/09 6,432 patients were rescued from entrapments in a variety of rescue incidents including wilderness, mountains, aquatic, hazardous materials, industrial, structural, confined space and transport environments. EMS personnel are continuously trained in twelve essential rescue modules to high levels of technical and medical skills in order to provide quality emergency medical care under challenging circumstances.

HealthNET (non emergency transport) has continued to provide outpatient transfer services from rural areas into Cape Town and in Cape Town where it augments the emergency services by transporting acute walking patients in addition to outpatients. HealthNET also ensures that discharged patients are transported from central hospitals (within 24 hours of booking) to free up bed availability. Over 78,000 patients were transported and this is an under estimate because many local trips in rural districts are not recorded.

The introduction of electronic booking systems for HealthNET has streamlined the movement of patients via HealthNET both to and from hospitals.

HealthNET meets the needs of certain special patient categories. It ensures that renal dialysis patients meet their dialysis slots in regional and central hospitals and transfers patients with paraplegia / tetraplegia to the Western

Cape Rehabilitation Centre for special investigations. Meeting patients' needs for transport is not without the personal sacrifice of drivers who leave rural towns the night before or in the very early morning to reach appointments in Cape Town on time often returning late at night.

It has been established that many OPD transfers to central hospitals for repeat prescriptions or tests are unnecessary and the hospitals will initiate a programme to refer patients back into the district health system for follow up in order to decrease demands on HealthNET and reduce unnecessary kilometres driven.

HealthNET travelled over 5 million kilometres in 2008/09.

Emergency medicine

Emergency medicine has recruited seven emergency medicine specialists to support the geographic model of the provision of emergency care within the health system. The pilot on the geographic model was completed and results support the implementation of the system in all geographic district areas.

Several policies on the acute services were produced and implemented including the acute emergency case load management policy (AECLMP) with a vision to improve the experience of patients presenting with acute illness or injury. The implementation of the AECLMP has been slow within hospitals and a greater ownership and momentum will need to be created to drive improvement.

It is apparent that the interface at emergency centres between EMS and the hospital is a critical element that influences ambulance response times. Ambulance time is consumed in hospitals transferring patients within hospitals (down passages and up floors) which extends mission time and retards response time. Hospitals will, in terms of emergency medicine policy, create an emergency centre environment where ambulances can turn around within the shortest time possible.

Hospital diversions (temporary closure during which time ambulances do not bring patients to the emergency centre) were activated on average 15% of the time in Cape Town hospitals illustrating the acute patient pressures on hospitals and the inadequate hospital systems necessary to ensuring patient flows into and through the hospitals. The acute emergency case load policy implemented to address acute patient admissions and offloading of emergency centres has yet to realise optimal effect.

FIFA World Cup Unit

The EMS planning for the FIFA World Cup is complete and has resulted in additional funding from Provincial Treasury (R 44.5 million) that will be made available in 2009 for implementation and operationalisation.

Administration

The human resource administration of EMS appointed over 400 personnel in the year which is a commendable achievement. The labour relations capacity of EMS has been augmented and the IMLC structures are functioning with good result.

The financial management of EMS continues at a high standard and EMS exceeded its revenue targets and contained its expenditure within the budget agreed at the finance management committee. EMS accounts are consistently paid within 30 days due to the diligent work of a small finance team.

Supply chain management remains a challenge in the absence of an electronic purchasing system and delays in authorisation to procure items off national bids resulted in the late delivery of uniforms which created an unnecessary labour relations challenge.

The quality of equipment and consumables delivered to operational EMS services is excellent and most ambulances now have a full suite of equipment including more expensive items like defibrillator monitors.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2008/09 ANNUAL PERFORMANCE PLAN

Table 2.5.16: Performance against targets from 2008/09 Annual Performance Plan for the EMS programme

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	To render effective and efficient pre-hospital emergency services including inter-hospital transfers and patient transport in the Western Cape.					
To improve response times to emergency scenes in areas.	Increase the number of all responses in under 30 minutes.	1. Percentage of all emergency responses in under 30 minutes	Not required to report	Not required to report	57.2%	50%
	Increase the percentage of telephone calls answered within 12 seconds to 70% by 2010.	2. Percentage of telephone calls answered within 12 seconds	Not required to report	Not required to report	68.5%	50%
To improve planned patient transport.	Increase the number of patients transported by HealthNET per 1,000 uninsured population to a target of 30 by 2010.	3. The number of patients transported per 1,000 uninsured population	Not required to report	Not required to report	23	28
Strategic goal:	To facilitate clinical governance and co-ordination of emergency medicine within the emergency departments of all health institutions.					
To improve quality of care in emergency departments.	To implement the Cape Triage Score system in the emergency departments of all hospitals.	4. The percentage of hospitals with implemented and functional CTS	Not required to report	Not required to report	70% (27 / 39)	50% (19 / 39)
	Appoint emergency medicine consultants in key emergency departments and EMS.	5. The number of emergency medicine consultants appointed	Not required to report	Not required to report	7	9
Strategic goal:	To render effective and efficient pre-hospital emergency services during the FIFA World Cup .					

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
To strengthen EMS services in order to meet FIFA 2010 requirements and standards.	Implement a connection between ambulance MDTs and 10 hospital emergency departments IT systems by 2010.	6. Number of emergency departments with established electronic connectivity	Not required to report	Not required to report	0	4
	Procure base station trunking radios for 10 hospital emergency departments by 2010.	7. The percentage of hospitals with trunking radios	Not required to report	Not required to report	0 (0 / 10)	50% (5 / 10)

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.17: Standard national indicators for EMS and patient transport

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	To render effective and efficient pre-hospital emergency services including inter-hospital transfers and patient transport in the Western Cape.					
To ensure that there are sufficient resources to render an effective and efficient emergency and patient transport service.	Provide target number of ambulances and patient transporters by 2010.	1. Total number of rostered ambulances	188	222	230	240
		2. Rostered ambulances per 1,000 people	0.03	0.041	0.043 (230 / 5,404,293)	0.044
		3. Percentage hospitals with patient transporters	0%	0%	0% (0 / 39)	0%
		4. Average kilometres travelled per ambulance (per annum)	108,718	58,651	63,748 (14,661,945/ 230)	60,000
		5. Total kilometres travelled by all ambulances.	Not required to report	Not required to report	14,661,945	14,400,000
	Provide target number of appropriately trained	6. Percentage locally based staff with training in BAA	46%	47%	48.4% (546 / 1,128)	42% (460 / 1,097)

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
	operational emergency staff.	7. Percentage locally based staff with training in AEA	45%	42%	43% (485 / 1,128)	46% (504 / 1,097)
		8. Percentage locally based staff with training in ALS (paramedics)	9%	11%	8.6% (97 / 1,128)	12% (131 / 1,097)
	Achieve normative response times in metro and urban areas.	9. Percentage P1 (red) calls with a response time of < 15 minutes in an urban area	37.6%	50%	43.6% (35,908 / 82,410)	60% (51,000 / 85,000)
		10. Percentage P1 (red) calls with a response time of < 40 minutes in a rural area	64.4%	69%	75.4% (7,607 / 10,090)	75% (15,000 / 20,000)
		11. All calls with a response time within 60 minutes	77.8%	57%	79.3% (296,483 / 373,940)	59% (236,000 / 400,000)
	Adhere to the prescribed staffing of ambulances.	12. Percentage of operational rostered ambulances with single person crews	0%	0%	0% (0 / 230)	0% (0 / 240)
	Ensure the effective and efficient use of resources.	13. Percentage of ambulance trips used for inter-hospital transfers	15%	21%	20.8% (84,035 / 404,134)	21% (84,000 / 400,000)
		14. Percentage green code patients transported by ambulance	34.75%	26%	30.8% (124,477 / 404,134)	30% (120,000 / 400,000)
		15. Cost per patient transported by ambulance	R 741	R 866	R 973 (R393,114,000/ 404,134)	R 982 (R 393, 114, 000 / 400,000)
		16. Percentage ambulances with less than 200,000 kilometers on the clock	Not required to report	Not required to report	76.1% (175 / 230)	50% (120 / 240)
		17. Number of EMS emergency cases – total	392,395	384,132	404,134	400,000

PROGRAMME 4: Provincial Hospital Services

AIM

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

ANALYSIS PER SUB-PROGRAMME

Sub-programme 4.1: General (Regional) hospitals

Render hospital services at a general specialist level and provide a platform for training of health workers and research.

Sub-programme 4.2: Tuberculosis hospitals

Convert present tuberculosis hospitals into strategically placed centres of excellence in which a small percentage of patients may undergo hospitalisation under conditions, which allow for isolation during the intensive phase of treatment, as well as the application of the standardised multi-drug resistant (MDR) protocols.

Sub-programme 4.3: Psychiatric/mental hospitals

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

Sub-programme 4.4: Rehabilitation services

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

Sub-programme 4.5: Dental training hospitals

Render an affordable and comprehensive oral health service and training, based on the primary health care approach.

ANALYTICAL REVIEW OF PROGRAMME PERFORMANCE

General overview

In the context of challenges faced in the last year, the programme's results were generally positive. Programme 4 consists of five sub-programmes that aim to improve the health status of the people of the Western Cape by improving access to quality health services.

Bed numbers were increased across the service platform, ensuring increased access to patient care. In keeping with national and provincial priorities, the programme strengthened the TB hospitals to address the growing incidence of multi-drug resistant (MDR) and extremely drug resistant (XDR) tuberculosis. Treatment and prevention of HIV and AIDS remain a priority and interventions to address TB and HIV co-morbidity were also strengthened. An additional 80 beds in two sub-acute facilities for mental health patients were commissioned.

The shortage of skilled nursing and clinical staff necessitates the use of agency staff in key areas like theatres, trauma, emergency and obstetrics to ensure the ongoing provision of services in these areas which is a significant cost driver for hospitals.

Through the hospital revitalisation programme, government continues to invest in infrastructure and significant capital expenditure (R 153,805 million) was directed to George, Worcester and Paarl Hospitals. Projects within these three hospitals are at different stages of completion. R 10 685 million was also spent on the acquisition of new medical and other equipment.

The programme strived to remain within its allocated budget envelope and every attempt was made to provide the best and most effective clinical care at the lowest possible cost. Medical and surgical supplies, medicine, blood, laboratory tests and agency staff remain the highest cost drivers apart from the salary bill. Strengthening financial management, ensuring audit compliance and improving hospital information systems were key focus areas. The creation of functional business units (FBU) will assist in this regard. The key challenge during 2008/09 was the reporting of financial and patient output data for level two services within central hospitals.

Increasing quality care awareness through patient satisfaction and staff satisfaction surveys were done and great care has been taken to improve patient satisfaction levels, by for example attempting to improve waiting times for clinical areas and bathroom cleanliness in patient areas.

Despite the shortage of skilled staff and the high attrition rate, the programme managed to appoint additional staff with a net gain of 217 (3.6%) at the end of the reporting period. Staff is the most important determinant of patient care. Among other initiatives, the programme also invests in an employee assistance programme, to support staff in the challenges that they may experience in their professional and private capacity.

Sub-programme 4.1: General (Regional) Hospitals

The key deliverables for Sub-programme 4.1 in the 2008/09 financial year were:

- Transfer of level two (general specialist) services within the central hospitals to the Programme 4 budget structure.
- Commence with the separation of level two and level three (highly specialised) management services in the central hospitals.
- Appointment of heads of general specialised services in each major discipline within the Metro East and Metro West drainage areas.
- Expansion of level two beds by 144 and level one by 20.
- The appointment of specialists for obstetric, anaesthetic and ENT services.
- The consolidation of orthopaedic services.
- The transfer of midwife obstetric units to District Health Services.
- Increasing theatre time and day surgery capacity.
- Phased commissioning of services in the Hospital Revitalisation Programme (HRP) hospitals.

<u>General overview</u>

With effect from the 2008/09 financial year, this sub-programme included funding for the regional hospital (level two) services situated in Tygerberg, Groote Schuur and Red Cross War Memorial Children's Hospitals.

The key challenge for this sub-programme was the implementation of the CSP. Service reconfiguration has commenced across the various specialist disciplines. Level two beds have been designated accordingly within the central hospitals.

Social factors and broader behavioural patterns of unhealthy lifestyles have a major impact on health resources. This is reflected in trauma and emergency statistics that include motor vehicle accident injuries; victims of crime such as rape, gangster violence, drug and alcohol abuse and medical emergencies owing to diseases of lifestyle.

Once patients engage in substance abuse they may develop a medical disorder accompanied by brain changes, which requires medical treatment. Similarly, once psychological trauma has occurred, patients with post-traumatic stress disorder (PTSD) require medical treatment. The impact of substance abuse and other stress

factors within society on mental health is being increasingly felt within the facilities. This disease burden adds to the existing demand on acute, chronic and trauma services.

Seasonal burden of disease pressures such as diarrhoeal disease during the summer months (January to May) result in high bed utilisation rates of over 100% in the re-hydration wards. This is evident from the statistics at Red Cross War Memorial Children's Hospital and Somerset Hospital in the Metro. In the winter, the surge in acute respiratory tract infections has immediately followed on the diarrhoeal disease season in the second quarter with a marked peak in admissions experienced in the period July to September 2008.

Acute hospital services

The acute services provided by the regional hospitals in this programme continued to operate under pressure as evidenced by the hospital performance statistics as well as the pressure on budgets.

Geographic separation of identified level two wards has been completed for the central hospitals. Inpatient and outpatient services have been designated level two or three. There are 190 level two beds in Groote Schuur, 772 in Tygerberg and 63 in Red Cross War Memorial Children's Hospitals. The objective for 2009/10 is implementing functionality of the level two services. The emergency centres in the central hospitals (trauma and medical emergencies) are designated as level two (general specialist) services.

Setting targets for the level two services within the regional and central hospitals and reporting a combined outcome remained a challenge. The current information systems will be enhanced to ensure that the outcomes for level two services are correctly reflected in the reporting structures. It is being addressed by management and ensures that all systems including Clinicom, SINJANI, and BAS will be addressed.

Cost centre financial management is being implemented within the regional and central hospitals in order to report on the different levels of care. The functional business units (cost centres) are work in progress and further development in terms of budgeting and expenditure allocation will be concluded in the 2009/10 financial year if all the systems are implemented.

An additional 110 level two beds have been opened within the province in 2008/09 and 20 level one beds within Mowbray Maternity Hospital.

A strategic management team (SMT), which is a decision making management structure, has been created across the two divisions to support the planning and implementation of the CSP as well as monitor progress.

Operational management team (OMT) structures have also been created for the following: acute and ambulatory services, infectious diseases and de-hospitalised care. The terms of reference is to oversee Annual Performance Plan targets for implementation of level one and level two services in the metro and rural districts. Health service reconfiguration according to the CSP has multiple knock on effects on different institutions, disciplines and levels of care. The OMT therefore provides a useful opportunity for meaningful engagement between all relevant role players at a management and clinical level.

Technical workgroups have also been created for the following service areas: child health, maternal and neonatal health, mental health, surgery / orthopaedics / anaesthetics, emergency medicine, internal medicine and sub-acute care / palliative care. These groups do the technical work in preparation for decision making at a SMT level.

Service packages are at an advanced stage of development and will be finalised early in the 2009/10 financial year. This assisted in the development of case definitions that formed part of the criteria to conduct folder audits and point prevalence surveys in various disciplines and institutions. The survey results were useful in assisting with a better understanding of the patient profile and will be used to plan the realignment of services as per the CSP.
Mitchells Plain level two patients for medicine have been redirected from GF Jooste Hospital to Groote Schuur Hospital as from February 2009.

The posts for the heads of general specialised services have been advertised for the appointment of clinicians that will effectively manage the level two services across the service platform within the metro.

The midwife obstetric units that were under the management of Mowbray Maternity Hospital have been transferred to District Health Services as from April 2009. Mowbray Maternity Hospital opened 20 level one beds as the nucleus of the Mitchell's Plain Hospital maternity services that will be built. Once the hospital has been completed, these beds will be transferred to Mitchell's Plain.

Hospital admissions have increased by 5% and bed utilisation rates generally remain high, ranging from 86% to 97% in the regional hospitals. Rigorous analysis of patient data as well as engagement with clinicians has been undertaken to better understand the service pressures.

The eight level two general specialities were divided into three service clusters:

- Cluster 1: Emergency medicine, internal medicine, psychiatry
- Cluster 2: Surgery, orthopaedics, anaesthetics and
- Cluster 3: Obstetrics and gynaecology, paediatrics and neonatology

Emergency medicine, Internal medicine and Psychiatry (Cluster 1)

Emergency medicine and Trauma

Trauma and emergency services in particular continued to be under severe strain with high volumes and more seriously ill patients being seen. This has caused the waiting time for elective surgery to increase. The integrated management of emergency care services, with standardised protocols across the emergency medicine services, was undertaken as a pilot project in the Cape Winelands District and the Eastern Sub-district in the Metro. Emergency medicine specialists have been appointed to play a central role in these pilot projects. The intention is to roll out this approach to all districts during 2009/10.

Progressive implementation of the acute emergency case load management policy (AECLMP) from August 2008 intended to improve the triage and flow of patients across the system.

Proposals have been developed for appropriate staffing of emergency centres and will be incrementally implemented over the MTEF period.

There has been an increased need for high care unit services.

Internal medicine

Finalisation of the level two packages of care and standard case definitions was the key objective for 2008/09. The main projected achievement within Metro East and Metro West by March 2009 was the quantification of patient care activities in acute beds across the platform, with clear targets for service shifts between levels of care; and from acute beds to sub-acute beds, TB beds and psychiatric beds.

In the rural regions, strong outreach and support programmes from the level two internal medicine departments to all district hospitals and community health centres were established. This has led to improved case management, with appropriate cases being referred to the level two internal medicine departments.

Psychiatry

Refer to Sub-programme 4.3

Surgery, Orthopaedics and Anaesthetics (Cluster 2)

Surgery

A key strategy for 2008/09 was to increase the quantum of surgical procedures, which included day cases. Fourteen additional day surgery beds were opened in Worcester. Operations have been increased at George Hospital as the theatres are now operating on four and a half days per week.

The theatre audit was done to identify spare capacity and promote appropriate utilisation of theatres as well as point prevalence studies to determine current utilisation of bed capacity. Some of the level two surgical services were relocated from Karl Bremer Hospital to Tygerberg Hospital.

Two adult postoperative high care beds and an additional emergency theatre list were commissioned within Tygerberg Hospital in 2008/09 to manage the high trauma and emergency surgery load. This resulted in improved performance of level two elective and emergency surgery.

Groote Schuur Hospital increased level two day surgery beds and theatre lists operating on five days per week.

Finalisation of the list of procedures to be performed as day surgery cases as well as the implementation of a day surgical procedure programme has been completed.

Over the past two years, a team consisting of a specialist and experienced medical officer who have visited different facilities to provide a surgical and outpatient service has strengthened the ENT services in the province. Approximately 1,200 procedures were performed in each year, which made a significant contribution to reducing waiting lists for ENT procedures such as tonsillectomy. A provincial strategy is being defined to map the way for ENT services within the Western Cape.

Orthopaedics

The consolidation of the level two services in the Metro West at Groote Schuur Hospital has commenced. The level two orthopaedic services at Victoria, GF Jooste and Somerset Hospitals have been quantified.

Capacitating medical officers with the necessary skills to perform level one procedures at regional and district hospitals will be addressed.

Anaesthetics

A Metro anaesthetics plan has been developed and is being incrementally implemented.

The key challenge for 2008/09 was to appoint level two clinical heads to co-ordinate services across the platform. The recruitment process will commence in 2009. Second specialists in the rural regional hospitals were appointed.

Obstetrics, Gynaecology and Paediatrics including Neonatology (Cluster 3)

Obstetric and Gynaecology services

There has been a significant increase in deliveries at some hospitals showing a 5% growth in the regional hospitals. In the absence of the Khayelitsha and Mitchells Plain Hospitals, opening 20 additional level one beds at Mowbray Maternity Hospital alleviated some of the service pressures. The decreased utilisation of family planning and sterilisations and migration as contributory factors to this increase in deliveries requires additional research.

The shortage of trained midwives and medical officers continued. Pressure on gynaecology services was exacerbated by the lack of appropriate skills and available theatre time. A work group consisting of clinicians and managers are in the process of identifying key interventions required to strengthen this service.

Level one and two packages of care for gynaecology services have been defined. This will ensure a clearer definition of the gynaecology services to be rendered across the platform.

Termination of pregnancy remains a further pressure area within the regional hospitals. The capacity to do first trimester termination of pregnancies at district hospitals and community health centres will be addressed as a priority for 2009/10.

Level two obstetric services were successfully shifted from Karl Bremer Hospital to Tygerberg Hospital and level one service from Tygerberg Hospital to Karl Bremer Hospital. Two high care obstetric beds and twelve level two obstetric beds have been commissioned in Tygerberg Hospital to address service pressures.

The shift of management responsibility for the midwife obstetrics units (MOUs) from Mowbray Maternity Hospital to the District Health Service was finalised during the 2008/09 financial year. The appointment of an additional specialist at Mowbray Maternity Hospital ensured outreach and support to level one services and intensified training of midwifes, interns, medical officers and family physicians. The medical officer staffing at Mowbray Maternity Hospital has also been increased.

Paediatrics and Neonatology

Two paediatric high care beds and 30 level two neonatal beds were commissioned in Tygerberg Hospital during 2008 to address the service pressures.

Services at Red Cross War Memorial Children's Hospital was again characterised by seasonal burden of disease pressures such as diarrhoeal disease during the summer months resulting in bed utilisation rates in the re-hydration ward of well over 100% despite commissioning additional beds as part of a provincial wide escalation plan. In winter the surge in acute respiratory tract infections has immediately followed on the diarrhoeal disease season in the second quarter with a marked peak in admissions experienced in the period July to September 2008.

The quantification of the level two neonatal service shifts will follow the obstetric shifts from Groote Schuur Hospital to Mowbray Maternity Hospital.

Infectious diseases: HIV and AIDS, and TB

In line with the national key strategies, the rollout of HIV and AIDS management and treatment protocols has been implemented at all regional hospitals. The HIV and AIDS pandemic contributed significantly to the load on the services. The impact is being felt at all acute, TB and chronic medical hospitals.

Tuberculosis rates remained high and co-infection of TB and HIV has resulted in uncommon forms of presentation and late diagnosis of the disease. The increase in the severity of TB will be addressed in sub-programme 4.2, TB hospitals. There are a significant number of TB patients in acute medicine beds within the general hospitals. Stable TB patients were shifted from TB inpatient care facilities into primary health care facilities and community based services in order to create more bed capacity to admit TB patients occupying acute hospital beds.

Clinical governance

Appointment of heads of general specialised services

The appointment of heads of general specialised services in the Metro East and Metro West areas of the Cape Metro has required detailed planning and consultation with relevant role players. The recruitment process will commence early in the 2009/10 financial year. These clinicians will be responsible for clinical governance of each of the general disciplines within their geographical areas.

Outreach and support

A policy for outreach and support by clinical staff to other institutions and the rural areas has been formalised. Agreements between the management of institutions seek to confirm the service needs to be addressed by the clinicians, as well as the logistical and financial arrangements.

Specialists appointed in the rural regional hospitals provided outreach and support in the rural regions and played a vital role in ensuring appropriate referrals to secondary and tertiary hospitals.

Training and retraining staff at level one and two, through outreach and support, is vital to the success of the Comprehensive Service Plan in ensuring that patients are treated appropriately at the right level of care.

Corporate Governance

Human resource management

In the 2008/09 financial year there has been a net gain of 116 filled posts in this sub-programme. The total staff complement continues to be supplemented by the recruitment of staff via agency services. The recruitment of scarce nursing skills in the areas of theatre and midwifery is vital to sustain service delivery.

The lack of key staff is a limiting factor to the optimal provision of health services. The range of strategies adopted both nationally and provincially will to some extent improve the ability to recruit and retain staff, especially professional nurses and medical officers. The impact of the OSD for nurses and the reduction in the leave for nurses must still be evaluated.

Hospital revitalisation projects

The revitalisation of George, Worcester and Paarl Hospitals continued and expenditure in 2008/09 totalled R 153, 8 million.

At George Hospital, the focus area has been the completion of infrastructure. Improvements in health technology, quality assurance, organisational development and monitoring and evaluation were areas that were addressed in parallel. Funding the full commissioning of the infrastructure within the current budget envelope remains a challenge. A range of strategies has been developed towards the phased implementation of the final commissioning of service areas. The correction of the staff establishments in line with the expansion of services and the Comprehensive Service Plan continues to be addressed.

At Worcester Hospital, the infrastructure is at various stages of completion. The new theatre, day theatre, OPD and acute psychiatric unit were completed in October 2008. Monitoring and evaluation processes have been established to ensure progress towards further revitalisation goals.

Paarl Hospital is far advanced with their hospital revitalisation programme. The paediatric and gynaecology specialist OPD as well as the neonatal unit will be commissioned in 2009.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2008/09 ANNUAL PERFORMANCE PLAN

Table 2.5.18: Performance against targets from 2008/09 Annual Performance Plan for general (regional) hospitals

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	Provide sufficient infrastructure for the rendering general specialist services in regional hospitals.					

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
To provide sufficient bed capacity to render quality general specialist services in regional hospitals	Provide a total of 2,503 beds in regional hospitals by 2010.	1. Number of beds in regional hospitals	1,943	1,379	2,490	2,418
		2. Total number of patient days	697,602	449,545	780,270	750,185

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.19: Standard national indicators for general (regional) hospitals

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	To render a comprehensive package of general specialist hospital services to the population of the Western Cape.					
To provide sufficient capacity to render quality general specialist services in regional hospitals.	Provide sufficient theatre capacity in regional hospitals for the performance of specialist surgical procedures including a target caesarean section rate of 33%	1. Caesarean section rate for regional hospitals (percentage = caesarean sections/ total deliveries*100)	33%	33.1%	33% (8,211 / 25,040)	33%
	Provide sufficient resources for the rendering of comprehensive outpatient services at a target rate of approximately 1.2 outpatients per inpatient day. Provide sufficient resources to cater for emergency care in regional hospitals	2. Patient day equivalents (number of PDEs)	942,460	636,992	1,122,369	1,050,258
		3. OPD total headcount (OPD + trauma/ casualty/ emergency)	807,344	563,969	1,026,319	900,221
		(a) OPD headcount	487,959	362,960	718,131	-
		(b) Trauma / casualty / emergency headcount	319,385	201,009	308,188	-

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
	Implement quality assurance measures to minimise patient risk in regional hospitals.	4. Regional hospitals with patient satisfaction survey using DoH template (percentage of regional hospitals)	100%	100%	100% (9 / 9)	100%
		5. Mortality and morbidity meetings every month (percentage of regional hospitals)	100%	100%	100% (9 / 9)	100%
		6. Clinical audit meetings every month (percentage of regional hospitals)	Not required to report	Not required to report	100% (9 / 9)	100%
		7. Complaints resolved within 25 days (percentage = total complaints resolved in regional hospitals within 25 days/ total complaints received*100)	Not required to report	Not required to report	100% (9 / 9)	100%
		8. Case fatality rate in regional hospitals for surgery separations (total surgery fatalities/ total operations*100)	1.7%	1.7%	2.6% (1,223 / 46,608)	1.80%
To ensure the effective and efficient rendering of sustainable regional hospital services.	Manage bed utilisation to achieve an average length of stay of approximately 4 days and a bed occupancy rate of 85% in regional hospitals.	9. Average length of stay	3.4 days	3.4 days	4 days (782,263 / 196,668)	4 days
		10. Bed utilisation rate (based on usable beds)	99%	91%	86.1% (782,263 / 908,850)	85%
		11. Total separations	196,904	130,205	196,668	187,546

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
	Ensure the cost effective management of regional hospitals at a target expenditure of approximately R 1,500 per PDE.	12. Expenditure per patient day equivalent	R 999	R 1,128	R 1,521 (R 1,567, 292,000 / 1,122,369)	R 1,440

Note: Cost per PDE for central hospital level two services manually calculated due to expenditure incorrectly reflected on BAS.

Sub-programme 4.2: Tuberculosis Hospitals

The key deliverables for Sub-programme 4.2 in the 2008/09 financial year were:

- Management of TB services of the department across programmes 2 and 4 in a holistic manner.
- Collaboration between the HIV and AIDS and TB programmes.
- Upgrading Harry Comay, Sonstraal, Malmesbury ID and DP Marais Hospitals progressively for more acute ill patients.
- Opening of 90 beds at Brooklyn, DP Marais and Harry Comay Hospitals for MDR / XDR patients.
- Increase recreational facilities, strengthen infection control, enhance psychosocial interventions and improve occupational health safety for staff.

General overview

The management of the TB hospitals in the rural areas was the responsibility of the regional hospital managers within the relevant rural areas. The organisational development (OD) exercise was completed for TB hospitals. This provided a management structure and staff establishment for these hospitals. The staff have been matched and placed against the new establishment. The line management of TB hospitals will be transferred to Programme 2 in 2009/10, but the budget structure will remain a Programme 4 responsibility. This is in keeping with the fixity of the national programme structure.

Various challenging areas are still being addressed to ensure that the TB hospitals transferred from SANTA and local government to the province conform to the standards of the Department of Health. These include service standards and protocols, staff establishments, infrastructure and integrating these hospitals into the various systems of the department.

Thirty-two additional beds have been opened in Brooklyn Chest Hospital and less acute patients were transferred to other TB hospitals. Patient day equivalents have grown by 1%, despite the fact that some of the TB hospitals had to decommission wards due to the various building projects.

The average length of stay (ALOS) has increased from 80 to 82 days. The ALOS for XDR patients was 264 days and the ALOS for MDR patients was 130 days, which impacted on the overall ALOS within TB hospitals. MDR and XDR beds form a total of 30% of the total TB beds in hospitals.

The increased cost per patient day is due to the cost of TB and ARV medication, increased laboratory investigations and staffing owing to the increased acuity of patients. Analysis indicated that the monthly cost for a normal TB course was R 100 per patient, R 640 to R 1,191 for a MDR patient and up to R 5,036 for a XDR patient. Treatment courses usually vary from 6 to 24 months per patient.

The net gain was 76 additional staff members appointed in the TB hospitals.

Challenges experienced

The following challenges were experienced within the TB hospitals:

- Antiretroviral (ARV) treatment / accreditation.
- Access to multi-drug resistant (MDR) treatment in the Metro.
- Reduction of waiting lists.
- Outreach and support.
- Referrals to other hospitals.
- Infrastructure and building maintenance.
- Strengthening TB hospitals.

TB patients were previously sent out to HIV clinics to receive their ARV treatment. Arrangements are now in place for TB patients to receive their ARV treatment within TB hospitals. Brooklyn Chest Hospital has been accredited in 2008 for the provision of ARV treatment.

The management of MDR TB patients and access to treatment has been reorganised to improve management and to support reliable medicine distribution and access. Brooklyn Chest Hospital's outpatient department co-ordinates the treatment of all Metro MDR TB patients. A MDR ambulatory pilot project has started in the Khayelitsha area in partnership with the City of Cape Town and the MSF (doctors without borders).

Access to beds within TB hospitals remains an ongoing challenge owing to the volume of patients.

The need for psychiatric outreach and support in the management of substance abuse has been identified and will be addressed accordingly.

Renovation of wards at DP Marais, Harry Comay and Brooklyn Chest is at an advanced stage. Commissioning of these beds is planned for early 2009. Thirty-two beds have been opened at Brooklyn Chest Hospital in 2008/09.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2008/09 ANNUAL PERFORMANCE PLAN

Table 2.5.20: Performance against targets from 2008/09 Annual Performance Plan for TB hospitals

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	Provide sufficient infrastructure for the rendering of TB hospital services.					
To provide sufficient bed capacity to render quality TB hospital services.	Provide a total of 1,287 beds in TB hospitals by 2010.	1. Number of beds in TB hospitals	1,008	1,008	1,040	1,100
		2. Total number of patient days	305,008	299,342	303,696	341,275

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.21: Standard national indicators for TB hospitals

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	To render comprehensive TB hospital services to the population of the Western Cape.					
To provide sufficient capacity to render quality TB hospital services.	Provide sufficient resources for the rendering of inpatient and outpatient TB hospital services amounting to approximately 424,000 patient day equivalents (PDE) by 2010.	1. Patient day equivalents (number of PDEs)	306,287	300,307	304,302	342,608
		2. OPD total headcount	3,839	2,942	1,818[5]	4,000
	Implement quality assurance measures to minimise patient risk in TB hospitals.	3. TB hospitals with patient satisfaction survey using DoH template (percentage of TB hospitals)	31%	33%	100% (6 / 6)	100%
		4. Mortality and morbidity meetings every month (percentage of TB hospitals)	44%	50%	67% (4 / 6)	100%
		5. Clinical audit meetings every month (percentage of TB hospitals)	Not required to report	Not required to report	67% (4 / 6)	100%
		6. Complaints resolved within 25 days (percentage = total complaints resolved in TB hospitals within 25 days/ total complaints received*100)	Not required to report	Not required to report	100% (6 / 6)	100%

5 In 2007/08 the inpatient X-rays were counted and reported within the OPD numbers. The count was not reflected in 2008/09. At the time the target was set, this information was not known.

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
To ensure the effective and efficient rendering of sustainable TB hospital services.	Manage bed utilisation to achieve an average length of stay of approximately 90 days and a bed occupancy rate of 90% in TB hospitals.	7. Average length of stay	76 days	80 days	82 days (303,696 / 3,725)	80 days
		8. Bed utilisation rate (based on usable beds)	83%	83%	80.0% (303,696 / 379,600)	85%
		9. Total separations	4,006	3,759	3,725	4,266
	Ensure the cost effective management of TB hospitals at a target expenditure of approximately R 320 per PDE.	10. Expenditure per patient day equivalent	R 264	R 345	R 446 (R 135, 652,001 / 304,302)	R 330

Sub-programme 4.3: Psychiatric / Mental Hospitals

The key deliverables for Sub-programme 4.3 in the 2008/09 financial year were:

- Opening 80 sub-acute beds.
- Appointment of community specialist for Eastern and Khayelitsha sub-districts.
- Strengthening the interface between acute and psychiatric hospitals to cope with the TIK epidemic.
- Training nurses in advanced psychiatry. (Refer to Programme 6.)

General overview

The burden of mental illness has been growing. There has been a significant escalation of acutely ill patients entering the emergency centres at district and regional hospitals. Appropriate infrastructure and clinical capacity to manage these patients remain a challenge. Consequently, there has been increased pressure on the psychiatric hospitals to rapidly turnover their patients. Various strategies have been employed to improve patient flow and provide options for improved care for specific groups of patients.

An innovative strategy of assertive community teams (ACT) for the three adult psychiatric hospitals was introduced in January 2007 and further developed in 2008/09. This is an intensive specialist support service for the patients identified to be unstable, high frequency service users. The results of this intervention indicated a dramatic reduction in hospitalisation for these patients. After twelve full months, patients included in this service have had a reduction in readmissions and 20 - 30% of the patients required shorter readmissions. The intervention also appeared to have resulted in a better quality of life for those functioning in their communities.

Linked to the ACT service a need for a sub-acute facility was identified where certain patients who require more intensive psychosocial rehabilitation can be afforded the opportunity. In conjunction with Metro District Health Services, two facilities were commissioned at William Slater (Metro West) and Stikland House (Metro East) and each have a maximum of 40 places and will serve the three psychiatric hospitals. These services opened in September 2008. A joint governance structure has been established between District Health Services and the psychiatric hospitals. Valkenberg and Stikland Hospitals render the day-to-day operational support. These services could be transferred to a non-profit organisation (NPO) in the future.

Additional steps to manage the service pressures were taken which included the following: The waiting lists for patients referred to psychiatric hospitals were monitored daily by the hospital manager and a senior clinician.

Specialist psychiatrists provided outreach and support to district and regional hospitals in the Metro. This facilitated referrals to the acute psychiatric units as well as strengthened clinical capacity at the general hospitals.

Trends indicated a declining waiting list for Valkenberg Hospital and a manageable one for Stikland Hospital. However, Lentegeur Hospital continued to have an unacceptably long waiting list, despite having the highest number of available acute beds. A 20-bed medium term unit was commissioned in November 2008 at Lentegeur Hospital to alleviate pressures. This unit was funded from the savings generated through the de-hospitalisation of intellectually disabled patients to a NPO run facility.

A further 112 sub-acute beds were commissioned within the associated psychiatric services (APH). Schizophrenia is the main primary diagnosis in the sub-acute services. Overall 70% of patients have substance co-morbidity with cannabis (60%) and TIK (the highest 23% in the Metro East and 41% in the Metro West).

Chronic patient discharges totalled 117 patients with concomitant bed closures. The average length of stay decreased from 139 days to 118 days due to the closure of chronic beds. The increased cost per patient day equivalent was mainly attributed to the once-off building and commissioning cost of the sub-acute facilities at William Slater and Stikland House. The 80 beds and their PDE's were not included in the reported statistics for 2008/09.

The shared public private partnership (PPP) between Lentegeur Hospital and Western Cape Rehabilitation sites continued to function successfully. The second contractual year, of the 12-year contract, has been completed and a project manager with project supervisors (two for each site) continues to monitor the expected outcomes of the contractual obligations of the private party. At Lentegeur Hospital, the private party provides soft facility management services, which include catering, cleaning and security.

The sub-programme had a net gain of 26 filled posts.

Challenges experienced

The following challenges were experienced within psychiatric hospitals:

- Hospital estate management and physical infrastructure.
- Acute adult services.
- Substance abuse.
- Child and adolescent services.
- Forensic psychiatric services.
- Intellectual disability services.

Consolidation of the psychiatric hospitals on large estates remains an ongoing challenge.

The acute adult inpatient services were reconfigured, but they remained under pressure, as less severely ill patients had to make way for more acutely ill patients. Patients have been transferred from Valkenberg to Alexandra Hospital and 16 additional beds have been opened at Valkenberg Hospital.

Planning commenced for the psychiatric patient flow from GF Jooste Hospital to be redirected to Groote Schuur Hospital, owing to the long waiting lists at Lentegeur Hospital. A new short stay ward of 25 beds is planned at Groote Schuur Hospital. The point of entry for all acute psychiatric patients is at the district hospital. The patient is clinically assessed, medical causes excluded and a clinical judgement is made. Those patients that are aggressive or who cannot be managed at the district hospital are referred immediately to the specialist psychiatric service at that point.

Substance abuse services with a specialist alcohol rehabilitation unit and opiate detoxification unit are functioning at Stikland Hospital. Outpatient services have and will be further developed. The next step is strengthening the outreach and support across the health platform as well as to other partners like Social Development.
Owing to the service pressures at Lentegeur Hospital, additional staff were appointed to alleviate the situation.

Reducing the waiting time for forensic psychiatric observations to less than four or five months will remain a challenge until such time that the bed capacity has been expanded through the HRP process at Valkenberg Hospital.

Significant progress was made in closing beds for chronic intellectually disabled patients in keeping with the CSP. A total of 120 patients have been transferred from Lentegeur and Alexandra Hospitals to a NPO run facility in Zandvliet. Seventeen patients were transferred to Siyabonga in the West Coast.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2008/09 ANNUAL PERFORMANCE PLAN

Table 2.5.22: Performance against targets from 2008/09 Annual Performance Plan for specialist psychiatric hospitals

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	Provide sufficient infrastructure for the rendering of specialist psychiatric hospital services.					
To provide sufficient bed capacity to render quality specialist psychiatric hospital services.	Provide a total of 1,763 beds in specialist psychiatric hospitals by 2010.	1. Number of beds in specialist psychiatric hospitals	2,015	1,924	1,934	1,893
		2. Total number of patient days	639,948	634,917	624,742	621,851

Note: Opening of sub-acute beds is not reflected in the above statistics.

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.23: Standard national indicators for specialist psychiatric hospitals

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	To render specialist psychiatric hospital services to the population of the Western Cape.					
To provide sufficient capacity to render comprehensive specialist psychiatric hospital services.	Provide sufficient resources to render comprehensive specialist psychiatric hospital services to inpatients and outpatients amounting to approximately 584,000 patient day equivalents per annum by 2010.	1. Patient day equivalents (number of PDEs)	647,315	641,220	616,296	627,405
		2. OPD total headcount	20,573	21,403	23,955	16,664

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
	Implement quality assurance measures to minimise patient risk in specialist psychiatric hospital services.	3. Patient satisfaction survey using DoH template (percentage of specialist psychiatric hospitals)	100%	100%	100% (4 / 4)	100%
		4. Mortality and morbidity meetings every month (percentage of specialist psychiatric hospitals)	100%	100%	100% (4 / 4)	100%
		5. Clinical audit meetings every month (percentage of specialist psychiatric hospitals)	Not required to report	Not required to report	100% (4 / 4)	100%
		6. Complaints resolved within 25 days (percentage = total complaints resolved in specialist psychiatric hospitals within 25 days/ total complaints received*100)	Not required to report	Not required to report	100% (4 / 4)	100%
To ensure the effective and efficient rendering of sustainable specialist psychiatric hospital services.	Manage bed utilisation to achieve an average length of stay of approximately 130 days and a bed occupancy rate of 90% by 2010.	7. Average length of stay	129.74 days	139 days	118.3 days (606,826 / 5,131)	130 days
		8. Bed utilisation rate (based on usable beds)	85.5%	90.4%	86.8% (606,826 / 698,883)	90%
		9. Total separations	4,907	4,560	5,051	4,783

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
	Ensure the cost effective management of specialist psychiatric hospitals at a target expenditure of approximately R 600 per PDE.	10. Expenditure per patient day equivalent	R 460	R 507	R 605 (R 372, 581,000 / 615,872)	R 556

Sub-programme 4.4: Specialised rehabilitation services

The key deliverables for Sub-programme 4.4 in the 2008/09 financial year were:

- The development of rehabilitation capacity at all service levels through the provision of rehabilitation-related training in various fields such as specialised wheelchair and buggy seating and neuro-rehabilitation.
- Nurse training initiatives (R 2176, R 2175 and R 683 bridging programme) for nursing staff from the Metro hospitals.
- Aligning the Provincial Mobility Assistive Devices Advisory Committee under the Western Cape Rehabilitation Centre (WCRC) and establish a similar advisory committee for speech-/ language- and hearing assistive devices.
- Transferring the management of the Orthotic and Prosthetic Centre (OPC) services to Western Cape Rehabilitation Centre (WCRC) and reducing the OPC waiting list.
- Efficient management of the public private partnership (PPP) contract and completion of outstanding remedial works to ensure appropriate risk transfer to the private party.
- Training of trainers in specialised seating from African partner countries.

Western Cape Rehabilitation Centre

The Western Cape Rehabilitation Centre (WCRC) is a 156-bed provincial specialised facility providing physical rehabilitation services to persons with activity limitations and participation restrictions, resulting from a wide variety of impairments such as spinal cord afflictions, head injury, amputation, stroke, complications of TB / HIV and AIDS. The WCRC provided essential specialised in- and outpatient rehabilitation services to persons from the Western Cape and neighbouring provinces, and played a key role in reducing the impact of disabling conditions on individuals, their families and the broader community.

Community re-integration, a return to productive activity and an improved quality of life were key outcomes in the reporting period and reflect the positive impact of the rehabilitation service, with 53% of all clients admitted being fully reintegrated into their communities and 31% of clients returning to productive activity i.e. return to work or schooling.

The inpatient services of the WCRC maintained an average bed utilisation rate of 87%, but only during core working hours, i.e. Monday to Friday. The majority of clients continued to be discharged home over weekends as part of the strategy to facilitate their future reintegration back into the community, and into their families. Patient day equivalents have grown by 7.7%. This was mainly due to an increase in the OPD figures owing to Clinicom being implemented.

To ensure the most appropriate management of clients at the most appropriate level / service site, the WCRC continued to provide outreach ward rounds to Tygerberg Hospital on a weekly basis. Two-monthly outreach clinics were also introduced at Worcester Hospital.

The number of patients admitted with pressure sores from other institutions is alarming and continued to show an upward trend over the past four years. This delays the start of rehabilitation and increases length of stay.

The average length of stay (ALOS) increased to 56 days and was influenced by the admission of long-term ventilated patients, patients admitted with pressure sores and placement / discharge problems (16% of all admissions). Average length of stay per diagnostic group varied from 47 days for clients with traumatic brain injury, to 49 days for clients with stroke. ALOS for spinal cord injured clients ranged from 79 days for paraplegics to 90 days for quadriplegics. The latter are all within acceptable international norms.

Service efficiencies remained extremely difficult to improve due to excessive workloads for health therapists. Recruitment of nursing staff remained problematic.

The specialist outreach seating clinics to community-based mental health programmes, special schools and care centres were again outsourced in 2008/09. A total of 80 outreach clinics were provided at 33 sites to 1,078 high-risk patients, most of whom were children.

The demand for mobility assistive devices such as wheelchairs and buggies continues to exceed the available budget.

Staff numbers grew by five.

Orthotic and Prosthetic Centre (OPC)

In mid 2008/09 the management of the Orthotic and Prosthetic Centre was shifted from Programme 7 to Sub-programme 4.4 under the WCRC. Improving service efficiencies, technical expertise and replacement of obsolete equipment were identified as priority areas to be addressed in 2009/10.

Improved warehousing services and the appointment of much-needed administrative and stores staff was also identified as key areas to be addressed. The recruitment and retention of qualified orthotists / prosthetists remained a challenge. At the close of the year, the OPC had a total of eight qualified medical orthotist / prosthetists responsible for rendering services to the entire Western Cape, except the Southern Cape (all levels of services including rural areas).

The continued outsourcing of services in the Southern Cape / Karoo region was therefore essential to provide relief to the OPC staff who continued to experience service pressures.

While the number of clients waiting longer than six months for their assistive device decreased over the year from 441 to 295, the number of clients waiting 3 - 6 months (554) and 0 - 3 months (811) increased. The provision of orthotics and prosthetics are essential elements of rehabilitation programmes for persons with physical disabilities. The rehabilitation process is accelerated by the early supply of a well-fitting device. Conversely incorrectly manufactured or ill-fitting device delays rehabilitation and results in poorer outcomes for clients.

Public Private Partnership (PPP)

On 1 March 2007 the first public private partnership (PPP) in the Department of Health was implemented at the WCRC and greater Lentegeur sites. The second contractual year, of the 12-year contract, has been successfully completed. The PPP provides for risk transfer from the Department of Health to the private party, of all moveable and immoveable assets for planned-, preventative- and reactive maintenance, as well as upgrading and refurbishment where indicated.

The PPP budget allocation was R 15 million for the WCRC and R 22.8 million for Lentegeur Psychiatric Hospital. "Hard" and "soft" facilities management services were provided in eleven service areas in WCRC (including medical and therapeutic equipment, cleaning, catering, linen and laundry, gardens and grounds, security, estate maintenance, waste management, pest control, utilities management and provision of a 24-hour helpdesk) at an additional cost per PDE of R 281.

Compliance with the service specifications was rigorously monitored and in the reporting period a total of 7,950 calls were logged to the helpdesk, compared with 4,083 the previous year. Penalty deductions recorded for the year amounted to R 613,537.

The implementation of the PPP has allowed clinical staff to focus on core business i.e. rendering rehabilitation services to clients, as all facility management and equipment issues are logged through the helpdesk. The continued successful implementation of the PPP was due to strong support provided by the Department of Health PPP contract manager and two contract supervisors who assisted the heads of the institutions to stringently manage the PPP. They ensure that penalties are deducted where necessary and that the sub-contractors achieve the deliverables in terms of the output specifications and service standards. The objective is for the department to receive the expected value for money.

The benefits of the PPP in ensuring the ongoing and long-term maintenance of the WCRC facility completed in 2004 at a cost of R 100 million are clearly evident. In 2008/09 the buildings remained neat, clean and in an excellent state of repair. The adequate maintenance of state assets is in line with the Infrastructure Plan for Healthcare 2010.

At the WCRC, the PPP also makes provision for the acquisition, maintenance and refurbishment of all medical and therapeutic equipment, over the 12-year period, and in 2008/09 a substantial number of obsolete pieces of equipment were replaced by the private party (ECG's, defibrillators, tilt tables, posture wheelchairs etc).

Challenges experienced

The following challenges were experienced:

- The very slow pace of development of rehabilitation services at community-based level, as well as increased bed pressures at acute tertiary facilities (93% of all WCRC referrals), which impacted, negatively on the ability of the bed management team to expedite admissions and reduce average length of stay.
- Co-morbidity, particularly the development of pressure sores in persons with spinal cord afflictions admitted to acute hospital facilities, resulted in excessive delays in the implementation of rehabilitation programmes for many clients and increased expenditure to the department for the management of these preventable complications.
- A further challenge was to find the most effective and efficient solution to address the needs of long term, ventilator dependent spinal cord injured patients referred from the acute spinal cord injury unit at Groote Schuur Hospital.
- There were increasing requests for senior (supervisory) WCRC clinical staff to provide technical expertise to other divisions and programmes within the Provincial Department as well as at National Health level, to African partner countries and the WHO in Geneva as part of the Motivation Project.
- Acceptable nursing staff to patient ratios, eradicating a professional nurse (PN): bed ratio of 1:79 beds at night.
- Recruitment and retention of medical staff to the WCRC and qualified orthotists / prosthetists to the OPC.
- An appropriate organisational structure aligned with real service demands following commissioning of the WCRC in 2004, and which not only provides career progression for therapists but which also reflects the specialised and developmental nature of the services provided by the WCRC.

Technical expertise is provided on an ongoing basis to District Health Services (DHS) including participation on various DHS task teams to facilitate the development of community-based rehabilitation services. Joint interdivisional initiatives have been prioritised for 2009/10 and include initiating training of peer trainers (people with disabilities transferring skills to other people with disabilities) through EPWP funding, and expansion of the outreach seating clinics.

The bed management team was expanded to include two nursing assistant managers to identify "bed blockers", to ensure appropriate admissions to appropriate wards, and to ensure work loads for nursing and therapeutic staff are balanced.

The WCRC provided technical expertise and training material contributing to the "WHO Guidelines on the Provision of Manual Wheelchairs in less resourced settings" which was released in August 2008. In the WHO

Guidelines, the WCRC is listed as one of six accredited training sites world-wide, and in 2008/09, the WCRC continued to develop rehabilitation capacity at all service levels through the presentation of training modules on wheelchair and buggy seating. A total of 259 professionals were trained with 58% of participants from the Western Cape, 27% from the Eastern Cape, 7% from other provinces and 8% from African states such as Zimbabwe, Malawi, Kenya and Tanzania.

Internationally accredited Bobath courses (the 3-week basic and 1-week advanced courses in neurological rehabilitation) were also presented. USAID funding was obtained (through Motivation, UK) to pay for "replacement" (locum) staff, while WCRC staff remains involved in development and training initiatives.

Sub-acute facilities such as Conradie Care Centre and Booth Memorial Hospital are utilised for wound management of patients with pressure sores until such time as clients can be admitted for rehabilitation, as well as ongoing awareness-raising on the prevention of pressure sores.

Permanent nursing staff was appointed to reduce agency expenditure and internal training initiatives were used for bridging / upgrading of staff. The process of change management was initiated at the OPC along with an investigation of staffing options and solutions, efficient working methods and the utilisation of available human resources.

Obsolete equipment at the OPC was identified and is prioritised for replacement in 2009/10. The options of developing the OPC as a national training site were explored and the skills development priorities for staff were reprioritised.

The implementation, application and shortcomings of the Hospital Information System (HIS) software, to support and incorporate the WCRC data coding system, was investigated so as to provide useful statistics for quality assurance improvements and performance management.

Various requests for an organisational development investigation were submitted to address the range of staff capacity matters.

The WCRC "Health and Wellness Centre" was opened in collaboration with the Facility Board and Mitchells Plain and Khayelitsha Disability Forums, for people living with a disability in the surrounding communities. This optimises the utilisation of infrastructural resources at the WCRC. The Health and Wellness Centre focuses on the promotion and maintenance of health and offers personalised, adapted gym programmes and Water Fun, Water Wise, Water Safe and Learn-to-Swim programmes. Expansion of the range of health promoting activities will be explored in the next financial year.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2008/09 ANNUAL PERFORMANCE PLAN

Table 2.5.24: Performance against targets from 2008/09 Annual Performance Plan for rehabilitation services

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	Provide sufficient infrastructure for the rendering of high intensity rehabilitation services at the Western Cape Rehabilitation Centre.					
To provide sufficient bed capacity at the WCRC to render high intensity rehabilitation services.	Provide a total of 156 beds in the WCRC by 2010.	1. Number of beds in WCRC	156	156	156	156
		2. Total number of patient days	45,395	48,743	49,176	51,246
Strategic goal:	Rendering specialised orthotic and prosthetic services.					
To render an orthotic and prosthetic service for the Province.	Manage a combination of in-house and out-sourced services.	3. Number of orthotic and prosthetic devices manufactured	4,467	5,250	5,462	6,300
To provide quality orthotic and prosthetic devices.	Training and liaison with physiotherapists and occupational therapists.	4. Percentage of orthotic and prosthetic devices requiring remanufacture	2%	2%	1.3% (72 / 5,462)	2% (126 / 6,300)
To provide a responsive orthotic and prosthetic service.	Increase productivity and outsourcing where cost effective.	5. Number of patients on waiting list for orthotic and prosthetic services for over 6 months	758	441	295	450

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.25: Standard national indicators for rehabilitation services

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	To provide high intensity specialised rehabilitation services for persons with physical disabilities.					
To provide sufficient capacity to render comprehensive high intensity rehabilitation services.	Provide sufficient resources for the rendering of high intensity rehabilitation services to inpatients and outpatients amounting to approximately 53,000 patient day equivalents per annum by 2010.	1. Patient day equivalents (number of PDEs)	47,130	50,654	54,940	53,079
		2. OPD total headcount	5,206	5,856	16,227[6]	5,500
	Implement quality assurance measures to minimise patient risk in the WCRC.	3. Patient satisfaction survey using DoH template (percentage of chronic hospitals)	100%	100%	100% (1 / 1)	100%
		4. Mortality and morbidity meetings every month (percentage of chronic hospitals)	100%	100%	100% (1 / 1)	100%
		5. Clinical audit meetings every month (percentage of chronic hospitals)	Not required to report	Not required to report	100% (1 / 1)	100%
		6. Complaints resolved within 25 days (percentage = total complaints resolved in chronic hospitals within 25 days/ total complaints received*100)	Not required to report	Not required to report	100% (1 / 1)	100%

6 The target was based on the 2007/08 trends. WCRC went on Clinicom in September 2008. Only the headcounts were recorded in 2007/08. In terms of the definitions, all contacts with service groups are now counted and recorded in Clinicom and include the contacts with physiotherapists, occupational therapists, social workers, clinical psychologists and dieticians.

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
To ensure the effective and efficient rendering of sustainable high intensity rehabilitation services.	Manage bed utilisation to achieve an average length of stay of approximately 45 days and a bed occupancy rate of 90% by 2010.	7. Average length of stay	43.3 days	51.6 days	52.1 days (49,176 / 944)	45 days
		8. Bed utilisation rate (based on usable beds)	80%	87%	86% (49,176 / 56,940)	90%
		9. Total separations	1,049	958	944	1,139
	Ensure the cost effective management of the Western Cape Rehabilitation Centre at a target expenditure of approximately R 1,800 per PDE.	10. Expenditure per patient day equivalent	R 1,030	R 1,163	R 1,407 (R 76, 814,857 / 54,585)	R1,728

Sub-programme 4.5: Dental training hospitals

The key deliverables for Sub-programme 4.5 in the 2008/09 financial year were:

- Training of dental health professionals.
- Phased implementation of the Oral Health Plan.

Population characteristics and equity

The projected increase in public oral health services demand was based on four factors:

- Census figures indicating the Western Cape is experiencing a high growth rate especially in the urban areas.
- Increased poverty in the communities that need services the most.
- The medical aid policy of allocating oral health financing to the saving account increased the public sector workload, as non-primary dental procedures are generally high expense items.
- An increase in referrals from both the private and public sector PHC facilities to the dental hospitals, due to the expertise available at these sites.

Health needs as assessed by the South African National Children's Oral Health Survey of 2003 highlighted the following with the highest prevalence rate and incidence in the Western Cape:

- Caries: 82% of children under six years have tooth decay.
- Dentures: 37% of adults are edentulous.
- Impact of trauma, motor vehicle accidents and violence on maxillo-facial surgery.
- The pattern of dental problems is in the main preventable by educational programmes and water fluoridation and the majority of oral diseases can be treated at primary care facilities.
- The increase in referral of tertiary and quaternary services, especially for craniofacial deformities has placed an additional burden on complex treatment protocols and prolonged theatre time.

Service facilities

As a service facility, the OHTP has become the de facto referral centre for more complex patients. The OHTP package of care consists of primary, secondary, tertiary and quaternary services.

The oral health centres (OHC's) at Tygerberg and Mitchells Plain and the satellite clinics of the OHTP at Mitchells Plain CHC and Red Cross War Memorial Children's Hospital are the only specialised children's clinics offering comprehensive oral health services for children and children with special needs. It is also the screening site for children that require treatment under general anaesthetic and conscious sedation.

The OHTP provides specialised dental treatment for medically compromised and maxillofacial services at the Red Cross War Memorial Children's Hospital, Tygerberg and Groote Schuur OHC's. The outreach programme of the OHTP at Guguletu is serviced by staff and students from the OHTP on a rotational basis and takes comprehensive oral health care to primary health care. This outreach programme sees in excess of 18,000 patients per year.

Patients from all over the province, as well as neighbouring provinces and countries, seek treatment at the OHTP. The majority are referred from public sector oral health service clinics for tertiary and quaternary services.

The demand for adult dentures creates long waiting lists and places a significant burden on the operational budget and dental laboratory services of the OHTP. The high referral rates for extraction of wisdom teeth under general anaesthetics resulted in long waiting times and constrain service delivery for other maxillofacial services.

The referrals of orthodontics from both public and private sector for patients aged 6 - 17 years resulted in a heavy load on the specialist orthodontic service.

There was a need to increase prioritisation and focus of the services due to the demand being beyond the resources available. The level of service utilisation is high and is being reflected in the number of visits to the OHTP. A strengthened PHC service would also reduce the service delivery burden on the OHTP.

Cost efficiency

Cost of personnel remained high due to the fact that supervision of students is labour intensive. All dental specialist posts are consolidated at the OHTP for the provision of specialised services and training of registrars.

It is of note that a significant part of the services are rendered by postgraduate students especially registrars in the four clinical specialities, e.g. the average patient load of 100 patients for an orthodontics registrar is equivalent to R 1.3 million worth of specialised services per registrar per year.

In general the cost of preventive measures, infection control and sterilisation, has increased due to the HIV and AIDS epidemic. The specific treatment cost has also significantly increased due to laboratory costs and drug therapy for opportunistic infection.

Oral health training

At undergraduate level, dentists and oral hygienists are being trained at the University of the Western Cape (UWC) OHTP.

At post-graduate level specialists in the following disciplines are being trained:

- Maxillo-facial and oral surgery
- Orthodontics
- Prosthodontics
- Community dentistry
- Oral medicine and periodontics
- Oral pathology

The OHTP and the University of the Western Cape is committed to produce on average per year for the next MTEF period the following oral health professionals:

- Ninety-four dentists
- Twenty-two oral hygienists (diploma level)
- Three oral hygienists (degree level)
- Six registrars per year
- Twenty MSc (Dent) students in the four clinical disciplines
- Twenty-three Diploma in Conscious Sedation and Pain graduates comprising of medical officers and dentists to reduce the burden of services under general anaesthesia.
- Fifty-seven Diploma in Advanced Dentistry.

In addition the OHTP will provide Continuing Professional Development courses for both public and private sector oral health professionals. The OHTP provides the facilities for teaching and practical training for radiographers and dental assistants at the two training centres for the students of the Cape Peninsula University of Technology.

Challenges experienced

The following challenges were experienced:

- Implementation of the approved operational service plan for oral health.
- Addressing expensive dental equipment needs and maintaining them within an improved infrastructure for dental services.
- Training and development of oral health professionals.
- Oral health services at correctional services facilities.
- Realistic target setting, data collection and reporting.

The approved oral health plan will be implemented in a phased manner within the existing funding envelope. The major elements of the plan will be implemented within Programme 2 (DHS).

Equipment needs and infrastructure requirements are being addressed in terms of the structures within the department.

Training and development, especially of oral hygienists, are planned in terms of the broader human resource framework of the department.

Measures are being considered for the purpose of creating an exit strategy for oral health services delivered at correctional service facilities.

The process of setting realistic targets, creating definitions for indicators and ensuring that all data is collected and reported in terms of the intended indicator is currently underway with the oral health management team and information management. Various meetings have been held in the last quarter of the financial year to interrogate data, understand and interpret indicators and ensure that reporting and information is as accurate as possible. Data will be manually collected until such time that data flow into SINJANI has been correctly captured.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2008/09 ANNUAL PERFORMANCE PLAN

Table 2.5.26: Performance against targets from 2008/09 Annual Performance Plan for academic dental services

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	To establish an effective and efficient dental service delivery platform with sufficient resources for the teaching and training of dental professionals.					
To provide sufficient capacity to render quality dental services.	Provide sufficient resources to render inpatient and outpatient dental hospital services.	1. Number of patient visits per annum	195,203	176,991	199,021	193,800
		2. Number of theatre cases per annum	1,563	1,016	1,523	1,900
		3. Number of patients provided with dentures per annum	Not required to report	1,205	2,519	1,410
To provide sufficient resources for the teaching and training of dental professionals.	Optimise the number of students trained on the platform per annum.	4. Number of students graduating per annum	107	198	198	200

PROGRAMME 5: Central Hospital Services

AIM

Provide tertiary health services and create a platform for the training of health workers.

ANALYSIS PER SUB-PROGRAMME

Sub-programme 5.1: Central hospital services

Render a highly specialised and quaternary health services on a national basis and provide a platform for the training of health workers and research.

ANALYTICAL REVIEW OF PROGRAMME PERFORMANCE

General overview

This Programme funds only the highly specialised services provided by the three central hospitals: Red Cross War Memorial Children's Hospital (RCWMCH), Tygerberg Hospital (TBH) and Groote Schuur Hospital (GSH). The Programme also funds Maitland Cottage Home, a provincially aided hospital, providing highly specialised paediatric orthopaedic surgery, which serves as an extension of Red Cross War Memorial Children's Hospital.

Central hospitals provide highly specialised services for the province and the country, as well as regional (general specialist) services to the immediate drainage area.

The Programme funded the coordinating clinician system, a pilot project, where general specialist clinicians focused on the co-ordination of a specific general specialist discipline across the province and across all levels of care. The aim of this system was to improve the quality of care through enhanced clinical governance, ensuring seamlessness in service delivery, improving equitable access and quality of care, enhancing systems capacity for the particular discipline and providing clinician content and context where service transformation has been planned.

This programme deals with the highly specialised services as listed below according to the specialty and sub-specialty service:

• Critical care (intensive care)	Adult critical care
	Paediatric critical care
• Obstetrics	Maternal-Fetal Medicine
• Gynaecology	Oncology
	Reproductive Medicine
	Uro-Gynaecology
• Surgery	General Surgery
	Cardiothoracic Surgery
	Neurosurgery
	Ophthalmology
	Plastic and reconstructive surgery
	Urology
	Ear, Nose and Throat
	Maxillo facial surgery
• Orthopaedics	Hand Surgery
	Orthopaedics

	Spinal Unit
	Paediatric orthopaedics
• Paediatric Surgery	Paediatric Surgery
	Paediatric Cardiothoracic Surgery
	Paediatric Neurosurgery
	Paediatric Ophthalmology
	Paediatric Otolaryngology
	Paediatric Urology
• Paediatric Medicine	General Paediatrics
	Paediatric Cardiology
	Paediatric Clinical Heamatology/Oncology
	Paediatric Gastroenterology
	Paediatric Infectious Diseases
	Paediatric Nephrology
	Paediatric Neurology
	Paediatric Pulmonology
• Medicine	Allergology
	Cardiology
	Clinical Haematology/Oncology
	Dermatology
	Emergency Medicine
	Endocrinology
	Gastroenterology
	General Medicine
	Geriatrics
	Hepatology
	Infectious diseases
	Nephrology
	Neurology
	Pulmonology
	Rheumatology
• Radiation Medicine	Radiation Medicine
• Psychiatry	General Psychiatry
	Forensic Psychiatry
	Child and Adolescent Psychiatry

Governance

Each institution concluded a business plan which formed part of the performance agreement of the CEO.

Client and staff satisfaction as well as waiting time surveys were conducted during 2008/09. Following the outcomes of the surveys key strategies were planned and implemented to respond to various aspects of the surveys. One of the key strategies (SEAT project) revolved around the provision and assurance of clean toilets for public use in the facilities (Safe Environment Around Toilets). This was piloted in Red Cross War Memorial Children's Hospital, with major improvements demonstrated in the second survey.

Managerial competencies and skills were enhanced for both the management and clinician cadre by the provision and attendance of nominated staff members to various courses offered in hospital leadership.

All three hospitals have functional facility boards, which met regularly supported by the CEO and other hospital staff. The hospitals have regular management meetings and meetings with heads of clinical departments. There

are focused meetings with the respective Institutes of Higher Education (universities) due to the interface around the training of undergraduate and postgraduate health sciences students, and research.

Regular financial management meetings supported by the CFO were held to monitor expenditure trends and ensure cost containment and financial regularity. The Programme and institutions held quarterly Monitoring and Evaluation meetings to assess performance against performance targets.

Performance related to policy implementation and service review

Policy implementation

The major policy priority during 2008/09 was to implement the Comprehensive Service Plan (CSP) aimed at transforming the health system towards improved access and improved quality of care. Included in this process has been the stratification of care into general specialist (level two), and highly specialised (level three) in the central hospitals.

Highly specialised services in the provincial health system are positioned as the centre towards which all referrals take place. Highly specialised services are distributed across the three hospitals to ensure equitable access. Steps have been taken towards establishing a unitary tertiary service.

The commitment to quality of care found expression in the strategy of clinical governance, and systems strengthening through outreach and support to less specialised levels of care. An important component of this strategy is that of priority setting, an approach to prioritise resource allocation in a fair and legitimate fashion.

Implementation of the Comprehensive Service Plan (CSP)

The major steps were as follows:

- Stratification of tertiary and secondary services within each central hospital, both for inpatients and outpatients and establishment of systems to report on the differentiated clinical activities separately.
- Designation of beds and wards as either level two or level three and ensuring that patient management occurs within the respective packages of care. Implementation is guided by checklists and operational policy guidelines for laboratory investigations, use of blood products, a range of medications, imaging modalities and staffing ratios per level of care.
- Adapting administrative, information, procurement and expenditure systems accordingly required significant remapping and reengineering of existing systems.
- The organisational design investigations into staff establishments were applied to both Red Cross War Memorial Children's Hospital and Tygerberg Hospital and planning for the investigation commenced at Groote Schuur Hospital. The investigations and subsequent matching and placing of staff in 2009/10 will ensure an appropriate staff establishment in these hospitals.

Stratification of services

Throughout the year there was continued reshaping en reengineering of services and systems to separate the general specialist services (level two) from the highly specialised services (level three). Thus the highly specialised services activities are reflected in Programme 5 and the activities of the level two components are reflected in Sub-programme 4.1. All administrative systems were adapted to report individually to the respective programmes.

An important challenge experienced was the setting of targets for the 2008/09 year as the information and systems available at the time of setting these targets were not able to accurately differentiate historic data in highly specialised (level three) and general specialist (level two). Therefore, targets in the 2008/09 APP were not always accurate. As differentiated data becomes available to determine trends the setting of targets and planning

functions will be refined and the accuracy of targets will improve. Interpretation of reported data for 2008/09 must take this into account.

To overcome these challenges cost centres were aligned to sub-programme 4.1 and sub-programme 5.1 respectively. During the last quarter of the financial year the introduction of a system of Functional Business Units (FBUs) commenced. Cost centres were grouped into FBUs according to budget objectives and levels of care which will allow more effective reporting and monitoring of specific services and level of care provided. The FBUs will promote decision making at clinical and decentralised management level.

Establishing a Unitary Western Cape Tertiary Service

The Department established a framework for a Unitary Western Cape Tertiary Service. A package for highly specialised (level three) care was finalised following wide consultation. The package of care indicates services that would be provided in the various service disciplines of the Unitary Western Cape Tertiary Service.

The distribution of level three beds across the central hospitals was finalised following an 11 month consultation process with clinicians and relevant Institutions of Higher Education. The final outcome and bed distribution is reflected below:

Specialty	GSH	RCWMCH	TBH	Total
ICU	24	-	18	42
Medicine	174	-	117	291
Psychiatry	15	-	10	25
Orthopaedics	60	-	33	93
Surgery	187	-	153	340
Obstetrics and Gynaecology	65	-	62	127
Neonatology	46	-	53	99
Paediatrics	-	139	67	206
ICU (p)	-	26	11	37
Psychiatry (p)	-	6	15	21
Orthopedics(p)	-	8	3	11
Surgery (p)	-	76	20	96
Radiation oncology	36	-	36	72
Total	**607**	**255**	**598**	**1,460**

There is a substantive outpatient service coupled to this bed allocation.

Single waiting lists were established for transplant surgery and paediatric cardiac surgery.

Service and clinical governance were strengthened to ensure a unified approach. Several key policies, governance and clinical guideline documents were drafted and implemented.

Transfer of services to the appropriate level

Surveys of the various disciplines were conducted to provide an analysis of the nature of the patients in the wards, providing information on the type and quantum of service shifts required towards consolidating services by level of care.

The shift of obstetric services accomplished between Tygerberg Hospital and Karl Bremer Hospital has provided important insights and lessons for future shifts.

Significant planning and technical work has taken place for the required service shift of orthopaedics, obstetrics, and paediatrics in Metro East. The focus in Metro West has largely been on obstetrics, neonatology, paediatrics, orthopaedics and medicine.

Well functioning hospitals

All material audit findings related to the 2008/09 audit have been rectified and reported to the Auditor-General. An audit action plan has been developed addressing all audit findings to ensure that processes are put in place to measure compliance and to ensure that the same audit findings will not occur in the next financial year.

Infrastructure programmes included the finalisation of the theatre complex in Red Cross War Memorial Children's Hospital and a range of infrastructure work in toilet areas, psychiatry, kitchen and emergency theatres in Tygerberg Hospital. In Groote Schuur Hospital the focus was on the hospital entrance area and assisting to establish the day surgery area.

Well functioning health system

The central hospitals in terms of health system strengthening have to provide outreach to less specialised services working with clinicians and managers at that level to enhance service capability. This strengthens relationships and collaboration across lines of referral. To this effect outreach and support agreements were concluded in terms of circular H83 of 2008 between the level three and the referring level two service.

Improved Service Delivery and Clinical Governance

The coordinating clinicians played an important role in promoting and embedding good clinical governance in the province through facilitating the drafting of various clinical guidelines and policies. Some examples include:

- Finalisation of the packages of care by discipline.
- Guidelines on renal dialysis.
- Guidelines to management and referral of cardiac disease.
- Mental health guidelines and strategies to deal with acute case load pressures.
- Drug use in anaesthesia.
- Outreach and support agreements.
- Several theatre operational policies to improve theatre efficiencies and patient safety.
- Head injury management guidelines.
- Paediatric surgery versus surgery in children; a position paper.

Improving operating theatre time

Operating theatre time is a scarce and expensive resource in central hospitals. Operating theatres are a complex service environment where various professionals and a range of support systems must function synergistically to optimise performance. Around 65% of hospital beds are dependent on the theatre system.

The goal in 2008/09 was to ensure the optimum availability of operating time and that the available operating time is utilised in the most appropriate fashion. A priority setting work session was held to identify progress to achieve this goal.

A theatre efficiency task team was established to implement several strategies to improve theatre services. The team prioritised the improvement of theatre information and performance monitoring and developed a range of operational policies, patient safety guidelines and theatre management practices. Some of these projects will continue in 2009/10.

A range of strategies was developed to enhance the availability of nursing staff in the operating theatres. Each of the central hospitals appointed a nurse mentor in the theatre environment, overseeing nurse training and development as well as providing general support to junior staff. The nursing environment was improved by ensuring the availability of functional equipment. Theatre managers, at clinical executive level, ensured the implementation of the strategies to improve theatre outputs. The coordinating clinicians in surgery and anaesthetics played an instrumental role in ensuring provincial wide pre-, intra- and post-operative safety and identified key areas where systems could be streamlined to improve efficiency. As a result of the various

strategies the number of operations and procedures in the central hospitals increased by 14% from 55,888 theatre procedures in 2007/08 to 63,722 theatre procedures during the 2008/09 year.

A summary of the number of theatre procedures performed at the various institutions in the combined theatre complexes is provided below:

Institution	2007/2008	2008/2009
Groote Schuur Hospital	21,828	27,992
Red Cross War Memorial Children's Hospital	8,369	8,549
Tygerberg Hospital	25,691	27,181
Total	**55,888**	**63,722**

Improving critical care service

Nursing challenges are the major limiting step towards increasing the number of operational critical care beds. Various strategies were implemented to improve the access to critical care services, which included establishing eight extra high care beds for the platform, focusing on formal and in-house training and mentorship to strengthen the skills pool specifically related to nursing staff. Critical care equipment was purchased and upgraded. Uniform admission criteria to critical care facilities were established to ensure equity of access to this scarce resource. A critical care forum was established to assist in the governance of critical services across the platform. Admission to the intensive care units during 2008/09 increased by 7% compared to the 2007/08 year.

Implementing the Acute Emergency Case Load Management Policy (AECLMP)

This policy aims to improve the ability to respond to the major case load and to ensure a more rapid and management process of patients through the hospital system. Improving bed management and discharge management in the highly specialised services received particular attention by the appointment of bed managers to lead the bed management function and the establishment of discharge lounges. The interface with HealthNET improved with a same day transport from hospital for patients discharged by 10:00 am.

Mechanisms to strengthen Priority Setting of service in a fair and legitimate way

This project forms part of the department's clinical governance strategy and is supported by a bio-ethicist and public health specialist. As part of this project the department adopted an international tool (Accountability for Reasonableness (A4R)) framework as the guide in fair and legitimate priority setting. Globally health needs outstrip health funding and this approach assists the department to determine how resources should be prioritised and allocated to ensure sustainability, equity and fairness of service provision.

The process of priority setting commenced in 2006 and progressed during 2008/09 with particular support to projects in eye surgery, renal dialysis, paediatric intensive care access, oncology services, theatre services and key waiting lists. As the highly specialised services are resource intensive, it is anticipated that priority setting will remain a key issue.

System of Coordinating Clinicians

The system of coordinating clinicians has been operational for the past three years. The six coordinating clinicians, appointed from current staff for each major general discipline, spent fifty percent of their time functioning across all levels of care in the province. The coordinating clinicians were instrumental inter alia in the following:

- Defining and documenting packages of care together with case definitions for each level of care which forms the basis for the reorganisation of services and the implementation of the CSP.

- Developing referral guidelines for each discipline.
- Conducting surveys to quantify patient shifts, and facilitate the shift of patients to appropriate levels of care.
- Clinical guidelines as listed above.
- Continuous support to clinicians in the rural settings, together with facilitated interaction to ensure a seamless experience for patients referred within the service.
- Providing valuable input to facilitate enhancement of skills in the district health services.
- Advising on equipment and consumable usage requirements.
- Assist management with clinical input and context where service demands require improved responsiveness.

An independent evaluation was conducted to assess the system of coordinating clinicians. This system clearly demonstrated the need for both geographical and provincial service co-ordination, to support and strengthen the district health services (district hospitals and primary health care services) and interface with the level three services.

Following recommendations from the report and after various discussion it was resolved that, besides a component of service delivery, the to be appointed heads of general specialist services would perform key functions related to the governance and co-ordination of the specific disciplines at a provincial level, as well as clinical risk management.

Finalisation of the Joint Agreements between the Department and the four Institutes of Higher Education

Unfortunately no progress was made in the finalisation of this matter during the 2008/09 financial year.

Resource application

The Programme operated the full complement of 1,460 beds, which was also the CSP target, as was set out in the 2008/09 Annual Performance Plan.

The number of designated beds operated in central hospitals by level of care during 2008/09 was as follows:

- Groote Schuur Hospital: 695[7] level three and four beds, 190 level two beds and 885 beds in total.
- Tygerberg Hospital: 538 level three and four beds, 772 level two beds and 1,310 beds in total.
- Red Cross War Memorial Children's Hospital: 227[8] level three and four beds, 63 level two beds and 290 beds in total.
- Central hospitals: 1,460 level three and four beds, 1,025 level two beds and 2,485 beds in total.

Human resources

A unique feature of the human resources required for the highly specialised services is the fact that although a relative small number of highly skilled people are required, there is a critical mass to ensure sustainability.

The limited availability of nurses, in particular speciality nurses, remains a challenge, with the total number of permanently employed nurses constituting nearly 40% of the total workforce. Comparing the number of permanently employed nursing staff between 2007/08 and 2008/09 the exodus of nursing staff has been reversed and that there is an increase in the number of permanently employed nursing staff. The Occupation Specific Dispensation (OSD) for nursing has played a role in improving the situation. This improvement has also been

7 The 695 beds operated at Groote Schuur Hospital exceeded the target of 685 in the APP due to the delay in transferring ten paediatric beds to Red Cross War Memorial Children's Hospital.

8 The 227 beds operated at Red Cross War Memorial Children's Hospital were ten beds below the target set due to the reason explained above.

experienced amongst professional nurses on whom highly specialised services, such as theatres and critical care services, depend. The increase in permanent staff led to a reduction in the dependency on agency nurses.

The number of chief professional nurses (CPN) and professional nurses (PN) increased by 92 from April 2008 (1,470) to March 2009 (1,562). The number of staff nurses increased by 30 from April 2008 (714) to March 2009 (744).

Performance on Conditional Grants

National Tertiary Services Grant (NTSG)

The NTSG funds highly specialised services according to national definitions in terms of a service level agreement. The NTSG in 2008/09 increased in nominal terms by R 164.6 million or 12.3% compared to the 2007/08 year. However, with the high inflation in 2007/08 in real terms the grant only grew by 4.3%.

The full amount of the NTSG was allocated to the central hospitals according to the distribution of tertiary beds, as demonstrated in the table below. It must be noted that the cost of providing tertiary services, exceeds the funding provided by the grant. A costing study in 2007 on central hospital services (total) indicated a R 1 billion shortfall in the funding provided for central hospitals as a whole. The shortfall is funded from the provincial equitable share. Repeated submissions to the National Department of Health have not resulted in significantly increased funding.

Table 27: NTSG allocation per institution

Institution	2006/07 R'000	2007/08 R'000	2008/09 R'000
Groote Schuur Hospital	738,131	774,616	704,699
Tygerberg Hospital	356,339	373,952	552,294
Red Cross War Memorial Children's Hospital	178,170	186,976	243,200
Total	**1,272,640**	**1,335,544**	**1,500,193**

Health Professions Training and Development Grant (HPTDG)

The Health Professional Training and Developmental Grant (HPTDG) funds the service costs related to the training of health science students on the service platform. The HPTDG to the Western Cape increased for R 339 442 000 for the 2007/08 year to R 356 414 000 in 2008/09 year. This represents an increase of R 16.9 million or 5% growth, which does not match inflation for 2007/08 financial year and therefore resulted in a 3% decrease in real terms.

The HPTDG allocation and trend must be viewed against the backdrop of the Western Cape receiving only 10% of the HPTDG, but training 30% of all medical students and 45% of all dentist students in the country. This mismatch in the national requirement to train more doctors and health workers for the country on the one hand and the funding based on the Western Cape population, leads to significant strains on the capacity to provide a service platform to accommodate all the training needs and reflects a policy vacuum at national level in this regard.

A summary is provided below of the cumulative shortfall in the funding from the HPTDG, considering the impact of inflation since 2001/02. The cumulative shortfall for the HPTDG over the period 2000/01 to 2008/09 amounts to R 385 million.

Year	Total grant allocated (millions)	Amount required to match inflation	Cumulative reduction (millions)

			(millions)	
•	2000/01:	R 292	-	-
•	2001/02:	R 309	R 307	R 1.2
•	2002/03:	R 316	R 325	R 8.1
•	2003/04:	R 315	R 355	(R 48.3)
•	2004/05:	R 327	R 375	(R 97.1)
•	2005/06:	R 323	R 381	(R 155.2)
•	2006/07:	R 323	R 394	(R 226.3)
•	2007/08:	R 339	R 412	(R 300)
•	2008/09:	R 356	R 441	(R 385)

The funding shortfall as demonstrated was confirmed by a costing study concluded in 2007/08, indicating that the cost to the department for training health science students amounts to R 791 million (2008 rand value) in comparison to the HPTDG allocation of R 356 million in 2008/09, reflecting a shortfall of R 435 million.

The total HPTDG grant is allocated across all levels of care based on the principle that funding follows students. Central hospitals received 55% of the grant in keeping with the findings of the annual student rotation survey.

Table 28: HPTDG allocation per institution

Institution	2008/09 R'000
Groote Schuur Hospital	90,886
Tygerberg Hospital	89,460
Red Cross War Memorial Children's Hospital	15,682
Total	**196,028**

The Programme provided monthly and quarterly reports on the expenditure as well as the outputs of the conditional grants. As the Division of Revenue Act (DORA) does not allow overspending it was not possible for the province to demonstrate the shortfall as specified above in the reports. Grant evaluations were also completed according to Treasury Guidelines as clarified above.

Modernisation of Tertiary services fund

The earmarked Modernisation of Tertiary Services (MTS) allocation of R 30.4 million addressed nationally determined themes in radio-oncology and medical imaging. The majority of the funds (R 21,7 million) was spent on implementing the digital picture archiving and communication system (PACS) at Tygerberg Hospital before rolling this system out to the rest of the province.

The PACS system enables images to be viewed on a digital screen and paper copies only to be printed as required. Once fully established, all medical imaging services in the entire province will be linked through a provincial wide Picture Archiving and Communication System / Radiology Information System (PACS/RIS) with telemedicine capacity. The PACS in Tygerberg Hospital will become operational during the 2009/10 financial year.

The MTS grant was also utilised to bolster critical staff numbers in the clinical engineering departments of the central hospitals to improve the maintenance on key equipment items. A total of ten clinical engineering posts are now filled from this fund to the amount of R 1,239,344 in 2008/09.

Key items purchased from the fund are listed below:

- PACS system at Tygerberg Hospital: R 21,229,275.
- C-arm for cardiac pacemaker insertion at Tygerberg Hospital: R 1,244,295.
- CR system at Groote Schuur Hospital: R 1,065,249.
- CT scanner at Groote Schuur Hospital: R 4,486,284

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2008/09 ANNUAL PERFORMANCE PLAN

Table 29: Performance against targets from the 2008/09 Annual Performance Plan for central hospitals

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	Provide sufficient infrastructure for the rendering of highly specialised hospital services.					
Central hospitals						
To provide sufficient bed capacity to render quality highly specialised services in central hospitals.	Provide a total of 1,460 level 3 beds in central hospitals by 2010.	1. Number of L3 beds in central hospitals	2,479	2,417	1,460	1,460
		2. Total number of patient days in central hospitals	740,321	721,305	422,267	442,307
Groote Schuur Hospital						
To provide sufficient bed capacity to render quality highly specialised services in central hospitals.	Provide a total of 685 level 3 beds in Groote Schuur Hospital by 2010.	3. Number of L3 beds in Groote Schuur Hospital	Not required to report separately	Not required to report separately	695[9]	685
		4. Total number of patient days in Groote Schuur Hospital	Not required to report separately	Not required to report separately	216,308	207,521

9 The 695 beds operated at Groote Schuur Hospital exceeded the target of 685 in the APP due to the delay in transferring ten paediatric beds to Red Cross War Memorial Children's Hospital.

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Tygerberg Hospital						
To provide sufficient bed capacity to render quality highly specialised services in central hospitals.	Provide a total of 515 level 3 beds in Tygerberg Hospital by 2010.	5. Number of L3 beds in Tygerberg Hospital	Not required to report separately	Not required to report separately	538	538
		6. Total number of patient days in Tygerberg Hospital	Not required to report separately	Not required to report separately	138,114	162,987
Red Cross War Memorial Children's Hospital						
To provide sufficient bed capacity to render quality highly specialised services in central hospitals.	Provide a total of 260 level 3 beds in Red Cross Children's Hospital by 2010.	7. Number of L3 beds in Red Cross Children's Hospital	Not required to report separately	Not required to report separately	227[10]	237
		8. Total number of patient days in Red Cross Children's Hospital	Not required to report separately	Not required to report separately	67,845	71,799

REPORTING ON STANDARD NATIONAL INDICATORS

Table 30: Standard national indicators for central hospitals

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	To provide highly specialised hospital services in accordance with the specifications of the National Tertiary Services Grant					
To provide sufficient capacity to render quality highly specialised services in central hospitals for the uninsured population of the Western Cape and other provinces.	Provide sufficient theatre capacity in central hospitals to perform highly specialised surgical procedures including a target caesarean section rate of 36%.	1. Caesarean section rate (percentage = caesarean sections/ total deliveries*100)	35%	36.6%	40.6% (4,915 / 12,123)	43%

10 The 227 beds operated at Red Cross War Memorial Children's Hospital were ten beds below the target set due to the delay in transferring ten paediatric beds from Groote Schuur Hospital.

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
	Provide sufficient resources for the rendering of comprehensive highly specialised outpatient services at a target rate of 1.1 outpatients per inpatient day.	2. Patient day equivalents (number of PDEs)	1,117,316	1,090,957	603,475	604,486
		3. OPD total headcount (number of headcount at L3 OPD clinics)	964,193	957,339	543,461	486,538
	Implement quality assurance measures to minimise patient risk in central hospitals	4. Patient satisfaction survey using DoH template (percentage of central hospitals)	100%	100%	100% (3 / 3)	100%
		5. Mortality and morbidity meetings at least once a month (percentage of central hospitals)	100%	100%	100% (3 / 3)	100%
		6. Clinical audit meetings at least once a month (percentage of central hospitals)	Not required to report	Not required to report	100% (3 / 3)	100%
		7. Complaints resolved within 25 days (percentage = total complaints resolved in central hospitals within 25 days/ total complaints received*100)	Not required to report	Not required to report	88% (678 / 768)	100%
		8. Case fatality rate in central hospitals for surgery separations (total surgery fatalities/ total operations*100)	2.97%	3.8%	2.4% (583 / 24,422)	3.0%

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
To ensure the effective and efficient rendering of sustainable central hospital services.	Manage bed utilisation to achieve an average length of stay of approximately 6 days and a bed occupancy rate of 85% in central hospitals.	9. Average length of stay	5.4 days	5.8 days	6.8 days (422,267 / 62,555)	5.8 days
		10. Bed utilisation rate (based on usable beds)	83%	80.9%	79.3% (422,267 / 1460*365)	83.0%
		11. Total separations	127,671	123,495	62,555	75,830
	Ensure the cost effective management of central hospitals at a target expenditure of approximately R 2,800 per PDE.	12. Expenditure per patient day equivalent	R 1,901	R 2,150	R3,256	R 2,752

Notes:

- All indicators: Please note that prior to 2008/09 level two and level three services were not separated in central hospitals.
- Indicator 3: The required indicator only refers to OPD total headcount.
- Indicator 6: In the absence of the national clinical audit tool the Western Cape interpretation of this indicator is reflected in the indicator definitions as submitted with the 2009/10 Annual Performance Plan.
- Indicator 11: Per definition day cases are included in separations and therefore included in total patient days (Day cases = 1 separation = 0.5 inpatient days.)
- Indicator 12: Due to the challenges with the separation of the financial cost aligning to the clinical outputs the cost / PDE must be interpreted with caution.

PERFORMANCE REVIEW BY HOSPITAL

Groote Schuur Hospital

General review

Groote Schuur Hospital (GSH) provides both adult tertiary services in the province and is a national referral centre for highly specialised tertiary and quaternary services.

Changes to the Mitchell's Plain drainage area increased the pressure on the emergency centre and acute beds. Groote Schuur Hospital in addition accommodated the level one psychiatric service from GF Jooste Hospital. The hospital at the end of 2008/09 was in the process of implementing strategies to adapt to these changes.

A cardiac surgery team from Groote Schuur Hospital successfully operated on nine cardiac patients in Windhoek in June 2008 which was the first open heart surgery performed in Namibia. Namibian staff comprising twelve nurses; two medical officers and one clinical technologist have been undergoing training at Groote Schuur Hospital and Red Cross War Memorial Children's Hospital since February 2009. This is in support of a national agreement between South Africa and Namibia aimed at establishing a cardiac care centre in Windhoek Central Hospital.

The hospital wishes to record some achievements of its staff:

- Six hundred staff members were acknowledged for long service (20 or 30 years). In September 2008 a rededication ceremony was held where all categories of staff affirmed their dedication to the hospital and its patients.
- Radiation oncology was honoured with a tied third place by Sister Grehan in the provincial Cecilia Makiwane Nurses Recognition Awards.
- The OPD pharmacy staff achieved third place in the 2009 Premier Service Excellence awards in March 2009 in recognition of a project that succeeded in reducing waiting time in pharmacy by 75%.
- A history of the hospital "At the Heart of Healing" (GSH 1938-2008) was launched in November 2008. This book reflects the history of Groote Schuur Hospital since it was built in 1938.

Implementation of the comprehensive service plan

All beds and OPD clinics were designated as either level two or level three services.

A project to refer stable outpatients to the appropriate level of care was undertaken. The focus was on stable patients with chronic diseases such as hypertension, diabetes mellitus, asthma, etc. Patients qualifying to be managed at lower levels of care were referred. The patients visiting Groote Schuur Hospital for repeat medicines were reduced by over 30% and now receive further follow up and treatment at facilities closer to their homes.

Groote Schuur Hospital actively participated in the strengthening of the infectious diseases platform by providing specialist input, highly specialised advice and outreach support to these services and the management of TB, HIV, MDR and XDR TB. This included outreach to Somerset and Brooklyn Chest Hospitals.

A genetic services registrar was appointed to strengthen the genetic services in the hospital and province.

Well functioning hospital

As part of the strategic move to digitisation of medical equipment, it was ensured that key equipment purchased could have the capability to interface digitally if new systems are established.

The South African Triage Score system was implemented for all emergency cases visiting the hospital.

Information management was bolstered by a well functioning information unit. The information unit undertook key data extraction and analysis, especially for Comprehensive Service Plan related issues. Inpatient coding reached almost 80% compliance but ongoing challenges were still experienced in the outpatient department.

The theft of copper remains a major disruption for services, but through various strategies theft has been reduced significantly, especially in the last half of the 2008/09 year. Stolen copper is now replaced with a copper alloy with no real industrial value to reduce repeat thefts. Random security checks are done and stricter access controls were implemented. Further infrastructure changes to bolster security and improve access control are ongoing.

The project to relocate the forensic pathology services is still ongoing in collaboration with the Department of Public Works and Transport.

The allocation of space to the NHLS was finalised and space were cleared to commence the planning and upgrade of infrastructure. It is envisioned that the final move will take place in 2009/10 after infrastructure upgrades have been completed.

Financial performance

The revenue target for the 2008/09 financial year was exceeded by R 4.8 million.

Escalating laboratory, blood and blood products cost posed a challenge to the already constrained budget. Cost containment measures have been put in place and will be pursued more rigorously in the 2009/10 financial year.

A laboratory request controller was appointed during 2008/09 to implement the laboratory investigation protocol, working in close conjunction with members of the management team and a clinician champion. The goal of this team is to ensure the appropriateness and cost effectiveness of tests in relation to the protocols and policies.

Regular meetings were held between clinical executives and clinicians to ensure that best practise is followed in relation to cost containment in to various high cost items.

Human resources

As part of the strategy to reduce agency requirements and related expenditure, 73 staff and professional nurses were recruited and appointed.

Staff numbers and spending were monitored in accordance with the personnel plan with due consideration to budgetary constraints. The filling of posts was prioritised in terms of operational need.

Human resource development targets and workplace skills development plans were monitored in order to maintain a sustainable skilled staff component.

Well-functioning health system

Groote Schuur Hospital has a very strong outreach and support component to all surrounding Metro West Hospitals, George Hospital, and Vredenburg Hospital. Activities of outreach and support have been structured in terms of circular H83 of 2008.

The hospital continued to play an important role in the chronic disease management project and clinicians were instrumental in the establishment of case definitions and treatment protocols via various forums represented by the various levels of care.

Improved service delivery and clinical governance

The key outputs in terms of policy implementation and high level tertiary services are summarised below:

Key tertiary service outputs	APP 2008/09 targets	Achievements 2008/09
• Heart valve replacements	No target set in APP	133
• Transplants (liver and kidney)	No target set in APP	63 renal; 6 heart transplants; 5 liver transplants
• Renal dialysis stations operated for chronic patients with chronic renal failure	Commission 3 additional heamodialysis stations	3 additional haemodialysis machines commissioned
• Number of hip and/or knee replacements performed	No target set in APP	105
• Vitreoretinal surgical cases performed	Extra theatre list to be commissioned	75
• Day surgery lists established	5 lists per week	5 lists per week
• Commission 4 additional psychiatric beds	4	4
• Bone marrow transplants performed	No target set in the APP.	18

As part of the provincial project an institutional priority setting committee was set up with a view to monitor the use of high cost consumables and review requests for advanced new technologies and the cost efficiency of these. This committee ensures appropriate selection of patients and high cost consumables.

Day surgery was strengthened and the hospital operated 15 beds five days a week.

Groote Schuur Hospital offered a comprehensive cardiac service that includes electrophysiological and advanced cardiac arrhythmia device implantation and management. The hospital serves as the national reference for neurogenetics, myasthaenia gravis patients as well as intractable epilepsy for surgery.

Highly specialised radiology services include imaging support to all sub specialists, neuro and musculoskeletal MRI investigations, CT guided biopsies, Cardiac MRI, high resolution chest imaging and interventional radiology including hepatobiliary and vascular interventions.

Three additional renal dialysis stations opened to accommodate nine additional patients in the programme. Commissioning additional Vitreoretinal surgery lists bolstered outputs to 75 cases for the year. Two additional urgent theatre lists were implemented predominantly for orthopaedics. This was further increased to five full day lists as from January 2009. This assisted with the large orthopedic case load. Neonatology services were bolstered with the implementation of feeding policies, key equipment purchased to ensure that feeds are kept at the optimal temperatures and the correct level of staffing were established and maintained.

Bed management functions were expanded, and discharge and escalation plans to deal with increased pressure on hospital beds were developed and implemented. The utilisation of the discharge lounge has doubled after the addition of an enrolled nurse to oversee discharged patients in that area.

The pressures in the obstetric services continued throughout the year with the bed utilisation rate in the ward often exceeding 100%. Compared to the 2007/08 financial year there has been a 5% increase in the number of deliveries. The caesarean section rate remained high at 51% due to the increased acuity of patients and was mostly necessary as a result of foetal distress, previous caesarean sections and maternal risk during birth.

Including Groote Schuur Hospital in the Western Cape nuclear medicine service significantly enhanced the range of nuclear medicine services provided at the hospital.

<u>Improving Quality of Care</u>

Patient satisfaction and staff satisfaction surveys were completed and strategies implemented to respond to key findings of the surveys.

Infection prevention and control remained a provincial and institutional priority. At Groote Schuur Hospital the programme is steered by the infection prevention and control nurse, clinical executives, quality assurance manager and the Infection Prevention and Control Committee as on overarching body that gives strategic directions. A strong focus for 2008/09 was on interventions to prevent staff and patients from contracting TB by means of protective devices, isolation and infrastructure changes.

All clinical departments continued to meet monthly for Mortality and Morbidity reviews.

Table 31: Standard national indicators for Groote Schuur Hospital

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	To provide highly specialised hospital services in accordance with the specifications of the National Tertiary Services Grant.					
To provide sufficient capacity to render quality highly specialised services in central hospitals for the uninsured population of the Western Cape and other provinces.	Provide sufficient theatre capacity in central hospitals to perform highly specialised surgical procedures including a target caesarean section rate of 46%.	1. Caesarean section rate (percentage = caesarean sections/ total deliveries*100)	Not required to report separately	Not required to report separately	51.1% (2,587 / 5,094)	46%
	Provide sufficient resources for the rendering of comprehensive highly specialised outpatient services at a target rate of 1.1 outpatients per inpatient day.	2. Patient day equivalents (number of PDEs)	Not required to report separately	Not required to report separately	302,817	283,612
		3. OPD total headcount (number of headcount at L3 OPD clinics).	Not required to report separately	Not required to report separately	259,361	228,273

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
	Implement quality assurance measures to minimise patient risk in central hospitals.	4. Patient satisfaction survey using DoH template (percentage of central hospitals)	Not required to report separately	Not required to report separately	100% (1 / 1)	100%
		5. Mortality and morbidity meetings at least once a month (percentage of central hospitals)	Not required to report separately	Not required to report separately	100% (1 / 1)	100%
		6. Clinical audit meetings at least once a month (percentage of central hospitals)	Not required to report separately	Not required to report separately	100% (1 / 1)	100%
		7. Complaints resolved within 25 days (percentage = total complaints resolved in GSH within 25 days/ total complaints received*100)	Not required to report separately	Not required to report separately	88% (448 / 512)	100%
		8. Case fatality rate in GSH for surgery separations (total surgery fatalities/ total operations*100)	Not required to report separately	Not required to report separately	3.0% (342 / 11,265)	3.0%
To ensure the effective and efficient rendering of sustainable central hospital services.	Manage bed utilisation to achieve an average length of stay of approximately 6 days and a bed occupancy rate of 85% in central hospitals.	9. Average length of stay	Not required to report separately	Not required to report separately	6.4 days (218,308 / 33,785)	6.0 days
		10. Bed utilisation rate (based on usable beds)	Not required to report separately	Not required to report separately	85.5% (216,308 / 685*365)	83.0%
		11. Total separations	Not required to report separately	Not required to report separately	33,785	34,587

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
	Ensure the cost effective management of Groote Schuur Hospital at a target expenditure of approximately R 2,800 per PDE.	12. Expenditure per patient day equivalent	Not required to report separately	Not required to report separately	R 3,232 (978,606,681 / 302,831)	R 2,752

Notes:

- All indicators: Please note that prior to 2008/09 level two and level three services were not separated in central hospitals.
- Indicator 3: The required indicator only refers to OPD total headcount.
- Indicator 6: In the absence of the national clinical audit tool the Western Cape interpretation of this indicator is reflected in the indicator definitions as submitted with the 2009/10 Annual Performance Plan.
- Indicator 11: Per definition day cases are included in separations and therefore included in total patient days (Day cases = 1 separation = 0.5 inpatient days.)
- Indicator 12: Due to the challenges with the separation of the financial cost aligning to the clinical outputs the cost / PDE must be interpreted with caution.

Tygerberg Hospital

General review

Tygerberg Hospital (TBH) provided a full spectrum of tertiary services as part of the Western Cape Tertiary Service Platform, apart from services such as paediatric cardiac surgery, heart, liver and bone marrow transplantation that are centralised at Groote Schuur Hospital and Red Cross War Memorial Children's Hospital. Tygerberg Hospital highly specialised services receive referrals from Metro East level two services, the Worcester and Paarl level two geographical areas, as well as direct emergency referrals from Northern Cape hospitals, and the Eastern Cape.

Tygerberg Hospital provided certain provincially unique services:

- Twenty-two bed adult burns unit (recently refurbished), which includes critical care beds.
- Cochlear implantation.
- Dedicated academic infection prevention and control unit.
- Craniofacial surgical unit.

Implementation of the Comprehensive Service Plan

The hospital designated beds to provide for the full quantum of level three in and outpatient services and developed exclusion criteria for the various service components for the level two services.

Obstetric services were shifted as highlighted below and project plans to shift the neonatal, surgery and medicine services commenced.

In terms of the final configuration for the Comprehensive Service Bed Plan, the full quantum of level three beds was designated at the end of 2008/09.

Well functioning hospital

Significant progress was made with the establishment of functional business units (FBU) in an endeavour to achieve decentralised financial and human resources management, and performance monitoring. The hospital and functional business unit responsibilities were allocated to specific managers to manage both personnel and non personnel costs within the allocated budgets.

The ODI (organisational development investigation) process was undertaken and a draft report tabled. This extensive process aimed at the creation of a totally new separate staff establishment for the level two and level three services.

An exciting forward looking project was implemented in Tygerberg Hospital in the PACS/RIS (Picture Archiving and Communication System / Radiology Information System) as funded by the Modernisation of Tertiary Services Grant. This involves digitisation of all imaging in the hospital and the progressive phasing out of hardcopy x-ray films. It involves the installation and distribution of multiple digital screens throughout the hospital for the viewing of radiological images. This process was intensively driven and progress was made to the extent that hardcopy films will be phased out at Tygerberg Hospital in the first half of 2009/10 and creates a platform for possible telemedicine.

Major infrastructural work was completed and a new area was refurbished for the trauma and resuscitation unit. This resuscitation unit of six intensive care beds was relocated from its previous location to a more suitable area. In addition significant progress was made with the implementation of the plan for the creation of an integrated emergency centre at Tygerberg Hospital which will deliver both trauma and medical emergency care in one geographical area. The upgrade of two resuscitation units was completed at a cost of R 1.25 million.

A climate survey was done on push and pull factors related to medical staff. Infrastructure, safety and security, recognition and language factors were highlighted.

Financial performance

Agency costs were well managed and a R 4 million saving was effected on the agency budget (10% saving) as a result of strict cost management strategies.

The Auditor-General's management report for 2007/08 reflected an "unqualified" finding. All the hospital's audit queries were addressed and corrective action implemented.

Ensuring a well functioning health system

Facilitated by the coordinating clinician the hospital shifted inappropriate level one uncomplicated obstetric patients to Karl Bremer Hospital while receiving in exchange the more appropriate level two patients requiring more specialised care. Since the implementation of the obstetrics service shift between Tygerberg Hospital and Karl Bremer Hospital there has been an increase in the number of caesarean sections and the rate increased from 29% to as high as 39% per quarter and also a reduction in the number of deliveries to be able to manage the obstetric workload better.

Tygerberg Hospital played a crucial supportive role in terms for the provincial Diarrhoeal Management Plan in collaboration with Red Cross War Memorial Children's Hospital.

Provincial clinical guidelines and policies were implemented as part of the service alignment to ensure equal access and uniformity of services across the health platform. Some of the guidelines implemented included the management of ischemic heart disease, referral protocol to Tygerberg cardiology department, indications for CT scanning etc.

Improved service delivery and clinical governance

Infrastructural upgrades of the CSSD (Central Sterilisation Services Department), the theatre complex and kitchen were crucial to address long term challenges. These upgrades were done by the hospital. The infrastructural upgrades were completed on the east wing of the theatre complex and upgrades for the western side of the Tygerberg theatre complex commenced during the 1st quarter of 2009. This involved both major infrastructural upgrade as well as the procuring of new equipment such as tunnel washers.

An upgrade of the medical records department commenced with the aim to improve workflow and improve the speed of delivery of folders and medical documentation to clinical areas.

An infrastructure upgrade of the psychiatric ward was competed allowing the management of adolescents in a separate care area, necessary for their own safety and unique needs.

A client satisfaction survey was conducted following the prescribed methodology and survey tool. The strategies to respond to key issues in the survey were integrated into the quality improvement plans of the hospital.

Advances were made with regards to improving theatre management with a view to improving efficiency and effectiveness of the Tygerberg theatre complex. In this regard, two data capturers were employed as part of the EPWP (Extended Public Works Programme) to capture data relevant to theatre efficiency, such as cancellation rates, theatre starting time compliance and theatre utilisation rates. This data will significantly enhance the capacity of Tygerberg Hospital to make key decisions on improving and monitoring efficiency.

The key performance indicators for the financial year 2008/09 are illustrated below:

Key tertiary service outputs	APP 2008/09 targets	Achievements 2008/09
• Transplants	20	22 renal transplants (14 living related, 8 cadaver)
• Renal dialysis stations operated for chronic patients with chronic renal failure[11]	Establish 40 haemodialysis slots and 45 peritoneal dialysis slots	44 heamodialysis and 45 peritoneal dialysis slots established
• Cochlear implants performed[12]	No target set in APP	6
• Hip and/or knee replacements	No target set in APP	207
• Additional high care beds established	6	6
• Vitreoretinal surgical cases done	Establish - extra lists	List established an 150 cases performed

Two additional surgical high care beds were commissioned. This significantly enhanced the capacity of Tygerberg Hospital to provide access to patients requiring post operative high care as well as to provide additional critical care capacity to the surgical ICU and increased the flexibility in terms of managing patients in either intensive care or high care level. The access to these two high care beds for post operative care was crucial to reduce waiting lists for key procedures where critical care is a post operative requirement.

Two additional paediatric high care beds were commissioned. These provided a much needed facility for the post operative care for paediatric surgical cases as well as providing flexibility to the paediatric intensive care unit to utilise a step down facility to relief pressure on the intensive care beds.

Two additional obstetric high care beds were commissioned bringing the total number of beds in the obstetric high care unit to four beds. This represented a doubling of capacity with regards to obstetric high care and greatly enhanced the capacity of Tygerberg Hospital to manage complex and life threatening conditions in obstetric patients. Twelve additional obstetric ward beds were commissioned to enhance the capacity of the obstetric service to absorb some of the increased service load.

11 Tygerberg has 22 equipped dialysis stations.

12 This is a unique service to Tygerberg Hospital and this was the second year that the Hospital focused resources on this expensive, but rewarding programme.

Renal dialysis services were strengthened in the last quarter of 2008 when a service level agreement was concluded with Tygerberg Hospital and National Renal Care. This agreement provides closer-to-home access for renal dialysis for seven Tygerberg renal patients from the Paarl area. These patients are now accessing renal dialysis closer to where they live with a huge improvement of the quality of life of their lives. This in turn enabled Tygerberg Hospital to provide extra dialysis slots for patients with chronic renal failure in their renal unit.

Two additional vitreoretinal surgical lists were implemented at Tygerberg Hospital during 2008/09. These viteoretinal procedures are crucial to preserving sight in patients requiring this surgery. In addition a vitreoretinal machine essential to the performance of these surgical procedures was acquired.

Three additional trauma orthopaedic lists were commissioned midway during 2008. The intention of commissioning these new lists was to decompress the hospital's general surgical emergency list and thus provide better access to patients awaiting emergency surgery. This resulted in almost halving the waiting time for emergency surgery prior to the commissioning of the extra lists.

Access to paediatric surgery was improved by prioritising the access to the emergency theatre list as well as post operative high care for children.

Strategies to prevent bed sores from developing in bed ridden patients were successfully implemented.

To improve the quality of care the following steps were taken:

- Clinical departments in Tygerberg Hospital conducted regular mortality and morbidity (M & M) review meetings.
- An Infection Prevention and Control Committee remained fully functional throughout the year. The unit produced detailed policies in respect of prevention and management of multiple drug resistant organisms in line with provincial policies.
- Pathogen monitoring was continued throughout the year. The hospital dealt with a situation of markedly increased prevalence of rotavirus in the neonatal unit during the year. The situation was quickly managed and controlled with the support from the infection prevention and control unit.
- A hand hygiene campaign was undertaken to improve infection prevention and control. A system was installed to monitor hospital-acquired infection at the monthly infection prevention and control meetings. An outbreak of rotavirus in the neonatology unit was competently managed through clinical managers and the unit for infection prevention and control with the support of microbiology.
- TB prevention programmes for staff and caregivers were implemented including the provision of masks and the infrastructural improvement of isolation facilities. A TB policy and procedure document for Tygerberg Hospital was finalised by the infection prevention and control unit. In isolation areas, negative pressure ventilation capacity was installed in particular in the F1 medical emergency area as well as further actions to prevent cross infections.

Table 32: Standard national indicators for Tygerberg Hospital

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	To provide highly specialised hospital services in accordance with the specifications of the National Tertiary Services Grant.					

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
To provide sufficient capacity to render quality highly specialised services in central hospitals for the uninsured population of the Western Cape and other provinces.	Provide sufficient theatre capacity in central hospitals to perform highly specialised surgical procedures including a target caesarean section rate of 40%.	1. Caesarean section rate (percentage = caesarean sections/ total deliveries*100)	Not required to report separately	Not required to report separately	33.2% (2,328 / 7,029)	40%
	Provide sufficient resources for the rendering of comprehensive highly specialised outpatient services at a target rate of 1.1 outpatients per inpatient day.	2. Patient day equivalents (number of PDEs)	Not required to report separately	Not required to report separately	205,995	222,749
		3. OPD total headcount (number of headcount at L3 OPD clinics)	Not required to report separately	Not required to report separately	203,643	179,286
	Implement quality assurance measures to minimise patient risk in central hospitals.	4. Patient satisfaction survey using DoH template (percentage of central hospitals)	Not required to report separately	Not required to report separately	100% (1 / 1)	100%
		5. Mortality and morbidity meetings at least once a month (percentage of central hospitals)	Not required to report separately	Not required to report separately	100% (1 / 1)	100%
		6. Clinical audit meetings at least once a month (percentage of central hospitals)	Not required to report separately	Not required to report separately	100% (1 / 1)	100%
		7. Complaints resolved within 25 days (percentage = total complaints resolved within 25 days/ total complaints received*100)	Not required to report separately	Not required to report separately	87% (158 / 181)	100%

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
		8. Case fatality rate for surgery separations (total surgery fatalities/ total operations*100)	Not required to report separately	Not required to report separately	2.8% (229 / 8,311)	3.0%
To ensure the effective and efficient rendering of sustainable central hospital services.	Manage bed utilisation to achieve an average length of stay of approximately 6 days and a bed occupancy rate of 85% in central hospitals.	9. Average length of stay	Not required to report separately	Not required to report separately	7.5 days (138,114 / 18,584)	6.0 days
		10. Bed utilisation rate (based on usable beds)	Not required to report separately	Not required to report separately	70.3% (138,114 / 538*365)	83.0%
		11. Total separations	Not required to report separately	Not required to report separately	18,548	27,165
	Ensure the cost effective management of central hospitals at a target expenditure of approximately R 2,800 per PDE.	12. Expenditure per patient day equivalent	Not required to report separately	Not required to report separately	R 3,331 (686,146,689 / 205,995)	R2,752

Notes:

- All indicators: Please note that prior to 2008/09 level two and level three services were not separated in central hospitals.
- Indicator 3: The required indicator only refers to OPD total headcount.
- Indicator 6: In the absence of the national clinical audit tool the Western Cape interpretation of this indicator is reflected in the indicator definitions as submitted with the 2009/10 Annual Performance Plan.
- Indicator 11: Per definition day cases are included in separations and therefore included in total patient days (Day cases = 1 separation = 0.5 inpatient days.)
- Indicator 12: Due to the challenges with the separation of the financial cost aligning to the clinical outputs the cost / PDE must be interpreted with caution.

Red Cross War Memorial Children's Hospital

General review

Red Cross War Memorial Children's Hospital (RCWMCH) provides tertiary and quaternary paediatric services as well as regional hospital paediatric services to its immediate drainage area. The hospital is an important provincial, national and international clinical and academic resource in child health care. It is a national referral centre for paediatric liver and kidney transplants, as well as for the separation of conjoined twins. It is the provincial centre for paediatric cardiac surgery and houses the only dedicated specialised burns unit for children in the province.

The 2008/09 financial year was again characterised by seasonal burden of disease pressures such as diarrhoeal disease during the summer months (with a continuation of the impact from the 2007/08 year felt in the first quarter

in April 2008 and the impact of the 2009 season felt in the last quarter during January to March 2009) resulting in bed utilisation rates in the re-hydration ward of well over 100% despite commissioning additional beds as part of a provincial wide escalation plan. In winter the surge in acute respiratory tract infections has immediately followed on the diarrhoeal disease season in the second quarter with a marked peak in admissions experienced in the period July to September 2008. It is foreseen that the uncomplicated case load to Red Cross War Memorial Children's Hospital will reduce with the shift of the drainage of Khayelitsha patients to the Metro East, the commissioning of Mitchells Plain Hospital, and ultimately GF Jooste Hospital taking on child health services.

Although staff shortages in nursing remained a challenge, the hospital was able to recruit and retain professional nurses through active recruitment and training initiatives, which in turn greatly assisted in stabilising nurse staffing in the paediatric intensive care unit. This resulted in sufficient skilled nursing capacity to sustain and maintain 20 beds in the paediatric intensive care unit. This is a much needed improvement from 14 to 16 beds 18 months ago.

Implementation of the Comprehensive Service Plan

Significant progress has been made with respect to the implementation of the Comprehensive Service Plan and the achievements of note are as follows:

- Geographic separation of identified level two and level three inpatient wards and identification of the level two and level three clinics took place with separate clinical outputs and financial reporting.
- The emergency medical and trauma services were established as level two services.
- The paediatric bed plan for level three (tertiary services) was finalised in 2008/09. The leadership of both the Heads of Department at Red Cross War Memorial Children's Hospital and Tygerberg Hospital is acknowledged, as well as the supporting role of the coordinating clinician.
- Paediatric surgery was consolidated by staff from institutions working collaboratively especially after hours.
- The project plans for the shifting of tertiary paediatric services from Groote Schuur Hospital, specifically neurosurgery and endocrinology, to Red Cross War Memorial Children's Hospital was completed. Due to the complexity of the service shift, and the dependency of changes required in the drainage area, such a shift could not be concluded in 2008/09.
- In 2008/09 quantification was done in the areas of dermatology, asthma and epilepsy to identify specific patients that could be managed at less specialised levels of care. Case definitions were concluded and quantification by drainage area identified. This project will be taken forward in collaboration with the DHS.

Well functioning hospital

The hospital is managed by a management team headed by a chief executive officer, who has financial and human resource delegations to operate the facility. The Institutional Management Labour Caucus provided a platform for continued engagement with organised labour and the filling of the vacant labour relations officer post greatly assisted in attending to labour relations issues.

The new MRI scanner, as funded from the Modernisation of Tertiary Services, was commissioned and dedicated to specialised paediatric MRI imaging for the Western Cape.

Phase 1 of the theatre complex project was completed and operations commenced in the new complex after commissioning. Part of this project was also the establishment of a new central processing unit with more specialised and efficient equipment to perform the various sterilisation functions and also facilitate the implementation of a pack system for theatre instruments.

The D2 surgical ward was upgraded and also received various new equipment pieces to improve the working environment of the staff.

Human resources

An Employees Assistance Programme (EAP) provides support to all staff.

Nursing staff comprises of 48.79% of the total staff complement and the nurse to bed ratio is 1.87 nurses per highly specialised care bed. The hospital is focused as a learning organisation and staff development is an important strategy. Table 5.14 lists the numbers of nursing staff trained.

Categories of nursing staff trained during 2008/09 were:

- Post basic critical care: 5
- Post basic child nursing: 7
- Post basic operating theatre: 2
- Bridging to professional nurse: 7
- Bridging to staff nurse: 12
- Informal courses:
  - Cardiac course: 8
  - High dependency care course: 32
  - Anaesthetic course: 1
  - Integrated management of childhood illnesses: 26
  - Basic life support: 36
  - Burn wound management: 19

Financial performance

Total expenditure for the financial year 2008/09 amounted to R 350.080 million of which personnel expenditure accounted for 62.4%.

Expenditure on Goods and Services accounted for 35.6% of the total expenditure and the top five expenditure items were pharmaceuticals, medical and surgical supplies, laboratory, blood and blood products and agency staff.

Revenue collection exceeded the budgeted target by 20.4%.

Capital equipment expenditure amounted to R 6.2 million.

Key infrastructure and maintenance projects included the completion of phase one of the new theatre complex and central processing department and the upgrade of a surgical ward. Donor funding played an important role in the upgrading and equipping of the theatre complex.

Ensuring a well functioning health system

Red Cross War Memorial Children's Hospital plays a leading role in terms of the response to and monitoring of the diarrhoeal season management plan in the Metro, a major burden of disease during the summer months.

The Child Accident Prevention Foundation of South Africa (CAPFSA) closely affiliated to and operating on the premises of Red Cross War Memorial Children's Hospital, plays a vital role in the prevention of injuries in children through various preventative strategies.

Red Cross continued to provide structured outreach to other health facilities in terms of the management of child health conditions. The hospital houses the only dedicated paediatric burns unit in the province that plays a vital role in skills development.

Improved service delivery and clinical governance

Outcomes of both client satisfaction and staff satisfaction surveys were positive reflecting good satisfaction ratings, and compliments significantly outnumbered complaints. Key strategies to improve on various measured items (especially improving communication and reliability were incorporated in the hospital's operational plan for 2009/10. The key issue on the challenges faced regarding access were more reflective of the challenges and costs related to the public transport systems.

Quality assurance programmes focussed on improvement in infection control and monitoring and evaluation of morbidity and mortality, largely through the CHPIP (Child Health Problem Identification Programme). A functional Infection Prevention and Control committee ensured the implementation of provincial policies, monitored the implementation of the hospital antibiotics policy, and conducted a hand washing campaign.

Service and clinical governance was enhanced through monthly mortality and morbidity meetings at facility level as well as through the role of the coordinating clinician for paediatrics in the development of protocols and treatment guidelines and co-ordination of services between levels of care. An overall mortality rate of 1.3% and surgical mortality rate of 0.3% occurred. This compares with the best in the international arena.

The Child Health Problem Identification Programme (CHPIP) was fully implemented and formed an important part of quality assurance and identifying disease profiles and trends.

The key performance indicators for the financial year 2008/09 are illustrated below:

Key tertiary service outputs	APP 2008/09 targets	Achievements 2008/09
• Total number of operations performed[13]	9,000	7,727 (plus 822 level 2)
• Cardiothoracic operations	300	413
• Children admitted and treated for burns	2,600	801 admissions and 2,100 outpatient activities
• Complex spinal operations performed	No target was set	15
• Liver and kidney transplants[14]	12 to 15	11
• Number of ICU beds operated	18	20
• Admissions (for L2 and L3 services)	22,000	22,053[15]
• OPD specialist clinic visits	100,000	117,189
• ICD inpatient coding rate	80%	97%

The intensive care unit maintained an operational 20 beds essential to the attainment of 260 cardiac operations. A total of 1,326 admissions into the unit occurred.

A total of 801 burns admissions occurred with the highest number of admissions occurring in August 2008 and uncharacteristically in December 2008 and January 2009 signalling a departure from the seasonality usually associated with the winter months.

In winter the surge in acute respiratory tract infections has immediately followed on the diarrhoeal disease season in the second quarter with a marked peak in admissions experienced in the period July to September 2008.

A total of 7,727 (level three) operations were performed of which 41% were considered as urgent or emergency operations, the remainder being elective surgery. Approximately 25% of surgery performed was as day cases (day surgery).

Eleven transplants (kidney and liver) were performed.

13 The total number of operations reflects only the tertiary operations and not the operations performed for L2 services and would therefore be less reported in previous years. The target was set for both L2 and L3 operations in the hospital The balance (822) of the operations are reported in programme 4.1. Challenges in the recruitment and retention of anaesthetists effected theatre outputs negatively.

14 Due to the unpredictability and fluctuations in the availability of donor organs this target might was not achieved.

15 A combined target for L2 and L3 services was set in the APP. (8,105 L3 admissions and 13,947 L2 admissions).

Maitland Cottage Home, which operates as an extension of Red Cross War Memorial Children's Hospital, renders specialist orthopaedic surgery, post-operative care and rehabilitation for children with orthopaedic conditions. Maitland Cottage Home has 85 beds and had 1,106 admissions and performed 498 operations during 2008/09.

Table 33: Standard national indicators for Red Cross War Memorial Children's Hospital

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	To provide highly specialised hospital services in accordance with the specifications of the National Tertiary Services Grant.					
To provide sufficient capacity to render quality highly specialised services in central hospitals for the uninsured population of the Western Cape and other provinces.	Provide sufficient theatre capacity in central hospitals to perform highly specialised surgical procedures including a target caesarean section rate of 0%.	1. Caesarean section rate (percentage = caesarean sections/ total deliveries*100)	Not applicable	Not applicable	Not applicable	Not applicable
	Provide sufficient resources for the rendering of comprehensive highly specialised outpatient services at a target rate of 1.1 outpatients per inpatient day.	2. Patient day equivalents (number of PDEs)	Not required to report separately	Not required to report separately	94,664	98,126
		3. OPD total headcount (number of headcount at L3 OPD clinics)	Not required to report separately	Not required to report separately	80,457	78,979
	Implement quality assurance measures to minimise patient risk in central hospitals.	4. Patient satisfaction survey using DoH template (percentage of central hospitals)	Not required to report separately	Not required to report separately	100% (1 / 1)	100%
		5. Mortality and morbidity meetings at least once a month (percentage of central hospitals)	Not required to report separately	Not required to report separately	100% (1 / 1)	100%
		6. Clinical audit meetings at least once a month (percentage of central hospitals)	Not required to report separately	Not required to report separately	100% (1 / 1)	100%

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
		7. Complaints resolved within 25 days (percentage = total complaints resolved within 25 days/ total complaints received*100)	Not required to report separately	Not required to report separately	96% (72 / 75)	100%
		8. Case fatality rate for surgery separations (total surgery fatalities/ total operations*100)	Not required to report separately	Not required to report separately	0.2% (12 / 4,846)	0.40%
To ensure the effective and efficient rendering of sustainable central hospital services.	Manage bed utilisation to achieve an average length of stay of approximately 6 days and a bed occupancy rate of 85% in central hospitals.	9. Average length of stay	Not required to report separately	Not required to report separately	6.6 days (67,845 / 10,222)	5.1 days
		10. Bed utilisation rate (based on usable beds)	Not required to report separately	Not required to report separately	81.9% (67,845 / 227*365)	83.0%
		11. Total separations	Not required to report separately	Not required to report separately	10,222	14,078
	Ensure the cost effective management of central hospitals at a target expenditure of approximately R 2,800 per PDE.	12. Expenditure per patient day equivalent	Not required to report separately	Not required to report separately	R3,115 (294,903,270 / 94,664)	R 2,752

Notes:

- All indicators: Please note that prior to 2008/09 level two and level three services were not separated in central hospitals.
- Indicator 3: The required indicator only refers to OPD total headcount.
- Indicator 6: In the absence of the national clinical audit tool the Western Cape interpretation of this indicator is reflected in the indicator definitions as submitted with the 2009/10 Annual Performance Plan.
- Indicator 11: Per definition day cases are included in separations and therefore included in total patient days (Day cases = 1 separation = 0.5 inpatient days.)
- Indicator 12: Due to the challenges with the separation of the financial cost aligning to the clinical outputs the cost / PDE must be interpreted with caution.

PROGRAMME 6: Health Sciences and Training

AIM

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

ANALYSIS PER SUB-PROGRAMME

Sub-programme 6.1: Nurse training college

Train nurses at undergraduate and post basic level. Target group includes actual and potential employees.

Sub-programme 6.2: Emergency medical services (EMS) training college

Train rescue and ambulance personnel. Target group includes actual and potential employees.

Sub-programme 6.3: Bursaries

Provide bursaries for health science training programmes at undergraduate and postgraduate levels. Target group includes actual and potential employees.

Sub-programme 6.4: Primary health care (PHC) training

Provide PHC related training for personnel, provided by the regions.

Sub-programme 6.5: Training (other)

Provide skills development interventions for all occupational categories in the department. Target group includes actual and potential employees.

ANALYTICAL REVIEW OF PROGRAMME PERFORMANCE

Programme overview

The service delivery needs as reflected in the Comprehensive Service Plan (CSP) requires that adequate numbers of competent personnel are trained. Resources allocated in Programme 6 ensure the rendering of education, training and development opportunities for serving and prospective employees and for community members engaged in governance of or service delivery for the Department of Health.

To increase the numbers of competent nurses the department invests substantially in nursing education, training and development, marketing, recruitment and retention strategies.

The approach to training of personnel is based on the current number of personnel across the service platform, skills mix that is required to meet the service needs of the department and to ensure that the gap between these is filled.

A skills competency profiling audit will be conducted in a phased manner over the period from 1 April 2009 to 31 March 2010 to address the human resource development requirements arising from the CSP and the Human Resource Plan. The tender was awarded towards the end of the 2008/09 financial year.

The objective is to:

- Research the current priority competencies that are available within the department.

- Identify the competencies per selected occupational categories that are critical for effective service delivery at primary, secondary and tertiary levels of care.
- Profile the current competencies within the department against the required competencies identified and to identify critical education, training and development strategies.

Formal relationships with all the Higher Education Institutions in the province have been extended through interactions with regard to the development of courses for leadership and management development (University of the Western Cape Schools of Management and Public Health, University of Cape Town Graduate School of Business (GSB), University of Stellenbosch, School of Public Management). The main engagement for the financial year 2008/9 was to strengthen current relationships with professional bodies in relation to:

- formal training of professionals (health and support),
- exit strategies for community-based workers, and
- mid-level categories within professions.

The Provincial Training Academy provided generic and management courses, as well as links to the Department of Public Service Administration (DPSA) and the Public Service Education and Training Authority (PSETA).

The department developed the Annual Human Resource Development Plan to give effect to the Public Service Human Resource Development Strategic framework for Vision 2015 developed by the Department of Public Service and Administration (DPSA).

Key interventions were implemented to address the shortfall in the number of professionals and support personnel to meet future service requirements by:

- Increasing the critical mass of nurses based on health service needs.
- Increasing the critical mass of health science professionals and support personnel in scarce skills, based on health service needs i.e. pharmacists, radiographers, medical and clinical technologists, medical physicists and industrial technicians.
- Increasing the critical mass of EMS staff through the re-implementation of HPCSA accredited short programmes.
- Effective clinical training and education placement for the prospective employee.
- Increasing the critical mass of pharmacist assistants, enrolled nurse assistants and enrolled nurses through the learnership programme;
- Deepening implementation of the Human Resource Development (HRD) strategy through research and analysis.
- Developing a plan to integrate bursar and community service placements as part of a comprehensive clinical placement policy.
- Extension of the induction programme.
- Management and Leadership: Project Khaedu, Health Leadership Programme (HLP), Financial Management, Leadership and Management Programme (University of the Western Cape).
- Training programmes for the improvement and maintenance of competences (iMOCOMP).
- Training programmes for the ABET implemented.
- Mid-level workers.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2008/09 ANNUAL PERFORMANCE PLAN

Table 34: Performance against targets from the 2008/09 Annual Performance Plan for human resource development

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	Rendering of education, training and development opportunities for employees of the Department of Health.					
Sub-programme 6.1	Nurse Training College Western Cape College of Nursing					
	Provision of basic nurse training to meet the service demands of the Department.	1. Number of student nurses trained at the Western Cape College of Nursing	513	593	764[16]	965
	Provision of post- basic nurse training to meet the service demands of the Department.	2. Number of professional nurse employees admitted to post basic nurse training programmes	30	65	36	40
		3. Total basic and post basic nurse training	566	612	877	1,005
Sub-programme 6.2	Emergency Medical Services (EMS) Training College					
	Facilitate the provision of EMS training programmes to meet the demand of the service.	4. Number of new learners admitted to the National Diploma EMC programme	154	155	60	60
		5. Number of existing learners in the National Diploma EMC programme	Not required to report	Not required to report	129[17]	85
		6. Number of learners graduating from the National Diploma EMC programme	13	23	22	30

16 Deviation due to attrition rate.
17 These numbers reflect all students currently registered at the Cape Peninsula University of Technology.

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
		7. Number of EMS learners admitted to short training programmes	Not required to report	Not required to report	1,297[18]	504
		8. Number of EMS learners to complete short training programmes	Not required to report	Not required to report	1,297[19]	468
Sub-programme 6.3	Bursaries					
	6.3.1 Nursing bursaries					
	Funding the training for all categories of nurses through a bursary scheme to meet the service requirements.	9. Number of new students granted bursaries for nurse training	606	760	802	800
		10. Maintenance of existing nursing bursaries	962	936	940[20]	1,260
		11. Total number of nursing bursaries	1,568	1,696	1,742	2,060
	6.3.2 Bursaries for health science personnel other than nurses.					
	Funding the training for health science professionals (excluding nurses) and support services through a bursary scheme to meet the service requirements.	12. Number of new students granted bursaries for health science training	343	332	120	125
		13. Maintenance of existing health science bursaries	421	277	166	183
		14. New bursaries for serving employees	Not required to report	Not required to report	215[21]	280
		15. Maintenance of bursaries for serving employees	Not required to report	Not required to report	100[22]	190
		16. Total number of health science bursaries	764	609	601	778
		17. Total number of bursaries (nursing + health sciences)	2,332	2,305	2,343	2,838

18 Includes accredited short course and CPD.
19 Re-introduction of short course to meet 2010 objectives for EMS.
20 Deviation due to attrition rates.
21 Number of applications were less than anticipated.
22 Attrition rate for previous year was lower than the norm used for planning.

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Sub-programme 6.4	Primary Health Care (PHC) training					
	6.4.1 Primary Health Care training					
	Provision of PHC related training interventions for personnel provided by the districts.	18. Number of training interventions provided to PHC personnel	3,329	2,845	5,437[23]	3,900
	6.4.2 iMOCOMP					
	The provision of training for the improvement and maintenance of competence project (iMOCOMP) at district level.	19. Number of iMOCOMP training interventions provided at district level	Not required to report	Not required to report	116[24]	300
Sub-programme 6.5	Other training					
	6.5.1 Levy to HWSETA					
	Levy to HWSETA	20. Administrative levy payable to HWSETA in terms of skills development legislation	R 2,045	R 2,169	R 2,795 m[25]	R 2,280 m
	6.5.2 Workplace Skills Plan					
	The provision of training and development opportunities for personnel within the Department.	21. Number of training interventions provided to personnel. Including, all generic training, management and leadership development opportunities, PHC training, ABET and learnerships	11,771	15,543	22,591	16,600

23 Training provided by districts and is only reported in this Programme.
24 Insufficient budget provided for by the decentralised model.
25 Levy calculated on actual salary payroll after ICS exceeded planned amount.

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
	6.5.3 Management and leadership development skills					
	Facilitate the development of appropriate management and leadership skills.	22. Number of management and leadership development training opportunities	1,559	1,100	812[26]	1,600
	6.5.4 ABET					
	Facilitate the development of human resources by means of ABET.	23. Number of ABET learners registered for courses	275	265	221	150
	6.5.5 Learnerships					
	Contribute to the Provincial Growth and Development Strategy through the provision of learnerships.	24. Number of learnerships for employed personnel	115	124	230	190
		Nurses	80	111	183	135
		Pharmacist's assistants	35	13	39[27]	55
		Diagnostic radiography	Not required to report	Not required to report	8	New indicator not in APP
		25. Number of learnerships for unemployed personnel	101	92	24[27]	120
		Nurses	65	25	0[28]	45
		Pharmacist's assistants	21	32	4[27]	45
		Diagnostic radiography	15	35	20[27]	30
	6.5.6 Work integrated learning					
	Partner with Higher Education Institutions through the provision of work integrated learner (internship) opportunities.	26. Number of work integrated learners (generic interns) placed	188	90	153[29]	130

26 Limited opportunities provided by PTA.
27 Limited funding allocation approved by HWSETA.
28 Not sector priority, thus not funded by HWSETA.
29 Exceeded the previous norm used for planning.

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
	6.5.7 Expanded Public Works Programme					
	Provide training opportunities for unemployed persons to facilitate access to employment.	27. Number of community based health workers trained	Not required to report	Not required to report	1,792	1,840
		28. Number of data capturers trained. (new indicator not in APP)	Not required to report	Not required to report	161	New indicator not in APP

REPORTING ON PERFORMANCE ON HEALTH PROFESSIONS TRAINING AND DEVELOPMENT CONDITIONAL GRANT

Table 35: Standard national indicators for health sciences and training

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	Addressing the shortfall in the number of professionals to meet future service requirements.					
Providing education, training and development opportunities for serving and prospective employees of the Department of Health.	Provide a sufficient pool of prospective employees.	**Input**				
		1. Intake of medical students (number)	1,704	1,678	202	1,713
		2. Intake of nurse students (number)	871	992	671	1,192
		3. Students with bursaries from the province (number)	2,332	2,305	2,343	2,838
		Process				
		4. Attrition rates in first year of medical school (percentage)	2.7%	2.7%	4.0%	4%
		5. Attrition rates in first year of nursing school (percentage)	3.7%	3.7%	3.3%	10%
		Output				
		6. Basic medical students graduating (number)	440	Not available	298	298
		7. Basic nurse students graduating (number)	133	506	111	304

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
		8. Medical registrars graduating (number)	47	Not available	44	44
		9. Advanced nurse students graduating (number)	198	0	30	199
		Process				
		10. Average training cost per basic nursing graduate (Rand)	Not available	R 11,500	R 12,650	R 12,650
		11. Development component of HPT & D grant spent (percentage)	Not available	0%	0%	0%
Additional Programme 6 performance measures						
		Nurse training colleges				
		12. Number of student nurses trained PN	Not required to report	Not required to report	819	1,815
		13. Number of student nurses trained towards ENA	Not required to report	Not required to report	150	0
		14. Number of student nurses trained towards enrolled nurse	Not required to report	Not required to report	93	115
		EMS Training				
		15. Number trained as ambulance emergency assistants	Not required to report	Not required to report	65	96
		16. Number trained as paramedics	Not required to report	Not required to report	20	12
		Bursaries				
		17. Number of bursaries awarded	Not required to report	Not required to report	2,343	2,838

PROGRAMME 7: Health Care Support Services

AIM

Render support services required by the department to realise its aims.

ANALYSIS PER SUB-PROGRAMME

Sub-programme 7.1: Laundry services

Render a laundry service to hospitals, care and rehabilitation centres and certain local authorities.

Sub-programme 7.2: Engineering services

Render a maintenance service to equipment and engineering installations, and minor maintenance to buildings.

Sub-programme 7.3: Forensic services

Render specialised forensic and medico-legal services in order to establish the circumstances and causes surrounding unnatural death. This function has been transferred to Sub-programme 2.8.

Sub-programme 7.4: Orthotic and prosthetic services

Render specialised orthotic and prosthetic services.

Sub-programme 7.5: Medicine trading account

Manage the supply of pharmaceuticals and medical sundries to hospitals, community health centres and local authorities.

ANALYTICAL REVIEW OF PROGRAMME PERFORMANCE

Situation analysis

Linen and laundry services are provided by large central laundries located at Tygerberg, Lentegeur and George Hospitals. Several rural hospitals have small in-house laundries. Twenty million linen items are processed annually of which in-house laundries process fourteen million pieces per annum and out-sourced private sector laundries process six million pieces per annum.

The Directorate: Engineering and Technical Support Services is also responsible for hospital equipment repairs and maintenance, clinical engineering, engineering services repairs and maintenance, operation of plant and machinery, in-house building repairs and maintenance, in-house minor building projects, and continuous refinement of systems and processes.

Policies, priorities and objectives

In order to provide a cost effective service with minimum risk, there is a combination of in-house and outsourced laundry services. The priority has been to increase the efficiency of in-house services. Large volumes of work are imperative for the strategic laundries to be cost competitive with the private sector. Recent productivity gains have led to a shift of work from the private sector to the in-house laundries. This was necessary to ensure that personnel resources are fully utilised.

A successful maintenance programme requires the following six key interlinking needs which are:

- A clear, unambiguous and structured approach, including policies and procedures, to maintenance and immovable asset management.
- A management information system to enable effective maintenance planning, budgeting and decision making.
- Current, quality information on existing assets.
- Sufficient funding.
- Sufficient capacity at all levels.
- Clearly defined processes and allocated responsibilities for maintenance related functions.

The above is based on the conviction that hospital maintenance is an integral part of health service delivery.

Achievements

Programme 7 expenditure was spent in line with the allocated budget.

The department completed 12,092 maintenance projects in-house and 152 maintenance projects through the Department of Transport and Public Works (DTPW). This was 56 more projects than were completed in 2007/08. A few capital projects were completed successfully and within budget in-house. This included a CSSD at Tygerberg Hospital, Tygerberg Burns Unit, installation of medical compressors at Tygerberg Hospital, etc.

All hospitals were provided with regular supplies of clean, disinfected and useable linen. Laundries throughout the Western Cape have operated cost-effectively.

The clinical waste management contract was successfully implemented for all the institutions within the province. The boiler water treatment for Tygerberg and Lentegeur Hospitals were implemented successfully.

The quality of emergency back-up power was improved at Helderberg Hospital, Lentegeur Hospital, Oudtshoorn Hospital, Valkenberg Hospital and Kraaifontein CHC.

Separation rooms were created at Oudtshoorn Hospital, Victoria Hospital, Knysna Hospital, Swartland Hospital, False Bay Hospital, Hermanus Hospital and Helderberg Hospital. Extraction systems for TB treatment rooms were installed at 30 clinics throughout the province. There were also extraction systems installed at Karl Bremer Hospital, DP Marais Hospital, Victoria Hospital and False Bay Hospital.

An asset care pilot was installed at Worcester Hospital.

The number of reportable incidents was reduced from 183 in 2007/08 to 113 in 2008/09 indicating that our occupational health and safety (OHS) training is paying dividends.

Challenges encountered

Linen usage is down as a result of linen shortages.

Operational efficiency gains were greater than anticipated.

The cost of utilities per bed was greater than anticipated. The Western Cape is far from the coal-fields in the far north, and subsequently the cost of coal in Cape Town is R 1,250 per tonne, as opposed to about R 800 per tonne in Durban and about R 500 pre tonne on the reef. Secondly, ESCOM increased their cost of electricity by 37% about ten months ago.

Due to a shortage of technical staff it is a struggle to attract and retain technical staff. This resulted in a backlog of repairs not attended to.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2008/09 ANNUAL PERFORMANCE PLAN

Table 36: Performance against targets from the 2008/09 Annual Performance Plan for laundry services

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	To render laundry services to hospitals, care and rehabilitation centres and certain local authorities.					
To provide a laundry service to all provincial hospitals.	Manage the pieces/linen laundered by a combination of strategic in-house and out-sourced laundries.	1. Total number of pieces laundered:	20 m	20.1 m	20.0 m	21.5 m
	Manage the number of pieces laundered by in-house laundries.	2. Number of pieces laundered: in-house laundries	14 m	14.8 m	14.5 m	16 m
	Manage the number of pieces laundered by private sector.	3. Number of pieces laundered: out-sourced services	6 m	5.3 m	5.5 m	5.5 m
To provide cost effective in-house laundry service.	Ensure that in-house laundries produce cost effective laundry services.	4. Average cost per item	R 1.74	R 1.94	R 1.95	R 2.19
To provide cost effective out-sourced laundry service.	Ensure that service providers produce cost effective laundry services.	5. Average cost per item	R 1.47	R 1.45	R 1.78	R 1.73

Table 37: Performance against targets from the 2008/09 Annual Performance Plan for engineering services

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	Rendering a maintenance service to equipment, engineering installations, and repairs & renovations to buildings.					
Effective maintenance of buildings and engineering installations.	A combination of in-house and out-sourced maintenance in co-operation with Works.	1. Maintenance backlog as % of replacement value	7%	7%	6% (800 m / 13,000 m)	6% (800 m / 13,000 m)

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Efficient engineering installations.	Monitoring of plant efficiency and modification or renewal as necessary.	2. Cost of utilities per bed	R 6,112	R 6,912	R 8,120	R 7,300
Safe working environment (Buildings, machinery and equipment).	Arrange training of staff in the Occupational Health and Safety Act.	3. Number of reportable incidents	143	183	113	180
Cost effective maintenance of medical equipment.	Manage a combination of in-house and out-sourced maintenance.	4. Number of jobs completed – in-house / outsourced	13,011	11,234	11,817	16,700

Performance against targets from the 2008/09 Annual Performance Plan for forensic services

Funding for Forensic Services has been transferred to Sub-programme 2.8

Performance against targets from the 2008/09 Annual Performance Plan for orthotic and prosthetic services

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

Table 38: Performance against targets from the 2008/09 Annual Performance Plan for the MEDPAS trading account

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	Managing the supply of pharmaceuticals and medical sundries to hospitals, community health centres and local authorities.					
Sufficient working capital to support adequate stock-holding.	Increase working capital in line with projected inflator.	1. Working capital	R 42.335 million	R 46.278 million	R 46.792 million	R 54 m

PROGRAMME 8: Health Facilities Management

AIM

To provide for new health facilities, upgrading and maintenance of existing facilities, including the hospital revitalisation programme and the provincial infrastructure grant.

ANALYSIS PER SUB-PROGRAMME

Sub-programme 8.1: Community health facilities

Sub-programme 8.2: Emergency medical rescue

Sub-programme 8.3: District hospital services

Sub-programme 8.4: Provincial hospital services

Sub-programme 8.5: Central hospital services

Sub-programme 8.6: Other facilities

ANALYTICAL REVIEW OF PROGRAMME PERFORMANCE

The Programme has substantial under-expenditure in both the Hospital Revitalisation Programme (42.4%) and the Infrastructure Grant to Provinces (32.4%). Whilst there are many reasons for the under-expenditure, mostly beyond the control of the department, the lack of programme management capability within Health reported last year has had a significant impact. The slow pace of design work by the department's implementing agent (Department of Public Works and Transport) coupled with under performance by contractors contributed significantly to under-expenditure.

Hospital Revitalisation Programme (HRP)

The HRP budget was under-spent by approximately R 170 million. An amount of R 86 million is the result of a planned roll-over to address the dip of funding in the 2010/11 year. The remainder of the under-spending is largely the result of late commencement of construction on the new hospitals for Khayelitsha and Mitchells Plain. The planning took longer than anticipated, particularly in respect of the time to obtain approval of the Initial Project Implementation Plan. The Paarl Hospital project further contributed to the under-spending. Construction was slowed down by unexpected difficulties in the decanting programme. A lesser contributor to the under-spending was Vredenburg Hospital where planning to come into budget is proving to be a challenge.

It is important to note that if all of the present HRP projects proceed as originally planned there will be a deficit of R 270 million in the 2010/11 year. A deliberate strategy has therefore been to ensure that sufficient funding is carried over to prevent a major over-expenditure in 2010/11.

Infrastructure Grant to Provinces (IGP)

The IGP was under-spent by R 30 million. There is no single cause for this under-expenditure. Approximately a third of this can be attributed to delayed construction of projects at Tygerberg and Groote Schuur Hospitals. Construction proceeded more slowly than anticipated on many projects – notably the Caledon, Riversdale, Helderberg and Eerste River Hospitals. Property issues delayed some projects – notably the extension of the Mitchells Plain CHC, the Wesbank and Kwanokuthula CDC's.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2008/09 ANNUAL PERFORMANCE PLAN

Table 39: Performance against targets from the 2008/09 Annual Performance Plan for health facilities management

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	To provide new health facilities and to provide for the upgrading and maintenance of existing health facilities.					
Programme 8.1 Improve community health physical infrastructure.	Provide community health infrastructure that is fit for purpose.	1. Total infrastructure expenditure on community health facilities as a % of back-log (R300 million)			9.3% (28,026 / 300,000)	11.4%
Programme 8.2 Improve EMS physical infrastructure.	Improve ambulance stations.	2. % of ambulance stations built for purpose (50 ambulance stations)	47%	60%	64% (32 / 50)	73%
Programme 8.3 Improve district hospital physical infrastructure.	Provide district hospital infrastructure that is fit for purpose.	3. Total infrastructure expenditure on district hospitals as a % of backlog (R2 billion)	5.9%	2.8%	6.6% (132,460 / 2,000,000)	11.0%
Programme 8.4 Improve provincial hospital physical infrastructure.	Provide provincial hospitals with the physical infrastructure that is fit for purpose.	4. Total infrastructure expenditure on provincial hospitals as a % of backlog (R1,85 billion)	6.7%	10.9%	9.6% (176,875 / 1,850,000)	14.1%
Programme 8.5 Improve central hospital physical infrastructure.	Provide central hospitals with the physical infrastructure that is fit for purpose.	5. Total infrastructure expenditure on central hosptials as a % of back-log (R1,4 billion)	2.4%	3.7%	3.0% (41,775 / 1,400,000)	4.8%

Notes:

1. The lower than anticipated expenditure on community health physical infrastructure can be attributed to slower than anticipated progress on the Kwanokuthula and Mitchells Plain projects.

2. The lower than anticipated improvement of EMS physical infrastructure can be attributed to the delay in completing the Worcester and Vredenburg ambulance stations and difficulties in securing rentals at De Doorns and Vredendal.

3. The lower than anticipated expenditure on district hospitals can be attributed to slower than anticipated progress on the Khayelitsha, Riversdale, Eerste River and Mitchell's Plain Hospital projects.
4. The lower than anticipated expenditure on provincial hospitals can be attributed to slower than expected progress on George, Worcester and Paarl Hospital projects.

5. The lower than anticipated expenditure on central hospitals can be attributed to lack of capacity to plan IGP projects at Groote Schuur and Tygerberg Hospitals.

PERFORMANCE ON HOSPITAL REVITALISATION GRANT

The table below provides detail in terms of the original budget, the adjustment budget, the actual expenditure and the percentage spent for 2008/09:

Table 40: Hospital Revitalisation Grant 2008/09

Name of project	Type of project	Original budget	Adjustment budget	Expenditure	% spent
George Hospital	Hospital upgrade Phase 2C	2,300	2,300	1,749	76
George Hospital	Hospital upgrade Phase 3	6,500	10,056	2,524	25
Khayelitsha Hospital	Infrastructure installation	-	9,500	9,684	102
Khayelitsha Hospital	New hospital	58,000	48,500	34,769	72
Mitchell's Plain Hospital	New hospital	33,265	33,265	19,226	58
Paarl Hospital	Hospital upgrade Phase 2	104,500	104,500	78,675	75
Paarl TC Newman CHC	Community Health Centre Upgrade	2,000	2,000	320	16
Valkenberg Hospital	Emergency repairs to administration block	-	400	250	63
Valkenberg Hospital	Security fence	300	300	100	33
Valkenberg Hospital	Upgrading	10,000	9,600	2,564	27
Vredenburg Hospital	Construction of temporary refuse area	-	160	40	25
Vredenburg Hospital	Interim phase	6,400	3,455	1,097	32
Vredenburg Hospital	Phase 1b various internal work	-	2,100	286	14
Vredenburg Hospital	Phase 2A staff residence, ring road, gas bank relocation, and decanting	-	3,200	202	6
Vredenburg Hospital	Upgrading Phase 1	-	685	0	0
Vredenburg Hospital	Upgrading Phase 2B replacement buildings	9,000	5,800	1,956	34
Worcester Hospital	Hospital upgrade Phase 3	19,600	19,600	39,334	201
Worcester Hospital	Hospital upgrade Phase 4	13,000	13,000	0	0

Name of project	Type of project	Original budget	Adjustment budget	Expenditure	% spent
Worcester Hospital	New DMC and ambulance station	7,000	7,000	4,105	59
HRP Reallocation	Infrastructure	86,761	86,761	0	0
HT, OD & QA		41,762	41,762	35,864	86
	Roll-over		3,556		
Total		400,388	403,944	232,748	58

REPORTING ON STANDARD NATIONAL INDICATORS

Table 41: Standard national indicators for health facilities management

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Strategic goal:	To provide new health facilities and to provide for the upgrading and maintenance of existing health facilities.					
Maintain and improve health infrastructure.	Provide funding from equitable share to fund capital projects.	1. Equitable share capital programme as % of total health expenditure	0.50%	0.21%	0.20% (17,600 / 8,655,845)	0.32%
	To increase the number of hospitals on the Hospital Revitalisation Programme.	2. Hospitals funded from the Revitalisation Programme (percentage)	12%	12%	14.0% (7 / 50)	14%
	Provide adequate funding for infrastructure maintenance.	3. Expenditure on facility maintenance as % of total health expenditure	1.12%	1.12%	0.99% (85,427 / 8,655,845)	0.99%
Keep existing equipment in good condition.	Provide adequate funding for equipment maintenance.	4. Expenditure on equipment maintenance as % of total health expenditure	1.00%	0.97%	0.82% (71,145 / 8,655,845)	0.82%
Process						
To safeguard assets.	Up-to-date asset register.	5. Hospitals with up-to-date asset register	100%	100%	Reported in Programme 1	Reported in Programme 1
	Up-to-date asset register.	6. Health districts with up-to-date PHC asset register (excluding hospitals)	Reported in Programme 1	Reported in Programme 1	Reported in Programme 1	Reported in Programme 1
Quality						

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
To provide appropriate PHC infrastructure.	Provide facilities with piped water supply.	7. Fixed PHC facilities with access to piped water	100%	100%	100% (357 / 357)	100%
	Provide facilities with mains electricity supply.	8. Fixed PHC facilities with access to mains electricity	100%	100%	100% (357 / 357)	100%
	Provide facilities with telephone service.	9. Fixed PHC facilities with access to fixed line telephone	100%	100%	100% (357 / 357)	100%
	Reduce backlog in service platform.	10. Average backlog of service platform in fixed PHC facilities	R 265 m	R 300 m	R 255 m	R 255 m
To provide appropriate hospital infrastructure.	Reduce backlog in service platform.	11. Average backlog of service platform in district hospitals	R 1,285 m	R 2,000 m	R 2,000 m	R 2,000 m
		12. Average backlog of service platform in regional hospitals	R 600 m	R 390 m	R 250 m	R 250 m
		13. Average backlog of service platform in specialised hospitals (including TB and psychiatric hospitals)	R 2,039 m	R 2,030 m	R 2,030 m	R 2,030 m
		14. Average backlog of service platform in tertiary and central hospitals	R 1,400 m	R 1,400 m	R1 ,400 m	R1 ,400 m
		15. Average backlog of service platform in provincially aided hospitals	R 13 m	R 13 m	R 13 m	R 13 m
Efficiency						

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Efficient delivery of infrastructure	Timeous completion of projects	16. Projects completed on time (percentage)	Not required to report	Not required to report	Note 1	Note 1
	Projects completed within budget	17. Project budget over run (percentage)	Not required to report	Not required to report	Note 1	Note 1

Strategic objective	Measurable objective	Performance measure / Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 APP
Outcome						
To improve the accessibility of health care facilities of the appropriate level of care	Adequate number of beds	18. District hospital beds per 1,000 uninsured population	0.53	0.53	0.53 (2,081 / 3,928)	0.55
	Adequate number of beds	19. Regional Hospital beds per 1,000 uninsured population	0.61	0.61	0.61 (2,396 / 3,928)	0.61
	Distance to PHC facility	20. Percentage of population within 5 km of fixed PHC facility	94%	95%	95% (5,014,654 / 5,278,584)	95%

Notes

1. The Health Department does not have the capacity to provide this information. It is planned to create the capacity as part of the IDIP process.

ANNUAL REPORT 2008/9

REPORT OF THE AUDIT COMMITTEE

PART 3: REPORT OF THE AUDIT COMMITTEE OF THE PROVINCIAL GOVERNMENT OF THE WESTERN CAPE - DEPARTMENT OF HEALTH ("DOH") (VOTE 6) INCLUDING THE CENTRAL MEDICAL DEPOT ("CMD") FOR THE FINANCIAL YEAR ENDED 31st MARCH 2009.

1. Introduction

We are pleased to present this report for the financial year ended 31st March 2009.

2. Audit Committee Members and Attendance

During the year there were changes in the composition of the Committee which are listed below. The Committee is required to meet at least four times during the financial year as per its approved Terms of Reference. During the current year 10 meetings were held.

The Audit Committee members all attended training arranged by the Chief Audit executive.

Attendance at Audit Committee meetings by senior staff especially from the financial function was acceptable. Going forward the Committee would like to see a wider spread of representation.

Members of the Committee	No. of meetings attended
Dr. Sutcliffe (Chair retired November 2008)	8/8
Mr. Hyslop (appointed to Committee and as Chair November 2008)	4/4
Mr. Biesman-Simons (appointed November 2008)	3/4
Ms Daries (appointed November 2008)	4/4
Mr. Levendal	10/10
Dr. Mungal (appointed November 2008, resigned April 2009)	3/4
Mr. Pasiwe (retired November 2008)	7/7
Mr. Ravens	10/10

3. Audit Committee Responsibility

The Audit Committee reports that it has complied with its responsibilities arising from Section 38 (1) (a) of the Public Finance Management Act 1999 (Act 1 of 1999) ("PFMA") and Treasury Regulations 3.1.13 as required.

The Audit Committee has adopted the Western Cape Provincial Government Audit Committee Terms of Reference as its Charter by which it has regulated its affairs and has discharged its responsibilities as contained therein.

4. EFFECTIVENESS OF INTERNAL CONTROL

The audits revealed that there are a number of significant deficiencies in the design and implementation of internal control in respect of financial and risk management. The lack of staff and of skills is a root cause and unless this can be remedied the control weaknesses will be a perennial problem in meeting compliance. The proposed change over from the modified cash basis of accounting to accrual accounting will be especially challenging.

After the transversal arrangement for Internal Audit expired in December 2008, the Department elected to in-source the function. By financial year end the Audit Executive post had not been filled. The Audit Committee would like to see this post filled as a priority.

The Audit Committee reviewed the internal and external audit flows and approved the former. The Committee also received and considered reports from the external auditors and from Enterprise Risk Management unit of the Department.

The Central Medical Depot (CMD) as a public entity is required to report under Generally Accepted Accounting Practice. There have been and still are insufficient skills within CMD to meet GAAP requirements. This impasse must be resolved. It is noted that the CMD premises are not suited to the nature of its activities.

The Audit Committee notes that only 6% of the Department's annual expenditure was in respect of machinery, equipment and buildings; construction and maintenance. There is a concern that this level of expenditure is insufficient to maintain into the future, the delivery capacity of the Department.

5. THE QUALITY OF IN-YEAR MANAGEMENT AND MONTHLY/QUARTERLY REPORTS SUBMITTED IN TERMS OF THE PFMA AND THE DIVISION OF REVENUE ACT

The Audit Committee received the in-year management reports (IYM) and was therefore informed of the financial situation of the Department relative to its budget. These reports, though labeled as management reports, focus more on numbers and less on narrative. This makes it difficult in some instances for the Audit Committee to determine whether the operations are delivering an acceptable service even though budgets may have been met.

6. EVALUATION OF FINANCIAL STATEMENTS (AFS) AND THE AUDITOR-GENERAL'S REPORT AND MANAGEMENT LETTER

The Annual Financial Statements and the Auditor-General's report which was finalised on 11 August 2009 have been evaluated by the Audit Committee.

The Audit Committee met with both the external and internal auditors without management being present to determine if any undue influence had been brought to bear by Management during the audits. No problems were noted.

7. CONCLUSION

The Department received an unqualified report and the staff is congratulated for their efforts and dedication in this large and complex enterprise

27 August 2009

L.D. HYSLOP
Chairperson - Audit Committee
Provincial Government of the Western Cape
Department of Health

DATE

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ANNUAL FINANCIAL STATEMENTS

PART 4: ANNUAL FINANCIAL STATEMENTS

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REPORT OF THE ACCOUNTING OFFICER
for the year ended 31 March 2009

Report by the Accounting Officer to the Executive Authority and Parliament/Provincial Legislature of the Republic of South Africa.

1. General review of the state of financial affairs

- **Important policy decisions and strategic issues facing the department**:

The overarching framework within which the Western Cape Department of Health functions is provided by National legislation, the Millennium Development Goals and the priorities of the National Health System.

The Millennium Development Goals that are of particular relevance to health are:
- Reduce the under five mortality rate by two thirds between 1990 and 2015.
- Improve maternal health by reducing the maternal mortality rate.
- By 2015 to have halted and begun to reverse the spread of HIV and AIDS, malaria and other diseases.

The National Health System Priorities for 2008/09 were:
- Health programme priorities, focusing on communicable and non-communicable diseases.
- Quality improvement through the development and implementation of health facility improvement plans.
- Implementation of an integrated national health information system.
- Health financing, including designing the national health insurance system and reducing the rate of increase of tariffs in the private health care sector.
- Further reduction in the prices of pharmaceutical products.
- Strengthening human resources for health.
- Improving international relations.
- Strengthening management and communication.

Legislation:
The National Health Act, 2003 (Act 61 of 2003) ("the Act"), which was partially proclaimed on 2 May 2005, is still not fully in effect and the following sections still need to be proclaimed:
- Section 11: Health services for experimental or research purposes
- Chapter 6: Health establishments and issues relating to the certificate of need
- Sections 50: Forum of Statutory Health Professional Councils
- Section 51: Establishment of academic health complexes
- Parts of Chapter 8: Control of the use of blood, blood products, tissue and gametes in humans
- Section 71: Research on or experimentation with human subjects
- Chapter 9: National Health Research and Information
- Parts of Chapter 10: Health officers and Standards Compliance
- Parts of Chapter 12: General provisions.

Some of the regulations that support the Act have been promulgated while others were drafted and circulated for comment but have not yet been finalised by the National Department of Health. In terms of the Act new governance structures such as the Provincial Health Council, district health councils, a consultative forum and clinic and community health centre committees must be established by the province.

The Provincial Health Council has been established and is operational. The department has published the District Health Councils Bill for comment. This Bill will regulate *inter alia* the establishment and functioning of the district health councils and the approval by the provincial minister and the municipal councils of the budget and performance targets for health services in the respective districts. The district health councils will be established when this legislation has been promulgated.

The department has embarked upon the review of its legislation as part of the Legislative Review Project of the Western Cape Provincial Government, with a view to amending or repealing redundant or archaic legislation. The Hospital Ordinance 80 of 1946 and the Ambulance Transfer and Pensions Ordinance 11 of 1955 were repealed a part of this project.

The following legislation was promulgated by the department during 2008:
- Western Cape Health Service Fees Act, 5 of 2008
- Western Cape Ambulance Personnel Transfer and Pensions Ordinance Repeal Act, 6 of 2008

A key strategic issue addressed by the department during 2008/09 was the further implementation of the Comprehensive Service Plan (CSP).

- **Some of the significant events that have taken place during the year**

The Provincial Cabinet was reshuffled during July 2008 and Minister Uys was transferred to another portfolio. Mr Marius Fransman was appointed as the Western Cape Minister of Health from 31 July 2008.

In order to effectively implement the District Health System and to give effect to the Comprehensive Service Plan the department appointed the following district managers:
- Dr L Phillips: Cape Winelands District
- Mrs L Msindo-Mayeng: Central Karoo District
- Dr K Grammar: Metro: Southern/Western Sub-districts
- Dr G Perez: Metro: Eastern/Khayelitsha Sub-districts
- Dr J Claasen: Metro: Klipfontein and Mitchells Plain Sub-districts.
- Dr L Linda was appointed as Chief Operations Officer at Groote Schuur Hospital with effect from 1 July 2008

Upgrading of facilities:
- Upgraded ambulance stations were opened in Riversdale and Caledon in March and April 2008 respectively. The ambulance station projects are the first phase of the projects to upgrade the related hospitals.
- The Western Cape Minister of Health opened the newly renovated burns unit at Tygerberg Hospital on 14 April 2008. This is the only adult unit in the province and has 22 beds and treats approximately 300 patients per year. The unit follows a holistic approach to care and in addition to the provision of medical care and the management of pain, patients' families are involved in their care, support groups are organised and patients are successfully re-introduced into the labour force where possible.
- On 22 October 2008 the newly renovated ward G8 at Tygerberg Hospital was opened.
- On 28 October 2008 Red Cross War Memorial Children's Hospital opened a new magnetic resonance imaging (MRI) suite.

- On 27 November 2008 Red Cross War Memorial Children's Hospital officially opened ward D2 surgical ward which was refurbished at a cost of R 9,000,000. The opening of this ward comes after the commitment to fund the refurbishment of one ward per year at the hospital by the Children's Hospital Trust.
- A new trauma unit was opened at Khayelitsha Site B Community Health Centre on 13 January 2009.

Fundraising:

- The Western Cape Rehabilitation Centre hosted a Jazz in the Park event at the Maynardville open air theatre on 29 March 2009 to raise funds for the Health and Wellness Centre which will promote and make accessible facilities such as a hydro pool, gymnasium, peer counselling and alternative therapies.

Celebration of international awareness days:

- The department celebrated and promoted World No Tobacco Day on 27 May 2008 at the Ravensmead Multi Purpose Hall by focusing on substance abuse within the Ravensmead community. The department focused on the excessive use of tobacco in the province and the impact of the increasing use of alcohol and drug abuse in the Western Cape.
- International Cancer Week was commemorated from 1 – 8 August 2008. Awareness of the disease was created and citizens were encouraged to live healthy lifestyles and to support those affected by cancer.
- In celebration of World Mental Health Day and Ten Years of Associated Psychiatric Hospitals (APH), the department hosted a mental health conference at Lentegeur Psychiatric Hospital on 10 October 2008. The conference was attended by health managers, clinicians and mental health staff from all professional groups.
- World AIDS Day on 1 December 2008 was celebrated by various awareness campaigns in the respective districts. World AIDS Day was commemorated at the head office building at a market day where there was interactive entertainment, exhibitions and fresh fruit and vegetables for sale. Voluntary counselling and testing was available to staff and members of the public.
- On 3 December 2008 the Western Cape Rehabilitation Centre celebrated the International Day for People with Disabilities. The theme was 'Convention on the rights of persons with disabilities: dignity and justice for all of us.' There is a different theme every year to promote full and equal enjoyment of human rights and participation in society by persons with disabilities. In accordance with the 2008 theme the programme aimed to educate the WCRC's clients and role-players on challenges faced by persons with disabilities.

Celebrations:

- In celebration of Nelson Mandela's ninetieth birthday, Mowbray Maternity Hospital distributed special gift packs to all babies born at the facility on 18 July 2008 and a tree was planted at the hospital in his honour. Outpatients were also treated to tea and biscuits.
- The Mitchells Plain Community Health Centre celebrated its twenty second year of existence on 17 July 2008. The CHC used the opportunity to create awareness of the services provided at the facility and how to access them. The health committee was involved which contributed to strengthening community participation.

- The Perinatal Mental Health Project (PMHP), which was launched in 2002, which is administered by the University of Cape Town and based at Mowbray Maternity Hospital, screened their five thousandth client on 5 September 2008. This achievement was marked with a celebration to thank those involved and to explain the importance of the maternal mental health service. The vision of the PMHP is to integrate mental health care on site within the primary level maternal care environment. The services screen perinatal women free of charge for mental distress and have received a formal commendation from the World Health Organisation and an Impumelelo award for innovation and poverty alleviation.
- Brewelskloof Hospital, one of six tuberculosis hospitals, celebrated its sixtieth birthday since its official opening on 25 September 1948. The first three patients were admitted to the hospital on 10 December 1948.
- The Western Cape Rehabilitation Centre hosted an Adopt a Tree function during National Arbour Week where staff planted 150 trees. This contributes to the surroundings at the facility and encourages communities to participate in greening their communities.
- The annual provincial Cecilia Makiwane Award ceremony was held at a hotel in Worcester. Cecila Makiwane was the first black woman in Africa to be licensed as a professional nurse (1908) and the Cecilia Makiwane Nurse's Recognition Award for healthcare professionals was introduced in 2002. The award seeks to motivate and inspire nurses by recognising and rewarding excellence. The provincial winner for 2008 was Alice van Zyl, programme manager of community based services in the Matzikama Sub-district. The provincial winners then go on to compete for the national award.
- As part of the Expanded Public Works Programme the first group of home community based carers completed their general education and training certificate (NQF level 1). Minister Fransman awarded certificates to 97 graduates from the Cape Winelands and Overberg districts.
- The second Emergency Medical Services (EMS) Awards were held on 25 November 2008 at the Cape Town International Convention Centre. The awards seek to honour dedicated emergency medical services personnel for their contribution and the critical role that they play in the healthcare industry. The objectives of the awards are to:
    - Create community awareness about how EMS staff saves lives and offers an excellent service.
    - Encourage staff to nominate fellow colleagues.
    - Create awareness about how the department acknowledges the efforts and dedication of staff.
- The Premier of the Western Cape, Ms Lynne Brown, officially opened the TygerBear Care Centre at Tygerberg Hospital on 6 December 2008. The TygerBear unit for traumatised children and families was founded in 1998 and the second phase saw the opening of a training and counselling centre on the premises of Tygerberg Hospital. The third phase was the establishment of this dedicated survivor's care centre to provide psycho-social and care services to the survivors of rape, other trauma due to HIV and AIDS, cancer etc. in children and their significant others.
- This year marked the 150th birthday of the New Somerset Hospital. The foundation of the hospital was laid by Sir George Grey, Governor of the Cape, on 18 August 1859. Somerset Hospital was the first public hospital to be built in Southern Africa, largely due to the public-spirited action of Dr Samuel Bailey, a naval surgeon, who served with Admiral Lord Nelson in the Battle of Trafalgar.
- The MEC for Health opened the Bonang Eye Care Clinic at Karl Bremer Hospital. This is an initiative of the Department of Health and the South African Optometric Association to ensure the delivery of affordable and accessible eye care at district level. Approximately 2,000 people are provided with spectacles every month on the programme.

Visits:

- The Standing Committee on the Status of Women and Children visited various facilities in June 2008 to discuss issues, challenges and diseases affecting women and children. The facilities visited include Groote Schuur Hospital, the trauma unit at GF Jooste Hospital and the Khayelitsha Community Health Centre.
- An African delegation consisting of officials from Uganda, Kenya, Tanzania and Ethiopia visited the Western Cape Department of Health in June 2008 to learn about the department's reproductive health services and district health services. They also visited Inzama Zabantu Community Health Centre in Phillipi.

Baby Friendly Hospitals:

- The Baby Friendly Hospital Initiative (BFHI) is a global campaign by the World Health Organisation and UNICEF. The initiative is based on the ten steps to successful breast feeding and recognises that implementing best practices in health services is crucial to the success of programmes to promote and protect breastfeeding.
- The following hospitals were accredited during 2008:
    - Oudtshoorn Hospital
    - False Bay Hospital: 13 March 2009
    - Khayelitsha MOU: 6 March 2009

Other events:

- The department hosted its first ever Health Sector Imbizo on the management of tuberculosis at Brooklyn Chest Hospital on 7 April 2008, which was led by the Western Cape Premier and Minister of Health. The event was attended by approximately 250 stakeholders who were assured that the management of TB is a key priority of the provincial government.
- A Provincial M(X)DR TB Review Committee was established to support clinicians in the management of complex infectious patients who for example do not comply with isolation for treatment.
- The Departments of Social Development and Health and South African National Cancer Association Western Cape (an NGO) launched a comprehensive substance abuse outpatient treatment programme at the Saartjie Baartman Women's Centre in Athlone on 19 May 2008. The programme adopts a multi-disciplinary approach to treat people with substance abuse disorders.
- A clinical team from Groote Schuur Hospital and Red Cross War Memorial Children's Hospital travelled to Namibia in June 2008 where they led a team at the Windhoek Central Hospital in performing first open heart surgery in Namibia. Namibia is the third African country, after South Africa and Egypt, to perform open heart surgery. The hospitals will develop a collaborative partnership in which some professional staff will be trained at Groote Schuur Hospital in order to develop a self sufficient cardiac unit at the Windhoek Central Hospital.
- On 12 December 2008 the Western Cape Rehabilitation Centre (WCRC) announced the launch of the World Health Organisation's guidelines on the provision of manual wheelchairs in less resourced settings. Members of the department attended the conference in Bangalore, India, 2006 where the foundations for the guidelines were laid and subsequently contributed to the contents of the guidelines. By developing an effective system of wheelchair provision, member states support the implementation of the Convention of the Rights of Persons with Disabilities. South Africa, and specifically the WCRC, is listed as only one of six training centres in the world for the training of wheelchair related services. The WCRC is recognised as an expert in this field and several African nations have sent clinicians to the WCRC for training in this regard.

- The Provincial Health Research Committee was launched on 3 December 2008 and serves as a framework for the co-ordination and management of research in the province. This committee is an appropriate structure through which the National Research Committee and the National Department of Health can liaise with the pProvince on health research issues. A key objective will be to identify provincial health research priorities and through liaison with research stakeholders ensure that research activities are directed towards the greatest provincial health needs.
- The department hosted a sexual transmitted infection (STI) / condom week event at the Nomzamo Community Hall in the Strand on 11 February 2009. The purpose of the event was to raise awareness on the prevention and treatment of STI's and to promote the correct and consistent use of condoms.
- Valkenberg Hospital hosted a forensic psychiatric conference on 5 – 6 March 2009 to share good practice, network and build collaborative partnerships with local and international professionals working in forensic mental health. The theme of the conference was 'Transformation through knowledge' and highlighted mental health services, the challenges faced in psychiatric facilities by mental health service users in the criminal justice system.
- On 27 February 2009 the Division of Child and Adolescent Psychiatry at the Red Cross War Memorial Children's Hospital launched their new comprehensive evidence-based treatment programme. The Matrix Model for Teenagers and Young Adults is a treatment programme designed to give young people the knowledge, structure and support to evaluate the significance of their drug and alcohol use and to desist. It also aims to provide a supportive environment for sustained recovery. The programme was made possible through a joint venture between Vodacom, the University of Cape Town, the City of Cape Town and Red Cross War Memorial Children's Hospital.
- The cleft lip and palate clinic at the Red Cross War Memorial Children's Hospital celebrated fifty years of existence. The clinic was founded in 1958 by David Davies, a plastic surgeon, and Dianna Whiting, a speech therapist, who led the clinic for 21 and 25 years respectively. The clinic is the only one of its kind in South Africa and meets the World Health Organisation requirements in relation to the services it offers. The clinic performs approximately 45 – 50 primary surgeries and 20 secondary surgeries annually.

- **Major projects undertaken or completed during the year**

The key deliverables for 2008/09 were as follows:

Implementation of the Comprehensive Service Plan to improve the quality of health care delivery, which includes:

- Implementation of Health Districts and the creation of District Management Structures both in the Cape Metro and the Rural Health Districts.
  District managers were appointed in all of the districts, i.e. Metro, Cape Winelands, Overberg, Eden, Central Karoo and Westcoast from 1 June 2008. Four directors have been appointed to manage the four sub-structure offices for the eight sub-districts in the Metro under the supervision of a Chief Director. The four Metro management structures manage the following Sub Districts:
  Sub-structure 1: Northern/Tygerberg
  Sub-structure 2: Southern/Western
  Sub-structure 3: Klipfontein/Mitchell's Plain
  Sub-structure 4: Khayelitsha/Eastern

- Strengthening district health service delivery through outreach and support to district hospitals, community health centres and clinics.
  The department set a target for 18 of 25 (51%) of its district hospitals to provide administrative support and clinical outreach to the primary health care (PHC) platform during 2007/08. By the end of 2008/09 28 of the 32 hospitals, i.e. 87.5% provided administrative support and outreach and support to the PHC platform.

- Restructuring the service platform with the designation and management of hospital beds according to a defined level and package of care in central, regional and district hospitals.
  The following progress was made during 2008/09:
  - The service packages for levels one, two and three have been defined in line with the national guidelines and following wide consultation. The development of standard case definitions and a folder audit at different facilities across the various general specialities, will allow for the quantification of current level one, two and three activities across the acute hospital service platform.
  - Each central hospital has designated inpatient and outpatient services according to the CSP, which are being implemented and will be further consolidated during 2009/10.
  - Level two and three services in the central hospitals are resourced from programmes 4.1 and 5 respectively and performance information has been similarly separated between the two programmes. The setting of targets has been a challenge and the process will be refined during 2009/10.
  - The number of district hospital beds has increased from 1,570 beds in 2006/07 to 2,292 beds in 2007/08 towards a CSP target of 2,458 beds.

- Achieving the Comprehensive Service Plan targets for level three beds in the central hospitals.
  The CSP target of 1,460 operational level three beds was achieved during 2008/09, however, the distribution of the beds across the central hospitals, their level of functioning and the specifics of discipline and sub-discipline are still in transition. A systematic process will commence in 2009/10 to bolster high care and intensive care services.

- Strengthening the general specialist capacity and clinical management within the reconfigured level two (general specialist) services.
  The level two services in the central hospitals will be managed by a head of general specialist services for each discipline in Metro West, and in Metro East. These heads of general specialist services will report to the respective level two chief operating officers, and ultimately to the CEO of the central hospital. As the heads of general specialist services are joint staff, the Universities of Cape Town and of Stellenbosch have been consulted in this process. The posts have been job evaluated and will be filled as soon as possible.
  The staff establishments of all hospitals in the Metro are currently being reviewed and adjusted to ensure that the appropriate human resources are allocated to deliver the envisaged packages of hospital services. This is done by means of organisational development investigations which have commenced and will be completed in 2009/10.

- Restructuring emergency medical services to achieve improved response times and begin to achieve response times closer to the national norms.
  - The key issue for EMS is the improvement of response times towards the national target of 15 minutes in urban areas and within 40 minutes in rural areas. During 2008/09 EMS achieved 44.6% response to calls in urban areas within 15 minutes and 77.4% response to calls in urban areas within 40 minutes. Seventy-nine percent of all calls were responded to within 60 minutes.

- The Cape Town area is clearly under performing relative to the rural areas and the two principle factors influencing performance are the ability of the communications centre to co-ordinate and dispatch ambulances and the ability of the operational ambulance service to provide sufficient ambulances on shift to match demands for the service. The management of the Cape Town service relative to these issues is a challenge and review of the current model is in process.
- The communications centre environment is under review from both the technological and operations perspective and substantial changes are imminent to improve performance and support to the ambulance service. Emergency medical services need to take steps towards complying with contact centre industry standards. The radio communications network has initiated a revitalisation programme to transfer from analogue to digital radio systems and a new paging system for the department is in the process of implementation.
- The long distance transfer of rural patients in to the Cape Town hospitals has been reliably achieved through the Red Cross Air Mercy Service thereby retaining ambulance services in local towns. The rescue of injured patients in wilderness areas has been improved by the same service through the institution of two new Augusta 119Ke helicopters.
- Rural challenges include the high percentage of non-acute transfers from remote rural villages because of the absence of public transport and the refusal by farmers to transport workers to hospital. In urban areas, mainly Cape Town, the access to patients in shack settlements remains a challenge in the absence of reasonable social infrastructure.
- Several policies in respect of emergency centres and patient referral have been instituted in the province and the outcomes will be assessed in 2009.

- Expansion of community-based care services through the Expanded Public Works Programmes (EPWP) in Health to enable people to be managed in communities where they live.
  - Community-based services complement and enhance services provided at public health facilities by providing appropriate services in community settings thus alleviating the pressure on health facilities.
  - The key focus of the EPWP training has been the strengthening of the home-based care programme through the EPWP training as a skills development programme to ensure a safety net for de-hospitalised patients to be nursed in their homes and communities where they live.
  - During 2008/09 there was a significant expansion of community based services as the number of funded NPOs increased from 90 to 110 and the number of caregivers from 1,300 to 2,455.
  - The number of home based clients seen is used as an indicator to measure de-hospitalisation and during 2008/09 the number of home based clients seen was 23,994 in comparison to the 16,827 that were seen during 2007/08.
  - In addition to seeing clients requiring home based care, the caregivers also focus on children through the Community Integrated Management of Childhood Illnesses programme (CIMCI) and by the end of the financial year had 566,009 CIMCI contacts and 25, 200 TB DOTS client visits were achieved.

- Construction, upgrading and improved maintenance of health facilities with a special focus in the 2008/09 financial year on planned construction of the Khayelitsha and Mitchells Plain Hospitals in the Cape Metro.
  Funding has been approved for the construction of the Khayelitsha and Mitchell's Plain Hospitals.

- Khayelitsha District Hospital:
  The construction of the preliminary site works is in progress and it is anticipated that it will be completed in March 2009. The tender for the construction of the new hospital was awarded on 5 January 2009 and the anticipated completion date is March 2012.
- Mitchells Plain District Hospital:
  Tenders for the construction of the new hospital have closed and bids are being evaluated.

- The capital infrastructure programme for the construction of new facilities and the upgrading of existing facilities is proceeding as planned.
  The following projects were completed in 2008/09:
  - The new community health centre for Wellington.
  - The construction of a new ward and outpatients at the Helderberg Hospital.
  - The construction of new forensic mortuaries at George and Hermanus.
  - Phase one of the upgrading of Riversdale Hospital is complete and phase two is in construction.
  - Phase three of the revitalisation of Worcester Hospital and phase four, the final phase, will commence in July 2009.
  - The new casualty wing at Khayelitsha Community Health Centre.

  Examples of key projects in progress:
  - Phase one of the upgrading of Caledon Hospital will be completed during the 2008/09 financial year.
  - Construction work is proceeding satisfactorily on the revitalisation of Paarl Hospital and completion is anticipated in December 2009.
  - The construction of the new casualty unit at Eerste River Hospital has commenced.
  - Completion of the mortuaries at Malmesbury, Worcester and Paarl has been delayed due to the insolvency of the contractor. A new contractor has been appointed and completion is anticipated in mid-2009.

- Strengthened TB programmes with special focus on improved cure rates and the management of multi and extreme drug resistant TB.
  - TB has been identified by the President as a high priority as reflected in the State of the Nation address, declaring it to be one of the apex priorities of government. In line with the priorities of the National Department of Health strengthening TB control in the Western Cape has been a key focus area in 2008/09.
  - The TB cure rate has increased from 68.6% in 2004/05 to 77.4% in 2007/08; the smear conversion rate at two months for new smear positive PTB cases has increased form 59.3% in 2004/05 to 63.3% in 2007/08. The incidence of TB has slightly decreased from 1,038 per 100,000 in 2006/07 to 1,004 per 100,000 in 2007/08. Drug resistant TB registers were implemented as from January 2007 and 861 cases were registered in 2007 and 1,153 cases were reported in 2008.
  - Additional funding was allocated in the 2008/09 financial year to the TB hospitals for strengthening the staff capacity at all TB hospitals.
  - There are no waiting lists for M(X)DR TB patients, but the waiting list for TB sensitive patients requiring hospitalisation remains a challenge and is being addressed in a holistic manner.

  - A further development has been the identification of patients with extreme drug resistant tuberculosis (XDR TB), in the Western Cape. To date 167 such patients were identified of whom 83 died. The revised MDR DOTS Plus strategy, which requires admission for six months, as well as the increase in the number and acuity of absolute cases, will increase the pressure on hospital beds.
  - There is a focused target at the hospital treatment of M(X) DR TB patients in the province as well as the monthly follow-up of discharged M(X)DR TB patients at the MDR centres. This deliverable is in line with the National Tuberculosis Strategic Plan for South Africa: 2007 – 2011.
  - Patients who can be managed through the home-based care system are being discharged to make way for more acutely ill patients. Due to the fact that there are only two TB hospitals in the Metro, the drainage areas for patients being referred from these hospitals to acute hospitals are being redefined.

- Care and management of people living with HIV and AIDS with a greater focus on targeted prevention interventions and district health based treatment.

- Strengthen programmes for the prevention of HIV transmission and treatment and care of HIV and AIDS patients:
  - The conditional grant that provides funding to implement the provisions of the Comprehensive Plan and now the National Strategic Plan (NSP) is currently inadequate to provide for prevention of HIV transmission programmes and the care, management and treatment of people with HIV and AIDS.

- Social mobilisation targeted interventions:
  - A key finding of the NSP analysis of the last five year plan is that the ABC messages have not delivered the desired outcomes. To address this and the need for 'clear and non-confusing' messages around HIV prevention, a process of consultation with those involved in youth interventions to develop a new set of messages for both young people and older men, has begun. A two-year campaign based on this strategy is anticipated.

- Antiretroviral treatment (ART):
  - An average of 1,500 patients is currently enrolled monthly for ART at 66 accredited facilities, with outreach to smaller sites. At the end of June 2008, the cumulative total was 41,671 (adults 37,615 and children 4,056). Successful ART services have been extended to Brooklyn Chest TB Hospital and Pollsmoor correctional facility and both were accredited in September 2008. By 31 March 2009 the total number of patients on ART was 54,703 which exceed the APP target of 45,756 for 2008/09.
  - The nurse-led, doctor supported model for the provision of ART was commenced in 2008/09, the two high burden sub-districts of Khayelitsha and Mitchell's Plain have been instructed to begin the process. Twenty sites (twelve in the Metro, six in Eden, two in Drakenstein / Breede Valley) have in total been identified for phased implementation.

- Address service pressures in mental health, obstetric and neonatal services, surgery and emergency care
  - Various steps were taken to manage the service pressures more effectively. The need for psychiatric outreach and support in the management of substance abuse was identified and a plan is being developed to address this matter.

- Strengthened mechanisms to assess the burden of disease and strategies developed with other departments to begin to reduce the burden of disease.
  The Burden of Disease (BoD) Project has two main components:
  - Institutionalisation of Surveillance System
    The report on the Burden of Disease estimated for the province and trends since 1998 – 2006 has been completed.
    Mortality reports for sub-districts in the Metro 2001 – 2006 and for sub-districts in the Overberg and Cape Winelands 2004 – 2006 have been completed.
    The functions of data collection and management of mortality statistics in the district office information units have been institutionalised in the department in partnership with the Department of Home Affairs and the City of Cape Town.
    An electronic provincial wide injury mortality surveillance based on the National Injury Surveillance System (NIMMS) called the Provincial Injury Surveillance System (PIMMS) has been developed.
  - Reduction of the burden of disease
    Recommendations have been made to PGWC that efforts to reduce the burden of disease should focus on addressing injuries and alcohol as a risk factor.
    Evidence based recommendations of interventions that can be implemented have been provided to PGWC.
    Formal recommendations in the form of an article in the Provincial State of the Province publication. This article also provides evidence based recommendations on how the difficulty in inter-sectoral action could be addressed.
    Substantive input into the development of the Liquor Act, 2008 which seeks to address one of the key risk factors in the driving of the BoD in the province. The input provided by the department to the development of the Liquor Act was based largely on the evidence generated from the BoD.
    Galvanised momentum on the creation of the research sub-ommittee in the Provincial Road Traffic Coordinating Committee. The BoD project will be a member of the committee with the aim of supporting the development of an integrated surveillance system for Road Traffic Injuries and determinants thereof.
    Together with the Department of Social Development and Community Safety, the Department of Health is developing a documentary to challenge and undermine pervasive norms, attitudes and beliefs about alcohol use to promote the decrease in misuse of alcohol in the Western Cape. This documentary will be completed by the end of March 2009 and will be shown in relevant settings (Schools, Health Clinics, places of work, Prisons, to traffic offenders etc.) accompanied by workshops discussing different aspects of the film and an evaluation process to evaluate behaviour change.

- Strengthened human resource and financial management to improve performance.
  - Specific posts for human resource and financial management that need to be filled have been identified. Although many of these posts are at various stages of being filled the department struggles to retain these categories of staff as other departments compete to appoint staff from this limited pool. The department will continue to train staff in the various functions and in particular in financial governance.

- **Spending Trends**

The department has spent an amount of R8,655,845,000 on a budget of R8,870,805,000 which constitutes under-expenditure of R214,960,000.

The under-expenditure is as a result of the following:

- Hospital Revitalisation Programme (HRP)
  The HRP budget was under-spent by approximately R170,000,000. An amount of R86,000,000 is the result of a planned roll-over to address the dip of funding in the 2010/11 year. The remainder of the under-spend is largely the result of late commencement of construction on the new hospitals for Khayelitsha and Mitchell's Plain. The planning took longer than anticipated, particularly in respect of the time to obtain approval of the initial project implementation plan. The Paarl Hospital project further contributed to the under-spend. Construction was slowed down by unexpected difficulties in the decanting programme. A lesser contributor to the under-spend was Vredenburg Hospital where planning to come into budget is proving to be a challenge.

  It is important to note that if all of the present HRP projects proceed as originally planned there will be a deficit of R270,000,000 in the 2010/11 year. A deliberate strategy has therefore been to ensure that sufficient funding is carried over to prevent a major over-expenditure in 2010/11.

- Infrastructure Grant to Provinces (IGP)
  The IGP was under-spent by R30,000,000. There is no single cause for this under-expenditure. Approximately a third of this can be attributed to delayed construction of projects at Tygerberg and Groote Schuur Hospitals. Construction proceeded more slowly than anticipated on many projects – notably the Caledon, Riversdale, Helderberg and Eerste River Hospitals. Property issues delayed some projects – notably the extension of the Mitchell's Plain CHC, the Wesbank and Kwanokuthula CDC's.

- Forensic Pathology Services
  An amount of in the region of R16,000,000 was not spent in respect of the Forensic Pathology Conditional Grant due to a delay in finalising infrastructure projects that led to a further delay in the procurement of equipment and services in the 2008/09 financial year.

- Global Fund
  Global funding amounting to R33,628,000 was not spent in 2008/09 financial year due to vacant posts not filled and laboratory and medicine expenditure lower than originally anticipated. It should also be noted that delays were also experienced in the palliative care development project at some of the rural district hospitals.

Over-expenditure on Equitable Share

- The equitable share portion of the budget was overspent by approximately R36,000,000 and this over-expenditure can mainly be attributed to expenditure incurred on ART provided to AIDS patients and the appointment of additional emergency practitioners at EMS to assist in the FIFA World Cup.

Unauthorised Expenditure

- After application of final virements the department recorded an over-expenditure of R89,179,000 in Programmes 2 and 3 in the year under review.

The Vote (Department) consists of the following programmes described in brief:

Programme 1: Administration
The Ministry, Head Office and Regional Offices

Programme 2: District Health Services
Primary Health Care Services, Forensic Pathology Services and District Hospital Services

Programme 3: Emergency Medical Services
Pre-hospital Emergency Medical Services and inter-hospital transfers

Programme 4: Provincial Hospital Services
General Specialist, Psychiatric, TB, Chronic and Dental hospitals

Programme 5: Central Hospital Services
The three Central Hospitals

Programme 6: Health Sciences and Training
Training, mainly that of nurses

Programme 7: Healthcare Support Services
Orthotic and prosthetic services, minor building maintenance, engineering installations and the Cape Medical Depot

Programme 8: Health Facility Management
Construction, upgrading and maintenance of facilities including the hospital revitalisation and provincial infrastructure conditional grants

Actual expenditure per programme

		R'000	%
1	Administration	249,104	3%
2	District Health Services	3,139,800	36%
3	Emergency Medical Services	403,118	4%
4	Provincial Hospital Services	2,260,650	26%
5	Central Hospital Services	1,970,686	23%
6	Health Sciences and Training	136,629	2%
7	Health Care Support Services	96,150	1%
8	Health Facility Management	399,708	5%
	Total for Department	**8,655,845**	**100%**

Expenditure per Economic Classification

	R'000	%
- Compensation of employees	4,876,271	56%
- Goods and services (mainly municipal services, medical and surgical requisites, blood, pharmaceuticals and agency staff (nurses)	2,880,492	33%
- Transfers to municipalities (primarily for primary health care)	165,186	2%
- Thefts and losses	2,172	0%
- Departmental agency (CMD and SITA)	4,368	0%
- Transfers to non-profit institutions	211,455	2%
- Transfers to households (bursaries)	46,480	1%
- Machinery and equipment	141,302	2%
- Buildings; construction and maintenance	328,119	4%
Total for department	**8,655,845**	**100%**

Revenue

According to Note 2 of the Annual Financial Statements revenue amounting to R 98,289,000 was over-collected on budget. The budget was however stated incorrectly in the appropriation as R 338,854,000 in stead of R 409,519,000. This effectively means that only R 27,624,000 was over-collected and not the R 98,289,000 as stated in Note 2 to the Annual Financial Statements.

Actions planned to avoid a re-occurrence of under and over-expenditure in the department

All vacancies will be filled according to a process where the posts to be filled are identified beforehand to ensure that the posts to be filled are funded in the budget. A vetting and expenditure monitoring process has also been introduced on goods and services expenditure to ensure that expenditure does not exceed the budgets as allocated to the respective SCOA items at institutional level.

In respect of the under-expenditure on the HRP, IGP and the Forensic Pathology Conditional Grants, the following actions are planned:

- Both the Department of Health and the Department of Transport and Public Works are implementing the Infrastructure Development Improvement Programme (IDIP). The Department of Transport and Public Works is the implementing agent for the Department of Health.
- As part of the IDIP an infrastructure management component will be established in Health. This will ensure timeous and comprehensive briefing of Public Works.
- Contractor insolvency was a problem in 2008/09. This was the cause of the under-expenditure in the Forensic Pathology Conditional Grant. Public Works have undertaken to ensure that contractors have adequate financial capacity.

Any other material matter

No other material matters are of note.

2. Service rendered by the department

The services rendered by the department are indicated in the programme performance section of the annual report.

Tariff Policy

The fees charged for services rendered at the institutions under the control of this department have been determined and calculated according to the principles of the Uniform Patient Fee Schedule (UPFS) as formulated by the National Department of Health.

The department has adopted and implemented the UPFS in respect of both, the externally funded patients (previously known as private and private hospital patients) and the subsidised hospital patients. Due to the size of the document setting out the UPFS tariffs, the detail is not included as part of this report, but is available on request.

Certain sundry tariffs are also charged. The basis of these tariffs is market related. These sundry tariffs apply to:

- Meals
- Laundry
- Incineration of medical waste
- Lecture notes
- Day care fees
- Accommodation

Free Services

Certain free services are rendered at institutions that fall under the control of this department. In certain instances, patients treated by private practitioner, externally funded patients and those who exceed the means test (H3) are excluded from the benefit of the free services. The criteria that applies is in line with policies as determined by the National Department of Health in this regard, and include the following:

- Children under the age of six years
- Pregnant women
- Family planning
- Infectious diseases
- Involuntary (certified) psychiatric patients
- Termination-of-pregnancy patients
- Children attending school who are referred to hospital
- Medico-legal services
- 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 grantees / pensioners
- Formally unemployed
- Antiretroviral (ARV) services

It is not possible to quantify the cost of these free services since it is dependant on the operational costs, which varies across the institutions where these services are rendered.

2.1 Inventories stated in R'000

Institutions	Inventory groups							
	Pharm a-ceutic als	Learni ng and teachi ng suppor t materi al	Food and food suppli es	Other consu-mable materi als	Mainte -nance materi al	Statio-nery and printin g	Medica l suppli es	TOTAL
Head office						109		109
Tygerberg Hospital	5,753		666	496	1,374	222	5,226	13,737
Oral health							1	1
Groote Schuur Hospital	8,051		79	1,542	295	1,318	6,847	18,132
Red Cross Hospital	5,049		162	287	828	245	1,583	8,154
ARV depot	19,769							19,769
Chronic Dispensing Unit	6,395							6,395
WCCN		33	41	29		145		248
Engineering	6		11	132	3,827	83		4,059
West Coast District	2,051		66	363	23	246	1,061	3,810
Regional hospitals, APH and EMS	10,522		826	3,977	461	2,074	12,413	30,273
Eden District	3,329		73	389	36	758	1,268	5,853
Central Karoo District	353		33	86		117	328	917
MDHS	2,796	26	508	982	253	1,244	7,246	13,054
Forensic Pathology Services								
Winelands and Overberg District	5,118		234	194		253	2,630	8,430
Totals	64,075	58	2,464	8,283	7,096	6,562	35,973	132,942

ARV - Antiretroviral Depot
WCCN - Western Cape College of Nursing
APH - Associated Psychiatric Hospitals
EMS - Emergency Medical Services
MDHS - Metro District Health Services

3. Capacity constraints

The challenge with regards to the sufficient numbers of nurses as well as the level of experience in certain areas of the services remains. The attrition rate for professional nurses remains at plus minus 10%. The

department has however implemented the following and it is trusted that the situation will stabilise and improve:

- More bursaries have been allocated. The high failure rate amongst bursary holders remains a concern and has been taken up with the Higher Education Institutions (HEI). The HEI's have responded and some of them will be introducing a foundation year.
- The Occupation Specific Dispensation for nurses has nationally been introduced to improve the salaries of nurses. The department has fully implemented it.

The Department also lost experienced finance and human resource staff at administrative clerk level due to recruitment by other provincial departments. The department implemented job evaluation bench mark results and upgraded certain scare skills categories of clerks from salary levels four to five.

4. Utilisation of donor funds

The following donor funding was made available to the department during the 2008/09 financial year:

	R'000
TB / HIV Global Fund	**1,988**
European Union Funds	**18,881**
Belgium Fund	**646**
Total	**21,515**

Donor funding received has been accounted for in donor accounts within the financial system of the department.

An amount of R147,004,000 was donated by the Global Fund towards HIV and AIDS prevention. Global Funding has not been accounted for separately as the case with the donations mentioned above. The donation in this regard has been incorporated into the main accounting structure of the department as a separate sub-programme as approved by the Provincial Treasury.

The TB / HIV Global Fund donation of R1,988,000 is for a specific project not linked to the Global Fund contribution towards HIV and AIDS prevention as depicted in sub-programme 2.10.

5. Trading entities

The Cape Medical Depot has been established as a trading entity in terms of National Treasury Regulations as from 1 April 2005.

The depot is responsible for procuring pharmaceutical-, medical and surgical and other related supplies. Bulk buying results in cost effectiveness as well as standardisation on products. A further advantage of maintaining a depot is to minimise stockholding at institutional level.

The trading entity charges a levy of 8% on store stock and 5% on direct delivery purchases to fund its operational costs.

A separate set of financial statements on the Cape Medical Depot have been included in this report. The financial statements of the Department and the CMD have not been consolidated. The statements of the department have been prepared on a modified cash basis of accounting whilst the CMD statements have been prepared in accordance with SA GAAP.

6. Organisations to whom transfer payments have been made

The Department of Health assumed the responsibility for Personal Primary Health Care (PPHC) in the rural areas as from 1 April 2005. Prior to 1 April 2005 municipalities were funded for the rendering of personal primary health care by means of transfer payments.

During the 2008/09 financial year only the City of Cape Town received transfer payments for the rendering of personal primary health care services.

Transfer Payments were also made to various municipalities and non-governmental organisations from global fund contributions and the HIV and AIDS conditional grant.

Global Funding was used towards the community based response programme and AIDS funding was provided to fund lay councillors for home based care.

SETA administration costs contributions, payments made to the Cape Peninsula University of Technology, the S.A. Red Cross Air Mercy Services and the augmentation of the CMD Capital Account were also funded as transfer payments.

Amounts were paid towards bursaries during the financial year as well as the settlement of medico legal claims.

For more detailed information in this regard please refer to Note 8 of the Notes to the Statement of Financial Performance.

7. Public private partnerships (PPP)

The status of Public Private Partnership in the department is as follows:

Western Cape Rehabilitation Centre (WCRC) PPP Project

The 2007/08 year was the first year of the 12 year concession period of the agreement concluded between the Department and the Mplisweni Consortium. The services provided by the consortium are hard and soft facilities management, the refreshment, maintenance and replacement of medical equipment on the site of the Western Cape Rehabilitation Centre and the soft facilities management on the Lentegeur Hospital site for an annual unitary fee.

Assets to the value of R 1,400,000 were transferred to the Mpilisweni Consortium from the department, in accordance with the PPP agreement, for the concession period. At the end of the concession period, assets to the same value (escalated by CPIX) will be returned to the department.

An amount of R 37,210,000 was paid as unitary fees for the 2008/09 financial year. (Note 29 refers).

8. Corporate governance arrangements

Enterprise Risk Management:

The department has in the year under review developed the following with regard to Enterprise Risk Management.

- Revised and approved enterprise risk management policy
- Draft enterprise risk matrix
- Enterprise wide risk awareness workshops
- Critical risk assessment workshops
- Embedded the responsibility for enterprise risk management into management systems

Development with regard to fraud related issues are as follows:

- Approved fraud prevention policy
- Approved fraud prevention plan
- Policy developed for distribution across the department
- Implementation strategy for fraud prevention plan (work in progress)

The following documents were prepared and tabled in the year under review:

- Draft enterprise risk matrix
- Strategic risk assessment
- Draft enterprise risk management policy

Furthermore, risk awareness workshops were conducted to expose staff to the management of risk.

A draft fraud prevention policy and response plan has been compiled and the unit is in the process of compiling a fraud prevention plan.

Internal Audit:

The transfer of the internal audit function to the Department of Health took place on 1 April 2008.

The internal audit 3-year rolling strategic audit plan, the 2008/09 and the 2009/10 internal audit operational plans were approved during the year.

Twelve out of the fifteen approved staff members are in place with the senior manager position filled on an acting basis.

Progress on the 2008/09 audit plan is as follows:
1: Preparation and planning phase
2: Fieldwork
3: Reporting
4: Finalised and report issued to Accounting Officer and the Audit Committee

New ad hoc audits

Fictitious staff	4
Unauthorised PGWC email addresses	4
Undisclosed related staff party interest	4

Follow up audits

Worcester	4
Somerset	3
GF Jooste	4
Knysna	4
George	4
Lentegeur	3
Helderberg	4
Tygerberg	3
Groote Schuur	3
Alexandra	3
Linen and laundry	4
Government garage and transport	4

DORA

AIDS and HIV	1
H.R.P.	1
Forensic pathology	1

New Audit

Tygerberg Hospital – Khayelitsha component	4
GF Jooste – Mitchells Plain component	3
Provincially aided hospitals	4
Oral health	4
Emergency medical services	3

Other

Finalisation of 2007/08 audits (only Beaufort West o/s)	3
PP&SC (Pharmacy procurement and stock control) – George	4
PP&SC – Paarl	4
PP&SC – Hermanus	4
PP&SC – Brewelskloof	4
PP&SC – Beaufort West	4
PP&SC – Woodstock	4
PP&SC – False Bay	4
EMS – Incident management	4
Chronic Distribution Unit	4
Transfer payments – Metro Regional Office	4
Transfer payments – Boland Regional Office	4
Transfer payments – Southern Cape Regional Office	4
Transfer payments – West Coast Regional Office	4
Transfer payments – Red Cross	4

Audit Committee:

The department has a functioning audit committee that meets on a regular basis and the Head of Department attends a minimum of four meetings annually. The audit committee was chaired by Dr T Sutcliffe until 30 November 2008 and subsequently chaired by Mr L Hyslop.

Training was provided by Provincial Treasury on an ongoing basis for all the incoming audit committee members.

The committee comprised of five members at year end.

The department is in the process of filling the two positions which will become vacant at the end of July 2009.

Government/Corporate Governance Progress:

The Provincial Treasury has developed a Government/Corporate Governance Framework which is awaiting cabinet approval and issued a governance implementation guide to the departments for implementation. A governance champion has been appointed by the Head of Department to manage and facilitate governance matters within the department.

The following matters are being addressed at present:

- Audit of Key Departmental Committees:
  The department has performed an audit of all the key departmental committees that have advisory and decision making responsibilities to determine whether the terms of reference, delegated authority, attendance registers and the maintenance of minutes are in place.

- Conflict of interest policy:
  To effectively manage conflict of interest the department has developed a draft Conflict of Interest Policy which is inclusive of all the departmental disclosure policies.

- Implementation of code of conduct:
  A draft Code of Conduct policy which is departmental specific and has been extracted from the DPSA's code of conduct for public service personnel is in the process of being prepared. The departmental labour relations unit has conducted workshops on the code of conduct policy in the department.

9. Discontinued activities / activities to be discontinued

The Department did not discontinue any activities during 2008/09.

10. New / proposed activities

The key deliverables for the department for 2009/10 are the following:

- Implementation of the Comprehensive Service Plan to improve the quality of health care delivery, which includes:
  - Fully functioning health districts. Strengthening district health service delivery through outreach and support to district hospitals, community health centres and clinics.
  - Restructuring the service platform and implementation of services per level of care across the service platform.
  - Restructuring emergency medical services to achieve improved response times and begin to achieve response times closer to the national norms.
  - Expansion of community-based care services through the Expanded Public Works Programmes in Health to enable people to be managed in communities where they live.
  - Infrastructure:
    - Increase the percentage of total health budget allocated to maintenance
    - Commencement of the construction of the Khayelitsha and Mitchell's Plain District Hospitals.
- Strengthened TB programmes with special focus on improved cure rates and the management of multi and extreme drug resistant TB.
- Care and management of people living with HIV and AIDS with a greater focus on targeted prevention interventions and district health based treatment.
- Implementation of the new pneumococcal and rotavirus vaccines and the replacement of the current DPT-Hib vaccines.
- Address service pressures in mental health, obstetric and neonatal services, surgery and emergency care.
- Strengthened mechanisms to assess the burden of disease and strategies developed with other departments to begin to reduce the burden of disease.
- Strengthened human resource and financial management to improve performance.

11. Events after reporting date

No material matter.

12. Performance Information

- Processes in place to deliver performance information
  - Performance data is generated when services are delivered to clients e.g. admissions, immunisations, counselling, etc. Predetermined data is collected at the point of service delivery when the service is delivered. The collection processes may range from manual tick sheets and registers to automated transaction processing systems. The data is collated within the department and used, inter alia, for performance reporting. The data collected is mandated by national and provincial health policies and National and Provincial Treasuries.
- Comments on the processes adopted to achieve the requirements
  - Performance information is the end result of continuous monitoring, which is governed by information management policies and standards. These policies and standards include:
    Data and indicator definitions
    Data collection and processing standard operating procedures
    Data flow policy
    Data quality standards (completeness, accuracy and timeliness)

- Progress made to enable the department report on performance information and any systems in place to provide this information.
  - The continued roll out of the Hospital Information System (HIS), the Primary Health Care Information System (PHCIS) and other electronic systems to increase the amount of data that is collected, ensures the standardisation and automatic processing of data. During 2008/09 the HIS was rolled out to five sites bringing the total to twenty-four sites.
  - The Routine Monthly Reporting (RMR) capturing function was developed and piloted for the PHCIS. Primary health care sites in the Boland and Overberg district areas was rolled out with the basic PHCIS patient registering function.
  - The forensic pathology system rolled out to all the forensic facilities was completed.
  - The data storage mechanism has been enhanced to increase management access to data, via SINJANI, on an Oracle based platform. The Oracle platform is a more robust and stable environment and manages more data. As data was lost on the DHIS system the new platform improves the reliability and quality of the data considerably. A business intelligence concept has also been commenced. This initiative is in its early stages. The initiative focuses on the establishment of a departmental data warehouse housing all the different data sets required for reporting and statistical purposes. The structuring of the data in the warehouse using unique identifiers will enable the department to quality check the departmental data such as patient throughput statistics. This initiative should improve the information utilised for reporting purposes.
  - Information policies and standards have been updated and the process of standardising information operating procedures (SOP) has commenced. The Joint Information Management Initiative (JIMI) project identified and standardised the critical operating procedures required to ensure the improvement of the data quality. The implementation of the SOP's is planned for the next financial year.
- Major systems used to generate performance data:
  - Hospital Information System (HIS)
  - Delta 9 (hospital services)
  - Primary Health Care Information System (PHCIS)
  - Primary Health Care Management Information System (PREHMIS) the information system of the district City of Cape Town
  - eKapa System (HIV and AIDS services) an electronic system for the clinical management of patients with HIV and AIDS.
  - Central Reporting of All Delivery data on Local Establishment (CRADLE) Clinical management of Obstetric and Neonatal patients.
  - Electronic Tuberculoses Register (ETR.net)
  - Basic Accounting System (BAS) for financial management
  - Logistic Information Systems (LOGIS) for supply chain management
  - Personnel and Salary System (PERSAL) for human resource management
  - Emergency Medical Services Information System (GEMCe 3) for patient emergency services.

13. SCOPA resolutions

Matters from the Fourth Report of the Standing Committee on Public Accounts dated 2 February 2009 are as follows:

Subject	Progress reported to SCOPA
Unauthorised expenditure, defined in section 1 of the PFMA as: Overspending of a vote or a main division within a vote; or Expenditure not in accordance with the purpose of a vote or, in the case of a main division, not in accordance with the purpose of the main division. As disclosed in note 9 to the financial statements the unauthorised expenditure awaiting authorisation amounts to R 127,757,000. Unauthorised expenditure totalling R 114,228,000 was incurred during the financial year 2007/08 on programmes 2, 4 and 5 as a result of the occupational specific dispensation for nurses which was implemented with effect from 1 July 2007 and for which insufficient funds were allocated to the department to address the full cost of implementation. Unauthorised expenditure totalling R 13,528,000 was incurred during the 2006/07 financial year in programme 4 because of the procurement of agency nursing staff. The procurement of these services was required to ensure the continuation of services to patients at hospitals. **Recommendation** The committee wishes to express its dissatisfaction and recommend that stricter budget control over programmes and projects, causing overspending in the department, be implemented and further recommend that the unauthorised expenditure of R 127,757,000 be referred to the Western Cape provincial parliament for authorisation.	Most of the over expenditure relates to an under-funding of the Nursing OSD. An amount was made available to the department about six months before the department received the DPSA circulars for the implementation of the OSD. The Western Cape Department of Health was not in a position to estimate the financial implication before the national circulars were issued. Recent reports indicate that the provincial departments were under-funded by more than R 1,000,000,000 in total. It is the intention of the department to estimate the financial implications of any further national instructions before the instructions are implemented, and to consult with the provincial leadership before decisions are made with respect to implementation. The smaller portion of the over expenditure relates to nursing agencies. The department is implementing controls based on orders and commitments. A specific amount will be made available per week for orders, and by means of reporting and accountability processes hospitals will have to remain within the indicated budgets.

Subject	Progress reported to SCOPA
Audit Committees The Committee noted the restructuring of the audit committees and wishes to commend them on the work done in departments. However the committee is concerned about the attendance and the frequency of audit committee meetings. The committee wishes to recommend that regular meetings be held with management of departments as per Audit Committee Charter and that they brief the committee on the effectiveness of internal control in the departments on a quarterly basis.	Meetings between management and the audit committee are held on a regular basis. Not less than four meetings per year. During the 2007/08 financial year seven meetings were held at which management briefed the committee on audit matters including the effectiveness of internal control.
Other matters of Governance The committee noted with concern that significant difficulties were experienced during the audits with regard to delays and the unavailability of expected information and/or the unavailability of senior management. This is unacceptable and all heads of departments and chief executive officers of entities are requested to ensure that they and their senior managers give their full co-operation and make all documentation available during audits.	Audit strategies were implemented which includes: 1. The appointment of an audit champion at each institution responsible to communicate on a regular basis with, and provide all documentation to the audit team. 2. The introduction of an Audit Steering Committee consisting of audit management, institutional management and managers of head office and the relevant districts. Meetings are held every second week where all audit issues are discussed and addressed.
Performance Information The committee noted with concern the state of performance information in a number of audit reports. Measurable objectives are materially inconsistent between the annual report and the budget and it is clear that management does not exercise sufficient oversight to ensure that measurable objectives are consistent. This could lead to inefficient service delivery as inadequate resources could be allocated to objective set in the strategic plan, budget, annual performance plan and the annual report.	The Auditor-General already identified the misalignment between measurable objectives in the annual report and budget statement during previous audit cycles (2005/06 and 2006/07). This misalignment was due to a misalignment in the sector specific guidelines / format documents for the annual performance plan and annual report from the National Department of Health and the budget statement from National Treasury. Specifically, the format guidelines determined by the National Department of Health made no provision for objectives in the tables that listed the national indicators (only the indicators were listed) whilst the Treasury format requires both measurable objectives and indicators. The Western Cape Department of Health liaised with National Treasury and the National Department of Health during the course of 2007/08 to try and resolve these format issues.

Subject	Progress reported to SCOPA
Recommendation Management policies and procedures, including monitoring processes, should be put in place to govern the process of ensuring that the objectives per the strategic plan are aligned to be consistent with the objectives per budget and annual report. Provincial Treasury must ensure that departments understand what is required of them, especially taking into account that the Auditor-General will be expressing an opinion on the performance information in the near future. Departments must also brief the committee regarding the status and correctness of their performance agreements on a quarterly basis.	The format for the 2008/09 annual performance plan and budget statement was subsequently updated. Furthermore, the Western Cape Department of Health will also ensure that the same wording is used consistently for measurable objectives in the annual performance plan, annual report and budget statement. It should also be noted that although the measurable objectives were not always aligned, the indicators that the objectives referred to were accounted for in the annual performance plan, annual report and the budget statement.

14. Other

Occupational specific dispensation for nurses

The Occupational Specific Dispensation (OSD) for nurses has been implemented in the Western Cape Department of Health with effect from 1 July 2007 and was completed by 30 March 2008. The OSD was implemented in terms of Resolution 3 of 2007 and various departmental circulars indicating policy decisions to be applied with the translation. The Directorate Human Resource Management as well as Directorate Nursing conducted audits on the implementation process at the various Institutions. Over and above this investigation a further investigation was also conducted by the Auditor-General on request of the National Department of Health. This investigation revealed overpayments amounting to R 43,244,000 and underpayments amounting to R 23,034,000. The department differed with the outcome of the Auditor-General investigation.

These differences were taken up with the National Department of Health in collaboration with the other provincial departments of health and the matter must still be addressed by National Health and the Auditor-General.

However, overpayments of R 2,177,000 and underpayments of R 907,853 have been identified by the department. These overpayments/underpayments as already indicated differ with the calculations of the Auditor-General as the department has not been afforded the opportunity to engage with the Auditor-General on their findings. The department was in the process of rectifying the discrepancies but was interdicted and restrained by a labour court ruling during November 2008. In terms of a Labour Court Order on 24 April 2009 no salary deductions of any alleged overpayment, increase or decrease of salary notches and corrections of any kind in respect of the translation of nursing staff to the new OSD salary structures must be made for the next three months. It is envisaged that during the aforesaid three months, conclusion will be reached on the permanency of the aforesaid court order. The department disclosed the relevant overpayments as contingent assets and the underpayments as contingent liabilities in the disclosure notes of the Annual Financial Statements.

Environmental Rehabilitation Liability

The following activities of the department have an impact on the environment according to the Sustainable Development Implementation Plan of the Department of Environmental Affairs in terms of NEMA.

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

Medical and Industrial Waste

The department contracted service providers to collect and dispose medical and industrial waste at all institutions. The risk is therefore transferred to the contractor.

Nuclear Waste

Nuclear Waste is removed from hospitals and shipped to the Nuclear Energy Board for further disposal.

Industrial Effluent

Municipalities are contracted to process industrial effluent generated by laundries and laboratories to ensure the degradation of the effluent. To curtail the usage of water the department has, for example, purchased continuous batch washers at the Tygerberg laundry that uses as little as six litres of water per kg of linen compared to the twenty-four litres used by the traditional washers. Given the fact that eight million kg of linen is washed the potential water saving is 144 million litres per year if this technology is applied throughout the laundry service. Over and above the saving of water there is also a saving in steam that reduces carbon emissions and air pollution.

Electricity (Energy efficiency)

The department is constantly reviewing the use of electricity to minimise usage to reduce the carbon emission into the atmosphere. An example is the installation of heat pumps to produce hot water for hospitals. These machines uses one third of the electricity required to produce the same amount of hot water.

General

The above examples indicate that the department is committed to minimise the impact of its activities on the environment. The department has outsourced its responsibility to restore the environment and it is therefore not necessary to provide for a contingent liability in the Annual Financial Statements.

Related Party Transactions

During the year under review the departments received services from the following related parties were received by the department:

The Department of Transport and Public Works

The department occupied office buildings, hospitals, clinics etc provided by the Department of Transport and Public Works free of charge.

The Department of the Premier

The department used IT related infrastructure provided by the Department of the Premier free of charge.

The Cape Medical Depot

The department was supplied with medical and surgical sundries by the Cape Medical Depot and the Oudtshoorn Sub-depot. These transactions are at arms length

Cape Medical Depot

Amounts pertaining to the Cape Medical Depot have been removed from the trial balance of the department. Separate Annual Financial Statements have been compiled on the activities of the Cape Medical Depot. The difference on the trial balance has been indicated as a receivable in the books of the department and a payable in the books of the Cape Medical Depot. Comparative figures have also been adjusted.

Balances from the previous dispensations

The Western Cape Provincial Administration inherited old balances from the previous political dispensation that originated to the 1994/95 financial year. The decentralisation of the accounting functions of the former Department of Finance (FMS Department 70) resulted in these balances, including unauthorised expenditure, being transferred to the various departments. The Western Cape Provincial Treasury is currently in consultation with the National Treasury to expedite the process of passing the necessary legislation to fund the unauthorised expenditure, since these old balances were incurred against the SA Reserve Bank accounts of ex-Cape Provincial Administration and ex-House of Representatives. The passing of the legislation is a National Treasury competency.

These balances have subsequently being transferred to the Provincial Treasury for further attention.

Irregular Expenditure

Detail of irregular expenditure has been disclosed in Note 26 of the Annual Financial Statements.

15. Prior modifications of Audit Reports

Matters reported by the Auditor-General in the management letters and the audit reports for the 2006/07 and 2007/08 financial years were extrapolated and collated in a reporting template. This template contains issues to be addressed at head office level, monitoring mechanism to be applied at district level and actions to be taken by all institutions to ensure compliance to the various issues highlighted by the Auditor-General. Institutions are required to report on compliance via district offices to head office on a quarterly basis. This process has been applied since 1 October 2006 and provides the Accounting Officer with regular information regarding compliance to date.

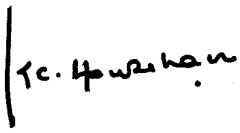
16. Infrastructure matters

The following is the true reflection of the meeting as confirmed by the Provincial Accountant General on 17 July 2009 per e-mail.

The report, commissioned by the Head of the Department of Transport and Public Works, from an independent advisor expressed views with regard to alleged fruitless and wasteful expenditure on infrastructure projects, namely Western Cape Nurses College, Valkenberg High Care Nurses Admission Unit and schools. The recommendations made by the advisor relating to business processes and controls have been addressed, final accounts have been compiled and the State Attorney has been mandated to recall guarantees. The process forward is to recover any fruitless and wasteful expenditure and to consider the write-off of any irrecoverable fruitless and wasteful expenditure. It was agreed with the Provincial Accountant General on 16 July 2009, that the transactions will only be recorded in the books of account once the irrecoverable amount is quantified. It was further confirmed that any write-off will be recorded in the books of account of the client department as the provisions for infrastructure delivery in terms of the Division of Revenue Act is vested in the votes of the client departments, namely Health and Education. Notwithstanding the aforementioned, the accounting treatment for fruitless and wasteful expenditure and losses that may arise will be provided by the Provincial Accountant General.

Approval

The Annual Financial Statements set out on pages 197 to 268 have been approved by the Accounting Officer.



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PROFESSOR KC HOUSEHAM
ACCOUNTING OFFICER

DATE: 31 July 2009

REPORT OF THE AUDITOR-GENERAL TO THE WESTERN CAPE PROVINCIAL PARLIAMENT ON THE FINANCIAL STATEMENTS AND PERFORMANCE INFORMATION OF VOTE NO. 6: WESTERN CAPE DEPARTMENT OF HEALTH FOR THE YEAR ENDED 31 MARCH 2009

REPORT ON THE FINANCIAL STATEMENTS

Introduction

1. I have audited the accompanying financial statements of the Western Cape Department of Health which comprise the appropriation statement, the statement of financial position as at 31 March 2009, and the statement of financial performance, the statement of changes in net assets and the cash flow statement for the year then ended, a summary of significant accounting policies and other explanatory notes, as set out on pages 197 to 268.

The accounting officer's responsibility for the financial statements

2. The accounting officer is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting determined by the National Treasury, as set out in accounting policy note 1 and in the manner required by the Public Finance Management Act, 1999 (Act No. 1 of 1999) (PFMA) and the Division of Revenue Act, 2008 (Act No. 2 of 2008) (DoRA) and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Auditor-General's responsibility

3. As required by section 188 of the Constitution of the Republic of South Africa, 1996 read with section 4 of the Public Audit Act, 2004 (Act No. 25 of 2004) (PAA) and section 40(2) of the PFMA, my responsibility is to express an opinion on these financial statements based on my audit.

4. I conducted my audit in accordance with the International Standards on Auditing read with *General Notice 616 of 2008*, issued in *Government Gazette No. 31057 of 15 May 2008*. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

7. In my opinion the financial statements present fairly, in all material respects, the financial position of the Western Cape Department of Health as at 31 March 2009 and its financial performance and its cash flows for the year then ended, in accordance with the modified cash basis of accounting determined by the National Treasury, as set out in accounting policy note 1 and in the manner required by the PFMA and DoRA.

Emphasis of matters

Without qualifying my opinion, I draw attention to the following matters:

Basis of accounting

8. The department's policy is to prepare financial statements on the modified cash basis of accounting determined by the National Treasury, as set out in accounting policy note 1.

Infrastructure projects

9. With reference to paragraph 16 of the accounting officer's report, the department may have to account for write-offs in terms of alleged fruitless and wasteful expenditure relating to infrastructure projects. The ultimate outcome of the matter cannot be determined at present, and no provision for any fruitless and wasteful expenditure that may result has been made in the financial statements.

Unauthorised expenditure

10. As disclosed in note 10 to the financial statements, unauthorised expenditure totalling R89 179 000 was incurred on programmes 2 and 3 as a result of increased patient activity, the use of agency staff, a decision to provide anti-retroviral treatment to patients with HIV/Aids and the appointment of additional emergency practitioners at emergency medical services to assist in the FIFA soccer world cup.

Irregular expenditure

11. As disclosed in note 26 to the financial statements, irregular expenditure totalling R4 293 000 was incurred as a result of non-compliance with the financial delegations issued by the accounting officer in terms of section 44 of the PFMA, as well as not following proper procurement processes.

Material underspending on the budget

12. As disclosed in the appropriation statement, as well as on page 171 of the accounting officer's report, the department has materially underspent the budget on programme 2 and 8 to the amount of R214 960 000.

Other matters

I draw attention to the following matters that relate to my responsibility in the audit of the financial statements:

Unaudited supplementary schedules

13. Annexure 1F, Statement of Unconditional Grants and Transfers to Municipalities, includes a column of amounts spent by the municipality. I have not audited this amount and accordingly I do not express an opinion thereon.

Non-compliance with applicable legislation

Treasury Regulations

14. The department did not have an approved fraud prevention plan, as required by Treasury Regulation 3.2.1, to prevent and detect fraud and to mitigate specific fraud risks since the 2005/06 financial year. Although a fraud prevention plan was approved by the accounting officer on 23 March 2009, it was not implemented during the year under review.

Governance framework

15. The governance principles that impact the auditor's opinion on the financial statements are related to the responsibilities and practices exercised by the accounting officer and executive management and are reflected in the key governance responsibilities addressed below:

Key governance responsibilities

16. The PFMA tasks the accounting officer with a number of responsibilities concerning financial and risk management and internal control. Fundamental to achieving this is the implementation of key governance responsibilities, which I have assessed as follows:

No.	Matter	Y	N
Clear trail of supporting documentation that is easily available and provided in a timely manner			
1.	No significant difficulties were experienced during the audit concerning delays or the availability of requested information.	■	
Quality of financial statements and related management information			
2.	The financial statements were not subject to any material amendments resulting from the audit.		■
3.	The annual report was submitted for consideration prior to the tabling of the auditor's report.	■	
Timeliness of financial statements and management information			
4.	The annual financial statements were submitted for auditing as per the legislated deadlines as set out in section 40 of the PFMA.	■	
Availability of key officials during audit			
5.	Key officials were available throughout the audit process.	■	
Development and compliance with risk management, effective internal control and governance practices			
6.	Audit committee		
	• The department had an audit committee in operation throughout the financial year.	■	
	• The audit committee operates in accordance with approved, written terms of reference.	■	
	• The audit committee substantially fulfilled its responsibilities for the year, as set out in section 77 of the PFMA and Treasury Regulation 3.1.10.	■	
7.	Internal audit		
	• The department had an internal audit function in operation throughout the financial year.	■	
	• The internal audit function operates in terms of an approved internal audit plan.	■	
	• The internal audit function substantially fulfilled its responsibilities for the year, as set out in Treasury Regulation 3.2.	■	

No.	Matter	Y	N
8.	There are no significant deficiencies in the design and implementation of internal control in respect of financial and risk management.		■
9.	There are no significant deficiencies in the design and implementation of internal control in respect of compliance with applicable laws and regulations.	■	
10.	The information systems were appropriate to facilitate the preparation of the financial statements.	■	
11.	A risk assessment was conducted on a regular basis and a risk management strategy, which includes a fraud prevention plan, is documented and used as set out in Treasury Regulation 3.2.		■
12.	Powers and duties have been assigned, as set out in section 44 of the PFMA.	■	
13.	The prior year audit findings have been substantially addressed.		■
14.	SCOPA resolutions have been substantially implemented.	■	
Issues relating to the reporting of performance information			
15.	The information systems were appropriate to facilitate the preparation of a performance report that is accurate and complete.		■
16.	Adequate control processes and procedures are designed and implemented to ensure the accuracy and completeness of reported performance information.		■
17.	A strategic plan was prepared and approved for the financial year under review for purposes of monitoring the performance in relation to the budget and delivery by the department against its mandate, predetermined objectives, outputs, indicators and targets Treasury Regulations 5.1, 5.2 and 6.1.	■	
18.	There is a functioning performance management system and performance bonuses are only paid after proper assessment and approval by those charged with governance.	■	

17. The department experienced difficulties in producing financial statements for audit purposes that were free from errors and omissions, although not in all instances material, and that mostly related to disclosure notes.

18. This is indicative of a situation, especially at institution level, where ongoing monitoring is not undertaken at district level to enable an assessment of the effectiveness of internal control over financial reporting and policies and procedures related to financial reporting are not established and communicated, the entity does not identify risks to the achievement of financial reporting objectives and actions are not taken to address risks to the achievement of financial reporting objectives, despite efforts from the head office of the department. Actions taken in this regard proved to be less effective than anticipated by management. This situation could have lead to the qualification of the financial statements had the department not adjusted their financial statements during the audit, based on my findings.

19. The next few years will pose greater challenges for the department with the ongoing transition to accrual accounting. In order to deal with the prevalence of material misstatements in financial statements that have to be corrected during the audit period, the department needs to work closely with the provincial treasury (Office of the Provincial Accountant-General) to:

    - develop a strategy that has the overall aim to improve financial management controls in order to produce accurate financial statements

    - subject the financial statements to a quality review before they are submitted for auditing, while internal audit and audit committees can play a crucial role in the review process of the financial statements.

20. I acknowledge that there is a challenge nationally in this regard. The National Treasury and the provincial treasury should play a leading role to assist the department in this regard by producing the relevant framework and templates for the production of periodic financial accounts and reliable management information.

21. The following two matters, however, require urgent attention, because there is a lack of ongoing monitoring by leadership and independent evaluations by internal audit and the audit committee:

    - The information systems were not appropriate to facilitate the preparation of a performance report that is accurate and complete.

    - Adequate control processes and procedures were not designed and implemented to ensure the accuracy and completeness of reported performance information.

Late finalisation of the audit report

22. In terms of section 40(2) of the PFMA I am required to submit my report to the accounting officer within two months of the receipt of the financial statements. In the interest of improving accountability and finalising internal processes to ensure high quality standards of reporting are maintained, the finalisation of this report was delayed.

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS

Report on performance information

23. I have reviewed the performance information as set out on pages 36 to 155.

The accounting officer's responsibility for the performance information

24. The accounting officer has additional responsibilities as required by section 40(3)(a) of the PFMA to ensure that the annual report and audited financial statements fairly present the performance against predetermined objectives of the department.

The Auditor-General's responsibility

25. I conducted my engagement in accordance with section 13 of the PAA read with *General Notice 616 of 2008*, issued in *Government Gazette No. 31057 of 15 May 2008.*

26. In terms of the foregoing my engagement included performing procedures of a review nature to obtain sufficient appropriate evidence about the performance information and related systems, processes and procedures. The procedures selected depend on the auditor's judgement.

27. I believe that the evidence I have obtained is sufficient and appropriate to provide a basis for the findings reported below.

Findings on performance information

Non-compliance with regulatory requirements

Incomplete reporting on actual achievements in the annual report

28. I draw attention to the fact that actual progress on one indicator relating to programme 2, which was specified in the tables of the annual performance plan and which was prescribed by the national Department of Health, was not reported on in the annual report as data and evidence in relation to this indicator were not collected by the department during the year.

29. Four indicators, evaluated for programme 2, were listed in the annual performance plan, but targets were not specified, as required by Treasury Regulation 5.2.2.

Lack of effective, efficient and transparent systems and internal controls regarding performance management

30. The accounting officer did not ensure that the Western Cape Department of Health has and maintains an effective, efficient and transparent system and internal controls regarding performance management, which describe and represent how the institution's processes of performance planning, monitoring, measurement, review and reporting will be conducted, organised and managed, as required in terms of section 38(1)(a)(i) and (b) of the PFMA.

31. Standard operating procedures relating to data collection, collation, processing, validation and reporting were also not implemented.

Usefulness and reliability of reported performance information

32. The following criteria were used to assess the usefulness and reliability of the information on the department's performance with respect to the objectives in its annual performance plan:

    - Consistency: Has the department reported on its performance with regard to its objectives, indicators and targets in its approved annual performance plan?
    - Relevance: Is the performance information as reflected in the indicators and targets clearly linked to the predetermined objectives and mandate. Is this specific and measurable, and is the time period or deadline for delivery specified?
    - Reliability: Can the reported performance information be traced back to the source data or documentation and is the reported performance information accurate and complete in relation to the source data or documentation?

The following audit findings relate to the above criteria:

Inconsistently reported performance information

33. The data element/indicator definition provided by the national Department of Health was not applied for eight indicators under programmes 2 and 4.

34. For 43 provincial and national indicators under programme 2 (34% of indicators reviewed) and seven provincial indicators under programme 4 (12% of indicators reviewed), the indicators were not defined to allow for data to be collected consistently.

Reported performance information not relevant

35. The targets set for 11 performance indicators under programme 2 (9% of indicators reviewed) and six performance indicators under programme 4 (11% of indicators reviewed) did not appear to be relevant in relation to the department's actual performance over the past two to three financial years.

36. Explanations for variances of more than 10% between the planned and actual performance in the annual report, as specified by the department's internal guidelines, were not provided for 37 indicators under programme 2 (29% of indicators reviewed) and 12 indicators under programme 4 (21% of indicators reviewed). Explanations were also not provided for variances of more than 10% between the planned and projected performance achievement in the monitoring and evaluation report, as specified by the department's internal guidelines, for 51 indicators under programme 2 (40% of indicators reviewed).

Reported performance information not reliable

37. Sufficient appropriate evidence could not be obtained for 32 indicators under programme 2 (25% of indicators reviewed) and nine indicators under programme 4 (16% of indicators reviewed), as the relevant source documentation could not be provided for audit purposes.

38. For seven performance measures/indicators, the number of facilities managed by the department and reported on in the annual report differed from the number of facilities quoted in the annual performance plan.

39. Formal data sources were not identified for 10 indicators under programme 2 (8% of indicators reviewed). It was therefore not possible to adequately validate the processes and systems that produce the data for the indicators.

40. When compared to the routine monthly reporting the information entered on the provincial information management database (SINJANI) was inconsistent for six forms reviewed (40% of indicators reviewed). Furthermore, information entered on SINJANI for two forms on programme 2 (16% of indicators reviewed) and two forms on programme 4 (33% of indicators reviewed) were inconsistent compared to the data on the hospital throughput form.

41. Sufficient appropriate evidence could not be obtained for 32 indicators under programme 2 (25% of indicators reviewed) and nine indicators under programme 4 (16% of indicators reviewed), as the relevant source documentation could not be provided for audit purposes. Furthermore, from the evidence that could be provided, the data of 29 indicators under programme 2 (30% of indicators reviewed) and 24 indicators under programme 4 (50% of indicators reviewed) differed from the reported information.

42. For eight indicators under programme 2 and one indicator under programme 4 the actual achievement reported in the annual report differed from that reported in the monitoring and evaluation report and the quarterly performance report.

OTHER REPORTS

Performance audits

43. A performance audit of the department's infrastructure delivery process is in progress. The performance audit is focussing on the following key elements of the infrastructure delivery process:

- Demand management
- Acquisition management
- Project management and information
- Commissioning and utilisation

It is anticipated that the report will be tabled by 30 November 2009.

44. A peformance audit was also conducted at the department on entities that are connected with government employees and doing business with this and other departments of the Western Cape Provincial Government. This report was issued in August 2008 and tabled in June 2009.

APPRECIATION

45. The assistance rendered by the staff of the Western Cape Department of Health during the audit is sincerely appreciated.

Auditor - General

Cape Town

13 August 2009

AUDITOR-GENERAL
SOUTH AFRICA

Auditing to build public confidence

ACCOUNTING POLICIES
for the year ended 31 March 2009

The Financial Statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. However, where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the Financial Statements and to comply with the statutory requirements of the Public Finance Management Act, Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the Act and the Division of Revenue Act, 2008 (Act 2 of 2008).

1. Presentation of the Financial Statements

1.1 Basis of preparation

The Financial Statements have been prepared on a modified cash basis of accounting, except where stated otherwise. The modified cash basis constitutes the cash basis of accounting supplemented with additional disclosure items. Under the cash basis of accounting transactions and other events are recognised when cash is received or paid.

1.2 Presentation currency

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

1.3 Rounding

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

1.4 Comparative figures

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

1.5 Comparative figures - Appropriation Statement

A comparison between actual amounts and final appropriation per major classification of expenditure is included in the appropriation statement.

2. Revenue

2.1 Appropriated funds

Appropriated funds are recognised in the financial records on the date the appropriation becomes effective. Adjustments to the appropriated funds made in terms of the adjustments budget process are recognised in the financial records on the date the adjustments become effective.

Total appropriated funds are presented in the Statement of Financial Performance.

Unexpended appropriated funds are surrendered to the National/Provincial Revenue Fund. Amounts owing to the National/Provincial Revenue Fund at the end of the financial year are recognised in the Statement of Financial Position.

2.2 Statutory Appropriation

Statutory appropriations are recognised in the financial records on the date the appropriation becomes effective. Adjustments to the statutory appropriations made in terms of the adjustments budget process are recognised in the financial records on the date the adjustments become effective.

Total statutory appropriations are presented in the Statement of Financial Performance.

Unexpended statutory appropriations are surrendered to the National/Provincial Revenue Fund. Amounts owing to the National/Provincial Revenue Fund at the end of the financial year are recognised in the Statement of Financial Position.

2.3 Departmental revenue

All departmental revenue is paid into the National/Provincial Revenue Fund when received, unless otherwise stated. Amounts owing to the National/Provincial Revenue Fund at the end of the financial year are recognised in the Statement of Financial Position.

Amounts receivable at the reporting date are disclosed in the disclosure notes to the annual financial statements.

2.3.1 Tax revenue

Tax revenue consists of all compulsory unrequited amounts collected by the department in accordance with laws and or regulations (excluding fines, penalties and forfeits).

Tax receipts are recognised in the Statement of Financial Performance when received.

2.3.2 Sales of goods and services other than capital assets

The proceeds received from the sale of goods and/or the provision of services is recognised in the Statement of Financial Performance when the cash is received.

2.3.3 Fines, penalties and forfeits

Fines, penalties and forfeits are compulsory unrequited amounts which were imposed by a court or quasi-judicial body and collected by the department. Revenue arising from fines, penalties and forfeits is recognised in the Statement of Financial Performance when the cash is received.

2.3.4 Interest, dividends and rent on land

Interest, dividends and rent on land is recognised in the Statement of Financial Performance when the cash is received.

2.3.5 Sale of capital assets

The proceeds received on sale of capital assets are recognised in the Statement of Financial Performance when the cash is received.

2.3.6 Financial transactions in assets and liabilities

Repayments of loans and advances previously extended to employees and public corporations for policy purposes are recognised as revenue in the Statement of Financial Performance on receipt of the funds.

Cheques issued in previous accounting periods that expire before being banked are recognised as revenue in the Statement of Financial Performance when the cheque becomes stale. When the cheque is reissued the payment is made from Revenue.

Forex gains are recognised on payment of funds.

2.3.7 Transfers received (including gifts, donations and sponsorships)

All cash gifts, donations and sponsorships are paid into the National/Provincial Revenue Fund and recorded as revenue in the Statement of Financial Performance when received. Amounts receivable at the reporting date are disclosed in the disclosure notes to the financial statements.

All in-kind gifts, donations and sponsorships are disclosed at fair value in an annexure to the financial statements.

2.4 Direct Exchequer receipts

All direct exchequer receipts are recognised in the Statement of Financial Performance when the cash is received.

All direct exchequer payments are recognised in the Statement of Financial Performance when final authorisation for payment is effected on the system (by no later than 31 March of each year).

2.5 Aid assistance

Local and foreign aid assistance is recognised as revenue when notification of the assistance is received from the National Treasury or when the department directly receives the cash from the donor(s).

All in-kind local and foreign aid assistance are disclosed at fair value in the annexures to the annual financial statements.

The cash payments made during the year relating to local and foreign aid assistance projects are recognised as expenditure in the Statement of Financial Performance. The value of the assistance expensed prior to the receipt of the funds is recognised as a receivable in the Statement of Financial Position.

Inappropriately expensed amounts using local and foreign aid assistance and any unutilised amounts are recognised as payables in the Statement of Financial Position.

All CARA funds received must be recorded as revenue when funds are received. The cash payments made during the year relating to CARA earmarked projects are recognised as current or capital expenditure in the Statement of Financial Performance.

Inappropriately expensed amounts using CARA funds and any unutilised amounts are recognised as payables in the Statement of Financial Position.

3. Expenditure

3.1 Compensation of employees

3.1.1 Short-term employee benefits

Salaries and wages comprise payments to employees (including leave entitlements, thirteenth cheques and performance bonuses). Salaries and wages are recognised as an expense in the Statement of Financial Performance when final authorisation for payment is effected on the system (by no later than 31 March of each year). Capitalised compensation forms part of the expenditure for capital assets in the Statement of Financial Performance[30].

All other payments are classified as current expense.

Short-term employee benefits that give rise to a present legal or constructive obligation are disclosed in the disclosure notes to the financial statements. These amounts are not recognised in the Statement of Financial Performance or Position.

3.1.2 Post retirement benefits

The department provides retirement benefits (pension benefits) for certain of its employees through a defined benefit plan for government employees. These benefits are funded by both employer and employee contributions.

Employer contributions (i.e. social contributions) to the fund are expensed when the final authorisation for payment to the fund is effected on the system (by no later than 31 March of each year). No provision is made for retirement benefits in the financial statements of the department. Any potential liabilities are disclosed in the financial statements of the National/Provincial Revenue Fund and not in the financial statements of the employer department.

The department provides medical benefits for certain of its employees. Employer contributions to the medical funds are expensed when final authorisation for payment to the fund is effected on the system (by no later than 31 March of each year).

3.1.3 Termination benefits

Termination benefits such as severance packages are recognised as an expense in the Statement of Financial Performance as a transfer (to households) when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

3.1.4 Other long-term employee benefits

Other long-term employee benefits (such as capped leave) are recognised as an expense in the Statement of Financial Performance as a transfer (to households) when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

Long-term employee benefits that give rise to a present legal or constructive obligation are disclosed in the disclosure notes to the financial statements. These amounts are not recognised in the Statement of Financial Performance or Position.

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[30] This accounting policy is only relevant where the department elects to capitalise the compensation paid to employees involved on capital projects.

3.2 Goods and services

Payments made for goods and/or services are recognised as an expense in the Statement of Financial Performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year). The expense is classified as capital if the goods and services were used for a capital project or an asset of R 5,000 or more is purchased. All assets costing less than R 5,000 will also be reflected under goods and services.

3.3 Interest and rent on land

Interest and rental payments are recognised as an expense in the Statement of Financial Performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year). This item excludes rental for the use of buildings or other fixed structures. If it is not possible to distinguish between payment for the use of land and the fixed structures on it, the whole amount should be recorded under goods and services.

3.4 Financial transactions in assets and liabilities

Debts are written off when identified as irrecoverable. Debts written-off are limited to the amount of savings and/or underspending of appropriated funds. The write off occurs at year-end or when funds are available. No provision is made for irrecoverable amounts but amounts are disclosed as a disclosure note.

Forex losses are recognised on payment of funds.

All **other losses** are recognised when authorisation has been granted for the recognition thereof.

3.5 Transfers and subsidies

Transfers and subsidies are recognised as an expense when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

3.6 Unauthorised expenditure

When discovered unauthorised expenditure is recognised as an asset in the statement of financial position until such time as the expenditure is either approved by the relevant authority, recovered from the responsible person or written off as irrecoverable in the Statement of Financial Performance.

Unauthorised expenditure approved with funding is recognised in the Statement of Financial Performance when the unauthorised expenditure is approved and the related funds are received. Where the amount is approved without funding it is recognised as expenditure, subject to availability of savings, in the Statement of Financial Performance on the date of approval.

3.7 Fruitless and wasteful expenditure

Fruitless and wasteful expenditure is recognised as expenditure in the Statement of Financial Performance. If the expenditure is recoverable it is treated as an asset until it is recovered from the responsible person or written off as irrecoverable in the Statement of Financial Performance.

3.8 Irregular expenditure

Irregular expenditure is recognised as expenditure in the Statement of Financial Performance. If the expenditure is not condoned by the relevant authority it is treated as an asset until it is recovered or written off as irrecoverable in the Statement of Financial Performance.

3.9 Expenditure for capital assets

Payments made for capital assets are recognised as an expense in the Statement of Financial Performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

4. Assets

4.1 Cash and cash equivalents

Cash and cash equivalents are carried in the Statement of Financial Position at cost.

For the purposes of the Cash Flow Statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.

4.2 Other financial assets

Other financial assets are carried in the Statement of Financial Position at cost.

4.3 Prepayments and advances

Amounts prepaid or advanced are recognised in the Statement of Financial Position when the payments are made.

Pre-payments and advances outstanding at the end of the year are carried in the Statement of Financial Position at cost.

4.4 Receivables

Receivables included in the Statement of Financial Position arise from cash payments made that are recoverable from another party.

Receivables outstanding at year-end are carried in the Statement of Financial Position at cost plus any accrued interest.

4.5 Investments

Capitalised investments are shown at cost in the Statement of Financial Position. Any cash flows such as dividends received or proceeds from the sale of the investment are recognised in the Statement of Financial Performance when the cash is received.

Investments are tested for an impairment loss whenever events or changes in circumstances indicate that the investment may be impaired. Any loss is included in the disclosure notes.

4.6 Loans

Loans are recognised in the Statement of Financial Position at the nominal amount when cash is paid to the beneficiary. Loan balances are reduced when cash repayments are received from the beneficiary. Amounts that are potentially irrecoverable are included in the disclosure notes.

Loans that are outstanding at year-end are carried in the Statement of Financial Position at cost.

4.7 Inventory

Inventories purchased during the financial year are disclosed at cost in the notes.

4.8 Capital assets

4.8.1 Movable assets

A capital asset is recorded on receipt of the item at cost. Cost of an asset is defined as the total cost of acquisition. Where the cost cannot be determined accurately, the movable capital asset is stated at fair value. Where fair value cannot be determined, the capital asset is included in the asset register at R 1.

Subsequent expenditure of a capital nature is recorded in the Statement of Financial Performance as "expenditure for capital asset" and is capitalised in the asset register of the department on completion of the project.

Repairs and maintenance is expensed as current "goods and services" in the Statement of Financial Performance.

4.8.2 Immovable assets

A capital asset is recorded on receipt of the item at cost. Cost of an asset is defined as the total cost of acquisition. Where the cost cannot be determined accurately, the immovable capital asset is stated at R 1 unless the fair value for the asset has been reliably estimated.

Work-in-progress of a capital nature is recorded in the Statement of Financial Performance as "expenditure for capital asset". On completion, the total cost of the project is included in the asset register of the department that legally owns the asset or the provincial/national department of public works.

Repairs and maintenance is expensed as current "goods and services" in the Statement of Financial Performance.

5. Liabilities

5.1 Voted funds to be surrendered to the Revenue Fund

Unexpended appropriated funds are surrendered to the National/Provincial Revenue Fund. Amounts owing to the National/Provincial Revenue Fund at the end of the financial year are recognised in the Statement of Financial Position.

5.2 Departmental revenue to be surrendered to the Revenue Fund

Amounts owing to the National/Provincial Revenue Fund at the end of the financial year are recognised in the Statement of Financial Position at cost.

5.3 Direct Exchequer receipts to be surrendered to the Revenue Fund

All direct exchequer fund receipts are recognised in the Statement of Financial Performance when the cash is received.

Amounts received must be surrendered to the relevant revenue fund on receipt thereof. Any amount not surrendered at year end is reflected as a current payable in the Statement of Financial Position.

5.4 Bank overdraft

The bank overdraft is carried in the Statement of Financial Position at cost.

5.5 Payables

Recognised payables mainly comprise of amounts owing to other governmental entities. These payables are recognised at historical cost in the Statement of Financial Position.

5.6 Contingent liabilities

Contingent liabilities are included in the disclosure notes to the financial statements.

5.7 Commitments

Commitments are not recognised in the Statement of Financial Position as a liability or as expenditure in the Statement of Financial Performance but are included in the disclosure notes.

5.8 Accruals

Accruals are not recognised in the Statement of Financial Position as a liability or as expenditure in the Statement of Financial Performance but are included in the disclosure notes.

5.9 Employee benefits

Short-term employee benefits that give rise to a present legal or constructive obligation are disclosed in the disclosure notes to the financial statements. These amounts are not recognised in the Statement of Financial Performance or the Statement of Financial Position.

5.10 Lease commitments

Financial leases
Finance leases are not recognised as assets and liabilities in the Statement of Financial Position. Finance lease payments are recognised as an expense in the Statement of Financial Performance and are apportioned between the capital and the interest portions. The finance lease liability is disclosed in the disclosure notes in the Financial Statements.

Operating leases
Operating lease payments are recognised as an expense in the Statement of Financial Performance. The operating lease commitments are disclosed in the disclosure notes to the Financial Statements.

6. Receivables for departmental revenue

Receivables for departmental revenue are disclosed in the disclosure notes to the annual financial statements.

7. Net Assets

7.1 Capitalisation reserve

The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period but which are recognised in the Statement of Financial Position for the first time in the current reporting period. Amounts are transferred to the National/Provincial Revenue Fund on disposal, repayment or recovery of such amounts.

7.2 Recoverable revenue

Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year.

8. Related party transactions

Specific information with regards to related party transactions is included in the disclosure notes.

9. Key management personnel

Compensation paid to key management personnel including their family members where relevant, is included in the disclosure notes.

10. Public private partnerships

A description of the PPP arrangement, the contract fees and current and capital expenditure relating to the PPP arrangement is included in the disclosure notes.

APPROPRIATION STATEMENT
for the year ended 31 March 2009

Appropriation per Programme										
		2008/09							2007/08	
		Adjusted Appro-priation	Shifting of Funds	Virement	Final Appro-priation	Actual Expendi-ture	Variance	Expendi-ture as % of final Appropria-tion	Final Appro-priation	Actual Expendi-ture
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1.	**Administration**									
	Current payment	244,744	-	(12,950)	231,794	228,884	2,910	98.7%	191,163	190,504
	Transfers and subsidies	14,816	-	(5,559)	9,257	9,028	229	97.5%	8,426	7,921
	Payment for capital assets	15,690	-	-	15,690	11,192	4,498	71.3%	8,130	6,908
2.	**District Health Services**									
	Current payment	2,644,589	-	5,276	2,649,865	2,731,323	(81,458)	103.1%	2,237,043	2,299,983
	Transfers and subsidies	341,076	-	-	341,076	323,408	17,668	94.8%	307,312	307,597
	Payment for capital assets	117,143	-	-	117,143	85,069	32,074	72.6%	134,270	99,998
3.	**Emergency Medical Services**									
	Current payment	359,059	-	5,731	364,790	372,660	(7,870)	102.2%	304,275	301,357
	Transfers and subsidies	21,066	-	-	21,066	20,972	94	99.6%	18,930	18,930
	Payment for capital assets	12,610	-	(3,124)	9,486	9,486	-	100.0%	21,591	21,590
4.	**Provincial Hospital Services**									
	Current payment	2,332,104	-	(87,475)	2,244,629	2,243,450	1,179	99.9%	1,262,551	1,292,376
	Transfers and subsidies	3,718	-	1,145	4,863	4,863	-	100.0%	3,032	2,686
	Payment for capital assets	22,819	-	(751)	22,068	12,337	9,731	55.9%	11,974	10,965
5.	**Central Hospital Services**									
	Current payment	1,792,919	-	113,638	1,906,557	1,906,557	-	100.0%	2,249,958	2,275,510
	Transfers and subsidies	7,650	-	2,161	9,811	9,811	-	100.0%	8,555	8,555
	Payment for capital assets	58,970	-	(4,652)	54,318	54,318	-	100.0%	65,820	65,819
6.	**Health Science and Training**									
	Current payment	93,413	-	2,475	95,888	78,184	17,704	81.5%	69,394	69,237
	Transfers and subsidies	84,692	-	(16,475)	68,217	57,750	10,467	84.7%	64,893	63,746
	Payment for capital assets	1,005	-	-	1,005	695	310	69.2%	739	723
7.	**Health Care Support Services**									
	Current payment	95,306	-	82	95,388	93,290	2,098	97.8%	80,031	79,832
	Transfers and subsidies	1,907	-	-	1,907	1,657	250	86.9%	1,619	1,554
	Payment for capital assets	725	-	478	1,203	1,203	-	100.0%	991	399
8.	**Health Facilities Management**									
	Current payment	109,317	-	-	109,317	104,490	4,827	95.6%	106,096	103,856
	Transfers and subsidies	-	-	-	-	-	-	-	-	-
	Payment for capital assets	495,467	-	-	495,467	295,218	200,249	59.6%	270,512	267,822
	Sub-total	8,870,805	-	-	8,870,805	8,655,845	214,960	97.6%	7,427,305	7,497,868
	Total	**8,870,805**	**-**	**-**	**8,870,805**	**8,655,845**	**214,960**	**97.6%**	**7,427,305**	**7,497,868**
Reconciliation with Statement of Financial Performance										
Add:										
	Departmental revenue				98,289		-	-	91,541	
	Aid assistance received				21,515		-	-	21,522	
Actual amounts per Statement of Financial Performance (Total revenue)					**8,990,609**		-	-	**7,540,368**	
Add:										
	Aid assistance					22,301				17,538
	Aid assistance capital assets					(36)				-
Actual amounts per Statement of Financial Performance (Total expenditure)						**8,678,110**				**7,515,406**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

APPROPRIATION STATEMENT
for the year ended 31 March 2009

Appropriation per economic classification									
	2008/09							2007/08	
	Adjusted Appro-priation	Shifting of Funds	Virement	Final Appro-priation	Actual Expendi-ture	Variance	Expendi-ture as % of final Appropria-tion	Final Appro-priation	Actual Expendi-ture
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payment									
Compensation of employees	4,833,626	-	4,814	4,838,440	4,876,271	(37,831)	100.8%	4,045,916	4,138,765
Goods and services	2,837,825	-	19,395	2,857,220	2,879,999	(22,779)	100.8%	2,451,494	2,470,797
Interest and rent on land	-	-	396	396	396	-	100.0%	-	-
Financial transactions in assets and liabilities	-	-	2,172	2,172	2,172	-	100.0%	3,101	3,093
Transfers and subsidies									
Provinces and municipalities	174,914	-	-	174,914	165,186	9,728	94.4%	152,279	150,924
Departmental agencies and accounts	4,374	-	-	4,374	4,368	6	99.9%	3,579	3,580
Universities and technikons	1,567	-	(1,567)	-	-	-	-	1,477	1,400
Non-profit institutions	220,206	-	486	220,692	211,455	9,237	95.8%	189,790	191,404
Households	73,864	-	(17,647)	56,217	46,480	9,737	82.7%	65,642	63,681
Payments for capital assets									
Buildings and other fixed structures	556,763	-	973	557,736	328,119	229,617	58.8%	333,742	297,470
Machinery and equipment	152,616	-	5,956	158,572	141,302	17,270	89.1%	180,233	176,704
Software and other intangible assets	15,050	-	(14,978)	72	97	(25)	134.7%	52	50
Total	**8,870,805**	**-**	**-**	**8,870,805**	**8,655,845**	**214,960**	**97.6%**	**7,427,305**	**7,497,868**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

Detail of Programme 1 – Administration
for the year ended 31 March 2009

Programme per sub-programme	2008/09							2007/08	
	Adjusted Appro-priation	Shifting of Funds	Virement	Final Appro-priation	Actual Expendi-ture	Variance	Expendi-ture as % of final Appropria-tion	Final Appro-priation	Actual Expendi-ture
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1.1 Office of the Provincial Minister									
Current payment	5,252	-	675	5,927	5,741	186	96,9%	4,265	3,810
Payment for capital assets	32	-	-	32	114	(82)	356.3%	30	30
1.2 Management									
Current payment	239,492	-	(13,625)	225,867	223,143	2,724	98.8%	186,898	186,694
Transfers and subsidies	14,816	-	(5,559)	9,257	9,028	229	97.5%	8,426	7,921
Payment for capital assets	15,658	-	-	15,658	11,078	4,580	70.7%	8,100	6,878
Total	**275,250**	**-**	**(18,509)**	**256,741**	**249,104**	**7,637**	**97.0%**	**207,719**	**205,333**

Economic classification	2008/09							2007/08	
	Adjusted Appro-priation	Shifting of Funds	Virement	Final Appro-priation	Actual Expendi-ture	Variance	Expendi-ture as % of final Appropria-tion	Final Appro-priation	Actual Expendi-ture
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments									
Compensation of employees	98,331	-	-	98,331	96,213	2,118	97.8%	81,917	81,317
Goods and services	146,413	-	(13,093)	133,320	132,528	792	99.4%	109,159	109,101
Financial transactions in assets and liabilities	-	-	143	143	143	-	100.0%	87	86
Transfers and subsidies to:									
Households	14,816	-	(5,559)	9,257	9,028	229	97.5%	8,426	7,921
Payment for capital assets									
Machinery and equipment	15,690	-	(54)	15,636	11,138	4,498	71.2%	8,123	6,901
Software and other intangible assets	-	-	54	54	54	-	100.0%	7	7
Total	**275,250**	**-**	**(18,509)**	**256,741**	**249,104**	**7,637**	**97.0%**	**207,719**	**205,333**

Detail of Programme 2 – District Health Services for the year ended 31 March 2009

Programme per sub-programme	2008/09							2007/08	
	Adjusted Appro-priation	Shifting of Funds	Virement	Final Appro-priation	Actual Expendi-ture	Variance	Expendi-ture as % of final Appropria-tion	Final Appro-priation	Actual Expendi-ture
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
2.1 District Management									
Current payment	149,976	-	4,732	154,708	160,537	(5,829)	103.8%	111,339	101,192
Transfers and subsidies	23	-	-	23	220	(197)	956.5%	293	293
Payment for capital assets	3,813	-	-	3,813	3,884	(71)	101.9%	2,877	1,525
2.2 Community Health Clinics									
Current payment	503,877	-	186	504,063	515,020	(10,957)	102.2%	299,325	307,507
Transfers and subsidies	130,346	-	-	130,346	129,933	413	99.7%	119,417	118,751
Payment for capital assets	4,017	-	-	4,017	5,016	(999)	124.9%	4,351	4,350
2.3 Community Health Centres									
Current payment	671,520	-	75	671,595	700,198	(28,603)	104.3%	632,861	667,388
Transfers and subsidies	409	-	-	409	767	(358)	187.5%	558	557
Payment for capital assets	4,359	-	-	4,359	4,377	(18)	100.4%	9,759	9,758
2.4 Community Based Services									
Current payment	36,962	-	11	36,973	26,561	10,412	71.8%	54,913	53,632
Transfers and subsidies	80,855	-	-	80,855	79,223	1,632	98.0%	68,567	71,970
Payment for capital assets	443	-	-	443	249	194	56.2%	193	136
2.5 Other Community Services									
Current payment	1	-	-	1	-	1	-	52,779	52,384
Payment for capital assets	-	-	-	-	-	-	-	31	30
2.6 HIV and AIDS									
Current payment	168,213	-	-	168,213	201,081	(32,868)	119.5%	172,319	174,130
Transfers and subsidies	73,054	-	-	73,054	67,746	5,308	92.7%	65,288	65,349
Payment for capital assets	200	-	-	200	104	96	52.0%	-	420
2.7 Nutrition									
Current payment	12,817	-	-	12,817	12,361	456	96.4%	12,007	11,850
Transfers and subsidies	4,944	-	-	4,944	4,682	262	94.7%	4,714	4,871
Payment for capital assets	107	-	-	107	25	82	23.4%	145	89
2.8 Coroner Services									
Current payment	57,796	-	-	57,796	63,216	(5,420)	109.4%	57,514	65,047
Payment for capital assets	37,184	-	-	37,184	20,322	16,862	54.7%	72,068	57,219
2.9 District Hospitals									
Current payment	986,475	-	272	986,747	1,003,730	(16,983)	101.7%	793,220	818,050
Transfers and subsidies	7,492	-	-	7,492	7,828	(336)	104.5%	14,756	14,754
Payment for capital assets	20,921	-	-	20,921	19,344	1,577	92.5%	21,651	21,650
2.10 Global Funding									
Current payment	56,952	-	-	56,952	48,619	8,333	85.4%	50,766	48,803
Transfers and subsidies	43,953	-	-	43,953	33,009	10,944	75.1%	33,719	31,052
Payment for capital assets	46,099	-	-	46,099	31,748	14,351	68.9%	23,195	4,821
Total	**3,102,808**	**-**	**5,276**	**3,108,084**	**3,139,800**	**(31,716)**	**101.0%**	**2,678,625**	**2,707,578**

Economic classification	2008/09							2007/08	
	Adjusted Appro-priation	Shifting of Funds	Virement	Final Appro-priation	Actual Expendi-ture	Variance	Expendi-ture as % of final Appropria-tion	Final Appro-priation	Actual Expendi-ture
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payment									
Compensation of employees	1,662,287	-	-	1,662,287	1,699,818	(37,531)	102.3%	1,350,446	1,399,729
Goods and services	982,302	-	4,500	986,802	1,030,729	(43,927)	104.5%	885,797	899,456
Interest and rent on land	-	-	289	289	289	-	100.0%	-	-
Financial transactions in assets and liabilities	-	-	487	487	487	-	100.0%	800	798
Transfers and subsidies to:									
Provinces and municipalities	174,914	-	-	174,914	165,186	9,728	94.4%	152,279	150,924
Non-profit institutions	164,172	-	-	164,172	155,029	9,143	94.4%	153,041	154,685
Households	1,990	-	-	1,990	3,193	(1,203)	160.5%	1,992	1,988
Payment for capital assets									
Buildings and other fixed structures	78,938	-	-	78,938	48,754	30,184	61.8%	85,753	49,609
Machinery and equipment	38,205	-	-	38,205	36,307	1,898	95.0%	48,479	50,352
Software and other intangible assets	-	-	-	-	8	(8)	-	38	37
Total	**3,102,808**	**-**	**5,276**	**3,108,084**	**3,139,800**	**(31,716)**	**101.0%**	**2,678,625**	**2,707,578**

Detail of Programme 3 – Emergency Medical Services for the year ended 31 March 2009

Programme per sub-programme	2008/09							2007/08	
	Adjusted Appro-priation	Shifting of Funds	Virement	Final Appro-priation	Actual Expendi-ture	Variance	Expendi-ture as % of final Appropria-tion	Final Appro-priation	Actual Expendi-ture
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
3.1 Emergency Transport									
Current payment	334,977	-	4,910	339,887	348,018	(8,131)	102.4%	282,069	280,600
Transfers and subsidies	21,061	-	-	21,061	20,965	96	99.5%	18,925	18,930
Payment for capital assets	12,610	-	(3,124)	9,486	9,486	-	100.0%	21,591	21,590
3.2 Planned Patient Transport									
Current payment	24,082	-	821	24,903	24,642	261	99.0%	22,206	20,757
Transfers and subsidies	5	-	-	5	7	(2)	140.0%	5	-
Total	**392,735**	**-**	**2,607**	**395,342**	**403,118**	**(7,776)**	**102.0%**	**344,796**	**341,877**

Economic classification	2008/09							2007/08	
	Adjusted Appro-priation	Shifting of Funds	Virement	Final Appro-priation	Actual Expendi-ture	Variance	Expendi-ture as % of final Appropria-tion	Final Appro-priation	Actual Expendi-ture
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payment									
Compensation of employees	251,614	-	-	251,614	259,484	(7,870)	103.1%	206,809	204,437
Goods and services	107,445	-	4,884	112,329	112,329	-	100.0%	96,452	95,907
Interest and rent on land	-	-	29	29	29	-	100.0%	-	-
Financial transactions in assets and liabilities	-	-	818	818	818	-	100.0%	1,014	1,013
Transfers and subsidies to:									
Non-profit institutions	21,000	-	-	21,000	20,906	94	99.6%	18,873	18,873
Households	66	-	-	66	66	-	100.0%	57	57
Payment for capital assets									
Machinery and equipment	12,610	-	(3,131)	9,479	9,479	-	100.0%	21,591	21,590
Software and other intangible assets	-	-	7	7	7	-	100.0%	-	-
Total	**392,735**	**-**	**2,607**	**395,342**	**403,118**	**(7,776)**	**102.0%**	**344,796**	**341,877**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

Detail of Programme 4 – Provincial Hospital Services
for the year ended 31 March 2009

Programme per sub-programme	2008/09							2007/08	
	Adjusted Appro-priation	Shifting of Funds	Virement	Final Appro-priation	Actual Expendi-ture	Variance	Expendi-ture as % of final Appropria-tion	Final Appro-priation	Actual Expendi-ture
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
4.1 General Hospitals									
Current payment	1,647,221	-	(86,273)	1,560,948	1,560,360	588	100.0%	697,577	709,125
Transfers and subsidies	1,826	-	55	1,881	1,881	-	100.0%	1,090	925
Payment for capital assets	16,101	-	(903)	15,198	5,503	9,695	36.2%	9,154	8,140
4.2 Tuberculosis Hospitals									
Current payment	130,920	-	535	131,455	131,455	-	100.0%	102,653	100,579
Transfers and subsidies	95	-	89	184	184	-	100.0%	147	147
Payment for capital assets	3,560	-	436	3,996	3,996	-	100.0%	946	945
4.3 Psychiatric/Mental Hospitals									
Current payment	385,386	-	3,079	388,465	388,465	-	100.0%	322,382	342,181
Transfers and subsidies	1,647	-	573	2,220	2,220	-	100.0%	1,641	1,518
Payment for capital asset	1,490	-	(273)	1,217	1,217	-	100.0%	830	691
4.4 Chronic Medical Hospitals									
Current payment	100,004	-	(527)	99,477	98,975	502	99.5%	79,045	79,767
Transfers and subsidies	65	-	102	167	167	-	100.0%	54	16
Payment for capital assets	230	-	(19)	211	175	36	82.9%	123	105
4.5 Dental Training Hospitals									
Current payment	68,573	-	(4,289)	64,284	64,195	89	99.9%	60,894	60,724
Transfers and subsidies	85	-	326	411	411	-	100.0%	100	80
Payment for capital assets	1,438	-	8	1,446	1,446	-	100.0%	921	1,084
Total	**2,358,641**	**-**	**(87,081)**	**2,271,560**	**2,260,650**	**10,910**	**99.5%**	**1,277,557**	**1,306,027**

Economic classification	2008/09							2007/08	
	Adjusted Appro-priation	Shifting of Funds	Virement	Final Appro-priation	Actual Expendi-ture	Variance	Expendi-ture as % of final Appropria-tion	Final Appro-priation	Actual Expendi-ture
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payment									
Compensation of employees	1,568,100	-	(13,696)	1,554,404	1,553,809	595	100.0%	847,774	877,609
Goods and services	764,004	-	(74,032)	689,972	689,388	584	99.9%	414,488	414,480
Interest and rent on land	-	-	78	78	78	-	100.0%	-	-
Financial transactions in assets and liabilities	-	-	175	175	175	-	100.0%	289	287
Transfers and subsidies to:									
Non-profit institutions	1,115	-	111	1,226	1,226	-	100.0%	1,051	1,021
Households	2,603	-	1,034	3,637	3,637	-	100.0%	1,981	1,665
Payment for capital assets									
Buildings and other fixed structures	-	-	588	588	588	-	100.0%	12	11
Machinery and equipment	22,819	-	(1,350)	21,469	11,738	9,731	54.7%	11,955	10,948
Software and other intangible assets	-	-	11	11	11	-	100.0%	7	6
Total	**2,358,641**	**-**	**(87,081)**	**2,271,560**	**2,260,650**	**10,910**	**99.5%**	**1,277,557**	**1,306,027**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

Detail of Programme 5 – Central Hospital Services
for the year ended 31 March 2009

Programme per sub-programme	2008/09							2007/08	
	Adjusted Appro-priation	Shifting of Funds	Virement	Final Appro-priation	Actual Expendi-ture	Variance	Expendi-ture as % of final Appropria-tion	Final Appro-priation	Actual Expendi-ture
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
5.1 Central Hospital Services									
Current payment	1,792,919	-	113,638	1,906,557	1,906,557	-	100.0%	2,249,958	2,275,510
Transfers and subsidies	7,650	-	2,161	9,811	9,811	-	100.0%	8,555	8,555
Payment for capital assets	58,970	-	(4,652)	54,318	54,318	-	100.0%	65,820	65,819
Total	**1,859,539**	**-**	**111,147**	**1,970,686**	**1,970,686**	**-**	**100.0%**	**2,324,333**	**2,349,884**

Economic classification	2008/09							2007/08	
	Adjusted Appro-priation	Shifting of Funds	Virement	Final Appro-priation	Actual Expendi-ture	Variance	Expendi-ture as % of final Appropria-tion	Final Appro-priation	Actual Expendi-ture
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payment									
Compensation of employees	1,167,984	-	18,510	1,186,494	1,186,494	-	100.0%	1,480,155	1,500,187
Goods and services	624,935	-	94,865	719,800	719,800	-	100.0%	768,927	774,448
Financial transactions in assets and liabilities	-	-	263	263	263	-	100.0%	876	875
Transfers and subsidies to:									
Non-profit institutions	5,919	-	(107)	5,812	5,812	-	100.0%	4,825	4,825
Households	1,731	-	2,268	3,999	3,999	-	100.0%	3,730	3,730
Payment for capital assets									
Machinery and equipment	43,920	-	10,398	54,318	54,318	-	100.0%	65,820	65,819
Software and other intangible assets	15,050	-	(15,050)	-	-	-	-	-	-
Total	**1,859,539**	**-**	**111,147**	**1,970,686**	**1,970,686**	**-**	**100.0%**	**2,324,333**	**2,349,884**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

Detail of Programme 6 – Health Science and Training
for the year ended 31 March 2009

Programme per sub-programme	2008/09							2007/08	
	Adjusted Appro-priation	Shifting of Funds	Virement	Final Appro-priation	Actual Expendi-ture	Variance	Expendi-ture as % of final Appropria-tion	Final Appro-priation	Actual Expendi-ture
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
6.1 Nursing Training College									
Current payment	35,182	-	1,567	36,749	35,453	1,296	96.5%	28,412	30,579
Transfers and subsidies	1,652	-	(1,567)	85	43	42	50.6%	1,489	1,403
Payment for capital assets	121	-	150	271	271	-	100.0%	78	135
6.2 Emergency Medical Services Training College									
Current payment	6,692	-	-	6,692	6,753	(61)	100.9%	6,091	5,564
Transfers and subsidies	5	-	-	5	-	5	-	5	-
Payment for capital assets	764	-	(150)	614	403	211	65.6%	661	588
6.3 Bursaries									
Current payment	3,911	-	908	4,819	4,819	-	100.0%	3,686	4,004
Transfers and subsidies	52,234	-	(15,390)	36,844	26,430	10,414	71.7%	49,231	48,174
6.4 Primary Health Care Training									
Current payment	1	-	-	1	-	1	-	1	-
6.5 Training Other									
Current payment	47,627	-	-	47,627	31,159	16,468	65.4%	31,204	29,090
Transfers and subsidies	30,801	-	482	31,283	31,277	6	100.0%	14,168	14,169
Payment for capital assets	120	-	-	120	21	99	17.5%	-	-
Total	**179,110**	**-**	**(14,000)**	**165,110**	**136,629**	**28,481**	**82.8%**	**135,026**	**133,706**

Economic classification	2008/09							2007/08	
	Adjusted Appro-priation	Shifting of Funds	Virement	Final Appro-priation	Actual Expendi-ture	Variance	Expendi-ture as % of final Appropria-tion	Final Appro-priation	Actual Expendi-ture
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payment									
Compensation of employees	31,538	-	-	31,538	30,917	621	98.0%	23,259	25,243
Goods and services	61,875	-	2,271	64,146	47,063	17,083	73.4%	46,122	43,981
Financial transactions in assets and liabilities	-	-	204	204	204	-	100.0%	13	13
Transfers and subsidies to:									
Departmental agencies and accounts	2,801	-	-	2,801	2,795	6	99.8%	2,168	2,169
Universities and technikons	1,567	-	(1,567)	-	-	-	-	1,477	1,400
Non-profit institutions	28,000	-	482	28,482	28,482	-	100.0%	12,000	12,000
Households	52,324	-	(15,390)	36,934	26,473	10,461	71.7%	49,248	48,177
Payment for capital assets									
Machinery and equipment	1,005	-	-	1,005	695	310	69.2%	739	723
Total	**179,110**	**-**	**(14,000)**	**165,110**	**136,629**	**28,481**	**82.8%**	**135,026**	**133,706**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

Detail of Programme 7 – Health Care Support Services
for the year ended 31 March 2009

Programme per sub-programme	2008/09							2007/08	
	Adjusted Appro-priation	Shifting of Funds	Virement	Final Appro-priation	Actual Expendi-ture	Variance	Expendi-ture as % of final Appropria-tion	Final Appro-priation	Actual Expendi-ture
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
7.1 Laundry Services									
Current payment	44,953	-	77	45,030	44,725	305	99.3%	34,470	34,362
Transfers and subsidies	216	-	-	216	28	188	13.0%	58	39
Payment for capital assets	467	-	(86)	381	381	-	100.0%	440	295
7.2 Engineering Services									
Current payment	50,351	-	5	50,356	48,565	1,791	96.4%	35,620	35,547
Transfers and subsidies	118	-	-	118	56	62	47.5%	150	104
Payment for capital assets	258	-	564	822	822	-	100.0%	471	81
7.3 Forensic Services									
Current payment	1	-	-	1	-	1	-	1	-
7.4 Orthotic & Prosthetic Services									
Current payment	1	-	-	1	-	1	-	9,940	9,923
Payment for capital assets	-	-	-	-	-	-	-	80	23
7.5 Medicine Trading Account									
Transfers and subsidies	1,573	-	-	1,573	1,573	-	100.0%	1,411	1,411
Total	**97,938**	**-**	**560**	**98,498**	**96,150**	**2,348**	**97.6%**	**82,641**	**81,785**

Economic classification	2008/09							2007/08	
	Adjusted Appro-priation	Shifting of Funds	Virement	Final Appro-priation	Actual Expendi-ture	Variance	Expendi-ture as % of final Appropria-tion	Final Appro-priation	Actual Expendi-ture
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payment									
Compensation of employees	45,524	-	-	45,524	43,515	2,009	95.6%	44,134	43,953
Goods and services	49,782	-	-	49,782	49,693	89	99.8%	35,875	35,858
Financial transactions in assets and liabilities	-	-	82	82	82	-	100.0%	22	21
Transfers and subsidies to:									
Departmental agencies and accounts	1,573	-	-	1,573	1,573	-	100.0%	1,411	1,411
Households	334	-	-	334	84	250	25.1%	208	143
Payment for capital assets									
Buildings and other fixed structures	-	-	385	385	385	-	100.0%	-	-
Machinery and equipment	725	-	93	818	818	-	100.0%	991	399
Total	**97,938**	**-**	**560**	**98,498**	**96,150**	**2,348**	**97.6%**	**82,641**	**81,785**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

Detail of Programme 8 – Health Facility Management
for the year ended 31 March 2009

Programme per sub-programme	2008/09							2007/08	
	Adjusted Appro-priation	Shifting of Funds	Virement	Final Appro-priation	Actual Expendi-ture	Variance	Expendi-ture as % of final Appropria-tion	Final Appro-priation	Actual Expendi-ture
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
8.1 Community Health Facilities									
Current payment	9,678	-	-	9,678	14,060	(4,382)	145.3%	9,130	9,431
Payment for capital assets	21,481	-	-	21,481	13,966	7,515	65.0%	22,598	18,969
8.2 Emergency Medical Rescue									
Current payment	-	-	-	-	1,517	(1,517)	-	-	-
Payment for capital assets	11,077	-	-	11,077	6,375	4,702	57.6%	20,638	18,706
8.3 District Hospital Services									
Current payment	14,806	-	-	14,806	17,700	(2,894)	119.5%	19,984	21,485
Payment for capital assets	212,143	-	-	212,143	114,760	97,383	54.1%	36,531	33,796
8.4 Provincial Hospital Services									
Current payment	35,039	-	-	35,039	26,825	8,214	76.6%	33,203	28,031
Payment for capital assets	229,508	-	-	229,508	150,050	79,458	65.4%	163,696	173,537
8.5 Central Hospital Services									
Current payment	37,794	-	-	37,794	31,999	5,795	84.7%	36,139	35,139
Payment for capital assets	21,025	-	-	21,025	9,776	11,249	46.5%	19,623	17,181
8.6 Other Facilities									
Current payment	12,000	-	-	12,000	12,389	(389)	103.2%	7,640	9,770
Payment for capital assets	233	-	-	223	291	(58)	124.9%	7,426	5,633
Total	**604,784**	**-**	**-**	**604,784**	**399,708**	**205,076**	**66.1%**	**376,608**	**371,678**

Economic classification	2008/09							2007/08	
	Adjusted Appro-priation	Shifting of Funds	Virement	Final Appro-priation	Actual Expendi-ture	Variance	Expendi-ture as % of final Appropria-tion	Final Appro-priation	Actual Expendi-ture
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payment									
Compensation of employees	8,248	-	-	8,248	6,021	2,227	73.0%	11,422	6,290
Goods and services	101,069	-	-	101,069	98,469	2,600	97.4%	94,674	97,566
Payment for capital assets									
Buildings and other fixed structures	477,825	-	-	477,825	278,392	199,433	58.3%	247,977	247,850
Machinery and equipment	17,642	-	-	17,642	16,809	833	95.3%	22,535	19,972
Software and other intangible assets	-	-	-	-	17	(17)	-	-	-
Total	**604,784**	**-**	**-**	**604,784**	**399,798**	**205,076**	**66.1%**	**376,608**	**371,678**

NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2009

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

Detail of these transactions can be viewed in note 8 (Transfers and subsidies) and Annexure 1 (A-L) to the Annual Financial Statements.

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

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

3. Detail on financial transactions in assets and liabilities

Detail of these transactions per programme can be viewed in note 7 (Financial transactions in assets and liabilities) to the Annual Financial Statements.

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

4.1 Per Programme

Programme	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appro-priation
	R'000	R'000	R'000	%
Administration	256,741	249,104	7,637	3%
The underspending can be attributed to posts not filled at Head Office and the Metro Regional Office as well as capital equipment purchased to be paid in the 2009/10 financial year.				
District Health Services	3,108,084	3,139,800	(31,716)	(1%)
The over-expenditure can be attributed to increased patient activity, the use of agency staff and a decision to provide anti-retroviral treatment (ART) to patients with HIV and AIDS. The extent of the over-expenditure is reduced by savings on Forensic Pathology Services conditional grant and on Global Fund expenditure.				
Emergency Medical Services	395,342	403,118	(7,776)	(2%)
The over-expenditure can be attributed to the appointment of additional emergency practitioners at Emergency Medical Services to assist in the FIFA World Cup.				
Provincial Hospital Services	2,271,560	2,260,650	10,910	0%
The under-spending can be attributed to capital equipment purchased to be paid in the 2009/10 financial year.				
Central Hospital Services	1,970,686	1,970,686	-	0%
Health Science and Training	165,110	136,629	28,481	17%
The under-spending can be attributed to the fact that bursaries were allocated in the 2008/09 financial year but only paid to the respective training centres during the 2009/10 financial year. As far as the EPWP is concerned the following: expenditure on logistics were over estimated when planned, a number of graduation ceremonies did not take place, as well as the planned management information database and commissioning of the monitoring and evaluation of the EPWP could not be finalised before year-end.				

Programme	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appro-priation
	R'000	R'000	R'000	%
Health Care Support Services	98,498	96,150	2,348	2%
The saving can be attributed to the non-filling of technician posts at the various technical workshops due to a shortage of skills and competition in the private sector.				
Health Facility Management	604,784	399,708	205,076	34%
The under-spending can be attributed to the late commencement of construction on Khayelitsha and Mitchells Plain Hospitals as well as slower than anticipated construction at Caledon, Riversdale, Helderberg and Eerste River Hospitals.				

4.2 Per economic classification

Programme	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appro-priation
	R'000	R'000	R'000	%
Current payment:				
Compensation of employees	4,838,440	4,876,271	(37,831)	(1%)
Goods and services	2,857,220	2,879,999	(22,779)	(1%)
Interest and rent on land	396	396	-	0%
Financial transactions in assets and liabilities	2,172	2,172	-	0%
Transfers and subsidies:				
Provinces and municipalities	174,914	165,186	9,728	6%
Departmental agencies and accounts	4,374	4,368	6	0%
Non-profit institutions	220,692	211,455	9,237	4%
Household	56,217	46,480	9,737	17%
Payments for capital assets:				
Buildings and other fixed structures	557,736	328,119	229,617	41%
Machinery and equipment	158,572	141,302	17,270	11%
Software and other intangible assets	72	97	(25)	(35%)

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2009

	Note	2008/09 R'000	2007/08 R'000
REVENUE			
Annual appropriation	*1*	8,870,805	7,427,305
Departmental revenue	*2*	98,289	91,541
Aid assistance	*3*	21,423	21,522
TOTAL REVENUE		**8,990,517**	**7,540,368**
EXPENDITURE			
Current expenditure			
Compensation of employees	*4*	4,876,271	4,138,765
Goods and services	*5*	2,879,999	2,470,797
Interest and rent on land	*6*	396	-
Financial transactions in assets and liabilities	*7*	2,172	3,093
Aid assistance	*3*	4,950	17,518
Total current expenditure		7,763,788	6,630,173
Transfers and subsidies		440,820	410,989
Transfers and subsidies	*8*	427,489	410,989
Aid assistance	*3*	13,331	-
Expenditure for capital assets			
Tangible capital assets	*9*	469,421	474,194
Software and other intangible assets	*9*	97	50
Total expenditure for capital assets		469,518	474,244
TOTAL EXPENDITURE		**8,674,126**	**7,515,406**
SURPLUS FOR THE YEAR		**316,391**	**24,962**
Reconciliation of Net Surplus for the year			
Voted funds		214,996	(70,563)
Departmental revenue	*15*	98,289	91,541
Aid assistance	*3*	3,106	3,984
SURPLUS FOR THE YEAR		**316,391**	**24,962**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

STATEMENT OF FINANCIAL POSITION
at 31 March 2009

	Note	2008/09 R'000	2007/08 R'000
ASSETS			
Current assets		497,960	226,221
Unauthorised expenditure	*10*	216,936	127,757
Cash and cash equivalents	*11*	13,502	54,874
Prepayments and advances	*12*	3,723	4,795
Receivables	*13*	263,799	38,795
TOTAL ASSETS		**497,960**	**226,221**
LIABILITIES			
Current liabilities		482,843	210,464
Voted funds to be surrendered to the Revenue Fund	*14*	214,996	43,665
Departmental revenue to be surrendered to the Revenue Fund	*15*	98,302	91,541
Payables	*16*	162,455	71,274
Aid assistance unutilised	*3*	7,090	3,984
TOTAL LIABILITIES		**482,843**	**210,464**
NET ASSETS		**15,117**	**15,757**
Represented by:			
Recoverable revenue		15,117	15,757
TOTAL		**15,117**	**15,757**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

STATEMENT OF CHANGES IN NET ASSETS
for the year ended 31 March 2009

	Note	2008/09 R'000	2007/08 R'000
Recoverable revenue			
Opening balance		15,757	13,110
Transfers:		(640)	2,647
Irrecoverable amounts written off	*25.1*	(1,188)	(1,394)
Debts movement		548	4,041
Closing balance		15,117	15,757
TOTAL		**15,117**	**15,757**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

CASH FLOW STATEMENT
for the year ended 31 March 2009

	Note	2008/09 R'000	2007/08 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		9,329,360	7,925,058
Annual appropriated funds received	*1.1*	8,870,805	7,427,305
Departmental revenue received	*2*	437,132	476,231
Aid assistance received	*3*	21,423	21,522
Net (increase)/decrease in working capital		(221,930)	(62,863)
Surrendered to Revenue Fund		(474,047)	(483,633)
Current payments		(7,763,788)	(6,515,945)
Transfers and subsidies paid		(440,820)	(410,989)
Net cash flow available from operating activities	*17*	428,775	451,628
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	*9*	(469,518)	(474,244)
Proceeds from sale of capital assets	*2.4*	11	10
(Increase)/decrease in investments		-	2
Net cash flows from investing activities		(469,507)	(474,232)
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/(decrease) in net assets		(640)	2,648
Net cash flows from financing activities		(640)	2,648
Net increase/(decrease) in cash and cash equivalents		(41,372)	(19,956)
Cash and cash equivalents at the beginning of the period		54,874	74,830
Cash and cash equivalents at end of period	*18*	13,502	54,874

1. Annual Appropriation

1.1 Annual Appropriation

Programmes	Final Appropriation R'000	Actual Funds Received R'000	Funds not requested/ not received R'000	Appropriation received 2007/08 R'000
Administration	256,741	256,741	-	207,719
District Health Services	3,108,084	3,108,084	-	2,678,625
Emergency Medical Services	395,342	395,342	-	344,796
Provincial Hospital Services	2,271,560	2,271,560	-	1,277,557
Central Hospital Services	1,970,686	1,970,686	-	2,324,333
Health Science and Training	165,110	165,110	-	135,026
Health Care Support Services	98,498	98,498	-	82,641
Health Facility Management	604,784	604,784	-	376,608
Total	**8,870,805**	**8,870,805**	**-**	**7,427,305**

1.2 Conditional grants

	Note	2008/09 R'000	2007/08 R'000
Total grants received	*Annex 1A*	2,512,297	2,272,228
Provincial grants included in Total Grants received		**2,512,297**	**2,272,228**

Conditional grants are included in the amounts per the Final Appropriation in Note 1.1

2. Departmental revenue

Sales of goods and services other than capital assets	*2.1*	289,679	348,057
Fines, penalties and forfeits	*2.2*	1	-
Interest, dividends and rent on land	*2.3*	1,341	624
Sales of capital assets	*2.4*	11	10
Financial transactions in assets and liabilities	*2.5*	7,937	11,547
Transfer received	*2.6*	138,174	116,003
Total revenue collected		437,143	476,241
Less: Own revenue included in appropriation	*15*	338,854	384,700
Departmental revenue collected		**98,289**	**91,541**

Please refer to the Revenue section on page 15 of the Accounting Officer's Report (page 173).

		Note	2008/09 R'000	2007/08 R'000
2.1	**Sales of goods and services other than capital assets**			
	Sales of goods and services produced by the department		281,837	347,339
	Sales by market establishment		276,691	342,363
	Administrative fees		5,146	4,976
	Sales of scrap, waste and other used current goods		7,842	718
	Total		**289,679**	**348,057**
2.2	**Fines, penalties and forfeits**			
	Fines		1	-
	Total		**1**	**-**
2.3	**Interest, dividends and rent on land**			
	Interest		1,341	624
	Total		**1,341**	**624**
2.4	**Sale of capital assets**			
	Tangible capital assets		**11**	**10**
	Machinery and equipment	*30.2*	11	10
	Total		**11**	**10**
2.5	**Financial transactions in assets and liabilities**			
	Receivables		4,532	9,314
	Other Receipts including Recoverable Revenue		3,405	2,233
	Total		**7,937**	**11,547**
2.6	**Transfers received**			
	Universities and technikons		13,693	(10,464)
	International organisations		122,675	126,467
	Public corporations and private enterprises		1,806	-
	Total		**138,174**	**116,003**

	Note	2008/09 R'000	2007/08 R'000
3. Aid assistance			
3.1 Aid assistance received in cash from other sources			
Local			
Opening Balance		(2,139)	(1,205)
Revenue		-	(934)
Closing Balance		**(2,139)**	**(2,139)**
Foreign			
Opening Balance		6,123	1,205
Revenue		21,423	22,456
Expenditure		(18,317)	(17,538)
Current		(4,950)	(17,518)
Capital		(36)	(20)
Transfers		(13,331)	-
Closing Balance		**9,229**	**6,123**
Total assistance			
Opening Balance		3,984	-
Revenue		21,423	21,522
Expenditure		(18,317)	(17,538)
Current		(4,950)	(17,518)
Capital		(36)	(20)
Transfers		(13,331)	-
Closing Balance		**7,090**	**3,984**
Analysis of balance			
Aid assistance unutilised		7,090	3,984
Other sources		7,090	3,984
Closing balance		**7,090**	**3,984**

The closing balance of the 2007/08 financial year was taken into account in the determination of the above balance which will differ from the Aid Assistance deficit as per Statement of Financial Performance.

		Note	2008/09 R'000	2007/08 R'000
4.	**Compensation of employees**			
4.1	**Salaries and Wages**			
	Basic salary		3,218,090	2,776,690
	Performance award		64,219	37,597
	Service Based		10,592	11,865
	Compensative/circumstantial		472,505	413,100
	Periodic payments		14,784	15,981
	Other non-pensionable allowances		548,469	413,252
	Total		**4,328,659**	**3,668,485**
4.2	**Social contribution**			
4.2.1	**Employer contributions**			
	Pension		359,177	311,325
	Medical		187,218	157,698
	UIF		4	166
	Bargaining council		827	860
	Insurance		386	231
	Total		**547,612**	**470,280**
	Total compensation of employees		**4,876,271**	**4,138,765**
	Average number of employees		26,860	25,614
5.	**Goods and services**			
	Administrative fees		640	612
	Advertising		21,625	15,663
	Assets less than R 5,000	*5.1*	36,590	34,110
	Bursaries (employees)		4,581	3,850
	Catering		5,241	3,990
	Communication		47,942	47,586
	Computer services	*5.2*	42,134	43,372
	Consultants, contractors and special services	*5.3*	813,500	704,695
	Entertainment		125	139
	External audit fees	*5.4*	12,282	8,014
	Inventory	*5.5*	1,330,147	1,151,050
	Operating leases		30,850	26,568
	Owned and leasehold property expenditure	*5.6*	315,055	247,566
	Transport provided as part of the departmental activities		2,111	1,911
	Travel and subsistence	*5.7*	151,548	122,674
	Venues and facilities		4,555	2,825
	Training and staff development		36,560	34,284
	Other operating expenditure	*5.8*	24,513	21,888

Total	**2,879,999**	**2,470,797**

		Note	2008/09 R'000	2007/08 R'000
5.1	**Assets less than R 5,000**			
	Tangible assets		36,244	34,110
	Machinery and equipment		36,244	34,110
	Intangible assets		346	-
	Total		**36,590**	**34,110**
5.2	**Computer services**			
	SITA computer services		17,574	21,408
	External computer service providers		24,560	21,964
	Total		**42,134**	**43,372**
5.3	**Consultants, contractors and agency/outsourced services**			
	Business and advisory services		85,723	75,818
	Infrastructure and planning		4,425	-
	Laboratory services		349,059	282,718
	Legal costs		3,987	4,613
	Contractors		92,800	98,208
	Agency and support/outsourced services		277,506	243,338
	Total		**813,500**	**704,695**
5.4	**External audit fees**			
	Regularity audits		11,338	7,450
	Performance audits		938	-
	Forensic audits		6	-
	Other audits		-	564
	Total		**12,282**	**8,014**
5.5	**Inventory**			
	Food and food supplies		69,478	57,703
	Fuel, oil and gas		21,258	20,863
	Other consumables		67,149	55,917
	Maintenance material		30,542	18,109
	Stationery and printing		40,416	32,134
	Medical supplies		1,101,304	966,324
	Total		**1,330,147**	**1,151,050**
5.6	**Owned and leasehold property expenditure**			
	Municipal services		140,678	118,953
	Property management fees		174,377	128,613
	Total		**315,055**	**247,566**

		Note	2008/09 R'000	2007/08 R'000
5.7	**Travel and subsistence**			
	Local	*7*	150,752	122,011
	Foreign		796	663
	Total		**151,548**	**122,674**
5.8	**Other operating expenditure**			
	Learnerships		36	-
	Professional bodies, membership and subscription fees		466	1,021
	Resettlement costs		2,846	1,740
	Other		21,165	19,127
	Total		**24,513**	**21,888**
6.	**Interest and rent on land**			
	Interest paid		396	-
	Total		**396**	**-**
7.	**Financial transactions in assets and liabilities**			
	Material losses through criminal conduct		9	490
	- Theft	*6.3*	9	490
	Other material losses written off	*6.1*	975	1,209
	Debts written off	*6.2*	1,188	1,394
	Total		**2,172**	**3,093**
7.1	**Other material losses written off**			
	Nature of losses			
	Government vehicle losses		975	1,209
	Total		**975**	**1,209**

		Note	2008/09 R'000	2007/08 R'000
7.2	**Debts written off**			
	Nature of debts written off			
	Salary overpayments		473	450
	Guarantees		69	25
	Tax		136	117
	Interest		-	7
	Accommodation		19	33
	Telephone account		2	1
	Gas cylinders		-	651
	Housing allowances		-	106
	Stock loss		77	-
	Micro loans		12	-
	Bursary		343	-
	Other		57	4
	Total		**1,188**	**1,394**
7.3	**Theft**			
	Detail of theft			
	Other		4	10
	Fraudulent cheques		-	33
	Traction table stand		-	21
	Stainless steel bowls		-	51
	Computer equipment		-	54
	Food nutrition programme		-	298
	Projector		-	12
	Tools		5	11
	Total		**9**	**490**
8.	**Transfers and subsidies**			
	Provinces and municipalities	*Annex 1F*	165,186	150,924
	Departmental agencies and accounts	*Annex 1G*	4,368	3,580
	Universities and technikons	*Annex 1H*	-	1,400
	Non-profit institutions	*Annex 1K*	211,455	191,404
	Households	*Annex 1L*	46,480	63,681
	Total		**427,489**	**410,989**

		Note	2008/09 R'000	2007/08 R'000
9.	**Expenditure on capital assets**			
	Tangible assets		**469,421**	**474,194**
	Buildings and other fixed structures	*32.1*	328,119	297,470
	Machinery and equipment	*30.1*	141,302	176,724
	Software and other intangible assets		**97**	**50**
	Computer software	*31.1*	97	50
	Total		**469,518**	**474,244**

9.1 Analysis of funds utilised to acquire capital assets – 2008/09

	Voted Funds R'000	Aid assistance R'000	Total R'000
Tangible assets	**469,385**	**36**	**469,421**
Buildings and other fixed structures	328,119	-	328,119
Machinery and equipment	141,266	36	141,302
Software and other intangible assets	**97**	**-**	**97**
Computer software	97	-	97
Total	**469,482**	**36**	**469,518**

9.2 Analysis of funds utilised to acquire capital assets – 2007/08

Total assets acquired	**474,224**	**20**	**474,244**

10.	**Unauthorised expenditure**			
10.1	**Reconciliation of unauthorised expenditure**			
	Opening balance		127,757	425,020
	Unauthorised expenditure – discovered in current year	*14*	89,179	114,228
	Less: Amounts approved by Parliament/Legislature (with funding)		-	(220,105)
	Less: Transfer to receivables for recovery		-	(191,386)
	Unauthorised expenditure awaiting authorisation		**216,936**	**127,757**
	Analysis of awaiting authorisation per economic classification			
	Current		216,936	127,757
	Total		**216,936**	**127,757**

	Note	2008/09 R'000	2007/08 R'000

10.2 Details of unauthorised expenditure – current year

Incident	Disciplinary steps taken/criminal proceedings	2008/09 R'000
Over expenditure on Programmes 2 and 3	No disciplinary steps or criminal proceedings will take place. The matter will be dealt with in a Finance Act.	89,179
Total		**89,179**

11. Cash and cash equivalents

Consolidated Paymaster General Account	(13,406)	(21,131)
Cash receipts	17	-
Cash on hand	4,072	129
Cash with commercial banks (Local)	22,819	75,876
Total	**13,502**	**54,874**

12. Prepayments and advances

Travel and subsistence	333	72
Advances paid to other entities	3,390	4,723
Total	**3,723**	**4,795**

13. Receivables

	Note	Less than one year R'000	One to three years R'000	Older than three years R'000	Total R'000	Total R'000
	13.1					
Claims recoverable	*Annex 4*	55,651	(62)	-	55,589	6,581
Recoverable expenditure	*13.2*	170,381	-	-	170,381	-
Staff debt	*13.3*	9,875	5,625	10,394	25,894	23,350
Other debtors	*13.4*	3,352	5,470	3,113	11,935	8,864
Total		**239,259**	**11,033**	**13,507**	**263,799**	**38,795**

13.1 Claims recoverable

National departments	(1,088)	(3,821)
Provincial departments	1,026	1,297
Trading entities	55,651	9,105
Total	**55,589**	**6,581**

	Note	2008/09 R'000	2007/08 R'000
13.2 Recoverable expenditure (disallowance accounts)			
HRP advance		170,381	-
Total		**170,381**	**-**
13.3 Staff debt			
Salary Reversal Control		(472)	(12)
Sal: Deduction Disall Account: CA		49	55
Sal: Tax Debt: CA		123	147
Debt Account: CA		26,194	23,160
Total		**25,894**	**23,350**
13.4 Other debtors			
Disallowance miscellaneous		7,465	7,603
Disallowance dishonoured cheques		51	8
Disallowance damage and losses		2,178	1,076
Damage vehicles: CA		255	270
Medsas claims recoverable		1,986	(1)
Sal: Recoverable		-	(92)
Total		**11,935**	**8,864**
14. Voted funds to be surrendered to the Revenue Fund			
Opening balance		43,665	70,362
Transfer from Statement of Financial Performance		214,996	(70,563)
Paid during the year		(43,665)	(70,362)
Closing balance		**214,996**	**(70,563)**

During the 2007/08 financial year unauthorised expenditure was reported as an add back item in the Statement of Financial Performance. In the 2008/09 financial year the reporting of unauthorised expenditure has been moved to the Statement of Financial Position.

15. Departmental revenue to be surrendered to the Revenue Fund			
Opening balance		91,541	28,571
Transfer from Statement of Financial Performance		98,289	91,541
Own Revenue included in appropriation		338,854	384,700
Paid during the year		(430,382)	(413,271)
Closing balance		**98,302**	**91,541**

		Note	2008/09 R'000	2007/08 R'000
16.	**Payables – current**			

Description	30 days R'000	30+ days R'000	Note	2008/09 R'000	2007/08 R'000
Amounts owing to other entities	3,627	19,665	*Annex 5*	23,292	11,267
Advances received	89,179	-	*16.1*	89,179	114,228
Clearing accounts	3,279	46,705	*16.2*	49,984	60,007
Total				**162,455**	**185,502**

16.1 Advances received

Description		
Unauthorised expenditure	89,179	114,228
Total	**89,179**	**114,228**

16.2 Clearing accounts

Description		
Patient fee deposits	1,980	661
Sal: Pension fund	148	184
Sal: Medical aid	-	1
Sal: Income tax	2,259	1,750
Sal: Housing	-	1
Sal: Bargaining councils	5	6
Advances from Western Cape	65,824	65,824
Advances from public entities	2,242	1,758
Advances from public corporations and private entities	814	814
Sal: Finance other institutions	1	-
Sal: Insurance deductions	3	-
Medscheme control account	-	275
Claims from other departments included in Annexure 5	(23,292)	(11,267)
Total	**49,984**	**60,007**

17. Net cash flow available from operating activities

Net surplus/(deficit) as per Statement of Financial Performance	316,391	24,962
Add back non cash/cash movements not deemed operating activities	112,384	426,666
(Increase)/decrease in receivables – current	(225,004)	32,791
(Increase)/decrease in prepayments and advances	1,072	(791)
(Increase)/decrease in other current assets	(89,179)	297,263
Increase/(decrease) in payables – current	91,181	(392,126)
Proceeds from sale of capital assets	(11)	-
Expenditure on capital assets	469,518	474,244
Surrenders to Revenue Fund	(474,047)	(483,633)
Own revenue included in appropriation	338,854	498,918
Net cash flow generated by operating activities	**428,775**	**451,628**

		Note	2008/09 R'000	2007/08 R'000
18.	**Reconciliation of cash and cash equivalents for cash flow purposes**			
	Consolidated Paymaster General account		(13,406)	(21,131)
	Cash receipts		17	-
	Cash on hand		4,072	129
	Cash with commercial banks (Local)		22,819	75,876
	Total		**13,502**	**54,874**

These amounts are not recognised in the Annual Financial Statements and are disclosed to enhance the usefulness of the Annual Financial Statements.

			Note	2008/09 R'000	2007/08 R'000
19.	**Contingent liabilities**				
	Liable to	**Nature**			
	Housing loan guarantees	Employees	*Annex 3A*	6,591	8,195
	Claims against the department		*Annex 3B*	89,442	54,937
	Other departments (interdepartmental unconfirmed balances)		*Annex 5*	21,956	10,867
	Other		*Annex 3B*	1,027	1,023
	Total			**119,016**	**75,022**
20.	**Contingent assets**				
	Recover from	**Nature**			
	Nursing staff	OSD payments		2,177	2,177
	Total			**2,177**	**2,177**
21.	**Commitments**				
	Current expenditure				
	Approved and contracted			203,313	163,821
	Approved but not yet contracted			9,042	6,460
				212,355	**170,281**
	Capital expenditure				
	Approved and contracted			886,694	8,782
	Approved but not yet contracted			221,258	3,691
				1,107,952	**12,473**
	Total Commitments			**1,320,307**	**182,754**

Note:

Commitments on Capital Immovable Assets have been included in the 2008/09 financial year disclosure.

22. Accruals

Listed by economic classification	**30 Days R'000**	**30+ Days R'000**	**Total R'000**	**Total R'000**
Compensation of employees	11,634	2,394	14,028	5,059
Goods and services	190,950	76,249	267,199	143,834
Transfers and subsidies	18,866	12,550	31,416	2,827
Buildings and other fixed structures	27,851	6,941	34,792	3,926
Machinery and equipment	11,286	10,050	21,336	2,832
Software and other intangible assets	136	166	302	-
Total	**260,723**	**108,350**	**369,073**	**158,478**

	Note	2008/09 R'000	2007/08 R'000
Listed by programme level			
Administration		19,435	7,915
District Health Services		138,291	47,802
Emergency Medical Services		6,986	3,412
Provincial Hospital Services		9,423	19,824
Central Hospital Services		116,871	67,679
Health Sciences and Training		37,995	358
Health Care Support Service		3,284	534
Health Facility Management		36,788	10,954
Total		**369,073**	**158,478**
Confirmed balances with other departments	*Annex 5*	1,336	400
Total		**1,336**	**400**

23. Employee benefits

Leave entitlement	105,957	103,501
Thirteenth cheque	121,652	107,831
Performance awards	63,709	37,316
Capped leave commitments	255,804	250,769
Total	**547,122**	**499,417**

Leave Entitlement

PERSAL Report	(R100,656,045.81)
Negative leave credits included	(R 20,447,895.51)
Leave captured after 1 April 2009	R 15,146,746.93
Recalculated leave entitlement	**(R105,957,194.39)**

Capped leave commitments

PERSAL Report	(R255,351,015.80)
Negative leave credits included	(R453,382.01)
Recalculated capped leave entitlement	**(R255,804,397.81)**

Negative balances mostly result from an over grant of leave which is discovered when leave files are audited.

24. Lease commitments

24.1 Operating leases expenditure

2008/09	Buildings and other fixed structures R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	213	6,568	6,781
Later than 1 year and not later than 5 years	-	3,440	3,440

Total lease commitments	**213**	**10,008**	**10,221**

	Note	2008/09 R'000	2007/08 R'000

Operating leases expenditure

2007/08	Buildings and other fixed structures R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	39	623	662
Later than 1 year and not later than 5 years	-	7,538	7,538
Total lease commitments	**39**	**8,161**	**8,200**

24.2 Finance leases expenditure

2008/09	Buildings and other fixed structures R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	-	3,068	3,068
Later than 1 year and not later than 5 years	-	5,326	5,326
Total lease commitments	-	8,394	8,394
LESS: finance costs	**-**	4,754	4,754
Total present value of lease liabilities	**-**	**3,640**	**3,640**
2007/08			
Not later than 1 year	-	652	652
Later than 1 year and not later than 5 years	-	6,157	6,157
Total lease commitments	-	6,809	6,809
LESS: finance costs	-	-	-
Total present value of lease liabilities	**-**	**6,809**	**6,809**

25. Receivables for departmental revenue

Sale of goods and services other than capital assets	382,661	365,667
Total	**382,661**	**365,667**

The department's patient debt amounts to R 383,000,000, comprising:

	2008/09	2007/08
Road Accident Fund (RAF)	R 221,000,000	R 191,000,000
Other	R 162,000,000	R 175,000,000
Total	R 383,000,000	R 366,000,000

The amount of R 383,000,000 must be reduced by the following:
2008/09 RAF payments received, but not credited to the billing systems = R 25,000,000;
Debt older than 3 years and debt to be removed from the system according to departmental policy = R 51,000,000;
Remaining valid debt = R 307,000,000.

Of the amount of R 307,000,000 approximately 58% consists of RAF debt.
The department estimates that a quarter of the RAF debt is irrecoverable due to the rules for shared accountability. The recovery cost of RAF debt is 17% of amounts recovered which is considerably high. The department therefore considers 50% of the RAF debt as recoverable on a nett basis. However, despite recent gains it may take years to recover this debt. The department's debt grows by approximately R 10,000,000 per month and this is solely due to the RAF debt. The total recoverable debt is therefore estimated at R 197,000,000. The above debt includes a credit balance of R 4,600,000 due to the incorrect allocation of payments to invoices within the same account holder, simultaneous write off and payment, and duplicate payments. Patient Fees debt written off during the year = R 128,000,000.

		Note	2008/09 R'000	2007/08 R'000
25.1	**Analysis of receivables for departmental revenue**			
	Less: amounts written-off/reversed as irrecoverable		(1,188)	-
	Closing balance		(1,188)	-
26.	**Irregular expenditure**			
a.	**Reconciliation of irregular expenditure**			
	Opening balance		18,923	5,825
	Add: Irregular expenditure – relating to current year		4,293	40,693
	Less: Amounts condoned		(13,098)	(27,595)
	Irregular expenditure awaiting condonation		**10,118**	**18,923**
	Analysis of awaiting condonation per age classification			
	Current year		4,293	13,098
	Prior years		5,825	5,825
	Total		**10,118**	**18,923**

	Note	2008/09 R'000	2007/08 R'000

b. Details of irregular expenditure – current year

Incident	Disciplinary steps taken/ criminal proceedings	2008/09 R'000
Procured outside valid contract (EMS)	Matter is being investigated	643
Non compliance with delegation (Eden District)	Matter is being investigated	108
Procured outside valid contract (GF Jooste)	Matter is being investigated	12
Payments made not covered by valid contract (CDU)	Matter is being investigated	302
Non-compliance with delegations (Eerste River)	Matter is being investigated	158
Non-compliance with delegations (MDHS)	Matter is being investigated	646
Payments made not covered by valid contract (Head Office)	Matter is being investigated	27
Non-compliance with delegations (George Hospital)	Matter is being investigated	463
Non-compliance with delegations (George Hospital)	Matter is being investigated	497
Non-compliance with delegations (GSH)	Matter is being investigated	6
Non-compliance with delegations (Beaufort West)	Matter is being investigated	157
Non-compliance with delegations (Red Cross Hospital)	Matter is being investigated	111
Non-compliance with delegations (Victoria Hospital)	Matter is being investigated	310
Non-compliance with delegations (EMS)	Matter is being investigated	294
Non-compliance with delegations (MDHS)	Matter is being investigated	559
Total		**4,293**

26.1 Details of irregular expenditure condoned

Incident	Condoned by (condoning authority)	2008/09 R'000
Orders generated after goods/services received	Accounting Officer	1,035
Procured from expired contract	Accounting Officer	16
Approved outside delegated authority	Accounting Officer	4,887
Prescribed procurement procedures not followed	Accounting Officer	7
No delegated approval	Accounting Officer	28
Approved outside delegated authority	Accounting Officer	525
Approved outside delegated authority	Accounting Officer	945
Non compliance with delegations (Red Cross Hospital)	Accounting Officer	236
Non compliance with delegations (Stikland Hospital)	Accounting Officer	32
Non compliance with delegations (Stikland Hospital)	Accounting Officer	3,888
Non compliance with delegations (Stikland Hospital)	Accounting Officer	210
Non compliance with delegations (Groote Schuur Hospital)	Accounting Officer	108
Approved outside delegated authority	Accounting Officer	1,148
Services procured without delegated authority	Accounting Officer	33
Total		**13,098**

27. Related party transactions

Transactions concluded by the Cape Medical Depot are at arms length and reflect in a separate set of Financial Statements. The Report of the Accounting Officer, paragraph 14 provides more detail on this issue.

	Note	2008/09 R'000	2007/08 R'000

28. Key management personnel

Description	No of individuals		
Political office bearers (provide detail below)	1	1,014	924
Officials			
Level 15 to 16	4	4,077	3,341
Level 14 (incl. CFO if at a lower level)	9	5,686	5,553
Family members of key management personnel	2	589	680
Total		**11,366**	**10,498**

29. Public Private Partnership

Contract fee paid	37,210	35,416
Fixed component	37,210	35,416
Total	**37,210**	**35,416**

The Report of the Accounting Officer paragraph 7 provides more detail on this issue.

30. Provisions

Potential irrecoverable debts		
Staff debtors	191	133
Total	**191**	**133**

31. Movable Tangible Capital Assets

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2009

	Opening balance	Current Year Adjustments to prior year balances	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	**1,158,566**	**(15,525)**	**180,971**	**89,904**	**1,234,108**
Transport assets	1,533	6	6,656	6,624	1,571
Computer equipment	72,068	1,446	22,547	7,417	88,644
Furniture and office equipment	91,454	(496)	5,567	1,431	95,094
Other machinery and equipment	993,511	(16,481)	146,201	74,432	1,048,799
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	**1,158,566**	**(15,525)**	**180,971**	**89,904**	**1,234,108**

31.1 Additions

ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2009

	Cash	Non-cash	(Capital Work in Progress current costs and finance lease payments)	Received current, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	**141,301**	**17,975**	**-**	**21,695**	**180,971**
Transport assets	6,624	32	-	-	6,656
Computer equipment	18,762	2,448	-	1,337	22,547
Furniture and office equipment	4,897	639	-	31	5,567
Other machinery and equipment	111,018	14,856	-	20,327	146,201
TOTAL ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS	**141,301**	**17,975**	**-**	**21,695**	**180,971**

31.2 Disposals

DISPOSALS OF MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2009

	Sold for cash	Transfer out or destroyed or scrapped	Total disposals	Cash Received Actual
	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	**11**	**89,893**	**89,904**	**-**
Transport assets	-	6,624	6,624	-
Computer equipment	-	7,417	7,417	-
Furniture and office equipment	-	1,431	1,431	-
Other machinery and equipment	11	74,421	74,432	-
TOTAL DISPOSAL OF MOVABLE TANGIBLE CAPITAL ASSETS	**11**	**89,893**	**89,904**	**-**

31.3 Movement for 2007/08

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2008

	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance R'000
MACHINERY AND EQUIPMENT	**1,036,326**	**187,959**	**65,719**	**1,158,566**
Transport assets	1,336	22,633	22,436	1,533
Computer equipment	56,551	18,359	2,842	72,068
Furniture and office equipment	90,008	2,709	1,263	91,454
Other machinery and equipment	888,431	144,258	39,178	993,511
TOTAL MOVABLE TANGIBLE ASSETS	**1,036,326**	**187,959**	**65,719**	**1,158,566**

31.4 Minor assets

MINOR ASSETS OF THE DEPARTMENT FOR THE YEAR ENDED 31 MARCH 2009

	Intangible assets R'000	Machinery and equipment R'000	Total R'000
Minor assets	1,788	383,608	385,396
TOTAL	**1,788**	**383,608**	**385,396**
Number of minor assets	643	408,430	409,073
TOTAL	**643**	**408,430**	**409,073**

32. Intangible Capital Assets

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2009

	Opening balance R'000	Current Year Adjust-ments to prior year balances R'000	Additions R'000	Disposals R'000	Closing Balance R'000
COMPUTER SOFTWARE	478	165	205	42	806
TOTAL INTANGIBLE CAPITAL ASSETS	**478**	**165**	**205**	**42**	**806**

32.1 ADDITIONS TO INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2009

	Cash	Non-cash	(Develop-ment work in progress – current costs)	Received current year, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
COMPUTER SOFTWARE	98	107	-	-	205
TOTAL ADDITIONS TO INTANGIBLE CAPITAL ASSETS	**98**	**107**	**-**	**-**	**205**

32.2 Disposals

DISPOSALS OF INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2009

	Sold for cash	Transfer out or destroyed or scrapped	Total disposals	Cash Received
	R'000	R'000	R'000	R'000
COMPUTER SOFTWARE	-	42	42	-
TOTAL DISPOSALS OF INTANGIBLE CAPITAL ASSETS	-	42	42	-

32.3 Movement for 2007/08

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2008

	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
COMPUTER SOFTWARE	428	50	-	478
TOTAL	**428**	**50**	**-**	**478**

33. Immovable Tangible Capital Assets

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2009

	Opening balance	Current Year Adjust-ments to prior year balances	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**2,535**	**(221,518)**	**328,218**	**106,399**	**2,836**
Non-residential buildings	-	(221,530)	327,838	106,308	-
Other fixed structures	2,535	12	380	91	2,836
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	**2,535**	**(221,518)**	**328,218**	**106,399**	**2,836**

33.1 Additions

ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2009

	Cash	Non-cash	(Capital Work in Progress current costs and finance lease payments)	Received current, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
BUILDING AND OTHER FIXED STRUCTURES	**328,119**	**99**	**-**	**-**	**328,218**
Non-residential buildings	327,838	-	-	-	327,838
Other fixed structures	281	99	-	-	380
TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS	**328,119**	**99**	**-**	**-**	**328,218**

33.2 Disposals

DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2009

	Sold for cash	Transfer out or destroyed or scrapped	Total disposals	Cash Received Actual
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**-**	**106,399**	**106,399**	**-**
Non-residential buildings	-	106,308	106,308	-
Other fixed structures	-	91	91	-
TOTAL DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS	**-**	**106,399**	**106,399**	**-**

33.3 Movement for 2007/08

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2008

	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**1,129**	**186,947**	**185,541**	**2,535**
Non-residential buildings	-	185,504	185,504	-
Other fixed structures	1,129	1,443	37	2,535
TOTAL IMMOVABLE TANGIBLE ASSETS	**1,129**	**186,947**	**185,541**	**2,535**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2009

ANNEXURE 1A
STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF DEPARTMENT	GRANT ALLOCATION					SPENT			2007/08	
	Division of Revenue Act/ Provincial Grants	Roll Overs	DORA Adjustments	Other Adjustments	Total Available	Amount received by Department	Amount spent by Department	% of available funds spent by Department	Division of Revenue Act	Amount spent by Department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
National Tertiary Services	1,486,054	-	14,139	-	1,500,193	1,500,193	1,500,193	100%	1,335,544	1,335,544
Health professions training and development	356,414	-	-	-	356,414	356,414	356,414	100%	339,442	339,442
HIV and AIDS	241,467	-	-	-	241,467	241,467	268,931	111%	200,559	200,562
Forensic Pathology Services	55,535	8,254	22,228	-	86,017	86,017	69,958	81%	120,706	112,452
Hospital Revitalisation	400,388	3,556	-	-	403,944	233,563	232,748	100%	195,715	192,159
Provincial Infrastructure	93,810	833	-	-	94,643	94,643	63,933	68%	80,262	79,429
Total	**2,633,668**	**12,643**	**36,367**	**-**	**2,682,678**	**2,512,297**	**2,492,177**		**2,272,228**	**2,259,588**

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2009

ANNEXURE 1F
STATEMENT OF UNCONDITIONAL GRANTS AND TRANSFERS TO MUNICIPALITIES

NAME OF MUNICIPALITY	GRANT ALLOCATION				TRANSFER		SPENT			2007/08
	Amount	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds Transferred	Amount received by municipality	Amount spent by municipality	% of available funds spent by municipality	Total Available
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	%	R'000
HO										
- City of Cape Town	167,241	-	-	167,241	159,036	95%	159,036	159,036	100%	142,740
Boland										
- Overberg	1,687	-	-	1,687	1,687	100%	1,687	1,687	100%	2,165
- Cape Winelands										-
West Coast/Winelands										
- West Coast	2,068	-	-	2,068	1,467	71%	1,467	1,467	100%	1,690
South Cape										
- Central Karoo	1,306	-	-	1,306	587	45%	587	587	100%	1,622
- Eden	2,612	-	-	2,612	2,409	92%	2,409	2,409	100%	2,707
Total	**174,914**	**-**	**-**	**174,914**	**165,186**		**165,186**	**165,186**		**150,924**

ANNEXURE 1G
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/ AGENCY/ ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2007/08
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds Transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Cape Medical Depot	1,573	-	-	1,573	1,573	100%	1,411
SETA	2,801	-	-	2,801	2,795	100%	2,169
Total	**4,374**	**-**	**-**	**4,374**	**4,368**		**3,580**

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2009

ANNEXURE 1H
STATEMENT OF TRANSFERS TO UNIVERSITIES AND TECHNIKONS

UNIVERSITY/TECHNIKON	TRANSFER ALLOCATION				TRANSFER			2007/08
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	Amount not transferred	% of Available funds Transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Cape Peninsula University of Technology	1,567	-	(1,567)	-	-	-	-	1,400
Total	**1,567**	**-**	**(1,567)**	**-**	**-**	**-**		**1,400**

ANNEXURE 1K
STATEMENT OF TRANSFERS/SUBSIDIES TO NON-PROFIT INSTITUTIONS

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2007/08
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds Transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers							
St Josephs	6,591	-	-	6,591	7,602	115%	6,045
Sarah Fox	4,618	-	-	4,618	4,984	108%	4,644
Maitland Cottage	5,919	-	(107)	5,812	5,812	100%	4,825
Booth Memorial	8,924	-	-	8,924	9,838	110%	8,570
Clanwilliam	-	-	-	-	-	-	3,787
Radie Kotze	4,612	-	-	4,612	4,612	100%	4,503
Murraysburg	826	-	-	826	826	100%	2,478
Uniondale	749	-	-	749	748	100%	2,993
SA Red Cross Air Mercy	21,000	-	-	21,000	20,906	100%	18,873
Conradie Care Centre	30,952	-	-	30,952	30,498	99%	28,439
APH Management	1,115	-	111	1,226	1,226	100%	-
EPWP	28,000	-	482	28,482	28,482	100%	12,000
HIV and Aids	52,788	-	-	52,788	47,770	90%	47,601
Nutrition	1,636	-	-	1,636	1,353	83%	1,721
TB NGO's	-	-	-	-	-	-	3,730
Mental Health	17,903	-	-	17,903	16,859	94%	4,415
Health Committees	8,336	-	-	8,336	7,284	87%	-
Licensed homes	-	-	-	-	-	-	6,041
Group homes	-	-	-	-	-	-	4,711
Psycho Soc Rehab Groups	-	-	-	-	-	-	440

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2007/08
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds Transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Santa Guidance	-	-	-	-	-	-	98
Global Fund	22,726	-	-	22,726	20,657	91%	19,649
Community Outreach/Social Capital	3,511	-	-	3,511	1,998	57%	5,841
Total	**220,206**	**-**	**486**	**220,692**	**211,455**		**191,404**

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2009

ANNEXURE 1L
STATEMENT OF TRANSFERS TO HOUSEHOLDS

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE		2007/08
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds Transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Employee social benefits-cash residents	11,091	-	4,101	15,192	15,988	105%	7,627
Claims against the state: households	10,434	-	(6,363)	4,071	4,029	99%	3,976
Bursaries	52,234	-	(15,390)	36,844	26,430	72%	48,174
PMT/Refund & Rem-Act/Grace (Injuries on duties)	105	-	-	105	28	27%	3,904
Donations & Gifts Households - cash	-	-	5	5	5	100%	-
Total	**73,864**	**-**	**(17,647)**	**56,217**	**46,480**		**63,681**

ANNEXURE 1M
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2008/09	2007/08
		R'000	R'000
Received in cash			
Late M Gawronsky (estate)	Upgrade of Robbie Nurock Community Health Centre	3	-
R Nurock	Audio Visual equipment for the Robbie Nurock CHC	5	-
Motivation Charitable Trust	Compensation replacement staff at Western Cape Rehabilitation Centre	116	-
University of Cape Town	Essential equipment for Brewelskloof Hospital	1,764	-
Subtotal		1,888	-
Received in kind			
Gifts & Donations and sponsorships received for the year ending 31 March 2008			**18,330**
Alexandra Hospital	Work Station Computer	5	
Alexandra Hospital	Printer Laser	3	
Alexandra Hospital	Home Theatre x 13	16	
Alexandra Hospital	TV Sansui x 5	14	
Alexandra Hospital	Treadmill Trojan x 5	3	
Alexandra Hospital	Hi-fi Music Set	2	
Alexandra Hospital	TV Logik	2	
Alexandra Hospital	TV Samsung	2	
Alexandra Hospital	Tricep Pulleys x 3	1	
Alexandra Hospital	Upright bike x 3	1	
Alexandra Hospital	Treadmill Trojan x 2	1	
Alexandra Hospital	Exercise Equipment	3	
Beaufort West Hospital (Central Karoo)	Cabinet/ Bulk Filing System	168	
Beaufort West Hospital (Central Karoo)	Warmer Medical Servocribx 2	79	
Beaufort West Hospital (Central Karoo)	Monitor Medical Physiological Welch Allyn Propaq CS 244	236	
Beaufort West Hospital (Central Karoo)	Monitor Medical Physiological Welch Allyn Propaq CS 802 LT	270	
Beaufort West Hospital (Central Karoo)	Printer Hewlett Packard, HP 4250	106	

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2009

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2008/09	2007/08
		R'000	R'000
Beaufort West Hospital (Central Karoo)	CTG Machine	20	
Beaufort West Hospital (Central Karoo)	Chemical Mixer	11	
Beaufort West Hospital (Central Karoo)	Medicine Cart	10	
Beaufort West Hospital (Central Karoo)	Cart Utility Dressing	9	
Brewelskloof Hospital	Barcode Printer	7	
Brewelskloof Hospital	Scanner	7	
Brewelskloof Hospital	Laptop	5	
Brewelskloof Hospital	Couch	4	
Brewelskloof Hospital	TV and DVD player	1	
Brooklyn Chest Hospital	Scanner Laser Cipherlab	8	
Brooklyn Chest Hospital	Printer Argox Amigo x 1	7	
Caledon Hospital	Printer & Scanner for Asset Management	15	
Cape Winelands District Office	Argox Printer	7	
Cape Winelands District Office	Scanner	7	
DP Marais Hospital	Mask / Respirator	25	
DP Marais Hospital	Fridge	2	
DP Marais Hospital	Blankets	1	
Eersterivier Hospital	Optical equipment set vision enhancement system	450	
Eersterivier Hospital	Alu protech aluminium chairs	7	
Eersterivier Hospital	Round tables wooden	3	
Eersterivier Hospital	Blue stripe curtains	3	
Eersterivier Hospital	Visitor chairs, highback wooden, no armrest	2	
G.F Jooste Hospital	Ultrasound machine	1,026	
George Hospital	Healthwalker	3	
George Hospital	Asbestos Heater x 2	1	
George Primary Healthcare Centre (Eden District Office)	Notebook Toshiba P4 x 2	16	
George Primary Healthcare Centre (Eden District Office)	Projector Overheard Sonic	6	
George Primary Healthcare Centre (Eden District Office)	Board, Notice with stand	6	
George Primary Healthcare Centre (Eden District Office)	Microphone set,cordless	4	
George Primary Healthcare Centre (Eden District Office)	Printer Samsung	3	

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2008/09	2007/08
		R'000	R'000
Goodwood Clinical Engineering Services	Scanner, Laser, Cipherlab, Model 8300	7	
Groote Schuur Hospital	Machine laser	1,152	
Groote Schuur Hospital	Bed Examination wood x 2	4	
Groote Schuur Hospital	Chair visitor with arms	3	
Groote Schuur Hospital	Lamp standing x 2	3	
Groote Schuur Hospital	Chair easy x 3	3	
Groote Schuur Hospital	Trolley x 2	2	
Groote Schuur Hospital	Chair high back swivel & tilt	2	
Groote Schuur Hospital	Fridge Bar	2	
Groote Schuur Hospital	Chair 2 seated	2	
Groote Schuur Hospital	Chair 3 seated	2	
Groote Schuur Hospital	Table wood steel legs	2	
Groote Schuur Hospital	Light Magnifier combo	1	
Helderberg Hospital	Wheelchair	1	
Hermanus Hospital	Wheelchairs x 8	11	
Hermanus Hospital	UPS x 16	10	
Hermanus Hospital	Scanner	8	
Hermanus Hospital	Argox Printer	7	
Hermanus Hospital	Acer Projector	7	
Hermanus Hospital	Polisher	6	
Hermanus Hospital	Lazy Boy Chairs x 2	6	
Hermanus Hospital	Proline Computer	5	
Hermanus Hospital	Washing Machine	4	
Hermanus Hospital	Commodes x 3	3	
Hermanus Hospital	Tumble Dryer	3	
Hermanus Hospital	Computer Monitor	3	
Hermanus Hospital	Locker 12 door	2	
Hermanus Hospital	Doppler	2	
Hermanus Hospital	Microwave	2	
Hermanus Hospital	Compressor	1	

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2008/09	2007/08
		R'000	R'000
Hermanus Hospital	ECG Trolley	1	
Hermanus Hospital	Television	1	
Karl Bremer Hospital	Tiervlei Trial Centre	18	
Knysna Hospital	Chair, metal frame	10	
Knysna Hospital	Printer inkjet, epson stylus 440	1	
Lentegeur Hospital	2x Bicycle Size 26 pedals back wheel	3	
Lentegeur Hospital	Television 54cn Panasonic	2	
Montagu Hospital	Nihon Kohden Cardiofax 9020 (2nd hand)	38	
Montagu Hospital	Scanner Laser Cipherlab x 1	8	
Montagu Hospital	Printer Argox Amigo x 1	7	
Montagu Hospital	Kodak Camera	3	
Montagu Hospital	Microwave	1	
Mosselbay Hospital	Hospital beds x23	119	
Otto Du Plessis Hospital	Scanner Laser with cradle	8	
Otto Du Plessis Hospital	Printer Argox	7	
Otto Du Plessis Hospital	Trolley Metal Small x 5	2	
Otto Du Plessis Hospital	Trolley metal Large x 3	3	
Otto Du Plessis Hospital	High Back Chair x 4	3	
Otto Du Plessis Hospital	DVD player	1	
Otto Du Plessis Hospital	Typist Chair x 6	2	
Otto Du Plessis Hospital	Hospital beds x2	2	
Paarl Hospital (TC Newman)	HP Compaq laptop	10	
Paarl Hospital (SCM PH)	Laser scanner	8	
Paarl Hospital (SCM PH)	Label printer	7	
Paarl Hospital	Desk fan x14	4	
Red Cross Hospital	Pre-pack Instrument	24,820	
Red Cross Hospital	Pre-pack Container System for CSSD Theatre	631	
Red Cross Hospital	Meek Machine with Cork Holders & Microsoft Gauze	158	
Red Cross Hospital	Autolog Autotransfusion System	136	
Red Cross Hospital	Humeca D42 Dermatone Set & Blade	130	

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2008/09	2007/08
		R'000	R'000
Red Cross Hospital	Buggies x 2	108	
Red Cross Hospital	Bipap machine	80	
Red Cross Hospital	Ventilator	74	
Red Cross Hospital	Bipap machine	72	
Red Cross Hospital	Homechoice Procycler	55	
Red Cross Hospital	Homechoice Procycler	55	
Red Cross Hospital	Wheelchair	50	
Red Cross Hospital	Vaserjet Console with trolley	44	
Red Cross Hospital	Wheelchair	42	
Red Cross Hospital	Buggy	36	
Red Cross Hospital	Wheelchairs	36	
Red Cross Hospital	DeBakey Clamps	33	
Red Cross Hospital	Saturated Air Modules x 2	26	
Red Cross Hospital	Footrest x 90	23	
Red Cross Hospital	Buggy Seat	20	
Red Cross Hospital	Surgical suctions x 4	19	
Red Cross Hospital	Footpumps	19	
Red Cross Hospital	Monty Back Support x 5	19	
Red Cross Hospital	Resusitator	17	
Red Cross Hospital	Alaris Ivac Model 597	17	
Red Cross Hospital	Tess backs x 5	15	
Red Cross Hospital	Surgical Suctions x 10	13	
Red Cross Hospital	Stutter Bipolar Forceps	11	
Red Cross Hospital	Wheelchair	10	
Red Cross Hospital	baby walkers x 15	8	
Red Cross Hospital	Surgical suctions x 2	7	
Red Cross Hospital	ICU Bed Paeditric	7	
Red Cross Hospital	Noyesiris Scissor Straight 11cm	7	
Red Cross Hospital	Patslides	6	
Red Cross Hospital	Wheelchairs	6	

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2008/09	2007/08
		R'000	R'000
Red Cross Hospital	Flow Meter	6	
Red Cross Hospital	Buggy	6	
Red Cross Hospital	Table Top Rectangular Dark Blue	5	
Red Cross Hospital	Mattresses for bed	5	
Red Cross Hospital	Tying Forceps Curved Round Titan	4	
Red Cross Hospital	Symmetry Straight	4	
Red Cross Hospital	Tying Forceps Straight Round Titan	4	
Red Cross Hospital	TV Recliner Fabric L/T Navy	4	
Red Cross Hospital	Oxygen Walker x10	4	
Red Cross Hospital	Bicycles	3	
Red Cross Hospital	Recovering Cushion	3	
Red Cross Hospital	Vannas Scissors straight	3	
Red Cross Hospital	Chair Side Calypso Blue	3	
Red Cross Hospital	Chair side Calypso Yellow	3	
Red Cross Hospital	Handpiece (15 degree/14mm)	3	
Red Cross Hospital	Handpiece (45 degree/14mm)	3	
Red Cross Hospital	Handpiece (45 degree/8mm)	3	
Red Cross Hospital	Table Top Semi Circle Silver	3	
Red Cross Hospital	Stent	3	
Red Cross Hospital	Tracheo tubes x 4	2	
Red Cross Hospital	Chair Side Calypso Orange	2	
Red Cross Hospital	Chair Side Calypso Red	2	
Red Cross Hospital	Baby walkers	2	
Red Cross Hospital	Alaris Ivac 192 Drop Sensor	2	
Red Cross Hospital	Coffee Table	2	
Riversdale Hospital	Ivac pumps	53	
Somerset Hospital	Lazy Chairs x 9	18	
Somerset Hospital	Office Chairs x 2	2	
Somerset Hospital	Oven microwave 20lt Defy	6	
Somerset Hospital	Oven microwave 20lt Defy	5	

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2008/09	2007/08
		R'000	R'000
Somerset Hospital	Fridge	7	
Somerset Hospital	Fridge	9	
Somerset Hospital	Fridge	1	
Somerset Hospital	Monitor x 15	13	
Somerset Hospital	Monitor x 22	35	
Somerset Hospital	Printer x 3	8	
Somerset Hospital	Printer	12	
Somerset Hospital	Printer x 5	17	
Somerset Hospital	Printer x 23	105	
Somerset Hospital	Printer x 4	47	
Stellenbosch Hospital	20 x Hi-lo beds	201	
Stellenbosch Hospital	2 x Dynaflo pressure mattress	15	
Stellenbosch Hospital	5 x Children cotbed with mattress	10	
Stellenbosch Hospital	Scanner, Laser, Cipherlab, Model 8300	8	
Stellenbosch Hospital	Printer Argox	7	
Stikland Hospital	Printer & Scanner for Asset Management	15	
Stikland Hospital	Patio Braai	2	
Swartland Hospital	Ship Container	20	
Swartland Hospital	Computer x 3	18	
Swartland Hospital	Printer label	7	
Swartland Hospital	Scanner, Laser, Cipherlab, Model 8300	7	
Swartland Hospital	Wheelchair	2	
Swellendam Hospital	Scanner, Laser, Cipherlab, Model 8300	8	
Swellendam Hospital	Printer , Argox Amigo A200, Thermal	7	
Tygerberg Hospital	Stryker Thorax Endoscope System x 1	455	
Tygerberg Hospital	Olympus 4.0, 2.8videoscope and Endoscope recording systems	420	
Tygerberg Hospital	Heatview CT upgrade	298	
Tygerberg Hospital	Anspach X-Max high performance pneumatic drill	210	
Tygerberg Hospital	Complete liver & laparotomy instrument sets	190	
Tygerberg Hospital	Infusomat FMS Infusion Pumps(Service Exchange x 15)	135	

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2008/09	2007/08
		R'000	R'000
Tygerberg Hospital	Curtains	106	
Tygerberg Hospital	Spectrx Bilicheck Analyser x2	54	
Tygerberg Hospital	1xLG 54cm TV Set, 1x LG DVD Player, 5x X-Ray view Boxes, 5x Welch Allyn, Wall Mounted ENT Sets,1x Samsung CD Player	42	
Tygerberg Hospital	Q-carts for safe keeping of Olympus keymed Urology equipment	32	
Tygerberg Hospital	Chairs	30	
Tygerberg Hospital	Lazy Boy Reclining Chairs	25	
Tygerberg Hospital	Diagnostic Catheters for Angiogram	14	
Tygerberg Hospital	Computer Hp 7540 & Printer HP Laserjet 1020 1each	10	
Tygerberg Hospital	Television	10	
Tygerberg Hospital	Fax machine	6	
Tygerberg Hospital	Compaq Computers x 10	5	
Tygerberg Hospital	Computer AMD, 3D. Windows 2000	5	
Tygerberg Hospital	HP Laserjet 3970 Scanner x1	5	
Tygerberg Hospital	Duo Draughtman Chair-gas height mechanism	5	
Tygerberg Hospital	Digital Camera	5	
Tygerberg Hospital	Hp Laserjet 4100 mfp printer/scanner/fax machinex 1	5	
Tygerberg Hospital	Chairs	4	
Tygerberg Hospital	Samsung Top Loader Washing Machine, Defy 20 litre Microwave Samsung, 120 litre Bar Fridge, Aim sandwich maker, Kettle, Toaster & Clothes Dry rack 1each.	4	
Tygerberg Hospital	Washing Machine 8kg Whirlpool Frontloader	4	
Tygerberg Hospital	Tumble Dryer 7kg Whirlpool	4	
Tygerberg Hospital	Teletherapy alignment gauge	4	
Tygerberg Hospital	Chairs	4	
Tygerberg Hospital	Miami Café Brentwood stools x 6	3	
Tygerberg Hospital	Television & DVD player	3	
Tygerberg Hospital	Bedscreen Curtains Keymed Urology Equipment	3	
Tygerberg Hospital	Blinds	3	
Tygerberg Hospital	Wharfdale Colour Television/DVD x1	3	

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2008/09	2007/08
		R'000	R'000
Tygerberg Hospital	Sony compact disc player & LG car CD Mp3 receiver	2	
Tygerberg Hospital	Rexel A3 Laminator	2	
Tygerberg Hospital	Statsite HB Meter x1	2	
Tygerberg Hospital	Typist Chair	2	
Tygerberg Hospital	Samsung Digital Camera x1	2	
Tygerberg Hospital	Wheelchairs	1	
Tygerberg Hospital	Samsung Inkjet Fax Machine SF-365 TP x1	1	
Tygerberg Laundry Services	Scanner Laser	8	
Tygerberg Laundry Services	Printer Argox	7	
Valkenberg Hospital	1 x Washing Machine Speed	60	
Valkenberg Hospital	Golf cart x 1	32	
Valkenberg Hospital	Scanner Laser Cipherlab	8	
Valkenberg Hospital	Printer Argox Amigo x 1	7	
Valkenberg Hospital	3x Monitor Medical, Automatic Blood Pressure	2	
Valkenberg Hospital	Piano Chappel	3	
Valkenberg Hospital	Couch 2 Seater	3	
Valkenberg Hospital	Couch Single seater	1	
Valkenberg Hospital	Couch Single seater	1	
Valkenberg Hospital	Fridge KIC Double	2	
Valkenberg Hospital	TV sony 70cm	1	
Valkenberg Hospital	Table tennis Board	1	
Vredenburg Hospital	Lenovo Intel Notebook	20	
Vredenburg Hospital	Stabilizer Brackets x 2	3	
WC Rehabilitation Centre	5 x Printer HP P2015D	15	
WC Rehabilitation Centre	Scanner Laser Cipherlab	8	
WC Rehabilitation Centre	Printer Argox Amigo x 1	7	
WC Rehabilitation Centre	Olympus Digital Voice Recorder (VN-4100PC)	5	
WC Rehabilitation Centre	1 x SATO CL408e Printers	3	
WC Rehabilitation Centre	Printer Lexmark	2	
WC Rehabilitation Centre	Printer Dot Matrix 136 column	8	

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2009

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2008/09	2007/08
		R'000	R'000
West Coast District Office	Scanner, Laser, Cipherlab, Model 8300	7	
West Coast District Office	Printer x 1	7	
Worcester Hospital	Ventilator x 3	276	
Worcester Hospital	Phototherapy x 3	68	
Worcester Hospital	Wheelchair	22	
Worcester Hospital	Video machine	1	
Zwaanswyk Hospital Engineering Services	Scanner & Printer label	15	
Various		54	
Subtotal		34,446	18,330
TOTAL		**36,334**	**18,330**

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2009

ANNEXURE 1N
STATEMENT OF LOCAL AND FOREIGN AID ASSISTANCE RECEIVED

NAME OF DONOR	PURPOSE	OPENING BALANCE	REVENUE	EXPENDITURE	CLOSING BALANCE
		R'000	R'000	R'000	R'000
Received in cash					
Foreign					
TB HIV Global Fund	Fight against TB, AIDS and Malaria	646	1,988	1,162	1,472
European Union Funds	Home Based Care	2,683	18,881	16,880	4,684
Belgium Fund	Purchase of Wheelchairs	563	646	275	934
World Population Fund	Reproductive Health Project	-	-	-	-
Subtotal		3,892	21,515	18,317	7,090
TOTAL		**3,892**	**21,515**	**18,317**	**7,090**

ANNEXURE 1O
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE AND REMMISSIONS, REFUNDS AND PAYMENTS MADE AS AN ACT OF GRACE

NATURE OF GIFT, DONATION OR SPONSORSHIP (Group major categories but list material items including name of organisation)	2008/09 R'000	2007/08 R'000
Paid in cash		
Two millionth patient of Grabouw community Health Centre (CHC)	1	-
Contribution towards funeral expenses of baby Unabantu Mali	5	-
Subtotal	6	-
Remissions, refunds, and payments made as an act of grace		
Payment made as an act of grace	28	98
Subtotal	28	98
TOTAL	**34**	**98**

ANNEXURE 3A
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2009 – LOCAL

Guarantor institution	Guarantee in respect of	Original guaranteed capital amount	Opening balance 1 April 2008	Guarantees draw downs during the year	Guarantees repayments/ cancelled/ reduced/ released during the year	Revaluations	Closing balance 31 March 2009	Guaranteed interest for year ended 31 March 2009	Realised losses not recoverable i.e. claims paid out
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
	Housing								
Standard Bank	Housing	-	892	-	116	-	776	-	-
Nedbank (Cape of Good Hope)	Housing	-	49	-	-	-	49	-	-
Nedbank	Housing	-	171	-	21	-	150	-	-
First Rand	Housing	-	914	16	161	-	769	-	-
Nedbank (Inc BOE)	Housing	-	414	-	46	-	368	-	-
Absa	Housing	-	2,172	21	444	-	1,749	-	-
Old Mutual Fin Ltd	Housing	-	76	-	24	-	52	-	-
Peoples Bank FBC Fid	Housing	-	160	-	-	-	160	-	-
Peoples Bank (NBS)	Housing	-	608	-	40	-	568	-	-
FNB (Former Saambou)	Housing	-	1,296	-	313	-	983	-	-
Old Mutual (Nedbank/Perm)	Housing	-	758	-	127	-	631	-	-
Nedcor Inv, Bank Ltd	Housing	-	19	-	-	-	19	-	-
Community Bank	Housing	-	11	-	-	-	11	-	-
BOE Bank Ltd	Housing	-	108	-	-	-	108	-	-
Green Start Home Loans	Housing	-	-	-	-	-	-	-	-
NHFC (Masikeni)	Housing	-	265	-	67	-	198	-	-
Total		**-**	**7,913**	**37**	**1,359**	**-**	**6,591**	**-**	**-**

Discrepancy between 2007/08 closing balance and 2008/09 attributed to data error corrections.

ANNEXURE 3B
STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2009

Nature of Liability	Opening Balance 01/04/2008	Liabilities incurred during the year	Liabilities paid / cancelled / reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing 31/03/2009
	R'000	R'000	R'000	R'000	R'000
Claims against the Department					
Medico Legal	47,277	8,170	4,029	-	51,418
Civil & Legal Claims including Labour Relations claims	7,545	30,479	-	-	38,024
Subtotal	54,822	38,649	4,029	-	89,442
Other					
Ex-gratia payments	115	31	27	-	119
Occupational Specific Dispensation (OSD) for nurses	908				908
Subtotal	1,023	31	27	-	1,027
Total	**55,845**	**38,680**	**4,056**	**-**	**90,469**

ANNEXURE 4
CLAIMS RECOVERABLE

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2009	31/03/2008	31/03/2009	31/03/2008	31/03/2009	31/03/2008
	R'000	R'000	R'000	R'000	R'000	R'000
Department						
PROVINCE OF THE WESTERN CAPE						
Department of Social Development	-	-	-	18	-	18
Department of Transport & Public Works	-	185	-	-	-	185
Department of Community Safety	1	1	-	-	1	1
Department of Education	2	7	-	-	2	7
Department of the Premier	18	14	39	-	57	14
Parliament	54	-	-	-	54	-
Department of Agriculture	16	-	-	-	16	-
PROVINCE OF THE EASTERN CAPE						
Department of Health	9	239	92	132	101	371
GAUTENG PROVINCE						
Department of Health	-	-	28	13	28	13
NORTHERN CAPE PROVINCE						
Department of Health	-	-	52	23	52	23
KWAZULU-NATAL PROVINCE						
Department of Health	-	24	42	-	42	24
PROVINCE OF THE FREE STATE						
Department of Health	-	-	39	-	39	-

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2009	31/03/2008	31/03/2009	31/03/2008	31/03/2009	31/03/2008
	R'000	R'000	R'000	R'000	R'000	R'000
PROVINCE OF LIMPOPO						
Department of Health	30	-	-	-	30	-
NORTH WEST PROVINCE						
Department of Health	-	-	5	-	5	-
NATIONAL DEPARTMENTS						
Department of Justice	-	-	-	13	-	13
Department of Health	-	-	40	-	40	-
Department of Correctional Services	-	-	433	417	433	417
South African Social Security Agency	-	-	212	160	212	160
Department of Water Affairs	-	-	8	-	8	-
Department of Defence	-	-	96	-	96	-
Department of Agriculture	7	-	-	-	7	-
Department of Transport and Public Works	-	-	679	-	679	-
OTHER						
Integrated Nutrition Prog (METRO DHS)	-	-	-	58	-	58
	137	**470**	**1,765**	**834**	**1,902**	**1,304**
Other Government Entities						
Pension Recoverable	-	-	(104)	(33)	(104)	(33)
Agency Service	-	-	(1,860)	(3,800)	(1,860)	(3,800)
Subtotal	**-**	**-**	**(1,964)**	**(3,833)**	**(1,964)**	**(3,833)**
TOTAL	**137**	**470**	**(199)**	**(2,999)**	**(62)**	**(2,529)**

ANNEXURE 5
INTER-GOVERNMENT PAYABLES

Government Entity	Confirmed balance		Unconfirmed balance		TOTAL	
	31/03/2009	31/03/2008	31/03/2009	31/03/2008	31/03/2009	31/03/2008
	R'000	R'000	R'000	R'000	R'000	R'000
DEPARTMENTS						
Current						
WESTERN CAPE PROVINCE						
Government Motor Transport	-	399	19,665	10,578	19,665	10,977
Department of Social Development	2	-	-	-	2	-
Department of Cultural Affairs & Sport	3	-	-	-	3	-
Department of Transport & Public Works	1,242	-	-	-	1,242	-
Department of Local Government & Housing	49	-	-	61	49	61
Department of Premier	-	-	2,130	-	2,130	-
Department of Education	40	-	-	9	40	9
NATIONAL DEPARTMENTS						
Department of Justice and Constitutional Development	-	-	154	216	154	216
South African Police Services	-	1	7	-	7	1
GAUTENG PROVINCE				-		
Department of Health	-	-	-	3	-	3
Subtotal	**1,336**	**400**	**21,956**	**10,867**	**23,292**	**11,267**
Total	**1,336**	**400**	**21,956**	**10,867**	**23,292**	**11,267**

General information

Domicile	South Africa
Nature of business and principle activities	The Medical Supplies Depot is responsible for the supply of essential medicines and disposable surgical sundry items to Provincial Health Care Facilities in the Western Cape. The Depot operates as a trading entity and charges levies of 5 to 8 per cent on stock issues to the Provincial Health Care Facilities.
Legal form of entity	Trading entity [as defined by the Public Finance Management Act (Act N0. 1 of 1999 as amended by Act No. 25 of 1999]
Ultimate parent / Controlling entity	Western Cape Department of Health
Registered office	Private Bag x9036 Cape Town 8000
Business address	16 Chiappini Stret Cape Town 8001
Postal address	Private Bag 9036 Cape Town 8000
Auditor	The Auditor-General

Statement of Responsibility

The Public Finance Management Act, 1999 (Act No. 1 of 1999), as amended, requires the accounting authority to ensure that the Cape Medical Depot keeps full and proper records of its financial affairs. The annual financial statements should fairly present the state of affairs of the Cape Medical Depot, its financial results, its performance against predetermined objectives and its financial position at the end of the year in terms of the basis of accounting as set out in note 1 to the financial statements.

The annual financial statements are the responsibility of the accounting authority. The Auditor-General is responsible for independently auditing and reporting on the financial statements. The Auditor-General has audited the entity's financial statements and the Auditor-General's report appears on page 275.

The annual financial statements have been prepared in accordance with the basis of accounting as set out in note 1 to the financial statements. These annual financial statements are based on appropriate accounting policies, supported by reasonable judgements and estimates.

The accounting authority has reviewed the entity's budgets and cash flow forecasts for the year ended 31 March 2009. On the basis of this review, and in view of the current financial position, the accounting authority has every reason to believe that the entity will be a going concern in the year ahead and has continued to adopt the going concern basis in preparing the financial statements.

The accounting authority sets standards to enable management to meet the above responsibilities by implementing systems of internal control and risk management that are designed to provide reasonable, but not absolute assurance against material misstatements and losses. The entity maintains internal financial controls to provide assurance regarding:

- The safeguarding of assets against unauthorised use or disposition.
- The maintenance of proper accounting records and the reliability of financial information used within the business or for publication.

The controls contain self-monitoring mechanisms, and actions are taken to correct deficiencies as they are identified. Even an effective system of internal control, no matter how well designed, has inherent limitations, including the possibility of circumvention or the overriding of controls. An effective system of internal control therefore aims to provide reasonable assurance with respect to the reliability of financial information and, in particular, financial statement presentation. Furthermore, because of changes in conditions, the effectiveness of internal financial controls may vary over time.

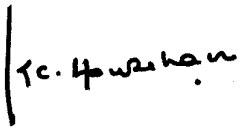
The accounting authority has reviewed the entity's systems of internal control and risk management for the period from 1 April 2008 to 31 March 2009. The accounting authority is of the opinion that the entity's systems of internal control and risk management were effective for the period under review.

In the opinion of the accounting authority, based on the information available to date, the annual financial statements fairly present the financial position of the fund at 31 March 2009 and the financial performance and cash flow information for the year then ended and that the Code of Corporate Practices and Conduct has been adhered to.

WESTERN CAPE DEPARTMENT OF HEALTH
WESTERN CAPE MEDICAL DEPOT

ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2009

The annual financial statements for the year ended 31 March 2009, set out on pages 280 to 301, were submitted for auditing on 31 May 2009 and approved by the accounting authority in terms of section 51(1) (f) of the PFMA, 1999 (Act No. 1 of 1999), as amended and are signed on its behalf by:



PROFESSOR KC HOUSEHAM
ACCOUNTING OFFICER

PGWC: Department of Health
DATE: 31 July 2009

WESTERN CAPE DEPARTMENT OF HEALTH
CAPE MEDICAL DEPOT

REPORT OF THE ACCOUNTING OFFICER
for the year ended 31 March 2009

Report by the Accounting Officer to the Executive Authority and Parliament/Provincial Legislature of the Republic of South Africa

1. General review of the state of financial affairs

Budget Allocation

The budget requirement in respect of the operational expenditure of the Cape Medical Depot is recovered from hospitals and institutions by means of a levy charged for goods supplied. The budget provision comprises compensation of employees, goods and services and payments for capital assets. The budget of the Cape Medical Depot is included in the approved Budget Statement of the Department of Health. During the year under review revenue amounting to R 31,744,000 (2008: R 22,445,000) was generated against an administrative expenditure of R 22,506,000 (2008: R 19,608,000 (restated)), resulting in a surplus of R 10,141,000 (2008: R 2,837,000 (restated)).

The budget allocation for 2008/09 financial year to purchase goods for resale amounted to R 342,000,000 (2008: R 359,000,000). The actual purchases (receipts posted on the Medical Stores Administration System (MEDSAS)) for the year amounted to R 360,551,000 (2008: R 312,263,000) against actual issues (sales) for the year amounting to R 430,085,000 (2008: R 334,708,000). Gross profit amounting to R 31,744,000 (2008: R 22,445,000) was therefore available to fund operating activities.

The cumulative funds and reserves available to the depot as at 31 March 2009 for the purchase of inventories amounted to R 50,588,000 (2008: R 45,923,000 (restated)). This amount remains static until Treasury is requested to grant an increase in the approved capital via normal budgeting processes. During the year under review the depot's Trading Fund was augmented by R 5,476,000 (2008: R 2,017,000) million.

Over/Under spending

Revenue generated exceeded the operating expenditure for the year under review by R 10,141,000 (2008: R 2,837,000 (restated)) resulting in a surplus which was transferred to the Revenue Fund of the department.

The closing stock figure as per the Medical Stores Administration System (MEDSAS) was R 97,680,000 (2008: R 58,227,000). The high stock level enables the depot to meet the demands and ensures a consistent reliable supply of pharmaceutical and related items to all users within the province.

Spending Trends

All items requisitioned for use in the administration of the depot are channelled through a budget committee to ensure that funds are available and that the depot's expenditure stays within budget.

Services rendered by the Trading Entity

The CMD caters for the provisioning of 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 the advantage of buying bulk results in lower costs especially on medical supplies. The depot is responsible for the storage and management of this stock, to service provincial hospitals, provincial-aided hospitals, old age homes, day hospitals, local authorities and clinics with stock, upon receipt of requisitions in this regard.

REPORT OF THE ACCOUNTING OFFICER
for the year ended 31 March 2009

The CMD consists of four sections, namely pharmaceutical depot, non-pharmaceutical depot, DDV (direct delivery voucher) pharmaceutical depot and DDV dental depot. The Oudtshoorn Medical Depot is a sub-depot of the Cape Medical Depot and supplies pharmaceuticals to the Southern Cape / Karoo and surrounding areas.

The CMD also manages a pre-packing unit where bulk items of stock are packed into smaller patient ready quantities.

Tariff Policy

A levy is charged and added to the ledger price of goods purchased to determine the costs of goods supplied to clients. These levies are determined by Treasury and are reviewed annually and adjusted if required. The levies as mentioned below have not been adjusted since 1994:

Pharmaceutical and non-pharmaceutical depot stock	:	8 % levy on average prices
Direct delivery items	:	5 % levy on average prices

Levies are not intended to result in a profit or loss accruing, but should fund the operating expenditure in full.

Capacity Constraints

- *Working capital* – The working capital has to be reviewed and increased annually in order to meet the increasing demands. The biggest factor impacting on the CMD's capability to trade efficiently is the relatively high medical inflation.

- *Physical limitations of the building* – The building limits further expansion and leads to operational inefficiencies. In this regard a recent report by the SA Pharmacy Council highlighted several shortcomings in the building which required rectification in order to ensure that the building complies with legislation that became effective on the 1st July 2005. These shortcomings were addressed by the Department of Works. The premises have been inspected by the SA Pharmacy Council and a wholesale licence has been issued.

- *Basis of accounting* – The depot utilises a modified cash accounting system i.e. the Basic Accounting System. In terms of Treasury Regulations, trading entities must compile Annual Financial Statements in terms of SA GAAP. The conversion of the information to comply with the accounting principles of SA GAAP is extremely time consuming and ineffective.

- The depot is finding it difficult to recruit and retain pharmacists which lead to operational problems on the warehouse floor. Hopefully the envisaged occupational safety dispensation for pharmacists will ensure the retention of qualified pharmacists.

Utilisation of Donor Funds

No donor funding was received at the CMD.

Business Address

16 Chiappini Street	Private Bag X9036
Cape Town	Cape Town
8001	8000

REPORT OF THE ACCOUNTING OFFICER
for the year ended 31 March 2009

New/Proposed Activities

The Department has constructed a larger Oudtshoorn Medical Sub-depot to cater for increased demand and to comply with legislation during the 2007/08 financial year.

The current depot in Chiappini Street is located in a five storey building which is not suited for a warehouse. Furthermore, the lifts are outdated and operations often come to a stop as a result of the lifts not functioning. Property has been made available on the Tygerberg Hospital site to build a new single level warehouse. The department is negotiating with National Health to secure funding to finance the building of the new depot.

Events after the Balance Sheet date

No material events have take place between the balance sheet date and the reporting date.

Performance Information

The following performance indicators are available as standard reports on the MEDSAS system:

	2008/09	2007/08
Inventory turnover	3.69	5.82
Dues out	10.4%	8.6%
Service level	85%	84%

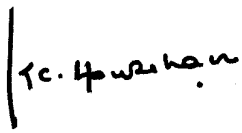
Inventory turnover target is set at eight by National Treasury. During the year under review, in order to compensate for erratic supplier performance, inventory holding was increased significantly, resulting in a reduced inventory turnover. The service level, (defined as the number of orders satisfied within 48 hours of receipt) has remained approximately the same as the previous year.

Other

The financial statements have been compiled in line with the South African Statements of Generally Accepted Accounting Practice.

Approval

The Annual Financial Statements set out on pages 280 to 301 have been approved by the Accounting Officer.



PROFESSOR KC HOUSEHAM
ACCOUNTING OFFICER
DATE: 31 JULY 2009

REPORT OF THE AUDITOR-GENERAL TO THE WESTERN CAPE PROVINCIAL PARLIAMENT ON THE FINANCIAL STATEMENTS AND PERFORMANCE INFORMATION OF THE CAPE MEDICAL DEPOT FOR THE YEAR ENDED 31 MARCH 2009

REPORT ON THE FINANCIAL STATEMENTS

Introduction

1. I have audited the accompanying financial statements of the Cape Medical Depot which comprise the balance sheet as at 31 March 2009, the income statement, the statement of changes in funds and the cash flow statement for the year then ended, and a summary of significant accounting policies and other explanatory notes as set out on pages 280 to 301.

The accounting officer's responsibility for the financial statements

2. The accounting officer is responsible for the preparation and fair presentation of these financial statements in accordance with the South African Statements of Generally Accepted Accounting Practice (SA Statements of GAAP) and in the manner required by the Public Finance Management Act, 1999 (Act No. 1 of 1999) (PFMA) and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Auditor-General's responsibility

3. As required by section 188 of the Constitution of the Republic of South Africa, 1996 read with section 4 of the Public Audit Act, 2004 (Act No. 25 of 2004) (PAA), my responsibility is to express an opinion on these financial statements based on my audit.

4. I conducted my audit in accordance with the International Standards on Auditing read with *General Notice 616 of 2008*, issued in *Government Gazette No. 31057 of 15 May 2008*. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

7. In my opinion, the financial statements present fairly, in all material respects, the financial position of the Cape Medical Depot as at 31 March 2009 and its financial performance and cash flows for the year then ended, in accordance with the South African Statements of Generally Accepted Accounting Practice (SA Statements of GAAP) and in the manner required by the PFMA.

Emphasis of matters

Without qualifying my opinion, I draw attention to the following matters:

Irregular and fruitless and wasteful expenditure

8. As disclosed in note 25 to the financial statements, fruitless and wasteful expenditure to the amount of R10 742 was incurred during the 2005/06 financial year for rental payments in respect of equipment that had not been in use since the 2002/03 financial year. The expenditure has to date not been condoned or recovered.

9. As disclosed in note 26 to the financial statements, irregular expenditure to the amounts of R109 440 and R242 344 were incurred during the 2006/07 and 2007/08 financial years respectively in respect of equipment that was not purchased in accordance with procurement rules of the supply chain management and a payment that was inappropriately authorised. The expenditure in both cases has to date not been condoned or recovered.

Restatement of corresponding figures

10. As disclosed in note 14 to the financial statements, the corresponding figures for 31 March 2008 have been restated as a result of errors discovered during 2009 in the financial statements of the Cape Medical Depot at, and for the year ended 31 March 2008.

Other matters

I draw attention to the following matters that relates to my responsibilities in the audit of the financial statements:

Non-compliance with the treasury regulations

11. The Cape Medical Depot did not comply with the requirements of treasury regulation 8.2.3 as payments amounting to R2 442 410 due to creditors were not settled within 30 days of receipt of an invoice.

Governance framework

12. The governance principles that impact the auditor's opinion on the financial statements are related to the responsibilities and practices exercised by the accounting officer and executive management and are reflected in the key governance responsibilities addressed below.

Key governance responsibilities

13. The PFMA tasks the accounting officer with a number of responsibilities concerning financial and risk management and internal control. Fundamental to achieving this is the implementation of key governance responsibilities, which I have assessed as follows:

No.	Matter	Y	N
Clear trail of supporting documentation that is easily available and provided in a timely manner			
1.	No significant difficulties were experienced during the audit concerning delays or the availability of requested information.		■
Quality of financial statements and related management information			
2.	The financial statements were not subject to any material amendments resulting from the audit.		■
Timeliness of financial statements and management information			
3.	The annual financial statements were submitted for auditing as per the legislated deadlines as set out in section 40 of the PFMA.	■	
Availability of key officials during audit			
4.	Key officials were available throughout the audit process.		■
Development and compliance with risk management, effective internal control and governance practices			
5.	Audit committee		
	• The Cape Medical Depot had an audit committee in operation throughout the financial year.	■	
	• The audit committee operates in accordance with approved, written terms of reference.	■	
	• The audit committee substantially fulfilled its responsibilities for the year, as set out in section 77 of the PFMA and Treasury Regulation 3.1.10.	■	
6.	Internal audit		
	• The Cape Medical Depot had an internal audit function in operation throughout the financial year.	■	
	• The internal audit function operates in terms of an approved internal audit plan.	■	
	• The internal audit function substantially fulfilled its responsibilities for the year, as set out in Treasury Regulation 3.2.	■	
7.	There are no significant deficiencies in the design and implementation of internal control in respect of financial and risk management.		■
8.	There are no significant deficiencies in the design and implementation of internal control in respect of compliance with applicable laws and regulations.	■	
9.	The information systems were appropriate to facilitate the preparation of the financial statements.		■
10.	A risk assessment was conducted on a regular basis and a risk management strategy, which includes a fraud prevention plan, is documented and used as set out in Treasury Regulation 3.2.	■	
11.	Powers and duties have been assigned, as set out in section 44 of the PFMA.	■	
Follow-up of audit findings			
12.	The prior year audit findings have been substantially addressed.		■

No.	Matter	Y	N
Issues relating to the reporting of performance information			
13.	The information systems were appropriate to facilitate the preparation of a performance report that is accurate and complete.	■	
14.	Adequate control processes and procedures are designed and implemented to ensure the accuracy and completeness of reported performance information.	■	
15.	A strategic plan was prepared and approved for the financial year under review for purposes of monitoring the performance in relation to the budget and delivery by the Western Cape Provincial Parliament against its mandate, predetermined objectives, outputs, indicators and targets.	■	
16.	There is a functioning performance management system and performance bonuses are only paid after proper assessment and approval by those charged with governance.	■	

14. The Cape Medical Depot experienced difficulties in producing financial statements for audit purposes that were free from errors and omissions, although not in all instances material.

15. This is indicative of a situation where ongoing pertinent information is not identified and captured in a form and time frame to support financial reporting as well as ongoing monitoring and supervision not being undertaken to enable an assessment of the effectiveness of internal control over financial reporting. Control activities are not selected and developed to mitigate risks over financial reporting and actions are not taken to address risks to the achievement of financial reporting objectives. This situation could have lead to the qualification of the financial statements had the Cape Medical Depot not adjusted their financial statements during the audit, based on the findings of the auditors.

16. In order to deal with material misstatements in financial statements that have to be corrected during the audit period, the Cape Medical Depot needs to work closely with the provincial treasury (Office of the Accountant-General) to:

    - develop a strategy that has the overall aim to improve financial management controls in order to produce accurate financial statements

    - subject the financial statements to a quality review before they are submitted for auditing, while internal audit and audit committees can play a crucial role in the review process of the financial statements.

Late finalisation of the audit report

17. In terms of section 40(2) of the PFMA I am required to submit my report to the accounting officer within two months of the receipt of the financial statements. In the interest of improving accountability and finalising internal processes to ensure high quality standards of reporting are maintained, the finalisation of this report was delayed.

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS

Report on performance information

18. I have reviewed the performance information as set out on pages 36 to 155.

The accounting officer's responsibility for the performance information

19. The accounting officer has additional responsibilities as required by section 40(3)(a) of the PFMA to ensure that the annual report and audited financial statements fairly present the performance against predetermined objectives of the Cape Medical Depot.

The Auditor-General's responsibility

20. I conducted my engagement in accordance with section 13 of the PAA read with *General Notice 616 of 2008*, issued in *Government Gazette No. 31057 of 15 May 2008*.

21. In terms of the foregoing my engagement included performing procedures of a review nature to obtain sufficient appropriate evidence about the performance information and related systems, processes and procedures. The procedures selected depend on the auditor's judgement.

22. I believe that the evidence I have obtained is sufficient and appropriate to report that no significant findings have been identified as a result of my review.

APPRECIATION

23. The assistance rendered by the staff of the Cape Medical Depot during the audit is sincerely appreciated.

Auditor - General

Cape Town

13 August 2009

AUDITOR-GENERAL
SOUTH AFRICA

Auditing to build public confidence

WESTERN CAPE DEPARTMENT OF HEALTH
WESTERN CAPE MEDICAL DEPOT

Balance Sheet as at 31 March 2009

	Note	2008/09 R'000	Restated 2007/08 R'000
ASSETS			
Non-current assets		**4,328**	**4,090**
Property, plant and equipment	*2*	4,328	4,090
Current Assets		**134,203**	**62,038**
Inventory	*3*	101,981	58,227
Trade and other receivables	*4*	32,222	3,811
Total assets		**138,531**	**66,128**
FUNDS AND LIABILITIES			
Funds and reserves		**60,627**	**45,666**
Trading fund	*5*	46,792	45,219
Accumulated surplus/(deficit)		13,835	447
Non-Current liabilities		**620**	**666**
Provisions	*6*	620	666
Current liabilities		**77,284**	**19,796**
Provisions	*6*	159	170
Trade and other payables	*7*	17,862	10,498
Other financial liabilities	*8*	59,263	9,103
Income received in advance		-	25
Total funds and liabilities		**138,531**	**66,128**

WESTERN CAPE DEPARTMENT OF HEALTH
WESTERN CAPE MEDICAL DEPOT

Income Statement for the year ended 31 March 2009

	Note	2008/09 R'000	Restated 2007/08 R'000
Revenue	*9a*	420,197	334,708
Cost of sales	*10*	(379,349)	(312,263)
Gross profit		**40,848**	**22,445**
Other income	*9b*	1,001	30
Operating expenditure	*11*	**(22,299)**	**(19,895)**
Administrative expenses	*11a*	(2,269)	(1,980)
Staff costs	*11b*	(13,779)	(13,545)
Audit fees	*11c*	(1,208)	(1,186)
Depreciation	*11d*	(850)	(380)
Other operating expenses	*11e*	(4,193)	(2,804)
Operating profit		**19,550**	**2,580**
Other expenses	*12*	**(101)**	**-**
Profit before tax		**19,449**	**2,580**
Income tax expense	*13*	-	-
PROFIT FOR THE YEAR		**19,449**	**2,580**

WESTERN CAPE DEPARTMENT OF HEALTH
WESTERN CAPE MEDICAL DEPOT

Statement of Changes in Funds for the year ended 31 March 2009

	Note	Trading Fund R'000	Accumulated surplus R'000	Total R'000
Balance at 1 April 2007		**43,808**	**(1,566)**	**42,242**
Prior period error adjustment	*14*	-	410	410
Restated balance at 1 April 2007		**43,808**	**(1,156)**	**42,652**
Changes in funds for 2007/08				
Total profit for the year (restated)		-	2,580	2,580
Transfers from /(to) Department of Health		1,411	(3,430)	(2,019)
Restatement of values for assets previously carried at R1		-	2,453	2,453
Restated balance at 31 March 2008		**45,219**	**447**	**45,666**
Changes in funds for 2008/09				
Total profit for the year		-	19,449	19,449
Transfers from /(to) Department of Health		1,573	(7,049)	(5,476)
Recognition of fair values of previously unrecognised assets			988	988
Balance at 31 March 2008		**46,792**	**13,835**	**60,627**

WESTERN CAPE DEPARTMENT OF HEALTH
WESTERN CAPE MEDICAL DEPOT

Cash Flow Statement for the year ended 31 March 2008

	Note	2008/09 R'000	Restated 2007/08 R'000
Cash flows from operating activities			
Cash generated from/(utilised in) operations	*15*	(51,808)	5,842
Net cash from operating activities		(51,808)	5,842
Cash flows from investing activities			
Acquisition of property, plant and equipment	*2*	(200)	(588)
Net cash used in investing activities		(200)	(588)
Cash flows from financing activities			
Transfers from / (to) Provincial Department of Health		(5,476)	(2,019)
Increase/(decrease) in Other financial liabilities		50,160	(3,235)
Net cash used in financing activities		44,684	(5,254)
Net (decrease) / increase in cash and cash equivalents		(7,324)	-
Cash and cash equivalents at beginning of the year		-	-
Cash and cash equivalents at end of the year		-	-

Accounting Policies for the year ended 31 March 2009

1. Accounting policies

The annual financial statements were prepared in accordance with Statements of Generally Accepted Accounting Practice and the Public Finance Management Act (Act No. 1 of 1999) as amended by the Public Finance Management Amendment Act (Act No. 29 of 1999).

In the process of applying the Cape Medical Depot's accounting policies, management has made the following significant accounting judgements, estimates and assumptions, which have the most significant effect on the amounts recognised in the financial statements:

- **Property, Plant and Equipment**

In assessing the remaining useful lives and residual values of PPE, management have made judgements based on historical evidence as well as the current condition of PPE under its control.

- **Trade and other receivables**

Trade and other receivables are evaluated at year-end, and based on the evaluation and past experience, an estimate is made of the provision for impairment of debtors (bad debts), to bring trade and other receivables in line with its fair value.

The following are the principle accounting policies of the depot which are, in all material respects, consistent with those applied in the previous year, except as otherwise indicated:

1.1 Basis of preparation

The financial statements have been prepared on the historical cost basis.

1.2 Presentation currency

These financial statements are presented in South African Rand, rounded off to the nearest thousand rand.

1.3 Revenue recognition

Revenue from the sale of goods is recognised when significant risks and rewards of ownership of the goods have been transferred to the buyer. Revenue is measured at the fair value of the consideration received or receivable.

1.4 Expenditure

1.4.1. Compensation of employees

Salaries and wages comprise payments to employees. Salaries and wages are recognised as an expense in the Income Statement when the final authorisation for payment is effected on the system.

Social contributions include the entity's contribution to social insurance schemes paid on behalf of the employee.

1.4.2. Short-term employee benefits

The cost of short-term employee benefits is expensed in the Income Statement in the reporting period when the final authorisation for payment is effected on the system.

A liability is recognised for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave when it is probable that settlement will be required and they are capable of being measured reliably. Liabilities recognised in respect of employee benefits expected to be settled within 12 months, are measured at their nominal values using the remuneration rate expected to apply at the time of settlement.

1.5 Retirement benefit costs

All post retirement benefits is for the account of the Chief Directorate: Pension Administration in Pretoria, i.e. the National Department of Treasury. The Cape Medical Depot therefore has no obligation towards post retirement benefits.

1.6 Irregular, fruitless and wasteful expenditure

Irregular expenditure means expenditure incurred in contravention of, or not in accordance with, a requirement of any applicable legislation, including:

- The PFMA, or
- Any provincial legislation providing for procurement procedures in that provincial government.

Fruitless and wasteful expenditure means expenditure that was made in vain and would have been avoided had reasonable care been exercised.

All irregular, fruitless and wasteful expenditure is charged against income in the period in which they are incurred.

1.7 Unusual items

All items of income and expense arising in the ordinary course of business are taken into account in arriving at income. Where items of income and expense are of such size, nature or incidence that their disclosure is relevant to explain the performance of the Cape Medical Depot, they are separately disclosed and appropriate explanations are provided.

1.8 Property, plant and equipment

Property, plant and equipment are stated at cost less accumulated depreciation.

Depreciation is charged so as to write off the cost or valuation of assets over their estimated useful lives, using the straight-line method, on the following basis:

The estimated useful lives, residual values and depreciation method are reviewed at the end of each annual reporting period, with the effect of any changes recognised on a prospective basis.

Depreciation is charged so as to write off the cost or valuation of assets, over their estimated useful lives, using the straight-line method, on the following basis:

Classification of assets	Depreciation rates
Plant and equipment	**20% p.a.**
Furniture and fittings	20% p.a.
Office equipment	20% p.a.
Workshop equipment and tools	20% p.a.
Kitchen appliances	20% p.a.
Domestic equipment	20% p.a.
Medical Allied equipment	**10% p.a.**
Computer equipment	**33⅓% p.a.**

1.9 Impairment of property, plant and equipment

At each balance sheet date, the Cape Medical Depot reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets may be impaired. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

If the recoverable amount of an asset is estimated to be less than its carrying amount, the carrying amount of the asset is reduced to its recoverable amount. Impairment losses are immediately recognised as an expense. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset in prior years. A reversal of an impairment loss is recognised as income immediately.

1.10 Inventories

Inventories are stated at the lower of cost and net realisable value. Net realisable value represents the estimated selling price in the ordinary course of business less any costs of completion and costs to be incurred in marketing, selling and distribution. Costs are assigned to inventory on hand by the method most appropriate to each particular class of inventory, with all classes of inventories currently being valued at average cost.

1.11 Financial instruments

Financial assets

The Cape Medical Depot's principle financial assets are accounts receivable and cash and cash equivalents.

- Trade receivables
  Trade receivables are initially measured at cost, which represents its fair value and subsequently measured at amortised cost, stated at their nominal value as reduced by appropriate allowances for estimated irrecoverable amounts.

Financial liabilities

The Cape Medical Depot's principle financial liabilities are accounts payable and cash and cash equivalents.

All financial liabilities are initially measured at cost, which represents its fair value and subsequently measured at amortised cost, comprising original debt less principle payments and amortisations.

- Trade payables
  Trade and other payables are stated at their nominal value.

1.12 Cash and cash equivalents

Cash comprises cash on hand and cash with banks. Cash equivalents are short-term, highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value. Bank overdrafts are shown in current liabilities in the balance sheet.

1.13 Provisions

Provisions are recognised when the Cape Medical Depot has a present obligation as a result of a past event and it is probable that this will result in an outflow of economic benefits that can be estimated reliably.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation.

1.14 Changes in accounting estimates and errors

When an entity has not applied a new standard or interpretation that has been issued but is not yet effective, the entity shall disclose:
(a) this fact; and
(b) known or reasonably estimable information relevant to assessing the possible impact that application of the new standard or interpretation will have on the entity's financial statements in the period of initial application.

1.15 Lease commitments

Leases are classified as finance leases where substantially all the risks and rewards associated with ownership of an asset are transferred to the entity. Assets subject to finance lease agreements are capitalised at their cash cost equivalent. Corresponding liabilities are included in the Balance Sheet as finance lease obligations. The cost of the item of property, plant and equipment is depreciated at appropriate rates on the straight-line basis over its estimated useful life. Lease payments are allocated between the lease finance cost and the capital repayment using the effective interest rate method. Lease finance costs are expensed when incurred.

Operating leases are those leases that do not fall within the scope of the above definition. Operating lease rentals are recognised on the straight-line basis over the term of the relevant lease.

Lease commitments for the period remaining from the reporting date until the end of the lease contract are disclosed as part of the disclosure notes to the Annual Financial Statements.

1.16 Contingent liabilities

A contingent liability is defined as a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity, or a present obligation that arises from past events but is not recognised because:

(a) it is not probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation, or
(b) the amount of the obligation cannot be measured with sufficient reliability.

The entity discloses for each class of contingent liability at the reporting date a brief description of the nature of the contingent liability and, where practicable –

(a) an estimate of its financial effect;
(b) an indication of the uncertainties relating to the amount or timing of any outflow, and
(c) the possibility of any reimbursement.

1.17 Events after reporting date

The Cape Medical Depot considers events that occur after the reporting date for inclusion in the Annual Financial Statements. Events that occur between the reporting date and the date on which the audit of the financial statements is completed are considered for inclusion in the Annual Financial Statements.

The entity considers two types of events that can occur after the reporting date, namely those that –

(a) provide evidence of conditions that existed at the reporting date (adjusting events after the reporting date), and
(b) were indicative of conditions that arose after the reporting date (non-adjusting events after the reporting date).

All adjusting events are taken into account in the financial statements as the necessary adjustments are made to the financial statements. Where non-adjusting events after the reporting date are of such importance that non-disclosure would affect the ability of the users of the financial statements to make proper evaluations and decisions, the entity discloses the following information for each significant category of non-adjusting event after the reporting date:

(a) The nature of the event.
(b) An estimate of its financial effect or a statement that such an estimate cannot be made.

1.18 Related parties

The Depot operates in an economic environment currently dominated by entities directly or indirectly owned by the South African Government. All national departments of government and state-controlled entities are regarded as related parties in accordance with Circular 4 of 2005: Guidance on the term "state controlled entities" in context of IAS 24 (AC 126) - Related Parties, issued by the South African Institute of Chartered Accountants. Other related party transactions are also disclosed in terms of the requirements of the accounting standard.

1. Adoption of South African Accounting Standards

The financial statements for the year ended 31 March 2009 have been prepared in accordance with South African Statements of Generally Accepted Accounting Practice.

2. Property, plant and equipment

	Cost	2008/09 Acc Dep	Carrying value at end of year	Cost	2007/08 Restated Acc Dep	Restated carrying value at end of year
		R'000	R'000	R'000	R'000	R'000
Owned equipment						
Computer equipment	1,185	(806)	379	1,263	(595)	668
Office furniture and fittings	5,534	(1,585)	3,949	4,162	(740)	3,422
	6,719	(2,391)	4,328	5,425	(1,335)	4,090

Reconciliation of carrying amount

2008/09	Carrying value at beginning of year	Additions	Disposals	Recog-nition of fair values of pre-viously unrecog-nised assets	Depreciation	Carrying value at end of year
		R'000	R'000	R'000	R'000	R'000
Owned equipment						
Computer equipment	666	61	(99)	0	(250)	378
Office furniture and fittings	3,424	139	(1)	989	(601)	3,950
	4,090	200	(100)	989	(851)	4,328

2007/08	Restated carrying value at beginning of year	Additions	Restate-ment of values of R1 assets	Restated depreciation	Restated carrying value at end of year
	R'000	R'000	R'000	R'000	R'000
Owned equipment					
Computer equipment	136	323	347	(140)	666
Office equipment, furniture and fittings	1,293	265	2,106	(240)	3,424
	1,429	588	2,453	(380)	4,090

	Note	2008/09 R'000	2007/08 R'000

3. Inventories

Work in Progress	3,439	4,290
Packaging Material	134	383
Finished goods	95,574	53,554
Goods to be returned to supplier	2,834	-
Stock losses to be written off	5,982	1,935
Provision for inventory losses	(5,982)	(1,935)
Total	**101,981**	**58,227**

The valuation method used by the depot was the weighted average moving basis based on cost price. Refer to note 1.10. Stock losses noted per the financial management system are as follows:

Pharmaceutical stock	2,803	1,371
Non-Pharmaceutical stock	718	112
Pre-packed stock	13	14
Oudtshoorn stock	85	-
Total	**3,619**	**1,497**

Inventory surpluses to the value of R 4,636,036 (Western Cape Depot: R 4,476,522 and Oudtshoorn Depot: R 159,513) was taken in inventory during the year and recognised as a decrease in Cost of Sales of the Cape Medical Depot. At year-end CMD was awaiting approval for the write-off of inventory shortages amounting to R 792,435.

4. Trade and other receivables

Trade receivables	32,241	3,793
Other receivables	66	44
Less: Provision for impairment of doubtful debts	(85)	(26)
Total	**32,222**	**3,811**

4.1 Credit quality of trade and other receivables

Concentrations of credit risk with respect to trade receivables are limited due to the majority of receivables being owed by comprise of state entities such as clinics and hospitals spread across the Western Cape, for which theoretically there should be no risk of non-recovery. Trade receivables are non-interest bearing and are generally on 30 day collection terms. The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable mentioned above. The depot does not hold any collateral as security.

In determining the recoverability of a receivable, management considers any change in the credit quality of the debtor from the date credit was initially granted up to the reporting date. Any provision for impairment on trade and other receivables (loans and receivables) exists predominantly due to the possibility that these debts will not be recovered. Management assesses these debtors individually for impairment and group them together in the Balance Sheet as financial assets with similar credit risk characteristics.

	Note	2008/09 R'000	2007/08 R'000

4.2 Fair value of trade and other receivables

The fair value of the trade and other receivables (upon initial recognition) are stated at amortised cost, comprising original debt according to the invoice amounts less principle payments and amortisations.

Management considers the carrying amounts of financial assets and financial liabilities recorded at amortised cost in the financial statements to approximate their fair values on 31 March 2009, as a result of the short-term maturity of these assets and liabilities.

4.3 Trade and other receivables past due but not impaired

Trade and other receivables which are past due are not considered to be impaired. At 31 March 2009, R 530,400 of trade receivables were past due but not impaired.

5. Trading fund

The depot's trading fund account was increased with R 1,573,000 (2008: R 1,411,000) from R 45,219,000 to R 46,792,000.

Capital is used for operating expenses and the purchasing of inventory. The Western Cape Department of Health provided the capital of R 1,573,000 after Treasury approval was obtained. The increase is a transfer from the retained earnings to the capital account.

Opening balance	45,219	43,808
Transfer from Department of Health	1,573	1,411
Closing balance	**46,792**	**45,219**

6. Provisions

Provision for damages		
Opening carrying amount	2	-
Provisions made during the year	-	2
Amount used during the year	-	-
Unused amounts reversed during the year	(2)	-
Closing carrying amount	**-**	**2**
Transferred to current	-	(2)
Carrying amount of non-current	**-**	**-**
Provision for performance bonuses		
Opening carrying amount	168	197
Provisions made during the year	159	168
Amount used during the year	(117)	(156)
Unused amounts reversed during the year	(51)	(41)
Closing carrying amount	**159**	**168**
Transferred to current	(159)	(168)
Carrying amount of non-current	**-**	**-**

	Note	2008/09 R'000	2007/08 R'000
Provision for capped leave			
Opening carrying amount		666	637
Provisions made during the year		-	29
Amount used during the year		(46)	-
Unused amounts reversed during the year		-	-
Closing carrying amount		**620**	**666**
Transferred to current		-	-
Carrying amount of non-current		**620**	**666**
Total provisions at 31 March 2009		**779**	**836**
Transferred to current		**159**	**170**
Carrying amount of non-current		**620**	**666**

7. Trade and other payables

Trade payables	11,559	3,396
Accruals	5,607	6,418
Staff creditors	686	680
Other	10	4
Total	**17,862**	**10,498**

7.1 Credit quality of trade and other payables

Trade payables are non-interest bearing and are generally on 30 day payment terms. The Cape Medical Depot does not pledge any of its assets as security for the payables. The Cape Medical Depot has internal operating procedures and controls in place to ensure that all payables are paid within the credit timeframe.

7.2 Fair value of trade and other payables

The fair value of the trade and other payables (upon initial recognition) are equal to the invoice amounts related to these payables.

8. Other financial liabilities

Amount owing to the Western Cape Department of Health	59,263	9,103
Total	**59,263**	**9,103**

Other financial liabilities comprise of the balance owed to the Western Cape Department of Health. The carrying amount of this balance is considered to be equal to its fair value.

		Note	2008/09 R'000	2007/08 R'000
9.	**Revenue**			
	An analysis of the depot's revenue and other income:			
a	Sales of medical supplies to hospitals, NGO's, provincially aided hospitals and local authorities		420,197	334,708
b	Other income		1,001	30
	Total revenue		**421,198**	**334,738**

There were no discontinued operations for the period under review.

Revenue stated above constitutes revenue from exchange transactions.

		2008/09 R'000	2007/08 R'000
10.	**Cost of sales**		
	Freight service	5,093	4,328
	Packaging	870	1,251
	Purchases	373,386	306,684
	Total cost of sales	**379,349**	**312,263**

		2008/09 R'000	2007/08 R'000
11.	**Operating expenditure**		
	An analysis of the depot's expense is as follows:		
a	**Administrative expenses:**	**2,269**	**1,980**
	General administrative expenses	1,667	1,691
	Stationery and printing	566	206
	Training and staff development	36	83
b	**Staff costs:**	**13,779**	**13,545**
	Wages and salaries	11,927	11,962
	Basic salaries	9,941	9,445
	Performance bonuses	108	127
	Periodic payments	-	39
	Other non-pensionable allowance	1,424	1,227
	Temporary staff	-	-
	Leave payments	48	343
	Overtime pay	406	781
	Defined Pension Contribution Plan Expense	1,091	991
	Defined pension contribution plan expense	1,091	991
	Employer's contributions	761	592
	Medical	706	586
	Official Unions and Associations	3	3
	Other salary-related costs	52	3

		Note	2008/09 R'000	2007/08 R'000
c	**Audit fees**		**1,208**	**1,186**
	Auditors' remuneration		1,208	1,186
d	**Depreciation**		**850**	**380**
e	**Other operating expenses:**		**4,193**	**2,804**
	Consultants, Contractors and Special Services		2,849	1,394
	Equipment items expensed as per entity policy		(22)	14
	Maintenance, Repairs and Running Costs		70	237
	Property and buildings		3	3
	Machinery and equipment		67	233
	Other maintenance, repairs and running costs		-	1
	Impairment / (write back of impairment) of disallowance accounts		(26)	(19)
	Stores / consumables		368	195
	Travel and subsistence		273	353
	Communication costs		530	460
	Other		29	28
	Rentals in respect of operating leases		122	142
	Plant, machinery and equipment		117	70
	Vehicles		3	58
	Security and alarms		2	14
Total			**22,299**	**19,895**

The Cape Medical Depot occupies a building owned by the Department of Works for which no rental is paid.

12. Other expenses

Losses on asset disposals	101	-
Total	**101**	**-**

13. Income tax expense

No provision has been made for taxation as the depot is exempt from income tax in terms of section 10(1) of the Income Tax Act, 1962 (Act No 58 of 1962).

14. Prior period errors

A number of assets were incorrectly classified (classes of assets) during previous financial periods and the classifications were corrected in the current financial year. The correction was applied retrospectively and the financial statements of 2008 have been restated to correct this error.

	Note	2008/09 R'000	2007/08 R'000

Administrative expenditure (stationery and printing) were understated with R1 and other operating expenditure (stores/consumables) overstated with R1. The cumulative effect on the Income Statement is R0.

The following other errors were identified during the current financial period:

- A liability in respect of leave liability was not recognised in the 2007/08 financial year and this has been corrected.
- Other revenue pertaining to the 2007/08 financial year was included in the 2008/09 financial year.
- Lease payments relating to the 2007/08 financial year was accounted for as current year expenditure.
- The amount owing to the Department of Health was reclassified from cash and cash equivalents (bank overdraft) to other financial liabilities.

All the above amounts affecting the income statement and balance sheet have been adjusted retrospectively.

	Increase / (Decrease)	2007/08 restated
Effect of corrections on the Income Statement		
Decrease in accumulated deficit 1 April 2007	(410)	1,156
Increase in other operating expenditure	31	2,804
Decrease in depreciation	(62)	380
Increase in staff expenses	255	13,545
Increase in other revenue	(31)	31
Increase in profit 31 March 2008	162	13,925
Effect of corrections on the Balance Sheet		
Increase in PPE balance	440	4,090
Increase in trade and other payables	385	10,498
Increase in trade and other receivables	128	3,811
Increase in other financial liabilities	9,103	9,103
Decrease in cash and cash equivalents	(9,103)	-

A number of assets were not previously recognised in the financial statements. As the fair values for these assets were only determined as at 31 March 2009, when these assets were recognised, retrospective application was impracticable and the comparative amount not restated.

	Note	2008/09 R'000	2007/08 R'000
15. Cash generated from / (utilised in) operations			
Reconciliation of profit for the year to cash generated from operations:			
Net profit per Income Statement		19,449	2,580
Adjusted for:			
Depreciation on property, plant and equipment		851	380
Loss on disposal of assets		101	-
Increase/(decrease) in accrual raised for goods and services received		(8,137)	10,242
Increase/(decrease) in provision for doubtful debts		(26)	(19)
Increase/(decrease) in provisions		(57)	2
Operating cash flows before working capital changes		12,181	13,185
Working capital changes		(63,989)	(7,343)
(Increase)/decrease in inventories		(43,754)	(3,486)
(Increase)/decrease in receivables		(28,385)	1,982
Increase/(decrease) in payables		8,175	(5,864)
Increase/(decrease) in Income Received in Advance		(25)	25
Cash generated from / (utilised in) operations		**(51,808)**	**5,842**

16. Risk management

The Cape Medical Depot monitors and manages the financial risks relating to the operations through internal policies and procedures. These risks include interest rate risk, credit risk and liquidity risk. The risk management process relating to each of these risks is discussed under the headings below. Compliance with policies and procedures is reviewed by internal and external auditors on a continuous basis. The entity does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

Price risk

This risk becomes applicable when suppliers purchase raw material from international suppliers and is subject to foreign exchange rate fluctuations.

Price risk is managed as follows:

This is an external factor that cannot be managed by the Cape Medical Depot. Where a price adjustment is identified the additional amounts are paid based on approval and an invoice. This is a journal transaction and must be approved by senior personnel before payment, both on manual documents and electronically. The additional amount paid is expensed and recovered in the year it is paid.

Interest rate risk

The Cape Medical Depot is not directly exposed to interest rate risk as it does not hold any interest bearing financial instruments. No formal policy exists to hedge volatilities in the interest rate market.

	Note	2008/09 R'000	2007/08 R'000

Market risk

No significant fluctuations in the market occurred during the year that management is aware of.

Credit risk

Credit risk refers to the risk that counterparties will default on contractual obligations resulting in financial loss to the entity. Potential concentrations of credit risk consist principally of trade accounts receivable.

Financial assets, which potentially subject the Cape Medical Depot to the risk of non-performance by counter parties, consist of accounts receivable, comprising trade receivables and other receivables.

Credit risk with regards to receivables is managed as follows:

Trade receivables consist of a small number of customers, comprising clinics and hospitals spread across the Western Cape. A debtors' policy has been adopted as a means of mitigating the risk of financial loss from defaults. An allowance for impairment is established based on management's estimate of any identified potential losses in respect of trade receivables. Bad debts identified are written off as they occur. The entity does not have any significant credit risk exposure to any single counterparty.

At 31 March 2009 the institution did not consider there to be any significant concentration of credit risk that had not been adequately provided for.

Financial assets exposed to credit risk at the reporting date were as follows:

Trade and other receivables		32,222	3,811

Liquidity risk

Liquidity risk, is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments.

Liquidity risk is managed as follows:

The entity manages liquidity risk by maintaining adequate banking facilities and by receiving contributions annually from the Department of Health, which ensures the Trading Fund is maintained at an adequate level.

Currency risk

The depot does not transact with any supplier or customer that is not within the South African borders and this risk is therefore not directly applicable. However, this risk becomes applicable as suppliers purchase raw material from international suppliers and is subject to foreign exchange rate fluctuations.

Currency risk is managed as follows:

This is an external factor that cannot be managed by the Cape Medical Depot. Where a price adjustment is identified the additional amounts are paid based on approval and an invoice. This is a journal

transaction and must be approved by senior personnel before payment, both on manual documents and electronically. The additional amount paid is expensed and recovered in the year it is paid.

	Note	2008/09 R'000	2007/08 R'000

17. Contingencies

Housing loan guarantees (Employees)	85	102
	85	**102**

A supplier instituted a claim in the Pretoria High Court against the CMD, arising from monies recovered in terms of State Tender Board regulations during the period 1999/00. If successful the CMD will be liable for the costs of suit and damages. It is impossible to quantify the claim at this stage. This implies that a contingent liability exists, but has not been raised in the financial statements as the existence of this obligation will only be confirmed pending the outcome of the court case.

18. Material losses through criminal conduct, irregular, fruitless and wasteful expenditure

No material losses through criminal conduct or irregular, fruitless and wasteful expenditure were incurred during the year ended 31 March 2009.

19. Going concern

The annual financial statements have been prepared on the basis of accounting policies applicable to a going concern. This basis presumes that funds will be available to finance future operations and that the realisation of assets and settlement of liabilities, contingent obligations and commitments will occur in the ordinary course of business.

20. Events after the balance sheet date

There were no significant events after the reporting date that warranted adjustment to or disclosure in the annual financial statements.

21. Key management personnel emoluments

No loan, profit sharing or schemes are available to key personnel and all personnel of the depot are not considered as office holders as defined in the Public Service Act.

The members of key management personnel of the Cape Medical Depot during the year were:

- Prof KC Household: Accounting Officer (Head: Department of Health)
- Mr A van Niekerk: Chief Financial Officer: Department of Health
- Mr J Jooste: Chief Director: Department of Health
- Mr I Smith: Director: Supply Chain Management

These staff members do not reside at the CMD and are not compensated by the CMD, but by the Department of Health. Compensation made to key management personnel is therefore presented in the Annual Financial Statements of the Department of Health.

	Note	2008/09 R'000	2007/08 R'000

Key staff members residing at the CMD:

2008/09	Salary R'000	Overtime Allowance R'000	Medical contribution R'000	Total R'000
Deputy Director: Administration: Mr R Schroeder	398	5	-	403
Deputy Director: Pharmacy: Mr A Glass	370	-	12	382
	768	**5**	**12**	**785**

2007/08	Salary R'000	Overtime Allowance R'000	Medical contribution R'000	Total R'000
Deputy Director: Administration: Ms SL Brand	25	-	-	25
Deputy Director: Administration: Mr R Schroeder	324	1	-	325
Deputy Director: Pharmacy: Mr A Glass	407	2	12	421
	756	**3**	**12**	**771**

22. Operating lease commitments

The depot as lessee

At the balance sheet date the depot had outstanding commitments under non-cancellable operating leases and/or contracts, which fall due as follows:

Operating leases		
Up to 1 year	47	47
1 to 5 years	43	90
More than 5 years	-	-
	90	**137**

The lease agreements are not renewable at the end of the lease term and the depot does not have the option to acquire the equipment. The lease agreements do not impose any restrictions. The lease agreements' escalation rate is 0%.

	Note	2008/09 R'000	2007/08 R'000

23. Related party transactions

Relationship

Controlling entity: Western Cape Department of Health

The Cape Medical Depot is a trading entity under the control of the Western Cape Department of Health. All transactions with the Department of Health are considered to be related party transactions.

Transfers from the Department of Health amounted to R 1,573,000 for the year.

All national departments of government and state-controlled entities are regarded as related parties in accordance with Circular 4 of 2005: Guidance on the term "state controlled entities" in context of IAS 24 (AC 126) - Related Parties, issued by the South African Institute of Chartered Accountants. Other related party transactions are also disclosed in terms of the requirements of the accounting standard.

Related party transactions:

Goods provided to related parties

The depot provides medical goods to hospitals and other institutions which form part of the Department of Health.

Sales to Department of Health	387,151	314,562
Total	**387,151**	**314,562**

Other financial liabilities (transferred from Note 8)

Amount owing to the Western Cape Department of Health	59,263	9,103
Total	**59,263**	**9,103**

Other financial liabilities comprise of the balance owed to the Western Cape Department of Health. The carrying amount of this balance is considered to be equal to its fair value.

Services provided by related parties

The depot utilises vehicles provided by the Department of Transport and Public Works (Government Motor Transport). Two vehicles are rented on a permanent basis, while other means of transport is arranged on a needs basis and is expensed when paid.

Other operating expenses: Government motor transport	141	248
Total	141	248
Trade and other payables: Government motor transport	10	10
Total	10	10

Other related party transactions

The building currently occupied by the Cape Medical Depot (from where its operations are conducted) is owned by the Department of Transport and Public Works. No rent is levied by the department for the right of use granted to the depot.

24. Comparatives

Certain comparative figures were adjusted as a result of prior period errors. Also refer to note 14.

25. Fruitless and Wasteful Expenditure

An amount of R 10,742 was identified during the 2005/06 financial period as fruitless and wasteful. The expenditure was in respect of rental payments for equipment that had not been in use since the 2002/03 financial year. The process is still ongoing and no expenditure has been condoned or recovered to date.

26. Irregular Expenditure

A tablet counting machine amounting to R 109,440 was purchased during the 2006/07 financial period, and it was established that the supply chain management procurement rules were not followed properly. The process is still ongoing and no expenditure has been condoned or recovered to date. During 2007/08 a payment was inappropriately authorised by the acting chief accounting clerk as the amount exceeded his delegated authority. The amount of R 242,344 is therefore regarded as irregular expenditure. This process is still ongoing and no expenditure has been condoned to date.

27. Standards and interpretations in issue not yet adopted

At the date of authorisation of these financial statements the following Standards were in issue but not yet effective.

IFRS 2 (amended)	Share Based Payments - vesting conditions and cancellations (effective 1 January 2009)
IFRS 3 (revised)	Business Combinations; IAS 27 (revised 2008); Consolidated and Separate Financial Statements; IAS 28 (revised 2008); Investment in Associates; and IAS 31 (revised 2008); Interest in Joint Ventures (effective 1 July 2009)
IAS 23 (amended)	Borrowing costs (effective 1 January 2009)
IAS 27 (amended)	Consolidated and Separate Financial Statements (effective 1 July 2009)

Management has determined that the above standards are not applicable to the Cape Medical Depot and has no impact on the financial position and performance of the depot.

IAS 1 (amended)	Presentation of financial statements (effective 1 January 2009)

Management has considered the revised IAS 1 and anticipates that the adoption of this standards will not have a significant impact on the financial position, financial performance or cash flows of the depot as there are no fundamental differences between the standard currently being applied and the equivalent IAS standards, due to the fact that these types of transactions (other comprehensive income) is not currently applicable at the Cape Medical Depot. Certain presentation adjustments to the financial statements will however have to be made when this standard is applied in future, i.e. reference to the 'Statement of Comprehensive Income' and reporting of 'Total Comprehensive Income for the year'.

ANNUAL REPORT 2008/9

HUMAN RESOURCE MANAGEMENT

PART 5: HUMAN RESOURCE MANAGEMENT (OVERSIGHT REPORT)

5.1 Service delivery

All departments are required to develop a Service Delivery Improvement (SDI) plan. The following tables reflect the components of the SDI plan as well as progress made in the implementation of the plans.

Table 5.1.1: Main services provided and standards

Main services	Actual customers	Standard of service	Actual achievement against standards
Reduction of waiting time in reception areas at six CHCs	Patients arriving at CHCs for services	50% reduction in actual waiting time	Actual reduction > 50% in waiting times in six CHCs
Reduction of waiting times at pharmacies at six CHCs	Patients arriving at pharmacies in CHCs for medication	50% reduction in actual waiting time	Actual reduction > 50% in waiting times in six CHCs

Table 5.1.2: Consultation arrangements with customers

Type of arrangement	Actual customers	Actual achievements
Survey of clients before and after interventions	Clients attending CHCs	Client satisfaction much higher after intervention

Table 5.1.3: Service delivery access strategy

Access strategy	Actual achievements
Improve access into the CHC through reduced waiting time in the reception areas	More patients accessing services, as witness by increasing attendances in places with shorter waiting times.

Table 5.1.4: Service information tool

Types of information tool	Actual achievements
Simplified information poster explaining new patient number and folder registration process, and access to pharmacy services	Satisfied clients; simpler and smoother patient flow through the reception and pharmacy waiting areas

Table 5.1.5: Complaints mechanism

Complaints Mechanism	Actual achievements
Standardised complaints and compliments procedures in place at all CHCs	Actual complaints about waiting times reduced at CHCs where project was implemented.

5.2 Expenditure

Departments budget in terms of clearly defined programmes. The following tables summarise final audited expenditure by programme (Table 5.2.1) and salary bands (Table 5.2.2). 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 5.2.1: Personnel costs by programme, 2008/09

Programme	Total expenditure (R'000)	Compensation of employees/ social contributions (R'000)	Training expenditure (R'000)	Goods and services (R'000)	Personnel costs as a % of total expenditure	Average personnel cost per employee (R'000)	Total number of employees
	A	B	C	D	E	F	G
Programme 1	249,104	96,214	1,088	739	39	242	398
Programme 2	3,139,800	1,699,818	8,439	101,351	54	178	9,553
Programme 3	403,118	259,483	0	144	64	157	1,649
Programme 4	2,260,650	1,553,808	4,202	86,684	69	228	6,825
Programme 5	1,970,686	1,186,494	1,641	50,488	60	153	7,779
Programme 6	136,629	30,917	136,629	178	23	133	232
Programme 7	96,150	23,700	203	320	25	57	416
Programme 8	399,708	25,835	773	1,297	6	0	8
Total	**8,655,845**	**4,876,269**	**152,975**	**241,201**	**56**	**182**	**26,860**

Notes:

- The above expenditure totals and personnel totals excludes MEDSAS and EU funding.
- Expenditure of sessional, periodical and extraordinary appointments is included in the expenditure but not in the personnel totals which will inflate the average personnel cost per employee.
- Compensation of employees / social contributions: This excludes SCOA item household/employer social benefits on BAS.
- Goods and services: Consists of SCOA item agency and outsourced services: administrative and support staff, nursing staff and professional staff.
- The total number of employees is the average of employees that was in service as on 2008/03/31 and 2009/03/31.

Table 5.2.2: Personnel costs by salary bands, 2008/09

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)	201,911	4.18	67	2,994
Skilled (Levels 3 - 5)	975,792	20.19	102	9,535
Highly skilled production (Levels 6 - 8)	1,279,251	26.47	166	7,704
Highly skilled supervision (Levels 9 - 12)	2,275,423	47.08	350	6,496
Senior management (Levels 13 - 16)	101,192	2.09	772	131
Total	**4,833,569**	**100.00**	**180**	**26,860**

Notes:

- The above expenditure totals excludes the MEDSAS and the EU funding personnel.
- Expenditure of sessional, periodical and extraordinary appointments is included in the expenditure but not in the personnel totals which inflate the average personnel cost per employee.
- The senior management cost includes commuted overtime of health professionals which inflates the average personnel cost per employee.
- The total number of employees is the average employees that were in service as on 2008/03//31 and 2009/03/31.

The following tables provide a summary per programme (Table 5.2.3) and salary bands (Table 5.2.4), 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 5.2.3: Salaries, Overtime, Housing allowance and Medical aid by programme, 2008/09

Programme	Salaries		Overtime		Housing allowance		Medical assistance	
	Amount (R'000)	Salaries as a % of personnel cost	Amount (R'000)	Overtime as a % of personnel cost	Amount (R'000)	Housing as a % of personnel cost	Amount (R'000)	Medical assistance as a % of personnel cost
Programme 1	82,874	92.90	914	1.02	1,545	1.73	3,872	4.34
Programme 2	1,514,023	89.30	79,896	4.71	34,688	2.05	66,748	3.94
Programme 3	220,757	84.93	18,698	7.19	5,964	2.29	14,511	5.58
Programme 4	1,203,295	86.39	107,422	7.71	30,589	2.20	51,501	3.70
Programme 5	1,109,658	84.13	135,125	10.24	28,829	2.19	45,395	3.44
Programme 6	27,393	92.12	358	1.20	702	2.36	1,281	4.31
Programme 7	37,500	86.11	1,864	4.28	2,047	4.70	2,140	4.91
Programme 8	3,899	97.99	5	0.13	16	0.40	59	1.48
Total	**4,199,399**	**86.88**	**344,282**	**7.12**	**104,380**	**2.16**	**185,507**	**3.84**

Notes:

- The above expenditure totals excludes the MEDSAS and EU funding personnel.
- Expenditure of sessional, periodical and abnormal appointments is included in the expenditure.
- Expenditure of the joint establishment (universities conditions of service) is excluded in the above.

Table 5.2.4: Salaries, Overtime, Housing Allowance and Medical Aid by salary bands, 2008/09

Salary bands	Salaries		Overtime		Housing allowance		Medical assistance	
	Amount (R'000)	Salaries as a % of personnel cost	Amount (R'000)	Overtime as a % of personnel cost	Amount (R'000)	Housing as a % of personnel cost	Amount (R'000)	Medical assistance as a % of personnel cost
Lower skilled (Levels 1 - 2)	175,415	86.88	2,853	1.41	12,984	6.43	10,659	5.28
Skilled (Levels 3 - 5)	835,499	85.62	37,910	3.89	42,909	4.40	59,474	6.09
Highly skilled production (Levels 6 - 8)	1,129,704	88.31	59,294	4.64	30,197	2.36	60,056	4.69
Highly skilled supervision (Levels 9 - 12)	1,971,826	86.66	231,862	10.19	18,290	0.80	53,444	2.35
Senior management (Levels 13 -16)	86,955	85.93	12,363	12.22	0	0	1,874	1.85
Total	**4,199,399**	**86.88**	**344,282**	**7.12**	**104,380**	**2.16**	**185,507**	**3.84**

Notes:

- The above expenditure totals excludes the MEDSAS and EU funding personnel.
- Expenditure of sessional, periodical and abnormal appointments is included in the expenditure.
- Expenditure of the joint establishment (universities conditions of service) is excluded in the above.
- Commuted overtime is included in salary bands highly skilled supervision (levels 9-12) and senior management (levels 13-16).

5.3 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 5.3.1), salary band (Table 5.3.2) and critical occupations (Table 5.3.3). Departments have identified critical occupations that need to be monitored. Table 5.3.3 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 5.3.1: Employment and vacancies by programme, 31 March 2009

Programme	Number of posts	Number of posts filled	Vacancy rate	Number of posts filled additional to the establishment
Programme 1	691	385	44.28	13
Programme 2	13,212	9,664	26.85	58
Programme 3	2,804	1,732	38.23	4
Programme 4	10,436	7,730	25.93	47
Programme 5	7,988	6,907	13.53	49
Programme 6	458	292	36.24	13
Programme 7	585	387	33.85	1
Programme 8	23	9	60.87	6
EU funding posts	3	0	100.00	7
MEDSAS	180	92	48.89	6
Total	**36,380**	**27,198**	**25.24**	**204**

Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- The staff establishment consisted of 36,380 posts of which 27,198 were filled. The majority of the 9,193 vacant posts, namely 8,549 posts were regarded as unfunded and inflated the vacancy rate.

Table 5.3.2: Employment and vacancies by salary bands, 31 March 2009

Salary band	Number of posts	Number of posts filled	Vacancy rate	Number of posts filled additional to the establishment
Lower skilled (Levels 1 - 2)	4,472	2,972	33.54	2
Skilled (Levels 3 - 5)	12,529	9,681	22.73	72
Highly skilled production (Levels 6 - 8)	10,441	7,810	25.20	50
Highly skilled supervision (Levels 9 - 12)	8,585	6,509	24.18	67
Senior management (Levels 13 - 16)	170	134	21.18	0
EU funding posts	3	0	0.00	7
MEDSAS	180	92	48.89	6
Total	**36,380**	**27,198**	**25.24**	**204**

Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- The staff establishment consisted of 36,380 posts of which 27,198 were filled. The majority of the 9,193 vacant posts, namely 8,549 posts were regarded as unfunded and inflated the vacancy rate.

Table 5.3.3: Employment and vacancies by critical occupation, 31 March 2009

Critical occupations	Number of posts	Number of posts filled	Vacancy rate	Number of posts filled additional to the establishment
Medical orthotist and prosthetist	27	10	62.96	1
Medical physicist	17	14	17.65	0
Clinical technologist	126	83	34.13	0
Pharmacist	472	340	27.97	3
Industrial technician	89	61	31.46	1
Total	**731**	**508**	**30.51**	**5**

Notes:

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

The information in each case reflects the situation as at 31 March 2009. For an indication of changes in staffing patterns over the year under review, please refer to paragraph 5.5 in this section of the report.

5.4 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 5.4.1) 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 5.4.1: Job Evaluation, 1 April 2008 to 31 March 2009

Salary band	Number of posts	Number of jobs evaluated	% of posts evaluated by salary bands	Posts upgraded		Posts downgraded	
				Number	% of posts evaluated	Number	% of posts evaluated
Lower skilled (Levels 1 - 2)	4,495	0	0.00	0	0.00	0	0.00
Skilled (Levels 3 - 5)	12,707	3,839	30.21	7	0.18	0	0.00
Highly skilled production (Levels 6 - 8)	10,539	38	0.36	38	100.00	0	0.00
Highly skilled supervision (Levels 9 - 12)	8,677	25	0.29	25	100.00	0	0.00
Senior management (Service band A)	139	1	0.72	1	0.00	0	0.00
Senior management (Service band B)	34	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	**36,595**	**3,903**	**10.67**	**71**	**1.82**	**0**	**0.00**

Notes:

- Nature of appointment sessional is excluded.
- In total 3,839 clerk posts have been evaluated but the upgrading of the clerk posts that have been evaluated on a higher level must still be done on PERSAL and will be reflected in the next annual report.

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 5.4.2: Profile of employees whose salary positions were upgraded due to their posts being upgraded, 1 April 2008 to 31 March 2009

Beneficiaries	African	Asian	Coloured	White	Total
Female	222	11	452	59	744
Male	121	6	369	31	527
Total	**343**	**17**	**821**	**90**	**1,271**
Employees with a disability	0	0	0	0	0

Notes:

- Nature of appointment sessional is 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 5.4.3: Employees whose salary level exceed the grade determined by job evaluation, 1 April 2008 to 31 March 2009 (in terms of PSR 1.V.C.3)

Occupation	No of em-ployees	Job evalua-tion level	Remuneration level	Reason for deviation
Case manager	1	8	8	Retention of staff – better job offer
Radiographer	3	7	8	Recruitment/retention of staff
Senior administrative officer	1	8	9	Retention of staff – better job offer
Administrative officer	1	7	8	Retention of staff – better job offer
Chief medical technologist	1	8	9	Retention of staff – better job offer
Specialist	3	11	12	Recruitment/retention of staff
Senior specialist	2	12	12	Recruitment/retention of staff
Artisan foreman	1	7	8	Retention of staff – better job offer
Artisan	3	6	7 6	Recruitment/retention of staff
Accounting clerk	1	4	5	Retention of staff – better job offer
Emergency care practitioner	1	6	7	Recruitment of staff
Medical officer	2	10	11	Recruitment/retention of staff
Principal medical officer	1	11	12	Retention of staff – better job offer
Administration clerk	1	4	7	Retention of staff – better job offer
Dietician	1	7	7	Recruitment of staff
Deputy director: Finance	1	12	12	Retention of staff – better job offer
Assistant director: Administration	3	9	9 10	Recruitment/retention of staff
Food services manager	1	7	8	Retention of staff – better job offer
Librarian	2	7	8	Recruitment of staff
Director	1	13	14	Recruitment of staff
Senior clinical psychologist	1	9	10	Retention of staff – better job offer
Clinical technologist	1	8	9	Retention of staff – better job offer
Control industrial technician	1	11	12	Recruitment/retention of staff
Artisan superintendent	1	8	9	Recruitment/retention of staff
Chief personnel officer	1	8	8	Recruitment/retention of staff
Total number of employees whose salaries exceeded the level determined by job evaluation in 2008/09				**37**
Percentage of total employment				**0.1%**

Table 5.4.4 summarises the beneficiaries of the above in terms of race, gender, and disability.

Table 5.4.4: Profile of employees whose salary level exceed the grade determined by job evaluation, 1 April 2008 to 31 March 2009 (in terms of PSR 1.V.C.3)

Beneficiaries	African	Asian	Coloured	White	Total
Female	3	1	8	4	16
Male	2	0	6	13	21
Total	**5**	**1**	**14**	**18**	**37**

5.5 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 5.5.1) and by critical occupations (Table 5.5.2). (These "critical occupations" should be the same as those listed in Table 5.3.3).

Table 5.5.1: Annual turnover rates by salary band for the period 1 April 2008 to 31 March 2009

Salary band	Number of employees per band as on 1 April 2008	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
Lower skilled (Levels 1 - 2)	3,022	679	324	10.72
Skilled (Levels 3 - 5)	9,371	1,613	1,179	12.58
Highly skilled production (Levels 6 - 8)	7,584	1,751	1,447	19.08
Highly skilled supervision (Levels 9 - 12)	6,430	1,215	1,140	17.73
Senior management (Service band A)	108	8	9	8.33
Senior management (Service band B)	16	0	1	6.25
Senior management (Service band C)	3	0	0	0
Senior management (Service band D)	1	0	0	0
Total	**26,535**	**5,266**	**4,100**	**15.45**

Notes:

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

Table 5.5.2: Annual turnover rates by critical occupation for the period 1 April 2008 to 31 March 2009

Occupation	Number of employees per occupation as on 1 April 2008	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
Clinical technologists	79	18	15	18.99
Industrial technician	56	7	5	8.93
Medical orthotist and prosthetist	11	3	3	27.27
Medical physicist	15	2	3	20.00
Pharmacists	332	192	179	53.92
Total	**493**	**222**	**205**	**41.58**

Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Any difference in numbers between 2008 and 2009 is a result of the rectification of occupational classification and job title codes.

Table 5.5.3 identifies the major reasons why staff left the department.

Table 5.5.3: Reasons staff is leaving the Department

Termination type	Number	% of total
Death	105	2.68
Resignation	1,350	34.45
Expiry of contract	1,999	51.01
Dismissal – operational changes	0	0.00
Dismissal – misconduct	76	1.94
Dismissal – inefficiency	2	0.05
Discharged due to ill-health	42	1.07
Retirement	262	6.69
Other	83	2.12
Total	**3,919**	**100.00**
Total number of employees who left as a % of the total employment		14.30

Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Dismissal (misconduct) in this table is an indication of cases where the termination transactions were effected on PERSAL within the period 1 April 2008 to 31 March 2009. The number of cases will therefore differ from misconduct cases finalised as indicated in table 5.6.6 and tables 5.11.2 and 5.11.3.

Table 5.5.4: Promotions by critical occupation

Occupation	Employees as at 1 April 2007	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	79	1	1.27	52	66
Industrial technician	56	4	7.14	38	68
Medical orthotist and prosthetist	11	1	9.09	7	64
Medical physicist	15	0	0.00	10	67
Pharmacists	332	5	1.51	145	43.67
Total	**493**	**11**	**2.23**	**252**	**51.12**

Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Promotions to another salary level includes event 10 – Promotion and 52 – Promotion : Package SMS.
- Progression to another notch within a salary level includes event 61 – Pay progression, but excludes event 62 – Higher notch.
- PSR 2001 I.V.C.3 and event 63 – Higher notch PS Act 1994, Section 37(2)(c)

Table 5.5.5: Promotions by salary band

Salary band	Em-ployees 1 April 2007	Promo-tions to another salary level	Salary bands promo-tions as a % of em-ployees by salary level	Progres-sions to another notch within a salary level	Notch progres-sions as a % of em-ployees by salary band	Occu-pational Specific Dispen-sions (OSD's)	OSD as a % of em-ployees by salary band
Lower skilled (Levels 1 - 2)	3,022	12	0.40	1,861	61.58	0	0.00
Skilled (Levels 3 - 5)	9,371	1,677	17.90	3,351	35.76	62	0.66
Highly skilled production (Levels 6 - 8)	7,584	422	5.56	3,106	40.95	82	1.08
Highly skilled supervision (Levels 9 - 12)	6,430	340	5.29	1,706	26.53	55	0.86
Senior management (Levels 13 - 16)	128	6	4.69	92	0	0	0.00
Total	**26,535**	**2,457**	**9.26**	**10,116**	**38.12**	**199**	**0.75**

Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- The above figures include personnel of MEDSAS.

5.6 Employment equity

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

Table 5.6.1: Total number of employees (including employees with disabilities) in each of the following occupational categories (SASCO) as on 31 March 2009

Occupational categories (SASCO)	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Senior officials and managers	7	12	1	10	3	4	0	8	45
SMS professionals	1	4	6	60	0	2	0	16	89
Professionals	156	392	145	880	257	988	186	1,184	4,188
Technicians and associate professionals	292	674	8	188	936	3,527	65	1,124	6,814
Clerks	230	878	7	121	442	1,364	19	448	3,509
Service shop and market sales workers	420	1,133	15	138	1,272	4,859	10	499	8,346
Craft and related trade workers	9	86	1	79	1	3	0	0	179
Plant and machine operators and assemblers	45	162	1	4	4	17	0	1	234
Labourers and related workers	462	1,020	1	73	567	1,848	2	25	3,998
Total	**1,622**	**4,361**	**185**	**1,553**	**3,482**	**12,612**	**282**	**3,305**	**27,402**
Employees with disabilities	2	27	0	23	2	14	0	22	90

Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- The above figures include the MEDSAS and EU funded personnel.
- Total number of employees includes employees additional to the establishment.

Table 5.6.2: Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2009

Occupational bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top management	0	1	0	2	0	0	0	1	4
Senior management	8	15	7	68	3	6	0	23	130
Professionally qualified	219	544	128	890	616	2,542	149	1,501	6,589
Skilled technical	275	1,279	35	403	652	3,802	107	1,340	7,893
Semi-skilled	675	1,815	12	155	1,656	5,052	24	414	9,803
Unskilled	445	707	3	35	555	1,210	2	26	2,983
Total	**1,622**	**4,361**	**185**	**1,553**	**3,482**	**12,612**	**282**	**3,305**	**27,402**

Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- The above figures include the MEDSAS and EU funded personnel.
- Senior management includes senior professionals.
- Total number of employees includes employees additional to the establishment.

Table 5.6.3: Recruitment for the period 1 April 2008 to 31 March 2009

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	2	0	2	1	0	0	0	5
Professionally qualified	49	91	55	261	81	200	61	337	1,135
Skilled technical	111	124	21	77	266	654	55	390	1,698
Semi-skilled	140	292	6	23	402	621	6	88	1,578
Unskilled	148	157	2	10	165	181	1	11	675
Total	**448**	**666**	**84**	**373**	**915**	**1,656**	**123**	**826**	**5,091**
Employees with disabilities	0	1	0	2	0	1	0	2	6

Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- The above figures include the MEDSAS and EU funded personnel.
- Senior management includes senior professionals.

Table 5.6.4: Promotions for the period 1 April 2008 to 31 March 2009

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	0	0	4	0	1	0	1	6
Professionally qualified	25	48	8	51	27	109	5	67	340
Skilled technical	26	94	0	6	38	199	6	53	422
Semi-skilled	182	479	8	32	300	607	11	58	1,677
Unskilled	1	10	0	0	1	0	0	0	12
Total	**234**	**631**	**16**	**93**	**366**	**916**	**22**	**179**	**2,457**
Employees with disabilities	0	7	0	3	0	2	0	2	14

Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- The above figures include the MEDSAS and EU funded personnel.
- Senior management includes senior professionals. (Principal and chief specialists).
- All senior professional posts are advertised nationwide and difficulties are experienced to recruit representative candidates in these highly specialised fields.

Table 5.6.5: Terminations for the period 1 April 2008 to 31 March 2009

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	1	0	2	6	0	0	0	1	10
Professionally qualified	36	82	44	258	57	207	53	341	1,078
Skilled technical	56	155	21	79	184	503	41	367	1,406
Semi-skilled	90	221	3	27	189	491	4	81	1,106
Unskilled	62	88	0	5	38	122	0	4	319
Total	**245**	**546**	**70**	**375**	**468**	**1,323**	**98**	**794**	**3,919**
Employees with disabilities	0	0	0	2	0	0	0	1	3

Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- The above figures include the MEDSAS and EU funded personnel.
- Senior management represents ten senior professionals (5 retirements, 2 resignations, 2 expiry of contracts and 1 death).

Table 5.6.6: Disciplinary action for the period 1 April 2008 to 31 March 2009

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Correctional counselling	18	35	1	3	25	58	0	13	**153**
Verbal warning	21	59	0	5	17	117	0	16	**235**
Written warning	33	105	1	11	23	125	0	11	**309**
Final written warning	29	150	0	8	40	129	0	4	**360**
Suspension without pay	0	1	0	0	0	5	0	0	**6**
Demotion	0	1	0	0	0	0	0	0	**1**
Dismissal / desertions	14	33	0	2	4	14	0	3	**70**
Not guilty	0	0	0	0	0	0	0	0	**0**
Case withdrawn	0	0	0	0	0	0	0	0	**0**
Total	**115**	**384**	**2**	**29**	**109**	**448**	**0**	**47**	**1,134**

Table 5.6.7: Skills development for the period 1 April 2008 to 31 March 2009

Occupational categories	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers	15	22	3	29	2	22	5	77	175
Professionals	170	487	58	577	71	4,384	118	2,617	8,482
Technicians and associate professionals	243	708	9	257	458	2,458	32	442	4,607
Clerks	172	658	12	60	420	1,437	17	352	3,128
Service and sales workers	351	1,661	12	196	304	993	5	134	3,656
Craft and related trades workers	5	27	0	20	1	2	0	0	55
Plant and machine operators and assemblers	5	24	0	1	1	19	0	1	51
Elementary occupations	124	338	1	22	209	569	1	13	1,277
Total	**1,085**	**3,925**	**95**	**1,162**	**1,466**	**9,884**	**178**	**3,636**	**21,431**

5.7 Signing of Performance Agreements by SMS Members

Table 5.7.1: Signing of Performance Agreements by SMS Members as on 30 September 2008

SMS level	Number of funded SMS posts per level	Number of SMS members per level	Number of signed performance agreements per level	Signed performance agreements as % of SMS members per level
Director-General/Head of Department	1	1	1	100%
Salary Level 16, but not HOD	0	0	0	0%
Salary Level 15	3	3	3	100%
Salary Level 14	19	17	17	100%
Salary Level 13	113	113	101	89%
Total	**136**	**134**	**122**	**91%**

Table 5.7.2: Reasons for not having concluded Performance Agreements for all SMS members as on 30 September 2008

Reason for not concluding Performance Agreements
New Appointments/promotions

Table 5.7.3: Disciplinary steps taken against SMS members for not having concluded Performance Agreements as on 30 September 2008

Disciplinary steps taken
Not applicable – See Tables 5.7.1 and 5.7.2

5.8 Filling of SMS Posts

Table 5.8.1: SMS posts information as on 31 March 2009

SMS level	Number of funded SMS posts per level	Number of SMS posts filled per level	% of SMS posts filled per level	Number of SMS posts vacant per level	% of SMS posts vacant per level
Director-General/ Head of Department	1	1	100.00%	0	0.00%
Salary Level 16, but not HOD	0	0	0	0	0
Salary Level 15	3	3	100.00%	0	0.00%
Salary Level 14	19	18	94.74%	1	5.56%
Salary Level 13	113	112	99.12%	1	0.89%
Total	**136**	**134**	**98.53%**	**2**	**1.49%**

Notes:

- SMS posts refer to funded posts.

Table 5.8.2: SMS posts information as on 30 September 2008

SMS level	Number of funded SMS posts per level	Number of SMS posts filled per level	% of SMS posts filled per level	Number of SMS posts vacant per level	% of SMS posts vacant per level
Director-General/ Head of Department	1	1	100.00%	0	0.00%
Salary Level 16, but not HOD	0	0	0	0	0
Salary Level 15	3	3	100.00%	0	0.00%
Salary Level 14	19	17	89.47%	2	11.76%
Salary Level 13	113	113	100.00%	0	0.00%
Total	**136**	**134**	**98.53%**	**2**	**1.49%**

Table 5.8.3: Advertising and Filling of SMS posts as on 31 March 2009

SMS level	Advertising	Filling of posts	
	Number of vacancies per level advertised in 6 months of becoming vacant	Number of vacancies per level filled in 6 months after becoming vacant	Number of vacancies per level not filled in 6 months but filled in 12 months
Director-General/ Head of Department	0	0	0
Salary Level 16, but not HOD	0	0	0
Salary Level 15	0	0	0
Salary Level 14	1	1	0
Salary Level 13	1	1	0
Total	**2**	**2**	**0**

Notes:

- This table refers to funded vacancies only.

Table 5.8.4: Reasons for not having complied with the filling of funded vacant SMS – Advertised within 6 months and filled within 12 months after becoming vacant

Not complied with	Reasons
Vacancies not advertised within six months	Not applicable.
Vacancies not filled within 12 months	Not applicable.

Table 5.8.5: Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months

Disciplinary steps taken
Not applicable – See table 5.8.3

5.9 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 5.7.1), salary bands (Table 5.7.2) and critical occupations (Table 5.7.3).

Table 5.9.1: Performance rewards by race, gender, and disability, 1 April 2008 to 31 March 2009

	Beneficiary profile			Cost	
	Number of beneficiaries	Total number of employees in group	% of total within group	Cost (R'000)	Average cost per employee (R'000)
African					
Male	175	1,622	0.11	1,433	8
Female	430	3,482	0.12	3,824	9
Asian					
Male	26	185	0.14	589	23
Female	38	282	0.13	557	15
Coloured					
Male	915	4,361	0.21	8,744	10
Female	2,759	12,612	0.22	26,726	10
White					
Male	335	1,553	0.22	7,468	22
Female	851	3,305	0.26	14,368	17
Employees with a disability	16	90	0.18		
Total	**5,529**	**27,402**	**20.18**	**63,709**	**12**

Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Performance awards include merit awards and allowance 0228.
- Employees with a disability are included in "Total".
- Senior management and senior professionals are included.

Table 5.9.2: Performance rewards by salary bands for personnel below Senior Management Service, 1 April 2008 to 31 March 2009

Salary bands	Beneficiary profile			Cost		
	Number of beneficiaries	Number of employees	% of total within salary bands	Total cost (R'000)	Average cost per employee (R'000)	Total cost as a % of the total personnel expenditure
Lower skilled (Levels 1 - 2)	522	2,983	17.50	2,271	4	0.06
Skilled (Levels 3 - 5)	1,818	9,803	18.55	10,920	6	0.27
Highly skilled production (Levels 6 - 8)	1,766	7,893	22.37	18,404	10	0.45
Highly skilled supervision (Levels 9 - 12)	1,393	6,589	21.14	30,819	22	0.76
Total	**5,499**	**27,268**	**20.17**	**62,414**	**11**	**1.53**

Notes:

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

Table 5.9.3: Performance rewards by critical occupations, 1 April 2008 to 31 March 2009

Critical occupations	Beneficiary profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total cost (R'000)	Average cost per employee (R'000)
Clinical technologists	16	83	19.28	236	15
Industrial technician	16	61	26.23	336	21
Medical orthotist and prosthetist	4	10	40.00	88	22
Medical physicist	3	14	21.43	114	38
Pharmacists	59	340	17.35	1,038	18
Total	**98**	**508**	**19.29**	**1,812**	**18**

Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Performance awards include merit awards and allowance 0228.

Table 5.9.4: Performance related rewards (cash bonus), by salary band, for Senior Management Service, 1 April 2008 to 31 March 2009

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	22	112	19.64	878	40	0.011	82,093
Band B	5	18	27.78	228	46	0.015	14,987
Band C	2	3	66.67	94	47	0.035	2,707
Band D	1	1	100.00	95	95	0.068	1,405
Total	**30**	**134**	**22.39**	**1,295**	**43**	**0.013**	**101,192**

Notes:

- Senior management includes senior professionals (principal and chief specialists).

5.10 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 5.10.1: Foreign workers, 1 April 2008 to 31 March 2009, by salary band

Salary band	1 April 2008		31 March 2009		Change	
	Number	% of total	Number	% of total	Number	% change
Lower skilled (Levels 1 - 2)	1	0.76	1	0.78	0	0
Skilled (Levels 3 - 5)	5	3.82	5	3.91	0	0
Highly skilled production (Levels 6 - 8)	26	19.85	22	17.19	-4	133
Highly skilled supervision (Levels 9 - 12)	97	74.05	96	75.00	-1	33
Senior management (Levels 13 - 16)	2	1.53	4	3.13	2	-67
Total	**131**	**100.00**	**128**	**100.00**	**-3**	**100**

Notes:

- Nature of appointments sessional, periodical and abnormal is not included.

Table 5.10.2: Foreign workers, 1 April 2008 to 31 March 2009, by major occupation

Major occupation	1 April 2008		31 March 2009		Change	
	Number	% of total	Number	% of total	Number	% change
Admin office workers	2	1.53	3	2.34	1	-33.33
Craft related workers	0	0.00	0	0.00	0	0.00
Elementary occupations	1	0.76	1	0.78	0	0.00
Professionals and managers	96	73.28	106	82.81	10	-333.33
Service workers	7	5.34	0	0.00	-7	233.33
Plant and machine operators	0	0.00	0	0.00	0	0.00
Technical and associate professionals	25	19.08	18	14.06	-7	233.33
Total	**131**	**100**	**128**	**100**	**-3**	**100.00**

Notes:

- Nature of appointments sessional, periodical and abnormal is not included.

5.11 Leave utilisation for the period 1 January 2007 to 31 December 2007

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 5.9.1) and disability leave (Table 5.9.2). In both cases, the estimated cost of the leave is also provided.

Table 5.11.1: Sick leave, 1 January 2008 to 31 December 2008

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)	24,039	80.08	2,476	11.35	10	4,551
Skilled (Levels 3 - 5)	73,574	82.27	8,387	38.44	9	19,629
Highly skilled production (Levels 6 - 8)	52,909	81.63	6,357	29.13	8	23,332
Highly skilled supervision (Levels 9 - 12)	36,270	80.71	4,549	20.85	8	29,041
Senior management (Levels 13 - 16)	438	85.84	51	0.23	9	604
Total	**187,230**	**81.51**	**21,820**	**100.00**	**9**	**79,134**

Notes:

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

Table 5.11.2: Incapacity leave (temporary and permanent), 1 January 2008 to 31 December 2008

Salary band	Total days	% days with medical certification	Number of employees using incapacity leave	% of total employees using incapacity leave	Average days per employee	Estimated Cost (R'000)
Lower skilled (Levels 1 - 2)	2,132	100.00	73	13.64	29.21	408
Skilled (Levels 3 - 5)	6,178	100.00	215	40.19	28.73	1,666
Highly skilled production (Levels 6 - 8)	5,024	100.00	157	29.35	32.00	2,187
Highly skilled supervision (Levels 9 - 12)	2,740	100.00	88	16.45	31.14	2,199
Senior management (Levels 13 - 16)	195	100.00	2	0.37	97.50	248
Total	**16,269**	**100.00**	**535**	**100.00**	**30.41**	**6,491**

Notes:

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

Table 5.9.3 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 5.11.3: Annual leave, 1 January 2008 to 31 December 2008

Salary bands	Total days taken	Average per employee
Lower skilled (Levels 1 - 2)	63,742	22
Skilled (Levels 3 - 5)	224,139	23
Highly skilled production (Levels 6 - 8)	187,911	24
Highly skilled supervision(Levels 9 - 12)	159,186	24
Senior management (Levels 13 - 16)	3,133	23
Total	**638,111**	**23**

Notes:

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

Table 5.11.4: Capped leave, 1 January 2008 to 31 December 2008

Salary bands	Total days of capped leave taken	Average number of days taken per employee	Average capped leave per employee as at 31 December 2008	Number of employees as at 31 December 2008	Total capped leave available as at 31 December 2008
Lower skilled (Levels 1 - 2)	2,276	1	7	3,020	20,347
Skilled (Levels 3 - 5)	9,470	1	13	9,719	124,056
Highly skilled production (Levels 6 - 8)	13,510	2	26	7,659	201,056
Highly skilled supervision (Levels 9 - 12)	7,522	1	23	6,472	146,338
Senior management (Levels 13 - 16)	338	3	39	135	5,198
Totals	**33,116**	**1**	**18**	**27,005**	**496,995**

Notes:

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

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

Table 5.11.5: Leave payouts for the period 1 April 2008 to 31 March 2009

Reason	Total amount (R'000)	Number of employees	Average payment per employee (R'000)
Leave payout for 2008/09 due to non-utilisation of leave for the previous cycle	785	158	5
Capped leave payouts on termination of service for 2008/09	8,963	308	29
Current leave payout on termination of service for 2008/09	3,758	804	5
Total	**13,506**	**1,270**	**11**

Notes:

- Capped leave are only paid out in case of normal retirement, termination of services due to ill health and death.

5.12 HIV and AIDS & Health Promotion Programmes

Table 5.12.1: Steps taken to reduce the risk of occupational exposure

<table>
<tr><th>Units/categories of employees identified to be at high risk of contracting HIV and related diseases (if any)</th><th>Key steps taken to reduce the risk</th></tr>
<tr><td>Employees in clinical areas, i.e. doctors, nurses, medical students, general workers and paramedics are more at risk of contracting HIV and related diseases.

The table below depicts the nature of injuries reported by employees for 2008/09:

<table>
<tr><th>Nature of injury on duty</th><th>Cases reported</th></tr>
<tr><td>Needle prick</td><td>142</td></tr>
<tr><td>Post traumatic stress disorder</td><td>4</td></tr>
<tr><td>Tuberculosis</td><td>4</td></tr>
<tr><td>Latex allergy</td><td>1</td></tr>
</table>

Young employees, falling into the category of youth, have also been identified to be at high risk.</td><td>• The HIV and AIDS/STI policy within the department identifies the prevention of occupational exposure to potentially infectious blood and blood products as a key focus area.
• A protocol to ensure universal infection control measures has been implemented.
• Special responsive programmes targeting behavioural risks have been implemented.</td></tr>
</table>

Table 5.12.2: Details of health promotion and HIV and 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.	✓		**Staff Health Wellness Component within the Directorate: Transformation at Head Office level:** Deputy director: Ms Sandra Newman Admin support: Ms Nicky van der Walt and Mr Kyle Barnes **Institutional / regional level:** Groote Schuur Hospital: Gill Reynolds Red Cross Hospital : Hilary Barlow Tygerberg Hospital: Willieta Van Zyl Associated Psychiatric Hospitals: Linda Hering Boland/Overberg Region: Marvina Johnson West Coast/Winelands: Magdalene Fabrik South Cape/Karoo Region: Nuruh Davids Cape Metropole: Kay Govender MDHS: Wendy Van Zyl EMS: Liz Crossley

Question	Yes	No	Details, if yes
3. Has the department introduced an employee assistance or health promotion programme for your employees? If so, indicate the key elements/services of this programme.	✓		The department uses a combined model i.e. internal and external services. **Key elements - Staff Health and Wellness Programme:** • The Western Cape Department of Health has created a Staff Health and Wellness Programme (SHWP) to support employees with life's challenges. • An independent service provider, ICAS, has been appointed to provide this confidential service and three institutions have an internal service in addition to the external service. • The service is available to all employees and their household members. • This multilingual service is available 24 hours per day, 365 days per year and gives access to both telephone and face-to-face counselling, as well as access to life management consultancy services. • Specialised interventions are specifically designed to target identified priority areas within the department. • Managerial and formal referrals are conducted where necessary. • Regular reporting and feedback sessions with relevant management members occur on a quarterly basis. Some examples of common issues include: • Relationships: family, work, partners, friends. • Family: childcare, eldercare, state benefits. • Emotional: Stress, substance abuse, depression, trauma. • Financial: money management, debt. • Legal: legal matters, maintenance, child custody, divorce law, consumer rights. • Health Issues: HIV and AIDS counselling, illness. • Work: Stress management, career matters, maternity, harrassment.

Question	Yes	No	Details, if yes
			Key elements - HIV and AIDS/STI programmes: • To ensure that every employee within the department received appropriate and accurate HIV and AIDS/STI risk –reduction education. • To create a non-discriminatory work environment. • To prevent occupational exposure to potentially infectious blood and blood products and to manage occupational exposures that occurred. • To provide voluntary counselling and testing services for those employees who wish to determine their own HIV status. • To determine the impact of HIV and AIDS on the department in order to plan accordingly. • To promote the use of and to provide SABS approved condoms. • Awareness of available services. • Education and training. • Counselling. • Critical incident stress debriefing (CISD). • Reporting and evaluating.
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 are seen as a transversal issue in the Provincial Government of the Western Cape. The Department of Health has been appointed as the primary driver of the process, with the Department of the Premier providing strategic direction. The Department of Health therefore has a dual role to play (i.e. to oversee and manage their departmental programme as well as to manage and co-ordinate the programme within the province). **Health Departmental Committee:** Ms S Newman: Head Office Ms G Reynolds: Groote Schuur Hospital Ms H Barlow: Red Cross Hospital Ms W Van Zyl: Tygerberg Hospital Dr L Hering: Associated Psychiatric Hospitals Ms M Johnson: Boland/Overberg Region Ms M Fabrik: West Coast/Winelands Region Ms N Davids: South Cape/Karoo Region Ms K Govender: Cape Metropole Ms W van Zyl: MDHS Ms L Crossley: Emergency Medical Services

Question	Yes	No	Details, if yes
			Provincial Committee (PEAP): Ms B Claasen-Hoskins: Agriculture Ms C Leetz: Community Safety Ms Z Lamati: Cultural Affairs and Sport Ms J Nonong: Economic Development Ms N Adonisi: Education Mr P Visser: Environmental Affairs Ms S Newman: Health Mr M Daniel: Local Government and Housing Ms N Kammies: Premier Mr O de Young: Provincial Treasury Ms T Mgxwati: Social Development Ms J Van Stade: Transport and Public Works
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 discriminates unfairly against employees on the basis of their HIV and AIDS status. The HIV and AIDS/STI workplace programme is reviewed on an annual basis.
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.	✓		One of the objectives of the HIV and AIDS/STI workplace programme is to "create a working environment that is free of discrimination". In order to meet this objective, the department: • Includes persons living with AIDS in awareness campaigns. • Develops ongoing awareness and communication strategies. • Has trained peer educators to assist with the breaking of social barriers and stigma. • Holds workshops and information sessions. • Promotes openness. • Promotes the need for confidentiality with regards to testing and status.
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 of Health has appointed the following NGOs to render an on-site voluntary counselling and testing (VCT) service to all employees: • LifeLine: Metropole Region • @Heart: West Coast / Winelands Region • Elgin Community College: Boland/Overberg Region • The Department of Health Regional Office provides the service in the South Cape / Karoo Region

<table>
<tr><th>Question</th><th>Yes</th><th>No</th><th>Details, if yes</th></tr>
<tr><td></td><td></td><td></td><td>Results:

<table>
<tr><th rowspan="2">Region</th><th colspan="3">No of employees tested</th></tr>
<tr><th>Tested</th><th>Negative</th><th>Positive</th></tr>
<tr><td>Metropole</td><td>1,712</td><td>1,694</td><td>18</td></tr>
<tr><td>West Coast/ Winelands</td><td>35</td><td>33</td><td>2</td></tr>
<tr><td>Boland/ Overberg</td><td>78</td><td>77</td><td>1</td></tr>
<tr><td>South Cape/ Karoo</td><td>147</td><td>145</td><td>2</td></tr>
</table>

Notes:

Employees who tested positive are supported via the Employee Assistance Programme. Employees are also encouraged to join GEMS in cases where they have not already joined a medical aid.</td></tr>
<tr><td>8. Has the department developed measures / indicators to monitor and evaluate the impact of its health promotion programme? If so, list these measures/indicators.</td><td>✓</td><td></td><td>The department has an annual monitoring and evaluation tool for the workplace HIV and AIDS programme. This information is submitted to the HOD, DG and DPSA.

Monthly statistics, quarterly reports and annual reports provided by VCT service providers serve as a means to monitor and evaluate the effectiveness of this programme.

Quarterly and annual report provided by the EAP service provider serves as a means to monitor and evaluate the effectiveness of this programme and also to identify trends and challenges within the department.</td></tr>
</table>

5.13 Labour relations

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

Table 5.13.1: Collective agreements, 1 April 2008 to 31 March 2009

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 5.13.2: Misconduct and disciplinary hearings finalised, 1 April 2008 to 31 March 2009

Outcomes of disciplinary hearings	Number	% of total
Correctional counselling	153	14%
Verbal warning	235	22%
Written warning	309	28%
Final written warning	360	29%
Demotion	0	0%
Suspension without pay	6	0.5%
Dismissal / desertions	70	6%
Not guilty	1	0%
Case withdrawn	0	0%
Total	**1,134**	**100%**

Table 5.13.3: Types of misconduct addressed at disciplinary hearings

Type of misconduct	Number	% of total
Absent from work without reason or permission	628	57%
Code of conduct (improper / unacceptable manner)	50	5%
Insubordination	104	10%
Fails to comply with or contravenes acts	79	7%
Negligence	27	2%
Misuse of PGWC property	23	2%
Steals, bribes or commits fraud	63	2%
Substance abuse	24	2%
Sexual harassment	4	0.36%
Discrimination	2	0.18%
Assault or threatens to assault	11	1%
Desertions	34	3%
Protest action	85	8%
Total	**1134**	**100%**

Table 5.13.4: Grievances lodged for the period 1 April 2008 to 31 March 2009

	Number	% of total
Number of grievances resolved	59	42%
Number of grievances not resolved	83	58%
Total number of grievances lodged	**142**	**100%**

Table 5.13.5: Disputes lodged with Councils for the period 1 April 2008 to 31 March 2009

	Number	% of total
Number of disputes upheld	14	23%
Number of disputes dismissed	46	77%
Total number of disputes lodged	**60**	**100%**

Table 5.13.6: Strike actions for the period 1 April 2008 to 31 March 2009

Total number of person working days lost	**98.25 days**
Total cost (R'000) of working days lost	R 13,550.09
Amount (R'000) recovered as a result of no work no pay	R 13,550.09

Table 5.13.7: Precautionary suspensions for the period 1 April 2008 to 31 March 2009

Number of people suspended	**14**
Number of people whose suspension exceeded 30 days	9
Average number of days suspended	133
Cost (R'000) of suspensions	R459,886.99

5.14 Skills development

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

Table 5.14.1: Training needs identified 1 April 2008 to 31 March 2009

Occupational categories	Gender	Number of employees as at 1 April 2008	Training needs identified at start of reporting period			
			Learnerships	Skills programmes and other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	11	0	102	0	102
	Male	28	0	65	0	65
Professionals	Female	2,423	0	6,596	99	6,695
	Male	1,592	0	1,185	42	1,227
Technicians and associate professionals	Female	5,394	82	3,860	112	4,054
	Male	1,081	60	1,092	48	1,200
Clerks	Female	2,143	7	1,975	30	2,012
	Male	1,187	3	776	38	817
Service and sales workers	Female	6,565	0	682	0	682
	Male	1,626	0	1,055	0	1,055
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	3	0	11	0	11
	Male	177	0	183	0	183

Occupational categories	Gender	Number of employees as at 1 April 2008	Training needs identified at start of reporting period			
			Learnerships	Skills programmes and other short courses	Other forms of training	Total
Plant and machine operators and assemblers	Female	17	0	77	0	77
	Male	212	0	110	0	110
Elementary occupations	Female	2,510	0	980	0	980
	Male	1,566	0	594	0	594
Sub-total	Female	19,066	89	14,282	241	14,612
	Male	7,469	63	5,061	128	5,252
Total		**26,535**	**152**	**19,343**	**369**	**19,864**

Table 5.14.2: Training provided 1 April 2008 to 31 March 2009

Occupational Categories	Gender	Number of employees as at 1 April 2008	Training provided within the reporting period			
			Learnerships	Skills programmes and other short courses	Other forms of training	Total
Legislators, senior officials & managers	Female	11	0	106	0	106
	Male	28	0	69	0	69
Professionals	Female	2,423	0	7,190	0	7,190
	Male	1,592	0	1,292	0	1,292
Technicians and associate professionals	Female	5,394	134	3,390	44	3,568
	Male	1,081	60	959	20	1,039
Clerks	Female	2,143	0	2,186	51	2,237
	Male	1,187	0	859	32	891
Service and sales workers	Female	6,565	0	1,436	0	1,436
	Male	1,626	0	2,220	0	2,220
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	3	0	3	0	3
	Male	177	0	52	0	52
Plant and machine operators & assemblers	Female	17	0	21	0	21
	Male	212	0	30	0	30
Elementary occupations	Female	2,510	0	772	12	784
	Male	1,566	0	468	25	493
Sub-total	Female	19,066	134	15,104	107	15,345
	Male	7,469	60	5,949	77	6,086
Total		**26,535**	**194**	**21,053**	**184**	**21431**

5.15 Injury on duty

The following tables provide basic information on injury on duty.

Table 5.15.1: Injury on duty, 1 April 2008 to 31 March 2009

Nature of injury on duty	Number	% of total
Required basic medical attention only	133	57%
Temporary total disability	92	39%
Permanent disability	9	4%
Fatal	0	0
Total	**234**	**100%**

5.16 Utilisation of consultants

Table 5.16.1: 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
Vunani Asset Management Solutions	± 40 that consisted of the following:	12 months 240 days	
	Project manager (level 10) – no personnel		R 266.83 per hour
	Assistant / procurement logistical specialist (level 4) – no personnel		R 46.69 per hour
	Team leaders (level 7) – no personnel		R 96.06 per hour
	Assistant project managers (level 8) – no personnel		R 116.07 per hour
Translogic Strategic Systems	The service of a consortium with the necessary expertise and manpower to render the service within the timeframe was procured and it is not clear how many people they used.	12 months 240 days	R 3,420,900 once off payment
			± R 1,538,196.70 once off payment
Herman van der Westhuizen	1	12 months 240 days - ongoing (attached to term of Minister)	R 455,024.16 R 37,918.68 per month

Project title	Total number of consultants that worked on the project	Duration: Work days	Contract value in Rand
NUS South Africa	1	40 days – ongoing	29% on refunded monies and 29% on ongoing savings for 24 months
Business Connexion - Sakkie van Niekerk	1	240 days – ongoing	R 327.87 per hour
Business Connexion - Pottie Potgieter	1	240 days – ongoing	R 200.00 per hour
Business Connexion - 3 x additional consultants	3	240 days – ongoing	R 324.90 per hour
ICAS Employee Assistance Programme	120	365 days	R 12,92 per person per month
Joan Du Plessis	1	240 days - ongoing	R 253,65 per hour
Mr J Schoombee	1	6 months 120 days	R 450.00 per hour R 187,000
Ms T Blockman	1	6 months 120 days	R 16,400.00 per month
Prof SR Benatar	1	7 months 140 days	R 11,400.00 per month
Prof H Mcleod	1	6 months 120 days	R 65,620.00 per month
Mr D Worthington-Fitnum	1	1 month 20 days	R 193,800
Ernst & Young	1	1 year 240 days – ongoing	R 1,159,000 for 2008/09
			R 1,229,000 for 2009/10
			R 1,302,000 for 2010/11
Vericredit	1	1 year 240 days	R 2,386,400.00
University of Cape Town	1	1 year 240 days	R 1,927,113.00
Kraft Group	1	8 months 160 days	Unknown - dependant on amount of overpayments recovered
Dr. O. Schultz	1	8 months 160 days	R 191,000
Total number of projects	**Total individual consultants**	**Total duration: Work days**	**Total contract value in Rand**
19	179	6,171	R 14,084,498.85

Table 5.16.2: 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
Vunani Asset Management Solutions	50%	50%	± 30
Translogic Strategic Systems	17%	17%	The service of a consortium with the necessary expertise and manpower to render the service within the timeframe was procured and it is not clear how many people they used.
Herman van der Westhuizen	Nil	Nil	Nil
NUS South Africa	Nil	Nil	Nil
Business Connexion - Sakkie van Niekerk	Nil	Nil	Nil
Business Connexion - Pottie Potgieter	Nil	Nil	Nil
Business Connexion - 3 x additional consultants	Nil	Nil	Nil
ICAS Employee Assistance Programme	27%	27%	Cannot be determined. Various telephonic counsellors from different ethnic groups.
Joan Du Plessis	Nil	Nil	Nil
Mr J Schoombee	Nil	Nil	Nil
Ms T Blockman	Nil	Nil	Nil
Prof SR Benatar	Nil	Nil	Nil
Prof H Mcleod	Nil	Nil	Nil
Mr D Worthington-Fitnum	Nil	Nil	Nil
Ernst & Young	Nil	Nil	Nil
Vericredit	Nil	Nil	Nil
Univercity of Cape Town	Nil	Nil	Nil
Kraft Group	Nil	Nil	Nil
Dr. O. Schultz	Nil	Nil	Nil

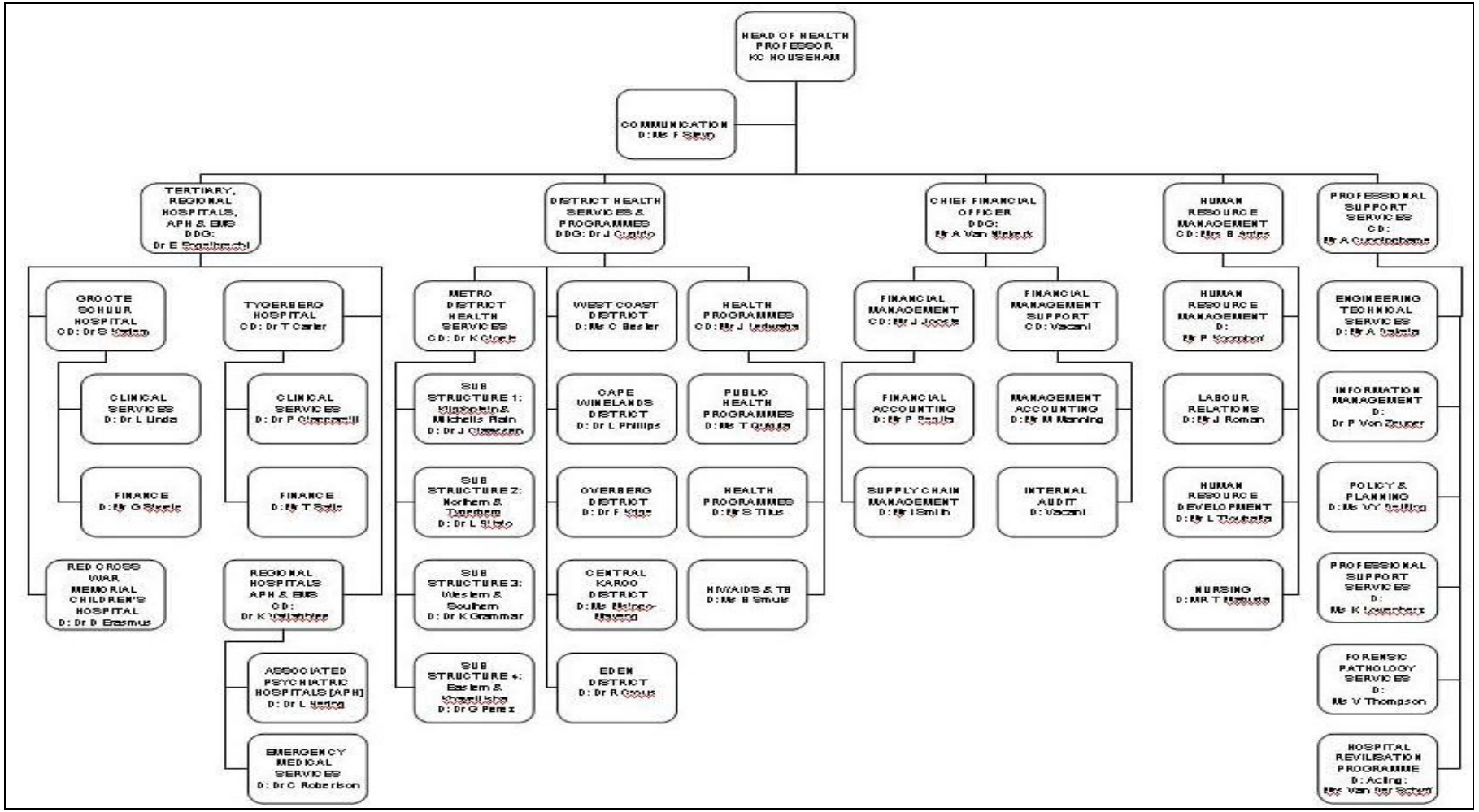
Table 5.16.3: Report on consultant appointments using donor funds

Project title	Total number of consultants that worked on the project	Duration: Work days	Contract value in Rand
None			
Total number of projects	**Total individual consultants**	**Total duration: Work days**	**Total contract value in Rand**
None			

Table 5.16.4: 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
None			

ANNEXURE A: ORGANOGRAM SENIOR MANAGEMENT



ANNEXURE B: LIST OF ABBREVIATIONS

A4R	Accountability for reasonableness
ACSM	Advocacy, communication and social mobilisation
ACT	Assertive community teams
AEA	Ambulance emergency assistant, same as Intermediate life support (ILS)
AECLMP	Acute emergency case load management policy
AFS	Annual financial statements
AIDS	Acquired immunodeficiency syndrome
ALS	Advanced life support
ALOS	Average length of stay
APH	Associated psychiatric hospitals
APP	Annual performance plan
ART	Antiretroviral treatment
ASSA	Actuarial Society of South Africa
ARV	Antiretroviral
BAA	Basic ambulance assistant
BANC	Basic antenatal care
BAS	Basic Accounting System
BFHI	Baby friendly hospital initiative
BLS	Basic life support
BoD	Burden of disease
CAPFSA	Child Accident Prevention Foundation of South Africa
CBO	Community based organisation
CBR	Community based response
CBS	Community based services
CD4	Cluster of differentiation 4 (lymphocyte)
CDC	Community day centre
CDU	Chronic dispensing unit
CDM	Chronic disease management
CEO	Chief executive officer
CFO	Chief financial officer
CHC	Community health centre
CHPIP	Child health problem identification programme
CIMCI	Community integrated management of childhood illness
CISD	Critical incident stress debriefing
CMD	Cape Medical Depot
CPAP	Continuous positive airway pressure
CPN	Chief professional nurse
CRADLE	Central Reporting of All Delivery data on Local Establishment
CSP	Comprehensive Service Plan
CSSD	Central sterilisation services department
CT	Computed tomography
CTOP	Choice on termination of pregnancy
CTS	Cape triage score
DDV	Direct delivery voucher
DG	Director-General
DHS	District health system / services
DoH	Department of Health
DORA	Division of Revenue Act
DOT	Directly observed treatment
DOTS	Directly observed treatment short course
DPSA	Department of Public Service Administration
DTP	Diphteria, tetanus and pertussis
DTP-Hib	Diphteria, tetanus and pertussis and Haemophilus influenza type b

DTPW	Department of Transport and Public Works
EAP	Employee assistance programme
ECG	Electrocardiogram
ECP	Emergency care practitioner
ECM	Enterprise content management
EMS	Emergency medical services
ENNDR	Early neonatal death rate
ENT	Ear, nose and throat
EPI	Expanded programme on immunisation
EPWP	Expanded public works programme
ETQA	Education and Training Authority
ETR.net	Electronic Tuberculoses Register
EU	European Union
FBU	Functional business units
FIFA	Fédération Internationale de Football
FPS	Forensic pathology services
GAAP	Generally accepted accounting practice
GEMCe 3	emergency medical services information system
GSB	Graduate School of Business
GSH	Groote Schuur Hospital
HAST	HIV and AIDS, STI and tuberculosis
HBC	Home based care
HEI	Higher education institutions
Hib	Haemophilus influenza type b
HIS	Hospital Information System
HIV	Human immunodeficiency virus
HOD	Head of department
HPTDG	Health professions training and development grant
HR	Human resources
HRD	Human resource development
HRP	Hospital revitalisation programme
HTA	High transmission area
IAR	Immovable asset register
ICU	Intensive care unit
IDIP	Infrastructure development improvement programme
IGP	Infrastructure grant to provinces
ILS	Intermediate life support
IMCI	Integrated management of childhood illness
IMLC	Institutional management labour caucus
iMOCOMP	Improvement and Maintenance of Competencies of Medical Practitioners
IT	Information technology
IYM	In-year monitoring
JIMI	Joint information management initiative
KMC	Kangaroo mother care
LOGIS	Logistic Information Systems
M & M	Morbidity and mortality
MDG	Millennium development goals
MEDSAS	Medical Stores Administration System
MDR	Multi-drug resistant
MDT	Mobile data terminal
MOU	Midwife obstetric unit
MRI	Magnetic resonance imaging
MSAT	Multi-sectoral action team
MSF	Médecins Sans Frontier (doctors without borders)
MTEF	Medium-term expenditure framework

MTS	Modernisation of tertiary services
NACOSA	Networking AIDS Community of South Africa
NGO	Non-governmental organisation
NHLS	National Health Laboratory Services
NIMMS	National Injury Surveillance System
NPO	Non-profit organisation
NSP	National strategic plan
NSP	Nutrition supplementation programme
NTSG	National tertiary services grant
NVP	Nevirapine
OD	Organisational development
ODI	Organisational development investigation
OHC	Oral health centre
OHS	Occupational health and safety
OHTP	Oral health teaching platform
OMT	Operational management team
OPC	Orthotic and Prosthetic Centre
OPD	Outpatient department
OPV	Oral polio vaccine
OSD	Occupation specific dispensation
PAC	Provincial AIDS Council
PALSA	Practical approach to lung health in South Africa
PACS	Picture archiving and communication system
PACS/RIS	Picture archiving and communication system / Radiology information system
PDE	Patient day equivalent
PEP	Post exposure prophylaxis
PERSAL	Personnel and Salary System
PGWC	Provincial Government Western Cape
PHC	Primary health care
PHCIS	Primary Health Care Information System
PIMMS	Provincial Injury Surveillance System
PM	Programme management and strengthening
PMHP	Perinatal Mental Health Project
PMTCT	Prevention of mother-to-child transmission
PN	Professional nurse
PP&SC	Pharmacy procurement and stock control
PPHC	Personal primary health care
PPIP	Perinatal problem identification programme
PPP	Public private partnership
PREHMIS	Primary Health Care Management Information System
PSETA	Public Service Education and Training Authority
PSP	Provincial strategic plan
PTB	Pulmonary tuberculosis
PTSD	Post traumatic stress disorder
RAF	Road Accident Fund
RCWMCH	Red Cross War Memorial Children's Hospital
RED	Reach every district
RMR	Routine monthly report
RTC	Regional training centre
SA	South Africa
SABC	South African Broadcasting Corporation
SANTA	South African National Tuberculosis Association
SAPS	South African Police Service
SATS	South African Triage System
SAQA	South African Qualifications Authority

SDC	Step-down care
SDI	Service delivery improvement
SEAT	Safe environment around toilets
SHWP	Staff health and wellness programme
SM	Saving mothers
SMS	Senior management service
SMT	Strategic management team
SOP	Standard operating procedure
STI	Sexually transmitted infection
TB	Tuberculosis
TBH	Tygerberg Hospital
Td	Tetanus and reduced diphtheria (vaccine)
TOP	Termination of pregnancy
TV	Television
U-AMP	User asset management plan
UK	United Kingdom
UPFS	Uniform Patient Fee Schedule
USAID	United Nations Aid Agency
UWC	University of the Western Cape
VCT	Voluntary counselling and testing
WCCN	Western Cape College of Nursing
WCRC	Western Cape Rehabilitation Centre
WHO	World Health Organisation
XDR	Extreme drug resistant