2010

PROVINCIAL GOVERNMENT
OF THE WESTERN CAPE
DEPARTMENT OF HEALTH

ANNUAL REPORT 2009/2010

DEPARTMENT of HEALTH
Provincial Government of the Western Cape

INDEX

PART 1: GENERAL INFORMATION

1.1 Submission of the Annual Report to the executive authority

DEPARTMENT of HEALTH
Provincial Government of the Western Cape

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Reference 13/3/1
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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 2009/10 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 2010.

PROF KC HOUSEHAM
HEAD: HEALTH

Date: 18 August 2010

1.2 Introduction by Head of Department

2009/10 proved to be a challenging year for the department. Service pressures continued unabated. There were super-imposed seasonal surges in demand caused by the H1N1 influenza epidemic in the July – August period and the diarrhoeal season in the final quarter of the financial year. The latter was aggravated by a major measles outbreak particularly impacting on young children. The H1N1 epidemic resulted in a significant increase in primary health care visits as well as putting pressure on critical care beds at regional and central hospitals. There was a particular clinical impact on pregnant women.

I am proud to report that even in the face of the challenges the Western Cape Department of Health has provided a valuable service to the people. There were approximately 15.8 million patient contacts at primary health care clinics. The ambulance services transported almost 462,000 patients to health facilities. The general acute hospitals saw approximately 630,000 patients at their emergency centres, 1.67 million patients in their outpatient departments and admitted more than 550,000 patients into their acute beds in 2009/10. Over 6,000 cataract operations were done in 2009/10. 23,291 new patients were started on anti-retro-viral treatment (ART). The Western Cape now has 75,000 patients in total on ART. There were approximately 2.7million patient contacts at people's homes through the community-based carer programme. More than 2.47million scripts were processed through the central dispensing unit. This has made a significant difference to the waiting times for patients at pharmacies.

Only 3.6% of babies born to HIV positive mothers acquire the HIV infection themselves. This is a major achievement of the prevention of mother-to-child transmission (PMTCT) programme in the province. The TB cure rate of 79.4% by the end of 2009/10 is the highest in the country. Two new vaccines were introduced in 2009 to protect children against pneumonia and rota virus infections. Quality of care to improve the patient experience of health services and the strengthening of prevention and promotion of health have been identified as priority areas to be reviewed in 2010/11.

The economic recession and defined funding envelope creates a significant tension between limited resources and escalating service pressures. Medical inflation is far greater than the CPIX and inflator allocated by Treasury. The occupation specific dispensation for health professionals, whilst positive for the retention of skilled staff, has hugely increased the salary bill. Thus it costs far more to provide the same quantum of services, notwithstanding the need to expand the capacity of the service platform. The financial pressure on the operational budget is hidden by the significant under-spending of the capital budget. The department motivates annually to the national and provincial treasuries for an increase in its operating budget.

In 2009/10, the department made important gains in strengthening clinical governance. A policy has been finalised. Chief specialists were appointed in Metro East and West to manage and be accountable for general specialist services in the different disciplines across the platform. At a managerial level, strategic and operational structures have been created across the service rendering divisions to strengthen communication, build relationships and take responsibility for the implementation and monitoring of progress in terms of the Comprehensive Service Plan (CSP). These structures have also helped to strengthen the interface between clinicians and managers. Building cohesion and synergy is a strategic goal of the department.

The department continuously strives for improvement, rigorously monitors its performance against set targets and takes corrective action where necessary. I would like to acknowledge and thank the staff of the department at all levels whose commitment to service delivery enables 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 2009/10 included:

- 2008/09 Annual Report
- 2010/11 Annual Performance Plan
- 2010 - 2014 Strategic Plan
- L1 / L2 / L3 Acute Hospital Packages of Care
- 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)
- Reflections x 3 (Groote Schuur Hospital newsletter)
- Ezwi x 3 (District Health Services newsletter)
- Regional News x 1 (Regional hospitals' newsletter)
- Nurses Update x 4
- Nursing Strategy
- Practical Obstetrics and Gynaecology: A guide for Health Care Managers and Clinicians

1.4 Health Ministry

A general election was held in April 2009 and on 6 May 2009 Mr Theuns Botha replaced Mr Marius Fransman as the new provincial Minister of Health.

During July 2009 Minister Botha undertook a three day visit to Rome to meet with an international financial donor.

Bills submitted to the legislature

The following Bills were submitted to the legislature during the 2009/10 financial year:

1. Western Cape District Health Councils Bill
2. Western Cape Ambulance Services 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.Health Act, Act 63 of 1977. Assigned to the province by virtue of Proclamation R152 of 1994
3. Provincial treasury instructions
4. Regulations Governing Private Health Establishments. Published in PN 187 of 2001
5. Regulations governing the Uniform Patient Fee Schedule, 2007
6. Training of Nurses and Midwives Ordinance, 4 of 1984. Assigned to the province under Proclamation 115 of 1994
7. .Western Cape Health Facility Boards Act 7 of 2001 and its regulations
8. Western Cape Land Administration Act, 6 of 1998
9. Western Cape Health Care Waste Management Act, 7 of 2007
10. Western Cape Direct Charges Act, 6 of 2000
11. 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. Western Cape Medical Supplies Centre

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.

PART 2: PROGRAMME PERFORMANCE

2.1 Voted funds for Vote 6

Appropriation	Main appropriation	Adjusted appropriation	Actual amount spent	Over / under expenditure
Vote 6	9,892,798,000	10,463,716,000	10,371,034,000	92,682,000
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 to the people of the province. This includes preventive, promotive, emergency and curative services, rehabilitation, and chronic care. Effective interventions are implemented to reduce morbidity and mortality particularly in the high priority areas of HIV and AIDS, tuberculosis (TB), trauma and chronic diseases. In addition, highly specialised tertiary health care services are rendered to the people of the Western Cape and neighbouring provinces and these services are largely funded from the National Tertiary Services Grant.

The department provides training facilities for health care workers and professionals in conjunction with higher education institutions. The department is responsible for the licensing and regulation of private hospitals within the province and the rendering of a forensic pathology service. Finally, the department is responsible for the development and maintenance of appropriate enabling support services and infrastructure in order to render the above-mentioned services.

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 2009/10 Budget Statement:

Acute services, including emergency medical services and acute hospital services

- Acute hospital activities can be quantified and will facilitate measurable service shifts in 2009/10 and beyond as a result of the finalisation of the packages of care for level 1, 2 and 3 services during 2008/09.
- It is assumed that there will be no major increase in the number of acute beds across the platform during 2009/10.
- The separation of level 2 and 3 services in the central hospitals is an important step towards the restructuring of the service platform.
- The appointment and effective functioning of level 2 clinical heads remains a critical step to consolidate clinical governance for the general specialty disciplines.
- Tygerberg and Groote Schuur Hospitals will explore alternative lodging arrangements for clients who require specific services over a period of time but who do not require active care whilst in hospital.
- The eight general specialties will be divided into three service clusters, i.e.:
  - Cluster 1: Emergency medicine, internal medicine, psychiatry.
  - Cluster 2: Surgery, orthopaedics, anaesthetics.
  - Cluster 3: Obstetrics and gynaecology, paediatrics and neonatology.

Ambulatory care including outreach and support

- Strengthen outreach and support within the three general specialty service clusters.
- Improve chronic disease management through the appropriate relocation of stable patients with chronic diseases to primary health care (PHC) facilities.

Infectious disease management

The key strategic focus areas for the management of clients with HIV and AIDS and tuberculosis (TB) across the platform are:

- Implement an integrated, combined prevention strategy for HIV.
- Enroll and manage HIV clients at accredited antiretroviral treatment sites and implement a nurse-led, doctor supported model of care (STRETCH model).
- Consolidate the infectious diseases platform from PHC to level 3 services.
- Improve the management of TB patients across the service platform through transferring the line management of the TB hospitals to the respective sub-structure/district management teams, decanting stable TB patients into primary health care by creating additional capacity in community-based services. This will allow more acutely ill TB patients to be admitted into TB hospitals.

De-hospitalised care

Access to mental health de-hospitalised care will be expanded by providing a continuum of care for psychiatric clients, e.g. group homes and psycho-social rehabilitation groups for sub-acute care, and residential care and day care centres for intellectually disabled clients.

Other key issues

- Restructure emergency medical services to achieve improved response times closer to the national norms.
- Expand community-based care services through the Expanded Public Works Programme (EPWP) in Health to enable people requiring health services to be managed in communities where they live.
- Increase the percentage of the total health budget allocated to maintenance and commence with the construction of Khayelitsha and Mitchells Plain Hospitals.
- Strengthen human resource and financial management to improve performance.

In terms of the 2009/10 Annual Performance Plan (APP), the following strategic goals were identified:

Administration

- Conduct the strategic management and overall administration of the Department of Health.
- The recruitment and retention of an appropriate workforce for the Department of Health.

District health services

- Establish the District Health System (DHS) in line with the CSP to deliver the full package of quality DHS services in all the districts of the Western Cape.
- Provide a comprehensive package of quality services to all clients with chronic diseases in all districts in the Western Cape.
- Establish an integrated community-based service (CBS) platform to render a full package of quality CBS services to the communities in all districts in the Western Cape.
- Transform the district hospital service platform to provide access to full package of quality level 1 hospital services in all districts in the Western Cape.
- 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 people in the province.
- Ensure adequate disease prevention and control.
- Ensure the delivery of a good quality disease control programme in all the districts of the Western Cape.

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 appropriate and accessible regional hospital services for acute patients in the Western Cape.
- 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 comprehensive interdisciplinary specialised rehabilitation services for persons with physical disabilities, inclusive of the provision of mobility and other assistive devices, orthotics and prosthetics.
- 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 hospitals.

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 serving and prospective employees of the Department of Health to enhance service delivery.

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.
- 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.

- Manage the supply of pharmaceuticals and medical sundries to hospitals, community health centres and local authorities.

Health facilities management

- Provide new health facilities and to 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 services and district hospital services including preventive, promotive, curative and rehabilitation services. The foundation for the effective and efficient provision of these services is based on the integration of facility based services, community based and support services.

- Programme 3: Emergency Medical Services
  Render pre-hospital emergency medical services including inter-hospital transfers and planned patient transport. The clinical governance and co-ordination of emergency medicine within the Provincial Health Department. The co-ordination for the Department of Health of preparation for the FIFA 2010 World Cup Soccer Tournament.

- Programme 4: Provincial Hospital Services
  Deliver 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.

- Programme 5: Central Hospital Services
  Provide tertiary and quaternary 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

This information is provided in the section titled "Major projects undertaken or completed during the year", contained in the Report by the Accounting Officer in Part 4 of this Report.

Overview of the service delivery environment for 2009/10

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 16.7% increase in the population of the Western Cape from 4,524,335 in 2001 to 5,278,585 in 2007 reported in the Community Survey 2007, is reflected in a constant growth in patient numbers of approximately 3% per annum. Combined with the projected growth in the cost of goods and services as well as personnel expenditure as a result of the occupation specific dispensations, this creates pressure on the budget which is insufficient to meet the need.

The department is currently developing an updated Comprehensive Service Plan with targets for 2020 and preliminary work indicates that a significant number of hospital beds, which are used as a proxy for service load, will be required by then, particularly in the Metro.

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 479 facilities that consist of mobiles, satellite clinics, clinics, community day centres (CDCs) and community health centres (CHCs). In total there are 32 sub-districts in the province, all of which provide a full package of PHC services.

  For the 2009/10 financial year, a total of 15,848,973 clients were seen for primary health care services in the province. This figure translates into an utilisation rate of 3.0 for the total population of the Western Cape, and an utilisation rate of 5.0 for the population under five years.

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

  There are 34 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. In total 238,085 inpatients were discharged from district hospitals. The number of clients (headcounts) seen at the outpatient and emergency departments were 504,673 and 335,427respectively.

  Five general (regional) hospitals and three central hospitals that render level two services discharged 185,919 inpatients. The number of clients (headcounts) seen at the outpatient and emergency departments were 628,931 and 296,301 respectively.

  In total 3,684 inpatients were discharged from the six tuberculosis hospitals and 3,208 headcounts were recorded in the outpatient departments at these hospitals.

  A further 5,369 inpatients were discharged from the four psychiatric hospitals and 34,521 headcounts were recorded in the outpatient departments at these hospitals.

The Western Cape Rehabilitation Centre recorded 829 inpatient discharges and 25,107 outpatient headcounts.

In the three central hospitals 68,231 inpatients were discharged from the institutions. The number of clients (headcounts) seen at the outpatient department was 537,749. Clients seen in the emergency 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, eighteen facilities are accredited as baby friendly hospital initiative (BFHI) sites. The province also provided vitamin A supplementation to 92.85% of children under one year. Of the total population under five years, 2.6% were diagnosed as being underweight for age.

  HIV counselling and testing (HCT) services are available at all fixed PHC facilities in the province. During 2009/10 a total of 397,704 people were tested for HIV in addition to the antenatal women who are tested as part of the prevention of mother-to-child transmission (PMTCT) programme.

  Antiretroviral (ARV) treatment was provided to 75,002 patients at 66 accredited ARV sites.

  The smear positive TB cure rate was 79.4% and the TB treatment interruption decreased from 9.2% in 2008/09 to 8.2% 2009/10.

- Delivery of emergency medical and patient transport services:

  There are fifty emergency medical service (EMS) stations across the Western Cape Province and the EMS fleet consists of 251 ambulances. EMS received 477,320 emergency calls during 2009/10 and 113,830 patients were transported by HealthNET.

- Rendering of specialised orthotic and prosthetic services:

  A total of 4,408 orthotic and prosthetic devices were manufactured of which only 0.8% required remanufacture.

- Rendering of forensic pathology and medico-legal services:

  Forensic pathology services are rendered via eighteen forensic pathology facilities across the province and 44 response vehicles. During 2009/10 a total of 9,237 medico-legal cases were examined, which resulted in 7,255 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 2010 Budget Statement, the Department of Health has a significant budget for Goods and Services (32%) and a significant dependence on imports which is substantially affected by inflation and exchange rate fluctuations.

Pressure on the health budget was brought about by the under provision by National Treasury for the Improvement of the personnel Conditions of Service (ICS) and to an extent for the under funding for the occupational specific dispensation (OSD) for medical and dental practitioners, pharmacists, pharmacy assistants and emergency medical service personnel. Provincial Treasury assisted the department by funding a substantial portion of the shortfall.

The cost of information technology is expected to increase as the department becomes increasingly dependent on information systems.

The number of in-patients requiring antiretroviral treatment (ART) grows by approximately 40 per cent per annum, but according to the Department's calculations this is adequately funded by the relevant conditional grant.

Overview of the organisational environment for 2009/10

Retirements and new appointments in the senior management service include:

- Dr F Krige, Director: Overberg District retired on 31 August 2009.
- Dr R Nathan was appointed Director: Overberg with effect from 1 February 2010.
- Ms BA Smuts, Director: HIV/AIDS retired on 31 November 2009.
- Ms JO Arendse was subsequently appointed Director: HIV/AIDS with effect from 1 April 2010.
- Ms V Haas was appointed Director: Internal Audit with effect from 11 January 2010.

The Chief Directorate: Professional Support Services is being restructured into two Chief Directorates to meet the increasing demands related to infrastructure; and strategy and performance management. The Chief Directorates are Strategy and Health Support and Infrastructure Management.

Strategic overview and key policy developments for the 2009/10 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 2009/10.

Table 2.3.1 Sources of revenue (R'000)

	2006/07 Actual	2007/08 Actual	2008/09 Actual	2009/10 Target	2009/10 Actual	deviation from target
	R'000	R'000	R'000	R'000	R'000	%
Tax revenue	N/a	N/a	N/a	N/a	N/a	N/a
Non-tax revenue	**287, 567**	**486, 288**	**429, 196**	**382, 206**	**390, 534**	**2.18%**
Sale of goods and services	223, 712	348, 056	289, 680	295, 639	295, 273	(0.12%)
Transfers received	63, 651	137, 607	138, 174	85, 843	93, 878	9.36%
Fines, penalties			1		2	100%
Interest, dividends	204	625	1,341	724	1, 381	90.75%
Sales of capital assets (capital revenue)	**10**	**10**	**11**	**13**	**7**	**(46.15%)**
Sales of capital assets	10	10	11	13	7	(46.15%)
Financial transactions (recovery of loans and advances)	**16, 482**	**11, 548**	**7, 937**	**8, 621**	**23, 269**	**169.91%**
TOTAL DEPARTMENTAL RECEIPTS	**304, 059**	**497, 846**	**437, 144**	**390, 840**	**413, 810**	**5.88%**

The Department ended the 2009/10 year with a revenue surplus of R 22,970 million (6%). The surplus is the net effect of the over and under recoveries for the year:

- Sales of Goods and Services:

  The under recovery (0.12%) is primarily due to reduced requests for medical reports and the Road Accident Fund payment shortfall. The latter is being addressed between the department and the Road Accident Fund besides attention at Provincial and National Treasury level.

- Transfers:

  The surplus (9.36%) is due to an increased contribution from the respective universities to the central hospitals, and interest received on the Global Fund payments.

- Interest:

  The surplus (90.75%) resulted through the levying of interest in respect of patient fee accounts. The surplus is also a result of improved performance in terms of interest collected on staff debt.

- Financial transactions:

  The surplus (169.91%) is due to the clearing of a 2008/09 credit balance in the Asset and Liability Account (Advances).

Departmental expenditure

Table 2.3.2 Departmental expenditure

Programmes	Voted for 2009/10 R'000	Roll-overs and adjustments R'000	Virement R'000	Total voted R'000	Actual expenditure R'000	Variance R'000
Programme 1	313,813	(6,879)	(24,423)	282,511	266,710	15,801
Programme 2	3,503,630	209,603	15,126	3,728,359	3,722,530	5,829
Programme 3	488,136	46,162	-	534,298	530,130	4,168
Programme 4	2,621,311	(114,332)	(5,863)	2,501,116	2,501,088	28
Programme 5	1,911,422	359,078	6,372	2,276,872	2,347,345	(70,473)
Programme 6	191,334	946	2,445	194,725	194,624	101
Programme 7	177,978	21,415	6,343	205,736	197,605	8,131
Programme 8	685,174	54,925	-	740,099	611,002	129,097
Total	**9,892,798**	**570,918**	**-**	**10,463,716**	**10,371,034**	**92,682**

Transfer payments

During 2009/10 transfer payments were made to municipalities, the Western Cape Medical Supplies Centre, 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 2009/10 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 Grant Programme, transfer payments were made to municipalities for the ARV Treatment Capital Works project and the Community Based Response (CBR) programme. In 2008/09 the ARV Treatment Capital Works project identified five clinics operated by the Cape Town City Health Department in order to increase the physical capacity for the provision of ARV treatment services 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 continued and was completed at the other four clinics in 2009/10.

The Department entered into service level agreements with five municipalities during 2009/10 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.

Western Cape Medical Supplies Centre

The transfer payment made to the Western Cape Medical Supplies Centre 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 Lifecare Centre. Radie Kotze, a provincially aided hospital, also received transfer payments from the Department of Health to render level one inpatient services.

Chronic inpatient care is provided to de-hospitalised patients with long term care needs e.g. head injuries or patients requiring longer periods of rehabilitation. For adults, this centralised care is provided by an organisation called Lifecare (funded for 250 beds with an average length of stay (ALOS) of 6 months). For children, this service is offered by St Josephs Home (funded for 87 paediatric beds).

Sub-acute facilities provide care for de-hospitalised patients who are assessed as not well enough to be discharged home from an acute hospital bed and need continued close medical attention. The average length of stay for adults is a maximum of 6 weeks and for children, 3 months. Two funded NPOs manage 144 sub-acute beds: Booth Memorial Hospital (84 adult beds) and Sarah Fox Hospital (60 paediatric beds). The department did a point prevalence survey that showed between 15 - 20% of patients currently in acute beds need sub-acute care before being referred to home based care.

Palliative care services provide care to respite and terminally ill patients (mainly AIDS and cancer) for an average length of stay of 2 weeks (14 days). There are currently 275 funded palliative care beds and the bed utilisation rate for the year was 83%. In the rural districts sub-acute and palliative care services are combined. The funding of these facilities is from conditional grant and Global Fund.

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 was utilised to render services in 46 high transmission areas (HTA) and sixteen step-down care facilities and to provide voluntary counselling and HIV testing services through 499 lay counsellors. (Two additional facilities are funded from the Global Fund.)

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

- Provide adherence counselling services at the Gugulethu ARV treatment site.
- 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 (four NPOs were funded).
- Fund 22 community based projects in the Cape Winelands area in respect of the community based response programme.
- 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.

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. Community based services are provided by 145 non-profit organisations (NPOs) contracted by the department and 110 of these NPOs 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.

During 2009/10, the NPO appointed community care workers increased to 2,491 and they provided home based care (HBC) to 31,813 clients with 27.7% of all registered home based care clients referred from hospitals and the rest from PHC and other facilities. Each care worker is supposed to do 5 - 10 visits a day depending on the category of the client and they are supervised by NPO appointed professional nurses. The majority of the clients referred to home based care are the above 60 year age group (37%) followed by the 35 - 59 year age group (31%). Caregivers trained in the Community Integrated Management of Childhood Illnesses (CIMCI) programme focus on children and managed 71,488 children. Most of the children seen here were found during a home based care visit or with door-to-door visits.

Community mental health services are those that provide a continuum of care for psychiatric and intellectually disabled clients in the community with sub-acute psychiatric care group homes and psychosocial rehabilitation groups for the former and residential care and special day care centres for the latter. These patients are de-hospitalised from psychiatric hospitals and there is now a total of 1,592 cared for in the various community mental health care sites.

Social capital was introduced as a strategy to promote social cohesion and social transformation and looked at innovative ways to strengthen existing priorities and getting communities involved. Existing priorities include support groups for clients with chronic diseases of lifestyle and linking these with a healthy lifestyle project so as to minimise the complications of chronic diseases and thereby reducing hospitalisation. Linked to this is also the strategy to try and decant stable chronic patients from PHC to community based services to reduce the load on the busy clinics and these clients' chronic medication are delivered at alternative sites. Other areas are the funding of NPOs to do community eye screening and refraction services. Care workers also assist the school health nurses in screening and addressing the problems needing follow up health education at the schools.

Health committees and community health forums are also one of the social capital strategies to enhance community participation. The Health Act advocates for community participation structures who should assist health facilities in ensuring a good quality health service and assist in addressing problems and challenges identified. These structures serve as the link between communities and the clinics.

The SA Red Cross Air Mercy Service consists of two aircraft bases in Cape Town and Oudtshoorn with two Augusta 119KE helicopters and 1 Pilatus PC12 fixed wing aircraft. The helicopters are both fitted with rescue winches. In 2009 the service completed 585 helicopter missions and 257 fixed wing missions transferring a total of 1,025 patients. In total 85 rescue missions were flown with a rescue count of 50 patients. On average 1.92 patients were flown per fixed wing flight (two patients per flight) which is an excellent efficiency ratio. The service meets 95% of the transfer requests for acute patient transfers from rural hospitals into referral hospitals. The performance of the service is borne out by the rural ambulance response time performance. Aircraft, through a hub and spoke model, keep ambulances in rural areas, prevent long distance road transfers and maintain rural response time performance. This service is unique in South Africa and the quality of care and service is excellent.

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 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.

Table 2.3.3 Number of non-profit organisations funded per district

Programmes	Cape Town	Cape Wine-lands	Central Karoo	Eden	Over-berg	West Coast	Head office	Wes-tern Cape
Tuberculosis	0	5	0	0	4	1	0	10
Chronic care	4	0	0	0	0	0	0	4
Health committees	9	4	0	2	8	8	0	31
Home based care	37	11	4	14	8	17	0	91
Mental health	39	4	1	0	2	1	0	47
Social capital	11	0	0	0	0	0	0	11
AIDS: HTA	6	0	0	0	0	0	1	7
AIDS: Step-down	11	3	0	0	1	1	6	22
AIDS: VCT	19	4	1	5	2	2	0	33
Nutrition	4	0	1	2	0	0	0	7
GF: ART	1	0	0	0	0	0	0	1
GF: Community	1	23	1	1	1	1	2	30
GF: Palliative	1	2	1	1	1	0	0	6
GF: Peer education	0	0	0	0	0	0	9	9
Total	**143**	**56**	**9**	**25**	**27**	**31**	**18**	**309**

Transfer payments in 2009/10

Refer to Annexure 1B, 1C, 1D, and 1G 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 NGOs:

- 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.

The service provider completed a standard operating procedure (SOP) for the management of transfer payments. The SOP was issued as departmental policy, which was used to evaluate all requests for funding for the 2010/11 financial year. As a result of the new policy and processes to be followed, a number of NGOs were no longer considered for funding since they did not meet the policy requirements of the department.

Conditional grants and earmarked funds

The department received the following conditional grants during 2009/10:

National Tertiary Services Grant (NTSG)

The main grant purpose and design encompass sound strategic objectives 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 through compensation for supra-provincial services. These objectives and goals are echoed by the strategic goals and objectives of the Western Cape Department of Health as reflected in the Comprehensive Service Plan (service transformation plan).

The grant allows for the provision of highly specialised services and also facilitates the creation of an environment where highly specialised skills and knowledge can be nourished, transferred and captured to benefit patients and the national medical science body of knowledge.

The grant also assists in the establishment of a research platform, which creates opportunities to explore solutions to key health problems or improving the quality of health services, as well as achieving better health outcomes for patients. A well established research platform also creates opportunities that attracts foreign direct investment and stimulates the local economy. As such, the Cape Town Metropole is one of the hubs for biotechnology in South Africa.

R 1,584 million was allocated during 2009/10 and the full amount was spent by the department. The key inputs funded by this grant are related to remuneration of staff delivering tertiary services (R 1,031,315,000), goods and services such as medicine, surgical and medical supplies (R 516,017,000), and payment for capital assets i.e. equipment and buildings (R 36,657,000).

The key performance activities and outcomes of the grant are 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 2009/10.

Table 2.3.4: Performance measures for NTSG

Performance measure / indicator	Actual 2009/10
Day patient separations	12,214
Inpatient days	638,982
Inpatient separations	118,362
Outpatient first attendances	201,230
Outpatient follow up attendances	547,701

Note: The maximum security psychiatry services have been excluded from the 2009/10 Service Level Agreement as a funded service and the outputs from this service have not been reflected in the 2009/10 figures.

Challenges and recommendations in terms of the NTSG:

- Tertiary and quaternary services are very costly. The main challenge that the province face is that the amount of funding is inadequate for the services it provides. 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 was demonstrated to be aligned with the National Department of Health calculations. Also the growth in the grant has not matched real inflation. Using the 2006/07 year as a baseline the accumulated deficit due to the mismatch in grant growth and inflation was close to R 135 million in 2009/10. It must be noted that this deficit is calculated on inflation as provided by Treasury and that real medical inflation is much higher. The province is therefore forced to supplement funding of the NTSG related services from other sources like the provincial equitable share.
- The Western Cape Department of Health reported an actual expenditure of R 2,319 million on tertiary activities related to the services as indicated in the 2009/10 service level agreement. This reflects a funding deficit of close to R 735 million. It must be noted that this funding gap is only incurred when considering the services as described in the 2009/10 service level agreement. There is a significant quantum of tertiary services provided but not specified or funded by the NTSG and the related service level agreement, which further widens the funding gap related to all tertiary services provided in the province.
- Certain hospitals are providing tertiary services by definition but are not funded by the NTSG e.g. George Hospital. The MTS report from National Department of Health (2004) recommended that George Hospital be registered as a tertiary institution by 2014. However, with the current growth in the amount and complexity of the tertiary services rendered by the hospital it becomes urgent to expedite acknowledgement of these services with appropriate funding allocation.
- The unit cost for patient activities has not been explicit. On exploration it was clear that the calculations at National Department of Health and grant allocation has not kept pace with inflation, equipment replacement costs, overheads and the implementation of occupational specific dispensation (OSD).
- The Western Cape also provides a substantial quantum of level 4 services for the country, for example costly transplant services, and is involved with several inter-governmental support initiatives. It is not clear how these services are recognised and funded. 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.
- The limitations in the management of this grant are as follows:
    - Tertiary services are highly complex and the lead time to establish these services is extensive influencing the response times to establish new services. To train a single sub-specialist in a surgical discipline can take up to twelve or nineteen years. These services operate in an inter-dependent matrix system and the ability to establish independent units at provinces who did not historically have medical faculties, would be extremely difficult, if not impossible, and require a long planning horizon to successfully commission.
    - It is not clear what the performances of other provinces are as the numbers of patients from neighbouring provinces appear to be increasing.

- There is a lack of clarity surrounding the relationship between the required service outputs and the resources allocated for each service, acknowledging that the cost differentiation between the various tertiary services should be reflected.
- Provinces are not involved in national reviews or planning related to the grant.
- Tertiary services are rendered but not included for funding for example the high security psychiatric services rendered.
- 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 within a manageable lead time.

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.

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.

In the Western Cape the grant is applied to fund the service costs related to training health sciences students on the health platform. These costs include both personnel costs related to supervision as well as non-personnel related costs required to maintain an adequate health service platform for teaching and training.

The grant supported the training of undergraduate and post graduate students in various categories ranging from medical doctors and specialists, nursing, dentists, emergency services, speech therapists, social workers, physiotherapy, audiology, occupational therapy etc.

There is an annual intake of students at the institutes for higher education. Students train for a minimum period of three years. Medical students train for six years and post graduate students up to another four to five years. The academic training program follows a calendar year while the grant reporting period follows a financial timeframe which spans over two academic years with two student intakes. This makes target setting and reporting challenging as the academic and financial timeframes are not in synchronisation.

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

Monthly financial reports are submitted to the Provincial and National Treasury. Financial management of the grant aligns with Public Finance Management Act principles. Quarterly reports and annual reports were timeously submitted to the National Department of Health, compliant with the DORA requirements.

The monitoring parameters are the number of students accommodated on the service platform.

Table 2.3.5 Number of under- and post graduate students 2009/10

Consolidated Outputs	Outputs Performance Indicator	Outputs Baseline	Target Cumulative or Annual Target	Weighted Annual Total
Number of undergraduate students being trained	Number of undergraduate students in training	6,795	6,795	6,811
Number of postgraduate students being trained	Number of postgraduate students in training	879	879	1,283

Note:

- This figure deviates from the targets reflected in the 2009/10 financial year business plan, which is not synchronised with the academic year. The post graduate student numbers for 2010 also reflects the nursing staff studying for post graduate diplomas and honours degree courses. The weighted annual total reflects the weighted contribution from each quarter.

The Western Cape does not have a developmental portion and subsequently did not report on this. Setting actual performance targets related to the number of students in training, as well as monitoring these targets, remains a challenge. Some external factors beyond the control of the department include:

- Students can only successfully enrol for a specific course if they qualify according to the academic selection process.
- Students can discontinue a specific course or transfer to a different course later in the academic period.
- The HPTDG business plan where the annual targets are reflected is submitted before the final enrolment process of the HEIs has been completed.
- Students normally complete their academic year in December, where a new group is enrolled in the fourth quarter. This makes reporting on student numbers a challenge as actual student numbers accommodated on the platform can vary significantly from quarter three to quarter four.

One of the main challenges with the HPTDG is the policy gap experienced at a national level. The grant's key strategic purpose and outputs should be determined and aligned with a clearly quantified National Workforce Plan, to ensure a sustainable health professional workforce with skills and capacity to service the health needs of South Africa. The result has been that the HPTDG has not grown despite increasing training needs and numbers, as well as increased costs to sustain a training platform.

There is currently no strategic national platform where provinces participate in discussions regarding these conditional grants. A national platform needs to be established, with provincial representation where these policy gaps can be addressed. Efforts towards defining a clear policy should be grounded in systematic strategic analysis and planning. In the absence of a clear policy and continuous under funding of training in the Western Cape will be unable to supply a continuous and stable stream of health professionals to service the health needs of South Africa.

R 363 million was allocated and spent by the department during 2009/10.

The Western Cape is under-funded in terms of the Health Professionals Training and Development Grant (HPTDG). The funding gap has increased on an annual basis and been exacerbated by the mismatch in growth in the grant funding and the inflation rate as provided by Treasury. The accumulated deficit due to the inflation mismatch since 2006/07 reached an amount of R 73.3 million in 2009/10. The funding gap has accelerated, especially in the last three financial years. This funding deficit means that the province cannot sustain a service platform necessary for health science student training and results in funding deficits in other service areas. The impact is already noticeable with insufficient supervision and training opportunities for health sciences students. Despite training 30% of all medical students, and 45% of all dental students, the Western Cape does not receive a proportional allocation based on the number of students trained and is thus penalised in the absence of any framework.

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 2009/10 was R 383,538,000 and the actual expenditure was R 383,531,000 (100.0%). In 2009/10, a submission was again made to the National Department of Health, requesting that additional funding be made available, as it was apparent that the ART services would again have the capacity to enrol more clients for ART than was planned. An additional allocation of R 73,625,000 was made to the Western Cape Department of Health in the adjustment budget in November 2009.

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 2009/10 are defined in the Comprehensive HIV and AIDS Integrated Business Plan 2009/2010. These are summarised as follows:

- Staff were employed against the plan to manage the programme.
- All programmes were implemented, co-ordinated and maximised as per the business plan.
- The implementation of the programme was monitored and evaluated and reports were submitted accordingly.
- Ten new sites were accredited to provide ART and services were implemented at these sites.
- Consumables, supplies and services were provided and available at all times.

Table 2.3.6: Performance measures for HIV and AIDS Conditional Grant

Intervention	Performance measure / indicator	Target 2009/10	Actual 2009/10
ART	Number of facilities accredited as ART service points	76	81
	Number of registered ART patients	68,236	74,002
PMTCT	Number of antenatal clients tested for HIV	86,000	88,343
	Nevirapine dose to baby rate	98%	100%
	Transmission rate	4%	3.6%
RTC	Number of monthly expenditure reports submitted in time	12	12
	Number of quarterly output reports submitted in time	4	4
VCT	Number of lay counsellors receiving stipends	499	499
	Percentage of the population over the age of 15 years tested for HIV	12%	14%

By the end of 2009/10 there were 81 fully functional ART service points in the Western Cape Province, of which 66 were accredited. At these 81 sites, there were 75,002 patients on ARV treatment at the end of March 2010. This is approximately 2% more than the target of 73,499.

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. Two clinical specialists task teams were constituted (one for adults and one for paediatrics), to address clinical issues and revise protocols accordingly.

The Western Cape Department of Health has successfully implemented the programmes under this grant and met the targets set. Introducing an additional HIV service within the already constrained health services has been a challenge, particularly with regard to physical infrastructure. The department has made much progress in renovation of facilities to accommodate the programmes. The additional resources provided by the grant for personnel have been fruitfully utilised to strengthen services, particularly at primary care level however recruitment of suitably trained staff, namely nurses and pharmacists has hampered the filling of posts. Insufficient funding being available has at times challenged the successful roll out of the ART programme.

In terms of financial compliance, the Western Cape had an under-expenditure of R 7,000 which was less than 1% of the adjusted budget and in the same period has achieved or exceeded all its targets.

Forensic Pathology Services Grant

Forensic Pathology Services (FPS) aim to provide a service in the province in accordance with the provisions of the following acts: Inquest Act; the National Health Act; the Human Tissue Act; the Births & Death Registration Act; the Prisons Act; the Medical, Health Professions Act; and the Forensic Pathology Services Code.

R 58.484 million was allocated for 2009/10 and during the adjustment budget this amount was increased to R 74.543 million. R 67.141 million (90%) was spent.

Table 2.3.7: Performance measures for the Forensic Pathology Services Conditional Grant

Consolidated outcomes	Performance measure / indicator	Target 2009/10	Actual 2009/10	Reason for deviation and remedial action
Improved quality of service	% of autopsies performed	80%	78.54%	- Increase in admission of "natural" cases. - Policies implemented to manage appropriate admissions.
	Average turn-around time from receipt of body to hand-over in days	4 days	15.70 days	- Increase in number of unidentified persons. If excluded the average turnaround reduce to 5.11 days. - Actively managing the number of unidentified persons through an agreement with SAPS.
	% of post mortem examinations performed by a forensic pathologist	50%	36.09%	- Not all posts specialist posts could be filled. - Registrar posts increased to 12.
Improved response time	Average response time (from receipt of call to arrival on scene in minutes)	38 min	37 min	- Not applicable.
	No of response vehicles	44	44	- Not applicable.

Consolidated outcomes	Performance measure / indicator	Target 2009/10	Actual 2009/10	Reason for deviation and remedial action
Adequate infrastructure that supports operational requirements	No of facilities upgraded, under construction or built	0	3	- Construction projects carried over from 2008/09 funded through roll-over funding already committed. - No additional construction projects can be planned as the grant allocation does not make allowance for it.
Adequate staffing to provide a forensic pathology service	% of posts filled according to Human Resource Plan	92%	85% (227/267)	- Delays in filling posts, difficulty in attracting scarce skills. Only 267 posts funded and not 275. - Expedite recruitment process where possible. Head hunt suitable candidates.
Trained medical officers	% of medical officers completing diploma in forensic medicine	50	25	- Two out of four permanent staff obtained diploma. Private GPs (four) has undergone training programmes but not enrolled in diploma. - None.
Staff recruited and in place	Number of posts filled	275	227	- Delays in filling posts, difficulty in attracting scarce skills. Only 267 posts funded and not 275. - Expedite recruitment process where possible. Head hunt suitable candidates.
Construction of facilities as per Infrastructure plan	Number of facilities upgraded / constructed	0	3	- Two projects commissioned and three under construction. Funded from roll-over funding. - No additional projects planned as no funding is available.
Equipping facilities as per implementation plan	% of equipment budget spent	100%	38% (R1,745,674/ R4,630,000)	- Adjustment received in November. - Items to be procured as per priority list.
Improved transport capacity	Number of vehicles active and on the road	61	65	- Not applicable.
Improve the day to day management and running of the Forensic Pathology Service	% of goods and services budget spent (12,546,000 adjusted to 15,547,000)	100%	150%	- Infrastructure expenditure reflected within Goods & Services in BAS. Additional funding has been requested in the adjustment budget to fund construction projects currently underway. Two projects reached practical completion stage. No progress on three projects due to financial problems experienced by contractors. Department of Transport and Public Works currently finalising tender process. - Remain within budget.

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 increase in the number of registrars from four to twelve posts will assist with the requirement for forensic pathologists. The ability to train registrars is however linked to the number of forensic pathologists.
- Implementation of a software business solution and rolling it out to all eighteen FPS facilities and piloting outside of the province.
- 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.
- Finalisation and testing of major incident response plans.
- Finalisation of key standard operating procedures.

The main challenges are:

- Inability to obtain additional funding to implement infrastructure plan.
- Escalation in infrastructure costs impacting on the ability to proceed with infrastructure projects as per the implementation plan.
- Lack of progress on three out of five construction projects due to financial difficulties being experienced by the contractors and inability to address snag list in the other two due to the same reason.
- No progress with the development and implementation of enhancements to the FPS IT system.
- Over-expenditure on Goods and Services budgets due to budget pressures.
- The inability to achieve the filling of the targeted number of posts.

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, Khayelitsha Hospital and Mitchell's Plain Hospital. Valkenberg Hospital was the only project in planning for this period.

R 420.1 million was allocated for 2009/10 of which R 377.3 million (90.0%) was spent. The department took a long term view in 2007/08 to slow down projects in order to manage the projected 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 42.8 million was recorded for 2009/10 that translates to 10% of the budget not being spent. The main contributing factors for the R 42.8 million under expenditure were:

- Difficulties in securing funding to proceed with the Mitchell's Plain Hospital project.
- The delay in awarding the tender for Worcester Hospital (Phase 4).
- Delays in the planning of Vredenburg Hospital (Phase 2B).

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 145.6 million was allocated in 2009/10 of which R 73.7 million (50.6%) was spent.

The main reasons for the under expenditure relate to the following:

- Slower than predicted completion of the design work on a number of projects including the Kwanokuthula and Wesbank CDCs, Grassy Park Clinic, and Ceres and Kwanokuthula ambulance stations.
- The need for additional capacity in terms of personnel numbers and expertise. The unacceptably low expenditure highlights the need for additional capacity at both the Department of Health and at the Department of Transport and Public Works.

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

- A Chief Directorate: Infrastructure Management has been established to address the capacity problems within the Department of Health. The staffing of the vacant positions in this chief directorate will receive urgent attention in 2010/11.
- Fostering a greater level of teamwork between the Department of Health and the Department of Transport and Public Works.
- Utilising the infrastructure development improvement programme (IDIP) process to further improve the overall management of the programme.

Emergency Medical Services Grant

The National Department of Health facilitated the awarding of conditional grants for each of the provinces to aid in health preparations for FIFA World Cup 2010.

The Western Cape Department of health was allocated the amount of R 3.2 million for the FIFA World Cup.

The grant came with the condition that R 2.1 million must be utilised for the preparation of medical services within the Cape Town stadium and the remaining R1.1 million must be utilised in preparing health services for the event.

The Western Cape Department of Health utilised the funding as follows:

- R 2.1 million was allocated to purchase medical equipment for the stadium.
- R 306,000 was allocated towards Forensic Pathology Services preparation.
- R 130,000 was spent on health promotion.
- R 99, 000 was spent on communicable diseases equipment.
- R 26,000 on port health.
- R 150,000 was allocated to rolling out clinical forensic medicine training within the province.
- R 150,000 was allocated towards major incident medical management system equipment for hospitals.
- R 129,000 for medical training equipment to facilitate training in the rural areas.
- R 100,000 for design and roll out of a hospital bed bureau to track bed occupancy during the World Cup and beyond.

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	Project name	Type of infrastructure	Current project stage	Project duration			Estimated total cost R'000
				Project duration (months)	Start date	Planned complete date	
New and replacement assets							
1	Asanda Clinic	New clinic	Planning	26	1 Apr 13	31 May 15	24,000
2	Beaufort West Hospital	Forensic mortuary	Planning	30	1 Oct 10	31 Mar 13	8,000
3	Beaufort West	Office accommodation	Planning	11	1 May 10	31 Mar 11	1,800
4	Ceres Hospital	New ambulance station	Construction	13	24 Jan 10	15 Feb 11	10,500
5	Delft Symphony Way	New CHC	Planning	30	30 Jan 11	30 Jul 13	35,000
6	District 6	New CHC	Planning	30	20 Jan 12	30 Jul 14	35,000
7	Du Noon CHC	New CHC	Planning	34	1 Apr 11	30 Jan 14	80,000
8	Grassy Park	New clinic	Construction	14	24 Feb 10	30 Apr 11	18,100
9	Hermanus	New CHC	Planning	19	1 Apr 13	31 Oct 14	35,000
10	Hermanus	Site acquisition	Planning	19	1 Apr 13	31 Oct 14	2,394
11	Knysna - Witlokasie	New CHC	Planning	24	1 Apr 11	31 Mar 13	35,000
12	Kwanokuthula	New CDC	Construction	20	24 Jan 10	23 Sep 11	30,000
13	Kwanokuthula	New ambulance station	Construction	20	24 Jan 10	23 Sep 11	9,000
14	Malmesbury - Wesbank	New CDC	Construction	19	22 Feb 10	30 Sep 11	33,000
15	Malmesbury EMS	New abulance station	Planning	14	1 Apr 11	30 May 12	10,000
16	Rawsonville	New clinic	Planning	14	1 Apr 13	30 May 14	8,300
17	Salt River	Forensic mortuary	Planning	38	1 Apr 14	30 May 16	120,000
18	Vredendal Hospital	New abulance sation	Construction	14	15 Mar 10	30 May 11	10,000
19	Weltevedren Valley	New CHC	Planning	23	1 Apr 13	30 Jan 15	36,000
Upgrades and additions							
1	Bonnievale/ Happy Valley Clinic	Extend clinic	Construction	5	30 Nov 09	30 Apr 10	1,500
2	Caledon Hospital	Upgrade - phase 2	Planning	13	1 Jul 10	1 Jul 11	8,000

No	Project name	Type of infrastructure	Current project stage	Project duration			Estimated total cost R'000
				Project duration (months)	Start date	Planned complete date	
3	Ceres Hospital	Emergency centre	Planning	13	1 Jul 10	1 Jul 11	8,000
4	Dept of Health	CD:IM offices	Planning	12	1 Apr 10	31 Mar 11	3,000
5	Dept of Health	Technical capacity	-	-	-	-	-
6	Eerste River Hospital	New casualty	Completed	17	5 Sep 08	4 Mar 10	30,139
7	Groote Schuur Hospital	TB patient areas	Construction	8	1 May 10	15 Dec 10	900
8	Groote Schuur Hospital	Fire detection Phase 1	Completed	36	19 Oct 06	30 Sep 09	14,000
9	Groote Schuur Hospital	Interim improvements	Planning	-	-	-	22,500
10	Groote Schuur Hospital	Master plan	Planning	12	1 Apr 10	31 Mar 11	1,500
11	Groote Schuur Hospital	NMB fire detection phase 2	Planning	13	6 May 10	30 May 11	3,500
12	Groote Schuur Hospital	Relocation of engineering workshop	Construction	12	1 Mar 10	28 Feb 11	8,400
13	Groote Schuur Hospital	Security upgrade phase 1	Completed	9	11 Jun 09	26 Feb 10	12,500
14	Groote Schuur Hospital	Upgrade D23 department anaesthesia	Completed	6	4 Jun 09	16 Nov 09	2,150
15	Groote Schuur Hospital	Upgrade pharmacy	Construction	12	1 Mar 10	28 Feb 11	16,500
16	Hermanus Hospital	Emergency centre and new wards	Planning	25	1 Aug 10	30 Aug 13	68,000
17	Karl Bremer Hosp	Emergency centre	Planning	25	1 Apr 12	30 Apr 14	50,000
18	Knysna Hospital	Emergency centre	Planning	19	1 Apr 13	31 Oct 14	30,000
19	Lamberts Bay	Ambulance station	Construction	7	15 Mar 10	30 Sep 10	1,662
20	Malmesbury Hospital	Casualty extension	Planning	13	30 Sep 10	30 Sep 11	3,000
21	Mitchell's Plain CHC	Emergency centre and pharmacy	Construction	13	2 Jun 09	22 Jun 10	33,700
22	Mitchell's Plain CHC	Site acquisition	Planning	-	1 May 10	31 May 10	2,500
23	Riversdale Hospital	Forensic mortuary	Planning	24	1 Apr 13	31 Mar 15	8,200
24	Riversdale Hospital	Phase 2 upgrade	Completed	25	7 Feb 08	19 Mar 10	17,000
25	Riversdale Hospital	Phase 3 upgrade	Planning	13	15 Oct 10	15 Oct 11	10,800
26	Riversdale Hospital	Resurface roads	Completed	7	3 Mar 09	3 Sep 09	2,018
27	Robertson Hospital	Maternity ward	Construction	10	1 Apr 11	1 Feb 12	6,500
28	Somerset Hospital	2010 enabling work	Completed	13	20 May 09	19 Mar 10	32,131
29	Somerset Hospital	Lift upgrade	Planning	13	1 Jun 10	1 Jun 11	6,000

No	Project name	Type of infrastructure	Current project stage	Project duration			Estimated total cost R'000
				Project duration (months)	Start date	Planned complete date	
30	Somerset Hospital	Shipley building renovation	Completed	7	19 Mar 09	14 Sep 09	2,600
31	Tygerberg Hospital	Emergency centre upgrade	Planning	13	1 Jul 10	31 Jul 11	13,200
32	Tygerberg Hospital	Electric fence	Completed	13	24 Mar 09	19 Mar 10	2,400
33	Tygerberg Hospital	Fire door upgrade phase 2	Completed	16	25 Jun 08	15 Oct 09	4,433
34	Tygerberg Hospital	Interim improvements	Planning	-	-	-	35,500
35	Tygerberg Hospital	Lift upgrading	Completed	25	23 Oct 08	1 Feb 10	7,800
36	Tygerberg Hospital	Security fence - east side	Completed	4	27 Jan 09	27 May 09	6,100

Table 2.4.2: Hospital Revitalisation

No	Project name	Type of infrastructure	Current project stage	Project duration			Estimated total cost R'000
				Project duration (months)	Start date	Planned complete date	
New and replacement assets							
1	Helderberg	Replacement hospital	Planning	36	1 Apr 14	31 Mar 17	350,000
2	Khayelitsha Hospital	New hospital and ambulance station	Construction	37	5 Jan 09	4 Jan 12	540,000
3	Mitchell's Plain	New hospital	Construction	37	22 Sep 09	21 Oct 12	520,000
4	Mossel Bay	New hospital	Planning	29	1 Oct 13	31 Mar 16	350,000
5	Tygerberg	Replacement hospital	-	-	-	-	-
6	Victoria	Replacement hospital	Planning	29	1 Oct 14	31 Mar 17	600,000
Rehabilitation, renovations and refurbishments							
1	Brooklyn Chest	Extensions and upgrades	Planning	-	-	-	400,000
2	George Hospital	Hospital upgrade phase 3	Construction	24	1 Apr 09	31 Mar 11	59,000
3	Mitchell's Plain Hospital	Regional laundry upgrade	Planning	-	1 Apr 13	-	40,000
4	Paarl Hospital	Hospital upgrade	Construction	56	10 Apr 06	1 Dec 10	430,000
5	Paarl Hospital	New administration block	Planning	12	1 Apr 13	31 Mar 14	36,000
6	Paarl TC Newman CHC	CHC upgrade (co-funded GF)	Construction	24	15 May 09	14 May 11	11,000

No	Project name	Type of infrastructure	Current project stage	Project duration			Estimated total cost R'000
				Project duration (months)	Start date	Planned complete date	
7	Valkenberg Hospital	Emergency repairs to admin building	Construction	12	17 Apr 09	31 Mar 10	7,800
8	Valkenberg Hospital	Hospital upgrading	Planning	60	1 Apr 12	31 Mar 17	-
9	Vredenburg Hospital	Upgrading phase 1B- various work	Completed	5	29 Oct 08	31 Mar 09	5,600
10	Vredenburg Hospital	Upgrading phase 2A	Construction	18	28 Jan 09	29 Jul 10	35,000
11	Vredenburg Hospital	Upgrading phase 2B	Planning	24	1 Oct 10	30 Sep 12	138,000
12	Worcester Hospital phase 3	Hospital upgrade phase 3	Completed	66	26 Jun 03	31 Dec 08	260,540
13	Worcester Hospital phase 4	Hospital upgrade phase 4	Construction	13	2 Nov 09	1 Nov 10	45,000
14	Worcester Hospital phase 5	Hospital upgrade phase 5	Planning	15	1 Apr 12	30 Jun 13	16,400

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 (actual)	740,099	113,405	15.3%
2010/11 (budget)	876,648	134,565	15.3%
2011/12 (projection)	818,720	141,679	17.3%
2012/13 (projection)	865,346	147,444	17.0%
2013/14 (projection)	865,346	147,444	17.0%
2014/15 (projection)	865,346	147,444	17.0%
2015/16 (projection)	865,346	147,444	17.0%

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 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 include: A new CDC in Wesbank (Malmesbury), a new CDC in Kwanokuthula (Plettenberg Bay), a new clinic in Grassy Park, 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.

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.

Asset management

Asset registers reflecting both major and minor capital assets have been implemented at all hospitals and institutions and the department started reporting on both from 1 April 2009. In order to ensure that these asset registers remain up to date, asset management teams have been established at institutions and asset controllers have been appointed. Hospitals and institutions are also obliged to reconcile the expenditure on assets through BAS with purchases of assets on LOGIS on a monthly basis and report such reconciliations to head office.

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 tuberculosis (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 2.5.1.

Table 2.5.1: Expenditure by budget sub-programme

Programme	2007/08 Exp R'000	2008/09 Exp R'000	2009/10 Exp R'000	2009/10 Budget R'000	Variance -% under/ (over-) expenditure
Programme 1: Administration	205,333	249,104	266,710	282,511	5.59%
Programme 2: District Health Services	2,707,578	3,139,800	3,722,530	3,728,359	0.16%
District management	103,010	164,641	212,080	212,080	0.00%
Community health clinics	430,608	649,969	760,215	760,216	0.00%
Community health centres	677,703	705,342	813,712	813,712	0.00%
Community based services	125,738	106,033	119,334	121,122	1.48%
Other community services	52,414	0	0	1	100.00%
HIV and AIDS	239,899	268,931	383,531	383,538	0.00%
Nutrition	16,810	17,068	18,885	18,885	0.00%
Coroner services	122,266	83,538	0	1	100.00%
District hospitals	854,454	1,030,902	1,312,167	1,310,376	(0.14%)
Global fund	84,676	113,376	102,606	108,428	5.37%
Programme 3: Emergency Medical Services	341,877	403,118	530,130	534,298	0.78%
Emergency transport	321,120	378,469	492,887	497,020	0.83%
Planned patient transport (PPT)	20,757	24,649	37,243	37,278	0.09%
Programme 4: Provincial Hospital Services	1,306,027	2,260,650	2,501,088	2,501,116	0.00%
General (regional) hospitals	718,190	1,567,744	1,698,619	1,697,404	(0.07%)
Tuberculosis hospitals	101,671	135,635	157,627	160,419	1.74%
Psychiatric hospitals	344,390	391,902	448,401	446,902	(0.34%)
Rehabilitation services	79,888	99,317	110,461	114,277	3.34%
Dental training hospitals	61,888	66,052	85,980	82,114	(4.71%)
Programme 5: Central Hospital Services	2,349,884	1,970,686	2,347,345	2,276,872	(3.10%)
Central hospital services	2,349,884	1,970,686	2,347,345	2,276,872	(3.10%)
Programme 6: Health Sciences and Training	133,706	136,629	194,624	194,725	0.05%
Nurse training college	32,117	35,767	39,191	39,881	1.73%
EMS training college	6,152	7,156	7,631	7,730	1.28%
Bursaries	52,178	31,249	60,155	60,156	0.00%
PHC training	0	0	0	1	100.00%
Other training	43,259	62,457	87,647	86,957	(0.79%)

Programme	2007/08 Exp R'000	2008/09 Exp R'000	2009/10 Exp R'000	2009/10 Budget R'000	Variance -% under/ (over-) expenditure
Programme 7: Health Care Support Services	81,785	96,150	197,605	205,736	3.95%
Laundry services	34,696	45,134	53,109	53,317	0.39%
Engineering services	35,732	49,443	58,535	59,181	1.09%
Forensic services	0	0	84,246	91,522	7.95%
Orthotic and prosthetic services	9,946	0	0	1	100.00%
Medicines trading account	1,411	1,573	1,715	1,715	0.00%
Programme 8: Health Facilities Management	371,678	399,708	611,002	740,099	17.44%
Community health facilities	28,400	28,026	24,236	64,106	62.19%
Emergency medical services	18,706	7,892	10,985	24,705	55.54%
District hospitals	55,281	132,460	210,005	247,106	15.01%
Provincial hospitals	201,568	176,875	274,398	287,900	4.69%
Central hospitals	52,320	41,775	79,959	102,982	22.36%
Other facilities	15,403	12,680	11,419	13,300	14.14%
Total: Programmes	**7,497,868**	**8,655,845**	**10,371,034**	**10,463,716**	**0.89%**

Table 2.5.2: Evolution of expenditure by budget per capita sub-programme (constant 2009/10 prices)

	2007/08	2008/09	2009/10
Population	5,300,000	5,321,416	5,342,832
% insured	27	27	27
Uninsured population	3,943,508	3,959,443	3,975,377
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	60	66	67
Programme 2: District Health Services	796	833	936
Programme 3: Emergency Medical Services	101	107	133
Programme 4: Provincial Hospital Services	384	599	629
Programme 5: Central Hospital Services	691	523	590
Programme 6: Health Sciences and Training	39	36	49
Programme 7: Health Care Support Services	24	25	50
Programme 8: Health Facilities Management	109	106	154
Total: Programmes	**2,206**	**2,295**	**2,609**

The remainder of this section reports on the department's performance against the objectives, indicators and targets as specified in the 2009/10 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 6 May 2010.

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 districts and institutions within the department.

ANALYTICAL REVIEW OF PROGRAMME PERFORMANCE

General overview

The programme is responsible for providing strategic leadership including overall departmental strategy development, monitoring and evaluation of the implementation thereof as well as overall organisational administration and governance within allocated resources. The programme performs an important role in driving cost containment and efficiencies. This is addressed at various management meetings such as monthly top management, financial meetings, and monitoring and evaluation meetings.

The programme comprises of the following directorates:

- Financial Management
- Financial Accounting
- Professional Support Services
- Strategic Planning and Co-ordination
- Information Management
- Health Impact Assessment
- Infrastructure Support
- Hospital Revitalisation Programme
- Engineering and Technical Services
- Human Resource Management
- Human Resource Development
- Labour Relations
- Supply Chain Management
- Communications

The recruitment and retention of key skilled staff remains a challenge within this programme. A contributing factor is the competition between government departments for skilled staff from a relatively limited pool.

Organisational redesign

Implementation of the Comprehensive Service Plan (CSP)

One of the key result areas of the Directorate: Human Resource Management is to implement the new organisation and post structures, as set out in the CSP.

The first phase of implementation commenced in 2009 with the restructuring of the metro district health services as well as the rural district health services. The restructuring exercise included the creation of the four sub-structure offices within the metropole as well as the district and sub-district offices within the five rural districts. During this exercise organisational structures of 31 hospitals, 44 community day centers and 144 clinics were created, which culminated into approximately 8,400 posts. The restructuring of the community health centres, clinics and district hospitals within the metropole is still to be finalised.

All staff employed within the above-mentioned areas was relocated from their current posts onto the new CSP organisation and post structures. This was achieved through a matching and placement exercise. With the relocation of the staff, the previous organisational and post structure were abolished.

A policy and guideline regarding the managing of excess staff was developed.

In addition, the directorate was also tasked to manage the following organisational interventions:

- Restructuring of the psychiatric hospitals, including the creation of organisational and post structures and the matching and placement of staff at Stikland and Alexandra Hospitals.
- Restructuring of TB hospitals including the creation of organisational and post structures and the matching and placement of staff.
- Implementation of organisational amendments on the organisational structure of the emergency medical services. The organisational structures for emergency medicine, HealthNet and the college were finalised.
- Restructuring of the Chief Directorate: Professional Services. To strengthen professional support services, the Chief Directorate: Professional Support Services was divided into two chief directorates, i.e. Strategy and Health Support; and Infrastructure Management.

Chief Directorate: Strategy and Health Support

The key focus of the chief directorate is to assist the Head of Department with the prescribed strategic planning framework to ensure alignment with planning and reporting cycles and procedures and to ensure that policy and planning inform the budgetary processes. The chief directorate consists of the following directorates:

- Information Management
- Professional Support Services
- Strategic Planning and Co-ordination
- Health Impact Assessment

Chief Directorate: Infrastructure Management

The key function of the chief directorate is to plan and co-ordinate infrastructure management and development to ensure effective spending on infrastructure. The building and maintenance of infrastructure plays a pivotal role in the provision of accessible and quality health care to all residents of the province. This chief directorate consists of the following directorates:

- Infrastructure Support
- Hospital Revitalisation Programme
- Engineering and Technical Services

Service delivery achievements

The Chronic Dispensing Unit (CDU) has continued to improve service delivery as the number of prescriptions has risen throughout the reporting period, with approximately 140,000 prescriptions delivered to facilities in the Metro District Health Services and the West Coast District each month. At present there are approximately eighty facilities serviced by the CDU service, which includes district hospitals, community health centres, clinics and old age homes. Patient waiting times at facilities where the CDU service is available have decreased significantly. The CDU promotes access, quality and equity imperatives for the department.

The implementation of the occupational specific dispensation (OSD), which entails the development and implementation of tailor-made remuneration dispensations, entered the second year of implementation. The (OSD) for medical officers, medical and dental specialists, dentists, pharmacologists, stomatologists, pharmacists, pharmacy assistants, emergency care practitioners and social workers was approved at the Provincial Health and Social Development Sectoral Bargaining Council for implementation. Within this department, the number of staff affected by this dispensation included 4,338 medical staff and 137 social workers. Notwithstanding numerous barriers and tight deadlines, the implementation of the dispensation was effected by the due dates set by National.

Efficient human resource planning and the implementation of systems and processes to ensure the timeous recruitment and retention of the required workforce are paramount to rendering an efficient health service. To facilitate the implementation of systems and processes, a Departmental Human Resource Planning Committee was established. The members of the committee include role-players from all the service areas and the Chief Directorate: Human Resources and consist of the following components:

- Strategic management team: Strategically oversee the development, drafting and implementation of the Human Resource (HR) plan.
- Operational management team: Operationally involved in the development, drafting and implementation of the HR plan.
- Functional management team: Co-ordinate operational management team activities, compile and analyse HR information, draft strategic and HR plans, co-ordinate, monitor and evaluate the HR planning process and draft a monitoring and evaluation report.

A rural nursing student campus of the Western Cape College of Nursing (WCCN) in Worcester was established and fifty students have commenced with a 4-year diploma nursing programme in January 2010. A nursing student campus in George could not be established due to a suitable building for the campus not being acquired. There has been a gradual annual increase in the number of new nursing students enrolled at WCCN for a 4-year nursing diploma programme (R425) i.e. 265 in 2008, 368 in 2009 and 361 in 2010 respectively. The actual number of students who remain on the programme decreases, however, due to attrition.

A total of 271 community nursing service practitioners were successfully placed in health facilities across the province for community nursing service.

A provincial nursing strategy was approved in August 2009 for implementation. To enhance implementation of the nursing strategy, the Integrated Nursing Education & Training Framework of the governance and execution of all formal and informal nurse training in the province was developed and approved by the Head of Department. This framework allows for better co-ordination and alignment between service needs and training outputs. Additional facilities were accredited by the South African Nursing Council (SANC), as clinical placement areas for training nursing students. Accreditation by SANC for more facilities is still awaited. The accreditation of additional clinical facilities reduces replacement costs for nurses while in training. A co-ordinated clinical placement system was implemented, which ensures that all nursing education providers in the province are regulated and signs a Memorandum of Agreement with the department and adheres to SANC accreditation criteria and the departmental policies. The system also prevents overloading of the clinical facilities, which compromises patient care.

Performance indicator review

Information Management

Information technology continues to play a vital role in simplifying business processes and enabling the department to access data from different systems within the health service.

Improve the integrity of data

A 92% data submission rate of prioritised data sets, which exceeded the target of 85%, can be attributed to the Joint Information Management Initiative (JIMI) process. This is a collaborative process between the Directorate: Information Management and the line function managers to standardise definitions of data and indicators, agree on operating procedures for the collection and collation of data and data reporting practices.

Number of budget programmes whose core data has been incorporated into the central data repository

The target of incorporating the core data of all eight budget programmes into the central data repository was not achieved. The target and indicator should rather have been based on the percentage of core indicators that have been incorporated into the central repository instead of focusing on the number of programmes that have been completed. Using this approach, it can be reported that 44% of the 346 performance indicators across all programmes were incorporated into the central data repository by the end of the financial year. The magnitude of the task was more challenging than initially anticipated and changes to data sets and audit standards furthermore attributed to the challenges in achieving the target.

Implementation of the Health Information Systems (HIS) at all contracted hospitals

The department continued with the roll-out of the HIS and went live at the following hospitals: Worcester, Montagu, Robertson, George and Harry Comay. The system went live at all five sites, but problems were experienced with the implementation at Montagu and Robertson Hospitals due to limited human resource capacity to perform the patient administration functions. An assessment of staff requirements is planned for 2010/11 to address the problem before further implementation can take place.

Supply Chain Management

Supply chain management plays an integral part in the functioning of the department. The implementation of asset control and compliance measures is imperative for effective and efficient asset management.

Percentage of hospitals with an up-to-date asset register

Up-to-date assets registers were implemented at forty-five sites which exceeded the target of forty-one. The target of forty-one sites was initially determined but due to the transfer of non-governmental provincially aided hospitals to the department (Harry Comay, DP Marais and Sonstraal TB Hospitals, and Uniondale District Hospital) where asset registers were implemented the output increased to forty-five sites.

Number of health districts with up-to date primary health care (PHC) asset register (excluding hospitals)

The target of nine health districts with up-to-date PHC asset registers was achieved. Asset registers were implemented from the first quarter and continued to be maintained during the year under review.

Number of items on stock outs at the Western Cape Medical Supplies Centre (WCMSC)

The number of items on stock outs has reduced in comparison with previous years. This can be attributed to the following:

- Project committee established to address pharmaceutical supply shortcomings.
- Daily verification of outstanding orders.
- Strengthened relations with suppliers.
- Appointment of warehouse manager.
- Restructured operating/workflow procedures.

Quality Assurance

Quality of care remains a priority of the department. The quality of care is regularly monitored.

Percentage of complaints resolved within 25 days

The percentage of complaints resolved within twenty-five days is reported on a monthly basis. The percentage of complaints resolved was 81%, which exceeds the target of 75%. The structured mechanism to address complaints ensures a constant vigilance amongst management and staff on the quality of care being provided. This also results in ongoing incremental improvements in health service delivery.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2009/10 ANNUAL PERFORMANCE PLAN

Table 2.5.3: Performance against targets from the 2009/10 Annual Performance Plan for the Administration Programme

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	To conduct the strategic management and overall administration of the Department of Health.					
To co-ordinate, integrate and provide health information to the department.	Improve the integrity of data.	1. Data submission rate of prioritised data sets	Not required to report	Not required to report	92% (13,637 / 14,796)	85% (11,760 / 13,836)
	Creating a central data repository for all performance / non-financial data.	2. Number of budget programmes whose core data has been incorporated into the central data repository	Not required to report	Not required to report	0	8
	Implementation of HIS at all contracted hospitals.	3. Percentage of hospitals where the HIS has been implemented	47%	58.5% (24 / 41)	71% (29 / 41)	70% (28 / 41)

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
To formulate policy and provide overall management and administrative support to the department and the respective districts and institutions within the department.	All hospitals with up to date asset register.	4. Percentage of hospitals with up to date asset register	100%	100% (41 / 41)	100% (45 / 45)	100% (41 / 41)
	All other components, excluding hospitals, with an up to date asset register.	5. Number of health districts with up to date PHC asset register (excluding hospitals)	Not required to report	Not required to report	9	9
	Reduce the number of stock outs at the CMD.	6. Number of items on stock outs at the Central Medicine Depot (CMD)	61 on average	> 75.5	49	< 50
To systematically monitor and evaluate the quality of service delivery.	Timeous resolution of complaints.	7. Percentage of complaints resolved within 25 days	Not required to report	81.9% (2,640 / 3,261)	81% (2,564 / 3,176)	75% of complaints received

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.4: Public health personnel 2009/10

Categories	Number employed	% of total employed	Number per 1,000 people	Number per 1,000 uninsured people	Vacancy Rate	% of total personnel budget	Annual cost per staff member
Medical officers	1,230	4.39%	0.22	0.28	7.03%	9.43%	433,141
Dental specialists	25	0.09%	0.00	0.01	7.41%	0.09%	195,091
Medical specialists	1,134	4.04%	0.20	0.26	4.71%	13.21%	658,006
Dentists	66	0.24%	0.01	0.02	2.94%	0.70%	599,616
Professional nurses	5,201	18.55%	0.92	1.18	5.56%	25.37%	275,477
Enrolled nurses	2,199	7.84%	0.39	0.50	2.27%	6.08%	156,052
Enrolled nursing auxiliaries	4,156	14.82%	0.74	0.95	4.90%	8.96%	121,733
Student nurses	-	-	-	-	-	-	-
Pharmacists	334	1.19%	0.06	0.08	27.71%	1.89%	319,622
Physiotherapists	126	0.45%	0.02	0.03	5.26%	0.42%	190,483
Occupational therapists	126	0.45%	0.02	0.03	4.55%	0.43%	194,099
Clinical psychologists	70	0.25%	0.01	0.02	6.67%	0.30%	241,610
Radiographers	409	1.46%	0.07	0.09	4.44%	1.60%	220,648
Emergency medical staff	1,504	5.36%	0.27	0.34	4.33%	4.95%	185,753

Categories	Number employed	% of total employed	Number per 1,000 people	Number per 1,000 uninsured people	Vacancy Rate	% of total personnel budget	Annual cost per staff member
Dieticians	83	0.30%	0.01	0.02	4.60%	0.29%	199,949
Other allied health professionals and technicians	865	3.09%	0.15	0.20	11.19%	3.21%	209,426
Managers, administrators and all other staff	10,173	36.29%	1.81	2.31	8.36%	22.33%	124,005
Grand total	**28,035**	**100%**	**4.98**	**6.38**	**6.53%**	**100%**	**201,469**

Notes:

- Prior to the implementation of the OSD, registrars were included into the category of medical officers. With the implementation of the OSD, registrars have been grouped into the specialist stream and have thus been incorporated into the medical specialist category.

Table 2.5.5: Human resources (excluding health sciences and training) 2009/10

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 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. Number of medical officers per 100,000 people	35.6	32.42 (1,808 / 5,576,765)	21.83 (1,230 / 5,634,323)	37
		2. Number of medical officers per 100,000 people in rural districts	15.2	14.64 (286 / 1,953,305)	15.96 (305 / 1,909,976)	13
		3. Number of professional nurses per 100,000 people	98	91.42 (5,098 / 5,576,765)	92.30 (5,201 / 5,634,323)	100
		4. Number of professional nurses per 100,000 people in rural districts	85.7	80.73 (1,577 / 1,953,305)	82.93 (1,584 / 1,909,976)	80
		5. Number of pharmacists per 100,000 people	6.8	6.15 (343 / 5,576,765)	5.93 (334 / 5,634,323)	15
		6. Number of pharmacists per 100,000 people in rural districts	5.9	5.63 (110 / 1,953,305)	5.55 (109 / 1,909,976)	12
		7. Vacancy rate for professional nurses	28.0%	1.9%	5.56% (306 / 5,507)	13%

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
		8. Attrition rate for doctors	21.0%	19.5%	10.95% (99 / 904)	20%
		9. Attrition rate for professional nurses	7.1%	6.26%	7.00% (327 / 4,666)	10%
		10. Absenteeism for professional nurses	2.9%	2.68%	3.3% (3,8407 / 1,164,843)	2.7%
		11. Percentage of hospitals with employee satisfaction survey	Not available	65%	Not available	65%
		12. Nurse clinical workload (PHC)	32	31 (15,051,210 / 484,534)	26 (13,940,810/ 532,780)	27
		13. Doctor clinical workload (PHC)	29	21 (1,701,788 / 81,547)	21 (1,661,983 / 79,587)	29
		14. Supernumerary staff as a percentage of establishment	0%	0%	1.45% (408 / 28,035)	0%

PROGRAMME 2: District Health Services

AIM

To render primary health care services and district hospital services including preventive, promotive, curative and rehabilitation services. The foundation for the effective and efficient provision of these services is based on the integration of facility based services, community based and support services.

ANALYSIS PER SUB-PROGRAMME

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 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 care, prevention and treatment programmes.

ANALYTICAL REVIEW OF PROGRAMME PERFORMANCE

District Health System

The District Health System (DHS) is the vehicle for the delivery of a full package of district health services ranging from community based services to primary health care (PHC) facility based services to district hospital services. The Western Cape Provincial Department of Health has successfully consolidated personal primary health care (PPHC) services under the management of the Provincial Government of the Western Cape (PGWC) in the five rural health districts in the province, while PPHC services continues to be provided by dual authorities (PGWC and City of Cape Town) in the Cape Metropole.

The Provincial District Health Council (DHC) legislation was not promulgated by the provincial legislature during 2009/10. District health plans, although compiled, thus could not be formally approved by district health councils during 2009/10.

The two newly established rural district management offices for Overberg and Central Karoo and the four sub-structure management offices in the Cape Metropole (Khayelitsha / Eastern, Klipfontein / Mitchell's Plain, Tygerberg / Northern and Southern / Western) has been strengthened towards greater functionality during 2009/10.

The number of networked PHC facilities with access to the Primary Health Care Information System (PHCIS) increased from 44 to 73 between 2008/09 and 2009/10. The target of 78 was not reached because of specific challenges at individual sites. The system allows for each registered patient to have a single unique identification number which allows the facilities (including hospitals which have HIS implemented) where the patient presents, to identify if the patient has visited other facilities in the province.

Access to emergency services

Thirty nine percent (39%) 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 56% could not be achieved due to budget constraints. The number of community health centres (CHCs) providing extended hour services have remained at ten. The planned eight additional sites were not commissioned due to budget constraints.

Clinical governance in the DHS

The number of family medicine registrars in the DHS has increased from thirty-one in 2008/09 to forty-nine in 2009/10. The programme was only able to appoint eighteen new registrars in January 2010 during the recruitment and selection process (against thirty potential posts). The number of employed family physicians in the DHS has increased from thirteen in 2008/09 to nineteen in 2009/10. The increased availability of family medicine specialists at PHC level will significantly improve clinical governance and the quality of care at this level.

Chronic disease management

The department has prioritised the management of the following chronic diseases: hypertension, cardiovascular diseases, diabetes mellitus, chronic lung disease (e.g. asthma) and epilepsy. A key 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 with the specific aim of decreasing waiting times in the facilities. The number of prescriptions issued through this alternative supply system has increased by 29% from 2008/09 (1,919,172) to 2009/10 (2,473,676).

Annual clinical audits have been implemented in all eight sub-districts of the Cape Metropole and in one sub-district in Cape Winelands (against a target of eight).

Community based services

Community based services (CBS) is an integral part of district health services. Over the past five years, the European Union (EU) has provided funding for the community based services programme and this came to an end in March 2010. The department contracts 145 non-profit organisations (NPOs) to provide CBS. Of these NPOs, 110 deliver an integrated home based care service.

The NPO appointed community care workers (CCWs) increased from 2,455 in 2008/09 to 2,491 in 2009/10. The number of clients receiving care increased by 31% from 2008/09 (24,232 clients) to 2009/10 (31,813 clients). The total CBS client visits increased by 32.9% between 2008/09 (2,044,549 client visits) and 2009/10 (2,717,130 client visits) against a target of 2,056,000 client visits.

The total number of sub-acute beds increased by twenty-nine in 2009/10. This increase has been achieved across the rural district hospitals, where acute district hospital beds have been converted to sub-acute beds. The department conducted a point prevalence survey which showed that between 15 - 20% of patients currently in acute beds require sub-acute care.

PHC facility based services

Primary health care services are provided at 479 facilities (mobiles, satellite clinics, clinics, community day centres (CDCs) and community health centres (CHCs)). A total PHC headcount of 15,848,973 was recorded in 2009/10. This was an increase of 5.3% from the 2008/09 financial year. The PHC utilisation rate per capita (total population) at 3.0 was higher than the target of 2.76. The PHC utilisation rate for the uninsured population was 4.0 in 2009/10 (against a target of 3.7). The PHC utilisation rate for the population under five increased from 4.9 in 2008/09 to 5.0 in 2009/10 (against a target of 5.0).

All thirty-two sub-districts render a full package of PHC services. The PHC supervision rate has increased from 43.8% in 2007/08 to 70.3% in 2008/09 to 98.3% in 2009/10. The percentage of fixed PHC facilities supported by a doctor at least once a week has increased from 75.3% in 2008/09 to 96% in 2009/10. The definition for fixed facilities was changed in 2009/10 and this figure no longer reflects satellite clinics. This has resulted in a reduction from 372 fixed facilities (satellite clinics included) in 2008/09 to 296 in 2009/10. The change in the denominator had a significant impact on the performance for both the PHC supervision rate and the percentage of fixed PHC facilities supported by a doctor at least once a week. The percentage of complaints resolved within 25 days is 82%. The nurse clinical workload is 29 clients per nurse per day, and the doctor clinical workload is 21 clients per doctor per day.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2009/10 ANNUAL PERFORMANCE PLAN

Table 2.5.6: Performance against targets from the 2009/10 Annual Performance Plan for the District Health Services programme

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	Establish the District Health System (DHS) in line with the CSP to deliver the full package of quality DHS services in all the districts of the Western Cape.					
Comply with the National Health Act (no 63 of 2003) prescripts on the establishment of the District Health System.	Establish a fully functional DHS in each of the districts by 2010.	1. The number of District Health Plans formally approved by the District Health Council	Not required to report	Not required to report	0	5
Deliver efficient quality Primary Health Care (PHC) services in all 6 districts.	Establish an integrated PHC information system (PHCIS) at all PHC facilities in all 6 districts.	2. The number of PHC facilities that have the required infrastructure and equipment to implement PHCIS	33	44	73	78
	Improve clinical governance and quality of District Health Services in all six districts by 2010.	3. The number of principal family physicians and family physicians appointed in the District Health Service	Not required to report	13	19	17
		4. The number of family medicine registrars employed in the District Health Service	Not required to report	31	49	60
	Improve the access to Primary Health Care clinic services by extending the service hours of CHCs.	5. The number of CHCs and/or CDC's offering nurse based extended hours to 21h30 on weekdays and 8h00 to 12h00 on weekends	9	10	10	18

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Comply with the South African Constitution with regards to universal access to emergency medical services.	Improve access to efficient and effective emergency care within the District Health System.	6. Percentage of non-hospital towns with populations of more than 5,000 that have access to an emergency service on a 24-hour basis	Not required to report	42% (24 / 57)	39% (21 / 54)	56%
Strategic goal:	Provide a comprehensive package of quality services to all clients with chronic diseases in all districts in the Western Cape.					
Provide optimal access to chronic medication for clients in all 6 districts.	Increase number of CDM clients receiving medication at a reduced time.	7. Number of prescriptions dispensed through an alternative dispensing system	1,420,500	1,919,172	2,473,676	1,500,000
Provide optimal clinical care for clients with chronic diseases.	Implement a clinical audit system for chronic diseases.	8. Number of sub-districts undertaking annual clinical audits for the management of chronic diseases using the integrated tool	Not required to report	Not required to report	9	8
Strategic goal:	Establish an integrated community-based service (CBS) platform to render a full package of quality CBS services to the communities in all districts in the Western Cape.					
Provide home-based care to prioritised clients in need of care.	Increase the number of clients receiving home community based services.	9. Total number of NPO appointed home carers	1,343	2,455	2,491	2,500
	Increase number of home-based care (HBC) clients seen.	10. Total number of registered active HBC clients	16,823	24,232	31,813	29,000
Deliver quality Home Community Based Services (HCBS) in all 6 districts.	Increase access to home community based services.	11. Total CBS headcounts per annum (client visits)	Not required to report	Not required to report	2,717,130	2,056,000

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Provide inpatient palliative, sub-acute and chronic care to prioritised clients in need of care.	Ensure bed utilisation to full capacity.	12. Number of palliative, sub-acute and chronic care beds	Not required to report	Not required to report	774	783
		13. Bed utilisation rate in palliative, sub-acute and chronic care beds	Not required to report	Not required to report	85% (240,133 / 282,510)	85%
Strategic goal:	Transform the district hospital service platform to provide access to full package of quality level 1 hospital services in all districts in the Western Cape.					
Ensure accessible, effective and efficient district hospital services in all 6 districts.	Provide the total CSP number of beds in district hospitals by 2010.	14. Number of district hospital beds	2,292	2,312	2,464	2,413

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.7: Standard national indicators for District Health Services

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	Establish the District Health System (DHS) in line with the CSP to deliver the full package of quality DHS services in all the districts of the Western Cape.					
Deliver effective quality primary health care (PHC) services in all 6 districts.	Allocate sufficient funds per uninsured person to sustain an average utilisation rate of 3.87 per annum by 2010.	1. Provincial expenditure per uninsured person	R 313	R 395 (1,519,951,325 / 3,852,214)	R 401[2] (1,589,545,770 / 3,959,443)	R 388
		2. Total PHC headcount per annum	13,029,007	15,051,210	15,848,973	14,645,765
		3. PHC utilisation rate (per capita)	2.7	2.8 (15,051,210 / 5,299,999)	3.0 (15,848,973 / 5,321,416)	2.76
		3.1 PHC utilisation rate (per uninsured person)	Not required to report	3.9 (15,051,210 / 3,852,214)	4.0 (15,848,973 / 3,959,443)	3.7
		4. PHC utilisation rate - under 5 years	4.9	4.9 (2,436,479 / 495,993)	5.0 (2,527,588 / 497,995)	5.0

2 The 2009/10 actual expenditure has been converted to 2007/08 terms to be comparable to the APP target.

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
		5. Percentage of sub-districts offering the full package of PHC services	100%	100% (32 / 32)	100% (32 / 32)	100%
	Ensure the efficient and quality delivery of the full package of PHC services.	6. Percentage fixed PHC facilities supported by a doctor at least once a week	73.4%	75.3% (280/ 372)	95.6% (283 / 296)	80%
		7. Supervision rate	43.8%	70.3% (785 / 1,116)	98.3% (3,526 / 3,588)	100%
		8. Provincial PHC expenditure per headcount	R 122	R 107[3] (1,519,951,325 / 14,233,656)	R 114[4] (1,589,545,770 / 13,940,810)	R 112
	Implement quality assurance measures to minimise patient risk and improve clinical outcomes	9. Percentage of complaints resolved within 25 days	Not required to report	Not required to report	82% (1,033 / 1,266)	25%

District Hospital Services

District hospitals play a vital role in the district health system. All district hospitals provide both clinical outreach services and administrative ("hub-and-spoke") support to the PHC facilities in their respective drainage areas. There are thirty-four 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 2,312 in 2008/09 to 2,464 in 2009/10, with the reclassification of Victoria Hospital from a regional to a district hospital, as from 1 April 2009.

The total number of patient day equivalents increased by 2.4% from 2008/09 to 2009/10. This is 17% below the target. The outpatient department (OPD) total headcount in district hospitals has decreased from 508,504 in 2008/09 to 504,673 in 2009/10. The emergency headcounts has increased from 331,675 in 2008/09 to 335,427 2009/10. The total separations increased from 221,365 in 2008/09 to 238,085 in 2009/10. There have been significant data collection and target setting challenges (lack of uniform interpretation of definitions and lack of uniform collection of data across district hospitals) during the 2009/10 financial year. These challenges will be addressed in 2010/11.

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.

4 The 2009/10 actual expenditure has been converted to 2007/08 terms to be comparable to the APP target.

Quality of care and clinical governance

The caesarean section rate has increased from 20.6% to 21.8% in 2009/10 (against a target of 20%). The percentage of hospitals conducting patient satisfaction surveys was 58.8% in 2009/10. The percentage of hospitals conducting monthly mortality and morbidity (M & M) meetings has increased from 62.5% in 2008/09 to 73.5% in 2009/10 (against a target of 75%). The percentage of hospitals conducting monthly clinical audit meetings has decreased from 65.6% in 2008/09 to 47.1% 2009/10 (against a target of 35%).

The percentage of complaints resolved within 25 days has decreased from 75.5% in 2008/09 to 73.3% in 2009/10 (against a target of 50%). The number of complaints has increased from 375 to 679. This is probably an indication of improved reporting and recording rather than a true increase of adverse events. However, this will be further investigated by the department. The case fatality rate for surgery separations has increased from 1.1% in 2008/09 to 1.2% in 2009/10 (target: 1.0%).

Utilisation and service volumes

The average length of stay decreased from 3.1 days in 2008/09 to 3.0 days in 2009/10 (below the target of 3.2). This reflects a more efficient use of the district hospital beds. The bed utilisation rate decreased from 80.9% in 2008/09 to 78.4% (against a target of 86%). This decrease is due to a combination of data collection corrections in the bigger district hospitals and low utilisation in smaller district hospitals across the province.

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.8: Standard national indicators for District Hospitals

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	Transform the district hospital service platform to provide access to full package of quality level 1 hospital services in all districts in the Western Cape.					
Ensure accessible, effective and efficient district hospital services in all 6 districts.	Provide sufficient theatre capacity and resources at district hospitals to perform caesarean sections at 20%.	1. Caesarean section rate for district hospitals	20.6%	20.6% (6,093 / 29,648)	21.8% (6,587 / 30,078)	20%
	Provide sufficient resources for the rendering of out patient services at a target rate of one outpatient per inpatient day.	2. Number of patient day equivalents (PDEs) in district hospitals	956,181	963,020	986,481	1,187,327
		3. OPD total headcounts in district hospitals	515,501	508,504	504,673	691,042
		3.1 Casualty / emergency / trauma headcount	362,498	331,675	335,427	376,091

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
		3.2 Comprehensive OPD headcount in district hospitals (OPD + casualty/ emergency/ trauma)	877,999	840,179	840, 100	1,067,133
	Implement quality assurance measures to minimise patient risk and improve clinical outcomes.	4. Percentage of district hospitals with patient satisfaction survey using DoH template	25.7%	62.5% (20 / 32)	58.8% (20 / 34)	100%
		5. Percentage of district hospitals with mortality and morbidity meetings every month	71.4%	62.5% (20 / 32)	73.5% (25 / 34)	75%
		6. Percentage of district hospitals with clinical audit meetings every month	Not required to report	65.6% (21 / 32)	47.1% (16 / 34)	35%
		7. Percentage complaints resolved within 25 days in district hospitals	Not required to report	75.5% (283 / 375)	73.3% (498 / 679)	50%
		8. Case fatality rate in district hospitals for surgery separations	1.05%	1.1% (460 / 43,750)	1.2% (604 / 50,084)	1.0%

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
	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	3.3 days	3.1 days (682,960 / 221,365)	3.0 days (705,098 / 238,085)	3.2 days
		10. Bed utilisation rate (based on usable beds) in district hospitals	79.3%	80.9% (682,960 / 843,880)	78.4% (705,098 / 899,360)	86%
		11. Total separations in district hospitals	203,932	221,365	238,085	267,246
	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 in district hospitals	R 893	R 1,070 (1,030,902,043 / 963,020)	R 1,184[5] (1,167,827,898 / 986, 481)	R 930

HIV and AIDS, STIs

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.

Community mobilisation

The thirty-three 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 of nine additional sites during the year.

Advocacy, communication and social mobilisation

Five hundred high school students in Khayelitsha were exposed to an advertisement on delaying sexual debut and were encouraged to use it amongst their peers.

Older men were engaged in Gugulethu and Khayelitsha during the sexually transmitted infection (STI) / condom week. Men who spend their leisure time at taverns/"braai" spots were targeted in the campaign. The widely publicised concept of "Brothers for Life" was introduced to the men – this concept uses television advertisements, billboards and advertisements in national newspapers.

There are forty-six high transmission area (HTA) service points throughout the province.

5 The 2009/10 actual expenditure has been converted to 2007/08 terms to be comparable to the APP target.

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 new badged peer educators (3,689) in the province by 154 (target 3,534). The cumulative number of peer educators has increased from 18,297 at the end of 2008/09 to 21,986 at the end of 2009/10.

Post exposure prophylaxis (PEP) for sexual abuse

The number of hospitals in the province providing post exposure prophylaxis (PEP) to survivors of rape and sexual assault has remained unchanged at 90.2%. The department is liaising closely with the National Prosecuting Authority to establish more Thuthuzela Care Centres in the province with the aim to improve services to survivors and conviction of perpetrators. Only one centre at GF Jooste Hospital was commissioned during 2009/10. There are plans for the establishment of Thuthuzela Care Centres at George and Karl Bremer Hospitals during 2010/11.

HIV counselling and testing

HIV counselling and testing (HCT) services are available at 100% of all fixed PHC facilities in the province, as well as at 83 non-medical sites. Mobile service delivery units have extended their package of care to include HIV counselling and testing.

The total number of people tested for HIV was 397,704 excluding 88,343 women who accessed the prevention of mother-to-child transmission (PMTCT) programme at public facilities from 1 April 2009 – 31 March 2010. In total 131,924 more people than the previous year were tested for HIV in the province. This represents an 12% increase excluding the clients seen for PMTCT. The target set by the province has been exceeded by 23%.The figure represents 12% coverage of the targeted adult population and 14.9% including women tested for PMTCT.

A revised approach where HIV testing is offered routinely has been adopted in the province. The standard operating procedure (SOP) and quality control guidelines for HIV testing procedure have been approved for implementation.

Prevention of Mother-to-Child Transmission (PMTCT)

The PMTCT programme is one of the flagship HIV prevention programmes of the Western Cape. The programme is available at 79% 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, including hospitals and midwife obstetric units (MOU's) that provide antenatal care service.

During 2009/10 a total of 104,117 first antenatal clients were seen, of those 88,343 (85%) were tested for HIV and 12,494 (14.1%) tested HIV positive. There were 2,909 (22.8%) women that delivered on highly active antiretroviral therapy (HAART), which is an increase from 2,223 in 2008/09.

The nevirapine uptake rate among babies born to women with HIV remains high at 98.3%. No nevirapine or zidovudine stock-outs were reported throughout the province. The HIV transmission rate for infants that were tested at six weeks is 3.6% which is an improvement from 4.5% during 2008/09.

Sexually transmitted infections (STIs)

There is an increase of 4.3% per 1,000 population in the incidence of STIs in 2009/10, compared to 2008/09. An STI partner treatment rate of 21.7% was achieved, which is an improvement on 19.9% in 2008/09.

Male condoms

The province has an extensive condom distribution network that includes public and non-public sector sites. Although there has been an increase in condom distribution from 2008/09 to 2009/10, the province distributed 28% less male condoms than was projected. This is primarily due to the challenge of limited availability from the National Department of Health where the supply is not meeting the demand.

Female condoms

A total of 1,091,216 female condoms were distributed in 2009/10, exceeding the target of 550,000. The greater majority is distributed in the Metro District but improvement in the distribution in rural districts is also noted. Currently the challenge is limited availability of female condoms from the National Department of Health.

HIV treatment

At the end of March 2010, there were eighty-one antiretroviral treatment (ART) service points in the Western Cape Province. Sixty-six of these sites have been accredited in previous years. Fifteen sites, which are functional, have been created in 2009/10. These sites are still to be accredited.

On 1 December 2009 the South African president announced a new strategy for addressing the HIV and AIDS epidemic. Key components of the new approach are: a strong drive towards nurse-based initiation and prescription, a move to make ART services available at all PHC facilities and replacing the process of individual facility accreditation with one of district readiness.

At these eighty-one sites, there were 75,002 patients on antiretroviral (ARV) treatment at the end of March 2010. This is approximately 2% more than the target of 73,499.

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 management

Tuberculosis (TB) persists as a public health problem of serious magnitude in the Western Cape Province and a leading cause of premature death.

The enhanced TB response strategy focused on strengthening the TB programme by improving TB cure rates and the management of multi-drug resistant (MDR) and extreme drug resistant (XDR) TB. An additional R 8,981 million was made available to the six districts to enhance the response to TB.

The Western Cape achieved a new smear positive TB cure rate of 79.4% which is currently the highest TB cure rate in South Africa. The overall treatment success rate of 83.5% for the Western Cape is also very encouraging and approaching the national and global target of > 85% for 2011.

The TB defaulter rate has decreased slowly over the past few years with the implementation of various interventions and now stands at 8.2%. More effort will be required to reach the national and global 2011 target of a defaulter rate of below 5%. This is critical to reducing drug resistance in TB.

The smear conversion rate for new smear positive cases is a useful early indicator to predict the cure rate for a particular cohort of TB patients. The target for TB sputa specimens with a turn-around-time of less than 48 hours was not achieved and stands at 54.1%. The current system of collection of sputa specimen turn-around data makes it difficult to identify specific problems and plan interventions. An audit will be conducted in the new financial year to identify the challenges preventing the department from achieving this indicator.

MDR and XDR-TB

MDR and XDR-TB is a serious and growing problem. The number of patients registered during the past year increased significantly from the previous year. The Khayelitsha pilot model of ambulatory treatment of MDR-TB cases is demonstrating that MDR-TB patients can be successfully managed at primary health care level. Currently 80% of Khayelitsha MDR patients are treated at PHC clinics which have reduced the burden on TB hospital beds significantly. Early outcomes of the project show that patients are commenced on treatment much earlier and that the interruption rates have been reduced.

TB and HIV integration

The department shows continued progress on addressing the lethal combination of TB and HIV. The Western Cape continues to test a large percentage of TB patients for HIV. In Cape Town Metro District this is well over 90%. Of those who tested HIV positive, approximately one-third benefited from life-saving HIV antiretroviral therapy and more than 90% were enrolled on co-trimoxazole prophylaxis to prevent the risk of bacterial infections. In addition, screening for tuberculosis of HIV positive clients has been implemented and access to isoniazid preventive therapy for TB among people living with HIV is slowly improving.

TB advocacy, communication and social mobilisation

A close partnership has been established with various role-players who implemented the following activities with the aim of creating TB awareness and promoting preventive messages:

- Distribution of pamphlets, posters and promotional material.
- Door-to-door awareness campaigns and TB case finding campaigns.
- Creating awareness through use of the media.
- Training of community members in TB and HIV and training directly observed treatment (DOT) supporters.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2009/10 ANNUAL PERFORMANCE PLAN

Table 2.5.9: Performance against targets from the 2009/10 Annual Performance Plan for HIV and AIDS, STI's and TB Control

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	Reduce morbidity and mortality amongst HIV affected persons.					
Provide ART to patients in need.	Increase number of clients in need of ART starting treatment to 99,526 by 2011.	1. Number of new ART patients	Not required to report	Not required to report	23,291	22,480
Strategic goal:	Decrease the number of new infections in the age group 15-24 years.					
Implement an effective prevention strategy.	Increase number of clients tested for HIV to 380,000 by 2011.	2. Number of persons tested for HIV, excluding antenatal	266,682	353,959	397,704	323,000

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
	Distribute 650,000 female condoms through public health care (PHC) and non-PHC sites in the province by 2011.	3. Number of female condoms distributed from public health facilities	499,713	861,490	1,091,216	550,000
	Decrease mother to child HIV transmission to 4% by 2011.	4. PMTCT transmission rate	5.2%	4.5% (487 / 10,797)	3.6% (404 / 11,223)	4.0%
Strategic goal:	Reduce morbidity and mortality due to TB.					
Strengthen the implementation of the DOTS Strategy.	Increase routine sputum collection in all TB patients at 2 months to 80% by 2011.	5. Smear conversion rate at 2 months for new smear positive PTB cases	71.2%	70.6% (11,516 / 16,317)	72.1% (11,263 / 15,620)	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	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	Decrease the number of new infections in the age group 15-24 years.					
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)	84.4%	64.0% (238 / 372)	79.0% (235 / 296)	82% (245 / 299)
	Provide VCT services at all fixed PHC facilities in the province.	2. Percentage fixed PHC facilities offering VCT to non-antenatal clients (VCT facility rate)	89.1%	79.3% (295 / 372)	100% (296 / 296)	97% (290 / 299)
	Provide PEP for occupational exposure at all hospitals in the province.	3. Percentage of hospitals offering PEP for occupational HIV exposure	100%	91.3% (37 / 40)	100% (41 / 41)	100% (41 / 41)

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
	Provide PEP for sexual assault at al hospitals in the province.	4. Percentage of hospitals offering PEP for sexual abuse	87%	92.5% (37 / 40)	90.2% (37 / 41)	100% (41 / 41)
	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	41.1 (per male 15 years and older)	33.6 (per male 15 years and older) (63,830,181 / 1,901,372)	38.8 (per male 15 years and older) (74,081,286 / 1,909,053)	39.2 (per male 15 years and older) (74,752,989 / 1,906,624)
	Issue of STI partner notification slips to all STI clients treated new.	6. STI partner treatment rate (%)	18.9%	19.9% (19,110 / 96,270)	21.7% (15,514 / 71,350)	20.5%
	Administer nevirapine to babies of mothers who accepted PMTCT intervention.	7. Nevirapine newborn uptake rate	101.6%	98.6% (12,718 / 12,894)	98.3% (12,666 / 12,886)	95%
	Administer nevirapine to HIV positive women in labour who accepted PMTCT intervention.	8. Nevirapine uptake - antenatal clients	Not required to report	66.9% (8,982 / 13,432)	89.8% (11,218 / 12,494)	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 (%)	2.5%	2.5% (370,306 / 14,578,944)	3.3% (411,411 / 12,322,607)	3.8% (340,000)
	Determine acceptability of HIV testing in those pre test counselled.	10. HIV testing rate (excluding antenatal)	Not required to report	95.6% (353,959 / 370,306)	96.7% (397,704 / 411,411)	95.0%
Strategic goal:	Reduce morbidity and mortality amongst HIV affected persons.					
Provide ART to patients in need.	Accredit facilities to provide ART.	11. ART service points registered	Not required to report	66	66	76
	Increase number of patients on ART.	12. ART patients - total registered	37,435	54,703	75, 002	68,236

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
	Improve quality of ART service provision.	13. Percentage of fixed facilities with any ARV drug stock out	0%	0.2% (10 / 4,944)	0.3% (1 / 296)	0%
	Accredit facilities to provide ART.	14. Percentage of fixed facilities referring patients to ARV sites for assessment	100%	100.0% (372 / 372)	100.0% (296 / 296)	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	Not collected	Not available	Not available	Not available
	Monitor expenditure on a monthly basis and variances.	16. Percentage of dedicated HIV and AIDS budget spent	100%	101.4% (382,306,779 / 377,188,000)	100% (383,531,000 / 383,538,000)	100%
Strategic goal:	Reduce morbidity and mortality due to TB.					
Strengthen the implementation of the DOTS strategy.	Strengthen the TB community DOT programme.	17. Percentage of TB cases with a DOT supporter	89.3%	92.2% (79,400 / 86,118)	83.0% (26,576 / 32,008)	91%
	Ensure that TB patients remain in care.	18. TB treatment interruption rate	9.6%	9.2% (1,534 / 16,703)	8.2% (1,322 / 16,194)	9%
	Monitor turn around times and engage NHLS as needed.	19. Percentage of TB sputa specimens with turnaround time less than 48 hours	64.9%	53.9% (289,326 / 536,834)	54.1% (299,162 / 552,883)	72%
	Increase the number of people cured for PTB at first attempt.	20. Percentage of new smear positive PTB cases cured at first attempt	77.4%	77.8% (12,990 / 16,703)	79.4% (12,853 / 16,194)	78%
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 s in the implementation of the M(X)DR-TB programme.	21. New MDR-TB cases reported - annual percentage change	3.2%	2.40% (814 / 339)	5.5% (63 / 1,141)	Not available
		22. New XDR-TB cases reported - annual percentage change	Not required to report	Not required to report	29.9% (20 / 67)	Not available

Maternal, Child and Women's Health and Nutrition

Women's health

Women's health is a worldwide priority as confirmed by the Millennium Development Goals (MDGs), whereby countries are required to improve maternal health services in order to reduce the maternal mortality ratio by three quarters in 2015.

The 2009/10 targets that were met during this financial year were the implementation of basic antenatal care (BANC), deliveries to women under eighteen years and the facility delivery rate.

Antenatal care

Overall the province has achieved an antenatal booking rate below twenty weeks gestation of 46.4% against a set target of 60%. The percentage of women booking below twenty weeks in the rural districts is relatively high with three of the five districts meeting the target and the remaining two being close to the target. The challenge for the City of Cape Town, where a percentage of 38.4% was achieved, is that there are not enough local government sites offering antenatal services and those that do, do not offer the service on a daily basis.

Women year protection rate (WYPR)

The women year protection rate was a new indicator set in 2009/10 and districts had to reach a target of 35%. Four of the five rural districts have met this target.

In order to increase the WYPR, services will have to concentrate on promoting the use of long acting contraceptive methods such as intra-uterine contraceptive devices (IUCDs), and male and female sterilisations where appropriate.

Cervical cancer screening

Cervical cancer is one of the few preventable cancers among women, yet it continues to account for many deaths among them. Districts have embarked on increased cervical screening drives during the year and forged links with non-governmental organisations to improve the uptake of cervical cancer screening.

However the overall coverage for the province is 5.7% against a set target of 8%.

Termination of pregnancy (TOP)

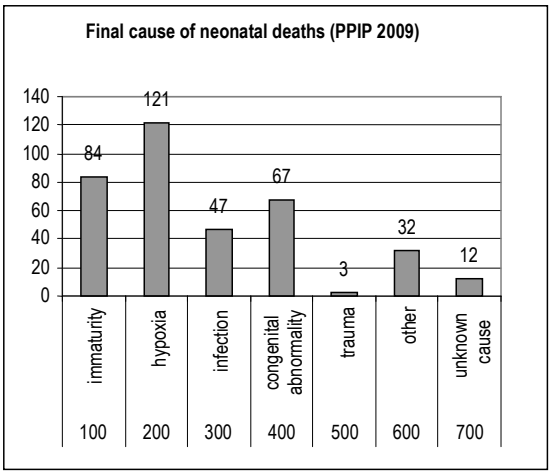
There are forty designated facilities (thirty-six hospitals and four CHCs). Of these, twenty-nine facilities are operational (twenty-six hospitals and three CHCs).

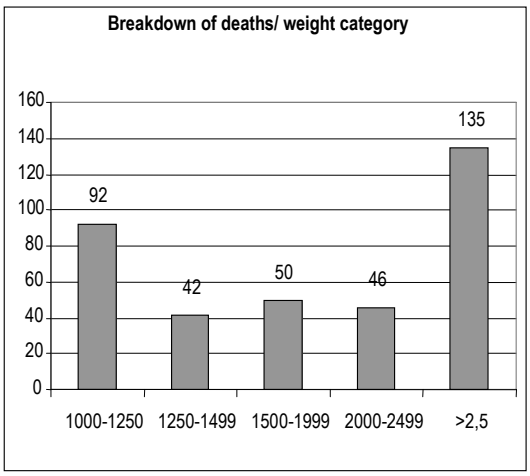
A rapid appraisal of TOP services conducted in 2009 showed that the current provincial TOP programme is under severe pressure due to several factors, including inadequate number of trained service providers, long waiting lists and issues of conscientious objections by health professionals which also limit access to services.

Neonatal care

In 2008/09 more than 90% of the perinatal problem identification programme (PPIP) functionality was achieved and by the end of 2009/10 only one of the fifty-one birthing units still had to provide data via PPIP. The early neonatal death rate (ENNDR) is a direct indicator of intra-partum and facility care. The priority focus areas of the continuous positive airway pressure (CPAP) roll-out, ambulatory kangaroo mother care (KMC) and neonatal training have a direct impact on the ENNDR and an ENNDR of 4.1 / 1,000 live births was achieved which is well within the target rate of 4.2.

Breakdown of neonatal deaths > 1,000g in the Western Cape Province (PPIP 2009)





An analysis of the deaths indicates that hypoxia is still the main cause of early neonatal deaths in babies weighing more than 1,000 g and is the highest in the 2.5 kg category (coding categories for neonatal death on x-axis of first bar graph). The latter weight group and the 1,000 - 1,250g group have the highest number of mortalities. Thus the focus for 2010/11 will have to be the care of the small and sick neonate, and improving intra-partum care.

Child Health

One of the MDGs is to reduce childhood mortality by two thirds by 2015. Two key interventions have been introduced nationally to address this burden. Firstly the national Expanded Programme on Immunisation (EPI) was implemented since 1995 and was further expanded during 2009 to address conditions like pneumonia, meningitis, bacteraemia and diarrhoea. Nationally the target for fully immunised children under one year is set at 90%. Secondly, the child health problem identification programme (CHPIP) was introduced nationally in 2004 to evaluate deaths of children under five years. This programme identifies modifiable factors of death which when addressed can lower childhood mortality.

A major measles outbreak started towards the end of 2009 and continued into the fourth quarter of the year. This outbreak was mainly in the Metro District and Drakenstein Sub-district. Although measles (nine months) coverage for these areas was high, a measles outbreak was still experienced. The World Health Organisation (WHO) recommends periodic evaluations to determine the actual performance of the EPI programme and the province took a strategic decision to undertake impact studies with the view to improve EPI data management and strengthen routine immunisation coverage.

Immunisation

The target set for fully immunised children under one year for the 2009/10 financial year was 93%. The coverage obtained was 100.2% for fully immunised children under one year of age. The target was exceeded by 7.2% for the reporting period.

Even though the districts met the provincial targeted coverage for fully immunised children under one year, there are seven sub-districts out of the thirty-two sub-districts (22%) that achieved a coverage below 90%. The Reach Every District (RED) strategy needs to be implemented on a continuous basis in areas where there is low immunisation coverage.
Following national policy the province introduced tetanus and reduced diphtheria (Td) vaccine from 1 February 2008, which is given at six and twelve 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. More emphasis has to be paid to this service during the next financial year.

Diphtheria, tetanus, pertussis, haemophilus influenza type b (DTP-Hib) and oral polio vaccines (OPV) used to be administered separately. The five vaccines were changed to pentaxim vaccine that includes diphtheria, a-cellular pertussis, tetanus, Hib and inactivated polio. OPV will still be administered at birth and at six weeks. Pentaxim was implemented in a phased manner, after stock of DTP-Hib at facility level and BIOVAC was depleted. The percentage of fixed PHC facilities with DTP-Hib vaccine stock out of 13.9% in 2009/10 is therefore not an accurate reflection.

Prevenar (pneumococcal vaccines) was implemented in July 2009 and rotavirus vaccine during November of the same year in the Western Cape.

Screening for developmental disabilities

The screening for developmental disabilities is to detect disabilities at six weeks, nine months and eighteen months of age to ensure early intervention and management. Screening is done simultaneously when children are vaccinated at PHC facilities within the province.

An audit was done of this programme by an external consultant. The findings were that in most cases children are screened on a daily basis and a few facilities only screened once a week.

Nutrition

Baby friendly hospital initiative

The baby friendly hospital initiative (BFHI) is one of the key strategies for child survival. It is implemented in birthing units to promote, protect and support safe infant feeding practices. Annually new BFHI facilities are accredited and formerly accredited facilities are reassessed every three years. A new national evaluation tool was implemented as from 2009/10.

The province aimed to accredit three new facilities by the end of the 2009/10 financial year. Six facilities were externally evaluated in 2009/10 of which one new facility was accredited and the five facilities that were re-assessed all maintained their BFHI status.

The total number of accredited facilities was increased by one new facility. The total BFHI facilities accredited in the province is twenty 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 reach coverage of over 90% for the age group under one year.

Nutritional status of children

Routine growth monitoring and promotion is done in health facilities in the province. The road-to-health chart is used as the primary tool to assess the growth of children. Children's growth is evaluated in terms of underweight, severe underweight and those not gaining weight. Approximately 574 more children were detected in 2009/10. It would be difficult to conclude whether this is due to increased emphasis on case detection or an actual increase in malnutrition.

Appropriate direct interventions, e.g. nutrition supplements, are provided to malnourished children. Increasing efforts are made to establish links with community based services, other sectors and departments to manage children who are malnourished.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2009/10 ANNUAL PERFORMANCE PLAN

Table 2.5.11: Performance against targets from the 2009/10 Annual Performance Plan for Maternal, Child and Women's Health (MCWH) and Nutrition

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	Improve women's health and decrease morbidity and mortality during pregnancy, birth and post delivery.					
Improve early antenatal booking rate (below 20 weeks of gestation).	Increase antenatal booking rate below 20 weeks to at least 65% by 2011.	1. Percentage of women making antenatal bookings before 20 weeks	39.1%	40.6% (43,413 / 106,909)	46.4% (48,351 / 104,256)	60%
	Implement BANC at 100% fixed and non-fixed PHC facilities to by 2011.	2. Percentage of fixed and non fixed PHC facilities offering BANC	51.9%	73.1% (272 / 372)	68.4% (320 / 468)	58% (265 / 460)
Increase utilisation of contraceptives.	Increase women year contraceptive protection rate.	3. Women year contraceptive protection rate	Not required to report	Not required to report	29.2% (378,587 / 1,304,134)	36%
Strategic goal:	Reduce child and neonatal morbidity and mortality.					
Improve access to developmental screening.	Percentage of children under 1 year screened for developmental disabilities.	4. Developmental screening rate in children under 1 year of age	Not required to report	Not required to report	0.8 (324,049 / 393,616))	1.2
Improve peri-natal care to reduce neonatal morbidity and mortality.	Monitor early neonatal death rate (ENNDR) for babies > 1,000g.	5. Early neonatal death rate (ENNDR) for babies >1,000g at PPIP sites	Not required to report	Not required to report	4.1 (368 / 90,760)	4.2
Strategic goal:	Improve the nutritional status of people in the province.					
Improve the nutritional status of children.	Improve identification of children with malnutrition.	6. Percentage of underweight children under 5 years	Not required to report	Not required to report	2.60% (12,865 / 497,995)	0.78%

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	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	Reduce child and neonatal morbidity and mortality.					
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. Percentage of fixed PHC facilities with DTP-Hib vaccine stock out	0.7%	10.6% (44 / 412)	13.9% (41 / 296)	< 2%
		2. Full immunisation coverage under 1 year	100.5%	96.5% (94,540 / 98,008)	100.2% (98,622 / 98,403)	95%
		3. Measles coverage under 1 year	102.8%	99.7% (97,726 / 98,008)	102.8% (101,154 / 98,403)	93%
Improve resistance to disease in children < 1 year.	Increase vitamin A supplemen-tation coverage in children < 1year to at least 90%.	4. Vitamin A coverage under 1 year	91.6%	88.8% (87,011 / 98,008)	92.85% (91,371 / 98,403)	92%
Improve prevention and management of common childhood problems.	Facilities implementing IMCI.	5. Percentage fixed PHC facilities implementing IMCI	88%	97.6% (363 / 372)	85.5% (253 / 296)	85% (254 / 299)
Improve access of health services to youth.	Ensure that at least X% of health services are certified as youth friendly..	6. Percentage of fixed PHC facilities certified as youth friendly	20.1%	43.0% (160 / 372)	13.5% (40 / 296)	18% (53 / 299)
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	5.1%	5.2% (63,127 / 1,213,224)	5.7% (70,345 / 1,218,127)	8.0%

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	Decrease morbidity and mortality during pregnancy, birth and post delivery.					
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. Percentage of hospitals offering TOP services	78.4%	90.0% (36 / 40)	54.2% (26 / 48)	77% (37 / 48)
		9. Percentage of CHC's offering TOP services	5.7%	8.5% (5 / 59)	5.1% (3 / 59)	5.7% (3 / 59)
Increase the number of BFHI facilities.	Increased facilities certified as baby friendly to at least 35%.	10. Percentage of facilities certified as baby friendly	13.5%	37.3% (19 / 51)	35.2% (18 / 51)	29.7% (22 / 74)
Increase access to safe delivery services.	Improve facility delivery rate to 95%.	11. Total deliveries in facilities	97,404	94,139	96,907	92,000
		12. Facility delivery rate	Not required to report	93.3% (94,139 / 100,948)	97.5% (96,907 / 99,417)	97%
	Decrease teenage pregnancy to <10% of all deliveries.	13. Institutional delivery rate for women under 18 years	7.5%	7.9% (7,412 / 94,139)	7.3% (7,060 / 96,907)	7.5%

Disease Prevention and Control

Environmental Health

The provincial health service is responsible for the delivery of port health service, hazardous substances control and the monitoring of municipal health services. The target for the indicator of water samples conforming to standards has been met and there has been a 2.5% increase in the number of households with access to potable water within 200 metres from 96% to 98.5%. The Cape Winelands is the only district municipality with below 90% water access (88.2%) and there is commitment to address this.

The challenge of non-conforming sewage samples still exists although there has been an improvement from 61.2% in 2008/09 to 67.4% in 2009/10. Affected municipalities have developed plans to improve the situation.

Occupational Health

Occupational health involves rendering a service to the staff and to the public. Occupational health to the public is offered by referring clients who have illnesses related to occupational risk to specific identified hospital clinics.

Most hospitals offer hepatitis B and influenza immunisation to the staff, access to acute care and reproductive health, but there is still a challenge for some hospitals to offer the full occupational health package which includes medical surveillance and health risk assessments. All TB hospitals offer annual occupational health assessments but the package is still to be standardised and strengthened.

Prevention of blindness

In line with the Vision 2020 strategy, the National Department of Health has set an incremental target of reaching a rate of 2,000 cataract surgeries per 1 million population by 2010 and the target of 1,800 for 2009/10 has not been reached because of limited capacity.

There is also a discrepancy in the denominator between the province and National Health programmes where the latter uses the indigent population and the province the total population. According to the National's calculation, the province was the second highest achiever in 2007/08 and third in 2008/09.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2009/10 ANNUAL PERFORMANCE PLAN

Table 2.5.13: Performance against targets from the 2009/10 Annual Performance Plan for non-communicable disease control

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	Ensure adequate disease prevention and control.					
The implementation of the National Health Act provisions dealing with environmental health.	Monitor municipal environmental health services.	1. Percentage of bacteriological water samples taken from water services authorities conforming to standards	Not required to report	Not required to report	92% (8,502 / 9,249)	92.5%
		2. Percentage of chemical water samples taken from water services authorities conforming to standards	Not required to report	Not required to report	97.4% (4,097 / 4,205)	96%
		3. Percentage of households with access to potable water within 200m	Not required to report	Not required to report	98.5% (1,659,723 / 1,684,828)	96%
		4. Percentage of sewage effluent samples complying to requirements	69.3%	61.2% (1,677 / 2,738)	67.4% (1,185 / 1,757)	71%

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.14: Standard national indicators for Disease Prevention and Control

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	To ensure the delivery of a good quality disease control programme in all the districts of the Western Cape.					
Provide capacity to render disease control services.	Ensure that all districts have at least one trauma centre for victims of violence.	1. Number of trauma centres for victims of violence	42	42	42	42
	Ensure all districts have a health care waste management plan.	2. Number of health districts with health care waste manage-ment plan implemented	5	6	6	6
Provide programmes for the prevention of occupational diseases.	Increase the % of hospitals providing occupational health programme to 100%.	3. Percentage of hospitals providing occupational health programmes	84.4%	60.0% (24 / 40)	47% (24 / 51)	90%
Ensure the involvement of schools in promoting health.	Increase the number of schools implementing Health Promoting School programme.	4. Percentage of schools implementing Health Promoting Schools Programme (HPSP)	20.4%	15.8% (177 / 1,118)	15.6% (225 / 1,438)	20%
Preparations for the dealing with epidemics and disasters.	Ensure all districts have an integrated epidemic preparedness and response plan.	5. Integrated epidemic preparedness and response plans implemented	Y	Y	Y	Y
	Ensure adequate outbreak response in line to provincial guidelines.	6. Outbreaks responded to within 24 hours	Not required to report	100% (7 / 7)	100% (4 / 4)	95%
		7. Malaria fatality rate	0%	0%	0% (0 / 62)	0%
		8. Cholera fatality rate	0%	0%	0% (0 / 1)	0%

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
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 (number/ million population)	1,033	1,070 (5,670 / 5,299,999)	1,132 (6,022 / 5,321,416)	1,800
		9.1 Number of cataract operations	Not required to report	5,670	6,022	7,400

PROGRAMME 3: Emergency Medical Services

AIM

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

Provide clinical governance and co-ordination of emergency medicine within the Provincial Health Department.

Co-ordinate the preparation for the FIFA 2010 World Cup Soccer tournament for the Department of Health.

ANALYSIS PER SUB-PROGRAMME

Sub-programme 3.1: Emergency transport

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

Emergency medicine and the FIFA 2010 World Cup are reflected as two separate objectives within Sub-programme 3.1: Emergency Medical Services.

Sub-programme 3.2: Planned patient transport (PPT) - HealthNet

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) established five system components in the Western Cape, all of which ensure the quality care of patients and their delivery to emergency centres, namely:

- Communications system
- Ambulance system
- Medical rescue system
- Aero-medical system
- Patient transport system

The communications system consists of six centres (Cape Town, Moorreesburg, Bredasdorp, Beaufort West, Worcester and George) and 120 personnel. The communications system plays a vital role in the service delivery chain of emergency services. It is the critical connection between receiving calls from the public or health facilities for patients requiring transport, assessing the priority status of the call and making an appropriate dispatch of suitably qualified staff and emergency response vehicle.

During 2009/10, EMS answered 477,320 telephone calls on the 10177 emergency number and dispatched 414,154 missions. Of these calls, 65.5% were answered within twelve seconds with a call abandonment rate of 18%. The industry standard is 95% calls answered within three rings with a call abandonment rate of less than 5%. There has been a significant growth in the emergency cases transported year on year from 404,134 in 2008/09 to 461,940 in 2009/10. This is an increase of 14.3%.

The ambulance service consists of 251 ambulances based in fifty stations in six districts (nine divisions) using 1,227 operational personnel and 103 supervisors.

The service completed 414,154 missions of which 25% were priority one (P1) or emergencies and 75% were priority two (P2) or urgent cases. A total of 27% of all missions were inter-facility transfers and in the City of Cape Town more than 50% of responses are inter-hospital transfers. In terms of response times, 40% of urban P1 calls were serviced within fifteen minutes, 57% of all calls were serviced within thirty minutes and 79.2% of rural P1 calls were serviced within forty minutes. The industry standard for ambulance response is 90% within the target time. The department strives to improve response times on an ongoing basis. This is dependent on a multitude of factors, some of which are within the control of the department and others are extraneous to the department. Examples of the latter include poor road name signage, poor signage of door numbers and poor lighting within informal communities.

The HealthNET system consists of 76 patient transport vehicles that travel scheduled routes through transport hubs in all six districts to referral hospitals. HealthNET completed 113,830 patient transfers to outpatient appointments at regional and central hospitals. Approximately 3,000 patients from rural areas visit central hospitals in Cape Town per month. All patients are transported to their appointments and returned home, often to distant rural farms. Dialysis patients, ARV patients (to ARV clinics) and paraplegic patients (to the Western Cape Rehabilitation Centre) all met their appointments and were returned home. The HealthNET service is unique in South Africa. It is particularly significant in rural areas where the public transport system is under-developed and the consequent access to health services is a challenge.

The aero-medical system, which is provided by the Red Cross Air Mercy Service, consists of two aircraft bases (one in Cape Town and one in Oudtshoorn) with two Augusta 119KE helicopters and one Pilatus PC12 fixed wing aircraft. The helicopters are both fitted with rescue winches. The service completed 585 helicopter missions and 257 fixed wing missions transferring a total of 1,025 patients. A total of 85 rescue missions were flown of which 50 patients required air transport (remaining patients were rescued but did not require treatment or were transported by ambulance if their condition was not serious). On average approximately two patients were flown per fixed wing flight. The service meets 95% of the transfer requests for acute patient transfers. The performance of the service is borne out by the rural response time performance. Helicopters, through a hub and spoke model, keep ambulances in rural areas, prevent long distance road transfers and maintain rural response time performance. The service is unique in South Africa and the quality of care and service is excellent.

The access, stabilisation and extrication of patients through the medical rescue system consists of structures for wilderness search and rescue, vehicle rescue, water rescue, agricultural rescue, industrial rescue, collapsed structure rescue, hazardous materials rescue and mass casualty incidents. There are thirty-six rescue vehicles with forty jaws-of-life equipment sets throughout the province. There are forty-eight dedicated rescue personnel and one-hundred-and-ten qualified personnel (rescue technicians with twelve module training). The service completed 4,973 rescue missions and attended several major incidents throughout the province. The rescue service is developing performance measures and has a target of fifteen minutes for response times in urban areas. The service has targets of thirty minutes to patient access in wilderness environments and sixty minutes to hospital delivery.

The emergency medicine division within EMS performs a clinical governance and co-ordinating role for emergency centres in the Western Cape health system. There are thirteen emergency medicine specialists and seventeen college of emergency care lecturers and course co-ordinators. Two chief professional nurses provide a service to both the provincial and national legislature ensuring that emergency care is accessible to parliamentary staff and members of both provincial and national legislatures.

The division also completed the emergency centre policy for district and regional hospitals and trained the following personnel:

- 17 paramedics
- 84 ambulance emergency assistants
- 101 basic ambulance assistants
- 327 personnel in rescue modules
- 2,617 personnel in continuous medical education short courses
- 102 students in communication centre operations

In terms of the service provided in hospitals, emergency medicine appointed nine specialists; developed an emergency centre policy in Western Cape for regional and district hospitals; ran bi-monthly emergency medicine task group meetings, established Metro East and Metro West emergency medicine governance structures, undertook an audit of level one emergency care provision; ran multiple South African triage score and acute emergency case load management (AECLMP) workshops and training sessions; developed an emergency centre staffing model; completed the emergency medicine organisational development investigation, agreed on psychiatric functions within emergency centres, finalised emergency centre plans for Paarl, Khayelitsha, Mitchells Plain, Hermanus, Knysna and Ceres hospitals; trained over 1,000 health and emergency service personnel in major incident medical management system and 400 personnel in hospital major incident medical management system (MIMMS); began clinical forensic medicine training across the province; registered the first four PhDs in emergency medicine, developed two new MPhil programmes at the University of Cape Town (UCT); graduated three MPhil and seven MMed students; and published seven academic papers.

In terms of FIFA preparation for the World Cup, EMS received R 44.5 million in additional funding (for 2009 and 2010) from provincial treasury. The funds were mainly used to procure the major incident medical management system, new ambulances, golf carts, rhinos (4x4 patient transporters), medical equipment for the stadium and fan parks and specialised medical equipment.

Mass casualty plans have been tested in EMS, EMS staff scheduling is complete to cover both FIFA events, and routine services. Co-operative structures with the South African Military Health Services have been developed. "We are ready!"

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2009/10 ANNUAL PERFORMANCE PLAN

Table 2.5.15: Performance against targets from 2009/10 Annual Performance Plan for the EMS programme

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	To render effective and efficient pre-hospital emergency services including inter-hospital transfers and patient transport in the Western Cape.					
Improve response times to emergency scenes in areas.	Increase the number of all responses in less than 30 minutes.	1. Percentage of all emergency responses in less than 30 minutes	Not required to report	57.2%	57.0% (235,905 / 414,154)	60% (CAD data) (252,000 / 420,000)
	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	68.5%	65.5% (312,538 / 477,320)	80% (240,000 / 300,000)
Strategic goal:	To facilitate clinical governance and co-ordination of emergency medicine within the emergency departments of all health institutions.					
Improved quality of care in emergency departments.	To appoint emergency medicine consultants in key emergency departments and EMS.	3. The number of emergency medicine consultants appointed	Not required to report	7	13	12

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	To render effective and efficient pre-hospital emergency services during the FIFA World Cup.					
Strengthen EMS services in order to meet FIFA 2010 requirements and standards.	Procure ambulances for the FIFA World Cup.	4. Number of ambulances procured	Not required to report	Not required to report	10	10
	The procurement of base station trunking radios for 10 hospital emergency departments by 2010.	5. The percentage of metropolitan hospitals with trunking radios in their emergency centres	Not required to report	0 (0 / 10)	100% (16 / 16)[6]	100% (10 / 10)

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.16: Standard national indicators for EMS and patient transport

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	To render effective and efficient pre-hospital emergency services including inter-hospital transfers and patient transport in the Western Cape.					
Ensure the provision of sufficient resources for the rendering of 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	222	230	251	250
		2. Rostered ambulances per 1,000 people	0.041	0.043 (230 / 5,404,293)	0.047 (251 / 5,342,832)	0.05 (250 / 5,342)
		3. Percentage hospitals with patient transporters	0%	0% (0 / 39)	0% (0 / 45)	0%
		4. Average kilometres travelled per ambulance (per annum)	58,651	63,748 (14,661,945/ 230)	62,813 (15,766,060 / 251)	62,400 (15,600,000 / 250)
		5. Total kilometres travelled by all ambulances.	Not required to report	14,661,945	15,766,060	15,600,000
	Provide target number of appropriately trained operational emergency staff.	6. Percentage locally based staff with training in BAA	47%	48.4% (546 / 1,128)	44.9% (527 / 1,173)	45% (600 / 1,332)

6 Trunking radios installed at eight public hospitals and eight private hospitals.

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
		7. Percentage locally based staff with training in AEA	42%	43% (485 / 1,128)	45.4% (533 / 1,173)	45% (600 / 1,332)
		8. Percentage locally based staff with training in ALS (paramedics)	11%	8.6% (97 / 1,128)	9.6% (113 / 1,173)	10% (133 / 1,332)
	Achieve normative response times in metro and urban areas.	9. Percentage of P1 calls with a response time of < 15 minutes in an urban area	50%	43.6% (35,908 / 82,410)	40.1% (39,320 / 95,231)	30% (CAD data change over) (28,350/ 94,500)
		10. Percentage P1 calls with a response time of < 40 minutes in a rural area	69%	75.4% (7,607 / 10,090)	79.2% (7,050 / 8,907)	70% (CAD data change over) (22,050/ 31,500)
		11. Percentage of all calls with a response time within 60 minutes	57%	79.3% (296,483 / 373,940)	78.5% (325,121 / 414,154)	65% (CAD data change over) (273,000/ 420,000)
	Adhere to the prescribed staffing of ambulances.	12. Percentage of operational rostered ambulances with single person crews	0%	0% (0 / 230)	0% (0 / 251)	0% (0 / 240)
	Ensure the effective and efficient utilisation of resources.	13. Percentage of ambulance trips used for inter-hospital transfers	21%	20.8% (84,035 / 404,134)	27.5% (113,830 / 414,154)	20% (84,000 / 420,000)
		14. Percentage of green code patients transported by ambulance	26%	30.8% (124,477 / 404,134)	28.7% (132,768 / 461,940)	30% (126,000 / 420,000)
		15. Cost per patient transported by ambulance	R 866	R 973 (393,114,000/ 404,134)	R 785[7] (362,586,000/ 461,940)	R 970

7 The 2009/10 actual expenditure has been converted to 2007/08 terms to be comparable to the APP target.

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
		16. Percentage ambulances with less than 200,000 kilometres on the odometer	Not required to report	76.1% (175 / 230)	89.6% (225 / 251)	60% (156 / 260)
		17. Number of EMS emergency cases – total	384,132	404,134	461,940	420,000
		18. EMS referral cases	Not required to report	Not required to report	113,830	Definition to be clarified

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 high intensity 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

SUB-PROGRAMME 4.1: GENERAL (REGIONAL) HOSPITALS

The priorities for 2009/10 were addressed in an integrated approach to service delivery across the health platform. Programme 4 strategies were categorised in terms of service priorities, clinical governance and corporate governance.

In terms of sub-programme 4.1, the main focus areas to address the service delivery strategic objectives for the hospitals were:

- Service reconfiguration in terms of the Comprehensive Service Plan (CSP).
- Acute hospital services.
- Ambulatory care.
- Infectious disease management.
- De-hospitalised care.

Service reconfiguration in terms of the CSP per discipline

The majority of level 2 services within the Cape Metro district were provided within the central hospitals. It required the reclassification of existing inpatient and outpatient services and the reconfiguration of services according to the package of care provided. Level 2 services in central hospitals are funded from the provincial equitable share in Programme 4, sub-programme 4.1.

A strategic management team and operational management teams of representatives from both service rendering divisions were established to monitor progress and support the implementation of the CSP.

The appointment of heads of general specialist services for each major discipline to co-ordinate clinical services across the platform in each of the drainage areas ensured that level 2 services were appropriately consolidated.

Victoria Hospital was classified as a district hospital in terms of the CSP and was shifted to Programme 2, district hospital services, from 1 April 2009.

Acute hospital services

The appointment of the heads of level 2 general specialist services was a key element towards reconfiguration of services and improved clinical governance. Transformation of the services was managed across the Metro in a holistic manner and divided organisationally into Metro East and Metro West. The clinical disciplines were clustered to allow for better management focus:

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

The focus for 2009/10 was the Metro hospitals.

Cluster 1: Emergency medicine, Internal medicine and Psychiatry

Emergency medicine

Some of the key priorities for 2009/10 were:

- The implementation of the acute emergency case load management policy (AECLMP) and improving the triage policy.
- Progress towards standardisation of emergency centre functionality and case management across all emergency centres (including staff appointments, equipment, standard operating procedures, child friendly areas, etc). A staffing model has been developed to calculate adequate staffing levels for emergency centres in regional and district hospitals. The equipment needs have been included in the package of care for different levels of hospitals. The head of emergency medicine has been involved in the design of emergency centres.
- Clinical management oversight of the Vanguard 24-hour emergency unit by Somerset Hospital and Retreat 24-hour emergency unit by Victoria Hospital. A twinning process has been established and monthly meetings were held to ensure the success of this priority.
- The regional hospitals played a central role in the clinical governance of emergency medicine across the districts.
- Improvement in case management at the point of entry services, in accordance with standardised protocols.
- Progressing to integrated emergency centres which will manage both trauma and medical emergencies.
- Progressive implementation towards child friendly emergency centres.

Nurse capacity was strengthened for medical emergencies in Red Cross War Memorial Children's Hospital (RCWMCH) and all regional hospitals.

The management of Tygerberg Hospital (TBH) finalised the planning for infrastructure changes to the hospital's emergency service areas. Architects from the Department of Works and their consultants commenced detailed planning. The emergency services at Tygerberg Hospital are not yet consolidated into a single area as current infrastructure does not allow for this. Signing off will be done in the 2010/11 financial year.

Clinical governance across all emergency centres in the geographic areas has been strengthened through the appointment of emergency medical specialists in the Metro, a contract appointment at Paarl Hospital and a contract appointment at George Hospital. The post at Worcester Hospital will be advertised.

The client throughput in acute beds was improved by the appointment bed managers. In Paarl Hospital the functions were combined within the infection control portfolio, Worcester Hospital appointed a bed manager, George Hospital ensured the function through a contract appointee with the agency services and Somerset Hospital has a bed manager who also undertakes other functions as well.

A process has been implemented to establish indicators for monitoring and evaluation of the AECLMP policy which included a survey to establish whether the critical areas of the policy were in place including the reporting of the six-hourly bed status and the monthly triage profile.

Internal medicine

Some of the key priorities for 2009/10 were:

- Reconfiguration of functional beds in the Metro East and West.
- The uniform implementation of the outreach and support system in all three of the rural regional areas.

Some level 2 medical services are still provided at Karl Bremer Hospital which is in transition to become a level 1 hospital. Most of the medicine level 2 services for Metro East are now consolidated at Tygerberg Hospital.

Level 2 services in Metro West for the Mitchell's Plain area were shifted from GF Jooste Hospital to Groote Schuur Hospital. The implementation of this strategy resulted in an increased workload of patients at the emergency centre and medical wards at Groote Schuur Hospital.

The appointed head of level 2 medical services co-ordinated clinical services across the platform in each of the drainage areas.

The reconfiguration of 90 functional level 1 beds within New Somerset Hospital will be undertaken once the family medicine post has been filled. The medical officers from the level 2 services will only be relocated to the level 1 service areas once the family physician has been appointed. The post has been advertised.

Psychiatry

Refer to Sub-programme 4.3 for specific information regarding the psychiatric hospitals.

The key priorities were the strengthening of outreach and support to district hospitals, creating capacity for ten more acute beds within the associated psychiatric hospitals and providing additional specialist ambulatory services.

The 72-hour observation units have been opened and clinical management of psychiatric patients within regional hospitals has been further strengthened. Worcester Hospital now has eight beds, George Hospital remained at ten beds, Paarl Hospital remained at four beds and Somerset Hospital created five beds.

The planned separation of adult and child-and-adolescent psychiatric patients within Tygerberg Hospital is at an advanced stage.

The community psychiatrist from the West Coast District will be placed on the establishment of Paarl Hospital and take responsibility for the development of the psychiatric services at Paarl Hospital as well as outreach and support to the districts.

The level 2 psychiatric units at the regional hospitals played a vital role to manage the interface between the district hospitals and the specialist psychiatric hospitals (APH).

A new twenty-five bed 72-hour observation service was commissioned during May 2009 at Groote Schuur Hospital to accommodate patients from the GF Jooste Hospital drainage area.

Cluster 2: Surgery, Orthopaedics and Anaesthetics

Surgery

The key priorities for 2009/10 were:

- Reconfigure level 2 services.
- Increase day surgery capacity.
- Strengthen capacity in rural regional hospitals.

The appointed head of level 2 surgical services ensured the co-ordinated clinical services across the platform in each of the drainage areas.

A surgical specialist was seconded for the year from Tygerberg Hospital to Karl Bremer Hospital to maintain a quantum for level 2 surgical services at Karl Bremer Hospital.

The increased day surgery capacity at Groote Schuur Hospital continued to relieve bed pressures and improved efficiencies in Metro West.

Somerset Hospital provided outreach to Wesfleur Hospital in terms of an agreement that was in place.

A plan to increase the availability of anaesthetic capacity to enable surgery to be performed was finalised. Referral protocols were developed by a core team to address referrals across the service platform.

The capacity within rural regional hospitals was increased by fully commissioning the day surgery units at Worcester (twelve beds) and George (eighteen beds) Hospitals and the uniform implementation of outreach and support systems were established in all three rural regions. George Hospital established ear, nose and throat (ENT), ophthalmology and urology outreach to the districts.

An annual basic surgical skills maintenance plan has been developed.

A process has been initiated to implement indicators for monitoring and evaluation of theatre efficiencies, which included the cancellation rate for elective procedures.

Orthopaedics

The key priorities for 2009/10 were:

- Consolidation of level 2 orthopaedic services in the Metro West.
- Consolidation of level 2 orthopaedic services in the Metro East.
- Identifying the procedures that could be shifted to day care surgery and level 1 hospitals.

The services to be provided at the different levels of care have been defined within the hospital package of care document.

The clinical head of level 2 orthopaedic services has been appointed in Metro West. Level 2 orthopaedic services in the Metro West were not relocated from GF Jooste, Somerset and Victoria Hospitals to Groote Schuur Hospital as a result of the severe budgetary pressures and other factors at Groote Schuur Hospital. A decision was taken that some level 2 orthopaedic services will remain at GF Jooste, Victoria and Somerset Hospitals. However, significant level 1 orthopaedic capacity (increasing medical officer cover) must be further developed at these hospitals to avoid inappropriate referrals.

The key deliverable for the three rural regional hospitals was the uniform implementation of the outreach and support system.

Anaesthetics

The key priorities for 2009/10 were:

- Implementing the Metro anaesthetic plan, provision of outreach and support and after hour specialist support.
- Level 2 clinical skills consolidation and co-ordination of service delivery in Metro East and West.
- Strengthened capacity in the rural regional hospitals with additional sessional anaesthetic capacity at Worcester Hospital for outreach to the Overberg District.

A plan has been developed to strengthen the anaesthetic services within the Metro. This included the appointment of additional specialists at regional hospitals with an outreach, support and service responsibility within district hospitals and ensuring adequate numbers of trained medical officers at district hospitals. However, the plan has not been implemented owing to funding constraints.

A second specialist anaesthetist post was advertised at Worcester Hospital but the successful candidate declined the offer and the post will be re-advertised.

Due to the resignation of a number of specialist anesthetists in 2009/10 and major challenges with the filling of vacant specialist anaesthetic posts, it has not been possible to implement a pre-operative anaesthetic clinic at Tygerberg Hospital.

<u>Cluster 3: Obstetrics and Gynaecology, Paediatrics and Neonatology</u>

Obstetrics and Gynaecology

The key priorities for 2009/10 were:

- Consolidation of level 2 services in the Metro East and West.
- Shifting level 1 obstetric service from Groote Schuur Hospital to Mowbray Maternity Hospital.
- Training and development of staff that could be transferred with the future relocation of services.
- Strengthening the colposcopy service at level 2 hospitals.
- Provision of specialist outreach services from level 2 gynaecology services.

An inter-programme approach involving programmes 2, 4 and 5 has been developed to address the increased workload in obstetric services within the Metro. This allowed a co-ordinated approach across the obstetric platform in line with the Comprehensive Service Plan. Treatment protocols and the establishment of clear referral pathways across levels of care have been implemented.

The appointed head of level 2 obstetric and gynecology services co-ordinated clinical services across the platform in each of the drainage areas.

Level 2 beds in the Metro East were consolidated within Tygerberg Hospital. During 2009/10 there was still an obstetric and gynaecology specialist managing the obstetric service at Karl Bremer Hospital, so a small quantum of level 2 services were still provided at Karl Bremer Hospital in 2009/10, but the overwhelming majority of level 2 services were consolidated at Tygerberg Hospital for Metro East.

The level 1 service from Groote Schuur Hospital could not be relocated to Mowbray Maternity Hospital as the shift from the latter to Tygerberg Hospital could not occur owing to physical space constraints. A decision has been made to await the commissioning of the new Khayelitsha Hospital before these shifts can be concluded. Training and development of staff for future redeployment with the service shifts continued.

Level 2 specialists undertook a specific training program for interns, midwifes and medical officers in improving obstetric skills using the national Essential Steps in the Management of Obstetric Emergencies (ESMOE) package and training material.

The key deliverables in the rural regions were strengthened and basic antenatal care (BANC) services were maintained in the rural regions, providing access to ultra-sonography.

Paediatrics and Neonatology

The key priorities for 2009/10 were:

- Completion of level 2 paediatric and neonatal service shifts in the Metro East and West.
- Aligning paediatric and neonatology beds in line with the CSP.
- Developing additional level 2 neonatal capacity in line with the priorities identified in the neonatal/ kangaroo mother care (KMC) plan.
- Improving KMC care in the rural regions.
- Strengthening the responsiveness of the department to the diarrhoeal season.

Paediatrics

Level 2 paediatric service shifts in the Metro East between Tygerberg and Karl Bremer Hospitals did not take place in 2009/10. Shifts cannot occur prior to the increase in neonatal beds at Tygerberg Hospital from 71 to 90 and are in turn dependent on Khayelitsha Hospital moving to a new hospital in 2012.

The appointed head of level 2 paediatrics and neonatal services co-ordinated clinical services across the platform in each of the drainage areas.

Neonatology

The reconfiguration of four neonatal intensive care unit (ICU) beds into high care beds at Somerset Hospital for 24-hour ventilation and the shift of three ICU beds to Groote Schuur Hospital did not occur in 2009/10 owing to the pressure on the services.

The planned level 2 neonatal service shifts will only be completed in the Metro West following the obstetric service shifts from Groote Schuur Hospital to Mowbray Maternity Hospital once the building of Khayelitsha Hospital has been completed.

Paarl Hospital will increase their KMC beds from six to sixteen once the revitalisation has been completed. In the mean time the sixteen beds are being utilised as postnatal beds.

Provision of additional level 2 neonatal capacity at Tygerberg Hospital requires an increase in neonatal beds from 71 to 90 at the hospital and remains dependent on Khayelitsha District Hospital moving into a new hospital in 2012.

Other services

High care beds

High care beds within the rural regional hospitals have been fully commissioned. Two additional high care beds at Tygerberg Hospital in the surgical ICU and paediatric ICU continued to operate. Groote Schuur Hospital reconfigured beds to comply with the APP target of four beds.

Ear, nose and throat (ENT) services

ENT services have been strengthened by the appointment of a specialist at Somerset Hospital, a specialist that is shared between Paarl and Worcester Hospitals and twenty sessions by a private specialist at George Hospital.

Level 2 beds in central hospitals

Hospital	***2007/08***	***2008/09***	***2009/10***
Groote Schuur Hospital	172	190	280
Red Cross War Memorial Children's Hospital	61	63	55
Tygerberg Hospital	724	772	702
Total	***957***	***1,025***	***1,037***

Ambulatory care

The key priorities for 2009/10 were:

- Identifying and quantifying the number of patients visiting the outpatients departments that could be devolved to lower levels of care.
- Appropriate devolution of outpatient activities to primary health care continued.

There has been slow progress in the devolution of stable chronic patients from central and regional hospitals to PHC services, owing to the lack of adequate capacity at this level to absorb significant numbers of patients.

Infectious disease management

The key priorities that for 2009/10 were:

- Decanting stable antiretroviral (ARV) patients in regional hospitals to community health centres (CHCs).
- Improved HIV and AIDS management.
- Developed and implemented infection control measures within general hospitals to reduce the risk of infection in staff members.

The decanting of stable antiretroviral treatment (ART) patients to CHCs occurred varying degrees at different hospitals. Victoria Hospital decanted more than 500 patients to Lady Michaelis CHC. Infrastructure and human resource capacity at CHCs have been rate limiting factors in some instances.

TB control measures in general hospitals, aimed at the prevention of intra-hospital spread of TB with a particular focus on the management of the occupational health risks posed to staff and other patients by patients with TB, was implemented. This required extraction fans and ensuring adequate ventilation in identified areas. The policy in respect of the use of N97 masks was enforced and multi-drug resistant (MDR) and extreme drug resistant (XDR) patients were appropriately isolated.

De-hospitalised care

A point prevalence survey has estimated that about 15 - 20% of patients occupying beds in acute hospitals can be managed within sub-acute beds. However additional sub-acute capacity was not created owing to funding constraints.

Improved health services through clinical governance

The key priorities for 2009/10 were:

- The completion of outreach and support agreements between institutions to formalise and enhance outreach and support arrangements.
- Revised quality assurance plans per institution to improve service delivery.
- Improved clinical governance at all levels of care.
- Improved client satisfaction.

Outreach and support arrangements have been formalised in most instances between the regional and referring district hospitals. This is an important part of building capacity to manage patients at the appropriate levels of care.

Regular morbidity and mortality monitoring are in place. Hospitals participated in the Child Health Problem Identification Program (CHPIP). In the 2010/11 year, clinical audit parameters will be finalised.

Infection and prevention control processes were managed with specific focus on TB management in general hospitals. A hand washing survey was conducted and the findings are being analysed for implementation of the recommendations in the 2010/11 financial year.

Hospital facility boards at each institution were strengthened to promote ownership of facilities by communities and increase accountability of institutional management to communities.

Patient satisfaction was improved by conducting one comprehensive client satisfaction survey and implementing action plans to address specific client concerns and recommendations, assessing of the implementation of the Patient's Rights Charter, refining the patient complaints and compliments procedures, monitoring safety and security risks, and focusing specifically on cleanliness in bathrooms and toilets.

Staff satisfaction surveys, provision of an employee assistance programme (EAP) to support staff working in a stressful environment, and the improvement of the physical working environment were important means to address the needs of staff in regional hospitals.

Infrastructure

The completed building areas at Paarl, Worcester and George Hospitals were commissioned progressively. The revitalisation expenditure for the 2009/10 financial year totalled R 165,676 million for the three rural regional hospitals. Staff components were strengthened in the main kitchens, admission points, specialist clinics, medical records, and other areas in a phased manner within the funding envelope and approved post list (APL).

Newly upgraded main entrance at Paarl Hospital:

Finance and Financial Management

Improved financial management is being effected through the alignment of reporting systems in line with the CSP implementation in central hospitals, establishing cost centre management and commencement of the process in other regional hospitals towards the development of functional business units (FBUs). Cost containment measures, contract management and asset management, have been improved to ensure an unqualified audit report.

Improving on audit findings remained a key focus area and the strengthening of capacity within finance and supply chain management units within hospitals remained a priority. Hospitals have been significantly supported towards preparation for the annual financial statements.

The patient load and disease profile resulted in a significant increase in the cost of medical consumables, blood and blood products, laboratory tests and medicine. These cost drivers were monitored and protocols on the use of blood and laboratory tests for patients have been implemented.

Recruitment of staff via agency services remained a challenge and a dedicated drive within the programme ensured that the full time equivalents procured for nursing assistants and administration staff was drastically reduced. The usage of agency staff is monitored at the Establishment Control Committee within the programme.

Human resources

There has been a systematic process to address the filling and monitoring of posts. An instrument was developed to enable management to identify and address delays in the filling of posts.

Recruiting and retaining experienced health professionals, professional nurses and doctors, anaesthetists, and other staff categories such as financial support staff remained a challenge.

Finalisation of the organisational development structure and the matching and placing of staff continued.

Support systems and Information

Staff recruitment and retention challenges in support functions remained problematic in areas such as finance, human resources, maintenance and information management.

The Joint Information Management Initiative (JIMI) between the programme and the Directorate: Information Management aimed to improve data quality and information systems.

The monitoring and evaluation processes within the programme were strengthened to improve planning and implementation of objectives.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2009/10 ANNUAL PERFORMANCE PLAN

Table 2.5.17: Performance against targets from 2009/10 Annual Performance Plan for general (regional) hospitals

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	To provide appropriate and accessible regional hospital services for acute patients in the Western Cape.					
Provide sufficient bed and clinical capacity to render quality general specialist services in regional hospitals.	Provide a total of 2 400 beds in regional hospitals by 2010.	1. Number of beds in regional hospitals - Total	1,379	2,490	2,364	2,342
		1.1 Number of beds in regional hospitals - Regional	Not required to report	Not required to report	1,327	1,307
		1.2 Number of beds in regional hospitals - Central	Not required to report	Not required to report	1,037	1,035
		2. Total number of patient days in regional hospitals - Total	449,545	780,270	731,563	723,126
		2.1 Total number of patient days in regional hospitals - Regional	Not required to report	Not required to report	432,430	400,412
		2.2 Total number of patient days in regional hospitals - Central	Not required to report	Not required to report	299,133	321 155

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.18: Standard national indicators for general (regional) hospitals

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	To render a comprehensive package of general specialist hospital services to the population of the Western Cape.					
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 caesarian section rate of 33%.	1. Caesarean section rate for regional hospitals – Total	33.1%	33% (8,211 / 25,040)	32.5% (8,425 / 25,961)	35%
		1.1 Caesarean section rate for regional hospitals – Regional	Not required to report	Not required to report	32.5% (8,425 / 25,961)	33%
		1.2 Caesarean section rate for regional hospitals – Central	Not required to report	Not required to report	0%[8]	38%
	Provide sufficient resources for the rendering of comprehensive out patient services at a target rate of approximately 1:1 out patients per inpatient day.	2. Number of patient day equivalents in regional hospitals - Total	636,992	1,122,369	1,051,150	1,002,926
		2.1 Number of patient day equivalents in regional hospitals - Regional	Not required to report	Not required to report	582,878	551,768
		2.2 Number of patient day equivalents in regional hospitals - Central	Not required to report	Not required to report	468,272	451,158
		3. OPD total headcounts in regional hospitals - Total	362,960	718,131	628,931	592,349
		3.1 OPD total headcounts in regional hospitals - Regional	Not required to report	Not required to report	276,334	271,241
		3.2 OPD total headcounts in regional hospitals - Central	Not required to report	Not required to report	352,597	321,108

8 Caesarean section rate is reported under level 3 central hospitals only in Programme 5.1.

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
		3.3 Casualty/ emergency/ trauma headcount - Total	201,009	308,188	296,301	283,729
		3.4 Casualty/ emergency/ trauma headcount - Regional	Not required to report	Not required to report	151,092	153,729
		3.5 Casualty/ emergency/ trauma headcount - Central	Not required to report	Not required to report	145,209	130,000
		3.6 Comprehensive OPD total headcount in regional hospitals (OPD + casualty/ emergency/ trauma) - Total	563,969	1,026,319	925,232	876,078
		3.7 OPD total headcount in regional hospitals (OPD + casualty/ emergency/ trauma) - Regional	Not required to report	Not required to report	427,426	424,970
		3.8 OPD total headcount in regional hospitals (OPD + casualty/ emergency/ trauma) - Central	Not required to report	Not required to report	497,806	451,108
	Implement quality assurance measures to minimise patient risk in regional hospitals.	4. Percentage of regional hospitals with patient satisfaction survey using DoH template - Total	100%	100% (9 / 9)	100% (5 / 5)	100% (8 / 8)
		4.1 Percentage of regional hospitals with patient satisfaction survey using DoH template - Regional	Not required to report	Not required to report	100% (5 / 5)	100% (5 / 5)

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
		4.2 Percentage of regional hospitals with patient satisfaction survey using DoH template - Central	Not required to report	Not required to report	Reported under Programme 5.1	100% (3 / 3)
		5. Percentage of regional hospitals with mortality and morbidity meetings every month – Total	100%	100% (9 / 9)	100% (5 / 5)	100% (8 / 8)
		5.1 Percentage of regional hospitals with mortality and morbidity meetings every month – Regional	Not required to report	Not required to report	100% (5 / 5)	100% (5 / 5)
		5.2 Percentage of regional hospitals with mortality and morbidity meetings every month – Central	Not required to report	Not required to report	Reported under Programme 5.1	100% (3 / 3)
		6. Percentage of regional hospital with clinical audit meetings every month - Total	Not required to report	100% (9 / 9)	80% (4 / 5)	100% (8 / 8)
		6.1 Percentage of regional hospitals with clinical audit meetings every month - Regional	Not required to report	Not required to report	80% (4 / 5)	100% (5 / 5)
		6.2 Percentage of regional hospitals with clinical audit meetings every month – Central	Not required to report	Not required to report	Reported under Programme 5.1	100% (3 / 3)
		7. Percentage of complaints resolved within 25 days in regional hospitals – Total	Not required to report	100%	82.5% (552 / 669)	100%

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
		7.1 Percentage of complaints resolved within 25 days in regional hospitals - Regional	Not required to report	Not required to report	82.5% (552 / 669)	100%
		7.2 Percentage of complaints resolved within 25 days in regional hospitals –Central	Not required to report	Not required to report	Reported under Programme 5.1	100%
		8. Case fatality rate in regional hospitals for surgery separations - Total	1.7%	2.6% (1,223 / 46,608)	1.7% (735 / 43,501)	3.85%
		8.1 Case fatality rate in regional hospitals for surgery separations - Regional	Not required to report	Not required to report	1.3% (426 / 31,997)	1.7%
		8.2 Case fatality rate in regional hospitals for surgery separations - Central	Not required to report	Not required to report	2.7% (309 / 11,504)	6%
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 in regional hospitals - Total	3.4 days	4 days (782,263 / 196,668)	4 days (731,563 / 185,919)	4.5 days
		9.1 Average length of stay in regional hospitals - Regional	Not required to report	Not required to report	3.5 days (432,430 / 123,508)	4 days
		9.2 Average length of stay in regional hospitals - Central	Not required to report	Not required to report	4.8 days (299,133 / 62,411)	5 days
		10. Bed utilisation rate based on usable beds in regional hospitals - Total	91%	86.1% (782,263 / 908,850)	86.1% (742,740 / 862,860)	88%

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
		10.1 Bed utilisation rate based on usable beds in regional hospitals - Regional	Not required to report	Not required to report	90.9% (440,403 / 484,355)	90%
		10.2 Bed utilisation rate based on usable beds in regional hospitals - Central	Not required to report	Not required to report	79.9% (302,337 / 378,505)	85%
		11. Total separations in regional hospitals -Total	130,205	196,668	185,919	175,867
		11.1 Total separations in regional hospitals - Regional	Not required to report	Not required to report	123,508	111,324
		11.2 Total separations in regional hospitals - Central	Not required to report	Not required to report	62,411	64,543
	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 in regional hospitals - Total	R 1,128	R 1,521 (1,567,292,000 / 1,122,369)	R 1,438[9] (1,511,942,515 / 1,051,150)	R 1,630
		12.1 Expenditure per patient day equivalent in regional hospitals - Regional	Not required to report	Not required to report	R 1,334[9] (777,706,908 / 582,878)	R 1,313
		12.2 Expenditure per patient day equivalent in regional hospitals-Central	Not required to report	Not required to report	R 1,567[9] (734,235,607 / 468,272)	R 2,019

Comments: Deviation from target exceeding 10%:

- Casualty/ emergency/ trauma headcount - Central: The three central hospitals exceeded the target by 12%. The workload pressure has increased and the target was challenging to estimate, as it was not required to report on this before.

9 The 2009/10 actual expenditure has been converted to 2007/08 terms to be comparable to the APP target.

- Percentage of complaints resolved within 25 days in regional hospitals – Total: Some complaints take longer than 25 days to resolve due to various factors, including lengthy legal processes.
- Percentage of complaints resolved within 25 days in regional hospitals – Regional: Some complaints take longer than 25 days to resolve due to various factors, including lengthy legal processes.
- Case fatality rate in regional hospitals for surgery separations – Total: Target was positively underachieved due to clinical processes implemented to ensure efficient health outcomes. Sufficient historical data did not exist within central hospitals for level 2 and 3 services to set appropriate targets.
- Case fatality rate in regional hospitals for surgery separations – Regional: Target was positively underachieved due to clinical processes implemented to ensure efficient health outcomes.
- Case fatality rate in regional hospitals for surgery separations – Central: Target was positively underachieved due to clinical processes implemented to ensure efficient health outcomes. Sufficient historical data did not exist within central hospitals for level 2 and 3 services to set appropriate targets.
- Total separations in regional hospitals - Regional: Target was exceeded by 11%. Increase reported from Somerset, Worcester, Paarl and George Hospitals. Target was challenging to estimate, as it was not required to report on this before.
- Expenditure per patient day equivalent in regional hospitals - Regional: Regional hospitals exceeded the target by 14%. Additional workloads at regional hospitals contributed to the overspending within this sub-programme. Cost of OSD impacted.

The shift of Victoria Hospital from Programme 4 to Programme 2 and the separation of level 2 and 3 services within the central hospitals has created significant challenges in the collection of data and setting of targets in 2009/10.

SUB-PROGRAMME 4.2: TUBERCULOSIS HOSPITALS

The key deliverables for Sub-programme 4.2 in the 2009/10 financial year were:

- Move line management of TB hospitals to Programme 2 from 01 April 2009.
- Improve infrastructure and equipment in terms of the upgrading plan for TB hospitals.
- Achieve the service configuration in terms of the Comprehensive Service Plan (CSP).
- Improve infection control and strengthen the occupational health and safety programme within TB hospitals.
- Increase paediatric beds and strengthen outpatient department (OPD) services.
- Embark upon a pilot programme for decentralised ambulatory and step-down management of drug resistant tuberculosis patients (DR-TB) patients within the Khayelitsha sub-district.
- Strengthen management, staffing and develop capacity of TB services.
- Improved service delivery and governance especially for multi-drug and extreme drug resistant TB.
- Improve psychosocial care for patients within TB hospitals.

General overview

The line function responsibility for tuberculosis hospitals across the Western Cape shifted to the district managers in the 2009/10 period. However, owing to the national budget programme structure, it remains a part of Programme 4.

During 2009/10 TB hospitals underwent significant infrastructure and maintenance projects. Projects have focussed on renovating and upgrading existing infrastructure and where possible, constructing smaller wards to facilitate more efficient bed usage and isolation capability. Major infrastructure projects were completed at the following hospitals:

- DP Marais Hospital (provision of a forty bed ward).
- Brooklyn Chest Hospital (upgrading of the hospital kitchen, ablution blocks and wards).
- Malmesbury Infectious Diseases (ID) Hospital (upgrade and maintenance).
- Sonstraal Hospital (electrical rewiring).
- Harry Comay Hospital (upgrade and construction of additional wards still in progress).

These projects have yielded an additional sixty-six beds in the Metro (twenty-two at Brooklyn Chest Hospital and forty-four beds at DP Marais Hospital) but have not yet been commissioned due to budgetary limitations. Thus the targets for patient day equivalents (PDEs) and separations, which were calculated on the assumption that these beds will be operational, have not been met.

A small house at Brooklyn Chest Hospital (with capacity for four patients) was renovated with support from correctional services to ensure a secure area to manage TB patients awaiting trial. A soundproof audio booth was installed at Brooklyn Chest Hospital during this period to strengthen audiometric services available for patients in the Metro and West Coast District. (A high percentage of MDR-TB patient develop ototoxicity associated with aminogylcoside administration.)

Improved infection control measures have been achieved at TB hospitals with the installation of ultraviolet germicidal irradiation (UVGI) at Malmesbury ID Hospital and the x-ray department at Brooklyn Chest Hospital. All TB hospitals, with the exception of Sonstraal Hospital, have implemented environmental control measures to limit nosocomial transmission of TB. It is expected that UVGI and central ventilation installation at Sonstraal Hospital will be completed in the 2010/11 financial year.

The OPD service at Brooklyn Chest Hospital was extended to four days with an increase in 836 patients as compared with 2008/09. This initiative provided increased patient access to TB specialist care and treatment. At Harry Comay and Brewelskloof Hospitals, continued outreach and support by specialist TB doctors to high burden clinics who manage MDR-TB patients, have contributed to strengthening of the primary health care platform in the Eden and Cape Winelands Districts. No additional paediatric beds have been commissioned at TB hospitals during 2009/10 due to a lack of space for expansion.

Tuberculosis hospitals remained 104 beds below the CSP target during 2009/10. The number of patient day equivalents (PDEs) was lower than expected as the target was based on the commissioning of additional beds.

Twenty-four additional staff members were appointed in TB hospitals during this financial year. A medical officer was appointed at Sonstraal Hospital at the end of 2009/10, which will strengthen clinical governance in the West Coast District. Brooklyn Chest and DP Marais Hospitals have begun a process of integration to form the future Metro TB complex. In terms of patient management, Brooklyn Chest Hospital manages female MDR-TB patients (forty-five beds) and male MDR-TB patients (fifty-five beds) are managed at DP Marais Hospital. Brooklyn Chest Hospital provides further operational support in the following areas: information management, operational support by the nursing manager, psychosocial support for patients (social worker visits) and financial management.

The MSF (Doctors without Borders), City of Cape Town and the Western Cape Department of Health partnership pilot programme for decentralised ambulatory and step-down management of drug resistant TB (DR-TB) patients within the Khayelitsha sub-district has shown good early outcomes. Earlier diagnosis, earlier initiation of treatment and lower defaulter rates have been achieved thus far. Key components of the project included daily clinic visits during the intensive phase of MDR-TB treatment; household infection control measures and psychosocial support by community based DOT/adherence supporters; intensive screening of household contacts especially those under five; audiometric testing; defaulter tracing; community awareness; and monthly clinical audit meetings to monitor patient outcomes.

Due to a shortage of TB beds in the Metro during 2009/10, a twelve bed step-down facility, Lizo Nobando, initially used for palliative care is now also being used as a short stay facility to initiate patients onto treatment (especially those with co-morbid disease). The average length of stay in this facility is fouteen days.

Brooklyn Chest Hospital's outpatient department continued to co-ordinate the treatment of all Metro MDR-TB patients as well as the pharmacy department, which provided second line medication to all outpatients in the Metro and West Coast District. However, increasing patient volumes placed a strain on current capacity.

During 2009/10 a 30% increase in the expenditure per patient day equivalent in TB hospitals was incurred. Major cost drivers include the cost of second line medication for MDR-TB treatment, increased laboratory investigations, the growing number of patient on costly XDR-TB regimens and extended periods of stay within TB hospitals as these patients need to be isolated.

The increasing expenditure during the period highlighted the need for scaled up prevention, earlier diagnosis and management of MDR-TB.

Challenges experienced

The following challenges were experienced within the TB hospitals:

- Increasing need to manage acutely ill and complex patients who are often co-infected with HIV and TB.
- Increasing pressure on available TB beds due to increased incidence of DR-TB.
- Providing psychosocial and rehabilitative care to patient who are on long term treatment (M/XDR-TB).
- Providing palliative care for a growing number of patients who fail XDR-TB treatment.
- Increasing expenditure due to volume and cost of second line medication and laboratory investigations associated with managing DR-TB.
- Increasing pressure on hospital pharmacies to manage pharmaceutical drug supply to growing number of MDR-TB outpatients.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2009/10 ANNUAL PERFORMANCE PLAN

Table 2.5.19: Performance against targets from 2009/10 Annual Performance Plan for TB hospitals

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	Provide sufficient infrastructure for the rendering TB hospital services.					
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	1,040	1,016	1,120
		2. Total number of patient days in TB hospitals	299,342	303,696	304,764	311,435

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.20: Standard national indicators for TB hospitals

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	To render comprehensive TB hospital services to the population of the Western Cape.					
Provide sufficient capacity to render quality TB hospital services.	Provide sufficient resources for the rendering of inpatient and out patient TB hospital services amounting to approximately 424,000 patient day equivalents (PDE) by 2010.	1. Number of patient day equivalents (PDE) in TB hospitals	300,307	304,302	305,833	349,460
		2. OPD total headcount in TB hospitals	2,942	1,818[10]	3,208	2,076
	Implement quality assurance measures to minimise patient risk in TB hospitals.	3. Percentage of TB hospitals with patient satisfaction survey using DoH template	33%	100% (6 / 6)	100% (6 / 6)	100% (6 / 6)
		4. Percentage of TB hospitals with mortality and morbidity meetings every month	50%	67% (4 / 6)	67% (4 / 6)	100% (6 / 6)
		5. Percentage of TB hospitals with clinical audit meetings every month	Not required to report	67% (4 / 6)	67% (4 / 6)	100% (6 / 6)
		6. Percentage of complaints resolved within 25 days in TB hospitals	Not required to report	100%	72.1% (129 / 179)	100%

10 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	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
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 in TB hospitals	80 days	82 days (303,696 / 3,725)	82.5 days (304,764 / 3,693)	85 days
		8. Bed utilisation rate, based on useable beds, in TB hospitals	83%	80.0% (303,696 / 379,600)	82.2% (304,764 / 370,840)	85%
		9. Total separations in TB hospitals	3,759	3,725	3,684	3,911
	Ensure the cost effective management of TB hospitals at a target expenditure of approximately R 350 per PDE.	10. Expenditure per patient day equivalent in TB hospitals	R 345	R 446 (135,652,001 / 304,302)	R 459[11] (140,287,438 / 305,828)	R 395

Comments: Deviation from target exceeding 10%:

- OPD total headcount in TB hospitals: Target was overachieved by 55%. At Brooklyn Chest Hospital the outpatient service was extended to four days per week. The clinics in the Breede Valley sub-district referred all their X-ray patients for TB screening to Brewelskloof Hospital and these patients have been counted as outpatients.
- Expenditure per patient day equivalent in TB hospitals: Target was exceeded by 30%. There was an increase in costs for second line medication. Increased patients on XDR-TB regimens including pre-XDR patients. Implementation of OSD escalated staff costs.

SUB-PROGRAMME 4.3: PSYCHIATRIC / MENTAL HOSPITALS

The key deliverables for Sub-programme 4.3 in the 2009/10 financial year were:

- Strengthening psychiatric services.
- De-hospitalisation of intellectual disability patients.

Acute hospital services

Support and outreach programmes were implemented at all Metro district and regional hospitals with one to two specialist visits per week.

Integrated assertive community team (ACT) services formed part of the acute services continuum of care and resorted under the senior psychiatrists in these services. Assertive community team statistics have been reflected in the OPD statistics and partially accounted for the increased OPD visits.

11 The 2009/10 actual expenditure has been converted to 2007/08 terms to be comparable to the APP target.

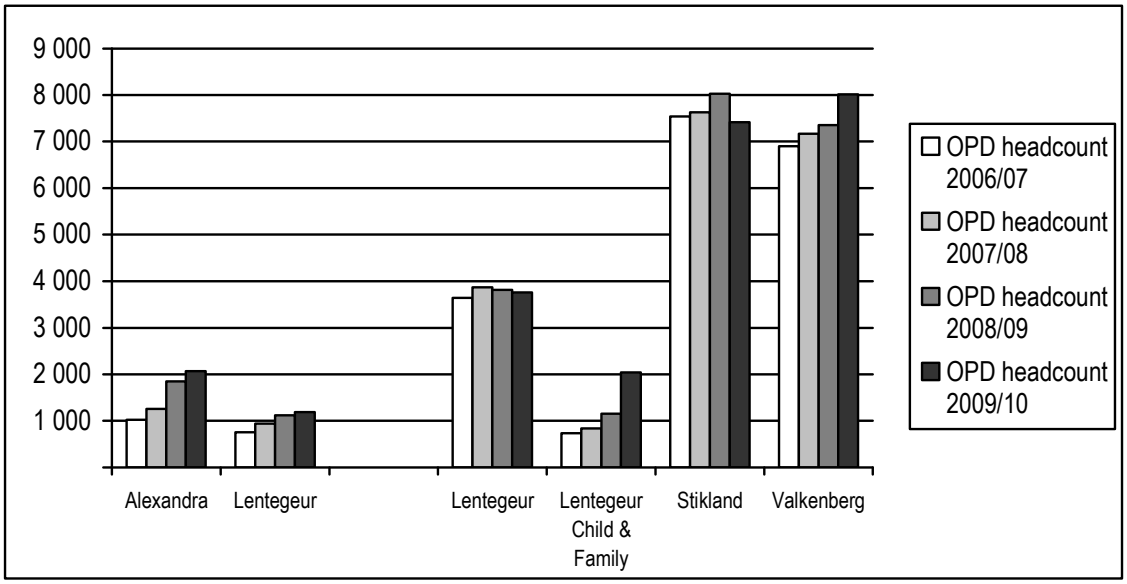
Ambulatory care

Ambulatory services were strengthened. The focus was on the psycho-social rehabilitation aspects of the service and the involvement of the full multi-disciplinary team.

A day care centre has been established at Stikland Hospital which provides specialist rehabilitation services for identified vulnerable groups. Valkenberg Hospital has a specialised OPD clinic and will therefore not open an additional day care centre as there is one on site managed by a non-profit organisation (NPO). Planning continues at Lentegeur Hospital to commission a similar facility.

Headcounts increased with a shift from inpatient care to supported ambulatory care, as ACT statistics were included in headcounts since 2008. At Stikland, Valkenberg and Lentegeur the specialist ambulatory service provided in OPD have been expanded to include services for patients and families, support for people with substance abuse and mental illness i.e. dual diagnosis (Stikland) and other categories of patients.

Graph: Ambulatory care



De-hospitalised care

The de-hospitalisation of chronic patients and the closure of chronic intellectual disability beds continued with a target of 100 patient discharges for the 2009/10 financial year and the shifting of funds with patients to create more community based residential places. A total of 82 patients were discharged, as additional places did not materialise as expected despite repeated efforts made by district health services.

More detail on the discharge of chronic care patients to alternative care is provided below:

Service	***Alexandra***	***Lentegeur***	***Total***
Intellectual disability	27	12	39
Psychiatry	0	43	43
Total	**27**	**55**	**82**

The consolidation and stabilisation of the two new sub-acute facilities at William Slater and Stikland House continued.

Clinical governance of psychiatric / mental health services

Improving the quality of care remained central to all activities.

Regular, integrated feedback reports on performance were shared widely on a quarterly basis, which provided an opportunity for all components to participate in robust discussions to improve the quality of information and patient care. These sessions also facilitated the exchange of ideas and good practice within the associated psychiatric hospitals (APH).

Structures have been put into place to better co-ordinate and manage services across institutions, levels of care and geographical areas. This has resulted in better co-ordination and communication between managers and clinicians at different institutions.

Quality of care

The internal accreditation programme was one of the innovative strategies to facilitate quality improvement within the associated psychiatric hospitals (APH). The initial goal of the accreditation process was to ensure that all wards were meeting at least the basic standards of care for people with psychiatric illness. However, the gains achieved far out-weighed the initial expectations. By auditing wards in sister hospitals, staff were afforded the opportunity to learn about the different approaches and practices in each other's hospitals. This created an environment where good practice could be widely disseminated within the APH.

The initiative proved to have positive influences on all aspects of the quality assurance agenda. Patients continued to benefit from the improvements in service delivery that were gained through the process. Staff found this to be an invaluable experience. Teams felt that morale was lifted because staff were engaged in a meaningful activity to improve patient care. Staff also commented on the value of the event as a team-building exercise. The awarding of prizes to the best performers at a gala function provided recognition and served as a further incentive to staff.

This was followed by the coaching circles and mentoring programmes across the platform offered by human resource management and outsourced to senior and middle managers from the hospitals. There has been great improvement in cross platform co-operation.

Corporate governance of psychiatric / mental health services

Human resource management

The sub-programme continued to align staff establishments to CSP targets.

Recruiting and retaining competent and skilled staff in critical clinical, financial and human resource positions required ongoing attention and effort, particularly against the background of a highly upwardly mobile workforce and within the limited financial envelope of the approved post list (APL) per hospital.

Human resource development: (Refer to Programme 6)

Practical short courses in psychiatry related topics for a range of health professionals as well as appropriate continued professional development for mental health care practitioners were provided.

Physical infrastructure

The hospital revitalisation programme (HRP) is at an early stage at Valkenberg Hospital.

Strengthened information management

The sub-programme participated in the Joint Information Management Initiative (JIMI) to ensure the correction of data elements, the flow of data and the capturing of data in the central repository. This is an ongoing initiative.

Finance and financial management

Measures to improve on audit findings continued and the strengthening of capacity within finance and supply chain management units within these hospitals remained a priority.

The increased cost in psychiatric medication in line with the treatment protocols has been carefully managed.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2009/10 ANNUAL PERFORMANCE PLAN

Table 2.5.21: Performance against targets from 2009/10 Annual Performance Plan for specialist psychiatric hospitals

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	Provide sufficient infrastructure for the rendering of specialist psychiatric hospital services.					
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	1,924	1,934	1,792	1,796
		2. Total number of patient days	634,917	624,742	583,871	557,209
Provide a range of step-down services to support de-institutionalised care.	Provide a total of 125 step-down beds for people with mental illness of intellectual disability.	3. Number of step-down beds	Not required to report	Not required to report	127	125
		4. Bed utilisation rate of step-down beds	Not required to report	Not required to report	79.3% (36,738 / 46,355)	85%
		5. Total number of patient days in step-down beds	Not required to report	Not required to report	36,738	38,781

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.22: Standard national indicators for specialist psychiatric hospitals

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	To render specialist psychiatric hospital services to the population of the Western Cape.					
Provide sufficient capacity to render comprehensive specialist psychiatric hospital services.	Provide sufficient resources for the rendering of comprehensive specialist psychiatric hospital services to in patients and out patients amounting to approximately 600,000 patient day equivalents per annum by 2010.	1. Number of patient day equivalents (PDEs) in psychiatric hospitals	641,220	616,296	595,471	580,141
		2. OPD total headcount in psychiatric hospitals	21,403	23,955	34,521	22,932
	Implement quality assurance measures to minimise patient risk in specialist psychiatric hospital services.	3. Percentage of psychiatric hospitals with patient satisfaction survey using DoH template	100%	100% (4 / 4)	100% (4 / 4)	100% (4 / 4)
		4. Percentage of psychiatric hospitals with mortality and morbidity meetings every month	100%	100% (4 / 4)	25% (1 / 4)	100% (4 / 4)
		5. Percentage of psychiatric hospitals with clinical audit meetings every month	Not required to report	100% (4 / 4)	25% (1 / 4)	100% (4 / 4)
		6. Percentage of complaints resolved within 25 days in psychiatric hospitals	Not required to report	100%	59.8% (52 / 87)	100%

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
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 85% by 2010.	7. Average length of stay in psychiatric hospitals	139 days	118.3 days (606,826 / 5,131)	109 days (583,871 / 5,369)	100 days
		8. Bed utilisation rate, based on useable beds, in psychiatric hospitals	90.4%	86.8% (606,826 / 698,883)	89.3% (583,871 / 654,080)	85%
		9. Total separations in psychiatric hospitals	4,560	5,051	5,369	4,628
	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 in psychiatric hospitals	R 507	R 605 (372,581,000 / 615,872)	R 649[12] (386,343,465 / 595,471)	R 657

Comments: Deviation from target exceeding 10%:

- OPD total headcount in psychiatric hospitals: Target was exceeded by 51%. The strategy was to strengthen ambulatory services and the target was set with the expectation that other specialist services were to decrease. More inpatient pressure resulted in more headcounts. The assertive community team statistics are also reflected now.
- Percentage of complaints resolved within 25 days in psychiatric hospitals: Some complaints take longer than 25 days to resolve for various unforeseen reasons.
- Total separations in psychiatric hospitals: Target exceeded by 16%. Chronic patients were discharged with a rapid turnover in acute admission wards with occupancies over target.
- Expenditure per patient day equivalent in psychiatric hospitals: Target was exceeded by 11%. Expenditure for the sub-acute facilities included in the budget for the psychiatric hospitals. Additional agency staff expenditure to support this service was required. Impact of OSD cost.

12 The 2009/10 actual expenditure has been converted to 2007/08 terms to be comparable to the APP target.

SUB-PROGRAMME 4.4: SPECIALISED REHABILITATION SERVICES

The key deliverables for Sub-programme 4.4 in the 2009/10 financial year were:

- Enhancing rehabilitation services in terms of the objectives within the Comprehensive Service Plan (CSP), including implementation of an appropriate service solution for long-term ventilated patients and continued provision of capacity-building training and research. Patients were identified in terms of the criteria.
- Improved ambulatory care: (The priorities below were transversal across the platform)
  - A centralised co-ordinating committee of mobility and speech/language and hearing assistive devices for the Western Cape has been established.
  - The integration of the orthotic and prosthetic services with the Western Cape Rehabilitation Centre (WCRC) as a provincial service has been strengthened.
- The health and wellness centre project for persons living with a disability in the communities of Mitchells Plain and Khayelitsha has been commissioned.
- Provided support to the adjacent district hospital and CHCs.
- The consultation process has been completed for the Orthotic and Prosthetic Centre (OPC) to resort under the management of the WCRC.

Enhancing rehabilitation services in terms of the objectives within the CSP

The prevalence and incidence of disability has increased annually as acute hospitals and EMS services increased their efficiencies and effectiveness in response to an increasing disease burden and caseload.

The development of rehabilitation services at primary level (facility and community based) in accordance with the CSP rehabilitation strategy was slow, resulting in an increasing length of stay at the WCRC and outpatient attendances at tertiary and secondary hospitals. For this reason, the WCRC has provide technical expertise to district health services to facilitate the development of community-based rehabilitation.

In 2009/10, and as one of six listed World Health Organisation (WHO) training providers, the WCRC supported the development of rehabilitation capacity at all levels through the presentation of basic, intermediate and advanced training modules on wheelchair and buggy seating. The internationally accredited 3-week basic and 1-week advanced courses on neurological rehabilitation also continued to be provided at WCRC.

The WCRC provided international classification of functioning, disability and health (ICF) training to health therapists in South Africa as requested by the National Department of Health.

The implementation of minimum standards, in line with WHO guidelines, for the provision of mobility assistive devices in lesser resourced settings, remained a priority. The WCRC, through the provincial mobility assistive devices advisory committee, and in partnership with Motivation, played a catalytic and advocacy role in ensuring the adoption of the WHO guidelines in the whole of South Africa.

Addressing the provincial backlog on mobility, hearing, prosthetic and orthotic assistive devices remains a challenge, a dedicated effort was made during the 2009/10 financial year to address the mobility assistive devices waiting list.

Addressing the quality and lifespan of mobility assistive devices to enhance the quality of life of wheelchair users continued through research and development. The partnership with Motivation, a non-governmental organisation (NGO) from the United Kingdom, was supported in this regard.

Management of the orthotic and prosthetic service

The plan developed in 2008/09 was incrementally implemented with a specific focus in 2009/10 on reducing the waiting times for appliances and improving the quality of the orthotic and prosthetic services. The OPC now resorts under the management of the WCRC.

Orthotic and prosthetic services remained problematic with a growing waiting lists, staff shortages and very outdated technology, equipment and limited technical expertise. Waiting lists have been analysed, sanitised and reprioritised. A comprehensive strategy to address the increased waiting list will be finalised in 2010. The reduction in the re-manufacture rate of assistive devices is a positive sign of improved quality.

Equipment requirements for the centre have been prioritised and purchased with the available funding allocations to this sub-programme and from the central equipment capital expenditure fund. Additional funding was allocated in the adjustment budget to the OPC.

Occupational health and safety concerns identified at the OPC were addressed in collaboration with engineering services.

The implementation of HIS / Clinicom was planned during 2009/10 and data was verified, definitions were compiled and reporting processes implemented. Final implementation is planned for 2010.

Corporate Governance

Management of the public private partnership (PPP) contract

Implementation of the public private partnership necessitated ongoing vigilance and stringent financial controls to ensure compliance with the department's contractual obligations and obtaining best value for money.

Clinical staff was able to focus on their core business of service delivery, although administration and management of the PPP added to the workload of the hospital manager and administrative staff.

Improved human resource management and development

The utilisation of agency nursing staff has decreased to the minimum through the judicious utilisation of overtime contracts and the appointment of permanent nursing staff.

The outputs of the nurse training school at WCRC are addressed in more detail in Programme 6.

Improved information management and monitoring and evaluation systems

Standard operating procedures and generic rehabilitation standards have been developed. Compliance to improve quality of care and efficiencies in patient management has been monitored on an ongoing basis.

The code of behaviour (COB) strategy for patients and visitors developed and implemented at the WCRC is monitored on a quarterly basis.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2009/10 ANNUAL PERFORMANCE PLAN

Table 2.5.23: Performance against targets from 2009/10 Annual Performance Plan for rehabilitation services

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	To provide comprehensive interdisciplinary specialised rehabilitation services for persons with physical disabilities, inclusive of the provision of mobility and other assistive devices, orthotics and prosthetics.					
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	48,743	49,176	48,431	49,600
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	5,250	5,462	4,408	5,610
Provide quality orthotic and prosthetic devices.	Training and liaison with physiotherapists and occupational therapists.	4. Percentage of orthotic and prosthetic devices requiring remanufacture	2%	1.3% (72 / 5,462)	0.8% (35 / 4,408)	2% (112 / 5,610)
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	441	295	391	420

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.24: Standard national indicators for rehabilitation services

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	To provide high intensity specialised rehabilitation services for persons with physical disabilities.					
Provide sufficient capacity to render comprehensive high intensity rehabilitation services.	Provide sufficient resources for the rendering of high intensity rehabilitation services to in patients and out patients amounting to approximately 53,000 patient day equivalents per annum by 2010.	1. Number of patient day equivalents in rehabilitation hospitals	50,654	54,940	56,801	51,804
		2. OPD total headcount in rehabilitation hospitals	5,856	16,227[13]	25,107	6,137
	Implement quality assurance measures to minimise patient risk in the WCRC.	3. Percentage of rehabilitation hospitals with patient satisfaction survey using DoH template	100%	100% (1 / 1)	100% (1 / 1)	100% (1 / 1)
		4. Percentage of rehabilitation hospitals with mortality and morbidity meetings every month)	100%	100% (1 / 1)	0% (0 / 1)	100% (1 / 1)
		5. Percentage of rehabilitation hospitals with clinical audit meetings every month	Not required to report	100% (1 / 1)	100% (1 / 1)	100% (1 / 1)
		6. Percentage of complaints resolved within 25 days in rehabilitation hospitals	Not required to report	100%	86.7% (13 / 15)	100%

13 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	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
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 in rehabilitation hospitals	51.6 days	52.1 days (49,176 /944)	58.4 days (48,431 / 829)	50 days
		8. Bed utilisation rate, based on useable beds, in rehabilitation hospitals	87%	86% (49,176 / 56,940)	85% (48,431 / 56,940)	85%
		9. Total separations in rehabilitation hospitals	958	944	829	1,004
	Ensure the cost effective management of the Western Cape Rehabilitation Centre at a target expenditure of approximately R1800 per PDE.	10. Expenditure per patient day equivalent in rehabilitation hospitals	R 1,163	R 1,407 (76,814,857 / 54,585)	R 1,150[14] (65,328,767 / 56,800)	R 1,909

Comments: Deviation from target exceeding 10%:

- OPD total headcount in rehabilitation hospitals: Target was exceeded by 309%. Target was set prior to hospital migrating to HIS / Clinicom. The OPD headcount definition was corrected and patient activities are correctly registered.
- Percentage of complaints resolved within 25 days in rehabilitation hospitals: Some complaints take longer than 25 days to resolve for various unforeseen reasons.
- Average length of stay in rehabilitation hospitals: Target was exceeded by 16%. A higher percentage of patients with complications were treated, for example bedsores and they remain longer in hospital. The difference in patient profiles with varying average lengths of stay contributes to the overall increased length of stay.
- Total separations in rehabilitation hospitals: The target was not achieved due to one ward closing for 6 weeks, which decreased admissions and discharges. Six of the eleven occupational therapists were on maternity leave throughout various periods of the 2009/10 year.
- Expenditure per patient day equivalent in rehabilitation hospitals: The target was set based on the full public private partnership (PPP) cost for the Western Cape Rehabilitation Centre and Lentegeur sites. It should have included the portion for the Western Cape Rehabilitation Centre only. This has been corrected for the 2010/11 financial year.

14 The 2009/10 actual expenditure has been converted to 2007/08 terms to be comparable to the APP target.

SUB-PROGRAMME 4.5: DENTAL TRAINING HOSPITALS

The key deliverables for Sub-programme 4.5 in the 2009/10 financial year were:

- Fluoridating the oral environment.
- Selective pit and fissure sealant programme.
- Primary oral care treatment package.
- Oral health promotion and education.
- The service platform.
- Denture provision.

Fluoridating the oral environment

Water fluoridation

It is unlikely that progress will be made with widespread water fluoridation in the Western Cape in the short to medium term. This requires legislative intervention and local authority support.

School fluoride rinsing and/ or both brushing programme

In view of the delay in implementing water fluoridation, a programme of rinsing with fluoride was considered. However, due to the need to establish a sound oral hygiene practice at an early age it was decided that the brushing programme would be more appropriate.

Selective pit and fissure sealant programme

A pit and fissure sealant programme targeting first and second permanent molar teeth is being implemented.

Primary oral care treatment package

Early diagnosis and treatment of grade 1 learners included:

- Annual screening of grade 1 learners.
- Basic conservative care for permanent dentition and emergency care (extractions and a traumatic restorative technique) for primary dentition.

Contingency care for second to sixth primary school year learners was provided through basic conservative care on demand. Screening and conservative care for permanent dentition in final primary school year was also provided.

Services rendered to high school learners and adults included:

- Contingency care through emergency care (extractions) and basic conservative care on demand.
- Screening of children in well baby clinics at the Mitchells Plain CHC for the prevention of early childhood caries.

Oral health promotion and education

The above was supported with an aggressive oral health education and promotion programme which focused on mother and child care in order to address the problem of early childhood caries (ECC).

The service platform

The proposed service platform deviates from the national model. Primary oral health services in the Western Cape were only rendered in district hospitals where no suitable accommodation was available within a clinic or community health centre.

Theatre facilities and anaethetists were made available at district hospitals for treatments requiring general anaesthesia. Children under six years of age presented an overwhelming demand for dental treatment under general anaesthetics. Service delivery in the Mitchell's Plain and Khayelitsha drainage areas was improved.

The package of care provided at primary health care facilities was in line with the national policy. The package of care consisted of promotive and primary preventative services as well as basic treatment services. School children and pre-school children were the priority patient groups.

Denture provision

The demand for dentures remained a critical service delivery problem. The Western Cape peninsula (including metropole) has the highest edentulous population in South Africa. The adult population largely affected is in the lower and lower to middle class who depend on the provincial government health services. It is not possible to meet the demand and therefore the current levels of denture provision will be continued.

A total of 3,026 patients were provided with dentures in 2009/10.

Corporate governance of dental services

Strengthened human resources

Posts were filled in line with the approved post list (APL). Students do form a significant part of the workforce in the rendering of dental services at the dental hospitals.

Support systems

Patients having complex conditions are treated at the dental hospitals or at the central hospitals. Building the skills base of dentists, dental assistants, oral hygienists and other specialists is an important ongoing function of the teaching platform. Supporting the services in the various districts is an important role of building capacity at all levels of the system.

Infrastructure

Oral health infrastructure requirements were addressed in the departmental infrastructure planning processes.

Clinical Governance of Dental Services

Patient satisfaction

A client-based survey was developed to assess the satisfaction with services rendered at the oral health centre (OHC). A complaints mechanism was put in place and recommendations were followed up.

The hospital board in line with the Facilities Boards Bill made the OHC accessible to the community and facilitated community participation in decision-making.

The reduction of waiting lists through the transfer of skills and services to the other levels of care generally improved efficiency, especially in the provision of dentures and orthodontic services.

Care for the carer

An employee assistance programme (EAP) staff support unit was established. Staff are being encouraged to utilise the service. An employee satisfaction survey was done and the recommendations will be addressed.

Clinical quality

Evidence-based treatment protocols were developed. A multi-disciplinary quality assurance team was established to evaluate adverse events and services as a peer review mechanism.

Prevalence and incidence rates were measured to assist in quality of care for HIV and AIDS, TB and special categories of ill patients.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2009/10 ANNUAL PERFORMANCE PLAN

Table 2.5.25: Performance against targets from 2009/10 Annual Performance Plan for academic dental services

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	To establish an effective and efficient dental service delivery platform with sufficient resources for the teaching and training of dental hospitals.					
Provide sufficient capacity to render quality dental services.	Provide sufficient resources for the rendering of inpatient and out patient dental hospital services.	1. Number of patient visits per annum	176,991	199,021	175,200	197,676
		2. Number of theatre cases per annum	1,016	1,523	1,578	1,300
		3. Number of patients provided with dentures per annum	1,205	2,519	3,026	1,500
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	198	198	209	240

Comments: Deviation from target exceeding 10%:

- Number of patient visits per annum: During 2009 one theatre was reduced from 5 days to 3 days. Students deliver a service to the patients and when the students are on holidays, the patient activities are reduced.
- Number of theatre cases per annum: Target was exceeded by 21%. Target was set prior to data verification process implemented.
- Number of patients provided with dentures per annum: Target was exceeded by 102%. Target was incorrectly set and definition interpretation was corrected.
- Number of students graduating per annum: The Faculty of Dentistry decides on the number of students. Nine students failed and the rest are postgraduate and will graduate later in the year.

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 only highly specialised tertiary and quaternary services on a national basis, and a platform for the training of health workers and research.

The three central hospitals, Tygerberg Hospital, Groote Schuur Hospital and Red Cross War Memorial Children's Hospital, provide both highly specialised health services to the people of the Western Cape, as well as patients from beyond provincial and national boundaries, as part of their total services.

ANALYTICAL REVIEW OF PROGRAMME PERFORMANCE

General overview

This programme funds the highly specialised tertiary and quaternary 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, and serves as an extension of Red Cross War Memorial Children's Hospital.

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

Programme performance

The commitment to quality of care was addressed through clinical governance, which includes systems strengthening through outreach and support to less specialised levels of care. An important component of the clinical governance strategy is that of priority setting. This is an approach to prioritise resource allocation in a fair and legitimate manner and guides decisions on which patients should be prioritised for care. This is particularly relevant for doctors providing highly specialised services who have to make hard decisions related to patient care. Priority setting is necessary within the context of limited resources and escalating needs.

Implementation of the Comprehensive Service Plan (CSP)

Throughout the year there was continued reshaping and reengineering of services and systems to differentiate the general specialist services (level two) from the highly specialised services (level three). Highly specialised services activities are reflected in Programme 5 while the activities of the level two components in central hospitals are reflected in Programme 4.1.

Finalisation of the distribution of tertiary services across the service platform:

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 (paediatrics)	-	26	11	37
Psychiatry (paediatrics)	-	6	15	21
Orthopaedics(paediatrics)	-	8	3	11
Surgery (paediatrics)	-	76	20	96
Radiation oncology	36	-	36	72
Total	**607**	**255**	**598**	**1,460**

The major steps undertaken to implement the CSP were as follows:

- Differentiation of tertiary and secondary services within each central hospital, both for inpatients and outpatients and included the establishment of systems to record and report separately on the differentiated clinical activities.
- Adapting administrative, information, stock management and expenditure systems required a significant amount of remapping and reengineering of existing systems.
- The organisational design investigations (ODI) into staff establishments were conducted for the three central hospitals and draft reports were tabled for finalisation in 2010/11.
- Differentiated service activities reporting, cost centres were aligned to sub-programme 4.1 and sub-programme 5.1 respectively. During the 2009/10 financial year the introduction of the concept of functional business units (FBUs) commenced. Cost centres were grouped into FBUs according to organisational entities across levels of care which will allow decision making at a decentralised level. Expenditure and service performance information were recorded per FBU, laying the basis for improved decision making in the 2010/11 financial year.

<u>Establishing a unitary Western Cape tertiary service</u>

A guiding framework document was consulted with the health science faculties of Stellenbosch and Cape Town, however, establishing a Western Cape tertiary service as an unitary entity remains a long term project. Western Cape tertiary service provided at single sites are as follows:

Tygerberg Hospital

- Twenty-two bed adult burns unit which includes critical care beds.
- Cochlear implantation.
- Dedicated academic infection prevention and control unit.
- Craniofacial surgical unit.

Red Cross War Memorial Children's Hospital

- Paediatric liver and kidney transplants (also serves as a national referral centre).
- The separation of conjoined twins.
- Provincial centre for paediatric cardiac surgery.
- Only dedicated specialised burns unit for children in the province.

Groote Schuur Hospital

- Heart, liver and bone marrow transplants.
- Cardiac electrophysiology.
- Neurosurgical coiling.
- Neuro-navigational surgery.
- Neuro-psychiatry with special focus on HIV related psychiatric problems.
- Ocular oncology services.

Maitland Cottage Home

Maitland Cottage Home, a provincially aided hospital, operates as an extension of the Red Cross War Memorial Children's Hospital and renders specialist orthopaedic surgery, post-operative care and rehabilitation for children with orthopaedic conditions. Maitland Cottage Home operates 85 beds, had 1,043 admissions, and performed 579 operations during the 2009/10 year.

Improving services

Acute hospital services

The rendering of services by packages of care was guided by checklists and operational policy guidelines for laboratory investigations, use of blood products, a range of medication, imaging modalities and staffing ratios for the appropriate level of care.

Emergency medical care

Bed managers have been functional at all three central hospitals and triage profiles have been monitored. Each central hospital provided a plan to improve the delivery, management and quality assurance in the emergency services.

Significant progress was made in developing the structure and governance model for the emergency centres, as well as the interface with the highly specialised services.

Discharge management strategies improved hospital throughput of patients, especially in Groote Schuur Hospital where a reduced average length of stay and increased bed occupancy rate demonstrated this fact.

Neonatal / paediatric services

The pressures in the paediatric emergency service continued as in previous years, while the measles outbreak further compounded service pressure. The central hospitals opened twelve critical care beds to deal with service pressures due to the measles outbreak.

Red Cross War Memorial Children's Hospital performed 277 cardiac operations which was 37 more than the annual target.

Surgery and anaesthetics (including theatres)

Four new policies were implemented to improve theatre performance:

- Uniform definitions and data collection.
- Monitoring surgical preparation to start at 08h00 for morning lists.
- Implementing the World Health Organisation policy for patient safety.
- Monitoring of cancellation rates and reason for cancellations.

Theatre nursing capacity remains a challenge and alternative strategies are continuously considered, a theatre efficiency task team was established and each hospital has a dedicated manager for theatres.

Critical care

Critical care services were bolstered with the continuous up-skilling of nursing staff.

Red Cross War Memorial Children's Hospital managed to continuously operate twenty-two paediatric intensive care beds for the 2009/10 year.

In order to enhance the platform governance a critical care forum terms of reference and membership were determined. The submission of critical care reports commenced and analysis and discussion would commence once data over a longer period becomes available.

Ambulatory care

Groote Schuur Hospital and Red Cross War Memorial Children's Hospital continued to experience an ambulatory service load in excess of targets set. A joint task team with District Health Services (DHS) mapped out a way to discharge appropriate patients to DHS.

The programme achieved the outpatient headcount to inpatient day ratio target of 1.2 : 1. Groote Schuur Hospital and Red Cross War Memorial Children's Hospital still exceeded the set targets.

Changing doctor and patient behaviour in terms of chronic conditions posed to be a larger challenge than anticipated and the project will continue over the medium-term.

De-hospitalised care

A policy guideline was established for lodging beds (no professional care required) in close proximity of central hospitals.

Groote Schuur Hospital established eight operational lodging beds and Tygerberg Hospital upgraded an under utilised building for outsourcing to CANSA (30 beds). This assisted to improve efficiencies and patient access.

Clinical governance

As part of a comprehensive approach to improve quality of care several strategies and interventions were pursued during 2009/10. These included the following:

- Monitoring adverse events through a standardised electronic adverse event reporting system.
- Holding regular morbidity and mortality reviews in all clinical departments.
- Concluding and responding to findings of a waiting time survey done at all the central hospitals.
- Monitoring the trends of complaints and compliments, as well as resolving 88% of complaints within twenty-five working days.
- Conducting one client and one staff satisfaction survey at each of the central hospitals. Following the outcomes of the surveys, key strategies were planned and implemented to respond to various aspects of the surveys.

The safe environment around toilets (SEAT project) was implemented at each of the hospitals. Groote Schuur Hospital repaired 159 toilets and Tygerberg Hospital systematically upgraded toilet areas where high utilisation took place.

Formal outreach and support

Fifty seven outreach and support agreements were formalised for the central hospitals in line with Circular H83 of 2008, thereby transferring skills, assisting in relationship building and ensuring the seamlessness in the service.

Groote Schuur Hospital provided cardiology and cardiac surgery outreach and support to Windhoek Central Hospital in Namibia to establish a nucleus of skills and expertise in Namibia.

All three central hospitals have arrangements for both academic and service outreach to hospitals in the Eastern Cape.

Improved infection and prevention control mechanisms

Tygerberg and Groote Schuur Hospitals concluded the planned infrastructure upgrades to assist in reducing transmission of tuberculosis (TB) to both patients and staff. Protective masks were distributed in the institutions to prevent transmission of TB.

Every hospital has an infectious disease prevention and control staff member in place. The specialised infection prevention and control (IPC) unit at Tygerberg Hospital provided a short IPC course for management. This will be rolled out to the rest of the department in 2010/11. Each hospital has an antibiotic policy in place.

Hand washing surveys with focussed interventions were conducted in all three central hospitals.

The H1N1 influenza epidemic challenged all infection prevention and control measures and the hospitals responded effectively.

Review of the system of co-ordinating clinicians

Recommendations from a formal review of the system of co-ordinating clinicians were included in discipline specific clinical governance and provincial co-ordination mechanisms with the creation of provincial co-ordinating committees for each discipline. Heads of general specialist services were appointed in most disciplines.

Priority setting

As an integral part of the clinical governance strategy the department, with the support of a bio-ethicist, adopted the accountability for reasonableness (A4R) framework as a guiding tool to determine priorities in the health services.

Corporate governance

Each central hospital had an approved annual operational plan for 2009/10 in place that formed the basis for the chief executive officer's (CEO's) performance agreement.

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

Regular financial management meetings supported by the chief financial officer (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 targets.

In terms of financial management Programme 5 showed an over expenditure of R 52 million, largely attributable to shortfalls in the funding of the occupational specific dispensation (OSD). Several motivations were registered at a national level in this regard.

The under-funding of highly specialised services resulted in the over expenditure of the allocated National Tertiary Services Grant funding by R 735 million which was funded from the provincial equitable share.

Human resource management

An ODI was conducted for each hospital and will be concluded for implementation in 2010/11.

The OSD for medical and pharmaceutical staff was implemented during the year, which improved retention and recruitment of staff.

Staff category	Number of posts filled in April 2009	Number of posts filled in March 2010
Professional nurses	942	987
Nurse assistants	821	974
Staff nurses	505	523
All filled posts in central hospitals	3,936	4,149

A new RWOPS (remunerative work outside of public service) policy and a new supernumerary registrar policy was developed with inputs by the higher education institutes (HEIs).

Establishment of functional business units / cost centres

Functional business units decentralise the responsibility and accountability for resources and services. After an extensive remapping and alignment of systems exercise, the functional business units (FBUs) were established in the central hospitals. Each FBU consists of a collection of cost centres reflecting clinical and financial performance of similar clinical activities. Various guiding policies, tools and procedures were put in place to ensure the standardised management and maintenance of the FBU across hospitals.

Programme 5 established fifteen functional business units.

Ensure the availability of essential equipment to render efficient tertiary services

The Modernisation of Tertiary Services (MTS) Grant was fully spent on the upgrading and procurement of radiological oncology and imaging modalities. During the 2009/10 financial year, R 31.8 million was spent to procure the following equipment in line with the grant framework:

Item	Amount
• Finalisation of PACS/RIS (picture archiving and communication system / radiology information system) implementation at Tygerberg Hospital. This includes infrastructure work, acquiring modalities, IT hardware, project management and PAC administration.	R 9.8 million
• Procurement of a linear accelerator at Tygerberg Hospital.	R 7.6 million
• Procurement of a CT scanner (64 slice) at Red Cross War Memorial Children's Hospital.	R 8.4 million

- Establish electronic content management system at Tygerberg Hospital - oncology department. R 1.2 million
- Maintenance on Hermes system, a transversal nuclear medicine system across tertiary institutions. R 0.4 million
- Establishing a footprint for picture archiving and communications system (PACS) and the regional information system (RIS) implementation at Groote Schuur Hospital (to be expanded in 2010/11). R 2.7 million

Ensure an unqualified audit report

All material audit findings related to the 2008/09 audit have been addressed and reported to the Auditor-General. An audit action plan was developed and implemented in 2009/10 to address all audit findings and ensure that processes are put in place to measure compliance to ensure that the same audit findings will not occur again. The final audit report for the 2009/10 year would only be available on 31 July 2010.

Main challenges and constraints

Financial and information management

The programme made submissions to the National Department of Health, based on various costing studies, indicating the funding shortage especially related to the National Tertiary Services Grant and the Health Professional Training and Development Grant. To date no formal response on these submissions have been received. The programme continued to improve efficiencies and find creative ways to render additional and better quality care within the available funding.

The setting of targets for the 2009/10 year was challenging as the information and systems available at the time of setting these targets were not able to accurately differentiate historic data between tertiary (level three) and secondary services (level two). Therefore, differentiated targets in the 2009/10 Annual Performance Plan were not always accurate. As more 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 2009/10 should take this into account.

Human resources

Although there has been an improvement in the recruitment and retention of nursing and clinical staff, a shortage of key categories of staff still remain. These include anaesthetics, scrub nurses for theatre services as well as professional nurses specialising in critical care.

Support systems

There is a great need to improve the information technology (IT) platform, which became evident with the implementation of the Picture Archiving and Communications System (PACS) and the Regional Information System (RIS) system. A strengthened IT system will be needed to improve the operating speed and reliability of several electronic activities ranging from financial information systems such as the Basic Accounting System (BAS) to clinical information systems like Clinicom.

Developments in the Centre for e-Innovation (Ce-I) to ensure access to broad band technology will be of great value to the programme.

Services

The key service challenges for 2009/10 relate to increased service load as well as changes in disease patterns and caseload. These were marked in critical care, obstetric, neonatal and psychiatric services and chronic conditions. The orthopaedic service load remained high and the largest proportion of theatre time was allocated to orthopaedic surgery.

Providing adequate theatre time remained a major challenge despite a range of strategies embarked upon to improve the levels of nursing staffing.

Patients infected with the H1N1 virus; especially pregnant woman, children and immuno-compromised children; placed a significant burden on services as many of these patients required an extended period of critical care. The hospitals managed to deal with the situation successfully through close collaboration and cooperation on the platform.

Paediatric services were under severe pressure in the last quarter due to diarrhoeal disease as well as a measles outbreak. A provincial plan was drafted to deal with the diarrhoeal season and the central hospitals played a prominent role during this time to ensure skills and capacity to manage very sick patients across all levels of care.

Conditional Grants

National Tertiary Services Grant (NTSG)

The National Tertiary Service Grant (NTSG) remained insufficient to fund the tertiary activities as defined in the grant service level agreement. Compared to 2008/09, the NTSG increased by R 83.7 million or 5.6%. Inflation for 2009/10 was benchmarked by National Treasury at 7.2% therefore in real terms the NTSG decreased by 1.6%. This mismatch between the growth in the grant funding and inflation resulted in a cumulative deficit of R 135 million for the 2009/10 year (based on 2006/07 baseline) and placed significant pressure on the funding and provision of tertiary health services. The NTSG funded the delivery of tertiary services to 12,214 day patients, 118,362 inpatients and over 784,931 outpatient visits. The Western Cape reported a NTSG funding deficit for 2009/10 of close to R 735 million. This deficit was funded by the provincial equitable share, pending a more appropriate allocation. The NTSG shortfall limits the quantum of highly specialised services that can be afforded.

A major challenge is the lack of a clear national plan for the provision of tertiary services at a national level.

	Actual 2006/07 R'000	**Actual 2007/08 R'000**	**Actual 2008/09 R'000**	**Actual 2009/10 R'000**
NTSG allocated amount	1,272,640	1,335,544	1,500,193	1,583,991
Actual growth in grant	4.8%	4.9%	12.3%	5.6%
Inflation for year (National Treasury)	5.2%	8.1%	10.8%	7.2%
NTSG grant amount required to match inflation	1,338,817	1,447,261	1,603,566	1,719,022
Inflationary (deficit)/surplus	(66,177)	(111,717)	(103,373)	(135,031)

The Western Cape fully complied with the Division of Revenue Act (DORA) requirements and submitted all the required reports to Treasury and the National Department of Health as per schedule.

Health professional Training and Development Grant (HPTDG)

The Health Professional Training and Developmental Grant (HPTDG) is intended to fund the service costs related to training and having health science students on the service platform. The HPTDG to the Western Cape increased form R 356,414 for the 2008/09 year to R 363,935 in the 2009/10 year. This represents an increase of 1.8% in nominal terms but 5.4% less than real terms. Of the total HPTDG, 55% was allocated to Programme 5 which is in keeping with the findings of the student rotation survey.

The cumulative funding shortfall of R 73.3 million over three years as a result of the grant funding not matching inflation is reflected below.

	Actual 2006/07	**Actual 2007/08**	**Actual 2008/09**	**Actual 2009/10**
HPTDG allocated amount	323,000	339,000	356,414	362,935
Actual growth in grant		5.0%	5.1%	1.8%
Inflation for year (National Treasury)	5.2%	8.1%	10.8%	7.2%
HPTDG grant amount required to match inflation	339,796	367,319	406,990	436,293
Inflationary (deficit)/surplus	(16,796)	(28,319)	(50,576)	(73,358)

A costing study performed by Benguela Health Consultancy in 2007/08 indicated that the service costs related to teaching and training of health sciences students during that year amounted to R 791 million. From 2009/10 the Western Cape is reporting on HPTDG expenditure in line with the actual service costs for teaching and training and therefore reflects an over expenditure of R 224.7 million for the 2009/10 year for grant related activities.

The major cost driver in the teaching and training of health professionals remains the cost related to the supervision by senior staff. Furthermore, the annual implementation of the improvement of condition of service (ICS) exceeds the growth in grant funding and implementation of the OSD for clinicians now further increase the funding pressures of this grant. The commitment to recurrent expenditure for staff responsible for training and teaching places immense pressure on the funding and the deficit is currently funded via the provincial equitable share.

The grant's key strategic purposes and outputs require alignment with a well quantified national workforce plan, which is not available. The Western Cape trains 30% of all medical officers and 45% of all dentists in the country and this funding deficit poses a major challenge to the Western Cape to continuously supply health professionals for the country. A national platform must be established where these and other strategic HPTDG matters can be discussed by means of regular meetings. Submissions have been made to the National Department of Health in this regard. The Western Cape fully complied with the DORA requirements and submitted all the required reports to Treasury and the National Department of Health as per schedule.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2009/10 ANNUAL PERFORMANCE PLAN

Table 2.5.26: Performance against targets from the 2009/10 Annual Performance Plan for central hospitals

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	Provide sufficient infrastructure for the rendering of highly specialised hospital services.					
Central hospitals						
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	2,417	1,460	1,468	1,460
		2. Total number of patient days in central hospitals	721,305	422,267	446,411	444,519
Groote Schuur Hospital						
Provide sufficient bed capacity to render quality highly specialised services in central hospitals.	Provide a total of 607 level 3 beds in Groote Schuur Hospital by 2010.	3. Number of L3 beds in Groote Schuur Hospital	Not required to report separately	695	625	607
		4. Total number of patient days in Groote Schuur Hospital	Not required to report separately	216,308	210,880	184,810
Tygerberg Hospital						
Provide sufficient bed capacity to render quality highly specialised services in central hospitals.	Provide a total of 598 level 3 beds in Tygerberg Hospital by 2010.	5. Number of L3 beds in Tygerberg Hospital	Not required to report separately	538	608	608
		6. Total number of patient days in Tygerberg Hospital	Not required to report separately	138,114	163,121	185,115
Red Cross War Memorial Children's Hospital						
Provide sufficient bed capacity to render quality highly specialised services in central hospitals.	Provide a total of 255 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	227	235	245
		8. Total number of patient days in Red Cross Children's Hospital	Not required to report separately	67,845	72,411	74,594

Notes:

- All indicators: The central hospitals were only reported as separate hospitals in the APP from 2008/09. Note that prior to 2008/09 level 2 and level 3 services were not separated in central hospitals.
- Indicator 3: The total number of beds operated at Groote Schuur Hospital exceeded the APP target. This was as a result of ten paediatric beds which were planned to shift from Groote Schuur Hospital (GSH) to Red Cross War Memorial Children's Hospital (RCWMCH), but could not occur due to infrastructural and service design challenges. The beds remained operational at GSH pending the final preparations to transfer the beds to RCWMCH. In total, eight beds belonging to urology, ophthalmology and ear, nose and throat services were operated in the tertiary wards as a functional unit. These beds could not be allocated a separate level 2 geographical areas as a result of infrastructure challenges as well as specialised nursing skills and equipment, which was only available in the tertiary wards.
- Indicator 4: GSH operated eighteen more beds than the hospital APP target therefore an increased number of inpatient days were generated.
- Indicator 6: Tygerberg Hospital (TBH) achieved a lower bed occupancy rate than the set target, therefore the number of patient days generated were lower than expected. Further explanation follows with the discussion on TBH outputs.

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.27: Standard national indicators for central hospitals

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	To provide highly specialised hospital services in accordance with the specifications of the National Tertiary Services Grant.					
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 for the performance of highly specialised surgical procedures including a target section rate of 36%.	1. Caesarean section rate for central hospitals	36.6%	40.6% (4,915 / 12,123)	43.9%[15] (5,052 / 11,509)	44%

15 Caesarean section rate is reported only under level 3 central hospitals only in Programme 5.1 and not in Programme 4.1.

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
	Provide sufficient resources for the rendering of comprehensive highly specialised outpatient services at a target rate of 1.1 out patient per inpatient day.	2. Number of patient day equivalents in central hospitals	1,090,957	603,475	625,661	606,698
		3. OPD total headcount at central hospitals	957,339	543,461	537,749	486,538
	Implement quality assurance measures to minimise patient risk in central hospitals.	4. Percentage of central hospitals with a patient satisfaction survey using DoH template	100%	100% (3 / 3)	100% (3 / 3)	100% (3 / 3)
		5. Percentage of central hospitals with mortality and morbidity meetings at least once a month	100%	100% (3 / 3)	100% (3 / 3)	100% (3 / 3)
		6. Percentage of central hospitals with clinical audit meetings at least once a month	Not required to report	100% (3 / 3)	100% (3 / 3)	100% (3 / 3)
		7. Percentage of complaints resolved within 25 days at central hospitals	Not required to report	88% (678 / 768)	88% (618 / 704)	100%
		8. Case fatality rate in central hospitals for surgery separations	3.8%	2.4% (583 / 24,422)	3.3% (648 / 19,498)	3.5%
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 in central hospitals	5.8 days	6.8 days (422,267 / 62,555)	6.5 days (446,411 / 68,231)	6.5 days
		10. Bed utilisation rate, based on useable beds, in central hospitals	80.9%	79.3% (422,267 / 1460*365)	83.3% (446,411 / 535,820)	83.0%

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
		11. Total separations in central hospitals	123,495	62,555	68,231	68,387
	Ensure the cost effective management of central hospitals at a target expenditure of approximately R2 870 per PDE by 2010.	12. Expenditure per patient day equivalent in central hospitals	R 2,150	R3,256	R 3,332[16] (2,084,985,907 / 625,661)	R 2,700

Notes:

- All indicators: Note that prior to 2008/09 level 2 and level 3 services were not separated in central hospitals and the outputs reflect the combined outputs for both level 2 and level 3 services.
- Indicator 3: Groote Schuur Hospital exceeded the hospital specific OPD target set and contributed to the central hospitals exceeding the set target for 2009/10. The OPD outputs for Groote Schuur Hospital exceeded the set target as eighteen more beds were operated than the target set in the APP. This was due to service shifts that could not occur as planned due to infrastructural and service design challenges. The OPD targets were calculated based on Comprehensive Service Plan (CSP) norms where all the supporting level 2 and level 1 service is in place. The Khayelitsha and Mitchells Plain District Hospitals remains key leverages to achieve the completed CSP service platform and absorbing OPD services. These hospitals are in the construction phase and not fully operational.
- Indicator 6: In the absence of the national clinical audit tool the Western Cape interpretation of this indicator is reflected in the indicator definitions in Annexure A in the 2009/10 APP.
- Indicator 7: The target for 2009/10 was set incorrectly and referred to the number of complaints responded to. The target was adjusted in the 2010/11 APP to ensure alignment to the definition.
- Indicator 12: Since 2008/09, services in the central hospitals are differentiated in tertiary services (accounted for in sub-programme 5.1) and secondary services (accounted for in sub-programme 4.1). Prior to 2008/09 these services were jointly reported and financed. Accurate target setting for the 2009/10 Annual Performance Plan (APP) remained a challenge as targets were set with a limited amount of historic and differentiated information available. The set target was calculated on the allocated budget at the beginning of the financial year which was not cognisant of the implementation of the proposed Occupational Specific Dispensation for clinicians, ICS or the funding shifts between the programmes during the adjustment budget.

16 The 2009/10 actual expenditure has been converted to 2007/08 terms to be comparable to the APP target.

PERFORMANCE REVIEW BY HOSPITAL

Table 2.5.28: Standard national indicators for Groote Schuur Hospital

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	To provide highly specialised hospital services in accordance with the specifications of the National Tertiary Services Grant.					
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 for the performance of highly specialised surgical procedures including a target caesarean section rate of 36%.	1. Caesarean section rate at Groote Schuur Hospital	Not required to report separately	51.1% (2,587 / 5,094)	52.5%[17] (2,861 / 5,452)	49%
	Provide sufficient resources for the rendering of comprehensive highly specialised out patient services at a target rate of 1.1 out patient per inpatient day.	2. Number of patient day equivalents at Groote Schuur Hospital	Not required to report separately	302,817	300,397	252,237
		3. OPD total headcount in Groote Schuur Hospital	Not required to report separately	259,361	268,551	202,280
	Implement quality assurance measures to minimise patient risk in central hospitals.	4. Groote Schuur Hospital has a patient satisfaction survey using DoH template	Not required to report separately	Yes (100%)	Yes (100%)	Yes
		5. Groote Schuur Hospital has mortality and morbidity meetings at least once a month	Not required to report separately	Yes (100%)	Yes (100%)	Yes

17 Caesarean section rate is reported only under level 3 central hospitals only in Programme 5.1 and not in Programme 4.1.

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
		6. Groote Schuur Hospital has clinical audit meetings at least once a month	Not required to report separately	Yes (100%)	Yes (100%)	Yes
		7. Percentage of complaints resolved within 25 days	Not required to report separately	88% (448 / 512)	84% (385 / 458)	80%
		8. Case fatality rate in Groote Schuur Hospital for surgery separations	Not required to report separately	3.0% (342 / 11,265)	2.2% (248 / 11,213)	3.5%
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 at Groote Schuur Hospital	Not required to report separately	6.4 days (218,308 / 33,785)	6.3 days (210,880 / 33,293)	6.5 days
		10. Bed utilisation rate, based on useable beds, at Groote Schuur Hospital	Not required to report separately	85.5% (216,308 / 685*365)	92.4% (210,880 / 228,125)	83.0%
		11. Total separations at Groote Schuur Hospital	Not required to report separately	33,785	33,293	28,432
	Ensure the cost effective management of Groote Schuur Hospital at a target expenditure of approximately R3,290 per PDE by 2010.	12. Expenditure per patient day equivalent at Groote Schuur Hospital	Not required to report separately	R 3,232 (978,606,681 / 302,831)	R 3, 240[18] (973,242,963 / 300,397)	R 3,095

Notes:

- All indicators: Note that prior to 2008/09 level 2 and level 3 services were not separated in central hospitals and the outputs reflect the combined outputs for both level 2 and level 3 services.
- Indicator 2: The patient day equivalent outputs exceeded the set target as 18 more beds were operated than the target set in the APP. An increased number of inpatients days as well as OPD visits contributed to the increased PDE outputs.

18 The 2009/10 actual expenditure has been converted to 2007/08 terms to be comparable to the APP target.

- Indicator 3: The OPD outputs exceeded the set target as 18 more beds were operated than the target set in the APP. Specific high OPD pressures were experienced in obstetrics and medicine. The OPD targets were calculated based on CSP norms where all the supporting level 2 and level 1 service is in place. The Khayelitsha and Mitchells Plain District Hospitals remains key leverages to achieve the completed CSP service platform and absorbing OPD services. These hospitals are in the development phase and not completed as yet.
- Indicator 6: In the absence of the national clinical audit tool the Western Cape interpretation of this indicator is reflected in the indicator definitions in Annexure A in the 2009/10 APP.
- Indicator 7: The target for 2009/10 was set incorrectly and referred to the number of complaints responded to. The target was adjusted in the 2010/11 APP to ensure alignment to the definition.
- Indicator 8: Prior to 2008/09 level 2 and level 3 services were not separated in central hospitals and the outputs reflect the combined outputs for both level 2 and level 3 services. Limited historical data was therefore available to set accurate targets for the differentiated services. The clinical services are undergoing key service shifts with the implementations of the Comprehensive Service Plan which can influence the actual outputs.
- Indicator 10: The bed utilisation rate was higher than the set target. A change in the Groote Schuur Hospital drainage area occurred as part of the implementation of the Comprehensive Service Plan, which increased the service load and throughput. This was as a result of a high patient load and service pressures causing a higher bed occupancy than expected.
- Indicator 11: A change in the Groote Schuur Hospital drainage area occurred as part of the implementation of the Comprehensive Service Plan, which increased the service load and throughput. As a result of the high service pressures more patients were admitted and discharged resulting in separations.
- Indicator 12: Since 2008/09, services in the central hospitals are differentiated in tertiary services (accounted for in sub-programme 5.1) and secondary services (accounted for in sub-programme 4.1). Prior to 2008/09 these services were jointly reported and financed. Accurate target setting for the 2009/10 Annual Performance Plan (APP) remained a challenge as targets were set with a limited amount of historic and differentiated information available. The set target was calculated on the allocated budget at the beginning of the financial year which was not cognisant of the implementation of the proposed Occupational Specific Dispensation for clinicians, ICS or the funding shifts between the programmes during the adjustment budget.

Table 2.5.29: Standard national indicators for Tygerberg Hospital

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	To provide highly specialised hospital services in accordance with the specifications of the National Tertiary Services Grant.					
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 for the performance of highly specialised surgical procedures including a target caesarean section rate of 36%.	1. Caesarean section rate at Tygerberg Hospital	Not required to report separately	33.2% (2,328 / 7,029)	36.2%[19] (2,191 / 6,057)	39%
	Provide sufficient resources for the rendering of comprehensive highly specialised out patient services at a target rate of 1.1 out patient per inpatient day.	2. Number of patient day equivalents at Tygerberg Hospital	Not required to report separately	205,995	225,672	252,652
		3. OPD total headcount at Tygerberg Hospital	Not required to report separately	203,643	187,654	202,613
	Implement quality assurance measures to minimise patient risk in central hospitals.	4. Tygerberg Hospital has a patient satisfaction survey using DoH template	Not required to report separately	Yes (100%)	Yes (100%)	Yes
		5. Tygerberg Hospital has mortality and morbidity meetings at least once a month	Not required to report separately	Yes (100%)	Yes (100%)	Yes
		6. Tygerberg Hospital has clinical audit meetings at least once a month	Not required to report separately	Yes (100%)	Yes (100%)	Yes

19 Caesarean section rate is reported only under level 3 central hospitals only in Programme 5.1 and not in Programme 4.1.

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
		7. Percentage of complaints resolved within 25 days at Tygerberg Hospital	Not required to report separately	87% (158 / 181)	94% (202 / 214)	100%
		8. Case fatality rate in Tygerberg Hospital for surgery separations	Not required to report separately	2.8% (229 / 8,311)	4.9% (400 / 8,110)	3.5%
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 at Tygerberg Hospital	Not required to report separately	7.5 days (138,114 / 18,584)	7.2 days (163,121 / 22,611)	6.5 days
		10. Bed utilisation rate, based on useable beds, at Tygerberg Hospital	Not required to report separately	70.3% (138,114 / 538*365)	73.5% (163,121 / 221,920)	83.0%
		11. Total separations at Tygerberg Hospital	Not required to report separately	18,548	22,611	28,479
	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	R 3,331 (686,146,689 / 205,995)	R 3,515[20] (793,062,569 / 225,672)	R 2,256

Notes:

- All indicators: Note that prior to 2008/09 level 2 and level 3 services were not separated in central hospitals and the outputs reflect the combined outputs for both level 2 and level 3 services.
- Indicator 2: The patient day equivalent outputs were lower than the set target as a result of a lower than expected bed occupancy rate with less inpatient days generated. The lower number of inpatient days generated was as a result of weekend de-escalation of beds in various highly specialised units. Based on the nature of these highly specialised services the majority of the service load and admissions occurs during the normal working days therefore reducing the average bed utilisation.
- Indicator 6: In the absence of the national clinical audit tool the Western Cape interpretation of this indicator is reflected in the indicator definitions in Annexure A in the 2009/10 APP.

20 The 2009/10 actual expenditure has been converted to 2007/08 terms to be comparable to the APP target.

- Indicator 7: The target for 2009/10 was set incorrectly and referred to the number of complaints responded to. The target was adjusted in the 2010/11 APP to ensure alignment to the definition.
- Indicator 8: The mortality rate for surgical separations was higher than the predicted target. The target was set before the final differentiation of the tertiary (level 3) and specialised services (level 2) occurred and reflect deviations based on designation of the various services.
- Indicator 9: The average length of stay was higher then the set target. The average length of stay improved from 7.5 in 2008/09 to 7.2 days in 2009/10. Patients with a higher acuity required a longer hospital stay and especially patients admitted to psychiatry had an extended length of stay. Discharge planning assisted to further reduce the average length of stay.
- Indicator 10: The bed utilisation rate was lower than the set target. This is as a result of a significant number of tertiary beds in various highly specialised units that de-escalate during weekends. Based on the nature of these services the majority of the service load and admissions occurs during the normal working days therefore reducing the average bed utilisation.
- Indicator 11: The lower numbers of admissions were as a result of weekend de-escalation of beds in various highly specialised units. Based on the nature of these highly specialised services the majority of the service load and admissions occurs during the normal working days therefore reducing the average bed utilisation. The longer than expected length of stay also contributed to less separations. Refer to the explanation on the average length of stay as well.
- Indicator 12: Since 2008/09, services in the central hospitals are differentiated in tertiary services (accounted for in sub-programme 5.1) and secondary services (accounted for in sub-programme 4.1). Prior to 2008/09 these services were jointly reported and financed. Accurate target setting for the 2009/10 Annual Performance Plan (APP) remained a challenge as targets were set with a limited amount of historic and differentiated information available. The set target was calculated on the allocated budget at the beginning of the financial year which was not cognisant of the implementation of the proposed Occupational Specific Dispensation for clinicians, ICS or the funding shifts between the programmes during the adjustment budget.

Table 2.5.30: Standard national indicators for Red Cross War Memorial Children's Hospital

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	To provide highly specialised hospital services in accordance with the specifications of the National Tertiary Services Grant.					
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 for the performance of highly specialised surgical procedures including a target caesarean section rate of 36%.	1. Caesarean section rate at Red Cross War Memorial Children's Hospital	Not applicable	Not applicable	Not applicable	Not applicable

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
	Provide sufficient resources for the rendering of comprehensive highly specialised out patient services at a target rate of 1.1 out patient per inpatient day.	2. Number of patient day equivalents at Red Cross War Memorial Children's Hospital	Not required to report separately	94,664	99,592	101,809
		3. OPD total headcount at Red Cross War Memorial Children's Hospital	Not required to report separately	80,457	81,544	81,645
	Implement quality assurance measures to minimise patient risk in central hospitals.	4. Red Cross War Memorial Children's Hospital has a patient satisfaction survey using DoH template	Not required to report separately	Yes (100%)	Yes (100%)	Yes
		5. Red Cross War Memorial Children's Hospital has mortality and morbidity meetings at least once a month	Not required to report separately	Yes (100%)	Yes (100%)	Yes
		6. Red Cross War Memorial Children's Hospital has clinical audit meetings at least once a month	Not required to report separately	Yes (100%)	Yes (100%)	Yes
		7. Percentage of complaints resolved within 25 days at Red Cross War Memorial Children's Hospital	Not required to report separately	96% (72 / 75)	97% (31 / 32)	100%

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
		8. Case fatality rate for surgery separations at Red Cross War Memorial Children's Hospital	Not required to report separately	0.2% (12 / 4,846)	0% (0 / 175)	0.40%
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 at Red Cross War Memorial Children's Hospital	Not required to report separately	6.6 days (67,845 / 10,222)	5.9 days (72,411 / 12,327)	6.5 days
		10. Bed utilisation rate, based on useable beds at Red Cross War Memorial Children's Hospital	Not required to report separately	81.9% (67,845 / 227*365)	84.4% (72,411 / 85,775)	83%
		11. Total separations at Red Cross War Memorial Children's Hospital	Not required to report separately	10,222	12,327	11,476
	Ensure the cost effective management of central hospitals at a target expenditure of approximately R2 882 per PDE by 2010.	12. Expenditure per patient day equivalent at Red Cross War Memorial Children's Hospital	Not required to report separately	R3,115 (294,903,270 / 94,664)	R 3,200[21] (318,680,376 / 99,592)	R 2,821

Notes:

- All indicators: Note that prior to 2008/09 level 2 and level 3 services were not separated in central hospitals and the outputs reflect the combined outputs for both level 2 and level 3 services.
- Indicator 6: In the absence of the national clinical audit tool the Western Cape interpretation of this indicator is reflected in the indicator definitions in Annexure A in the 2009/10 APP.
- Indicator 7: The target for 2009/10 was set incorrectly and referred to the number of complaints responded to. The target was adjusted in the 2010/11 APP to ensure alignment to the definition.

21 The 2009/10 actual expenditure has been converted to 2007/08 terms to be comparable to the APP target.

- Indicator 8: The mortality rate for surgical separations was lower than the APP target. The target was set before alignment of the definition of the National Department of Health definition, where all patients under 14 years old should be categorised in the discipline paediatrics. This significantly reduced the number of patients recorded in the surgical discipline and therefore the mortality rate.
- Indicator 9: The average length of stay was lower then the set target. This is as a result of an increased service pressure especially in the fourth quarter where the bed occupancy rate exceeded the set target driven by the diarrhoeal season and measles outbreak.
- Indicator 12: Since 2008/09, services in the central hospitals are differentiated in tertiary services (accounted for in sub-programme 5.1) and secondary services (accounted for in sub-programme 4.1). Prior to 2008/09 these services were jointly reported and financed. Accurate target setting for the 2009/10 Annual Performance Plan (APP) remained a challenge as targets were set with a limited amount of historic and differentiated information available. The set target was calculated on the allocated budget at the beginning of the financial year which was not cognisant of the implementation of the proposed Occupational Specific Dispensation for clinicians, ICS or the funding shifts between the programmes during the adjustment budget.

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

Train nurses at undergraduate and post basic level. Target group includes actual and potential employees.

Sub-programme 6.2: Emergency medical services (EMS) training

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

In order to develop and maintain a capacitated workforce to deliver the required health services in the Western Cape, the following must be taken into consideration:

- United Nations Millennium Development Goals (MDGs),
- Medium Term Strategic Framework (MTSF) for national government,
- National Department of Health (NDoH) Ten Point Plan for 2010 – 2014,
- Healthcare 2010, and the
- Comprehensive Service Plan (CSP).

The reshaping of service delivery must address the packages of care at primary, secondary and tertiary levels. A human resource plan must consider the appropriate numbers of personnel with the appropriate competencies to address current and future training and education needs to be addressed across all levels of care including community based carers. For planning purposes the intra-provincial inequities, with particular reference to training in the rural development nodes and urban renewal strategy areas, must also be considered.

In terms of the programme performance, the following trends have been observed: an increase in nurse training, an increase in number of emergency medical care (EMC) staff accessing continuing medical education (CME) activities, an increase in the number of bursaries allocated, and an increase in improvement and maintenance of competence of medical practitioners (iMOCOMP) training, particularly in the district health system. Expanded Public Works Programme (EPWP) opportunities for community care givers are being extended. Compilation of the competency profiles of fourteen occupational categories (to synergise with the Workplace Skills Plan and HR plan) is in the final phase.

Deviations in training targets are primarily the result of attrition, failure rates and service pressures to release staff for training. The provision of education, training and development is critical to health and support professionals and the system should allow for staff to be released for training. Options in this regard are under consideration.

An information system is critical for the management of bursaries in the department.

The EMS College is in the process of restructuring short course training in order to integrate staff into the emergency care technician (ECT) programme. The expansion of nursing schools will increase the critical mass of trained nurses.

Programme 6 resources provide 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 EPWP is a short to medium term government initiative aimed at the provision of work opportunities coupled with training, with particular focus on communities with high levels of unemployment. The EPWP strengthens the sustainability of community-based services at primary care level through the training of home community based carers toward formal qualifications in ancillary health care and community health work. It contributes to creating employment opportunities and alleviating poverty through stipend work opportunities and training of relief workers who are recruited from the community.

Learnership programmes for unemployed persons within nursing and the pharmaceutical services are also provided. Internship opportunities are offered through the EPWP which funded the data capturer programme. As an exit strategy the learners and interns will be absorbed if possible by the department on completion of their learning and internship programmes.

Ongoing analysis of education, training and development requirements for specific priority occupational groups are informed by the annual workplace skills plan and the Health and Welfare Sector Education and Training Authority and the Public Service Education and Training Authority (PSETA) sector skills plans.

The Provincial Government of the Western Cape (PGWC) College of Emergency Care was re-established in 2008. It received accreditation from Health Professions Council of South Africa (HPCSA) to restart short course training for EMS personnel from January 2009. The college currently train emergency care practitioners through short course certificate programmes. They also provide rescue and communication modular training. Short course training is being phased out by HPCSA and as from 2010/11 the PGWC College of Emergency Care will apply for and run the Emergency Care Technician Certificate which is a 2-year programme.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2009/10 ANNUAL PERFORMANCE PLAN

Table 2.5.31: Performance against targets from the 2009/10 Annual Performance Plan for human resource development

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	Rendering of education, training and development opportunities for serving and prospective employees of the Department of Health to enhance service delivery.					
Sub-programme 6.1	Nurse training					
To provide formal nurse education and training programme to address the departmental needs.	Provision of basic nurse training to meet the service demands of the department.	1. Number of registered nurses in training at WCCN (Post Basic [Advanced] Diploma R212)	30	Not required to report	61	90
	Provision of post- basic nurse training to meet the service demands of the department.	2. Number of registered nurses in training at WCCN (Post Basic Diploma R48)	0	Not required to report	24	30
		3. Number of registered nurses in training at WCCN (Diploma R254)	0	Not required to report	0[22]	30
		4. Number of registered nurses in training at WCCN (Diploma R880)	0	Not required to report	16	25
		5. Number of student nurses in training at WCCN (Basic Diploma R425)	593	764	850	1,185
		6. Total number of nurses in training at the WCCN	612	877	951	1,360

22 No intake. Curriculum for Diploma R254 not accredited at SANC.

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
		Nursing schools: Number of nursing students in training				
		7. Number of registered nurses in training at the nursing schools (Bridging i.e. R683)	40	Not required to report	78	70
		8. Number of sub-categories of nurses in training at the nursing schools (Mid-level workers i.e. R2175)	229	Not required to report	182	265
		9. Number of sub-categories of nurses in training at the nursing schools (Mid-level workers i.e. R2176)	183	Not required to report	43	70
		10. Total number of nurses in training in the nursing schools	452	Not required to report	300	405
		11. Total number of nursing students in training	1,095	Not required to report	1,333	1,765
Sub-programme 6.2	EMS Training College					
To train appropriate numbers of emergency medical care personnel to meet the quantitative and qualitative needs of the Emergency Medical Services.	Provision of primary and continuous medical and rescue education to meet the service demands of the Emergency Medical Services.	Number of intake of students.				
		12. Number of student intake for the National Diploma EMC	155	60	0[23]	25
		13. Number of student intake for the critical care assistant (CCA) (paramedic) course	24	Not required to report	17	18

23 No intake. The HPCSA has closed short course training. The college is in the process of restructuring short course training forming a preparation platform for the integration of staff into the ECT programme.

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
To maintain and improve the standards of emergency medical care through the continuous clinical development of emergency medical care personnel in the Western Cape.		14. Number of student intake for ambulance emergency assistant (AEA) (5-month course)	0	Not required to report	84	82
		15. Number of student intake for the basic ambulance assistant (BAA) (5-week course)	24	Not required to report	101	120
		16. Number of student intake for the medical rescue training course	0	Not required to report	216	90
		17. Number of student intake for emergency service continuous medical training (CME training) (1 or 2 day courses)	400	Not required to report	2,617[24]	480
		18. Number of student intake for Emergency Communications	0	Not required to report	106[25]	44
		19. Number of student intake for the National Certificate in Communication	0	Not required to report	15	30
		Number of graduates per programme				
		20. Number of learners graduating from the National Diploma EMC programme	15	22	0[26]	25

24 There has been a major boost to strengthening HRD within EMS. The 2,617 also contains the approximately 1,400 people trained for major incident management in preparation for the World Cup.

25 The intake for the emergency communications course exceeded the projected target.

26 No intake. The college is in the process of restructuring short course training forming a preparation platform for the integration of staff into the ECT programme.

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
		21. Number of graduates from the critical care assistant (CCA) paramedic course	20	Not required to report	17	10
		22. Number of graduates from the ambulance emergency assistant (AEA) course (5-months course)	0	Not required to report	84	65
		23. Number of graduates from the basic ambulance assistant (BAA) course (5-week course)	20	Not required to report	101	122
		24. Number of graduates from the medical rescue training course	0	Not required to report	246[27]	90
		25. Number of graduates from the emergency continuous medical education (CME) training (1 or 2 day courses)	380	Not required to report	2,517[28]	480
		26. Number of graduates from the Emergency Communications training	0	Not required to report	102[29]	44
		27. Number of graduates from the National Certificate in Communications	0	Not required to report	15	40

27 This counts the total number of students who attended any of the 12 modules for rescue training.
28 Graduates exceeded projected target due to greater intake based on demand.
29 Additional intake on the Emergency Communications training led to an increased amount of graduates.

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
		GRAND TOTAL: 28. Number of learners to complete programmes per year	435	Not required to report	2,016[30]	836
Sub-programme 6.3	Bursaries					
To plan and fund the formal education and training interventions.	Funding the training of professionals (including health professionals and support services) through a bursary scheme.	Number of students with bursaries.				
		29. Number of nursing professionals with bursaries	1,696	1,742	1,740	2,210
	Funding the training for all categories of nurses through a bursary scheme to meet the service requirements.	30. Number of health professionals with bursaries	319	601	350	394
		31. Number of other professionals with bursaries	0	Not required to report	46	11
		32. Number of support services personnel with bursaries	228	Not required to report	425	440
		Number of graduating bursars				
		33. Number of graduating nursing professional bursars	Not required to report	Not required to report	303	314
		34. Number of graduating health profess-sional bursars	Not required to report	Not required to report	108[31]	43
		35. Number of graduating other professional bursars	Not required to report	Not required to report	0	6
		36. Number of graduating support services bursars	Not required to report	Not required to report	130[32]	352

30 Projected target exceeded due to an increased demand and intake of learners particularly on the CME short courses.
31 Greater number of health professional bursars graduated due to an increased intake.
32 A greater number of bursaries were allocated to health and nursing professionals than support professionals.

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Sub-programme 6.4	Primary Health Care (PHC) iMOCOMP.					
To plan, co-ordinate and implement training and development Interventions.	The provision of training for the improvement & maintenance of competence project (iMOCOMP).	37. Number of people trained through iMOCOMP	0	116	1,213[33]	2,200
Sub-programme 6.5	Training other					
	6.5.1 Levy to HWSETA					
	Levy to HWSETA.	38. Administrative levy payable to HWSETA in terms of skills development legislation	R 2,169	R 2,795 m	R 2,997 m	R 2,394 m
To provide training opportunities for unemployed persons to facilitate access to employment.	6.5.2 Expanded Public Works Programme					
	Funding training opportunities for community care givers employed by NGOs.	39. Number of community care givers (CCGs) learners	1,805	1,792	1,896	2,000
		40. Number of graduating community care givers (CCGs)	1,493	1,792	934[34]	1,800
	Funding training opportunities and stipends for data capturer interns.	41. Number of data capturers interns	Not required to report	165	110	108

33 Service provider did not have the capacity to meet the target. In addition personnel unable to attend courses due to service pressures.

34 Await the verification of results of HWSETA, due June 2010. Number of graduates will increase.

REPORTING ON PERFORMANCE ON HEALTH PROFESSIONS TRAINING AND DEVELOPMENT CONDITIONAL GRANT

Table 2.5.32: Standard national indicators for health sciences and training

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	Rendering of education, training and development opportunities for serving and prospective employees of the Department of Health to enhance service delivery.					
Rendering of education, training and development opportunities for serving and prospective employees of the Department of Health.	Provide a sufficient pool of prospective employees.	1. Intake of medical students (number)	1,678	202	1,690	1,780
		2. Intake of nurse students (number)	992	671	2,906	1,236
		3. Number of students with bursaries from the province	2,305	2,343	2,436	3,055
		4. Attrition rates in first year of medical school (percentage)	2.7%	4.0%	3.7%	4%
		5. Attrition rates in first year of nursing school (percentage)	3.7%	3.3%	3.6%	10%
		6. Number of basic medical students graduating	Not available	298	603	320
		7. Number of basic nurse students graduating	506	111	171	299
		8. Number of medical registrars graduating	Not available	44	25	44
		9. Number of advanced nurse students graduating	0	30	52	199
		10. Average training cost per basic nursing graduate (Rand)	R 11,500	R 12,650	R 14,000	R 14,000
		11. Development component of HPT & D grant spent	0%	0%	0%	0%

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

Rendering specialised forensic and medico-legal services in order to establish the circumstances and causes surrounding unnatural death. This service is now transferred from Programme 2.

Sub-programme 7.4: Orthotic and prosthetic services

Rendering specialised orthotic and prosthetic services. This service is now transferred to Sub-programme 4.4.

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

SUB-PROGRAMME 7.1: LAUNDRY SERVICES

Alignment with the strategic goals of the department

Programme 7.1 supports the strategic goals of the department by providing a reliable supply of clean disinfected linen. An uninterrupted supply of linen is essential for the provision of healthcare.

The cost effective delivery of laundry services reduces the drain on financial resources and promotes the sustainability of the service delivery platform. It also promotes quality of healthcare by ensuring that patients have clean disinfected linen at all times.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2009/10 ANNUAL PERFORMANCE PLAN

Table 2.5.33: Performance against targets from the 2009/10 Annual Performance Plan for laundry services

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	To render laundry services to hospitals, care and rehabilitation centres and certain local authorities.					
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 of linen laundered	20.1 m	20.0 m	20.0 m	20.5 m
	Manage the number of pieces laundered by in-house laundries.	2. Number of pieces of linen laundered: in-house laundries	14.8 m	14.5 m	13.5 m	15 m
	Manage the number of pieces laundered by private sector.	3. Number of pieces of linen laundered: outsourced services	5.3 m	5.5 m	6.6 m	5.5 m
Provide cost effective in-house laundry service.	Ensure that in-house laundries produce cost effective laundry services.	4. Average cost per item laundered in in-house laundries	R 1.94	R 1.95	R2.29	R 1.90
Provide cost effective out-sourced laundry service.	Ensure that service providers produce cost effective laundry services.	5. Average cost per item laundered in out-sourced laundries	R 1.45	R 1.78	R2.21	R 1.70

Notes:

- There was a reduced volume from hospitals using the in house laundries owing to lower bed occupancies and linen losses. A further 100,000 pieces were diverted to private sector laundries to sustain outsourced facilities.

SUB-PROGRAMME 7.2: ENGINEERING SERVICES

Alignment with the strategic goals of the department

Programme 7.2 supports the strategic goals of the department by providing well maintained infrastructure and equipment in order to facilitate the management of the burden of disease, the maintenance of appropriate healthcare technology and infrastructure and improving the quality of health services.

Focus areas

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.

Table 2.5.34: Performance against targets from the 2009/10 Annual Performance Plan for engineering services

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
Strategic goal:	Rendering a maintenance service to equipment, engineering installations, and repairs and 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%	6% (800 m / 13,000 m)	6% (800 m / 13,000 m)	6% (800 m / 13,000 m)
Efficient engineering installations.	Monitoring of plant efficiency and modification or renewal as necessary.	2. Cost of utilities per bed	R 6,912	R 8,120	R 9,075	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 in terms of Occupational Health and Safety Act	183	113	78	160
Cost effective maintenance of medical equipment.	Manage a combination of in-house and out-sourced maintenance.	4. Number of maintenance jobs completed both in-house and outsourced	11,234	11,817	17,401	13,000

SUB-PROGRAMME 7.3: FORENSIC SERVICES

The aim of Sub-programme 7.3 is to establish a forensic pathology service (FPS) for the province that is designed to contribute positively to ensure the development of a just South African society, to assist with the fight against and prevention of crime, to assist with the prevention of unnatural death, to establish the independence of the medical and related scientists and to ensure an equitable, efficient and cost effective service.

Implementing a new forensic pathology service as per policy, statutory and legal requirements (code)

This service is rendered via eighteen forensic pathology facilities across the province which includes two M6 academic forensic pathology laboratories in the Metro, two departments of forensic medicine, three referral FPS laboratories (M3) and smaller FPS laboratories and holding centres (M1 and M2) in the West Coast, Cape Winelands, Overberg, Eden and Central Karoo Districts.

During the 2009/10 financial year 9,237 medico-legal cases were examined in the Western Cape in order to establish the cause of death in cases as defined in The Inquest Act. This amounts to 1.64 post-mortems per 1,000 population. Of these 5,606 (61%) medico-legal post-mortems were performed in the metropolitan area and 3,631(39%) in the rural districts.

Analytical review

The forensic pathology service is currently being rendered to the estimated 5,634 million population of the Western Cape.

During 2009/10 a total of 9,499 incidents were logged that resulted in 9,388 forensic pathology cases of which 61 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 thirty-seven minutes. A total of forty-four response vehicles travelled 935,509 kilometres during body transportation.

The service opened 9,388 new case files whilst 9,205 case files were closed (99.3%). At the end of the last quarter 3,842 case files were open for a period exceeding 90 days. This is largely due to the backlogs being experienced by the national and South African Police Service (SAPS) 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 body is 15.7 days (5.1days if paupers are excluded). A total of 179 bodies were unidentified as at the end of March whilst 863 bodies were released for pauper burial during the period under review. Despite major inroads being made to the release of unidentified persons, the high number of unidentified persons remains a matter of concern. This is largely due to our reliance on the SAPS with regard to the formal identification process.

During the period under review seven complaints and 244 compliments were received. The number of occupational injuries reported remains high at forty-seven.

Implementation of the human resource plan

The 2009/10 Annual Performance Plan indicated a target of 282 filled posts by the end of the financial year. However, the budget allocation (including equitable share) only allowed for the filling of 267 posts of which 227 were filled at the end of the financial year.

The high workload and related stress continues to impact on the ability to recruit and retain personnel to the forensic pathology service. This needs to be addressed by the implementation of an occupation specific dispensation for the forensic officer categories. This should ensure adequate grading of forensic pathology support posts. The lack of forensic pathologists in the country further impacts on the filling of these posts.

The institutionalisation of structured and dedicated employee wellness programmes (EAP) within the forensic pathology service remains a priority. What is encouraging is the higher than "industry average" utilisation rate of EAP support.

The human resource plan for the service will be implemented in the 2010/11 financial year with the reduction of funded posts from 267 to 254 out of an establishment of 306.

Training and orientation of personnel as per human resource development plan

A total of 510 training opportunities, aligned with the workplace skills plan and priorities of the service, were provided to 140 employees.

Despite the forensic pathology officer qualification being registered with the South African Qualifications Authority (SAQA), no formal training programme is available yet.

Equipment needs

Equipment needs were identified and equipment was procured as per supply chain prescripts according to the service priorities.

R 2,267 million was spent during the financial year on procurement of equipment (major > R 5,000).

Vehicle fleet

Vehicle needs were determined and vehicles procured as per Government Motor Transport (GMT) fleet management prescripts.

A vehicle fleet of sixty-five vehicles is maintained by GMT.

Infrastructure plan

Improvement to the physical infrastructure remains a priority. The implementation of the infrastructure plan has been severely impacted on by delays in construction projects as well as the increase experienced in building costs. Three new forensic pathology laboratories (Worcester, Paarl and Malmesbury) due to be completed during 2009/10 will now only reach practical completion during the 2010/11 financial year. This implies that twelve of the eighteen forensic pathology laboratories still require either relocation or upgrading.

Currently services are rendered via private undertaker premises in Riversdale and Vredenburg. The property previously shared with private undertakers in Swellendam was purchased during the 2009/10 financial year.

Planning on the new facility in Beaufort West (M1) continued and construction will commence during 2010/11.

The following construction projects can only proceed if additional funding is secured:

- The relocation of the Salt River (M6 academic) facility onto the Groote Schuur Hospital premises and construction of a new facility to deal with a caseload of approximately 3,000 cases per annum.
- The expansion of the Tygerberg (M6 academic) facility to adequately deal with the caseload and also to act as the provincial major incident response centre.
- The construction of a new facility to replace the current facility in Stellenbosch (M3), which is inadequate to deal with the caseload.

Develop, pilot and implement a forensic pathology information management system

Enhancements to the FPS system were developed internally despite the lack of additional funding. User acceptance testing was conducted and the enhancements will be implemented during 2010/11.

The requirement for document management was addressed through the procurement of an enterprise content management (ECM) system. The pilot was concluded during the second quarter of 2009/10. Roll out of overtime workflow and implementation of workspaces in all twenty facilities were conducted during the fourth quarter. Full implementation is dependent on additional funding.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2009/10 ANNUAL PERFORMANCE PLAN

Table 2.5.35: Performance against targets from the 2009/10 Annual Performance Plan for Forensic Pathology Services

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 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.					
Provision of 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 forensic pathology service posts filled according to human resource plan	Not required to report	72.9% (223 / 306)	74.2% (227 / 306)	92%
	Improved quality of service.	2. Percentage of autopsies performed	Not required to report	82.0% (7,864 / 9,586)	78.5% (7,255 / 9,237)	80% (8,000 / 10,000)
	Improved response time.	3. Average forensic pathology service response time (from receipt of call to arrival on scene)	Not required to report	39 minutes	37 minutes	38 minutes
	Improved quality of service.	4. Percentage of forensic pathology service personnel budget spent on training	Not required to report	2.53%	0.9% (345,492 / 39,279,463)	1.5% (679,350 / 45,290,000)

SUB-PROGRAMME 7.4: ORTHOTIC AND PROSTHETIC SERVICES

Funding and managerial responsibility for orthotic and prosthetic services has been transferred to Sub-programme 4.4.

SUB-PROGRAMME 7.5: MEDICINE TRADING ACCOUNT

Table 2.5.36: Performance against targets from the 2009/10 Annual Performance Plan for the MEDPAS trading account

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 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 in the medicine trading account	R 46.278 million	R 46.792 million	R 48.507 million	R 58.3 million

PROGRAMME 8: Health Facilities Management

AIM

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 the infrastructure grant to provinces (49%). Under-expenditure occurred in the hospital revitalisation programme (10%), the maintenance budget (3%) and the equitable share budget (18%). Whilst there are many reasons for the under-expenditure, mostly beyond the control of the department, the lack of programme management capability within the Department of Health reported last year has had a significant impact. The slow pace of design work by the department's implementing agent (Department of Transport and Public Works) contributed significantly to under-expenditure.

Hospital Revitalisation Programme (HRP)

The HRP budget was under-spent by approximately R 42 million. The under-spending is largely the result of late commencement of construction on the Mitchells Plain District Hospital.

Infrastructure Grant to Provinces (IGP)

The IGP was under-spent by R 72 million. There is no single cause for this under-expenditure. The major causes are as follows:

- Slower than anticipated planning and design work resulted in under-expenditure on the Grassy Park, Kwanokuthula, Ceres and Wesbank projects. The problems that caused this situation have been addressed in terms of the infrastructure development improvement programme (IDIP) process and the projects will proceed without further delay.
- The R 14 million allocated to general maintenance was not utilised as the Programme 8 maintenance budget was under-spent.
- Slower than anticipated progress with construction caused an under-expenditure on the Mitchell's Plain CHC project.

TABULAR REPORTING ON PERFORMANCE AGAINST PROVINCIAL 2009/10 ANNUAL PERFORMANCE PLAN

Table 2.5.37: Performance against targets from the 2009/10 Annual Performance Plan for health facilities management

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 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 percentage of backlog (R300 million)	Not required to report	9.3% (28,026 / 300,000)	8.1% (24,236 / 300,000)	15.5%
Programme 8.2 Improve EMS physical infrastructure.	Improve ambulance stations.	2. % of ambulance stations built for purpose (50 ambulance stations)	60%	64% (32 / 50)	72.1% (31 / 43)	75%
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 percentage of backlog (R2 billion)	2.8%	6.6% (132,460 / 2,000,000)	10.5% (210,004 / 2,000,000)	14.7%
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 percentage of backlog (R1,85 billion)	10.9%	9.6% (176,875 / 1,850,000)	14.8% (274,398 / 1,850,000)	11.0%
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 hospitals as a percentage of backlog (R1,4 billion)	3.7%	3.0% (41,775 / 1,400,000)	5.7% (79,959 / 1,400,000)	7.2%

Notes:

- Delays in design of projects such as Wesbank, Kwanokuthula and Grassy Park are major contributors to the under-performance in respect of community health infrastructure.
- The lower than anticipated improvement of EMS physical infrastructure can be attributed to delays in completion of the Vredendal and Swellendam facilities.
- The lower than anticipated expenditure on district hospitals can be attributed to the late awarding of the Mitchells Plain District Hospital tender due to funding problems.

- The higher than anticipated expenditure on provincial hospitals can be attributed to additional expenditure at Paarl Hospital (budget R 100 million, actual R 129 million).
- The lower than anticipated expenditure on central hospitals can be attributed to slow planning on several projects (Tygerberg Hospital kitchen and casualty are major contributors).

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 2009/10:

Table 2.5.38: Hospital Revitalisation Grant 2009/10

Name of project	Type of project	Original budget R'000	Adjustment budget R'000	Expenditure R'000	% spent R'000
George Hospital	Hospital upgrade phase 3	19,000	18,600	18,799	101
Khayelitsha Hospital	Infrastructure installation	4,000	5,320	4,893	92
Khayelitsha Hospital	New hospital	131,000	103,865	110,950	107
Mitchell's Plain Hospital	New hospital	50,805	50,805	16,629	33
Paarl Hospital	Hospital upgrade phase 2	20,000	110,069	119,130	108
Paarl Hospital	Admin block	6,500	1,500	0	0
Paarl TC Newman CHC	Community health centre upgrade	0	3,405	0	0
Valkenberg Hospital	Emergency repairs to administration block	7,700	5,400	6,058	112
Valkenberg Hospital	Upgrading	3,040	3,000	202	7
Vredenburg Hospital	Phase 1B various internal work	3,300	3,800	3,299	87
Vredenburg Hospital	Phase 2A staff residence, ring road, gas bank relocation, and decanting	26,000	15,300	15,306	100
Vredenburg Hospital	Upgrading phase 2B replacement buildings	12,000	5,700	2,343	41
Worcester Hospital	Hospital upgrade phase 3	4,000	12,500	6,507	52
Worcester Hospital	Hospital upgrade phase 4	7,500	13,750	6,312	46
Worcester Hospital	New DMC and ambulance station	4,500	7,050	7,587	108
HT, OD & QA		89,500	59,996	60,270	100
Total		**388,845**	**420,060**	**377,286**	**90**

Note a roll of R 31,215,000 is included in the above.

REPORTING ON STANDARD NATIONAL INDICATORS

Table 2.5.39: Standard national indicators for health facilities management

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 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	0.21%	0.20% (17,600 / 8,655,845)	0.48% (50,073 / 10,463,716)	0.69%
	To increase the number of hospitals on the hospital revitalisation programme.	2. Hospitals funded from the revitalisation programme (percentage)	12%	14.0% (7 / 50)	14.0% (7 / 50)	14%
	Provide adequate funding for infrastructure maintenance.	3. Expenditure on facility maintenance as % of total health expenditure	1.12%	0.99% (85,427 / 8,655,845)	1.05% (109,984/ 10,463,716)	1.14%
Keep existing equipment in good condition.	Provide adequate funding for equipment maintenance.	4. Expenditure on equipment maintenance as % of total health expenditure	0.97%	0.82% (71,145 / 8,655,845)	0.71% (74,702/ 10,463,716)	0.75%
To safeguard assets.	Up-to-date asset register.	5. Hospitals with up-to-date asset register	100%	Reported in Programme 1	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
To provide appropriate PHC infrastructure.	Provide facilities with piped water supply.	7. Fixed PHC facilities with access to piped water	100%	100% (357 / 357)	100% (357 / 357)	100%
	Provide facilities with mains electricity supply.	8. Fixed PHC facilities with access to mains electricity	100%	100% (357 / 357)	100% (357 / 357)	100%
	Provide facilities with telephone service.	9. Fixed PHC facilities with access to fixed line telephone	100%	100% (357 / 357)	100% (357 / 357)	100%

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
	Reduce backlog in service platform.	10. Average backlog of service platform in fixed PHC facilities	R 300 m	R 255 m	R 255 m	R 240 m
To provide appropriate hospital infrastructure.	Reduce backlog in service platform.	11. Average backlog of service platform in district hospitals	R 2,000 m	R 2,000 m	R 2,000 m	R 2,000 m
		12. Average backlog of service platform in regional hospitals	R 390 m	R 250 m	R 250 m	R 150 m
		13. Average backlog of service platform in specialised hospitals (including TB and psychiatric hospitals)	R 2,030 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	R1 ,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
Efficient delivery of infrastructure.	Timeous completion of projects.	16. Projects completed on time (percentage)	Not required to report	Not required to report	See note	See note
	Projects completed within budget.	17. Project budget over run (percentage)	Not required to report	Not required to report	See note	See note
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 (2,081 / 3,928)	0.59	0.59
	Adequate number of beds.	19. Regional hospital beds per 1,000 uninsured population	0.61	0.61 (2,396 / 3,928)	0.63	0.63

Strategic objective	Measurable objective	Performance measure / Indicator	2007/08 Actual	2008/09 Actual	2009/10 Actual	2009/10 APP
	Distance to PHC facility.	20. Percentage of population within 5 km of fixed PHC facility	95%	95% (5,014,654 / 5,278,584)	95%	95%

Notes:

- 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.

PART 3: REPORT OF THE AUDIT COMMITTEE OF THE PROVINCIAL GOVERNMENT OF THE WESTERN CAPE – DEPARTMENT OF HEALTH ("DOH") INCLUDING THE WESTERN CAPE MEDICAL SUPPLIES CENTRE (WCMSC) FOR THE FINANCIAL YEAR ENDED 31st MARCH 2010

1. Introduction

We are pleased to present this report for the financial year ended 31st March 2010.

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 eight 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
Mr Hyslop (Chair)	7
Mr Levendal until 31 May 2009	2
Mr Ravens until 31 May 2009	2
Mr Biesman-Simons	6
Ms Daries	6
Dr Mungal resigned 30 April 2009	0
Mr Amod from 18 January 2010	1

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

As reported last year the audit reports again reveal 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 and increasing problem in meeting compliance. The increased focus on audits of predetermined objectives has resulted in a significant increase of management report items. The proposed changeover from the modified cash basis of accounting to accrual accounting will be especially challenging.

For most of the year the Internal Audit Department was without a Director of Internal Audit. The post was filled on a part-time basis by the Director Management Accounting. The Audit Manager post was also vacant for the entire year. The slow rate of recruitment in this and other instances in the DOH is unacceptable.

The Committee was deeply concerned to learn at the end of the financial year that the Internal Audit Department had failed to complete its mutually agreed programme for the year. The variation to the audit plan was approved by the Audit Committee at the meeting on the 23rd April 2010 subject to the commitment by Internal Audit that there would not be a repeat of this failure.

The Enterprise Risk Management Department has substantially completed facilitation of the recognition and mitigation of risk throughout the operations of the DOH. The Committee is, however, concerned at the lack of commonality of prioritised risks. Of the more than 500 prioritised risks only 25 are shared by 2 or more of the 29 programmes.

5. THE QUALITY OF IN-YEAR MANAGEMENT AND MONTHLY / QUARTERLY REPORTS SUBMITTED IN TERMS OF THE PFMA AND DORA

The Audit Committee regularly received the in-year management reports (IYM) and was therefore informed of the financial situation of the Department relative to its budget as these reports were used to interrogate the management. These reports though titled as management reports, focus more on numbers and less on narrative making 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 ANNUAL FINANCIAL STATEMENTS, THE AUDITOR-GENERAL'S REPORT AND THE MANAGEMENT LETTER OF THE DOH AND WCMSC

The Annual Financial Statements and the Auditor-General's reports which were signed off on 31st July 2010 have been evaluated by this Audit Committee. These were subject to a rigorous appraisal with representatives of the A-G and departmental management present.

The Audit Committee was pleased to note that both the DOH and WCMSC received unqualified reports. However, in the case of the latter, which is a Public Entity in terms of the PFMA and is therefore required to report under Generally Accepted Accounting Practice (GAAP) there was an unacceptably significant level of adjustments required, arising from the audit process, to avoid an audit qualification. The root cause is the lack of skills within WSMSC to meet GAAP requirements. A contributory cause is the unsuitability of its premises. Both of these issues were reported last year.

7. CONCLUSION

The Department (DOH and WCMSC) received an unqualified report and the staff is commended for their efforts and dedication to the management and leadership of this large and complex enterprise.

10 August 2010

L.D. HYSLOP
Chairperson – Audit Committee
Provincial Government of the Western Cape
Department of Health

DATE

PART 4: ANNUAL FINANCIAL STATEMENTS

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Department of Health

Western Cape Medical Supplies Centre

REPORT OF THE ACCOUNTING OFFICER
for the year ended 31 March 2010

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 priorities of the National Department of Health as identified in the Ten Point Plan for 2009 – 2014 are:

- Provision of strategic leadership and creation of a social compact for better health outcomes.
- Implementation of the National Health Insurance.
- Improving quality of health services.
- Overhauling the health care system and improving its management.
- Improvement of human resources.
- Revitalisation of infrastructure.
- Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases.
- Mass mobilisation for the better health of the population.
- Review of drug policy.
- Research and development.

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 District Health Councils Bill, in terms of which the district health councils will be established, has been drafted and is in the process of being promulgated and will be enacted during 2010/11.

The department has also drafted the Western Cape Ambulance Services Bill which, will regulate the delivery of ambulance services, is in the process of being promulgated and will be enacted during 2010/11.

- **Some of the significant events that have taken place during the year**

Following the national general elections, Minister Theuns Botha was appointed Western Cape Minister of Health from 1 May 2009. In addition to the Health portfolio he is also the Leader of Government Business for the Western Cape Parliament.

Retirements and new appointments in the senior management service include:
- Dr F Krige, Director: Overberg District retired on 31 August 2009.
- Dr R Nathan was appointed Director: Overberg with effect from 1 February 2010.
- Ms BA Smuts, Director: HIV/AIDS retired on 30 November 2009.
- Ms JO Arendse was subsequently appointed Director: HIV and AIDS with effect from 1 April 2010.
- Ms V Haas was appointed Director: Internal Audit with effect from 11 January 2010.

The Chief Directorate: Professional Support Services is being restructured into two chief directorates to meet the increasing demands related to infrastructure; and strategy and performance management. The chief directorates are:
- Strategy and Health Support with the following directorates:
  - Strategic Planning and Co-ordination, previously known as Policy and Planning
  - Health Impact Assessment, which is a new directorate
  - Information Management
  - Professional Support Services
- Infrastructure Management with the following directorates:
  - Professional Hospital Revitalisation Programme
  - Engineering and Technical Support
  - Infrastructure Support, which is a new directorate

Upgrading of facilities:
- At the Red Cross War Memorial Children's Hospital the new operating theatre complex, funded by the Children's Hospital Trust, was officially opened. As the only specialist children's hospital in Southern Africa, this state of the art facility will benefit many children and provide a platform for training and research. Other projects that were completed by the Children's Hospital Trust are the family resource centre, the installation of the CT scanner and the D3 lecture theatre.

- Somerset Hospital is adjacent to the new Cape Town Stadium where the World Cup Soccer matches will be played. As part of the stadium development a new road was constructed that divides the hospital site. Considerable restructuring of the hospital buildings and site was required, including the partial demolition of the Helen Bowden nurses home, to make way for the road, the demolition of buildings to create more parking on site and the renovation of buildings to accommodate displaced services. The casualty unit was enlarged to provide additional capacity to cater for possible emergencies during the World Cup. Treasury provided an earmarked allocation of R 40,000,000 to fund this work.

- The new wards and ambulance station at Caledon Hospital were completed.

- Phase 3 and the disaster management centre at Worcester Hospital were completed.

Celebration of international awareness days:

- 12 May 2009: International Nurses Day: The commitment and contribution of nurses to public sector health care was recognised on International Nurses Day with a function at Nelson's Creek. The theme of the day was "Delivering quality serving communities, nurses leading care innovation!"

- World No Tobacco Day: The Department of Health celebrated World No Tobacco Day on 29 May 2009 at the Red Cross War Memorial Children's Hospital. The celebration coincided with the International World No Tobacco Day on 31 May 2009. The theme of the day was "Tobacco Health Warning", and highlighted the health warnings appearing on packs of cigarettes as one of the strongest defences against the global epidemic of tobacco.

- The Women's Health season spans from July, August and September. The health promotion priorities for the season are to improve access to cervical cancer screening (pap smears), contraceptive choices, antenatal care, including free pregnancy testing and access to options for adoption and termination of pregnancy across the service platform.

- 9 October 2009: World Mental Health Day: This day was celebrated with a mental health update arranged by the associated psychiatric hospitals (APH), in association with the departments of psychiatry of the Universities of Cape Town and Stellenbosch. This annual mental health update showcases the work of local clinicians under the auspices of the APH and is attended by health care professionals across the platform.

- 3 December 2009: The International Day of Persons with Disability was celebrated with the theme: "Realising the Millennium Development Goals for all: Empowerment of persons with disabilities and their communities around the world." The Western Cape Rehabilitation Centre celebrated the day which aims to promote understanding of disability issues and mobilise the support for the dignity, rights and well being of persons with disabilities with its stakeholders.

Celebrations:
A number of events were celebrated at various health facilities to promote community participation and to educate the public about various aspects of health care. These include:

- As part of its 150 years celebration Somerset Hospital, the first public hospital in Southern Africa, hosted an open day for staff, patients and the public to raise awareness about general health care.

- New Somerset Hospital laid a cornerstone for the New Somerset Hospital on 18 August 2009, the 150th anniversary since the foundation stone was laid on 18 August 1859.

- On 24 May 2009 Lentegeur Hospital hosted a Family Day, themed: "Understanding Mental Illness". The occasion aimed to enhance mental health awareness and to eradicate negative perceptions regarding the mentally ill.

- Valkenberg Hospital hosted an exhibition of artwork produced by the hospital's patients at the Greatmore Art Studio from 8 – 21 August 2009. The aim of the exhibition was to create awareness of the art project and promote the inclusion of mental health care service users in broader society. The art project has been a fixture in the occupational therapy programme to create awareness and foster integration and community participation.

- The Valkenberg Hospital forensic unit hosted a family day event on 17 October 2009 to educate the public about mental health, where some of the crafts and art work of the patients were displayed.

- Eerste River Hospital held its annual Community Wellness Day on 19 March 2010 to promote a healthy and active lifestyle amongst the community. There were exhibitions, exercise demonstrations, informative health talks, food demonstrations and therapeutic massages.

- Tygerberg Hospital hosted an open day for the public on 11 March 2010 to educate the community about the various services offered at the hospital. The day consisted of an exhibition, free health screenings and visits to adult and children's wards.

- The Western Cape College of Nursing (WCCN) participated in the African Hub 2010 Careers Exhibition targeted at Grade 9 – 12 learners from Khayelitsha, Nyanga, Crossroads, Philippi, Driftsands, Mfuleni, Delft, Gugulethu, Mitchells Plain, Manenberg and the surrounding areas. The aim of the exhibition was to promote and increased awareness of the role of the department and nursing as a profession and the college with a view to recruiting future nurses.

Visits:

- The First Lady, Mantuli Zuma, visited Tygerberg Children's Hospital on 10 December 2009 to show support to the children during the festive season.

- The Japanese Consul, Mr Kenji Miyata attended a function at Groote Schuur Hospital on 10 July 2009 where equipment for the eye clinic, donated by the Japanese Embassy, was handed over to the hospital.

- Lance Armstrong, the legendary cyclist who has won the Tour de France seven times, visited Groote Schuur Hospital on 11 March 2010. He is a cancer survivor and was taken around the oncology department where he met cancer patients and survivors.

Baby Friendly Hospitals:

- The Baby Friendly Hospital Initiative is a global campaign by the World Health Organisation and UNICEF which 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 reassessed and retained their accreditation during 2009:
    - Groote Schuur Hospital
    - Mowbray Maternity Hospital
    - New Somerset Hospital
    - Wesfleur Hospital
    - Mitchells Plain MOU

Some other important events include:

- The Cape Town Metropolitan Community Health Forum (MCHF), in association with other stakeholders hosted a Health Summit on 17 – 18 April 2009. The purpose of the summit was to bring together the various role-players to share ideas on the best approach to dealing with issues related to ensuring health rights for all.

- On 13 May 2009 conjoined twins from the Eastern Cape were successfully separated at the Red Cross War Memorial Children's Hospital. Since the first successful operation separating conjoined twins was performed by Professor Sidney Cywes, forty-four sets of conjoined twins have been separated.

- The twenty-third Van der Sande TB Symposium for nurses was held at the Brewelskloof Hospital on 18 September 2009 in Worcester. The purpose is to expose nurses of the Western Cape to the diagnosis, treatment, management and other updates of TB.

- On 15 October 2009 the Western Cape Rehabilitation Centre (WCRC) simulated evacuation exercises in the event of a disaster to celebrate the star of the United Nations (UN) International Strategy on Disaster Risk Reduction Week. The theme of the strategy was "Hospitals safe from disasters: Reduce risk, protect health facilities and save lives." Role players were the Department of Health, the Department of Local Government and Housing through its Provincial Disaster Management Centre (PDMC), as well as the City of Cape Town.

- The department held the annual Provincial Cecilia Makiwane Nurses Recognition Award Ceremony on 30 October 2009. The winner of the award was Mrs Nompumelelo Mantangana for her outstanding work at the Khayelitsha Ubuntu Clinic which provides treatment to approximately 4,000 people and for implementing adherence clubs for ARV patients.

- The Western Cape Rehabilitation Centre hosted its third Jazz in the Park concert on 7 March 2010 at Maynardville Open Air Theatre to raise funds for the WCRC for the development of the Health and Wellness Centre and for hiring and training clients to become gym assistants.

- **<u>Major projects undertaken or completed during the year</u>**

The key deliverables for 2009/10 were as follows:

As part of the National Department of Health initiative, Prevenar, the vaccine to combat the spread of pneumococcal disease in infants, has been distributed from primary health care facilities in the Western Cape from July 2009. This was followed by the implementation of the ROTARIX vaccine against rotavirus from 1 November 2009. ROTARIX is an oral vaccine that is administered to children at six and fourteen weeks to prevent diarrhoeal disease.

The two clinical service divisions in the department, i.e. District Health Services and Programmes and Specialised and Emergency Services identified the following four key performance areas as the basis for integrated service delivery in 2009/10:

Acute services including emergency medical services and acute hospital services

- The finalisation of the packages of care for level 1, 2 and 3 services during 2008/09 enabled the acute hospital activities to be quantified and will continue to facilitate measurable service shifts in 2010/11 and beyond.

- Point prevalence surveys were conducted for the general specialist disciplines during 2008/09. The packages were formally finalised during 2009/10.

- Victoria Hospital beds were reclassified from regional to district hospital beds but the overall bed numbers remained the same.

- The separation of level 2 and 3 services in the central hospitals is an important step towards the restructuring of the service platform.

- Reporting mechanisms have been established to record patient activity and expenditure by level of care.

- A key instrument in achieving this is the establishment of functional business units for specific disciplines in the central hospitals. Although most of the reporting processes have been automated and standardised, some challenging areas remain that require manual differentiation of clinical activities and expenditure by level of care in the central hospitals. The functional business units focus on financial and clinical performance of services by discipline and the indicators which determine the differentiated level of care. Guidelines have been developed to identify the criteria according to which various services are classified per level of care. These services include: laboratory investigations, use of blood products, a range of medications and imaging modalities. Functional business units are also being developed in the regional hospitals and the psychiatric hospitals.

- The heads of general specialist services for the Metro ("level 2 heads") have been appointed, with the exception of anaesthetics where an appointment has only been made in the Metro West. This is a critical step in consolidating the clinical governance for the general specialty disciplines.

- Tygerberg and Groote Schuur Hospitals undertook to explore alternative lodging arrangements for clients who require specific services over a period of time but who do not require active care whilst in hospital. Groote Schuur Hospital has opened eight "lodging'" beds during 2009/10. Tygerberg Hospital has made arrangements for the physical space to be available for lodging beds which will be operated by an NPO.

- The eight general specialties were divided into three service clusters, in order to facilitate the effective management and delivery of a seamless service across levels of care within related disciplines, i.e.:

  Cluster 1: Emergency medicine, internal medicine, psychiatry
  - Significant progress has been made with the implementation of the Acute Emergency Caseload Management Policy to improve throughput in the emergency centres to definitive care by means of discharge plans, improved bed management and the use of discharge lounges where discharged patients can await their transport.
  - A number of initiatives were undertaken to restructure the mental health care platform more effectively and to create capacity to accommodate the significant pressures on emergency centres at all other acute hospitals in the Metro resulting from the escalating TIK epidemic.
  - Tygerberg Hospital is in the process of completing the infrastructural changes required for the planned dedicated child and adolescent psychiatric unit.

Cluster 2: Surgery, orthopaedics, anaesthetics

- One of the major challenges for surgical services remains the provision of theatre time. Several strategies have been implemented to improve theatre access for surgical patients, for example theatre cancellations and surgical starting times for morning lists are carefully monitored to ensure optimal theatre utilisation.
- Red Cross War Memorial Children's Hospital commissioned the new digitalised theatre complex in 2009/10 with some theatres dedicated for certain surgical disciplines.
- Tygerberg Hospital continued to provide dedicated emergency orthopaedic lists and also increased outreach services specifically for ear, nose and throat surgery to other levels of care. Outreach has occurred in these specialties from regional to various district hospitals.
- Day surgery capacity in regional hospitals has been increased.
- Each central hospital has a functioning infection prevention and control committee in place with key plans and monitoring systems aimed to improve the quality of services to patients.

Cluster 3: Obstetrics and gynaecology, paediatrics and neonatology

- The planned shift of level 1 obstetric services from Groote Schuur Hospital to Mowbray Maternity Hospital was put on hold, due to the inability of the Metro East service platform to absorb the shift of the Khayelitsha Site B service from Mowbray Maternity Hospital. The obstetric and neonatal service pressures have increased steadily over the last 2 - 3 years in both Metro West and Metro East.
- A comprehensive level 2 obstetric service has been established in Tygerberg Hospital following the successful implementation of a service shift between Karl Bremer and Tygerberg Hospitals.
- Specialist outreach from Tygerberg Hospital level 2 services has been established with regular visits to Helderberg, Karl Bremer and Khayelitsha Hospitals, with skills training of medical officers and a clinical governance platform established.
- Ambulatory kangaroo mother care capacity is being developed at certain midwife obstetric units (MOUs) in the Metro.
- The health system response to the diarrhoeal season was strengthened through integrated interventions, ranging from community-based interventions to hospital based interventions, per sub-district across the Metro.

Ambulatory care including outreach and support

- The following are being addressed in the transformation of ambulatory services:
  - Outreach and support agreements are in place to guide and formalise the outreach and support activities across the three general specialty service clusters.
  - There is a systematic process in place to incrementally devolve stable chronic management clients from the central hospitals to community health centres for ongoing care in both the Metro West and Metro East.

Infectious disease management

The key strategic focus areas for the management of clients with HIV and AIDS and TB across the platform are:

- HIV treatment

  Sixty four thousand clients are enrolled and managed at accredited ART sites. Following the receipt of additional funding in the Adjustment Estimate new sites will be accredited.

Steps taken to improve the management of TB patients across the service platform include:

- The line management of the TB hospitals has been transferred from Programme 4 to the relevant district or sub-structure management team in Programme 2 to facilitate the seamless management of the TB service from the community through to the TB hospital.
- A provincial project manager has been appointed on contract to co-ordinate monitoring and reporting functions at TB hospitals while awaiting the establishment of a TB directorate.
- Stable TB patients will be decanted into primary health care and community-based services to create more capacity to admit TB patients into acute hospitals.

De-hospitalised care
Expand access to mental health de-hospitalised care by providing a continuum of care for psychiatric clients, for example in sub-acute care, group homes and psycho-social rehabilitation groups; and for intellectually disabled clients in residential care and day care centres.

- Other key issues included:
  - Restructuring emergency medical services to achieve improved response times and begin to achieve response times closer to the national norms.
  - Response time performance in the Cape Town area has improved marginally over the last year following the appointment of additional emergency medical services personnel. The lag in performance following recruitment is a result of the slow progress in qualifying students with Code 10 drivers' licence. The response time performance in the rural districts of the Western Cape is good with 70% of responses being met within the target response time of less than 40 minutes.
  - Expansion of community-based care services through the Expanded Public Works Programmes in Health to enable people, requiring health services, to be managed in communities where they live.
  - There are 155 non-profit organisations (NPOs) currently contracted with the department providing community based care via 2,455 care givers. Each care giver is expected to visit at least five patients during their 4.5 hour working day.
  - Infrastructure: Increase the percentage of total health budget allocated to maintenance.
  - The construction of the Khayelitsha and Mitchell's Plain District Hospitals has commenced. The estimated completion dates of the buildings are January 2012 and October 2012, respectively.

- Clinical governance
  - Important achievements were the conclusion of the packages of care for acute hospitals and the policy framework for clinical governance.

- Corporate governance
  - The focus has been on improving management and management systems to increase efficiency and ensure value for money. Human resource management, equipment acquisition and maintenance were particular areas of focus.
  - Strengthened human resource and financial management to improve performance.

- Financial management
  - Through continued capacity training effort and through strict oversight from the centre, the department was able to end the 2008/09 financial year with an unqualified audit report on both the Western Cape Medical Supplies Centre and the department itself.

- Plans are in progress to strengthen financial management through additional appointments, continued capacity building, frequent internal audits, quarterly reporting by institutions on progress with the rectification of problems identified by the Auditor-General in the audit cycle.
- Internal audit has been further strengthened through the appointment of an able audit committee which provides the necessary independent oversight. Budget management has been strengthened through the use of the approved post lists (APLs) for each institution. This method applies a strict control over personnel expenditure and also over goods and services, as the number of doctors and nurses is the main cost driver in Health.

- Human resource management
  - During 2009/10 the department implemented the occupation specific dispensation for medical and dental practitioners, pharmacists and emergency medical staff.
  - The department has a shortage of key human resource staff at both head office and district level. In order to address this, the Chief Directorate HR provides informal and formal training during the audit sessions undertaken by the HR Advisory Services. Manuals of HRM administrative procedures and practices have been developed and are being used to train and empower HR practitioners. Labour relations functionaries have also developed manuals and provide training to managers and labour relations officers.
  - The approved post list (APL), which is the number of posts that can be funded within the available budget, is managed by HR and the quarterly status reports reflect:
    - Staff establishments.
    - Comparisons between posts actually filled, activated and approved.
    - Filling of funded vacancies.
    - Types of appointments.
  - The purpose of these measures is to strengthen and support human resource management within the department in order to improve performance.
  - The department has embarked on the Health Leadership and Management Programme, where in collaboration with the University of the Western Cape, 49 first line managers are engaged in a two-year course with the aim to train and develop a new breed of managers to manage the available HR, finance and other resources.

- **<u>Spending Trends</u>**

The department has spent an amount of R 10,371,034,000 on a budget of R 10,463,716,000 which constitutes under-expenditure of R 92,682,000.

The under-expenditure is as a result of the following:

- Hospital Revitalisation Programme (HRP)
  The HRP budget was under-spent by approximately R 42,774,445. The delay in obtaining authorisation from the Department of National Health for the approval of roll over funds from 2008/09 to 2009/10 had a major effect on the roll out of the Mitchell's Plain Hospital. The contract for the hospital was only awarded late in 2009 due to the above-mentioned delay. The awarding of the Worcester Hospital tender was delayed due to tendering processes which also impacted on the project performance.

- Infrastructure Grant to Provinces (IGP)
  The IGP was under-spent by R 71,975,602. A number of projects started late due to delays in the planning process. These projects include Kwanokuthula, Leeu Gamka, Vredendal and Ceres ambulance stations and Grassy Park. The planning delays were largely as a result of a lack of capacity in both the Department of Health and the Department of Transport and Public Works.

- Forensic Pathology Services
  An amount in the region of R 7,402,462 was not spent in respect of the Forensic Pathology Conditional Grant due to the insolvency of contractors finalising infrastructure projects. New contracts had to be awarded to complete their project.

- Global Fund
  Global funding amounting to R 5,821,677 was not spent in 2009/10 financial year due to:
  - Not all invoices in respect of the Global Fund Grant projects that were completed by the end of the 2009/10 financial year were paid to ensure that no hidden defects/problems become evident before the final invoices are settled. (Retention fees held).
  - Delays in the placing of orders at Metro District Health Services due to the "unbundling" process into Metro sub-structure offices. Ordered equipment was not delivered timeously.
  - Under-expenditure by some municipalities due to delays in the approval of community-based projects to be funded with additional funding made available late in the year via the adjustment estimates process.

- Under-spending amounting to R 25,616 on the 2010 World Cup Health preparation strategies and R 6,823 on HIV and AIDS projects was also recorded.

Over-expenditure on Equitable Share

- The equitable share portion of the budget was overspent by approximately R 35,325,000 and this over-expenditure can be attributed to reasons as stated in Programme 5 of the Notes to the Appropriation Statement. The over-expenditure can also be attributed to the higher than funded levels of occupational specific dispensations and improvements of conditions of service for the year under review.

Unauthorised expenditure

- After application of final virements the department recorded an over-expenditure of R 70,473,000 in Programme 5 in the year under review.

Virements

- All virements applied are depicted on pages 200 to 209 and reasons for the application of these virements are indicated on pages 210 and 212 of the Annual Financial Statements. All virements where approved by the Accounting Officer.

REPORT OF THE ACCOUNTING OFFICER
for the year ended 31 March 2010

The Vote (Department) consists of the following programmes described in brief:

Programme 1: Administration
The ministry, head office, district- and sub-structure offices.

Programme 2: District Health Services
Primary health care 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, dental hospitals and the secondary component of the three central hospitals.

Programme 5: Central Hospital Services
The tertiary component of 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 Western Cape Medical Supplies Centre Capital Augmentation account.

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	266,710	3%
2	District Health Services	3,722,530	36%
3	Emergency Medical Services	530,130	5%
4	Provincial Hospital Services	2,501,088	24%
5	Central Hospital Services	2,347,345	22%
6	Health Sciences and Training	194,624	2%
7	Health Care Support Services	197,605	2%
8	Health Facility Management	611,002	6%
	Total for department	**10,371,034**	**100%**

Expenditure per Economic Classification

		R'000	%
-	Compensation of employees	5,780,151	56%
-	Goods and services	3,331,196	32%
-	Interest (financial leases)	337	0%
-	Financial transactions in assets and liabilities	3,729	0%
-	Transfers to municipalities	228,424	2%
-	Transfers to departmental agencies (CMD and SITA)	4,712	0%
-	Transfers to non-profit institutions	239,925	2%
-	Transfers to households	77,802	1%
-	Buildings and other fixed structures	493,617	5%
-	Machinery and equipment	210,361	2%
-	Software and other intangible assets	780	0%
	Total for department	**10,371,034**	**100%**

Revenue

The department's revenue budget of R 390,840,000 was exceeded by R 22,973 million. An amount of R 413,813,000 was collected for the period under review of which R 289,881,000 can be attributed to hospital fee accounts paid.

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 and an SLA has been developed to regulate these functions.
- 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 2009/10. 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. Services 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 Uniformed 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 and externally funded patients are excluded from the benefit of the free services. The criteria that apply are 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 (certifies) 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.

3. Capacity constraints

The fundamental capacity constraints facing the department include:

- Insufficient funding for the appointment of the appropriate numbers and skill mix of personnel.
- The challenge of recruiting and retaining highly skilled and experienced health care personnel.
- The challenge of recruiting and retaining skilled and experienced management / administrative personnel, particularly in human resource management and finance.

In order to address these issues the department has:

- Implemented the approved post list of vacant funded posts which is rigorously monitored to ensure that only funded posts, which enhance service delivery and facilitate the achievement of the department's strategic objectives, are filled.
- Investigated the human resource management and finance capacity within the department and identified the need for additional capacity. Additional posts were approved at various institutions and have been funded for the 2010/11 year. Training gaps in these disciplines are being addressed in order to ensure compliance with statutory requirements.
- Revisited and updated the assessment of training requirements, recruitment and retention strategies.
- Created a nurse training component to address the formal training requirements for nurses in order to ensure the future supply of qualified nurses.

4. Utilisation of donor funds

The following donor funding was made available to the department during the 2009/10 financial year:

	R'000
TB / HIV Global Fund	824
European Union Funds	9,573
Belgium Funding	372
Total	**10,769**

Donor funding received has been accounted for in donor accounts within the financial system of the department.

An amount of R 147,004,000 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 R 824,000 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 Western Cape Medical Supplies Centre has been established as a trading entity in terms of National Treasury Regulations as from 1 April 2005.

The Western Cape Medical Supplies Centre 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 minimize stockholding on products 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 Western Cape Medical Supplies Centre have been included in this report. The financial statements of the department and the Western Cape Medical Supplies Centre have not been consolidated. The statements of the department have been prepared on a modified cash basis of accounting whilst the Western Cape Medical Supplies Centre statements have been prepared in accordance with SA GAAP.

6. Organisations to whom transfer payments have been made

During the 2009/10 financial year transfers to households were made in the form of bursaries allocated, medico-legal claims paid, leave payouts etc.

The City of Cape Town received transfer payments for the rendering of personal primary health care services in the Cape Town Metropolitan area as well as certain rural municipalities for HIV and AIDS prevention.

Transfer payments were also made to non-governmental organisations from Global Fund contributions and the HIV and AIDS conditional grant.

Global funding was used towards the community based response programmes and AIDS funding was provided to fund lay counsellors for home based care.

SETA administration costs contributions, payments made to S.A. Red Cross Air Mercy Services and the augmentation of the Western Cape Medical Supply Centre capital account were also funded as transfer payments.

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 twelve 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 41,390,000 was paid as unitary fees for the 2009/10 financial year. (Note 30 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:

- Implementation of the approved revised enterprise risk management policy.
- Enterprise wide risk awareness of the approved revised enterprise risk management policy at every risk identification and assessment workshops. Enterprise risk management policy also placed on the intranet.
- Work plan that consist of the 32 critical components within the department.
- Conducted workshops for all 32 critical components within the department.
- High and extreme (prioritised) risks were identified.
- Assist with the risk response strategies for prioritised risks identified.

Development on fraud related issues:

- Compiled an executive summary of the approved fraud prevention plan.
- Conducted fraud prevention presentations as part of awareness making and implementation of the fraud prevention plan.
- Arranged for the placing of the fraud prevention plan executive summary on the intranet as part of further awareness. A departmental circular was also issued in this regard.

Modernisation of Enterprise Risk Management Unit:

The departmental enterprise risk management unit in the department has been disbanded with effect 31 March 2010. A provincial enterprise risk management unit has been created within the Corporate Assurance Branch within the Department of the Premier as from 1 April 2010.

Internal audit

The internal audit's three year strategic plan and operational plan for 2009/10 were approved. Finalised audit reports and quarterly reports containing the progress of audits completed during 2009/10 were submitted to the Audit Committee and Accounting Officer. It should however be mentioned that the implementation of the plan was not fully achieved.

Internal audit's organogram comprises eleven posts. The Director: Internal Audit position was filled on 11 January 2010. Two internal audit manager positions are still vacant.

The modernisation process in the province has resulted in:

- The internal audit (health cluster) being centralised to the Department of the Premier on 1 April 2010.
- Nine internal audit employees were matched and placed / linked to the positions on the organogram.

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. The audit committee was chaired by Mr L Hyslop and Mr MAE Amod was appointed as an audit committee member on 19 January 2010.

The committee comprised of four members at year end.

All audit committee members received continuous training by Provincial Treasury.

9. Discontinued activities / activities to be discontinued

The Department did not discontinue any activities during 2009/10.

10. New / proposed activities

The Department of Health will update the current version of the Comprehensive Service Plan and develop aspirational performance targets for 2019/20. These targets will provide the framework for further financial, human resource and infrastructure planning.

The department will focus on the following strategic goals for the period 2010/11 to 2014/15:

- Manage the burden of disease.
- Ensure and maintain organisational strategic management capacity and synergy.
- Develop and maintain a capacitated workforce to deliver the required health services.
- Provide and maintain appropriate health technology and infrastructure.
- Ensure a sustainable income to provide the required health services according to the needs.
- Improve the quality of health services.

11. Events after year end

Financial leases
A reconciliation of financial leases was performed during April 2010. With the compilation of the reconciliation it was discovered that the interest portion of certain financial leases was not journalised from capital to interest. This means that the item: Leases – Financial Leases has been overstated by R 240,000 and the item Interest Paid has been understated by the same amount.

Aid Assistance
The disclosure note on aid assistance makes provision for opening and closing balances on a year to year basis. Previously revenue was accounted for on a modified cash accounting basis in the Statement of Financial Performance. Revenue received on aid assistance is now being accounted for on an accrual basis resulting in the 2008/09 closing balance being adjusted accordingly.

Centralisation of corporate functions
As a result of the modernisation programme of the Premier the internal audit and the risk enterprise units in the Department of Health has been moved from the Department of Health to the Department of the Premier on 1 April 2010. Budgets amounting to R 4,342,000 and R 590,000 respectively will be transferred during the adjustments estimates process from the Department of Health to the Department of the Premier during the latter half of the financial year.

12. Performance information

Processes that are 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 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 process adopted to achieve the requirements

Performance information is the end result of continuous monitoring. Comments on the process would be more applicable to surveys and studies. Continuous monitoring is governed by national and provincial health 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 / province to 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 2009/10 the HIS was rolled out to five sites of which three were in the Cape Winelands District and two in the Eden District, which brings the total sites to twenty nine.
  - The PHCIS was stabilised and rolled out to 37 sites across the province.
  - The data storage mechanism (SINJANI) was enhanced to provide a central repository for performance data.

- The Joint Information Management Initiative (JIMI) was used to implement the standard operating processes (SOP) defined during 2008/09. The JIMI process was used during 2009/10 year to address the SOPs required for the improvement of performance data in Programmes 4 and 5. The evaluation of the results of the SOP implementation 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).
  - PREHMIS (City of Cape Town's PHC information system).
  - eKapa (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) or the clinical management of obstetric and neonatal patients.
  - Electronic Tuberculoses Register ETR.net for the registration of patients with tuberculoses.
  - Basic Accounting System (BAS) for financial management.
  - Logistic Information System (LOGIS) or supply chain management.
  - Personnel and Salary system (PERSAL) for human resource management.
  - Forensic Pathology Information Systems (FPS) for the management of the forensic pathology services.

13. SCOPA resolutions

Matters from the Report of the Standing Committee on Public Accounts dated 12 February 2009 are as follows:

Subject	Progress reported to SCOPA
Irregular Expenditure Irregular expenditure totalling R 4,293,000 was incurred as a result of non-compliance with the financial delegations issued by the Accounting Officer as well as not following proper procurement processes. The controls implemented by the department to ensure that supply chain management (SCM) and financial delegations are adhered to are not adhered to and are not properly monitored and reviewed. As a result delegations may be used to inappropriately procure goods or services and/or authorise transactions. This could also lead to bidders being inappropriately disadvantaged. **Recommendations** The controls implemented by the department to ensure that SCM processes are followed in terms of the Accounting Officer's System. Financial delegations should be adequately monitored.	The department's key approach in terms of the 2008/09 findings was addressed in the audit action plan. These cases have been adequately taken up in the audit action plan and are reported on a monthly basis. In addition to the above, a summary of all the findings was presented to managers at the department's monthly finance/SCM forum. Furthermore a new reporting tool will be introduced whereby institutions will be required to report on all forms of procurement; namely formal, informal and limited bidding; on a monthly basis. This information will allow for a more controlled measure of performance in terms of the prescribed delegations, and immediate action will be taken where non-compliance is detected so as to prevent irregularities from recurring.
Fraud Prevention Plan The department did not have an approved fraud prevention plan 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. Furthermore, the potential for material misstatement due to fraud was not explicitly considered in assessing risks to the achievement of financial reporting objectives. Fraud risks may not have been adequately addressed, which could result in internal controls not preventing, detecting or mitigating potential fraud risk, which could result in financial losses for the department. **Recommendations** The formal fraud prevention plan must be implemented as a matter of urgency to prevent and detect fraud and to mitigate specific fraud risks	The department did adopt a fraud plan in March 2009. Aspects of the plan that received significant attention over the past year include improving accountability, efficiency and effective administration within the department via financial business unit (FBU) management and vetting procedures, improving the application of systems, policies, procedures and regulations via the financial reporting tool (FRT), development of a disciplinary code and procedures, internal control via the establishment of a regional internal control function, development of an internal audit unit and creation of awareness amongst employees and other stakeholders through communication and education.

Subject	Progress reported to SCOPA
Internal Control There are significant deficiencies in the design and implementation of internal control in respect of financial and risk management. Control activities are not selected and developed to mitigate risks over financial reporting. Ongoing monitoring and supervision are inadequate to enable management to determine whether internal control over financial reporting is present and functioning. If appropriate internal controls over the information used to produce the financial statements are not in place, it could result in material misstatements of the annual financial statements. **Recommendations** Adequate management review processes should be implemented to ensure that misstatements and omissions are detected before submission of the financial statements for audit.	The department has developed a comprehensive set of financial processes and prescripts over the years to improve financial control. However practice has shown that the best intended prescripts and processes does not ensure improved control if controls at the lowest level of financial management is not improved. In order to ensure improved compliance and data integrity the department is currently in the process of implementing a comprehensive plan which is largely based on vesting accountability at the lowest possible level, in which district management will be empowered to do so. This plan is based on a two pronged approach whereby sufficient capacity will be established at district and where necessary institutional level to ensure that compliance be monitored in a very structured manner, and secondly where the skills levels of all financial functionaries will be evaluated with the goal to compile individual development programmes for each staff member in line with current needs to improve his/her skills. In the second part of this process, the internal control unit of the department, situated in head office will perform an oversight role to ensure that internal controls are functioning properly at all levels, as well as to facilitate and provide training as referred to above. The department is currently in the first phase of implementation, namely the creation and filling of devolved internal control units at the various districts, sub-structures, regional office and central hospitals.
Ongoing monitoring The prior year's external audit findings have not been substantially addressed. 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, despite efforts from the head office of the department. Actions taken in this regard proved to be less effective than anticipated by management. Should the Accounting Officer not implement the Auditor-General's recommendations or take alternative corrective action to address a finding in a particular category, it may result in the matter being rated as more significant in the next financial year.	Refer to above reply. It is the intention that all issues of improper controls as previously referred to by the Auditor-General will be addressed by the actions that the department is in the process of implementing as stated above.

Subject	Progress reported to SCOPA
Recommendation The action plans initiated by head office to address the audit findings must be actively implemented and monitored at all levels of the department.	
Information systems The information systems were not appropriate to facilitate the preparation of a performance report that is accurate and complete. The department does not have standardised, formal information management policies and standard operating procedures that adequately address processes pertaining to the collection and collation of performance information at the point of origin. The performance information of the department cannot be confirmed and the integrity of information reported in the annual report is therefore compromised. This situation would also lead to a scope limitation when auditing the performance information. **Recommendation** The department must ensure that standardised, formal written information management policies and standard operating procedures are implemented with regard to the collection and collation of all performance information.	The Directorate: Information Management embarked on an initiative to develop key procedures, policies and data collection tools in order to collect accurate, reliable and verifiable data. This resulted in the following: • Documented standard operating procedures. • Data collection tools. • Information Management data flow policy. Subsequently the Directorate: Information Management has created and distributed auditable data collections tools which allow for verification of data to the patients folder. For facilities where electronic information systems have been implemented, these systems have been modified in order to promote usage of the system to report on data instead of unverifiable manual processes. Regular visits to facilities are conducted to ensure compliance with the above mentioned circulars.
Reporting of performance information It is of great concern that various audit findings around the control over and reporting of performance information was reported in the audit report that indicates a serious lack of control of the collecting and reporting of performance information which can be summarised as follows: • Incomplete reporting on actual achievements in the annual report. • Lack of effective, efficient and transparent systems and internal controls regarding performance management. • Inconsistently reported performance information. • Reported performance information not relevant. • Reported performance information not reliable.	The department developed a detailed action plan in 2009 addressing each audit finding. The action plan provides details in terms of time frames and responsibilities and is available for scrutiny. Action plan submitted.

Subject	Progress reported to SCOPA
Recommendations The department must develop and submit an action plan which clearly states the turn-around strategy envisaged to correct this unsatisfactory situation and to address the findings as indicated in the audit report. Where necessary the assistance of the Provincial Treasury and the AGSA should also be obtained to ensure an improvement in the audit findings as well as the reporting of complete and accurate performance information in the future.	
Unauthorised expenditure As disclosed in note 10 to the financial statements, unauthorised expenditure totalling R 89,179,000 was incurred on programmes 2 and 3. This was as a result of increased patient activity, the use of agency staff, a decision to provide antiretroviral treatment to patients with HIV and AIDS and the appointment of additional emergency practitioners at emergency medical services to assist in the FIFA Soccer World Cup. Savings on programmes 1, 4, 6, 7 and 8 were used to finance the overspending on programmes 2 and 3. **Recommendations** 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 89,179,000 be referred to the Western Cape Provincial Parliament for authorisation.	Stricter budget control is continually being implemented. This includes that only funded vacancies are filled, and a vetting process on goods and services.
Transversal issues reported to SCOPA **Annual Financial Statements** It is with concern that the Committee notice the high number and value of the material corrections that was made by the auditors to financial statements during the audit. The Committee noticed with serious concern the audit findings regarding the reporting of performance information and he seriousness of the state of such reporting in some instances.	The Department has developed a total strategy to ensure that data that is used to compile inputs into the AFS is as accurate as possible. This strategy is addressed under Irregular Expenditure and Internal Control above. The improvement of the reporting on Performance Information is addressed in the section on Reporting of Performance Information above.

Subject	Progress reported to SCOPA
Internal Audit Reports The Committee is concerned that, in various instances, the internal audit function apparently does not highlight or discover similar findings as that raised by the Auditor-General.	Internal audit applies a different approach to the Office of the Auditor-General. Issues audited by these two auditing agencies will rarely be the same.

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 could be made in the three following months. It was envisaged that during the aforesaid three months, conclusion would 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. To date no further response despite numerous requests have been forthcoming from the National Department of Health.

Environmental Rehabilitation Liability

The following activities of the department have an impact on the environment according to the Sustainable Development Implementation Plan of the Department of Environmental Affairs in terms of NEMA.

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

Medical and Industrial Waste Management

The department contracted service providers to collect and dispose medical and industrial waste at all institutions. The risk is therefore transferred to the contractor.

Nuclear Waste Management

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

Industrial effluent

Municipalities are contracted to process industrial effluent generated by laundries and laboratories to ensure the degradation of the effluent. To curtail the usage of water the department has, for example, purchased continuous batch washers at the Tygerberg Laundry that uses as little as 6 litres of water per kilogram of linen compared to the 24 litres used by the traditional washers. Given the fact that 8 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 emissions 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 following related parties provided services to 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 Western Cape Medical Supplies Centre

The department was supplied with medical and surgical sundries by the Western Cape Medical Supplies Centre and the Oudtshoorn sub-depot. These transactions are at arms length.

Western Cape Medical Supplies Centre

Amounts pertaining to the Western Cape Medical Supplies Centre have been removed from the trial balance of the department. Separate Annual Financial Statements have been compiled on the activities of the Western Cape Medical Supplies Centre. 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 Western Cape Medical Supplies Centre.

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 been 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 Office of the Auditor-General in the management letters and the audit reports for the 2008/09 financial year was 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 monthly 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 which the Department of Health did not attend.

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.

With regard to the above the department is not in agreement that it be held accountable for fruitless and wasteful expenditure of this nature. The department is not in a position to influence the procurement processes, the adjudication of bids, the final award of contracts or the quality control processes applied by the Department of Transport and Public Works. This department is therefore of the opinion that fruitless and wasteful expenditure of this nature be recorded in the books of the Department of Transport and Public Works.

The under mentioned has been reported in the Accounting Officers Report of the Department of Transport and Public Works for the 2009/10 financial year regarding the fruitless and wasteful expenditure issue in respect of the following institutions:

Western Cape Nurses College and Valkenberg High Care Admission Unit

Project	Amount	Guarantee	Claim against contractor
Western Cape Nursing College	R 600,000.00	Called up and paid out.	Determination to be made on the future of claim.
Valkenberg High Care Unit	R 4,700,000.00	Claim with State Attorney. Court date 2012.	Determination to be made on the future of claims, subject to outcome of the guarantee claim.

Vat overpaid

In the 2008/09 Accounting Officers Report it was reported that service providers were identified that are not vat registered to whom vat was paid and allegedly overpaid. The overpayment was recovered from the service provider by means of credit notes.

Disciplinary steps taken

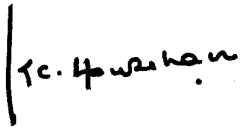
The three officials involved were charged with alleged misconduct. After conducting a formal disciplinary hearing two of the officials were sanctioned (25 February 2009) with a final written warning, whilst the outcome (27 July 2009) of the appeal of the third official was one month's suspension without pay and a final written warning.

17. Soccer World Cup 2010

The Office of the Auditor-General tested the books of the department to determine whether tickets for the World Cup were purchased. The results indicated that no purchases were made from State Funding on the suppliers selected. The department has also requested all staff from level 13 upward to sign a declaration that no purchases of tickets, T-shirts and memorabilia were made utilising State Funding. All the declarations were not submitted as at 30/07/2010.

Approval

The Annual Financial Statements set out on pages 192 to 274 have been approved by the Accounting Officer.



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PROFESSOR KC HOUSEHAM
ACCOUNTING OFFICER

DATE: 31 May 2010

REPORT OF THE AUDITOR-GENERAL TO THE WESTERN CAPE PROVINCIAL PARLIAMENT ON THE FINANCIAL STATEMENTS OF VOTE No. 6: WESTERN CAPE DEPARTMENT OF HEALTH FOR THE YEAR ENDED 31 MARCH 2010

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 2010, and the statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, and a summary of significant accounting policies and other explanatory information, as set out on pages 192 to 242.

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 1.1 and in the manner required by the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999)(PFMA) and the Division of Revenue Act of South Africa, 2009 (Act No. 12 of 2009)(DoRA). This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor-General's responsibility

3. As required by section 188 of the Constitution of the Republic of South Africa, 1996 and section 4 of the Public Audit Act of South Africa, 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 International Standards on Auditing and *General Notice 1570 of 2009* issued in *Government Gazette 32758 of 27 November 2009*. 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 2010, and its financial performance and its cash flows for the year then ended, in accordance with the modified cash basis of accounting as determined by the National Treasury, as set out in accounting policy note 1.1 and in the manner required by the PFMA and DoRA.

Emphasis of matters

I draw attention to the matters below. My opinion is not modified in respect of these 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 1.1.

Significant uncertainties

9. Enquiries of management and the state legal advisor confirmed that the department is a defendant in the following legal claims against the department:

    - Medico legal claims : R 32,6 million of new cases during the financial year, with a closing balance of R 61,5 million
    - Civil and legal claims, including labour relations claims : R 0,7 million of new cases during the financial year, with a closing balance of R 38,5 million

10. The outcome of these legal claims cannot be determined, but based on best estimate judgement by management, these amounts have been disclosed as a contingent liability in note 20 and annexure 3B to the financial statements.

Restatement of corresponding figures

11. The corresponding figures for the 2008/09 financial year in respect of payables and movable tangible capital assets have been restated as a result of an error discovered during the 2009/10 financial year in the financial statements of the Western Cape Department of Health at, and for the year ended, 31 March 2009.

Matters important to the users of the financial statements

Unauthorised expenditure

12. As disclosed in note 10 to the financial statements, unauthorised expenditure totalling R 70,5 million was incurred by the department on programme 5, after applying virements, as a result of increased patient activity, a higher than anticipated inflation rate on medical and surgical sundries, especially medicines, an unexpected outbreak of diseases such as H1N1 and measles, the impact of HIV/Aids and tuberculosis on laboratory costs, the inadequacy of the national treasury services grant and the health professions training and development grant, as well as the higher than funded levels of occupational specific dispensations and improvements of conditions of service.

Irregular expenditure

13. As disclosed in note 26 to the financial statements, irregular expenditure totalling R 33,2 million was incurred by the department 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 non-compliance with procurement and contract management regulations. Included in this amount is irregular expenditure of R 5,6 million which was detected during the audit of procurement and contract management and which was not prevented or detected by the department's internal control activities.

Material under spending of the budget

14. As disclosed in the appropriation statement, as well as on page 167 of the accounting officer's report, the department has materially under spent the budget on primarily programme 8, to the amount of R 92,7 million. The impact of this under spending was delays in the awarding of tenders and roll-out and/or commencement of capital projects, which include the new Mitchell's Plain Hospital and the Worcester Hospital.

Additional matters

I draw attention to the matter below. My opinion is not modified in respect of this matter:

Unaudited supplementary schedules

15. The supplementary information set out on pages 243 to 274 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and accordingly I do not express an opinion thereon.

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS

16. In terms of the PAA of South Africa and *General notice 1570 of 2009,* issued in *Government Gazette No. 32758 of 27 November 2009* I include below my findings on the report on predetermined objectives, compliance with the PFMA and financial management (internal control).

Findings

Predetermined objectives

Non-compliance with regulatory and reporting requirements

Public Finance Management Act

Lack of effective, efficient and transparent systems and internal controls regarding performance management

17. The accounting officer did not ensure that the department 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, rogress and managed, as required in terms of section 38(1)(a)(i) and (b) of the PFMA.

Usefulness of reported performance

18. The following criteria were used to assess the usefulness of the planned and reported performance:

- Consistency: Has the entity reported on its performance with regard to its objectives, indicators and targets in its approved strategic plan, i.e. are the objectives, indicators and targets consistent between planning and reporting documents?
- Relevance: Is there a clear and logical link between the objectives, outcomes, outputs, indicators and performance targets?
- Measurability: Are objectives made measurable by means of indicators and targets? Are indicators well defined and verifiable, and are targets specific, measurable, and time bound?

The following audit findings relate to the above criteria:

Planned and reported performance targets not specific

19. For the selected programmes, 40% of the planned and reported targets were not specific in clearly identifying the nature and the required level of performance as baseline numbers (numerators and denominators) were not specified for targets expressed as percentages. Furthermore, 23 targets (three annual and 20 quarterly targets) were not specified in the annual performance plan.

Reliability of reported performance

20. The following criteria were used to assess the usefulness of the planned and reported performance:

- Validity: Has the actual reported performance occurred and does it pertain to the entity i.e. can the reported performance information be traced back to the source data or documentation?
- Accuracy: Amounts, numbers and other data relating to reported actual performance has been recorded and reported appropriately.
- Completeness: All actual results and events that should have been recorded have been included in the reported performance information.

The following audit finding relates to the above criteria:

Reasons for major variances between planned and actual reported targets were not explained

21. Adequate explanations for major variances between the planned and the actual reported targets for the selected programmes were not reported as required in terms of the relevant reporting guidance. In total 57% of the reported targets with major variances had no explanations for those variances.

Reported indicators not reliable when compared to source information

22. For the selected programmes, the reported indicators were not valid, accurate and complete on the basis of the source information or evidence provided to support the reported indicators, as indicated below:

- In 130 instances the information recorded on the provincial database is inconsistent with the supporting documentation (i.e. the data collection forms) provided by the institutions (22 of 32 indicators tested were affected by this finding – 69%).
- In 45 instances the information recorded on data collection forms is inconsistent with the supporting documentation provided by the institution (14 of 32 indicators tested were affected by this finding – 44%).
- In 97 instances the source data provided by the department did not correspond with the actual performance reported in the annual report (89 of 248 indicators tested were affected by this finding – 35%).
- In four instances the actual figures reported in the annual report differ from the figures reported in the monitoring and evaluation report and/or the quarterly performance report (four of 48 indicators tested were affected by this finding – 8%).
- In 10 instances the actual source provided by the department differed from the source specified in the annual performance plan (10 of 248 indicators tested were affected by this finding – 4%).
- In two instances the definition for the indicators, as specified in the annual performance plan, was not applied when the indicator was calculated for the annual report (two of 248 indicators tested were affected by this finding – 1%).

Reported indicators not reliable as no supporting source information was provided

23. For the selected programmes the validity, accuracy and completeness of the reported indicators could not be established as sufficient appropriate audit evidence and/or relevant source documentation could not be provided for audit purposes, as indicated below:

- In 16 instances certain data collection forms had not been implemented, i.e. are not collected and/or reported on (16 out of 24 reporting units reviewed were affected by this finding – 67%).
- In five instances forms were not entered on the provincial database and/or not submitted by facilities (three out of seven institutions reviewed were affected by this finding – 43%).
- In four instances tick registers are not maintained for certain services rendered at primary health care facilities (three out of nine services reviewed were affected by this finding – 33%).
- In 850 instances patient folders did not exist or could not be obtained to confirm patient data related to the services reported on (850 of 3 360 files reviewed were affected by this finding – 25%).
- In one instance source documentation to confirm the information recorded on the hospital throughput forms and routine monthly reports could not be obtained from the institutions to confirm the specified indicators (one out of seven services reviewed were affected by this finding – 14%).
- In eight instances source documentation to confirm the information reported in the annual report could not be obtained from the department to confirm the specified indicators (eight out of 248 indicators reviewed were affected by this finding – 3%).

Compliance with laws and regulations

Division of Revenue Act of South Africa, read with the Provincial and Local Government Conditional Grant Framework of 2008, issued in *Government Gazette 30978 of 14 April 2008*, and the Provincial and Local Government Conditional Grant Framework of 2009, issued in *Government Gazette 32142 of 17 April 2009*

Non-adherence to requirements

The requirements of the DoRA, read with the mentioned frameworks in respect of conditional grants awarded to the department, were not adhered to, as indicated below:

24. *Comprehensive HIV and Aids grant:* The provincial business plans, monthly financial reports and quarterly performance reports were not submitted to the National Department of Health within the specified timeframes. Furthermore, a risk management plan was not submitted with the business plan.

25. *Forensic pathology grant:* The provincial business plans, monthly financial reports and quarterly performance reports were not submitted to the National Department of Health within the specified timeframes. The provincial business plan also did not include an indication of new mortuary facilities to be built, refurbished and equipped.

26. *Health professions training and development grant:* The provincial business plan was not submitted to the National Department of Health within the specified timeframes. The business plan also did not include measurable outputs for the number of registrars and students per discipline and per institution, as required by the DoRA Framework, 2009.

27. *National tertiary services grant:* The central hospitals did not report on performance on the designated tertiary services to be provided for the first and second quarters.

28. *Hospital revitalisation grant:* Annual project implementation plans were not submitted within the specified timeframes. Furthermore, the project implementation plans did not include cash flows for seven of the institutions included under this grant.

Internal control

29. I considered internal control relevant to my audit of the financial statements and the report on predetermined objectives and compliance with the PFMA, but not for the purposes of expressing an opinion on the effectiveness of internal control. The matters reported below are limited to the deficiencies identified during the audit.

Leadership

30. The systems relating to reporting on predetermined objectives were not adequately implemented and the results of the monitoring process were not routinely communicated to all managers and staff. This resulted in data collection for reporting on predetermined objectives not being implemented at all institutions, resulting in incomplete and inaccurate reporting. Actions were not in all instances taken to address risks relating to the achievement of complete and accurate performance reporting as action plans were not adhered to by all institutions.

31. Leadership did not adequately exercise oversight responsibility over compliance with laws and regulations. This is evidenced by the extent of non-compliance reported on the Division of Revenue Act as it relates to conditional grants received by the department, as well as non-compliance with procurement and contract management regulations that resulted in irregular expenditure.

Financial and performance management

32. Pertinent information was not identified and captured in a form and time frame to support performance reporting. Adequate processes were not implemented to ensure that the report on predetermined objectives was accurate and complete and that all variances were explained and substantiated by sufficient appropriate evidence.

33. Action plans developed by the department to address compliance with laws and regulations proved to be less effective than anticipated, primarily due to the fact that these action plans did not address the internal control deficiency giving rise to the audit findings. Furthermore, despite the efforts from the head office of the department, ongoing monitoring and review was not undertaken at district level to enable an assessment of the effectiveness of the action plans.

Governance

34. Risk assessments performed at the department for the 2009/10 financial year did not include an assessment of the risks relating to reporting on predetermined objectives and the processes to ensure that performance objectives are measured and achieved. Internal audit's operational plan for the year therefore did not address the report on predetermined objectives. Internal audit's operational plan also did not address non-compliance with laws and regulations.

OTHER REPORTS

Investigations

Investigations in progress

35. As result of a SCOPA resolution an investigation was conducted by an independent consultant, to investigate six cancelled contracts pertaining to prior year issues raised by both the Standing Committee on Public Accounts (SCOPA) and the Auditor-General of South Africa, including the Western Cape Nursing College and the Valkenberg Hospital.

36. This report revealed that the initial contracts awarded amounted to R 54 million. The escalated cost to the department would have been R 69,9 million had those contracts been completed by the first contractors. The total amount spent on the first and replacement contractors to complete the projects amounted to R 107,3 million. This amounts to an additional construction cost of approximately R 37 million of which R 6,4 million has been identified by the external consultants as being as a result of remedial work required. Remedial costs include poor/defective workmanship as certified, correcting poor workmanship, losses incurred between contracts and latent defects. Additional professional fees of R 8,2 million have been identified, capitalised as part of the asset and included in the claims against the contractors.

37. The report further revealed that the department has incurred fruitless and wasteful expenditure in respect of the amount of remedial work performed by the replacement contractors, a portion of additional professional fees paid and repeated establishment and preliminary and general costs included in the additional construction cost. The completion of the construction work of the projects at an additional cost of R 35,2 million (also capitalised) constitutes inefficient and ineffective application of departmental funds given that the initial budget for these projects was in the region of R 53 million (R 69,6 million when escalated) and the project delivery was delayed by up to 27 months.

38. This report was dated 10 September 2007, and to date it is still under investigation by the Department of Transport and Public Works. Management indicated that any fruitless and wasteful expenditure can only be determined, subject to the outcome of guarantee claims. These claims are with the State Attorney and the court date is 2012.

Performance audits

39. A performance audit was conducted of entities that are connected with government employees and doing business with departments of the Western Cape Provincial Administration. The transactions included in the report covered the period 1 April 2005 to 31 March 2007 and the report was tabled 12 June 2009.

40. A performance audit was conducted on the infrastructure delivery process at the Department of Health. The management report covered thirteen projects amounting to R 594,4 million and was issued 17 November 2009.

41. A performance audit on the use of consultants, contractors and agency/outsourced services at the Department of Health has commenced. The audit was still ongoing at the time of this report and it was anticipated that the management report would be issued during August 2010.

Engagements to perform agreed-upon procedures

42. As requested by the department, an engagement was conducted during the year under review concerning the expenditure incurred on the four predetermined broad objectives of programme 2.10, Global Fund of the Western Cape Department of Health. The report covered the period 1 April 2008 to 31 March 2009. A similar engagement for the period 1 April 2009 to 31 March 2010 will commence in September 2010.

Auditor - General

Cape Town

30 July 2010

AUDITOR-GENERAL
SOUTH AFRICA

Auditing to build public confidence

ACCOUNTING POLICIES
for the year ended 31 March 2010

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, Act 12 of 2009.

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 I 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 comprises of departmental allocations as well as direct charges against revenue fund (i.e. statutory appropriation).

Appropriated funds are recognised in the financial records on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the financial records on the date the adjustments become effective.

The total appropriated funds received during the year are presented in the statement of financial performance.

Unexpended appropriated funds are surrendered to the national/provincial revenue fund. Any amounts owing to the national/provincial revenue fund at the end of the financial year are recognised as payable in the statement of financial position.

2.2 Departmental revenue

All departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the national/provincial revenue fund, unless stated otherwise.

Any amount owing to the national/provincial revenue fund is recognised as a payable in the statement of financial position.

No accrual is made for the amount receivable from the last receipt date to the end of the reporting period. These amounts are however disclosed in the disclosure note to the annual financial statements.

2.3 Direct exchequer receipts / payments

All direct exchequer receipts are recognised in the statement of financial performance when the cash is received and subsequently paid into the national/provincial revenue fund, unless otherwise stated.

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).

Any amount owing to the national/provincial revenue funds at the end of the financial year is recognised as a payable in the statement of financial position.

2.4 Aid assistance

Aid assistance is recognised as revenue when received.

All in-kind aid assistance is disclosed at fair value on the date of receipt in the annexures to the annual financial statements.

The cash payments made during the year relating to aid assistance projects are recognised as expenditure in the statement of financial performance when final authorisation for payments is effected on the system (by no later than 31 March of each year).

The value of the assistance expensed prior to the receipt of funds is recognised as a receivable in the statement of financial position.

Inappropriately expensed amounts using 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 expenditure in the statement of financial performance when final authorisation for payments effected on the system (by no later then 31 March of each year).

Inappropriately expensed amounts using CARA funds are recognised as payables in the statement of financial position. Any unutilised amounts are transferred to retained funds as they are not surrendered to the revenue fund.

3. Expenditure

3.1 Compensation of employees

3.1.1 Short-term employee benefits

The cost of short-term employee benefits are expensed in the statement of financial performance when financial authorisation for payment is effected on the system (by no later than 31 March each year).

Short-tem employee benefits that give rise to a present legal or constructive obligation are disclosed in the disclosure notes to the financial statements. These amounts must not be recognised in the statement of financial performance or position.

Employee cost are capitalised to the cost of a capital project when an employee spends more than 50% of his/her time in the project. These payments form part of expenditure for capital assets in the statement of financial performance.

3.1.2 Post retirement benefits

Employer contribution (i.e. social contributions) is expensed in the statement of financial performance when the final authorisation for payment is effected on the system (by no later than 31 March 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 Revenue Funds and not in the financial statements of the employer department.

Social contribution (such as medical benefits) made by the department for certain of its ex-employees are classified as transfers to households in the statement of financial performance.

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.

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/or services were acquired for a capital project or if the total purchase price exceeds the capitalisation threshold (currently R 5,000). All other expenditures are classified as current.

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 an estimate is included in the disclosure notes to the financial statements amounts.

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 confirmed 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 derecognised from the statement of financial position when the unauthorised expenditure is approved and the related funds are received.

Where the amount is approved without funding it is recognised as expenditure 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 according to the nature of the payment and not as a separate line item on the face of the statement. 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.

4. Assets

4.1 Cash and cash equivalents

Cash and cash equivalents are carried in the statement of financial position at cost.

Bank overdrafts are shown separately on the face of the statement of financial position.

For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.

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 and where the goods and services have not been received by year end.

Prepayments 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 or from the sale of goods/rendering of services.

Receivables outstanding at year-end are carried in the statement of financial position at cost plus any accrued interest. Amounts that are potentials irrecoverable are included in the disclosure notes.

4.5 Investments

Capitalised investments are shown at cost in the statement of financial position.

Investments are tested for an impairment loss whenever events or changes in circumstances indicate that the investment may be impaired. Any impairment loss is included in the disclosure notes.

4.6 Loans

Loans are recognised in the statement of financial position when the cash is paid to the beneficiary. Loans that are outstanding at year-end are carried in the statement of financial position at cost plus accrued interest.

Amounts that are potentially irrecoverable are included in the disclosure notes.

4.7 Inventory

Inventories that qualify for recognition must be initially reflected at cost. Where inventories are acquired at no cost, or for nominal consideration, their cost shall be their fair value at the date of acquisition.

All inventory items at year-end are reflected using the weighted average cost or FIFO cost formula.

4.8 Capital assets

4.8.1 Movable assets

Initial recognition
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.

All assets acquired prior to 1 April 2002 are included in the register R 1.

Subsequent recognition
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

Initial recognition
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.

Subsequent recognition
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 Payables

Recognised payables mainly comprise of amounts owing to other governmental entities. These payables are carried at cost in the statement of financial position.

5.2 Contingent liabilities

Contingent liabilities are included in the disclosure notes to the financial statements when it is possible that economic benefits will flow from the department, or when an outflow of economic benefits or service potential is probable but cannot be measured reliably.

5.3 Contingent assets

Contingent assets are included in the disclosure notes to the financial statements when it is possible that an inflow of economic benefits will flow to the entity.

5.4 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.

5.5 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.

5.6 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.

5.7 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 interest portions. The finance lease liability is disclosed in the disclosure notes to 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 discloser notes to the financial statement.

5.8 Provisions

Provisions are disclosed when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate of the obligation can be made.

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 recognised in the capitalisation reserves when identified in the current period and are transferred to the national/provincial revenue fund when the underlining asset is disposed and the related funds are received.

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. Amounts are either transferred to the national/provincial revenue fund when recovered or are transferred to the statement of financial performance when written-off.

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.

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

APPROPRIATION STATEMENT
for the year ended 31 March 2010

Appropriation per Programme									
	2009/10							2008/09	
	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	279,120	-	(22,507)	256,613	247,189	9,424	96.3%	231,794	228,884
Transfers and subsidies	16,150	-	(1,792)	14,358	10,561	3,797	73.6%	9,257	9,028
Payment for capital assets	11,664	-	(124)	11,540	8,960	2,580	77.6%	15,690	11,192
2. District Health Services									
Current payment	3,211,440	-	15,126	3,226,566	3,236,705	(10,139)	100.3%	2,649,865	2,731,323
Transfers and subsidies	405,345	-	-	405,345	404,255	1,090	99.7%	341,076	323,408
Payment for capital assets	96,448	-	-	96,448	81,570	14,878	84.6%	117,143	85,069
3. Emergency Medical Services									
Current payment	477,964	-	-	477,964	472,916	5,048	98.9%	364,790	372,660
Transfers and subsidies	29,256	-	-	29,256	29,264	(8)	100.0%	21,066	20,972
Payment for capital assets	27,078	-	-	27,078	27,950	(872)	103.2%	9,486	9,486
4. Provincial Hospital Services									
Current payment	2,473,688	-	137	2,473,825	2,479,058	(5,233)	100.2%	2,244,629	2,243,450
Transfers and subsidies	4,174	-	-	4,174	4,116	58	98.6%	4,863	4,863
Payment for capital assets	29,117	-	(6,000)	23,117	17,914	5,203	77.5%	22,068	12,337
5. Central Hospital Services									
Current payment	2,190,005	-	372	2,190,377	2,257,031	(66,654)	103.0%	1,906,557	1,906,557
Transfers and subsidies	10,433	-	-	10,433	10,588	(155)	101.5%	9,811	9,811
Payment for capital assets	70,062	-	6,000	76,062	79,726	(3,664)	104.8%	54,318	54,318
6. Health Science and Training									
Current payment	98,359	-	6,577	104,936	105,295	(359)	100.3%	95,888	78,184
Transfers and subsidies	93,337	-	(4,132)	89,205	89,198	7	100.0%	68,217	57,750
Payment for capital assets	584	-	-	584	131	453	22.4%	1,005	695
7. Health Care Support Services									
Current payment	180,127	-	(919)	179,208	179,560	(352)	100.2%	95,388	93,290
Transfers and subsidies	2,085	-	864	2,949	2,881	68	97.7%	1,907	1,657
Payment for capital assets	17,181	-	6,398	23,579	15,164	8,415	64.3%	1,203	1,203
8. Health Facilities Management									
Current payment	150,965	-	-	150,965	137,659	13,306	91.2%	109,317	104,490
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Payment for capital assets	589,134	-	-	589,134	473,343	115,791	80.3%	495,467	295,218
Sub-total	10,463,716	-	-	10,463,716	10,371,034	92,682	99.1%	8,870,805	8,655,845
Total	**10,463,716**	**-**	**-**	**10,463,716**	**10,371,034**	**92,682**	**99.1%**	**8,870,805**	**8,655,845**
Reconciliation with statement of financial performance									
Add:									
Departmental revenue				22,973				98,289	
Aid assistance received				10,769				21,515	
Actual amounts per statement of financial performance (total revenue)				**10,497,458**				**8,990,609**	
Add:					10,287				
Aid assistance					-				22,301
Aid assistance capital assets					-				(36)
Actual amounts per statement of financial performance (total expenditure)					**10,381,321**				**8,678,110**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

APPROPRIATION STATEMENT
for the year ended 31 March 2010

Appropriation per economic classification									
	2009/10							2008/09	
	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	5,748,979	-	(877)	5,748,102	5,780,151	(32,049)	100.6%	4,838,440	4,876,271
Goods and services	3,312,689	-	(4,403)	3,308,286	3,331,196	(22,910)	100.7%	2,857,220	2,879,999
Interest and rent on land	-	-	337	337	337	-	100.0%	396	396
Financial transactions in assets and liabilities	-	-	3,729	3,729	3,729	-	100.0%	2,172	2,172
Transfers and subsidies									
Provinces and municipalities	229,551	-	-	229,551	228,424	1,127	99.5%	174,914	165,186
Departmental agencies and accounts	4,712	-	-	4,712	4,712	-	100.0%	4,374	4,368
Universities and technikons	1,708	-	(1,708)	-	-	-	-	-	-
Non-profit institutions	241,990	-	-	241,990	239,925	2,065	99.1%	220,692	211,455
Households	82,819	-	(3,352)	79,467	77,802	1,665	97.9%	56,217	46,480
Payments for capital assets									
Buildings and other fixed structures	607,091	-	6,344	613,435	493,617	119,818	80.5%	557,736	328,119
Machinery and equipment	233,950	-	(76)	233,874	210,361	23,513	89.9%	158,572	141,302
Software and other intangible assets	227	-	6	233	780	(547)	334.8%	72	97
Total	**10,463,716**	**-**	**-**	**10,463,716**	**10,371,034**	**92,682**	**99.1%**	**8,870,805**	**8,655,845**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

Detail of Programme 1 – Administration
for the year ended 31 March 2010

Programme per sub-programme	2009/10							2008/09	
	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	5,502	-	1,049	6,551	5,781	770	88.2%	5,927	5,741
Transfers and subsidies	3	-	2	5	5	-	100.0%	-	-
Payment for capital assets	-	-	58	58	58	-	100.0%	32	114
1.2 Management									
Current payment	273,618	-	(23,556)	250,062	241,408	8,654	96.5%	225,867	223,143
Transfers and subsidies	16,147	-	(1,794)	14,353	10,556	3,797	73.5%	9,257	9,028
Payment for capital assets	11,664	-	(182)	11,482	8,902	2,580	77.5%	15,658	11,078
Total	**306,934**	**-**	**(24,423)**	**282,511**	**266,710**	**15,801**	**94.4%**	**256,741**	**249,104**

Economic classification	2009/10							2008/09	
	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	118,406	-	(7,009)	111,397	110,116	1,281	98.9%	98,331	96,213
Goods and services	160,714	-	(15,516)	145,198	137,055	8,143	94.4%	133,320	132,528
Financial transactions in assets and liabilities	-	-	18	18	18	-	100.0%	143	143
Transfers and subsidies to:									
Households	16,150	-	(1,792)	14,358	10,561	3,797	73.6%	9,257	9,028
Payment for capital assets									
Machinery and equipment	11,664	-	(124)	11,540	8,960	2,580	77.6%	15,636	11,138
Software and other intangible assets	-	-	-	-	-	-	-	54	54
Total	**306,934**	**-**	**(24,423)**	**282,511**	**266,710**	**15,801**	**94.4%**	**256,741**	**249,104**

Detail of Programme 2 – District Health Services for the year ended 31 March 2010

Programme per sub-programme	2009/10							2008/09	
	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	201,822	-	4,637	206,459	205,035	1,424	99.3%	154,708	160,537
Transfers and subsidies	118	-	-	118	1,218	(1,100)	1032.2%	23	220
Payment for capital assets	5,503	-	-	5,503	5,827	(324)	105.9%	3,813	3,884
2.2 Community Health Clinics									
Current payment	584,774	-	3,166	587,940	590,631	(2,691)	100.5%	504,063	515,020
Transfers and subsidies	163,566	-	-	163,566	163,323	243	99.9%	130,346	129,933
Payment for capital assets	8,710	-	-	8,710	6,261	2,449	71.9%	4,017	5,016
2.3 Community Health Centres									
Current payment	800,960	-	6,083	807,043	808,076	(1,033)	100.1%	671,595	700,198
Transfers and subsidies	696	-	-	696	1,225	(529)	176.0%	409	767
Payment for capital assets	5,973	-	-	5,973	4,411	1,562	73.8%	4,359	4,377
2.4 Community Based Services									
Current payment	28,911	-	9	28,920	29,090	(170)	100.6%	36,973	26,561
Transfers and subsidies	92,187	-	-	92,187	90,102	2,085	97.7%	80,855	79,223
Payment for capital assets	15	-	-	15	142	(127)	946.7%	443	249
2.5 Other Community Services									
Current payment	1	-	-	1	-	1	-	1	-
Payment for capital assets	-	-	-	-	-	-	-	-	-
2.6 HIV and AIDS									
Current payment	282,939	-	-	282,939	282,125	814	99.7%	168,213	201,081
Transfers and subsidies	100,406	-	-	100,406	101,192	(786)	100.8%	73,054	67,746
Payment for capital assets	193	-	-	193	214	(21)	110.9%	200	104
2.7 Nutrition									
Current payment	13,204	-	355	13,559	13,486	73	99.5%	12,817	12,361
Transfers and subsidies	5,326	-	-	5,326	5,378	(52)	101.0%	4,944	4,682
Payment for capital assets	-	-	-	-	21	(21)	-	107	25
2.8 Coroner Services									
Current payment	1	-	-	1	-	1	-	57,796	63,216
Payment for capital assets	-	-	-	-	-	-	-	37,184	20,322
2.9 District Hospitals									
Current payment	1,271,316	-	876	1,272,192	1,280,904	(8,712)	100.7%	986,747	1,003,730
Transfers and subsidies	6,901	-	-	6,901	7,340	(439)	106.4%	7,492	7,828
Payment for capital assets	31,283	-	-	31,283	23,923	7,360	76.5%	20,921	19,344
2.10 Global Funding									
Current payment	27,512	-	-	27,512	27,358	154	99.4%	56,952	48,619
Transfers and subsidies	36,145	-	-	36,145	34,477	1,668	95.4%	43,953	33,009
Payment for capital assets	44,771	-	-	44,771	40,771	4,000	91.1%	46,099	31,748
Total	**3,713,233**	**-**	**15,126**	**3,728,359**	**3,722,530**	**5,829**	**99.8%**	**3,108,084**	**3,139,800**

Economic classification	2009/10							2008/09	
	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	1,994,863	-	4,385	1,999,248	2,005,421	(6,173)	100.3%	1,662,287	1,699,818
Goods and services	1,216,577	-	9,658	1,226,235	1,230,200	(3,965)	100.3%	986,802	1,030,729
Interest and rent on land	-	-	315	315	315	-	100.0%	289	289
Financial transactions in assets and liabilities	-	-	768	768	769	(1)	100.1%	487	487
Transfers and subsidies to:									
Provinces and municipalities	229,551	-	-	229,551	228,424	1,127	99.5%	174,914	165,186
Non-profit institutions	172,568	-	-	172,568	170,521	2,047	98.8%	164,172	155,029
Households	3,226	-	-	3,226	5,310	(2,084)	164.6%	1,990	3,193
Payment for capital assets									
Buildings and other fixed structures	42,816	-	-	42,816	40,314	2,502	94.2%	78,938	48,754
Machinery and equipment	53,632	-	-	53,632	41,037	12,595	76.5%	38,205	36,307
Software and other intangible assets	-	-	-	-	219	(219)	-	-	8
Total	**3,713,233**	**-**	**15,126**	**3,728,359**	**3,722,530**	**5,829**	**99.8%**	**3,108,084**	**3,139,800**

Detail of Programme 3 – Emergency Medical Services for the year ended 31 March 2010

Programme per sub-programme	2009/10							2008/09	
	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	440,686	-	-	440,686	435,673	5,013	98.9%	339,887	348,018
Transfers and subsidies	29,256	-	-	29,256	29,264	(8)	100.0%	21,061	20,965
Payment for capital assets	27,078	-	-	27,078	27,950	(872)	103.2%	9,486	9,486
3.2 Planned Patient Transport									
Current payment	37,278	-	-	37,278	37,243	35	99.9%	24,903	24,642
Transfers and subsidies	-	-	-	-	-	-	-	5	7
Total	**534,298**	**-**	**-**	**534,298**	**530,130**	**4,168**	**99.2%**	**395,342**	**403,118**

Economic classification	2009/10							2008/09	
	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	317,345	-	-	317,345	315,071	2,274	99.3%	251,614	259,484
Goods and services	160,619	-	(2,219)	158,400	155,626	2,774	98.2%	112,329	112,329
Interest and rent on land	-	-	22	22	22	-	100.0%	29	29
Financial transactions in assets and liabilities	-	-	2,197	2,197	2,197	-	100.0%	818	818
Transfers and subsidies to:									
Non-profit institutions	29,190	-	-	29,190	29,172	18	99.9%	21,000	20,906
Households	66	-	-	66	92	(26)	139.4%	66	66
Payment for capital assets									
Machinery and equipment	27,078	-	-	27,078	27,780	(702)	102.6%	9,479	9,479
Software and other intangible assets	-	-	-	-	170	(170)	-	7	7
Total	**534,298**	**-**	**-**	**534,298**	**530,130**	**4,168**	**99.2%**	**395,342**	**403,118**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

Detail of Programme 4 – Provincial Hospital Services
for the year ended 31 March 2010

Programme per sub-programme	2009/10							2008/09	
	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	1,679,716	-	60	1,679,776	1,685,150	(5,374)	100.3%	1,560,948	1,560,360
Transfers and subsidies	2,823	-	-	2,823	2,209	614	78.3%	1,881	1,881
Payment for capital assets	20,805	-	(6,000)	14,805	11,260	3,545	76.1%	15,198	5,503
4.2 Tuberculosis Hospitals									
Current payment	156,661	-	22	156,683	155,514	1,169	99.3%	131,455	131,455
Transfers and subsidies	204	-	-	204	123	81	60.3%	184	184
Payment for capital assets	3,532	-	-	3,532	1,990	1,542	56.3%	3,996	3,996
4.3 Psychiatric/Mental Hospitals									
Current payment	444,391	-	36	444,427	445,326	(899)	100.2%	388,465	388,465
Transfers and subsidies	855	-	-	855	1,377	(522)	161.1%	2,220	2,220
Payment for capital asset	1,620	-	-	1,620	1,698	(78)	104.8%	1,217	1,217
4.4 Chronic Medical Hospitals									
Current payment	113,097	-	15	113,112	109,472	3,640	96.8%	99,477	98,975
Transfers and subsidies	185	-	-	185	128	57	69.2%	167	167
Payment for capital assets	980	-	-	980	861	119	87.9%	211	175
4.5 Dental Training Hospitals									
Current payment	79,823	-	4	79,827	83,596	(3,769)	104.7%	64,284	64,195
Transfers and subsidies	107	-	-	107	279	(172)	260.7%	411	411
Payment for capital assets	2,180	-	-	2,180	2,105	75	96.6%	1,446	1,446
Total	**2,506,979**	**-**	**(5,863)**	**2,501,116**	**2,501,088**	**28**	**100.0%**	**2,271,560**	**2,260,650**

Economic classification	2009/10							2008/09	
	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	1,668,183	-	-	1,668,183	1,746,601	(78,418)	104.7%	1,554,404	1,553,809
Goods and services	805,505	-	-	805,505	732,320	73,185	90.9%	689,972	689,388
Interest and rent on land	-	-	-	-	-	-	-	78	78
Financial transactions in assets and liabilities	-	-	137	137	137	-	100.0%	175	175
Transfers and subsidies to:									
Non-profit institutions	-	-	-	-	-	-	-	1,226	1,226
Households	4,174	-	-	4,174	4,116	58	98.6%	3,637	3,637
Payment for capital assets									
Buildings and other fixed structures	-	-	70	70	69	1	98.6%	588	588
Machinery and equipment	29,117	-	(6,076)	23,041	17,839	5,202	77.4%	21,469	11,738
Software and other intangible assets	-	-	6	6	6	-	100.0%	11	11
Total	**2,506,979**	**-**	**(5,863)**	**2,501,116**	**2,501,088**	**28**	**100.0%**	**2,271,560**	**2,260,650**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

Detail of Programme 5 – Central Hospital Services
for the year ended 31 March 2010

Programme per sub-programme	2009/10							2008/09	
	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	2,190,005	-	372	2,190,377	2,257,031	(66,654)	103.0%	1,906,557	1,906,557
Transfers and subsidies	10,433	-	-	10,433	10,588	(155)	101.5%	9,811	9,811
Payment for capital assets	70,062	-	6,000	76,062	79,726	(3,664)	104.8%	54,318	54,318
Total	**2,270,500**	**-**	**6,372**	**2,276,872**	**2,347,345**	**(70,473)**	**103.1%**	**1,970,686**	**1,970,686**

Economic classification	2009/10							2008/09	
	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	1,494,207	-	-	1,494,207	1,453,200	41,007	97.3%	1,186,494	1,186,494
Goods and services	695,798	-	-	695,798	803,459	(107,661)	115.5%	719,800	719,800
Financial transactions in assets and liabilities	-	-	372	372	372	-	100.0%	263	263
Transfers and subsidies to:									
Non-profit institutions	7,232	-	-	7,232	7,232	-	100.0%	5,812	5,812
Households	3,201	-	-	3,201	3,356	(155)	104.8%	3,999	3,999
Payment for capital assets									
Machinery and equipment	69,835	-	6,000	75,835	79,341	(3,506)	104.6%	54,318	54,318
Software and other intangible assets	227	-	-	227	385	(158)	169.6%	-	-
Total	**2,270,500**	**-**	**6,372**	**2,276,872**	**2,347,345**	**(70,473)**	**103.1%**	**1,970,686**	**1,970,686**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

Detail of Programme 6 – Health Science and Training
for the year ended 31 March 2010

Programme per sub-programme	2009/10							2008/09	
	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	38,703	-	3	38,706	38,483	223	99.4%	36,749	35,453
Transfers and subsidies	1,801	-	(1,210)	591	590	1	99.8%	85	43
Payment for capital assets	584	-	-	584	118	466	20.2%	271	271
6.2 Emergency Medical Services Training College									
Current payment	7,725	-	-	7,725	7,631	94	98.8%	6,692	6,753
Transfers and subsidies	5	-	-	5	-	5	-	5	-
Payment for capital assets	-	-	-	-	-	-	-	614	403
6.3 Bursaries									
Current payment	5,664	-	1,880	7,544	7,544	-	100.0%	4,819	4,819
Transfers and subsidies	55,534	-	(2,922)	52,612	52,611	1	100.0%	36,844	26,430
6.4 Primary Health Care Training									
Current payment	1	-	-	1	-	1	-	1	-
6.5 Training Other									
Current payment	46,266	-	4,694	50,960	51,637	(677)	101.3%	47,627	31,159
Transfers and subsidies	35,997	-	-	35,997	35,997	-	100.0%	31,283	31,277
Payment for capital assets	-	-	-	-	13	(13)	-	120	21
Total	**192,280**	**-**	**2,445**	**194,725**	**194,624**	**101**	**99.9%**	**165,110**	**136,629**

Economic classification	2009/10							2008/09	
	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	36,878	-	-	36,878	36,096	782	97.9%	31,538	30,917
Goods and services	61,481	-	6,395	67,876	69,017	(1,141)	101.7%	64,146	47,063
Financial transactions in assets and liabilities	-	-	182	182	182	-	100.0%	204	204
Transfers and subsidies to:									
Departmental agencies and accounts	2,997	-	-	2,997	2,997	-	100.0%	2,801	2,795
Universities and technikons	1,708	-	(1,708)	-	-	-	-	-	-
Non-profit institutions	33,000	-	-	33,000	33,000	-	100.0%	28,482	28,482
Households	55,632	-	(2,424)	53,208	53,201	7	100.0%	36,934	26,473
Payment for capital assets									
Machinery and equipment	584	-	-	584	131	453	22.4%	1,005	695
Total	**192,280**	**-**	**2,445**	**194,725**	**194,624**	**101**	**99.9%**	**165,110**	**136,629**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

Detail of Programme 7 – Health Care Support Services
for the year ended 31 March 2010

Programme per sub-programme	2009/10							2008/09	
	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	49,053	-	4,020	53,073	53,072	1	100.0%	45,030	44,725
Transfers and subsidies	241	-	(13)	228	21	207	9.2%	216	28
Payment for capital assets	-	-	16	16	16	-	100.0%	381	381
7.2 Engineering Services									
Current payment	58,578	-	(7,151)	51,427	50,101	1,326	97.4%	50,356	48,565
Transfers and subsidies	129	-	877	1,006	1,114	(108)	110.7%	118	56
Payment for capital assets	474	-	6,274	6,748	7,320	(572)	108.5%	822	822
7.3 Forensic Services									
Current payment	72,495	-	2,212	74,707	76,387	(1,680)	102.2%	1	-
Transfers and subsidies	-	-	-	-	31	(31)	-	-	-
Payment for capital assets	16,707	-	108	16,815	7,828	8,987	46.6%	-	-
7.4 Orthotic & Prosthetic Services									
Current payment	1	-	-	1	-	1	-	1	-
Payment for capital assets	-	-	-	-	-	-	-	-	-
7.5 Medicine Trading Account									
Transfers and subsidies	1,715	-	-	1,715	1,715	-	100.0%	1,573	1,573
Total	**199,393**	**-**	**6,343**	**205,736**	**197,605**	**8,131**	**96.0%**	**98,498**	**96,150**

Economic classification	2009/10							2008/09	
	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	107,037	-	1,747	108,784	104,448	4,336	96.0%	45,524	43,515
Goods and services	73,090	-	(2,721)	70,369	75,058	(4,689)	106.7%	49,782	49,693
Financial transactions in assets and liabilities	-	-	55	55	54	1	98.2%	82	82
Transfers and subsidies to:									
Departmental agencies and accounts	1,715	-	-	1,715	1,715	-	100.0%	1,573	1,573
Households	370	-	864	1,234	1,166	68	94.5%	334	84
Payment for capital assets									
Buildings and other fixed structures	11,577	-	6,274	17,851	12,486	5,365	69.9%	385	385
Machinery and equipment	5,604	-	124	5,728	2,678	3,050	46.8%	818	818
Total	**199,393**	**-**	**6,343**	**205,736**	**197,605**	**8,131**	**96.0%**	**98,498**	**96,150**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

Detail of Programme 8 – Health Facility Management
for the year ended 31 March 2010

Programme per sub-programme	2009/10							2008/09	
	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	21,200	-	-	21,200	14,188	7,012	66.9%	9,678	14,060
Payment for capital assets	42,906	-	-	42,906	10,048	32,858	23.4%	21,481	13,966
8.2 Emergency Medical Rescue									
Current payment	900	-	-	900	2,047	(1,147)	227.4%	-	1,517
Payment for capital assets	23,805	-	-	23,805	8,938	14,867	37.5%	11,077	6,375
8.3 District Hospital Services									
Current payment	19,794	-	-	19,794	21,982	(2,188)	111.1%	14,806	17,700
Payment for capital assets	227,312	-	-	227,312	188,023	39,289	82.7%	212,143	114,760
8.4 Provincial Hospital Services									
Current payment	32,671	-	-	32,671	39,012	(6,341)	119.4%	35,039	26,825
Payment for capital assets	255,229	-	-	255,229	235,386	19,843	92.2%	229,508	150,050
8.5 Central Hospital Services									
Current payment	63,100	-	-	63,100	49,118	13,982	77.8%	37,794	31,999
Payment for capital assets	39,882	-	-	39,882	30,841	9,041	77.3%	21,025	9,776
8.6 Other Facilities									
Current payment	13,300	-	-	13,300	11,312	1,988	85.1%	12,000	12,389
Payment for capital assets	-	-	-	-	107	(107)	-	233	291
Total	**740,099**	**-**	**-**	**740,099**	**611,002**	**129,097**	**82.6%**	**604,784**	**399,708**

Economic classification	2009/10							2008/09	
	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	12,060	-	-	12,060	9,198	2,862	76.3%	8,248	6,021
Goods and services	138,905	-	-	138,905	128,461	10,444	92.5%	101,069	98,469
Payment for capital assets									
Buildings and other fixed structures	552,698	-	-	552,698	440,748	111,950	79.7%	477,825	278,392
Machinery and equipment	36,436	-	-	36,436	32,595	3,841	89.5%	17,642	16,809
Software and other intangible assets	-	-	-	-	-	-	-	-	17
Total	**740,099**	**-**	**-**	**740,099**	**611,002**	**129,097**	**82.6%**	**604,784**	**399,708**

NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2010

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

Detail of these transactions can be viewed in the note on transfers and subsidies, disclosure notes and Annexure 1 (A – H) 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 the note on 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 Appropriation
	R'000	R'000	R'000	%
Administration	282,511	266,710	15,801	6%
The saving can be attributed to posts not being filled due to the modernisation process in the Department of the Premier and the finalisation of the departmental approved post list. Medico-legal claims paid were less than budget provided. SITA overcharged the department on the utilisation of the transversal systems in 2008/09. A credit was not passed in 2009/10 resulting in a saving. Saving realised in machinery and equipment due to late delivery.				
District Health Services	3,728,359	3,722,530	5,829	0%
The under-spending can be attributed to not all invoices for infrastructure projects on the Global Fund being paid before the end of the financial year, due to funds being retained for possible defects. Delays in the placing of orders at Metro District Health Services due to the "unbundling" of this office into sub-structures. Under expenditure was also recorded at certain municipalities due to delays in the approval of community based projects to be funded with additional funding which was made available late in the year through the adjustments estimate process.				
Emergency Medical Services	534,298	530,130	4,168	1%
The under-spending can be attributed due to the Communications Centre Workstudy investigation not being rogress timeously. Posts could not be filled in the Communications Centre as a result. Savings in goods and services due to the increase in Government Motor Transport tariffs only being approved as from 1 August 2009 and not retrospectively as in the past.				
Provincial Hospital Services	2,501,116	2,501,088	28	0%
This programme is in budget after the application of virements.				

Programme	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appro-priation
	R'000	R'000	R'000	%
Central Hospital Services	2,276,872	2,347,345	(70,473)	(3%)
The over-expenditure can be attributed to mainly goods and services. An inflation rate of between 12% - 15% has been recorded on medical and surgical sundries and especially medicines. Statistics indicate that the patient load increases by approximately 3% on average year on year. Furthermore unexpected diseases, e.g. H1N1 influenza and the measles outbreak are also contributing factors. HIV and AIDS and tuberculosis has also impacted significantly on laboratory cost. The National Tertiary Services and the Health Professions Training and Development Grants are inadequate for the services to be provided, which impacts heavily on this programme. The matter is being addressed with the National Department of Health.				
Health Science and Training	194,725	194,624	101	0%
This programme is in budget after the application of virements.				
Health Care Support Services	205,736	197,605	8,131	4%
The under-spending can be attributed to the insolvency of contractors rogressi mortuaries for the forensic pathology service component. New contracts had to be awarded to complete these projects.				
Health Facility Management	740,099	611,002	129,097	17%
The under-spending can be attributed to the following: Hospital Revitalisation Grant – the late approval of the role over of funds on the Mitchell's Plain Hospital and the late awarding of Worcester Hospital tender due to a delayed tendering process. Infrastructure Grant to Provinces – a number of projects did not commence timeously due to capacity problems at the Departments of Health and Transport and Public Works. Somerset Hospital (FIFA upgrade) – the tender for the extension of the casualty unit coming in well below the estimated cost on which the budget was based. Furthermore under-expenditure on maintenance is as a result of the implementation of changes to the tender process at the Department of Transport and Public Works.				

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	5,748,102	5,780,151	(32,049)	(1%)
Goods and services	3,308,286	3,331,196	(22,910)	(1%)
Interest and rent on land	337	337	-	0%
Financial transactions in assets and liabilities	3,729	3,729	-	0%
Transfers and subsidies:				
Provinces and municipalities	229,551	228,424	1,127	0%
Departmental agencies and accounts	4,712	4,712	-	0%
Non-profit institutions	241,990	239,925	2,065	1%
Household	79,467	77,802	1,665	2%

NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2010

Programme	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appro-priation
	R'000	R'000	R'000	%
Payments for capital assets:				
Buildings and other fixed structures	613,435	493,617	119,818	20%
Machinery and equipment	233,874	210,361	23,513	10%
Software and other intangible assets	233	780	(547)	(235%)

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2010

	Note	2009/10 R'000	2008/09 R'000
REVENUE			
Annual appropriation	*1*	10,463,716	8,870,805
Departmental revenue	*2*	22,973	98,289
Aid assistance	*3*	10,769	21,423
TOTAL REVENUE		**10,497,458**	**8,990,517**
EXPENDITURE			
Current expenditure			
Compensation of employees	*4*	5,780,151	4,876,271
Goods and services	*5*	3,331,196	2,879,999
Interest and rent on land	*6*	337	396
Financial transactions in assets and liabilities	*7*	3,729	2,172
Aid assistance	*3*	2,563	4,950
Total current expenditure		**9,117,976**	**7,763,788**
Transfers and subsidies		**558,587**	**440,820**
Transfers and subsidies	*8*	550,863	427,489
Aid assistance	*3*	7,724	13,331
Expenditure for capital assets			
Tangible capital assets	*9*	703,978	469,421
Software and other intangible assets	*9*	780	97
Total expenditure for capital assets		**704,758**	**469,518**
TOTAL EXPENDITURE		**10,381,321**	**8,674,126**
SURPLUS FOR THE YEAR		**116,137**	**316,391**
Reconciliation of Net Surplus for the year			
Voted funds		92,682	214,996
Annual appropriation		(35,325)	(35,204)
Conditional grants		122,185	216,572
Global Fund		5,822	33,628
Departmental revenue	*15*	22,973	98,289
Aid assistance	*3*	482	3,106
SURPLUS FOR THE YEAR		**116,137**	**316,391**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

STATEMENT OF FINANCIAL POSITION
at 31 March 2010

	Note	2009/10 R'000	2008/09 R'000
ASSETS			
Current assets		**394,811**	**497,960**
Unauthorised expenditure	*10*	159,652	216,936
Cash and cash equivalents	*11*	95,163	13,502
Prepayments and advances	*12*	2,690	3,723
Receivables	*13*	137,306	263,799
TOTAL ASSETS		**394,811**	**497,960**
LIABILITIES			
Current liabilities		**374,504**	**482,843**
Voted funds to be surrendered to the Revenue Fund	*14*	92,682	214,996
Departmental revenue to be surrendered to the Revenue Fund	*15*	19,496	98,302
Bank overdraft	*16*	128,738	-
Payables	*17*	133,106	162,455
Aid assistance unutilised	*3*	482	7,090
TOTAL LIABILITIES		**374,504**	**482,843**
NET ASSETS		**20,307**	**15,117**
Represented by:			
Recoverable revenue		20,307	15,117
TOTAL		**20,307**	**15,117**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

STATEMENT OF CHANGES IN NET ASSETS
for the year ended 31 March 2010

	Note	2009/10 R'000	2008/09 R'000
Recoverable revenue			
Opening balance		15,117	15,757
Transfers:		5,190	(640)
Irrecoverable amounts written off	*25.1*	(1,255)	(1,188)
Debts movement		6,445	548
Closing balance		20,307	15,117
TOTAL		**20,307**	**15,117**

WESTERN CAPE – DEPARTMENT OF HEALTH
VOTE 6

CASH FLOW STATEMENT
for the year ended 31 March 2010

	Note	2009/10 R'000	2008/09 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		10,888,291	9,329,360
Annual appropriated funds received	*1.1*	10,463,716	8,870,805
Departmental revenue received	*2*	413,806	437,132
Aid assistance received	*3*	10,769	21,423
Net (increase)/decrease in working capital		155,461	(221,930)
Surrendered to Revenue Fund		(707,615)	(474,047)
Donor Fund		(7,090)	-
Current payments		(9,117,976)	(7,763,788)
Transfers and subsidies paid		(558,587)	(440,820)
Net cash flow available from operating activities	*18*	652,484	428,775
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	*9*	(704,758)	(469,518)
Proceeds from sale of capital assets	*2.4*	7	11
Net cash flows from investing activities		**(704,751)**	**(469,507)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/(decrease) in net assets		5,190	(640)
Net cash flows from financing activities		**5,190**	**(640)**
Net increase/(decrease) in cash and cash equivalents		(47,077)	(41,372)
Cash and cash equivalents at the beginning of the period		13,502	54,874
Cash and cash equivalents at end of period	*19*	**(33,575)**	**13,502**

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 2008/09 R'000
Administration	282,511	282,511	-	256,741
District Health Services	3,728,359	3,728,359	-	3,108,084
Emergency Medical Services	534,298	534,298	-	395,342
Provincial Hospital Services	2,501,116	2,501,116	-	2,271,560
Central Hospital Services	2,276,872	2,276,872	-	1,970,686
Health Science and Training	194,725	194,725	-	165,110
Health Care Support Services	205,736	205,736	-	98,498
Health Facility Management	740,099	740,099	-	604,784
Total	**10,463,716**	**10,463,716**	**-**	**8,870,805**

1.2 Conditional grants

	Note	2009/10 R'000	2008/09 R'000
Total grants received	*Annexure 1A*	2,973,939	2,512,297
Provincial grants included in Total Grants received		2,973,939	2,512,297

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*	295,275	289,679
Fines, penalties and forfeits	*2.2*	2	1
Interest, dividends and rent on land	*2.3*	1,382	1,341
Sales of capital assets	*2.4*	7	11
Financial transactions in assets and liabilities	*2.5*	23,269	7,937
Transfer received	*2.6*	93,878	138,174
Total revenue collected		413,813	437,143
Less: Own revenue included in appropriation	*15*	390,840	338,854
Departmental revenue over collected		**22,973**	**98,289**

2.1 Sales of goods and services other than capital assets

Sales of goods and services produced by the department	294,353	281,837
Administrative fees	4,472	5,146
Other sales	289,881	276,691
Sales of scrap, waste and other used current goods	922	7,842
Total	**295,275**	**289,679**

		Note	2009/10 R'000	2008/09 R'000
2.2	**Fines, penalties and forfeits**			
	Fines		2	1
	Total		**2**	**1**
2.3	**Interest, dividends and rent on land**			
	Interest		1,382	1,341
	Total		**1,382**	**1,341**
2.4	**Sale of capital assets**			
	Tangible capital assets		7	11
	Machinery and equipment	*33.2*	7	11
	Total		**7**	**11**
2.5	**Financial transactions in assets and liabilities**			
	Receivables		22,672	4,532
	Other Receipts including Recoverable Revenue		597	3,405
	Total		**23,269**	**7,937**
2.6	**Transfers received**			
	Universities and technikons		15,302	13,693
	International organisations		78,568	122,675
	Public corporations and private enterprises		8	1,806
	Total		**93,878**	**138,174**
3.	**Aid assistance**			
3.1	**Aid assistance received in cash from other sources**			
	Local			
	Opening Balance		(2,139)	(2,139)
	Surrendered to the donor		2,139	-
	Closing Balance		**-**	**(2,139)**

	Note	2009/10 R'000	2008/09 R'000
Foreign			
Opening Balance		9,229	6,123
Revenue		10,769	21,423
Expenditure		(10,287)	(18,317)
Current		(2,563)	(4,950)
Capital		-	(36)
Transfers		(7,724)	(13,331)
Surrendered to the donor		(9,229)	-
Closing Balance		**482**	**9,229**
Total assistance			
Opening Balance		7,090	3,984
Revenue		10,769	21,423
Expenditure		(10,287)	(18,317)
Current		(2,563)	(4,950)
Capital		-	(36)
Transfers		(7,724)	(13,331)
Surrendered / Transferred to retained funds		(7,090)	-
Closing Balance		**482**	**7,090**
Analysis of balance			
Aid assistance unutilised		482	7,090
Other sources		482	7,090
Closing balance		**482**	**7,090**

Refer to events after reporting date in the Report of the Accounting Officer.

4. Compensation of employees

4.1 Salaries and Wages

	2009/10 R'000	2008/09 R'000
Basic salary	3,802,998	3,218,090
Performance award	68,804	64,219
Service based	11,138	10,592
Compensative/circumstantial	509,164	472,505
Periodic payments	12,808	14,784
Other non-pensionable allowances	740,233	548,469
Total	**5,145,145**	**4,328,659**

		Note	2009/10 R'000	2008/09 R'000
4.2	**Social contribution**			
4.2.1	**Employer contributions**			
	Pension		415,359	359,177
	Medical		218,303	187,218
	UIF		-	4
	Bargaining council		836	827
	Insurance		508	386
	Total		**635,006**	**547,612**
	Total compensation of employees		**5,780,151**	**4,876,271**
	Average number of employees		27,610	26,860
5.	**Goods and services**			
	Administrative fees		836	640
	Advertising		11,087	21,625
	Assets less then R5,000	*5.1*	32,240	36,590
	Bursaries (employees)		7,365	4,581
	Catering		4,735	5,241
	Communication		60,160	47,942
	Computer services	*5.2*	44,114	42,134
	Consultants, contractors and agency/outsourced services	*5.3*	923,328	813,500
	Entertainment		100	125
	Audit cost – external	*5.4*	16,907	12,282
	Inventory	*5.5*	1,599,397	1,330,147
	Operating leases		15,581	30,850
	Owned and leasehold property expenditure	*5.6*	357,415	315,055
	Transport provided as part of the departmental activities		1,297	2,111
	Travel and subsistence	*5.7*	197,790	151,548
	Venues and facilities		2,764	4,555
	Training and staff development		50,391	36,560
	Other operating expenditure	*5.8*	5,689	24,513
	Total		**3,331,196**	**2,879,999**
5.1	**Assets less than R 5,000**			
	Tangible assets		**31,069**	**36,244**
	Buildings and other fixed structures		63	-
	Machinery and equipment		31,006	36,244
	Intangible assets		1,171	346
	Total		**32,240**	**36,590**

		Note	2009/10 R'000	2008/09 R'000
5.2	**Computer services**			
	SITA computer services		3,275	17,574
	External computer service providers		40,839	24,560
	Total		**44,114**	**42,134**

The State Information Technology Agency provides the department with linkage to the transversal systems. During 2008/09 SITA overcharged the department and the overcharge has been offset against the 2009/10 expenditure resulting in an under-spending of computer services.

5.3	**Consultants, contractors and agency/outsourced services**			
	Business and advisory services		101,619	85,723
	Infrastructure and planning		2,915	4,425
	Laboratory services		395,711	349,059
	Legal costs		3,603	3,987
	Contractors		115,450	92,800
	Agency and support/outsourced services		304,030	277,506
	Total		**923,328**	**813,500**
5.4	**Audit cost – External**			
	Regularity audits		16,342	11,338
	Performance audits		565	938
	Forensic audits		-	6
	Total		**16,907**	**12,282**
5.5	**Inventory**			
	Food and food supplies		85,056	69,478
	Fuel, oil and gas		26,619	21,258
	Other consumables		97,356	67,149
	Maintenance material		39,782	30,542
	Stationery and printing		41,360	40,416
	Medical supplies		1,309,224	1,101,304
	Total		**1,599,397**	**1,330,147**
5.6	**Owned and leasehold property expenditure**			
	Municipal services		98,675	140,678
	Property management fees		130,324	174,377
	Property maintenance and repairs		128,416	-
	Total		**357,415**	**315,055**

		Note	2009/10 R'000	2008/09 R'000
5.7	**Travel and subsistence**			
	Local		197,599	150,752
	Foreign		191	796
	Total		**197,790**	**151,548**
5.8	**Other operating expenditure**			
	Learnerships		71	36
	Professional bodies, membership and subscription fees		553	466
	Resettlement costs		3,284	2,846
	Other		1,781	21,165
	Total		**5,689**	**24,513**
6.	**Interest and rent on land**			
	Interest paid		337	396
	Total		**337**	**396**

Refer to events after reporting date in the Report of the Accounting Officer.

7.	**Financial transactions in assets and liabilities**			
	Material losses through criminal conduct		390	9
	Theft	*7.3*	390	9
	Other material losses written off	*7.1*	2,084	975
	Debts written off	*7.2*	1,255	1,188
	Total		**3,729**	**2,172**
7.1	**Other material losses written off**			
	Nature of losses			
	Government vehicle losses		2,084	975
	Total		**2,084**	**975**

		Note	2009/10 R'000	2008/09 R'000
7.2	**Debts written off**			
	Nature of debts written off			
	Salary overpayments		590	473
	Guarantees		23	69
	Tax		93	136
	Accommodation		28	19
	Telephone account		3	2
	Stock loss		177	77
	Services rendered		92	-
	Micro loans		-	12
	Bursaries		179	343
	Other		70	57
	Total		**1,255**	**1,188**
7.3	**Detail of theft**			
	Nature of theft			
	Other		-	4
	Tools		-	5
	GG Vehicles		386	-
	GG Vehicles Accessories		4	-
	Total		**390**	**9**
8.	**Transfers and subsidies**			
	Provinces and municipalities	*Annex 1B*	228,424	165,186
	Departmental agencies and accounts	*Annex 1C*	4,712	4,368
	Non-profit institutions	*Annex 1G*	239,925	211,455
	Households	*Annex 1H*	77,797	46,480
	Gifts, donations and sponsorships made	*Annex 1K*	5	-
	Total		**550,863**	**427,489**
9.	**Expenditure on capital assets**			
	Tangible assets		703,978	469,421
	Buildings and other fixed structures		493,617	328,119
	Machinery and equipment		210,361	141,302
	Software and other intangible assets		780	97
	Computer software		-	97
	Other intangibles		780	-
	Total		**704,758**	**469,518**

	Note	2009/10 R'000	2008/09 R'000

9.1 Analysis of funds utilised to acquire capital assets – 2009/10

	Voted Funds R'000	Aid assistance R'000	Total R'000
Tangible assets	**703,978**		**703,978**
Buildings and other fixed structures	493,617	-	493,617
Machinery and equipment	210,361	-	210,361
Software and other intangible assets	**780**	**-**	**780**
Other intangibles	780	-	780
Total	**704,758**	**-**	**704,758**

9.2 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**

10. Unauthorised expenditure

10.1 Reconciliation of unauthorised expenditure

Opening balance	216,936	127,757
Unauthorised expenditure – discovered in current year	70,473	89,179
Less: Amounts approved by Parliament/Legislature (with funding)	(127,757)	-
Unauthorised expenditure awaiting authorisation	**159,652**	**216,936**
Analysis of awaiting authorisation per economic classification		
Current	159,652	216,936
Total	**159,652**	**216,936**

	Note	2009/10 R'000	2008/09 R'000

10.2 Details of unauthorised expenditure – current year

Incident	Disciplinary steps taken/criminal proceedings	2009/10 R'000
Over-expenditure on Programme 5	No disciplinary steps or criminal proceedings will take place. The matter will be dealt with in a Finance Act.	70,473
Total		**70,473**

11. Cash and cash equivalents

Consolidated Paymaster General Account	-	(13,406)
Cash receipts	13	17
Cash on hand	215	4,072
Cash with commercial banks (Local)	94,935	22,819
Total	**95,163**	**13,502**

12. Prepayments and advances

Travel and subsistence	153	333
Advances paid to other entities	2,537	3,390
Total	**2,690**	**3,723**

13. Receivables

	Note	2009/10				2008/09
		Less than one year	One to three years	Older than three years	Total	Total
		R'000	R'000	R'000	R'000	R'000
Claims recoverable	*13.1* *Annex 4*	84,665	719		85,384	55,589
Recoverable expenditure	*13.2*	-	-	-	-	170,381
Staff debt	*13.3*	2,270	4,819	27,786	34,875	25,894
Other debtors	*13.4*	1,199	15,848	-	17,047	11,935
Total		**88,134**	**21,386**	**27,786**	**137,306**	**263,799**

13.1 Claims recoverable

National departments	1,529	(1,088)
Provincial departments	270	1,026
Trading entities	83,585	55,651
Total	**85,384**	**55,589**

		Note	2009/10 R'000	2008/09 R'000
13.2	**Recoverable expenditure (disallowance accounts)**			
	HRP advance		-	170,381
	Total		**-**	**170,381**
13.3	**Staff debt**			
	Housing Loan Guarantees		(13)	-
	Salary Reversal Control		953	(472)
	Sal: Deduction Disallowance Account: CA		52	49
	Sal: Tax Debt: CA		147	123
	Debt Account: CA		33,736	26,194
	Total		**34,875**	**25,894**
13.4	**Other debtors**			
	Disallowance miscellaneous		13,864	7,465
	Disallowance dishonoured cheques		9	51
	Disallowance damage and losses		885	2,178
	Damage vehicles: CA		305	255
	Medsas claims recoverable		1,984	1,986
	Total		**17,047**	**11,935**
14.	**Voted funds to be surrendered to the Revenue Fund**			
	Opening balance		214,996	43,665
	Transfer from statement of financial performance		92,682	214,996
	Paid during the year		(214,996)	(43,665)
	Closing balance		**92,682**	**214,996**
15.	**Departmental revenue to be surrendered to the Revenue Fund**			
	Opening balance		98,302	91,541
	Transfer from statement of financial performance		22,973	98,289
	Own revenue included in appropriation		390,840	338,854
	Paid during the year		(492,619)	(430,382)
	Closing balance		**19,496**	**98,302**
16.	**Bank overdraft**			
	Consolidated Paymaster General Account		128,738	-
	Total		**128,738**	**-**

		Note	2009/10 R'000	2008/09 R'000
17.	**Payables – current**			
	Advances received	*17.1*	70,473	89,179
	Clearing accounts	*17.2*	62,633	73,276
	Total		**133,106**	**162,455**
17.1	**Advances received**			
	Description			
	Unauthorised expenditure		70,473	89,179
	Total		**70,473**	**89,179**
17.2	**Clearing accounts**			
	Description			
	Patient fee deposits		2,041	1,980
	Sal: Pension fund		248	148
	Sal: Garnishee Order		3	-
	Sal: Income tax		4,120	2,259
	Sal: Medical Aid		(16)	-
	Sal: Official Unions		1	-
	Sal: Bargaining councils		6	5
	Advances from Western Cape		53,939	65,824
	Advances from public entities		49	2,242
	Advances from public corporations and private entities		2,240	814
	Sal: Finance other institutions		-	1
	Sal: Insurance deductions		2	3
	Total		**62,633**	**73,276**
18.	**Net cash flow available from operating activities**			
	Net surplus as per statement of financial performance		116,137	316,391
	Add back non cash/cash movements not deemed operating activities		536,347	112,384
	(Increase)/decrease in receivables – current		126,493	(225,004)
	(Increase)/decrease in prepayments and advances		1,033	1,072
	(Increase)/decrease in other current assets		57,284	(89,179)
	Increase/(decrease) in payables – current		(29,349)	91,181
	Proceeds from sale of capital assets		(7)	(11)
	Expenditure on capital assets		704,758	469,518
	Surrenders to Revenue Fund		(707,615)	(474,047)
	Own revenue included in appropriation		383,750	338,854
	Net cash flow generated by operating activities		**652,484**	**428,775**

	Note	2009/10 R'000	2008/09 R'000

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

Consolidated Paymaster General account	(128,738)	(13,406)
Cash receipts	13	17
Cash on hand	215	4,072
Cash with commercial banks (Local)	94,935	22,819
Total	**(33,575)**	**13,502**

These amounts are not recognised in the Annual Financial Statements and are disclosed to enhance the usefulness of the Annual Financial Statements.

		Note	2009/10 R'000	2008/09 R'000
20. Contingent liabilities				
Liable to	**Nature**			
Housing loan guarantees	Employees	*Annex 3A*	1,569	6,591
Claims against the department		*Annex 3B*	99,960	89,442
Other departments (interdepartmental unconfirmed balances)		*Annex 5*	6,410	21,956
Other		*Annex 3B*	1,064	1,027
Total			**109,003**	**119,016**
Contingent assets				
Nature of contingent asset				
OSD payments			2,177	2,177
Total			**2,177**	**2,177**
21. Commitments				
Current expenditure				
Approved and contracted			216,696	203,313
Approved but not yet contracted			3,669	9,042
			220,365	**212,355**
Capital expenditure				
Approved and contracted			585,615	886,694
Approved but not yet contracted			5,993	221,258
			591,608	**1,107,952**
Total Commitments			**811,973**	**1,320,307**

22. Accruals

Listed by economic classification	30 Days R'000	30+ Days R'000	Total R'000	Total R'000
Compensation of employees	9,832	959	10,791	14,028
Goods and services	145,648	90,639	236,287	267,228
Transfers and subsidies	42,223	395	42,618	31,416
Buildings and other fixed structures	2,331	-	2,331	34,792
Machinery and equipment	2,442	595	3,037	21,336
Software and other intangible assets	-	-	-	302
Total	**202,476**	**92,588**	**295,064**	**369,102**

	Note	2009/10 R'000	2008/09 R'000
Listed by programme level			
Administration		18,366	19,435
District Health Services		117,754	138,291
Emergency Medical Services		5,011	6,986
Provincial Hospital Services		29,967	9,423
Central Hospital Services		112,337	116,900
Health Sciences and Training		5,260	37,995
Health Care Support Service		4,055	3,284
Health Facility Management		2,314	36,788
Total		**295,064**	**369,102**
Confirmed balances with other departments	*Annex 5*	9,422	1,336
Total		**9,422**	**1,336**

23. Employee benefits

Leave entitlement	132,846	105,957
Service bonus (Thirteenth cheque)	140,107	121,652
Performance awards	68,330	63,709
Capped leave commitments	266,915	255,804
Total	**608,198**	**547,122**

Leave Entitlement

PERSAL Report	(R 128,427,426.78)
Negative leave credits included	(R 21,300,214.47)
Leave captured after 1 April 2010	R 16,881,141.75
Recalculated leave entitlement	**R 132,846,499.50**

Capped leave commitments

PERSAL Report	(R 266,312,685.89)
Negative leave credits included	(R 609,199.92)
Recalculated capped leave entitlement	**(R 266,914,885.81)**

Negative balances mostly result from an over grant of leave which is discovered when leave files are audited.

	Note	2009/10 R'000	2008/09 R'000

24. Lease commitments

24.1 Operating leases expenditure

2009/10	Buildings and other fixed structures R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	-	7,637	7,637
Later than 1 year and not later than 5 years	-	3,016	3,016
Total lease commitments	-	**10,653**	**10,653**
2008/09			
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**

Refer to events after reporting date in the Report of the Accounting Officer.

24.2 Finance leases expenditure

2009/10			
Not later than 1 year	-	3,108	3,108
Later than 1 year and not later than 5 years	-	3,506	3,506
Total lease commitments	**-**	**6,614**	**6,614**
LESS: finance costs	-	760	760
Total present value of lease liabilities	**-**	**5,854**	**5,854**
2008/09			
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**

The 2008/09 finance cost was overstated as cumulative totals were included instead of the monthly committed amounts.

	Note	2009/10 R'000	2008/09 R'000
25. Receivables for departmental revenue			
Sale of goods and services other than capital assets		397,369	382,661
Total		**397,369**	**382,661**

The receivables for the departmental revenue amounts to R 397,000,000 comprising of:

	2009/10	2008/09
Road Accident Fund (RAF)	R 251,000,000	R 221,000,000
Other	R 146,000,000	R 162,000,000
Total	R 397,000,000	R 382,000,000

The amount of R 397,000,000 must be reduced by the following:
2009/10 RAF payments received, but not credited to the billing systems = R 2,000,000
Debt older than 3 years and debt to be removed from the system according to departmental policy = R 15,000,000
Remaining valid debt = R 380,000,000
Of this amount, R 251,000,000 (66%) consists of RAF debt.
The department estimates that a quarter of the RAF debt is irrecoverable due to the rules for shared accountability. The recovery cost of RAF debt is 17% of amounts recovered which is considerably high.
The department therefore considers 50% of the RAF debt as recoverable on a nett basis. However, despite ongoing payments, it may take years to recover this debt.
The remaining valid debt = R 254,000,000.
Of this amount, R 85,000,000 relates to debt owed by individuals of which only 50% is deemed recoverable due to the low income of the department's clients.
The total recoverable debt is therefore estimated at R 212,000,000.
The above debt includes a credit balance of R 6,851,000 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 92,604,000

	Note	2009/10 R'000	2008/09 R'000
25.1 Analysis of receivables for departmental revenue			
Less: amounts written-off/reversed as irrecoverable	*7.2*	(1,255)	(1,188)
Closing balance		**(1,255)**	**(1,188)**

	Note	2009/10 R'000	2008/09 R'000

26. Irregular expenditure

a. Reconciliation of irregular expenditure

Opening balance	10,118	18,923
Add: Irregular expenditure – relating to current year	27,168	4,293
Less: Amounts condoned	(4,135)	(13,098)
Irregular expenditure awaiting condonation	**33,151**	**10,118**
Analysis of awaiting condonation per age classification		
Current year	27,168	4,293
Prior years	5,983	5,825
Total	**33,151**	**10,118**

b. Details of irregular expenditure – current year

Incident	Disciplinary steps taken/ criminal proceedings	2009/10 R'000
Non compliance with delegations (Laundry)	Matter is being investigated	886
Non compliance with delegations (Somerset)	Matter is being investigated	376
Non compliance with delegations (Somerset)	Matter is being investigated	18
Non compliance with delegations (Somerset)	Matter is being investigated	1,422
Non compliance with delegations (Somerset)	Matter is being investigated	1,268
Non compliance with delegations (Somerset)	Matter is being investigated	673
Non compliance with delegations (Somerset)	Matter is being investigated	41
Non compliance with delegations (Somerset)	Matter is being investigated	2,462
Non compliance with delegations (Somerset)	Matter is being investigated	305
Non compliance with delegations (Somerset)	Matter is being investigated	39
Non compliance with delegations (Mowbray Maternity)	Matter is being investigated	1,711
Non compliance with delegations (George Hospital	Matter is being investigated	684
Non compliance with delegations (George Hospital)	Matter is being investigated	536
Non compliance with delegations (George Hospital)	Matter is being investigated	154
Non compliance with delegations (Vredendal)	Matter is being investigated	266
Non compliance with delegations (Victoria)	Matter is being investigated	1,078
Non compliance with delegations (Victoria)	Matter is being investigated	1,008
Non compliance with delegations (RXH)	Matter is being investigated	439
Procured outside valid contract (GF Jooste)	Matter is being investigated	12
Non compliance with delegations (Paarl)	Matter is being investigated	1,034
Non compliance with delegations (Paarl)	Matter is being investigated	1,733
Non compliance with delegations (Paarl)	Matter is being investigated	1,218
Non compliance with delegations (Paarl)	Matter is being investigated	463
Non compliance with delegations (Paarl)	Matter is being investigated	1,067
Non compliance with delegations (Paarl)	Matter is being investigated	1,757
Non compliance with delegations (Paarl)	Matter is being investigated	511
Non compliance with delegations (B-West)	Matter is being investigated	243
Non compliance with delegations (B-West)	Matter is being investigated	118
Non compliance with delegations (Somerset)	Matter is being investigated	143
Non compliance with delegations (Stellenbosch)	Matter is being investigated	59

Details of irregular expenditure – current year (Continued)

Non compliance with delegations (Somerset)	Matter is being investigated	116
Non compliance with delegations (Somerset)	Matter is being investigated	250
Non compliance with delegations (Caledon Hosp)	Matter is being investigated	100
Non compliance with delegations (Dental)	Matter is being investigated	110
Non compliance with delegations (Stellenbosch)	Matter is being investigated	112
Non compliance with delegations (Dental)	Matter is being investigated	84
Non compliance with delegations (Tygerberg)	Matter is being investigated	953
Non compliance with delegations (Tygerberg)	Matter is being investigated	6
Non compliance with delegations (Caledon)	Matter is being investigated	171
Supply Chain Management issues (Somerset)	Matters is being investigated	3,542
Total		**27,168**

26.1 Details of irregular expenditure condoned

Incident	Condoned by (condoning authority)	2009/10 R'000
Procured outside valid contract (EMS)	Accounting Officer	643
Non compliance with delegation (Eden District)	Accounting Officer	108
Procured outside valid contract (GF Jooste)	Accounting Officer	12
Payments made not covered by valid contract (CDU)	Accounting Officer	302
Non-compliance with delegations (MDHS)	Accounting Officer	646
Payments made not covered by valid contract (Head Office)	Accounting Officer	27
Non-compliance with delegations (George Hospital)	Accounting Officer	463
Non-compliance with delegations (George Hospital)	Accounting Officer	497
Non-compliance with delegations (GSH)	Accounting Officer	6
Non-compliance with delegations (Beaufort West)	Accounting Officer	157
Non-compliance with delegations (Red Cross Hospital)	Accounting Officer	111
Non-compliance with delegations (Victoria Hospital)	Accounting Officer	310
Non-compliance with delegations (EMS)	Accounting Officer	294
Non-compliance with delegations (MDHS)	Accounting Officer	559
Total		**4,135**

26.2 Details of irregular expenditure under investigation

Incident	2009/10 R'000
Kenza Health PTY Suds laundry (RXH – Ultra Sound machine)	154
Radie Kotze Provincial Aided Hospital	1,685
CSIR	147
O'Brien Personnel	107
Clanwilliam Provincial Aided Hospital	2,922
Werkomed	2
S M Nel	33
Lady Hamilton Hotel	11
George Lodge International	1
Out 'n About Catering	1
Henry Williams Plantscape	2
African Equation	9

	Note	2009/10 R'000	2008/09 R'000

Details of irregular expenditure under investigation (continued)

Incident	2009/10 R'000
Mona's Supplies	168
Pine Lodge Chalets	45
Nathan Maalie	3
Social Development UCT	48
Z-Card	100
Microzone	1
Multilayer Trading	98
Secureforce Security Serv.	4
Food & Beverage Services	1
Food & Beverage Services	1
Columbus Cleaning System	1
Pronto Kleen	4
Metro Hospital Service	2
Nadia Mason Consulting	88
Riverside Printers	13
Air Mercy Services	30
Charisma Nursing Agency	144
Non-compliance with delegations (Eerste River Hospital)	158
Total	**5,983**

27. Fruitless and wasteful expenditure

27.1 Reconciliation of fruitless and wasteful expenditure

Fruitless and wasteful expenditure – relating to current year	251	-
Fruitless and wasteful expenditure awaiting condonation	**251**	**-**
Analysis of awaiting condonation per economic classification		
Current	251	-
Total	**251**	**-**

27.2 Analysis of current year's fruitless and wasteful expenditure

Incident	Disciplinary steps taken/criminal proceedings	2009/10 R'000
Incorrect goods purchased (George Hospital)	Matter is being investigated	78
Transportation and burial cost (Forensic Pathology Services)	Matter is being investigated	82
Consignment of booklets (Head office)	Matter is being investigated	54
Extra Annual Reports printed (Head office)	Matter is being investigated	37
Total		214

	Note	2009/10 R'000	2008/09 R'000

28. Related party transactions

Transactions concluded by the Western Cape Medical Supplies Centre 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.

29. Key management personnel

Description	No of individuals		
Political office bearers (provide detail below)	2	1,305	1,014
Officials			
Level 15 to 16	4	4,453	4,077
Level 14 (incl. CFO if at a lower level)	8	6,583	5,686
Family members of key management personnel	2	720	589
Total		**13,061**	**11,366**

30. Public Private Partnership

Contract fee paid	41,390	37,210
Fixed component	41,390	37,210
Total	**41,390**	**37,210**

The Report of the Accounting Officer paragraph 7 provides more detail on this issue.

31. Provisions

Potential irrecoverable debts		
Staff debtors	370	191
Total	**370**	**191**

32. Non-adjusting events after reporting date

Internal Audit	4,342	-
Enterprise Risk Management	590	-
Total	**4,932**	**-**

33. Movable Tangible Capital Assets

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2010

	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	**1,234,108**	**(3,028)**	**235,535**	**81,803**	**1,384,812**
Transport assets	1,571	36	18,627	18,275	1,562
Computer equipment	86,012	3,901	25,105	5,016	120,079
Furniture and office equipment	14,026	2,193	7,836	2,220	45,654
Other machinery and equipment	1,132,499	(9,158)	183,967	56,292	1,217,517
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	**1,234,108**	**(3,028)**	**235,535**	**81,803**	**1,384,812**

33.1 Additions

ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2010

	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	**210,361**	**24,065**	**-**	**1,109**	**235,535**
Transport assets	18,248	324	-	55	18,627
Computer equipment	22,905	1,570	-	630	25,105
Furniture and office equipment	6,193	1,411	-	232	7,836
Other machinery and equipment	163,015	20,760	-	192	183,967
TOTAL ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS	**210,361**	**24,065**	**-**	**1,109**	**235,535**

33.2 Disposals

DISPOSALS OF MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2010

	Sold for cash	Transfer out or de-stroyed or scrapped	Total disposals	Cash Received Actual
	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	**-**	**81,803**	**81,803**	**7**
Transport assets	-	18,275	18,275	-
Computer equipment	-	5,016	5,016	-
Furniture and office equipment	-	2,220	2,220	-
Other machinery and equipment	-	56,292	56,292	7
TOTAL DISPOSAL OF MOVABLE TANGIBLE CAPITAL ASSETS	**-**	**81,803**	**81,803**	**7**

33.3 Movement for 2008/09

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2009

	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	**1,143,041**	**180,971**	**89,904**	**1,234,108**
Transport assets	1,539	6,656	6,624	1,571
Computer equipment	70,882	22,547	7,417	86,012
Furniture and office equipment	9,890	5,567	1,431	14,026
Other machinery and equipment	1,060,730	146,201	74,432	1,132,499
TOTAL MOVABLE TANGIBLE ASSETS	**1,143,041**	**180,971**	**89,904**	**1,234,108**

33.4 Minor assets

MINOR ASSETS OF THE DEPARTMENT AS AT 31 MARCH 2010

	Intangible assets	Machinery and equipment	Total
	R'000	R'000	R'000
Minor assets	1,777	425,030	426,807
TOTAL	**1,777**	**425,030**	**426,807**
Number of minor assets	555	434,259	434,814
TOTAL NUMBER OF MINOR ASSETS	**555**	**434,259**	**434,814**

33.5 Minor assets

MINOR ASSETS OF THE DEPARTMENT AS AT 31 MARCH 2009

	Intangible assets	Machinery and equipment	Total
	R'000	R'000	R'000
Minor assets	1,788	392,935	394,723
TOTAL	**1,788**	**392,935**	**394,723**
Number of minor assets	643	408,430	409,073
TOTAL NUMBER OF MINOR ASSETS	**643**	**408,430**	**409,073**

34. Intangible Capital Assets

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2010

	Opening balance	Current year Adjust-ments to prior year balances	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
COMPUTER SOFTWARE	806	(476)	780	-	1,110
TOTAL INTANGIBLE CAPITAL ASSETS	**806**	**(476)**	**780**	**-**	**1,110**

34.1 Additions

ADDITIONS TO INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2010

	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	780	-	-	-	780
TOTAL ADDITIONS TO INTANGIBLE CAPITAL ASSETS	**780**	**-**	**-**	**-**	**780**

34.2 Movement for 2008/09

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2009

	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance R'000
COMPUTER SOFTWARE	643	205	42	806
TOTAL INTANGIBLE CAPITAL ASSETS	**643**	**205**	**42**	**806**

35. Immovable Tangible Capital Assets

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2010

	Opening balance R'000	Current year Adjust-ments to prior year balances R'000	Additions R'000	Disposals R'000	Closing Balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**2,836**	**(418,064)**	**493,616**	**75,316**	**3,072**
Non-residential buildings	-	(417,808)	493,113	75,305	-
Other fixed structures	2,836	(256)	503	11	3,072
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	**2,836**	**(418,064)**	**493,616**	**75,316**	**3,072**

35.1 Additions

ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2010

	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	**493,616**	**-**	**-**	**-**	**493,616**
Non-residential buildings	493,113	-	-	-	493,113
Other fixed structures	503	-	-	-	503
TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS	**493,616**	**-**	**-**	**-**	**493,616**

35.2 Disposals

DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2010

	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	**11**	**75,305**	**75,316**	**-**
Non-residential buildings	-	75,305	75,305	-
Other fixed structures	11	-	11	-
TOTAL DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS	**11**	**75,305**	**75,316**	**-**

35.3 Movement for 2008/09

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2009

	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**(218,983)**	**328,218**	**106,399**	**2,836**
Non-residential buildings	(221,530)	327,838	106,308	-
Other fixed structures	2,547	380	91	2,836
TOTAL IMMOVABLE TANGIBLE ASSETS	**(218,983)**	**328,218**	**106,399**	**2,836**

ANNEXURE 1A
STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF DEPARTMENT	GRANT ALLOCATION					SPENT			2008/09	
	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 Grant	1,583,991	-	-	-	1,583,991	1,583,991	1,583,991	100%	1,500,193	1,500,193
Health Professions Training and Development Grant	362,935	-	-	-	362,935	362,935	362,935	100%	356,414	356,414
Comprehensive HIV and Aids Grant	309,913	-	73,625	-	383,538	383,538	383,531	100%	241,467	268,931
Forensic Pathology Services Grant	58,484	16,059	-	-	74,543	74,543	67,141	90%	86,017	69,958
Hospital Revitalisation Grant	388,845	815	30,400	-	420,060	420,060	377,286	90%	403,944	232,748
Infrastructure Grant to Provinces	114,924	27,705	-	3,005	145,634	145,634	73,658	51%	94,643	63,933
2010 World Cup Health Preparation Strategy Grant	-	-	3,238	-	3,238	3,238	3,212	99%	-	-
Total	**2,819,092**	**44,579**	**107,263**	**3,005**	**2,973,939**	**2,973,939**	**2,851,754**		**2,682,678**	**2,492,177**

ANNEXURE 1B
STATEMENT OF UNCONDITIONAL GRANTS AND TRANSFERS TO MUNICIPALITIES

NAME OF MUNICIPALITY	GRANT ALLOCATION				TRANSFER		SPENT			2008/09
	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
City of Cape Town	222,470	-	-	222,470	222,265	100%	222,265	222,265	100%	167,241
Overberg District	1,549	-	-	1,549	1,445	93%	1,445	1,445	100%	1,687
West Coast District	1,909	-	-	1,909	1,887	99%	1,887	1,887	100%	2,068
Central Karoo District	1,190	-	-	1,190	529	44%	529	529	100%	1,306
Eden District	2,433	-	-	2,433	2,298	94%	2,298	2,298	100%	2,612
Total	**229,551**	**-**	**-**	**229,551**	**228,424**		**228,424**	**228,424**		**174,914**

ANNEXURE 1C
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/ AGENCY/ ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2008/09
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds Transferred	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000
Western Cape Medical Supplies Centre	1,715	-	-	1,715	1,715	100%	1,573
SETA	2,997	-	-	2,997	2,997	100%	2,795
Total	**4,712**	**-**	**-**	**4,712**	**4,712**		**4,368**

ANNEXURE 1D
STATEMENT OF TRANSFERS TO UNIVERSITIES AND TECHNIKONS

UNIVERSITY/TECHNIKON	TRANSFER ALLOCATION				TRANSFER			2008/09
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	Amount not transferred	% of Available funds Transferred	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Cape Peninsula University of Technology	1,708	-	(1,708)	-	-	-		-
Total	**1,708**	**-**	**(1,708)**	**-**	**-**	**-**		**-**

ANNEXURE 1G
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2008/09
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds Transferred	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000
St Josephs	8,286	-	-	8,286	8,286	100%	7,602
Sarah Fox	5,416	-	-	5,416	5,416	100%	4,984
Maitland Cottage	7,232	-	-	7,232	7,232	100%	5,812
Booth Memorial	10,723	-	-	10,723	10,723	100%	9,838
Radie Kotze	5,167	-	-	5,167	5,015	97%	4,612
Murraysburg	-	-	-	-	-	-	826
Uniondale	-	-	-	-	-	-	748
SA Red Cross Air Mercy	29,190	-	-	29,190	29,172	100%	20,906
Lifecare Centre	33,738	-	-	33,738	29,554	88%	30,498
APH Management	-	-	-	-	-	-	1,226
EPWP	33,000	-	-	33,000	33,000	100%	28,482
HIV/Aids	54,042	-	-	54,042	54,810	101%	47,770
Nutrition	1,722	-	-	1,722	1,774	103%	1,353
Tuberculosis	1,400	-	-	1,400	1,362	97%	-
Mental Health	19,993	-	-	19,993	21,335	107%	16,859
Health Committees	10,088	-	-	10,088	9,487	94%	7,284
Home Base Care	174	-	-	174	2,339	1344%	-
Global Fund	18,074	-	-	18,074	17,533	97%	20,657
Community Outreach/Social Capital	3,595	-	-	3,595	2,737	76%	1,998
Vredendal Hospital (step-down care)	150	-	-	150	150	100%	-
Total	**241,990**	-	-	**241,990**	**239,925**		**211,455**

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2010

ANNEXURE 1H
STATEMENT OF TRANSFERS TO HOUSEHOLDS

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE		2008/09
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds Transferred	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers							
Employee social benefits-cash residents	15,794	-	1,362	17,156	18,435	107%	15,988
Claims against the state: households	11,438	-	(1,794)	9,644	6,683	69%	4,029
Bursaries	55,534	-	(2,922)	52,612	52,611	100%	26,430
PMT/Refund & Rem-Act/Grace	50	-	-	50	68	136%	28
Total	**82,816**	**-**	**(3,354)**	**79,462**	**77,797**		**46,475**

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2010

ANNEXURE 1I
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2009/10	2008/09
		R'000	R'000
Received in cash			
Gifts & Donations and sponsorships received for the year ending 31 March 2009		-	1,888
Subtotal		-	1,888
Received in kind			
Gifts & Donations and sponsorships received for the year ending 31 March 2009		-	34,446
Alan Blyth Hospital	Vaccine fridges x 5	42	-
Alexander Hospital	Camera digital Sony	4	-
Alexander Hospital	Video camera Sony	6	-
Alexander Hospital	Couches	3	-
Alexander Hospital	Phychometric test program (WAIS-111 COMPLETE KIT)	16	-
Alexander Hospital	Couches	7	-
Alexander Hospital	Fridge KIC (2 door)	3	-
Alexander Hospital	Tracksuits	2	-
Alexander Hospital	Television 54 cm LG colour	2	-
Alexander Hospital	Monitor IBM	2	-
Alexander Hospital	Printer Brother	3	-
Alexander Hospital	Computer	5	-
Brewelskloof Hospital	Defibrilator x 1	60	-
Brewelskloof Hospital	Handbook of tuberculosis	10	-
Brewelskloof Hospital	Children single ended bath 2 tap	4	-
Brewelskloof Hospital	Television Akai	2	-
Brewelskloof Hospital	Laptop Lenovo	14	-
Brooklyn Chest Hospital	Hi FI Samsung	2	-
Brooklyn Chest Hospital	Gestetner x 2	2	-

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2009/10	2008/09
		R'000	R'000
Brooklyn Chest Hospital	Fridge x 1	10	-
Brooklyn Chest Hospital	Computer CPU Mecer	4	-
Brooklyn Chest Hospital	Dining room suite x 2	5	-
Brooklyn Chest Hospital	Television, Samsung 51cm	2	-
Caledon Hospital	Vertometer Keratomer Tonometer CP690 Projector Pachymeter Scan, Humphery 580 table	70	-
Ceres Hospital	Scanner	8	-
Ceres Hospital	Printer	7	-
Ceres Hospital	Computer	7	-
Ceres Hospital	Scanner	8	-
Citrusdal Hospital ARV Clinic	Samsung Workstation	2	-
Citrusdal Hospital Asset Office	Barcode printer	7	-
Citrusdal Hospital Asset Office	Scanner and cradle	8	-
Clinical Engineering Goodwood	Visible curing light x 3	11	-
Clinical Engineering Goodwood	Digital camera and memory card x1	3	-
Clinical Engineering Goodwood	Helix tester (scanner)	3	-
DP Marais	Vital signs	5	-
DP Marais	Infusion pump	10	-
DP Marais	Television sets	2	-
Eden District Office	Bottle, plastic, water x 30	2	-
Eden District Pacaltsdorp Clinic	Fridge, freezer, Vaccines, Zero	8	-
Eden District Thembalethu Clinic	Fridge, freezer, Vaccines, Zero	8	-
Eden District Thembalethu Pharmacy Clinic	Fridge, freezer, Vaccines, Zero	8	-
Eden District Touwsranten Clinic	Fridge, freezer, Vaccines, Zero	8	-
Eersterivier Hospital	Stryker stretchers	106	-
Eersterivier Hospital	Defy fridge D240 and Pineware cordless kettle	3	-
Eersterivier Hospital	Baby changing station	4	-
Eersterivier Hospital	Television 72cm colour	6	-
Eersterivier Hospital	Centrifuge	42	-
False Bay Hospital	Dell P4 computer tower	2	-

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2009/10	2008/09
		R'000	R'000
False Bay Hospital	Bookcases	3	-
False Bay Hospital	Plastic chairs	3	-
False Bay Hospital	Easy chairs	3	-
False Bay Hospital	Hydroboil	5	-
George Hospital	Television Samsung	2	-
George Hospital	Coffee tables x 8	5	-
George Hospital	KIC fridge 180L	3	-
GF Jooste Hospital	Gynaecology bed	3	-
GF Jooste Hospital	Digital Camera	2	-
GF Jooste Hospital	Portable ultrasound machine	162	-
Groote Schuur Hospital	Fridge freezer combination	3	-
Groote Schuur Hospital	Bed patient	15	-
Groote Schuur Hospital	Bed patient	15	-
Groote Schuur Hospital	Bed patient	15	-
Groote Schuur Hospital	Bed patient	15	-
Groote Schuur Hospital	Bed patient	15	-
Groote Schuur Hospital	Bed patient	15	-
Groote Schuur Hospital	Indirect Opthalmoscope	15	-
Groote Schuur Hospital	Indirect Opthalmoscope	15	-
Groote Schuur Hospital	Lens meter	26	-
Groote Schuur Hospital	Bed patient	16	-
Groote Schuur Hospital	Bed patient	16	-
Groote Schuur Hospital	Bed patient	16	-
Groote Schuur Hospital	Bed patient	16	-
Groote Schuur Hospital	Bed patient	16	-
Groote Schuur Hospital	Bed patient	16	-
Groote Schuur Hospital	Bed patient	16	-
Groote Schuur Hospital	Bed patient	16	-
Groote Schuur Hospital	Bed patient	16	-
Groote Schuur Hospital	Bed patient	16	-

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2009/10	2008/09
		R'000	R'000
Groote Schuur Hospital	Bed patient	16	-
Groote Schuur Hospital	Bed patient	16	-
Groote Schuur Hospital	Bed patient	16	-
Groote Schuur Hospital	Bed patient	12	-
Groote Schuur Hospital	Bed patient	12	-
Groote Schuur Hospital	Bed patient	12	-
Groote Schuur Hospital	Bed patient	12	-
Groote Schuur Hospital	Bed patient	12	-
Groote Schuur Hospital	Bed patient	12	-
Groote Schuur Hospital	Bed patient	12	-
Groote Schuur Hospital	Bed patient	12	-
Groote Schuur Hospital	Bed patient	12	-
Groote Schuur Hospital	Bed patient	12	-
Groote Schuur Hospital	Bed patient	12	-
Groote Schuur Hospital	Bed patient	12	-
Groote Schuur Hospital	Bed patient	12	-
Groote Schuur Hospital	Bed patient	12	-
Groote Schuur Hospital	Bed patient	12	-
Groote Schuur Hospital	Machine data/video projector	14	-
Groote Schuur Hospital	Chair stand	71	-
Groote Schuur Hospital	Lens laser x 2	15	-
Groote Schuur Hospital	Chair Stand	71	-
Groote Schuur Hospital	Chair Stand	71	-
Groote Schuur Hospital	Machine fax	2	-
Groote Schuur Hospital	Machine echo	648	-
Groote Schuur Hospital	Chair midback swivel and tilt	2	-
Groote Schuur Hospital	Chair midback swivel and tilt	2	-
Groote Schuur Hospital	Chair midback swivel and tilt	2	-
Groote Schuur Hospital	Chair midback swivel and tilt	2	-

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2009/10	2008/09
		R'000	R'000
Groote Schuur Hospital	Chair midback swivel and tilt	2	-
Groote Schuur Hospital	Couch 3 Seated	2	-
Groote Schuur Hospital	Machine Fax	5	-
Groote Schuur Hospital	Incubator	63	-
Groote Schuur Hospital	Incubator	63	-
Groote Schuur Hospital	Incubator	63	-
Groote Schuur Hospital	Incubator	63	-
Groote Schuur Hospital	Incubator	63	-
Groote Schuur Hospital	Incubator	63	-
Groote Schuur Hospital	Wheelchair	2	-
Groote Schuur Hospital	Lamp phototherapy	10	-
Groote Schuur Hospital	Lamp phototherapy	10	-
Groote Schuur Hospital	Lamp phototherapy	10	-
Groote Schuur Hospital	Lamp phototherapy	10	-
Groote Schuur Hospital	Incubator ICU	63	-
Groote Schuur Hospital	Machine washing	3	-
Groote Schuur Hospital	Machine tumble dryer	3	-
Groote Schuur Hospital	Scanner flatbed	847	-
Groote Schuur Hospital	Phototherapy light	10	
Groote Schuur Hospital	Phototherapy light	10	-
Groote Schuur Hospital	Incubator infant	34	-
Groote Schuur Hospital	Television Legend	2	-
Groote Schuur Hospital	Television Telefunken	2	-
Groote Schuur Hospital	Audiometer	38	-
Groote Schuur Hospital	Blinds	6	-
Groote Schuur Hospital	Books and publications	32	-
Groote Schuur Hospital	Curtains	129	-
Groote Schuur Hospital	Furniture	16	-
Groote Schuur Hospital	Printing and stationary	55	-
Groote Schuur Hospital	Television sets	20	-

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2009/10	2008/09
		R'000	R'000
Groote Schuur Hospital	Computer equipment	52	-
Groote Schuur Hospital	Building maintenance	103	-
Groote Schuur Hospital	Consultancy	150	-
Groote Schuur Hospital	Renovations	466	-
Groote Schuur Hospital	Staff Salaries-\PR\RO\GP	94	-
Groote Schuur Hospital	Staff Salaries-Cataracts\Sessional etc.	492	-
Groote Schuur Hospital	Staff training	1,208	-
Groote Schuur Hospital	Omissions	16	-
Helderberg Hospital	Rollboard standard foldable	7	-
Helderberg Hospital	Chair antique wood	12	-
Hermanus Facility Board	Neopuff resuscitation kit	9	-
Hermanus Facility Board	Examination bed	4	-
Hermanus Facility Board	Sats monitor	9	-
Hermanus Facility Board	HB meter Hemocue	5	-
Hermanus Facility Board	Kangaroo chairs	30	-
Hermanus Facility Board	Crockery rack	7	-
Hermanus Facility Board (Municipality)	Medical bed	10	-
Hermanus Hospital	Vaccine fridge Zero GR 265 X7	59	-
Karl Bremer Hospital	Television Logic 72cm	3	-
Karl Bremer Hospital	Thompson 74cm television set	3	-
Knysna Hospital	Dinamap vital signs monitor x 1	12	-
Knysna Hospital	Vaccine fridges x 11	88	-
Knysna Hospital Outpatients/Cas	Viewer x-ray mobile 4 castors	3	-
Lentegeur Hospital	Bed hospital x 10	2	-
Lentegeur Hospital	Stationery	2	-
Lentegeur Hospital	Clothing	21	-
Mosselbay Hospital	Cabinets bedside	29	-
Mosselbay Hospital	Fridge	8	-
Mosselbay Hospital	Fridge	8	-
Mosselbay Hospital	Fridge	8	-

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2009/10	2008/09
		R'000	R'000
Mosselbay Hospital	Fridge	8	-
Mosselbay Hospital	Fridge	8	-
Mosselbay Hospital	Fridge	8	-
Mosselbay Hospital	Fridge	8	-
Mosselbay Hospital	Fridge	8	-
Mosselbay Hospital	Infant monitor	7	-
Mosselbay Hospital	Infant monitor	7	-
Mosselbay Hospital	Phototherapy unit	7	-
Mosselbay Hospital	Phototherapy unit	7	-
Mosselbay Hospital	Trolley over bed	26	-
Mosselbay Hospital	Cabinet bedside steel x 14	29	-
Metropole Regional Office	Cipherlab laser scanner	7	-
Metropole Regional Office	Argox Amigo A200 printer	7	-
Montagu Hospital	Camera digital	3	-
Montagu Hospital	Television Goldstar	2	-
Montagu Hospital	Diathermy machine	50	-
Otto Du Plessis Hospital	Linen packs x 25	5	-
Otto Du Plessis Hospital(Cape Agulhas Mun)	HS45 hedge trimmer	5	-
Oudtshoorn Hospital(Biovac Institute)	Vaccine fridges x 6	51	-
Oudtshoorn Hospital(Bongoletu Clinic)	Bicycle mountain	4	-
Paarl Hospital	7 air conditioners and 7 water pumps	57	-
Red Cross Hospital	Bed ICU	7	-
Red Cross Hospital	Couch	4	-
Red Cross Hospital	Couch	4	-
Red Cross Hospital	Television Samsung	2	-
Red Cross Hospital	Television Samsung	2	-
Red Cross Hospital	Fridge Samsung	2	-
Red Cross Hospital	Paediatric mattress	31	-
Red Cross Hospital	Paediatric mattress	31	-
Red Cross Hospital	Chair high back Dino	2	-

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2009/10	2008/09
		R'000	R'000
Red Cross Hospital	Couch	4	-
Red Cross Hospital	Couch	4	-
Red Cross Hospital	Table coffee glass top	4	-
Red Cross Hospital	Table coffee glass top	4	-
Red Cross Hospital	Table coffee glass top	4	-
Red Cross Hospital	Table coffee glass top	4	-
Red Cross Hospital	Air conditioner	26	-
Red Cross Hospital	Anestesia unit wall-mounted	222	-
Red Cross Hospital	Aspirator	16	-
Red Cross Hospital	Bed patient delivery	32	-
Red Cross Hospital	Bed patient delivery	32	-
Red Cross Hospital	Bipolar cogulation unit	27	-
Red Cross Hospital	Bipolar cogulation unit	27	-
Red Cross Hospital	Camera control unit	46	-
Red Cross Hospital	Camera control unit	46	-
Red Cross Hospital	Camera endoscope	11	-
Red Cross Hospital	Camera endoscope	11	-
Red Cross Hospital	Colonoscope	24	-
Red Cross Hospital	Defrillator	11	-
Red Cross Hospital	Electro surgical unit	10	-
Red Cross Hospital	Fridge glass door	9	-
Red Cross Hospital	Gastroscope	35	-
Red Cross Hospital	Gastroscope	35	-
Red Cross Hospital	Gastroscope	35	-
Red Cross Hospital	Gastroscope	35	-
Red Cross Hospital	Infant warming unit	22	-
Red Cross Hospital	Infant warming unit	22	-
Red Cross Hospital	Light cold fountain	16	-
Red Cross Hospital	Light infant warmer	16	-
Red Cross Hospital	Light infant warmer	16	-

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2009/10	2008/09
		R'000	R'000
Red Cross Hospital	Light source cold fountain	28	-
Red Cross Hospital	Light theatre	6	-
Red Cross Hospital	Light theatre	6	-
Red Cross Hospital	Light theatre	6	-
Red Cross Hospital	Light theatre	6	-
Red Cross Hospital	Machine blood analyzing	39	-
Red Cross Hospital	Machine ENT	200	-
Red Cross Hospital	Machine neuro signs	112	-
Red Cross Hospital	Machine sterilisation	18	-
Red Cross Hospital	Machine sterilisation	18	-
Red Cross Hospital	Microscope operating theatre	800	-
Red Cross Hospital	Microscope video viewer	23	-
Red Cross Hospital	Monitor camera endoscope	13	-
Red Cross Hospital	Monitor celebral function	177	-
Red Cross Hospital	Monitor endoscope	6	-
Red Cross Hospital	Monitor PPMS	14	-
Red Cross Hospital	Pulse oximeter	9	-
Red Cross Hospital	Pulse oximeter	9	-
Red Cross Hospital	Pulse oximeter	9	-
Red Cross Hospital	Pulse oximeter	9	-
Red Cross Hospital	Pulse oximeter	9	-
Red Cross Hospital	Pulse oximeter	9	-
Red Cross Hospital	Pulse oximeter	9	-
Red Cross Hospital	Pulse oximeter	9	-
Red Cross Hospital	Pulse oximeter	9	-
Red Cross Hospital	Pulse oximeter	9	-
Red Cross Hospital	Pulse oximeter	9	-
Red Cross Hospital	Pulse oximeter	9	-
Red Cross Hospital	Pulse oximeter	9	-
Red Cross Hospital	Pulse oximeter	9	-

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2009/10	2008/09
		R'000	R'000
Red Cross Hospital	Pulse oximeter	9	-
Red Cross Hospital	Pulse oximeter	9	-
Red Cross Hospital	Syringe pump	9	-
Red Cross Hospital	Syringe pump	9	-
Red Cross Hospital	Trolley 2 door instruments	2	-
Red Cross Hospital	Trolley 2 draw steel	2	-
Red Cross Hospital	Trolley emergency	2	-
Red Cross Hospital	Trolley emergency	2	-
Red Cross Hospital	Trolley emergency	2	-
Red Cross Hospital	Trolley emergency	2	-
Red Cross Hospital	Trolley emergency	2	-
Red Cross Hospital	Trolley emergency	2	-
Red Cross Hospital	Trolley emergency	2	-
Red Cross Hospital	Trolley emergency	2	-
Red Cross Hospital	Trolley emergency	2	-
Red Cross Hospital	Trolley emergency	2	-
Red Cross Hospital	Trolley emergency	2	-
Red Cross Hospital	Trolley emergency	2	-
Red Cross Hospital	Trolley emergency	2	-
Red Cross Hospital	Trolley pharmacy	2	-
Red Cross Hospital	Trolley pharmacy	2	-
Red Cross Hospital	Trolley stainless steel	2	-
Red Cross Hospital	Trolley stainless steel	2	-
Red Cross Hospital	Trolley stainless steel	2	-
Red Cross Hospital	Trolley stainless steel	2	-
Red Cross Hospital	Trolley stainless steel	2	-
Red Cross Hospital	Trolley stainless steel	2	-
Red Cross Hospital	Trolley stainless steel	2	-
Red Cross Hospital	Trolley stainless steel	2	-

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2009/10	2008/09
		R'000	R'000
Red Cross Hospital	Trolley stainless steel	2	-
Red Cross Hospital	Trolley stainless steel	2	-
Red Cross Hospital	Trolley steel	2	-
Red Cross Hospital	Television flat screen 42"	9	-
Red Cross Hospital	Television flat screen 42"	9	-
Red Cross Hospital	Unit bear hugger	38	-
Riversdale Hospital	Laryngoscope x 1	2	-
Riversdale Hospital	Vaccine refrigerators	51	-
Somerset Hospital	Bin pedal 85 litre x 12	33	-
Somerset Hospital	Fridge defy 240 litre x 1	3	-
Somerset Hospital	Lockers wood x 20	10	-
Somerset Hospital	Air conditioner under ceiling x 2	56	-
Somerset Hospital	Air conditioner window / wall x 2	10	-
Somerset Hospital	Wall panel heaters x 72	18	-
Somerset Hospital	Toasters x 10	2	-
Somerset Hospital	Tumble dryer Defy x 1	2	-
Somerset Hospital	Fax machine HP x 1	4	-
Somerset Hospital	Digital recorder Olympus x 1	5	-
Somerset Hospital	Transcription kit Olympus x 1	3	-
Somerset Hospital	Fridge KIC 223 litre x 1	3	-
Somerset Hospital	Wall panel heaters x 30	8	-
Somerset Hospital	Printer HP Laserjet P1006 x 2	3	-
Somerset Hospital	Printer HP Laserjet P1005 x 2	2	-
Somerset Hospital	Lockers wood x 20	10	-
Somerset Hospital	Trauma stretcher trolleys x 8	343	-
Somerset Hospital	Cutting board stand x 15	3	-
Somerset Hospital	Cutting board 50 x 38 x 13 – x 13	2	-
Somerset Hospital	Cutting board 60 x 45 x 13 – x 17	3	-
Somerset Hospital	Kettle Kenwood 1.7litre x 10	2	-
Somerset Hospital	Fax machine HP Lasejet x 1	4	-

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2009/10	2008/09
		R'000	R'000
Somerset Hospital	Drying racks stainless steel x 10	3	-
Somerset Hospital	Cutlery dividers stainless steel x 10	2	-
Somerset Hospital	Mattresses adult x 9	8	-
Somerset Hospital	Fridge KIC 223 litre x 1	2	-
Somerset Hospital	Fridge Defy DFC 352 255 litre x 1	3	-
Somerset Hospital	Television LG x 1	3	-
Somerset Hospital	Chair recliner x 4	13	-
Somerset Hospital	Cot child x 6	17	-
Somerset Hospital	Mattress child x 6	3	-
Somerset Hospital	Air Conditioners x 2	18	-
Somerset Hospital	Wall Mounted Fans x 3	2	-
Somerset Hospital	Mattresses with covers x 10	10	-
Somerset Hospital	Printer Samsung ML-1640 X 2	3	-
Somerset Hospital	Office chairs x 3	3	-
Somerset Hospital	Visitors chairs x 6	5	-
Somerset Hospital	Television Logic 74cm x 1	2	-
Somerset Hospital	Mattresses x 17	16	-
Somerset Hospital	Over bed Tables x 5	8	-
Somerset Hospital	Recliner examining chairs x 10	23	-
Somerset Hospital	Paper shredders x 2	4	-
Somerset Hospital	Air conditioners, portables Logic x 3	9	-
Somerset Hospital	Office chairs x 3	3	-
Somerset Hospital	Pedestal / floor fans x 4	2	-
Somerset Hospital	Revolving magnetic whiteboard x 1	2	-
Somerset Hospital	Trolley anaesthetic x 2	9	-
Somerset Hospital	Sofa 2 division x 1	3	-
Somerset Hospital	Sofa 3 division x 1	4	-
Somerset Hospital	Printer, HP LaserJet x 2	3	-
Somerset Hospital	Patient monitor, Nihon Kohden x 2	112	-
Somerset Hospital	Oven microwave Samsung x 10	6	-

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2009/10	2008/09
		R'000	R'000
Somerset Hospital	CPU, Acer Veriton M265 X 2	11	-
Somerset Hospital	Monitor flat screen Samsung x 2	5	-
Somerset Hospital	Chair Office x 2	2	-
Somerset Hospital	Printer HP LaserJet P1006 X 2	3	-
Somerset Hospital	Diagnostic set, wall mounted x 5	34	-
Somerset Hospital	Wheelchair, folding x 20	20	-
Somerset Hospital	Commode, mobile x 4	4	-
Somerset Hospital	Neopuff resuscitation unit x 3	28	-
Somerset Hospital	CPAP device x 2	74	-
Somerset Hospital	Laryngoscope handle x 2	2	-
Somerset Hospital	Laryngoscope blade x 7	6	-
Somerset Hospital	Fridge KIC, KT5023 X 1	2	-
Somerset Hospital	Fridge Samsung P120,120L X 1	2	-
Somerset Hospital	Fax machine, Brother 2820 x 5	14	-
Somerset Hospital	Bar fridge, Kelvinator 130L x 3	5	-
Somerset Hospital	Fax Machine HP LaserJet X 1	4	-
Stellenbosch Hospital	2 x Lazy Boy chairs	4	-
Stellenbosch Hospital	Vaccine fridge	22	-
Stellenbosch Hospital	Electro-surgical unit	65	-
Stellenbosch Hospital	Trolley for Phillips monitor	5	-
Stellenbosch Hospital	Phillips CTG monitor	49	-
Stellenbosch Hospital	Pentax gastro scope	119	-
Stikland Hospital	Bench/ table combo x 1	2	-
Stikland Hospital	Urns x 14	6	-
Stikland Hospital	Toasters x 14	5	-
Stikland Hospital	Fridge KIC	2	-
Stikland Hospital	Fridge Samsung	2	-
Stikland Hospital	Fridge KIC	3	-
Swellendam Hospital	1 x Mecer laptop	11	-
Swellendam Hospital	Canon powershot camera	2	-

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NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2009/10	2008/09
		R'000	R'000
Swellendam Hospital	IBM notebook	11	-
Swellendam Hospital	Projector overhead	7	-
Swellendam Hospital	Palmtop pocket PC	3	-
Tygerberg Hospital	HP photosmart digital camera x 1	2	-
Tygerberg Hospital	Micro scissors, sensation bayonet shaped, straight x 2	7	-
Tygerberg Hospital	Touchless germ control sanitiser dispensers x 4	3	-
Tygerberg Hospital	Fisher and Paykel Cozy cots x 5	300	-
Tygerberg Hospital	LG 54cm Flatron television x 1	2	-
Tygerberg Hospital	GE Healthcare vivid S5 ultrasound unit x 1	575	-
Tygerberg Hospital	Braun Infusomat FMS infusion pumps x 5	45	-
Tygerberg Hospital	Braun Infusomat FMS infusion pumps x 8	72	-
Tygerberg Hospital	Infinity Ozil-Fako emulsification machine x 1	750	-
Tygerberg Hospital	Bair Hugger Model 505 patient warming unit x 1	12	-
Tygerberg Hospital	Leica F40 microscope x 1	900	-
Tygerberg Hospital	Spectrix Billicheck analyser x 1	31	-
Tygerberg Hospital	Anand foot suction pumps x 4	4	-
Tygerberg Hospital	Ivac 597 infusion pump x 1	9	-
Tygerberg Hospital – A1 West Surgical ICU	Braun Infusomat FMS infusion pumps x 8	72	-
Tygerberg Hospital – Cardiology	Echopac workstations with GE Healthcare image vault (x 5)	1,062	-
Tygerberg Hospital – Disa Hall	Chairs	68	-
Tygerberg Hospital – F1 Medical Emergency	2 x corner units wood, 5 x tables wood, 6 x cabinets wood with sliding doors, 1 x boardroom table, 1 x round table wood, 1 x desk corner link wood, 6 x visitor's chairs	10	-
Tygerberg Hospital – Lady Michaelis	Mecer computer	11	-
Tygerberg Hospital – Neurosurgery	Micro scissors, Sensation bayonet shaped, straight 70 and 90mm working distance x 2	7	-
Tygerberg Hospital – Nuclear Medicine	Ivac 597 infusion pump	9	-
Tygerberg Hospital – Ophthalmology	Infinity Ozil – Fako emulsification machine	750	-
Tygerberg Hospital – Paediatrics	Bair hugger model 505 patient warming unit	12	-
Tygerberg Hospital – Paediatrics	BF-MP 160 hybird Broncho-videoscope, Sony 19" medical LCD monitor	400	-

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2009/10	2008/09
		R'000	R'000
	and forceps		
Tygerberg Hospital – Paediatrics A9	Anand foot suction pumps (x 4)	4	-
Tygerberg Hospital – Paediatrics A9W	Tecotherm TS 200N whole body cooling machines / systems (x 2)	356	-
Tygerberg Hospital – Paediatrics A9W	Olympic AEEG CFM 6000 brain function monitor	187	-
Tygerberg Hospital – Paediatrics G1 Babies	MR10 respiration monitor and apnoea (x 4)	19	-
Tygerberg Hospital – Paediatrics G1 Babies	Nellcor Pulse oximeter oximax (x 4)	40	-
Tygerberg Hospital – Paediatrics G10	Theatre cart used as resuscitation trolley	11	-
Tygerberg Hospital – Paediatrics G2	Fisher and Paykel Cozy sets x 5	300	-
Tygerberg Hospital – Paediatrics G3	Theatre cart used as resuscitation trolley	11	-
Tygerberg Hospital – Paediatrics G7	Theatre cart used as resuscitation trolley (x 2)	21	-
Tygerberg Hospital – Paediatrics G8	LG 54cm Flatron television	2	-
Tygerberg Hospital – Paediatrics G8	Grasby MR10 neonatal respiration monitor x 6	34	-
Tygerberg Hospital – Paediatrics G8	Spectrix Billicheck analyser	31	-
Tygerberg Hospital – Paediatrics G9	Theatre cart used as resuscitation trolley	11	-
Tygerberg Hospital – Paediatrics G-Ground	Theatre cart used as resuscitation trolley	11	-
Tygerberg Hospital – Paediatrics Ward G8	Genius 2 Tympanic thermometers (x 2)	2	-
Tygerberg Hospital – Paediatrics Ward G8	Mobile flexible halogen examination lamp	3	-
Tygerberg Hospital – Paediatrics Ward G8	Hemocue HB meter	7	-
Tygerberg Hospital – Paediatrics Ward G8	Baby beds and rogressi (x 5 each)	10	-
Tygerberg Hospital – Paediatrics Ward G8	Trolleys: Procedure trolley (x 1); Anaesthetic trolley (x 1)	4	-
Tygerberg Hospital – Paediatrics Ward G8	Oxygen blenders (x 6)	37	-
Tygerberg Hospital – Paediatrics Ward G-Ground	Braun infusomat FMS infusion pumps x 5	45	-
Tygerberg Hospital – Plastic & Reconstr. Surgery	Leica F40 microscope	900	-
Tygerberg Hospital – Radiation Oncology	Hewlett Packard photosmart digital camera	2	-
Tygerberg Hospital – Radiation Oncology	Touchless germ control sanitiser dispensers x 4	3	-
Tygerberg Hospital – Ward A4	LG Flatron colour television 54 cm	6	-
Tygerberg Hospital – Ward J7	Television set: Hitachi Fujion multi system and Foundtech Aerial	3	-
Tygerberg Hospital –Paediatrics, Neonatology	GE Healthcare vivid S5 ultrasound unit with 3 probes and digital black and white printer	575	-
Valkenberg Hospital	Dressing Gowns x 30	2	-

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2009/10	2008/09
		R'000	R'000
Valkenberg Hospital	Single drop curtains x 40	3	-
Valkenberg Hospital	1 x television Samsung 51cm	2	-
Victoria Hospital	Fridge Kelvinator	3	-
Victoria Hospital	Maschine washing Whirlpool	7	-
Victoria Hospital	Photocopier Minolta	19	-
Victoria Hospital	Machine laminating	3	-
Victoria Hospital	Notebook HP N x 7300	11	-
Victoria Hospital	Television Samsung	7	-
Victoria Hospital	Bedside monitor	31	-
Victoria Hospital	Television Futronic	2	-
Victoria Hospital	Cooler	3	-
Vredenburg: Maternity ward	Bar fridges	3	-
Vredenburg: Maternity ward	Rocking chair leather	8	-
Vredenburg: Paeds ward	Linen	15	-
Vredenburg: Paeds ward	Curtains	29	-
Vredenburg: Paeds ward	Painting of walls	4	-
Vredenburg: Paeds ward	Framed prints	3	-
Vredenburg: Paeds ward	Mirrors	3	-
Vredenburg: Paeds ward	Recliner chairs	31	-
Vredenburg: Paeds ward	Upholstered chairs	8	-
Vredenburg: Paeds ward	Mobiles: ceiling fixed	2	-
Vredenburg: Paeds ward	Faux trees in pots	4	-
Vredenburg: Paeds ward	Frames for pictures	4	-
Vredenburg: Paeds ward	Assorted toys	3	-
Vredenburg: Paeds ward	Television 74 cm Telefunken	2	-
Vredenburg: Paeds ward	Television 22" LCD	3	-
Vredendal Hospital	Beds, beside tables, overbed tables	38	-
Western Cape Rehab Centre	Handbags x15	2	-
Western Cape Rehab Centre	Galvanised trolley	4	-
Western Cape Rehab Centre	PC workstation	9	-

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2010

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2009/10	2008/09
		R'000	R'000
West Coast / Winelands	Camera dual Sanyo	3	-
West Coast / Winelands	Notebook Fujitsi	7	-
Worcester Hospital	Pulse oximeter x 5	51	-
Worcester Hospital	Laptop Lenovo N100 x 1	9	-
Worcester Hospital	Fridge KIC 260 litre x 2	5	-
Worcester Hospital	Wheel chairs x 4	19	-
Worcester Hospital	Polse oximeter x 2	3	-
Worcester Hospital	CPAP air mixer ventilator x 2	43	-
Worcester Hospital	Bilitron rogression unit	28	-
Worcester Hospital	LG wasing machine	3	-
Worcester Hospital	Whiteboard with stand	2	-
Various		275	-
TOTAL		**19,616**	**36,334**

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2010

ANNEXURE 1J
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	-	824	821	3
European Union Funds	Home Based Care	-	9,573	9,133	440
Belgium Fund	Purchase of Wheelchairs	-	372	333	39
Subtotal		-	10,769	10,287	482
TOTAL		**-**	**10,769**	**10,287**	**482**

Refer to events after reporting date in the Report of the Accounting Officer.

ANNEXURE 1K
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)	2009/10 R'000	2008/09 R'000
Paid in cash		
Two millionth patient of Grabouw Community Health Centre (CHC)	-	1
Contribution towards funeral expenses of baby Unabantu Mali	-	5
Support to the National Institution for the Deaf (NID) towards a fund raising event	5	-
Subtotal	5	6
Remissions, refunds, and payments made as an act of grace		
Payment made as an act of grace	68	28
Subtotal	68	28
TOTAL	**73**	**34**

ANNEXURE 3A
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2010 – LOCAL

Guarantor institution	Guarantee in respect of	Original guaranteed capital amount	Opening balance 1 April 2009	Guarantees draw downs during the year	Guarantees repayments/ cancelled/ reduced/ released during the year	Revaluations	Closing balance 31 March 2010	Guaranteed interest for year ended 31 March 2010	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	-	632	-	560	-	72	-	-
Nedbank (Cape of Good Hope)	Housing	-	49	-	12	-	37	-	-
Nedbank	Housing	-	150	-	150	-	-	-	-
First Rand	Housing	-	1,090	-	773	-	317	-	-
Nedbank (Inc BOE)	Housing	-	361	-	306	-	55	-	-
Absa	Housing	-	1,715	69	1,109	-	675	-	-
Old Mutual Fin Ltd	Housing	-	52	-	-	-	52	-	-
Peoples Bank FBC Fid	Housing	-	175	-	86	-	89	-	-
Peoples Bank (NBS)	Housing	-	540	-	516	-	24	-	-
FNB (Former Saambou)	Housing	-	1,017	-	832	-	185	-	-
Old Mutual (Nedbank/Perm)	Housing	-	612	-	585	-	27	-	-
Nedcor Inv, Bank Ltd	Housing	-	19	-	19	-	-	-	-
Community Bank	Housing	-	11	-	-	-	11	-	-
BOE Bank Ltd	Housing	-	124	-	124	-	-	-	-
Green Start Home Loans	Housing	-	-	-	-	-	-	-	-
NHFC (Masikeni)	Housing	-	222	-	197	-	25	-	-
Total		-	**6,769**	**69**	**5,269**	-	**1,569**	-	-

ANNEXURE 3B
STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2010

Nature of Liability	Opening Balance 01/04/2009	Liabilities incurred during the year	Liabilities paid / cancelled / reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing 31/03/2010
	R'000	R'000	R'000	R'000	R'000
Claims against the Department					
Medico legal	51,418	32,595	22,520	-	61,493
Civil and legal claims including labour relations claims	38,024	693	250	-	38,467
Subtotal	**89,442**	**33,288**	**22,770**	-	**99,960**
Other					
Ex-gratia payments	119	75	38	-	156
Occupational Specific Dispensation (OSD) for nurses	908	-	-	-	908
Subtotal	**1,027**	**75**	**38**	-	**1,064**
Total	**90,469**	**33,363**	**22,808**	**-**	**101,024**

ANNEXURE 4
CLAIMS RECOVERABLE

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2010	31/03/2009	31/03/2010	31/03/2009	31/03/2010	31/03/2009
	R'000	R'000	R'000	R'000	R'000	R'000
Department						
PROVINCE OF THE WESTERN CAPE						
Department of Social Development	-	-	-	-	-	-
Department of Transport & Public Works	-	-	-	-	-	-
Department of Community Safety	-	1	-	-	-	1
Department of Education	-	2	-	-	-	2
Department of the Premier	-	18	5	39	5	57
Department of Agriculture	-	16	-	-	-	16
Department of Local Government and Housing	-	-	68	-	68	-
PROVINCE OF THE EASTERN CAPE						
Department of Health	169	9	-	92	169	101
GAUTENG PROVINCE						
Department of Health	7	-	-	28	7	28
NORTHERN CAPE PROVINCE						
Department of Health	-	-	21	52	21	52
KWAZULU-NATAL PROVINCE						
Department of Health	-	-	-	42	-	42
PROVINCE OF THE FREE STATE						
Department of Health	-	-	-	39	-	39

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2010

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2010	31/03/2009	31/03/2010	31/03/2009	31/03/2010	31/03/2009
	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	-	-	-	-	-	-
Department of Health	-	-	-	40	-	40
Department of Correctional Services	-	-	696	433	696	433
South African Social Security Agency	-	-	506	212	506	212
Department of Water Affairs	-	-	-	8	-	8
Department of Defence	-	-	308	96	308	96
Department of Agriculture	-	7	-	-	-	7
Department of Transport and Public Works	-	-	-	679	-	679
Parliament	18	54	-	-	18	54
South African Police Services	-	-	1	-	1	-
Subtotal	**194**	**137**	**1,605**	**1,765**	**1,799**	**1,902**
Other Government Entities						
Pension Recoverable	-	-	(98)	(104)	(98)	(104)
Agency Service	-	-	(230)	(1,860)	(230)	(1,860)
Subtotal	**-**	**-**	**(328)**	**(1,964)**	**(328)**	**(1,964)**
TOTAL	**194**	**137**	**1,277**	**(199)**	**1,471**	**(62)**

ANNEXURE 5
INTER-GOVERNMENT PAYABLES

Government Entity	Confirmed balance		Unconfirmed balance		TOTAL	
	31/03/2010	31/03/2009	31/03/2010	31/03/2009	31/03/2010	31/03/2009
	R'000	R'000	R'000	R'000	R'000	R'000
DEPARTMENTS						
Current						
WESTERN CAPE PROVINCE						
Government Motor Transport	6,039	-	4,292	19,665	10,331	19,665
Department of Social Development	-	2	-	-	-	2
Department of Cultural Affairs & Sport	-	3	4	-	4	3
Department of Transport & Public Works	906	1,242	212	-	1,118	1,242
Department of Local Government & Housing	-	49	-	-	-	49
Department of Premier	2,477	-	1,093	2,130	3,570	2,130
Department of Education	-	40	-	-	-	40
Department of Community Safety	-	-	10	-	10	-
Provincial Treasury	-	-	13	-	13	-
NATIONAL DEPARTMENTS						
Department of Justice and Constitutional Development	-	-	39	154	39	154
South African Police Services	-	-	688	7	688	7
EASTERN CAPE PROVINCE						
Department of Health	-	-	48	-	48	-
GAUTENG PROVINCE						
Department of Health	-	-	6	-	6	-

Government Entity	Confirmed balance		Unconfirmed balance		TOTAL	
	31/03/2010	31/03/2009	31/03/2010	31/03/2009	31/03/2010	31/03/2009
	R'000	R'000	R'000	R'000	R'000	R'000
LIMPOPO PROVINCE						
Department of Health	-	-	5	-	5	-
Subtotal	9,422	1,336	6,410	21,956	15,836	23,292
Total	**9,422**	**1,336**	**6,410**	**21,956**	**15,836**	**23,292**

ANNEXURE 6
INVENTORY

	Note	**Quantity**	**2009/10**
Inventory			**R'000**
Opening balance		23,981,871	119,216
Add/(Less): Adjustments to prior year balance		(116,584)	9,260
Add: Additions/Purchases – Cash		44,225,603	900,439
Add: Additions – Non-cash		27,173,773	124,909
(Less): Disposals		(16,047)	(401)
(Less): Issues		(84,393,704)	(188,622,945)
Add/(Less): Adjustments		1,351,467	187,591,057
Closing balance		**12,236,379**	**121,535**

Metro District Health Services
The Metro District Health Services Store was closed during the 2009/10 financial year and the stock for clinics has been transferred to the Western Cape Medical Supplies Centre.

Groote Schuur and Tygerberg Hospital Pharmacies
Open stock in the pharmacies at Tygerberg and Groote Schuur Hospitals is regarded as issued stock and has not been included in the above mentioned inventory totals. The issued pharmaceuticals are significant in value and amount to R 9,917 million.

Quantities
The above excludes quantities for the Chronic Dispensing Unit and the Antiretroviral Depot.

General information

Domicile	South Africa
Nature of business and principle activities	The Western Cape Medical Supplies Centre is responsible for the supply of essential medicines and disposable surgical sundry items to provincial health care facilities in the Western Cape. The Centre operates as a trading entity and charges levies of 5 to 8 percent on stock issues to the provincial health care facilities.
Legal form of entity	Trading entity [as defined by the Public Finance Management Act (Act No. 1 of 1999 as amended by Act No. 25 of 1999]
Ultimate parent / Controlling entity	Western Cape Department of Health
Registered office	Private Bag X 9036 Cape Town 8000
Business address	16 Chiappini Stret Cape Town 8001
Postal address	Private Bag X 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 Western Cape Medical Supplies Centre keeps full and proper records of its financial affairs. The annual financial statements should fairly present the state of affairs of the Centre, 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 285 and 286.

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 2010. 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.

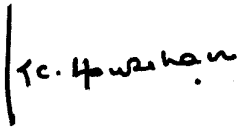
The accounting authority has reviewed the entity's systems of internal control and risk management for the period from 1 April 2009 to 31 March 2010. The accounting authority is of the opinion that the entity's systems of internal control and risk management were effective for the period under review.

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 2010 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 SUPPLIES CENTRE

ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2010

The annual financial statements for the year ended 31 March 2010, set out on pages 287 to 311, were submitted for auditing on 31 May 2010 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: 27 July 2010

WESTERN CAPE DEPARTMENT OF HEALTH
WESTERN CAPE MEDICAL SUPPLIES CENTRE

REPORT OF THE ACCOUNTING OFFICER
for the year ended 31 March 2010

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 Western Cape Medical Supplies Centre (WCMSC) 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 WCMSC is included in the approved Budget Statement of the Department of Health. During the year under review cash revenue amounting to R 36,487,000 (2009: R 31,755,000) exceeded cash expenditures of R 25,677,000 (2009: R 24,701,000) resulting in a surplus of R 10,810,000 (2009: R 7,049,000) which was surrendered to the Provincial Revenue Fund.

The budget allocation for the 2009/10 financial year to purchase goods for resale amounted to R 420,000,000 (2009: R 346,200,000). The actual cost of sales for the year amounted to R 464,296,000 (2009: R 379,349,000) against actual sales for the year amounting to R 492,032,000 (2009: R 420,197,000). Gross profit amounting to R 27,736,000 (2009: R 40,848,000) was therefore generated by operating activities.

The cumulative funds and reserves available as at 31 March 2010, consisting of the trading fund and the accumulated surplus/deficit amounted to R 46,330,000 (2009: R 54,141,000(restated)). The trading fund remains static until Provincial Treasury is requested to grant an increase in the approved capital via normal budgeting processes. During the year under review the trading fund was augmented by R 1,715,000 (2009: R 1,573,000).

Any other material matter- Soccer World Cup clothing and tickets

The WCMSC did not incur any World Cup expenditure during the 2008/09 and 2009/10 financial years. (See Annexure A attached)

Over/Under spending

Although a cash surplus of R 10,810,000 (2009: R 7,049,000) was generated for the year, the effect of accrual accounting resulted in gross profit exceeding the operating expenditure for the year by R 1,284,000 (2009: R 15,068,000 (restated)).

The closing inventory figure as per the annual financial statements amounted to R 104,183,000 (2009: R 106,523,000 (restated)) and remained rather static even though the Woodstock Store was incorporated into the WCMSC during the financial year. The current inventory level has still not enabled the WCMSC to meet the increasing demands to ensure a consistent and reliable supply of pharmaceutical and related items to all users within the province. This is due to suppliers not being able to supply pharmaceutical and related items in a timely manner or at all.

Spending trends

All items requisitioned for use in the administration as well as the warehouse of the WCMSC are channelled through a Budget/ Vetting Committee to ensure that funds are available and that the WCMSC expenditure stays within budget.

REPORT OF THE ACCOUNTING OFFICER
for the year ended 31 March 2010

Services rendered by the Trading Entity

The WCMSC 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 WCMSC 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, upon receipt of requisitions in this regard.

The warehouse consists of four sections, namely Pharmaceutical Depot, Non-pharmaceutical Depot, DDV (Direct Delivery Voucher) Pharmaceutical Depot and Oudtshoorn Medical Depot. The Oudtshoorn Medical Depot is a sub-depot of the WCMSC and supplies pharmaceuticals to the Eden and Central Karoo Districts.

The WCMSC 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 WCMSC's capability to trade efficiently is the relatively high medical inflation.

- *Physical limitations of the building* – The warehouse is a multi-level facility with no surrounding vacant land which limits expansion. It has a central shaft system with two goods lifts. The lifts are outdated and require repair on a regular basis resulting in operations sometimes coming to a stop which puts pressure on staff to meet pre-planned delivery schedules. The cost of a replacement lift is in excess of R 6,000,000. The relocation of the WCMSC to a more suitable location is therefore deemed as a priority.

- *Basis of accounting* – The WCMSC utilises the MEDSAS procurement system that interfaces with 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 on-going development of an accrual based accounting system (Oracle) was piloted in Gauteng Province but has since been cancelled. It is envisaged that the current MEDSAS system will be further re-developed. Without proper systems the possibility exist that misstatements and non-disclosure could occur.

- The WCMSC is finding it difficult to recruit and retain pharmacists which lead to operational problems on the warehouse floor. The depot has on numerous occasions attempted to recruit pharmacists, but even after the Occupational Specific Dispensation for pharmacists this has been a challenge.

Utilisation of Donor Funds

No donor funding was received at the WCMSC.

Business Address

16 Chiappini Street	Private Bag X 9036
Cape Town	Cape Town
8001	8000

New/Proposed Activities

The current facility in Chiappini Street is located in a five storey building which is not suited for a warehouse. Property has been made available on the Tygerberg Hospital site to build a new single level warehouse.

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:

	2009/10	2008/09
Inventory turnover	4.46	3.56 (restated)
Dues out	6.52%	10.4%
Service level	86%	85%

Inventory turnover target is set at 8 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.

SCOPA Resolutions

Subject	Progress reported to SCOPA
Fruitless and Wasteful Expenditure Fruitless and wasteful expenditure was incurred by the CMD for rental payments in respect of equipment that had not been in use for a number of years without any actions being taken from the department to prevent this. Furthermore, irregular expenditure to the amounts of R 109,440 and R 242,344 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. **Recommendations** 1. The entity must implement a proper system of monitoring and control as well as increased oversight in respect of the supply chain management procurement processes to prevent fruitless and wasteful and irregular expenditure in the future. 2. The matters must also be investigated and the prescribed procedures must be followed to either condone or recover such amount.	The fruitless and wasteful expenditure was identified in 2005/06 and control measures have been instituted since then to prevent similar occurrences in future. The irregular expenditure to the amounts of R 109,440 and R 242,344 were condoned during the 2009/10 financial year. The approval was received on 4 December 2009.
Comparative Figures Corresponding figures have been restated as a result of errors discovered during 2009 in the financial statements of the Cape Medical Depot. **Recommendations** Management must implement a proper system of review and control as well as increased oversight over financial data and the compilation of financial statements to ensure accurate statements.	Monthly reconciliations and year-end reconciliations have been performed by management in an attempt to prevent compilation errors. This matter was also addressed in the audit action plan. However, the conversion from cash to accrual accounting contributes to these errors as an adequate system is not in place.

Subject	Progress reported to SCOPA
Payments within 30 days The Cape Medical Depot did not comply with the requirements of Treasury Regulations as payments amounting to R 2,442,410 due to creditors were not settled within 30 days of receipt of an invoice. Interest may be levied by suppliers on outstanding balances, which could be considered as fruitless and wasteful expenditure. **Recommendations** 1. All creditor payments should be made within 30 days to ensure strict adherence to the Regulations. 2. In cases where there are valid reasons for delayed payments to suppliers, documentary evidence substantiating the validity of this delay should be retained. 3. A process should also be implemented to ensure that proof of delivery documentation is received by the payment section within a reasonable time to enable them to make payments to suppliers within the prescribed time frame.	The method of paying supplier accounts has been re-engineered. Each accounts clerk was made responsible for a list of suppliers and training was provided to ensure that the account is reconciled on a monthly basis. This is monitored on an on-going basis and additional training is provided where required. Where payments are delayed, reasons for the delay must be provided.
Information not provided Difficulties were experienced during the audit concerning delays or the unavailability of requested information (as a result of limited staff resources and dependence on certain staff that are not always available to assist) as well as dependency on consultants who prepared the annual financial statements. There were also difficulties experienced with the availability of key officials during the audit. This caused delays in the audit process which impacted on the audit efficiencies and costs. **Recommendations** 1. All documentation that supports the figures in the AFS should be prepared prior to the AFS being submitted for audit purposes. 2. All key officials must be available at all times during the audit process. 3. The CMD should also look at the need to appoint a suitably qualified accountant who can prepare the annual financial statements and is proficient in GAAP related accounting issues.	An audit file has been prepared to support the preparation of the annual financial statements to ensure that all the necessary documentation is presented. Key officials will be available during the audit process. A suitably qualified accountant has been employed since 18 January 2010. Other key financial posts are in the process of being filled.

Subject	Progress reported to SCOPA
Errors and Omissions 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. 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. **Recommendations** Adequate management review processes should be implemented to ensure that misstatements and omissions are detected before submission of the financial statements for audit. The CMD should also look at the need to appoint a suitably qualified accountant who can prepare the annual financial statements and is proficient in GAAP related accounting issues.	Management review processes have been implemented to ensure that misstatements and omissions are detected. This was also addressed in the audit action plan and the recently appointed accountant has been tasked with this matter. As soon as adequate staff have been appointed and have been duly trained in the finance component, the services of Du Charme Consulting will be reconsidered.
Financial and Risk Management There are significant deficiencies in the design and implementation of internal control in respect of financial and risk management and the current information systems are also not appropriate to facilitate the preparation of the financial statements. The main problem relates to preparing GAAP compliant annual financial statements using a cash-based accounting system. The accounting department is not adequately geared towards this type of reporting. Numerous errors and lapses as can be seen by the number of material misstatements that were corrected.	The Oracle system (fully GAAP compliant) was being tested in Gauteng. The depot management was informed on 3 May 2010 that the project has been cancelled and that the current MEDSAS system was to be re-developed. The depot will in the interim have to make due without an accrual accounting system until such time the MEDSAS system has been upgraded. Accrual accounting training has been included in the workplace skills plan for the officials in the finance unit for the 2010/11 year as well as the additional finance staff to be appointed.

REPORT OF THE ACCOUNTING OFFICER
for the year ended 31 March 2010

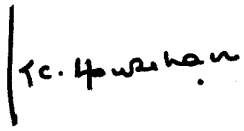
Subject	Progress reported to SCOPA
Recommendations The entity should consider a system whereby the financial reporting is geared to the production of GAAP compliant statements. Furthermore, the current staff should also be more trained towards the accrual system of accounting.	
Audit Action Plan The prior year's external audit findings have not been substantially addressed. No action plan was formulated to address such findings and a number of findings are reoccurring matters from prior years. **Recommendations** An action plan should be formulated to ensure that all audit findings are addressed and corrective actions taken to ensure that reoccurrences do not happen.	An audit action plan was formulated to address prior year audit findings and these findings have been corrected.

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 287 to 311 have been approved by the Accounting Officer.



PROFESSOR KC HOUSEHAM
ACCOUNTING OFFICER
DATE: 27 July 2010

REPORT OF THE AUDITOR-GENERAL TO THE WESTERN CAPE PROVINCIAL PARLIAMENT ON THE FINANCIAL STATEMENTS OF THE WESTERN CAPE MEDICAL SUPPLIES CENTRE FOR THE YEAR ENDED 31 MARCH 2010

REPORT ON THE FINANCIAL STATEMENTS

Introduction

1. I have audited the accompanying financial statements of the Western Cape Medical Supplies Centre, which comprise the statement of financial position as at 31 March 2010, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended and a summary of significant accounting policies and other explanatory information, as set out on pages 287 to 311.

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 South African Statements of Generally Accepted Accounting Practice (SA Statements of GAAP) and in the manner required by the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA). This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor-General's responsibility

3. As required by section 188 of the Constitution of the Republic of South Africa, 1996 and section 4 of the Public Audit Act of South Africa, 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 International Standards on Auditing and *General Notice 1570 of 2009* issued in *Government Gazette 32758 of 27 November 2009*. 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 Medical Supplies Centres as at 31 March 2010, and its financial performance and its cash flows for the year then ended in accordance with SA Standards of GAAP and in the manner required by the PFMA.

Emphasis of matter

I draw attention to the matter below. My opinion is not modified in respect of this matter:

Restatement of corresponding figures

8. As disclosed in note 14 to the financial statements, the corresponding figures for 31 March 2009 have been restated as a result of an error discovered during 2010 in the financial statements of the Western Cape Medical Supplies Centre at, and for the year ended, 31 March 2009.

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS

9. In terms of the PAA of South Africa and *General notice 1570 of 2009,* issued in *Government Gazette No. 32758 of 27 November 2009* I include below my findings on the report on predetermined objectives, compliance with the PFMA and financial management (internal control).

Findings

Predetermined objectives

10. No matters to report.

Compliance with laws and regulations

11. No matters to report.

INTERNAL CONTROL

12. I considered internal control relevant to my audit of the financial statements and the report on predetermined objectives and compliance with the PFMA, but not for the purposes of expressing an opinion on the effectiveness of internal control.

    No matters to report.

Auditor - General

Cape Town

31 July 2010

AUDITOR-GENERAL
SOUTH AFRICA

Auditing to build public confidence

WESTERN CAPE DEPARTMENT OF HEALTH
WESTERN CAPE MEDICAL SUPPLIES CENTRE

Statement of Financial Position as at 31 March 2010

	Note	2009/10 R'000	Restated 2008/09 R'000	Restated 2007/08 R'000
ASSETS				
Non-current assets		**3,326**	**4,328**	**4,090**
Property, plant and equipment	2	3,326	4,328	4,090
Current assets		**156,791**	**140,801**	**59,569**
Inventory	3	104,183	106,523	56,120
Trade and other receivables	4	52,608	34,278	3,449
Total assets		**160,117**	**145,129**	**63,659**
EQUITY AND LIABILITIES				
Funds and reserves		**46,330**	**54,141**	**43,561**
Trading fund	5	48,507	46,792	45,219
Accumulated surplus/(deficit)		(2,177)	7,349	(1,658)
Non-current liabilities		**531**	**620**	**666**
Provisions	6	531	620	666
Current liabilities		**113,257**	**90,369**	**19,432**
Provisions	6	211	159	170
Trade and other payables	7	45,737	30,947	10,133
Income received in advance	7a	-	-	25
Other financial liabilities	8	67,309	59,263	9,103
Total equity and liabilities		**160,117**	**145,129**	**63,659**

WESTERN CAPE DEPARTMENT OF HEALTH
WESTERN CAPE MEDICAL SUPPLIES CENTRE

Statement of Comprehensive Income for the year ended 31 March 2010

	Note	2009/10 R'000	Restated 2008/09 R'000
Revenue	*9a*	492,032	420,197
Cost of sales	*10*	(464,296)	(379,349)
Gross profit		**27,736**	**40,848**
Other income	*9b*	55	1,001
Operating expenditure	*11*	**(26,507)**	**(26,680)**
Administrative expenses	*11a*	(2,131)	(2,269)
Staff costs	*11b*	(17,103)	(13,779)
Audit fees	*11c*	(1,962)	(1,208)
Depreciation	*11d*	(1,134)	(850)
Inventory write-down/reversal	*11e*	58	(4,381)
Other operating expenses	*11f*	(4,235)	(4,193)
Operating profit		**1,284**	**15,169**
Other expenses	*12*	**-**	**(101)**
Profit before tax		**1,284**	**15,068**
Income tax expense	*13*	-	-
PROFIT FOR THE YEAR		**1,284**	**15,068**
Other comprehensive income		**-**	**-**
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**1,284**	**15,068**

WESTERN CAPE DEPARTMENT OF HEALTH
WESTERN CAPE MEDICAL SUPPLIES CENTRE

Statement of changes in equity for the year ended 31 March 2010

	Note	Trading Fund R'000	Accumulated surplus R'000	Total R'000
Balance at 1 April 2008		**45,219**	**447**	**45,666**
Prior period error adjustment	*14*	-	(2,105)	(2,105)
Restated balance at 1 April 2008		**45,219**	**(1,658)**	**43,561**
Changes in equity for 2008/09				
Total profit for the year (restated)		-	15,068	15,068
Transfers from /(to) Department of Health		1,573	(7,049)	(5,476)
Recognition of fair values of previously unrecognised assets		-	988	988
Restated balance at 31 March 2009		**46,792**	**7,349**	**54,141**
Changes in equity for 2009/10				
Total profit/(loss) for the year		-	1,284	1,284
Transfers from /(to) Department of Health		1,715	(10,810)	(9,095)
Balance at 31 March 2010		**48,507**	**(2,177)**	**46,330**

WESTERN CAPE DEPARTMENT OF HEALTH
WESTERN CAPE MEDICAL SUPPLIES CENTRE

Statement of Cash flows for the year ended 31 March 2010

	Note	2009/10 R'000	Restated 2008/09 R'000
Cash flows from operating activities			
Cash generated from/(utilised in) operations	*15*	1,184	(44,482)
Net cash from operating activities		*1,184*	*(44,482)*
Cash flows from investing activities			
Acquisition of property, plant and equipment	*2*	(132)	(201)
Net cash used in investing activities		*(132)*	*(201)*
Cash flows from financing activities			
Transfers from / (to) Provincial Department of Health		(9,095)	(5,476)
Increase/(decrease) in Other financial liabilities		8,043	50,159
Net cash used in financing activities		(1,052)	44,684
Net (decrease) / increase in cash and cash equivalents		-	-
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 2010

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 Western Cape Medical Supplies Centre'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 Centre 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 Statement of Comprehensive Income 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 Statement of Comprehensive Income 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 Western Cape Medical Supplies Centre 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 Western Cape Medical Supplies Centre, 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 bases:

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 reporting date, the Western Cape Medical Supplies Centre 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 weighted average cost.

1.11 Financial instruments

Financial assets

The Western Cape Medical Supplies Centre'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 Western Cape Medical Supplies Centre's principle financial liabilities are accounts payable, cash and cash equivalents, and the financial liability arising from the the amount owed to the Department of Health. 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 rogressions.

- Trade payables
  Trade and other payables are stated at their nominal value.

1.12 Cash and cash equivalents

Cash and cash equivalents comprises of money owing by the Western Cape Medical Supplies Centre to the Department of Health and is represented by the financial rogress note as included in the Annual Financial Statements. Where applicable bank overdrafts are shown in current liabilities in the statement of financial position. There was however no bank overdrafts for the current or prior year financial periods.

1.13 Provisions

Provisions are rogressi when the Western Cape Medical Supplies Centre 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 rogressi 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 discloses:

(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 Statement of Financial Position 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 Western Cape Medical Supplies Centre 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 Centre 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 2010 have been prepared in accordance with South African Statements of Generally Accepted Accounting Practice.

2. Property, plant and equipment

	2009/10			2008/09		
	Cost	Acc Dep	Carrying value at end of year	Cost	Restated Acc Dep	Carrying value at end of year
	R'000	R'000	R'000	R'000	R'000	R'000
Owned equipment						
Computer equipment	1,187	(1,041)	148	1,185	(807)	378
Office equipment, furniture and fittings	5,663	(2,485)	3,178	5,535	(1,585)	3,950
	6,850	(3,526)	3,326	6,720	(2,392)	4,328

Reconciliation of carrying amount

2009/10	Carrying value at beginning of year	Additions	Disposals	Depreciation	Carrying value at end of year
	R'000	R'000	R'000	R'000	R'000
Owned equipment					
Computer equipment	378	2	-	(234)	146
Office equipment, furniture and fittings	3,950	130	-	(900)	3,180
	4,328	132	-	(1,134)	3,326

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	R'000
Owned equipment						
Computer equipment	666	61	(100)	-	(249)	378
Office equipment, furniture and fittings	3,424	140	(1)	988	(601)	3,950
	4,090	201	(101)	988	(850)	4,328

2007/08	Restated carrying value at beginning of year R'000	Additions R'000	Restated values of R1 assets R'000	Restated depreciation R'000	Restated carrying value at end of year 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

3. Inventories

	2009/10 R'000	Restated 2008/09 R'000	Restated 2007/08 R'000
Work in Progress	1,866	3,439	4,290
Packaging Material	93	134	383
Finished goods	108,654	106,605	53,554
Goods to be returned to supplier	-	2,834	-
Inventory write-down	(6,430)	(6,489)	(2,107)
Net stock losses to be written off	18,230	5,982	1,935
Provision for inventory losses	(18,230)	(5,982)	(1,935)
Total	**104,183**	**106,523**	**56,120**

The valuation method used by the Centre was the weighted average moving basis based on cost price. Also refer to accounting policy note 1.10. Stock losses noted per the financial management system are as follows:

Pharmaceutical stock	3,544	2,803	1,371
Non-Pharmaceutical stock	1,866	718	112
Pre-packed stock	-	13	14
Oudtshoorn stock	159	85	-
Total	**5,569**	**3,619**	**1,497**

Inventory surpluses to the value of R 19,943,372 (Cape Town: R 19,810,538 million and Oudtshoorn: R 132,834) was taken in inventory during the year and rogressi as a decrease in Cost of Sales. At year-end inventory surpluses of R 18,986,325 and related inventory shortages amounting to R 37,216,079 were still awaiting approval.

As a result of slower movement of certain inventories as well as price fluctuations during the year, significant differences existed at year-end between the weighted average cost of some inventory items, and their net realisable values. The total value of inventory written down to net realisable value amounted to R 6,430,473.29.

	2009/10 R'000	Restated 2008/09 R'000	Restated 2007/08 R'000
4. Trade and other receivables			
Trade receivables	46,106	34,297	3,431
Other receivables	6,593	66	44
Less: Provision for impairment of doubtful debts	(91)	(85)	(26)
Total	**52,608**	**34,278**	**3,449**

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 Centre 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 Statement of Financial Position as financial assets with similar credit risk characteristics.

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 rogressions.

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 2010, 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 necessarily considered to be impaired. At 31 March 2010, R 4,202,973 of trade receivables were past due but not impaired.

4.4 Classification of financial assets

In accordance with IAS 39.09 the Financial Assets of the depot is classified as follows:

Financial Assets	Classification
Trade and other receivables	
Trade receivables	Loans and receivables
Other receivables	Loans and receivables

	2009/10 R'000	Restated 2008/09 R'000	Restated 2007/08 R'000
4.5 Reconciliation of provision for impairment of financial assets			
Balance at beginning of year	85	26	45
Impairment Losses recognised	6	59	-
Impairment Losses reversed	-	-	(19)
Amounts recovered	**91**	**85**	**26**

5. Trading fund

The Western Cape Medical Supplies Centre's trading fund account was increased with R 1,715,000 (2009: R 1,573,000) from R 46,792,000 to R 48,507,000.

Capital is used for operating expenses and the purchasing of inventory. The Western Cape Department of Health provided the capital of R 1,715,000 after Treasury approval was obtained. The increase is a transfer from the retained earnings to the capital account.

Opening balance	46,792	45,219	43,808
Transfer from Department of Health	1,715	1,573	1,411
Closing balance	**48,507**	**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	159	168	197
Provisions made during the year	211	159	168
Amount used during the year	(159)	(117)	(156)
Unused amounts reversed during the year		(51)	(41)
Closing carrying amount	**211**	**159**	**168**
Transferred to current	(211)	(159)	(168)
Carrying amount of non-current	**-**	**-**	**-**

	2009/10 R'000	Restated 2008/09 R'000	Restated 2007/08 R'000
Provision for capped leave			
Opening carrying amount	620	666	637
Provisions made during the year			29
Amount used during the year	(89)	(46)	-
Unused amounts reversed during the year			-
Closing carrying amount	**531**	**620**	**666**
Transferred to current	-	-	-
Carrying amount of non-current	**531**	**620**	**666**
Total provisions	**742**	**779**	**834**
Transferred to current	**211**	**159**	**170**
Carrying amount of non-current	**531**	**620**	**666**

7. Trade and other payables

Provision for capped leave			
Trade payables	43,172	24,644	3,031
Accruals	1,576	5,607	6,418
Staff creditors	983	686	680
Other	6	10	4
Total	**45,737**	**30,947**	**10,133**
Income received in advance	-	-	25

7.1 Credit quality of trade and other payables

Trade payables are non-interest bearing and are generally on 30 day payment terms. The Western Cape Medical Supplies Centre does not pledge any of its assets as security for the payables. The Centre 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.

	2009/10 R'000	Restated 2008/09 R'000	Restated 2007/08 R'000

7.3 Classification of financial liabilities

In accordance with IAS 39.09 the Financial Liabilities of the depot is classified as follows:

Financial Liabilities	Classification
Trade and other payables	
Trade payables	Financial liabilities at amortised cost
Accruals	Financial liabilities at amortised cost
Staff creditors	Financial liabilities at amortised cost
Other	Financial liabilities at amortised cost
Income received in advance	Financial liabilities at amortised cost

8. Other financial liabilities

Amount owing to the Western Cape Department of Health	67,309	59,263	9,103
Total	**67,309**	**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.

8.1 Classification of financial assets

In accordance with IAS 39.09 the Financial Liabilities of the depot is classified as follows:

Financial Liabilities	Classification
Other financial liabilities	
Amount owing to the Western Cape Department of Health	Financial liabilities at amortised cost

9. Revenue

	Note	2009/10 R'000	2008/09 R'000
An analysis of the Centre's revenue and other income:			
a Sales of medical supplies to hospitals, NGO's, provincially aided hospitals and local authorities		492,032	420,197
b Other income		55	1001
Total revenue		**492,087**	**421,198**

There were no discontinued operations for the period under review.

Sales stated above constitute revenue from exchange transactions.

		Note	2009/10 R'000	2008/09 R'000
10.	**Cost of sales**			
	Freight service		5,533	5,093
	Packaging		1,307	870
	Purchases		457,456	373,386
	Total cost of sales		**464,296**	**379,349**
11.	**Operating expenditure**			
	An analysis of the depot's expense is as follows:			
a	**Administrative expenses:**		**2,131**	**2,269**
	General administrative expenses		1,700	1,667
	Stationery and printing		415	566
	Training and staff development		16	36
b	**Staff costs:**		**17,103**	**13,779**
	Wages and salaries		13,906	11,927
	Basic salaries		11,175	9,941
	Performance bonuses		281	108
	Periodic payments		38	-
	Other non-pensionable allowance		1,851	1,424
	Leave payments		10	48
	Overtime pay		551	406
	Defined Pension Contribution Plan Expense		1,281	1,091
	Defined pension contribution plan expense		1,281	1,091
	Employer's contributions		1,916	761
	Medical		837	706
	Official Unions and Associations		3	3
	Other salary-related costs		1,076	52
c	**Audit fees**		**1,962**	**1,208**
	Auditors' remuneration		1,962	1,208
d	**Depreciation**		**1,134**	**850**
e	**Inventory write-down/(reversal)**		**(58)**	**4,381**
f	**Other operating expenses:**		**4,235**	**4,193**
	Consultants, Contractors and Special Services		2,700	2,849
	Equipment items expensed as per entity policy		-	(22)
	Maintenance, Repairs and Running Costs		65	70
	Property and buildings		-	3
	Machinery and equipment		65	67
	Other maintenance, repairs and running costs		-	-
	Impairment / (write back of impairment) of disallowance accounts		6	(26)

	Note	2009/10 R'000	2008/09 R'000
Stores / consumables		362	368
Travel and subsistence		190	273
Communication costs		600	530
Other		74	29
Rentals in respect of operating leases		238	122
Plant, machinery and equipment		238	117
Vehicles		-	3
Security and alarms		-	2
Total		**26,507**	**26,680**

The Western Cape Medical Supplies Centre occupies a building owned by the Department of Transport and Public 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 Centre 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. Certain journals created in the previous financial years (to take into account the cumulative effect of accrual accounting) were erroneously not written back in the year after the journal was created. The correction was applied retrospectively and the financial statements of 2009 have been restated to correct this error.

The following errors were identified during the current financial period:

1. *Increases in accounts receivables and accounts payable of R 131,406 in 2006/07.*
2. *Increases in accounts receivables and other income of R 30,558.28 in 2007/08.*
3. *Increases in accounts payables and operating expenses of R 32,400.83 in 2007/08.*
4. *Increases in accounts receivables and accounts payable of R 200,219.93 in 2007/08.*

b. DDV stock account was incorrectly classified as Trade and other payables (recorded as a trade payable with a debit balance) in the previous financial period. The correct classification is Loans and receivables. The correction was applied retrospectively and the prior period financial statements have been restated to correct this error.

c. It was identified that inventory differences between physical stock and the stock management system were not recorded during the prior period and, in addition NRV testing was not performed during prior periods. The corrections were applied retrospectively and the prior period financial statements have been restated to correct these errors.

	Increase / (Decrease)	Restated 2008/09	Restated 2007/08
Effect of corrections on the Statement of Comprehensive Income			
Increase in accumulated deficit 1 April 2008	2,105	(1,658)	-
Decrease in surplus for the year 30 June 2009	(4,381)	15,068	-
Effect of corrections on the Statement of Financial Position			
Increase in Trade and other payables 30 June 2009	13,086	30,947	-
Increase in Trade and other receivables 30 June 2009	2,057	34,278	-
Increase in Inventory 30 June 2009	4,542	106,523	-
Decrease in Trade and other payables 30 June 2008	(364)	-	10,133
Decrease in Trade and other receivables 30 June 2008	(362)	-	3,449
Decrease in Inventory 30 June 2008	(2,107)	-	56,120

	Note	2009/10 R'000	Restated 2008/09 R'000
15. Cash generated from / (utilised in) operations			
Reconciliation of profit for the year to cash generated from operations:			
Net profit per Statement of Comprehensive Income		1,284	15,068
Adjusted for:			
Depreciation on property, plant and equipment		1,134	850
Loss on disposal of assets		-	101
Increase/(decrease) in accrual raised for goods and services received		(4,031)	(811)
Increase/(decrease) in provision for doubtful debts		6	59
Increase/(decrease) in provisions		(37)	(55)
Operating cash flows before working capital changes		(1,644)	15,212
Working capital changes		2,829	(59,694)
(Increase)/decrease in inventories		2,340	(50,403)
(Increase)/decrease in receivables		(18,332)	(30,890)
Increase/(decrease) in payables		18,821	21,624
Increase/(decrease) in Income Received in Advance		-	(25)
Cash generated from / (utilised in) operations		**1,185**	**(44,482)**

16. Risk management

The Western Cape Medical Supplies Centre 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 Western Cape Medical Supplies Centre. 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 Western Cape Medical Supplies Centre 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.

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 Western Cape Medical Supplies Centre 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 2010 the Centre 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:

	2009/10 R'000	Restated 2008/09 R'000	Restated 2007/08 R'000
Trade and other receivables	52,608	34,278	3,449

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 Centre 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 Western Cape Medical Supplies Centre 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 Western Cape Medical Supplies Centre. 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.

17. Contingencies

	Note	2009/10 R'000	2008/09 R'000
Housing loan guarantees (Employees)		11	85
		11	**85**

Housing loan guarantees amounts to R 11,080 (2009: R 85,569) for the 2009/10 financial year. Housing loan guarantees to the value of R 73,489 were terminated in the current financial year.

A supplier instituted a claim in the Pretoria High Court against the Western Cape Medical Supplies Centre, arising from monies recovered in terms of State Tender Board regulations during the period 1999/00. If successful the Centre 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 2010.

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

The members of key management personnel of the Western Cape Medical Supplies Centre 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 Western Cape Medical Supplies Centre and are not compensated by the Centre, 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.

Key staff members residing at the Western Cape Medical Supplies Centre:

2009/10	Salary, bonus and allowance R'000	Overtime Allowance R'000	Medical contribution R'000	Total R'000
Deputy Director: Administration: Mr R Schroeder	427	9	-	436
Deputy Director: Pharmacy: Mr A Glass	240	1	4	245
Deputy Director: Pharmacy: Mr S Theron	257	4	-	261
	924	**14**	**4**	**942**

2008/09	Salary, bonus and allowance 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**

	Note	2009/10 R'000	2008/09 R'000

22. Operating lease commitments

The Centre as lessee

At the reporting date the Western Cape Medical Supplies Centre had outstanding commitments under non-cancellable operating leases and/or contracts, which fall due as follows:

Operating leases		
Up to 1 year	43	47
1 to 5 years	-	43
More than 5 years	-	-
	43	**90**

The lease agreements are not renewable at the end of the lease term and the Western Cape Medical Supplies Centre does not have the option to acquire the equipment. The lease agreements do not impose any restrictions. The lease agreements' escalation rate is 0%.

23. Related party transactions

Related party relationships:

Controlling entity: Western Cape Department of Health

The Western Cape Medical Supplies Centre 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 1,715,000 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 – 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.

	2009/10 R'000	2008/09 R'000	Restated 2007/08 R'000

Related party transactions:

Goods provided to related parties

The Centre provides medical goods to hospitals and other institutions which form part of the Department of Health.

Sales to Department of Health	452,713	387,151	
Total	**452,713**	**387,151**	

Other financial liabilities (transferred from Note 8)

Amount owing to the Western Cape Department of Health	67,309	59,263	9,103
Total	**67,309**	**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 Western Cape Medical Supplies Centre utilises vehicles provided by Government Motor Transport (trading entity under the control of the Department of Transport and Public Works). 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	74	141
Total	74	141
Trade and other payables:		
Government motor transport	21	10
Total	21	10

Other related party transactions

The building currently occupied by the Department of Transport and Public Works (16 Chiappini Street, 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 Centre.

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 expenditure was condoned during the 2009/10 financial period.

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. During the 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 was therefore regarded as irregular expenditure. The above expenditures were condoned during the 2009/10 financial period.

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.

Amendment to IFRS 2	- Clarification of scope of IFRS 2 and IFRS 3 revised (1 July 2009) - Amendments relating to group cash-settled share-based payment transactions – clarity of the definition of the term "Group" and where in a group share based payments must be accounted for. (1 January 2010)
IFRS 3, Business Combinations	- Amendments to accounting for business combinations (1 July 2009) - Amendments to transition requirements for contingent consideration from a business combination that occurred before the effective date of the revised IFRS (1 January 2011) - Clarification on the measurement of non-controlling interests - Additional guidance provided on un-replaced and voluntarily replaced share-based payment awards
IFRS 5 Non-current Assets Held for Sale and Discontinued Operations	- Plan to sell the controlling interest in a subsidiary (1 July 2009) - Disclosures of non-current assets (or disposal groups) classified as held for sale or discontinued operations (1 January 2010)
IFRS 7 Financial Instruments: Disclosures	- Amendment clarifies the intended interaction between qualitative and quantitative disclosures of the nature and extent of risks arising from financial instruments (1 January 2011) - Removed some disclosure items which were seen to be superfluous or misleading
IFRS 9 Financial Instruments	- New standard that forms the first part of a three-part project to replace IAS 39 Financial Instruments: Recognition and Measurement (1 January 2013)
IAS 1, Presentation of Financial Statements	- Clarification of statement of changes in equity (1 January 2011)

IAS 7. Statement of Cash Flows	- Classification of expenditures on unrecognised assets (1 January 2010)
IAS 10 Events after the Reporting Period	- Amendment resulting from the issue of IFRIC 17 (1 July 2009)
IAS 17 Leases	- Classification of leases of land and buildings (1 January 2010)
IAS 21 The Effects of Changes in Foreign Exchange Rates	- Consequential amendments from changes to Business Combinations (1 July 2009) - Consequential amendments from changes to IAS 27 Consolidated and Separate Financial Statements (Clarification on the transition rules in respect of the disposal or partial disposal of an interest in a foreign operation) (1 July 2011)
IAS 24 Related Party Disclosures	- Simplification of the disclosure requirements for government-related entities (1 January 2011) - Clarification of the definition of a related party (1 January 2011)
IAS 27 Consolidated and Separate Financial Statements	- Transition requirements for previous amendments arising from changes to IAS 27 (1 July 2011)
IAS 38 Intangible Assets	- Additional consequential amendments arising from revised IFRS 3 (1 July 2009) - Measuring the fair value of an intangible asset acquired in a business combination (1 July 2009)

Management has considered the above standards and interpretations and anticipates that the adoption of these will not have a significant impact on the financial position, financial performance or cash flows of the depot as the majority of these types of transactions are not currently applicable at the Centre. When adopted, certain disclosures will however need to be amended in accordance with IFRS 7, IFRS 9 and IAS 24.

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	Potential customers	Standard of service	Actual achievement against standards
Emergency medical Services at Site B CHC.	Emergency patients attending Site B CHC.	Population of Khayelitsha sub-district.	Less than four hours before definitive care.	Patients triaged as red are always seen in under four hours. Patients triaged as orange are always seen in under four hours. Clients triaged as yellow or green still exceed four hours waiting time as a norm, but are sometimes seen in less than four hours (less than 20%).

Table 5.1.2: Consultation arrangements with customers

Type of arrangement	Actual customers	Potential customers	Actual achievements
Client satisfaction survey	Clients attending CHC in week 9 – 13 Feb 2009		Client satisfaction survey completed.
Discussion and feedback		Health Committee	Feedback given monthly at health committee meetings by facility manager.

Table 5.1.3: Service delivery access strategy

Access strategy	Actual achievements
New infrastructure for emergency centre at Site B Khayelitsha.	Opened January 2009. Fully equipped and functional March 2009.

Table 5.1.4: Service information tool

Types of information tool	Actual achievements
Report to health committee	Monthly report to health committee by facility manager.
Information posters	Information posters explaining the triage system are prominently displayed in the emergency centre waiting area.

Table 5.1.5: Complaints mechanism

Complaints Mechanism	Actual achievements
Departmental complaints procedure	All complaints responded to within one month.
Suggestion box	Suggestions recorded and discussed weekly with action plans developed by Facility Management.

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, 2009/10

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	266,710	110,116	779	1,234	41%	263	419
Programme 2	3,722,530	2,005,421	7,514	127,449	54%	203	9,900
Programme 3	530,130	315,071	819	373	59%	183	1,726
Programme 4	2,501,088	1,746,601	4,352	82,673	70%	227	7,688
Programme 5	2,347,345	1,453,200	2,672	47,726	62%	206	7,056
Programme 6	194,624	36,096	194,624	181	19%	122	295
Programme 7	197,605	104,448	487	600	53%	206	508
Programme 8	611,002	9,198	1,075	617	2%	0	18
Total	**10,371,034**	**5,780,151**	**212,322**	**260,853**	**56%**	**209**	**27,610**

Notes:

- The above expenditure totals and personnel totals exclude 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 2009/03/31 and 2010/03/31.

Table 5.2.2: Personnel costs by salary bands, 2009/10

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)	196,369	3.44	71	2,748
Skilled (Levels 3 – 5)	1,136,575	19.89	113	10,061
Highly skilled production (Levels 6 – 8)	1,424,373	24.92	182	7,846
Highly skilled supervision (Levels 9 – 12)	2,923,912	51.16	423	6,910
Senior management (Levels 13 – 16)	34,076	0.60	757	45
Total	**5,715,305**	**100.00**	**207**	**27,610**

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 at the beginning on of the financial year (2009/03//31) and at the end fo the financial year (2010/03/31).
- The senior professionals (principal and chief specialist) have been de-linked from the Senior management service with effect from 2009/07/01 as a result of the implementation of the OSD for medical personnel and is reflected in highly skilled supervision (levels 9 – 12).

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, 2009/10

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	100,911	93.21	1,135	1.05	1,671	1.54	4,541	4.19
Programme 2	1,795,824	89.28	100,968	5.02	36,742	1.83	77,875	3.87
Programme 3	268,401	84.70	23,310	7.36	6,902	2.18	18,263	5.76
Programme 4	1,360,009	85.94	133,921	8.46	30,063	1.90	58,557	3.70
Programme 5	1,308,174	84.45	160,858	10.38	28,884	1.86	51,200	3.31
Programme 6	33,333	92.73	255	0.71	785	2.18	1,573	4.38
Programme 7	85,621	82.18	9,655	9.27	2,912	2.79	5,999	5.76
Programme 8	6,485	93.15	366	5.26	12	0.17	99	1.42
Total	**4,958,758**	**86.76**	**430,468**	**7.53**	**107,971**	**1.89**	**218,107**	**3.82**

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, 2009/10

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)	169,779	86.46	3,428	1.75	11,085	5.64	12,077	6.15
Skilled (Levels 3 – 5)	972,822	85.59	43,441	3.82	45,867	4.04	74,445	6.55
Highly skilled production (Levels 6 – 8)	1,266,50	88.92	53,450	3.75	33,129	2.33	71,294	5.01
Highly skilled supervision (Levels 9 – 12)	2,516,372	86.06	329,813	11.28	17,890	0.61	59,837	2.05
Senior management (Levels 13 -16)	33,285	97.68	336	0.99	0	0	454	1.33
Total	**4,958,758**	**86.76**	**430,468**	**7.53**	**107,971**	**1.89**	**218,107**	**3.82**

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 2010

Programme	Number of posts	Number of posts filled	Vacancy rate	Number of posts filled additional to the establishment
Programme 1	518	425	17.95	16
Programme 2	10,776	9,992	7.28	86
Programme 3	1,791	1,710	4.52	5
Programme 4	7,994	7,560	5.43	38
Programme 5	7,370	7,043	4.44	114
Programme 6	332	282	15.06	4
Programme 7	708	625	11.72	3
Programme 8	27	15	44.44	6
EU funding posts	1	0	100.00	1
MEDSAS	190	130	31.58	0
Total	**29,707**	**27,782**	**6.48**	**273**

Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Number of posts refers to funded posts.
- The staff establishment consisted of 37,430 posts of which 28,055 (27,782 plus 273) were filled, 1,991 were funded and 7,384 unfunded and deactivated on PERSAL.
- Vacancy rate is based on funded vacancies.

Table 5.3.2: Employment and vacancies by salary bands, 31 March 2010

Salary band	Number of posts	Number of posts filled	Vacancy rate	Number of posts filled additional to the establishment
Lower skilled (Levels 1 – 2)	2,839	2,522	11.17	0
Skilled (Levels 3 – 5)	10,830	10,180	6.00	190
Highly skilled production (Levels 6 – 8)	8,262	7,798	5.62	33
Highly skilled supervision (Levels 9 – 12)	7,535	7,109	5.65	48
Senior management (Levels 13 – 16)	49	43	12.24	0
EU funding posts	2	0	0.00	2
MEDSAS	190	130	31.58	0
Total	**29,707**	**27,782**	**6.48**	**273**

Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- The staff establishment consisted of 37,430 posts of which 28,055 (27,782 plus 273) were filled, 1,991 were funded and 7,384 unfunded.
- Vacancy rate is based on funded vacancies.

Table 5.3.3: Employment and vacancies by critical occupation, 31 March 2010

Critical occupations	Number of posts	Number of posts filled	Vacancy rate	Number of posts filled additional to the establishment
Medical orthotist and prosthetist	16	11	31.25	1
Medical physicist	15	14	6.67	0
Clinical technologist	88	75	14.77	0
Pharmacist	380	328	13.68	3
Industrial technician	77	57	25.97	2
Total	**576**	**485**	**15.80**	**6**

Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- A total of 167 posts are unfunded and not included in the total of 576.
- Vacancy rate is based on funded vacancies.

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 2009 to 31 March 2010

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)	4,018	0	0.00	0	0.00	0	0.00
Skilled (Levels 3 – 5)	13,905	133	0.96	2,915	2,191.73	0	0.00
Highly skilled production (Levels 6 – 8)	10,211	0	0.00	0	0.00	0	0.00
Highly skilled supervision (Levels 9 – 12)	9,247	47	0.51	47	100.00	0	0.00
Senior management (Service band A)	33	0	0.00	0	0.00	0	0.00

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
Senior management (Service band B)	12	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	**37,430**	**180**	**0.48**	**2,962**	**1,645.56**	**0**	**0.00**

Notes:

- Nature of appointment sessional is excluded.
- The number of posts of 37,430 includes 1,991 funded and 7,384 unfunded posts deactivated on PERSAL.
- In total 3,839 clerk posts have been job evaluated during 2008/09 for upgrading. During 2009/10, 2,782 of these clerk posts (part of 2,915) have been upgraded on PERSAL and the rest will be done during the year 2010/11.

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 2009 to 31 March 2010

Beneficiaries	African	Asian	Coloured	White	Total
Female	333	13	997	275	1,618
Male	187	8	671	82	948
Total	**520**	**21**	**1,668**	**357**	**2,566**
Employees with a disability	3	0	10	8	21

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 2009 to 31 March 2010 (in terms of PSR 1.V.C.3)

Occupation	No of employees	Job evaluation level	Remuneration level	Reason for deviation
Chief personnel officer	1	8	8	Retention of staff
Specialist	2	12	12	Retention of staff
Control industrial technician	1	11	12	Retention of staff
Artisan superintendent	1	8	9	Retention of staff
Administration clerk	1	5	6	Retention of staff
Secretary	1	5	7	Retention of staff
Director	1	13	14	Retention of staff
Clinical technologist	1	8	9	Retention of staff
Deputy director	1	12	12	Retention of staff
Control environmental health officer	1	9	10	Retention of staff
Total number of employees whose salaries exceeded the level determined by job evaluation in 2009/10				**11**
Percentage of total employment				**0.04%**

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 2009 to 31 March 2010 (in terms of PSR 1.V.C.3)

Beneficiaries	African	Asian	Coloured	White	Total
Female	2	0	2	0	4
Male	1	0	1	5	7
Total	**3**	**0**	**3**	**5**	**11**

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 2009 to 31 March 2010

Salary band	Number of employees per band as on 1 April 2009	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Lower skilled (Levels 1 – 2)	2,983	350	238	7.98
Skilled (Levels 3 – 5)	9,803	1,721	1,096	11.18
Highly skilled production (Levels 6 – 8)	7,893	1,169	1,154	14.62
Highly skilled supervision (Levels 9 – 12)	6,589	1,299	1,386	21.04
Senior management (Service band A)	112	6	9	8.04
Senior management (Service band B)	18	3	0	0.00
Senior management (Service band C)	3	0	0	0
Senior management (Service band D)	1	0	0	0
Total	**27,402**	**4,548**	**3,883**	**14.17**

Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- On 2009/04/01 senior professionals (principals and chief specialists) were still part of the SMS and are included as such.

Table 5.5.2: Annual turnover rates by critical occupation for the period 1 April 2009 to 31 March 2010

Occupation	Number of employees per occupation as on 1 April 2009	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Clinical technologists	83	20	29	34.94
Industrial technician	62	4	6	9.68
Medical orthotist and prosthetist	11	2	2	18.18
Medical physicist	14	0	0	0.00
Pharmacists	343	161	168	48.98
Total	**513**	**187**	**205**	**39.96**

Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Any difference in numbers between 2009 and 2010 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	65	1.74
Resignation	1,143	30.63
Expiry of contract	2,021	54.15
Dismissal – operational changes	2	0.05
Dismissal – misconduct	74	1.98
Dismissal – inefficiency	0	0.00
Discharged due to ill-health	46	1.23
Retirement	324	8.68
Other	57	1.53
Total	**3,732**	**100.00**
Total number of employees who left as a % of the total employment		13.62

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 terminations were effected on PERSAL within the period 1 April 2009 – 31 March 2010. 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: Granting of employee initiated severance packages

Salary band	Number of applications received	Number of applications referred to the MPSA	Number of applications supported by MPSA	Number of packages approved by department
Lower skilled (Levels 1 – 2)	0	0	0	0
Skilled (Levels 3 – 5)	0	0	0	0
Highly skilled production (Levels 6 – 8)	1	0	0	0
Highly skilled supervision (Levels 9 – 12)	1	1	1	1
Senior management (Levels 13 – 16)	1	1	1	1
Total	**3**	**2**	**2**	**2**

Notes:

- The stats reflect the cases received and finalised between 1 April 2009 and 31 March 2010.
- Cases where approval for a severance package was granted before 31 March, but the termination of services was after 31 March 2010, will be reflected in the next annual report.

Table 5.5.5: Promotions by critical occupation

Occupation	Employees as at 1 April 2009	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	83	4	4.82	60	72
Industrial technician	62	1	1.61	37	60
Medical orthotist and prosthetist	11	0	0.00	6	55
Medical physicist	14	1	7.14	11	79
Pharmacists	343	5	1.46	143	41.69
Total	**513**	**11**	**2.14**	**257**	**50.10**

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, 52 – Promotion: Package SMS and 62 – PSR 2001 1.V.C.3.
- Progression to another notch within a salary level includes event 61 – Pay progression, 66 and 69 Pay Progression SMS and MMS.

Table 5.5.6: Promotions by salary band

Salary band	Employees 1 April 2009	Promotions to another salary level	Salary bands promotions as a % of employees by salary level	Progressions to another notch within a salary level	Notch progressions as a % of employees by salary band	Occupational Specific Dispensions (OSD's)	OSD as a % of employees by salary band
Lower skilled (Levels 1 – 2)	2,983	127	4.26	1,780	59.67	19	0.64
Skilled (Levels 3 – 5)	9,803	1,097	11.19	5,373	54.81	850	8.67
Highly skilled production (Levels 6 – 8)	7,893	403	5.11	4,979	63.08	1,037	13.14
Highly skilled supervision (Levels 9 – 12)	6,589	259	3.93	4,220	64.05	1,936	29.38
Senior management (Levels 13 – 16)	134	8	5.97	103	76.87	0	0.00
Total	**27,402**	**1,894**	**6.91**	**16,455**	**60.05**	**3,842**	**14.02**

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.
- Senior professionals (principal and chief specialist) have been de-linked from the senior management service with effect from 2009/07/01 as a result of the implementation of the OSD for medical personnel.

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 2010

Occupational categories (SASCO)	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Senior officials and managers	7	11	1	9	2	5	1	7	43
SMS professionals	0	0	0	0	0	0	0	0	0
Professionals	194	521	143	981	311	1,450	232	1,522	5,354
Technicians and associate professionals	265	533	7	90	909	3,141	36	703	5,684
Clerks	257	1,003	10	151	514	1,547	17	509	4,008
Service shop and market sales workers	442	1,133	14	130	1,562	4,847	9	483	8,620
Craft and related trade workers	9	82	1	78	1	3	0	0	174
Plant and machine operators and assemblers	32	147	0	2	0	6	0	0	187
Labourers and related workers	476	1,039	1	72	597	1,769	2	29	3,985
Total	**1,682**	**4,469**	**177**	**1,513**	**3,896**	**12,768**	**297**	**3,253**	**28,055**
Employees with disabilities	4	26	0	22	1	15	0	25	93

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.
- As a result of the OSD for doctors the category SMS professionals, former senior professionals (principal and chief specialist) have been de-linked from the senior management service with effect from 2009/07/01 as a result of the implementation of the OSD for medical personnel and are now reflected together with professionals.

Table 5.6.2: Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2010

Occupational bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Head of department	0	0	0	1	0	0	0	0	1
Senior management	7	11	1	8	2	5	1	7	42
Professionally qualified	244	603	151	1,007	630	2,652	216	1,667	7,170
Skilled technical	276	1,344	10	310	695	4,005	54	1,168	7,862
Semi-skilled	753	1,887	12	154	2,037	5,198	24	381	10,446
Unskilled	402	624	3	33	532	908	2	30	2,534
Total	**1,682**	**4,469**	**177**	**1,513**	**3,896**	**12,768**	**297**	**3,253**	**28,055**

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 273 employees additional to the establishment.
- Senior professionals (principal and chief specialist) have been de-linked from the senior management service with effect from 2009/07/01 as a result of the implementation of the OSD for medical personnel.

Table 5.6.3: Recruitment for the period 1 April 2008 to 31 March 2010

Occupational bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Head of department	0	0	0	0	0	0	0	0	0
Senior management	0	1	2	2	0	1	1	0	7
Professionally qualified	54	114	53	274	78	235	86	358	1,252
Skilled technical	79	105	5	28	199	516	21	198	1,151
Semi-skilled	113	253	2	22	578	665	4	58	1,695
Unskilled	60	107	0	7	71	99	0	5	349
Total	**306**	**580**	**62**	**333**	**926**	**1,516**	**112**	**619**	**4,454**
Employees with disabilities	2	0	0	1	0	3	0	4	10

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 principal and chief specialists which have been de-linked from senior management with effect from 2009/07/01 as a result of the implementation of the OSD for medical personnel.

Table 5.6.4: Promotions for the period 1 April 2009 to 31 March 2010

Occupational bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Head of department	0	0	0	0	0	0	0	0	0
Senior management	0	0	0	4	0	0	0	4	8
Professionally qualified	12	43	6	39	13	80	4	62	259
Skilled technical	24	112	2	9	52	171	0	33	403
Semi-skilled	89	206	0	12	210	529	5	46	1,097
Unskilled	18	19	0	1	10	79	0	0	127
Total	**143**	**380**	**8**	**65**	**285**	**859**	**9**	**145**	**1,894**
Employees with disabilities	0	2	0	0	1	0	0	0	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 includes principal and chief specialists which have been de-linked from senior management with effect from 2009/07/01 as a result of the implementation of the OSD for medical personnel.

Table 5.6.5: Terminations for the period 1 April 2009 to 31 March 2010

Occupational bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Head of department	0	0	0	0	0	0	0	0	0
Senior management	0	2	0	2	0	1	0	4	9
Professionally qualified	48	99	61	303	88	276	69	398	1,342
Skilled technical	68	108	5	39	166	489	23	225	1,123
Semi-skilled	87	196	2	22	171	493	4	52	1,027
Unskilled	38	64	0	2	28	98	0	1	231
Total	**241**	**469**	**68**	**368**	**453**	**1,357**	**96**	**680**	**3,732**
Employees with disabilities	0	1	0	1	1	1	0	3	7

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 three retirements, two resignations, two expiry of contracts, one death and one dismissal operational changes).

Table 5.6.6: Disciplinary action for the period 1 April 2009 to 31 March 2010

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Correctional counselling	3	11	0	1	11	26	0	3	**55**
Verbal warning	25	44	0	4	36	51	0	2	**162**
Written warning	76	81	0	5	75	86	0	4	**327**
Final written warning	16	25	0	2	101	47	0	9	**200**
Suspension without pay	1	4	0	0	1	2	0	0	**8**
Demotion	0	0	0	0	1	1	0	0	**2**
Dismissals	10	19	0	0	4	10	0	0	**43**
Desertions	4	13	0	4	2	10	0	0	**33**
Not guilty	1	1	0	0	0	1	0	0	**3**
Case withdrawn	0	0	0	0	0	0	0	0	**0**
Total	**136**	**198**	**0**	**16**	**231**	**234**	**0**	**18**	**833**

Table 5.6.7: Skills development for the period 1 April 2009 to 31 March 2010

Occupational categories	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers	18	38	3	35	3	38	6	42	183
Professionals	300	543	98	877	406	2,669	153	1,687	6,733
Technicians and associate professionals	301	705	18	512	555	2,521	45	507	5,164
Clerks	211	606	18	70	520	1,070	7	169	2,671
Service and sales workers	463	1,918	10	206	448	1,013	11	204	4,273
Skilled agriculture and fishery workers	0	0	0	0	0	0	0	0	0
Craft and related trades workers	7	30	1	13	8	9	1	6	75
Plant and machine operators and assemblers	5	55	1	2	3	15	0	2	83
Elementary occupations	170	214	1	32	219	542	0	29	1,207
Total	**1,475**	**4,109**	**150**	**1,747**	**2,162**	**7,877**	**223**	**2,646**	**20,389**
Employees with disabilities	0	7	0	7	0	7	0	7	28

5.7 Signing of performance agreements by SMS members

Table 5.7.1: Signing of Performance Agreements by SMS Members as on 31 July 2009

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	0	0%
Salary Level 16, but not HoD	0	0	0	0%
Salary Level 15	3	3	3	100%
Salary Level 14	11	9	9	100%
Salary Level 13	34	29	29	100%
Total	**49**	**42**	**41**	**97.6%**

Table 5.7.2: Reasons for not having concluded Performance Agreements for all SMS members as on 31 July 2009

Reason for not concluding Performance Agreements
The new MEC and Head of Department only finalised the performance agreement at the end of August 2009 after a strategic planning session.

Table 5.7.3: Disciplinary steps taken against SMS members for not having concluded Performance Agreements as on 31 July 2009

Disciplinary steps taken
Not applicable.

Departments must indicate what disciplinary steps were taken by its executive authority or Head of Department in terms of section 16A (1) or (2) of the Public Service Act, 1994 in those cases where SMS members and/or their supervisors do not, without showing good cause, conclude and file performance agreements with their human resource management components. See paragraphs 3, 4 and 5 of Circular: Amendments regarding Signing of Performance Agreements and Filling of Posts for Members of Senior Management Services (SMS) dated 2009/06/05.

5.8 Filling of SMS posts

Table 5.8.1: SMS posts information as on 31 March 2010

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	11	10	90.91%	1	10.00%
Salary Level 13	33	29	87.88%	4	13.79%
Total	**48**	**43**	**89.58%**	**5**	**11.63%**

Table 5.8.2: SMS posts information as on 30 September 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	11	9	81.82%	2	18.18%
Salary Level 13	34	30	85.29%	4	11.76%
Total	**49**	**43**	**85.71%**	**6**	**12.24%**

Table 5.8.3: Advertising and Filling of SMS posts as on 31 March 2010

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	4	2	1
Total	**5**	**3**	**1**

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

Reasons for vacancies not advertised within six months:
None
Reasons for vacancies not filled within twelve months:
None

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 paragraph 6 of Circular: Amendments regarding Signing of Performance Agreements and Filling of Posts for Members of Senior Management Services (SMS) dated 2009/06/05.

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 5.9.1), salary bands (Table 5.9.2) and critical occupations (Table 5.9.3).

Table 5.9.1: Performance rewards by race, gender, and disability, 1 April 2009 to 31 March 2010

	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	159	1,682	0.09	1,365	9
Female	460	3,896	0.12	4,744	10
Asian					
Male	18	177	0.10	395	22
Female	41	297	0.14	717	17
Coloured					
Male	841	4,469	0.19	9,056	11
Female	2,757	12,768	0.22	29,966	11
White					
Male	304	1,513	0.20	7,153	24
Female	805	3,253	0.25	14,933	19
Employees with a disability	14	93	0.15		
Total	**5,385**	**28,055**	**19.19**	**68,329**	**13**

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 2009 to 31 March 2010

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)	475	2,534	18.75	2,163	5	0.04
Skilled (Levels 3 – 5)	1,722	10,446	16.48	11,507	7	0.20
Highly skilled production (Levels 6 – 8)	1,671	7,862	21.25	18,768	11	0.33
Highly skilled supervision (Levels 9 – 12)	1,488	7,170	20.75	34,743	23	0.61
Total	**5,356**	**28,012**	**19.12**	**67,181**	**13**	**1.17**

Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Senior management (42) is excluded in the number of employees.

Table 5.9.3: Performance rewards by critical occupations, 1 April 2009 to 31 March 2010

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	75	21.33	242	15
Industrial technician	19	59	32.20	488	26
Medical orthotist and prosthetist	2	12	16.67	25	13
Medical physicist	2	14	14.29	97	49
Pharmacists	78	331	23.56	1,379	18
Total	**117**	**491**	**23.83**	**2,231**	**19**

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 2009 to 31 March 2010

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	19	29	65.52	689	36	0.032	21,348
Band B	8	10	80.00	361	45	0.044	8,224
Band C	1	3	33.33	47	47	0.015	3,059
Band D	1	1	100.00	52	52	0.036	1,445
Total	**29**	**43**	**67.44**	**1,149**	**40**	**0.034**	**34,076**

Notes:

- Senior management (principal and chief specialist) has been de-linked from the senior management service with effect from 2009/07/01 as a result of the implementation of the OSD for medical personnel.

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 2009 to 31 March 2010, by salary band

Salary band	1 April 2009		31 March 2010		Change	
	Number	% of total	Number	% of total	Number	% change
Lower skilled (Levels 1 – 2)	1	0.78	0	0.00	(1)	(3)
Skilled (Levels 3 – 5)	5	3.91	5	3.11	0	0
Highly skilled production (Levels 6 – 8)	22	17.19	15	9.32	(7)	(21)
Highly skilled supervision (Levels 9 – 12)	96	75.00	141	87.58	45	136
Senior management (Levels 13 – 16)	4	3.13	0	0.00	(4)	(12)
Total	**128**	**100.00**	**161**	**100.00**	**33**	**100**

Notes:

- Nature of appointments sessional, periodical and abnormal is not included.
- Former SMS professionals (principal and chief specialist) which were included in senior management has been de-linked from the senior management service as a result of the implementation of the OSD for medical personnel with effect from 2009/07/01 and is now reflected in salary level 9-12.

Table 5.10.2: Foreign workers, 1 April 2009 to 31 March 2010, by major occupation

Major occupation	1 April 2008		31 March 2009		Change	
	Number	% of total	Number	% of total	Number	% change
Admin office workers	3	2.34	3	1.86	0	0.00
Craft related workers	0	0.00	0	0.00	0	0.00
Elementary occupations	1	0.78	1	0.62	0	0.00
Professionals and managers	106	82.81	136	84.47	30	90.91
Service workers	0	0.00	4	2.48	4	12.12
Plant and machine operators	0	0.00	0	0.00	0	0.00
Technical and associate professionals	18	14.06	17	10.56	(1)	(3.03)
Total	**128**	**100**	**161**	**100**	**33**	**100.00**

Notes:

- Nature of appointments sessional, periodical and abnormal is not included.

5.11 Leave utilisation for the period 1 January 2009 to 31 December 2009

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 5.11.1) and disability leave (Table 5.11.2). In both cases, the estimated cost of the leave is also provided.

Table 5.11.1: Sick leave, 1 January 2009 to 31 December 2009

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)	17,558	82.36	2,066	9.62	8	3,649
Skilled (Levels 3 – 5)	66,689	82.45	8,156	37.98	8	20,464
Highly skilled production (Levels 6 – 8)	51,609	81.41	6,411	29.85	8	25,451
Highly skilled supervision (Levels 9 – 12)	36,414	79.83	4,790	22.30	8	35,742
Senior management (Levels 13 – 16)	453	83.00	53	0.25	9	724
Total	**172,723**	**81.58**	**21,476**	**100.00**	**8**	**87,504**

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 2009 to 31 December 2009

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)	2,981	100.00	81	9.51	36.80	644
Skilled (Levels 3 – 5)	8,490	100.00	316	37.09	26.87	2,633
Highly skilled production (Levels 6 – 8)	6,819	100.00	273	32.04	24.98	3,352
Highly skilled supervision (Levels 9 – 12)	4,293	100.00	179	21.01	23.98	4,105
Senior management (Levels 13 – 16)	135	100.00	3	0.35	45.00	360
Total	**22,718**	**100.00**	**852**	**100.00**	**26.66**	**11,435**

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

Table 5.11.3 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 2009 to 31 December 2009

Salary bands	Total days taken	Average per employee
Lower skilled (Levels 1 – 2)	56,527	21
Skilled (Levels 3 – 5)	220,782	22
Highly skilled production (Levels 6 – 8)	187,066	23
Highly skilled supervision(Levels 9 – 12)	158,679	22
Senior management (Levels 13 – 16)	3,122	23
Total	**626,176**	**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 2009 to 31 December 2009

Salary bands	Total days of capped leave taken	Average number of days taken per employee	Average capped leave per employee as at 31 December 2009	Number of employees as at 31 December 2009	Total capped leave available as at 31 December 2009
Lower skilled (Levels 1 – 2)	1,260	0	5	2,529	11,521
Skilled (Levels 3 – 5)	7,407	1	10	10,160	106,353
Highly skilled production (Levels 6 – 8)	13,193	2	25	7,691	193,414
Highly skilled supervision (Levels 9 – 12)	11,559	2	19	7,022	135,598
Senior management (Levels 13 – 16)	123	2	40	50	2,001
Totals	**33,542**	**1**	**16**	**27,452**	**448,887**

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 2009 to 31 March 2010

Reason	Total amount (R'000)	Number of employees	Average payment per employee (R'000)
Leave payout for 2009/10 due to non-utilisation of leave for the previous cycle	322	44	7
Capped leave payouts on termination of service for 2009/10	11,248	306	37
Current leave payout on termination of service for 2009/10	3,354	693	5
Total	**14,924**	**1,043**	**14**

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 and 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 2009/10:

<table>
<tr><th>Nature of injury on duty</th><th>Cases reported</th></tr>
<tr><td>Needle prick</td><td>124</td></tr>
<tr><td>Tuberculosis</td><td>4 in AAH</td></tr>
</table>
</td><td>• Occupational Health and Safety (OHS) officers and employee wellness practitioners were trained in risk assessment and management of occupational hazards.
• Awareness sessions with forensic pathology services were conducted.
• A coaching programme with nurses working in trauma units in Tygerberg, Groote Schuur, and Red Cross War Memorial Children's Hospital was implemented.
• 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 programs 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 • Ms Lisl Mullins • Ms Caldine van Willing • Mr Nabeel Ismail • Mr Diyithethe Silwanwana • Mr Kyle Barnes

Question	Yes	No	Details, if yes
			Institutional / regional level: • Groote Schuur Hospital: Gill Reynolds • Tygerberg Hospital: Sayeeda Dhansay • Red Cross Hospital : Thembeka Busakwe, Ntombozuko Ponono • Associated Psychiatric Hospitals: Linda Hering • Cape Winelands: Marvina Johnson, Jean Davids • Overberg: Linda Reichert • West Coast: Ernest Tiervlei • Eden/Central Karoo Region: Nuruh Davids • Cape Metropole: Kay Govender • MDHS: Joselyn Manuel • EMS: Liz Crossley, M Gerber
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 makes use of a combined model, i.e. internal and external services. 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. **Programmes and services offered:** 1. Counselling and support services - Telephone counselling available 24 hours a day, 7 days a week and 365 days a year - The service is available to all employees and their household members - Face to face counselling (6 + 2 session model) per issue - Case management - Trauma / critical incident management - HIV and AIDS counselling 2. Life management services - Family care - Money management - Legal information and assistance 3. Managerial consultancy and referral services - Managerial consultancy - Formal referral programme 4. Client management services - SHWP policy development - Implementation programme - Promotional material - Account management consultancy - Reporting and review programme - Quality management programme

Question	Yes	No	Details, if yes
			5. Specialist services - Behaviour risk management audits - KAP survey - Client satisfaction surveys - Regular reporting and feedback sessions with relevant management members occur on a quarterly basis. 6. Training services - Training on a broad range of topics as specified in the scope of work specifications. **Key elements – HIV and AIDS / STI programmes:** • To ensure that every employee within the department receives 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).

Question	Yes	No	Details, if yes
			Health Departmental Committee: • Ms S Newman: Head Office • Ms G Reynolds: Groote Schuur Hospital • Ms S Dhansay: Tygerberg Hospital • Ms T Busakwe and Ms N Ponono: Red Cross Hospital • Dr L Hering: Associated Psychiatric Hospitals • Ms M Johnson: Cape Winelands • Linda Reichert: Overberg • Mr E Tiervlei: West Coast • Ms N Davids: Eden/Central Karoo • Ms K Govender: Metropole • Joselyn Manuel: MDHS • Liz Crossley and M Gerber: EMS **Provincial Committee (PEAP):** • Ms Rhona Thavas: Agriculture • Ms C Leetz: Community Safety • Ms B Kahla: Cultural Affairs and Sport • Ms A Roodman: Economic Development • Ms N Zamxaka: Education • Mr P Visser: Environmental Affairs • Ms S Newman: Health • Mr P Mothibi: Local Government and Housing • Ms N Majeke: Premier • Mr O De Young: Provincial Treasury • Ms R Swartz: 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.

<table>
<tr><th>Question</th><th>Yes</th><th>No</th><th>Details, if yes</th></tr>
<tr><td>7. Does the department encourage its employees to undergo voluntary counselling and testing? If so, list the results that you have you achieved.</td><td>✓</td><td></td><td>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 District
• Diakonale Dienste: West Coast
• @Heart: Cape Winelands District
• Right to Care: Overberg District
• The Department of Health District Office provides the service in the Eden / Central Karoo Districts

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>1,149</td><td>1,130</td><td>19</td></tr>
<tr><td>West Coast</td><td>555</td><td>547</td><td>8</td></tr>
<tr><td>Overberg</td><td>255</td><td>254</td><td>1</td></tr>
<tr><td>Cape Winelands</td><td>75</td><td>75</td><td>0</td></tr>
<tr><td>Central Karoo</td><td>2</td><td>2</td><td>0</td></tr>
<tr><td>Eden</td><td>114</td><td>111</td><td>3</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.

The programme is currently aligned with HCT initiative.</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 and develop and implement special interventions to address trends and challenges.</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 2009 to 31 March 2010

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 2009 to 31 March 2010

Outcomes of disciplinary hearings	Number	% of total
Correctional counselling	55	6.6%
Verbal warning	162	19.4%
Written warning	327	39.3%
Final written warning	200	24.0%
Suspension without pay	8	1.0%
Demotion	2	0.2%
Dismissals	43	5.2%
Desertions	33	4.0%
Not guilty	3	0.4%
Case withdrawn	0	0%
Total	**833**	**100.0%**

Table 5.13.3: Types of misconduct addressed at disciplinary hearings

Type of misconduct	Number	% of total
Absent from work without reason or permission	391	46.9%
Code of conduct (improper / unacceptable manner)	71	8.5%
Insubordination	72	8.6%
Fails to comply with or contravenes acts	74	8.9%
Negligence	20	2.4%
Misuse of PGWC property	36	4.3%
Steals, bribes or commits fraud	110	13.2%
Substance abuse	11	1.3%
Sexual harassment	2	0.2%
Discrimination	0	0.0%
Assault or threatens to assault	13	1.6%
Desertions	33	4.0%
Total	**833**	**100.0%**

Table 5.13.4: Grievances lodged for the period 1 April 2009 to 31 March 2010

	Number	% of total
Number of grievances resolved	192	74%
Number of grievances not resolved	67	26%
Total number of grievances lodged	**259**	**100%**

Table 5.13.5: Disputes lodged with Councils for the period 1 April 2009 to 31 March 2010

	Conciliations	
	Number	% of total
Deadlocked	37	63.8%
Settled	7	12.1%
Withdrawn	3	5.2%
Lodged out of time/No jurisdiction	11	19.0%
Total	**58**	**100.0%**

	Arbitrations	
	Number	% of total
Upheld in favour of employee	12	40.0%
Dismissed in favour of employer	18	60.0%
Total	**30**	**100.0%**

Table 5.13.6: Strike actions for the period 1 April 2009 to 31 March 2010

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

Table 5.13.7: Precautionary suspensions for the period 1 April 2009 to 31 March 2010

Number of people suspended	**14**
Number of people whose suspended for 2009/10	41
Number of people whose suspension exceeded 60 days	17
Average number of days suspended	67
Cost (R'000) of suspensions	R 1,315,863

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 2009 to 31 March 2010

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	33	0	120	0	120
	Male	101	0	70	0	70
Professionals	Female	2,615	0	5,937	0	5,937
	Male	1,573	0	1,220	0	1,220
Technicians and associate professionals	Female	5,652	141	3,701	0	3,842
	Male	1,162	17	743	0	760
Clerks	Female	2,273	0	1,495	0	1,495
	Male	1,236	0	656	0	656
Service and sales workers	Female	6,640	0	353	0	353
	Male	1,706	0	830	0	830
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	4	0	16	0	16
	Male	175	0	120	0	120
Plant and machine operators and assemblers	Female	22	0	40	0	40
	Male	212	0	240	0	240
Elementary occupations	Female	2,442	0	1,020	0	1,020
	Male	1,556	0	612	0	612
Sub-total	Female	19,681	141	12,682	0	12,823
	Male	7,721	17	4,491	0	4,508
Total		**27402**	**158**	**17173**	***2465**	**19796**

Table 5.14.2: Training provided 1 April 2009 to 31 March 2010

Occupational Categories	Gender	Number of employees as at 1 April 2009	Training provided within the reporting period			
			Learnerships	Skills programmes and other short courses	Other forms of training	Total
Legislators, senior officials & managers	Female	33	0	129	0	129
	Male	101	0	54	0	54
Professionals	Female	2,615	0	5,585	0	5,585
	Male	1,573	0	1,148	0	1,148
Technicians and associate professionals	Female	5,652	141	4,169	0	4,310
	Male	1,162	17	837	0	854

Occupational Categories	Gender	Number of employees as at 1 April 2009	Training provided within the reporting period			
			Learnerships	Skills programmes and other short courses	Other forms of training	Total
Clerks	Female	2,273	0	1,856	0	1,856
	Male	1,236	0	815	0	815
Service and sales workers	Female	6,640	0	1,925	0	1,925
	Male	1,706	0	2,348	0	2,348
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	4	0	8	0	8
	Male	175	0	67	0	67
Plant and machine operators & assemblers	Female	22	0	36	0	36
	Male	212	0	47	0	47
Elementary occupations	Female	2,442	0	638	0	638
	Male	1,556	0	569	0	569
Sub-total	Female	19,681	141	14,346	0	14,487
	Male	7,721	17	5,885	0	5,902
Total		**27,402**	**158**	**20,231**	***2,465**	**22,854**

Note:

- *2,465 (Total) includes iMOCOMP training, ABET, internships.

5.15 Injury on duty

The following tables provide basic information on injury on duty.

Table 5.15.1: Injury on duty, 1 April 2009 to 31 March 2010

Nature of injury on duty	Number	% of total
Required basic medical attention only	188	36%
Temporary total disability	294	57%
Permanent disability	36	7%
Fatal	1	7%
Total	**518**	**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
Mr J Schoombee – Strategic Advice/Guidance on ICT related matters	1	240 days – ongoing	R 450.00 per hour R 864,000.00
Ernst & Young – Internal Audit Services	1	240 days	R 1,229,000
SAB & T Business Innovations Group – Investigation whether the use of HDI companies by multinational companies promotes the objectives of the PPPFA/BBBEE Act	2	30 days	R 175,000.00
Total number of projects	**Total individual consultants**	**Total duration: Work days**	**Total contract value in Rand**
3	4	510	± R 2,268,000.00

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
Mr J Schoombee – Strategic Advice/Guidance on ICT related matters	Nil	Nil	Nil
Ernst & Young – Internal Audit Services	Nil	Nil	Nil
SAB & T Business Innovations Group – Investigation whether the use of HDI companies by multinational companies promotes the objectives of the PPPFA/BBBEE Act	83%	83%	2

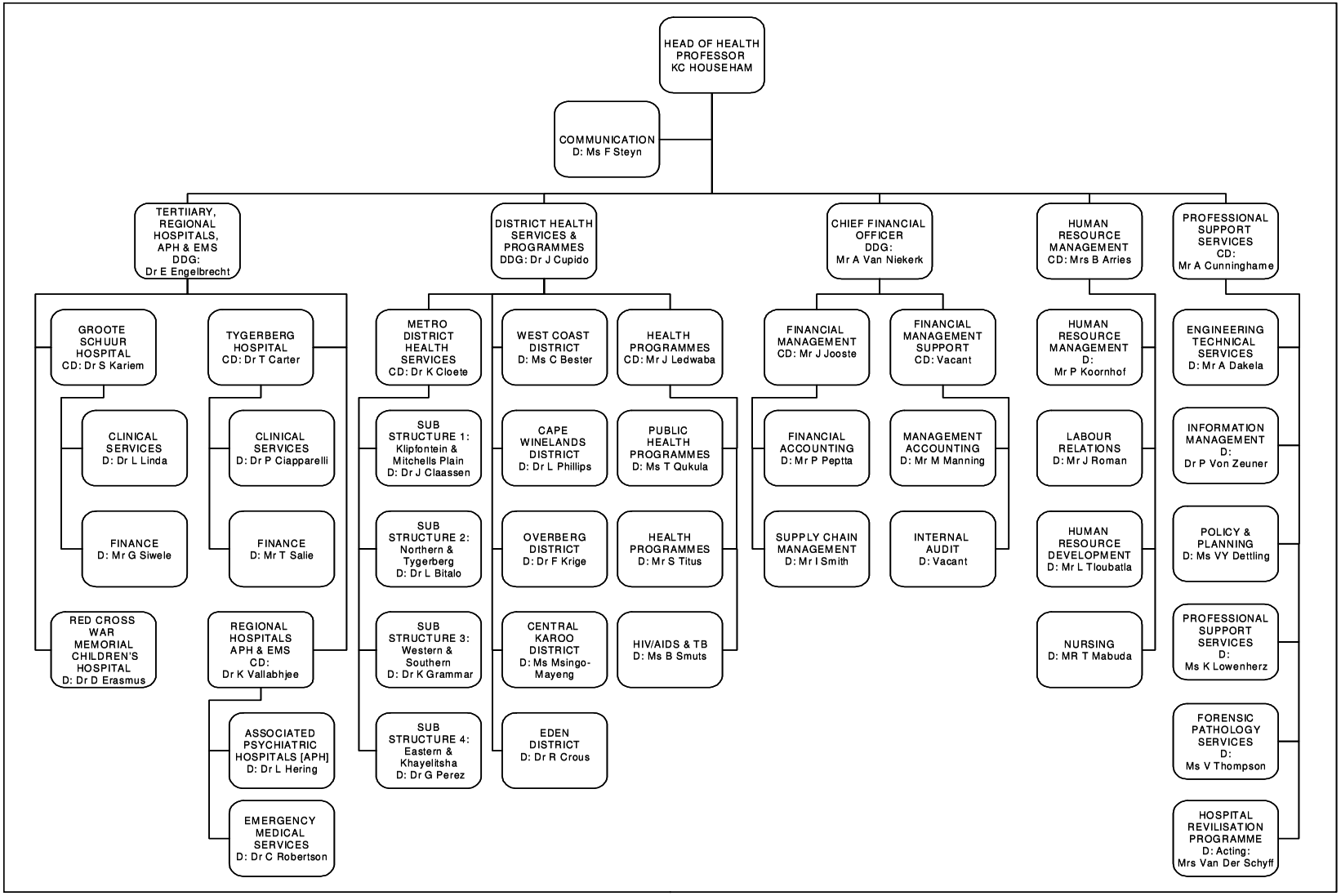
Table 5.16.3: Report on consultant appointments using donor funds

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 (as included in 2009/10 APP)



ANNEXURE B: LIST OF ABBREVIATIONS

A4R	Accountability for reasonableness
ABET	Adult basic education and training
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
ATA	Assistant to artisan
APL	Approved post list
ARV	Antiretroviral
BAA	Basic ambulance assistant
BANC	Basic antenatal care
BAS	Basic Accounting System
BFHI	Baby friendly hospital initiative
BLS	Basic life support
CANSA	Cancer Association of South Africa
CBR	Community based response
CBS	Community based services
CCA	Critical care assistant
CCG	Community care giver
CCW	Community care worker
CD	Chief Director
CD4	Cluster of differentiation 4 (lymphocyte)
CDC	Community day centre
CDM	Chronic disease management
CDU	Chronic dispensing unit
CEO	Chief executive officer
CFO	Chief financial officer
CHC	Community health centre
Ce-I	Centre for e-Innovation
CHPIP	Child health problem identification programme
CIMCI	Community integrated management of childhood illness
CISD	Critical incident stress debriefing
CMD	Cape Medical Depot
CME	Continuing medical education
COB	Code of behaviour
CPAP	Continuous positive airway pressure
CPIX	Consumer price index
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
D	Director
DDG	Deputy Director-General
CTS	Cape triage score
DDV	Direct delivery voucher
DG	Director-General

DHC	District health council
DHS	District health system / service
DNA	Deoxyribonucleic acid
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
DR-TB	Drug resistant tuberculosis
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
ECC	Early childhood caries
ECC	Establishment control committee
ECG	Electrocardiogram
ECP	Emergency care practitioner
ECT	Emergency care technician
ECM	Enterprise content management
EMC	Emergency medical care
EMS	Emergency medical services
ENNDR	Early neonatal death rate
ENT	Ear, nose and throat
EPI	Expanded programme on immunisation
EPWP	Expanded public works programme
ESMOE	Essential Steps in the Management of Obstetric Emergencies
ETR.net	Electronic Tuberculoses Register
EU	European Union
FBU	Functional business units
FIFA	Fédération Internationale de Football
FIFO	First in, first out
FPS	Forensic pathology services
FRT	Financial reporting tool
GAAP	Generally accepted accounting practice
GEMCe 3	emergency medical services information system
GEMS	Government Employees Medical Scheme
GMT	Government motor transport
GP	General practitioner
GSB	Graduate School of Business
GSH	Groote Schuur Hospital
HAART	Highly active antiretroviral therapy
HAST	HIV and AIDS, STI and tuberculosis
HBC	Home based care
HCBS	Home community based services
HCT	HIV counselling and testing
HDI	Historically disadvantaged individuals
HEI	Higher education institutions
Hib	Haemophilus influenza type b
HIS	Hospital Information System
HIV	Human immunodeficiency virus
HPCSA	Health Professions Council of South Africa
HoD	Head of department
HPSP	Health promoting schools programme
HPT & D	Health professions training and development
HPTDG	Health professions training and development grant

HR	Human resources
HRD	Human resource development
HRP	Hospital revitalisation programme
HTA	High transmission area
HWSETA	Health and Welfare Sector Education and Training Authority
IAR	Immovable asset register
IAS	International accounting standards
ICF	International classification of functioning, disability and health
ICT	Information and communication technologies
ICS	Improvement of condition of service
ICU	Intensive care unit
ID	Infectious diseases
IDIP	Infrastructure development improvement programme
IFRIC	International financial reporting interpretations committee
IFRS	International financial reporting standards
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
IPC	Infection prevention and control
IT	Information technology
IUCD	Intra-uterine contraceptive device
IYM	In-year monitoring
JIMI	Joint information management initiative
KAP	Knowledge, attitude and perception
KMC	Kangaroo mother care
L1	Level 1 (primary)
L2	Level 2 (secondary)
L3	Level 3 (tertiary)
LOGIS	Logistic Information Systems
M & M	Morbidity and mortality
MCHF	Metropolitan Community Health Forum
MCWH	Maternal, child and women's health
MDG	Millennium development goals
MDHS	Metro District Health Services
MDR	Multi-drug resistant
MDT	Mobile data terminal
MEC	Member of the executive council
MEDSAS	Medical Stores Administration System
MIMMS	Major incident medical management system
MMS	Middle management service
MOU	Midwife obstetric unit
MPSA	Minister of Public Service and Administration
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
MTSF	Medium Term Strategic Framework
NACOSA	Networking AIDS Community of South Africa
NDoH	National Department of Health
NEMA	National Environmental Management Act
NID	National Institution for the Deaf
NGO	Non-governmental organisation

NHLS	National Health Laboratory Services
NPO	Non-profit organisation
NSP	National strategic plan
NTSG	National tertiary services grant
NVP	Nevirapine
O & P	Orthotic and prosthetic
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
P1	Priority 1
P2	Priority 2
PAC	Provincial AIDS Council
PACS	Picture archiving and communication system
PACS/RIS	Picture archiving and communication system / Radiology information system
PDE	Patient day equivalent
PDMC	Provincial disaster management centre
PEP	Post exposure prophylaxis
PERSAL	Personnel and Salary System
PFMA	Public Finance Management Act
PGWC	Provincial Government Western Cape
PHC	Primary health care
PHCIS	Primary Health Care Information System
PMTCT	Prevention of mother-to-child transmission
PN	Professional nurse
PPE	Property, plant and equipment
PPHC	Personal primary health care
PPIP	Perinatal problem identification programme
PPP	Public private partnership
PPPFA/BBBEE	Preferential Procurement Policy Framework Act / Broad based black economic empowerment
PPT	Planned patient transport
PREHMIS	Primary Health Care Management Information System
PSETA	Public Service Education and Training Authority
PSP	Provincial strategic plan
PSR	Public service regulations
PTB	Pulmonary tuberculosis
RAF	Road Accident Fund
RCWMCH	Red Cross War Memorial Children's Hospital
RED	Reach every district
RMR	Routine monthly report
RTC	Regional training centre
RWOPS	Remunerative work outside of public service
SA	South Africa
SABC	South African Broadcasting Corporation
SABS	South African Bureau of Standars
SANC	South African Nursing Council
SANTA	South African National Tuberculosis Association
SAPS	South African Police Service

SASCO	South African standard classification of occupations
SATS	South African Triage System
SAQA	South African Qualifications Authority
SCM	Supply chain management
SCOA	Standard chart of accounts
SCOPA	Standing Committee on Public Accounts
SDC	Step-down care
SDI	Service delivery improvement
SEAT	Safe environment around toilets
SETA	State Education and Training Authority
SHWP	Staff health and wellness programme
SINJANI	Standard Information Jointly Assembled by Networked Infrastructure
SITA	State Information Technology Agency
SLA	Service level agreement
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)
TIK	Methamphetamine (crystal meth)
TOP	Termination of pregnancy
TV	Television
U-AMP	User asset management plan
UCT	University of Cape Town
UK	United Kingdom
UN	United Nations
UNICEF	United Nations Children's Fund
UPFS	Uniform patient fee schedule
USAID	United Nations Aid Agency
UVGI	Ultraviolet germicidal irradiation
UWC	University of the Western Cape
VCT	Voluntary counselling and testing
WCCN	Western Cape College of Nursing
WCMSC	Western Cape Medical Supplies Centre
WCRC	Western Cape Rehabilitation Centre
WHO	World Health Organisation
WYPR	Women year protection rate
XDR	Extreme drug resistant

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