Western Cape Government

Health

Annual Report
2017 - 2018

SPES BONA

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PART A:

GENERAL INFORMATION

Department's General Information

FULL NAME OF DEPARTMENT	Western Cape Government: Health
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List of Abbreviations / Acronyms

ABET	Adult Basic Education and Training
AGSA	Auditor-General of South Africa
AIDS	Acquired immune deficiency syndrome
ANC	Antenatal Care
AO	Accounting Officer
APP	Annual Performance Plan
ARV	Anti-retroviral
ATA	Assistant to artisan
BAS	Basic Accounting System
BVS	Barret Values Survey
CAD	Computer-Aided Despatch
C^2AIR^2	Competence, Caring, Accountability, Integrity, Respect, Responsiveness
CBS	Community-based district health services
CDC	Community Day Centre
CEO	Chief executive officer
CHC	Community health centre
CMI	Compliance Monitoring Instrument
CoCT	City of Cape Town
CPD	Continuous Professional Development
DHS	District Health System
DICU	Devolved Internal Control Unit
DoCS	Department of Community Safety
DORA	Division of Revenue Act
DPSA	Department of Public Service Administration
DR-TB	Drug-Resistant Tuberculosis
EE	Employment Equity
EHWP	Employee Health and Wellness Programme
EMC	Emergency Medical Care
EMS	Emergency Medical Services
EPWP	Expanded Public Works Programme
ERM	Enterprise Risk Management
EWP	Employee Wellness Programme
FCA	Facility Condition Assessment
FPL	Forensic Pathology Laboratory
FPS	Forensic Pathology Services
GEMS	Government Employees Medical Scheme
GSH	Groote Schuur Hospital
HCBC	Home Community-Based Care
HCT	HIV counselling and testing
HH	Household
HIV	Human immunodeficiency virus
HoD	Head of Department
HPCSA	Health Professions Council of South Africa
HPTDG	Health Professions Training and Development Grant
HR	Human Resources
HRD	Human Resources Development
HRM	People management

HTS	HIV Testing Services
ICAS	Independent Counselling and Advisory Services
ICU	Information Compliance Unit
IDMS	Infrastructure Delivery Management System
IMLC	Institutional Management Labour Committees
JAC	Pharmaceutical Management System
LBC	Leadership Behaviours Charter
LGH	Lentegeur Hospital
LOGIS	Logistic Information System
M & E	Monitoring and Evaluation
M & M	Morbidity and Mortality
MCWH	Maternal, child and women's health
MDHS	Metro District Health Services
MDR	Multi-drug resistant
MEAP	Management Efficiencies and Alignment Projects
MEC	Member of the Executive Council
MMC	Medical male circumcision
MMS	Middle Management Service
MPAT	Management Performance Assessment Tool
MPSA	Minister of Public Service and Administration
MTEF	Medium-term expenditure framework
N/A	Not applicable / Not available / No answer
NCS	National Core Standards
NDA	Non-Disclosure Agreement
NDoH	National Department of Health
NDP	National Development Plan
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NIMS	Nursing Information Management System
NPO	Non-profit organisation
NTSG	National tertiary services grant
OHC	Oral Health Centre
OPC	Orthotic and Prosthetic Centre
OPD	Outpatient Department
OSD	Occupation-Specific Dispensation
PD	People Development
PDE	Patient day equivalent
PERSAL	Personnel and Salary Information System
PFS	Provincial Forensic Services
PFMA	Public Finance Management Act
PHC	Primary Health Care
PHCIS	Primary Healthcare Information System
PM	People Management
PMIS	Project Management Information Systems
PPO	Project Portfolio Office
PPP	Public Private Partnership
PPT	Planned Patient Transport
PSCBC	Public Service Co-ordinating Bargaining Council

PSRMF	Public Sector Risk Management Framework
RAF	Road Accident Fund
RCWMCH	Red Cross War Memorial Children's Hospital
RMCU	Records Management Compliance Unit
RMSU	Records Management Support Unit
RR&R	Rehabilitation, Renovations & Refurbishments
SABS	South African Bureau of Standards
SANC	South African Nursing Council
SCM	Supply Chain Management
SCOA	Standard chart of accounts
SCOPA	Standing Committee on Public Accounts
SDIP	Service delivery improvement plan
SHERQ	Safety, health, environment, risk and quality management
SINJANI	Standard Information Jointly Assembled by Networked infrastructure
SITA	State Information Technology Agency
SLA	Service level agreement
SMS	Senior Management Service
SPMS	Staff performance management system
SSS	Staff Satisfaction Survey
SYSPRO	Software package used by central hospitals for supply chain management and asset management
TB	Tuberculosis
TIDS	Technical Indicator Description
UAMP	User Asset Management Plan
VMMC	Voluntary Medical Male Circumcision
WCCN	Western Cape College of Nursing
WCG	Western Cape Government
WCGH	Western Cape Government: Health
WCGTPW	Western Cape Government Transport and Public Works
WCRC	Western Cape Rehabilitation Centre
WCSD	Western Cape Supplier Database
WISN	Workload Indicators for Staffing Norms
WOW	Western Cape on Wellness

SPES BONA

Foreword by the Minister

The year 2017/18 has been a challenging year. The provincial public health system has had to contend with significant service pressures, the escalating cost of medicines and a series of disasters that includes the drought, the devastating fires in Eden District, the Swartland Hospital fire; and more recently the Mitchells Plain Hospital fire.

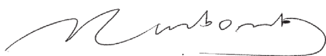
Despite these challenges and significant financial constraints, the Western Cape Government: Health has persevered, focusing on service transformation strategies that enhance the effectiveness and efficiency of healthcare provision in the province, to improve the health status of its citizens. We have intensified our drive to provide person centred-care, mitigate against service pressures, and strengthen the primary healthcare platform.

The Department's investment, over time, in key health system capabilities in terms of leadership and governance, service delivery models, infrastructure and information systems, has been central to our current successes. These successes include but are not limited to, amongst the best health outcomes in the country, unqualified audit for the last 14 years, and a clean financial audit for the past 3 years. The implementation of our E-vision, we have made great strides with the road map of priorities. I would like to commend the Department for achieving close to full coverage of the basic system across 52 facilities in the Province. We are particularly proud of the unique patient identifier, which contributes significantly to health system improvement. Patient's details are now available across the service platform; at any of the province's hospitals or primary healthcare facilities, or any of the local government healthcare facilities. This reduces waiting times for patients and consequently improves patient experience.

Another area where the Department has proactively enhanced public value, is in the public private partnerships space. The last year has seen rapid expansion in partnerships, which has improved the accessibility of quality health services to the population. It is a space in which we hope to see further advancement as it has huge potential to further develop the accessibility of health services in the province.

None of the incredible work we have done would have been possible without the support of the Head of Department and her top management team, as well as the over 32 000 staff members. I would like to commend each staff member for their dedication and commitment amidst the challenges in 2017/18. We remain committed to creating public value by providing quality healthcare to the people of this Province.

Western Cape Government, working better together!



Dr Nomafrench Mbombo

Western Cape Health Minister

85 822

Children under 1 year, immunised

256 821

Patients on ART

0.2 %

Mother-to-Child HIV transmission rate at 10 weeks

Report of the Accounting Officer

Name: Dr Beth Engelbrecht

Title: Head of Department
Western Cape Government: Health

Overview of Operations at the Department

Results and Challenges of the Last Year

Provincial Health System's Performance in 2017/18

The demand for healthcare services continues to grow and this is unlikely to change in the short to medium term, given the trends in the social determinants of health and wellbeing. The quadruple burden of disease places enormous strain on the health system. This is particularly worrying as increasingly people present with multiple, interacting and compounding health problems. The emergency centres at acute hospitals remain key pressure points. The burden of acutely decompensated psychiatric patients in general hospitals is a significant ongoing challenge. This reality coupled with natural disasters and preparations for additional budget reductions in real terms in the MTEF has made 2017/18 a particularly challenging year for the Department.

In 2017/18 there were;

- 14,1 million primary care contacts (this does not include contacts in home and community-based care setting)
- 92 819 baby deliveries
- 85 822 (81.2%) children under 1 year, fully immunised
- 492 303 patients transported, of which 29.5 per cent were priority 1
- 285 936 patients admitted to acute district hospitals
- 7 443 cataract operations performed
- 256 821 patients on ART;
- 57 per 100 000 live births maternal mortality ratio
- 9.3 per 1 000 live births in facility neonatal mortality rate
- 80.2 per cent TB treatment success rate
- 0.2 per cent mother to child HIV transmission rate at 10 weeks.

In 2017/18, 239 fixed PHC facilities conducted Ideal Clinic Status Determination assessments and 54 hospitals conducted NCS self-assessments. The Department received 5 268 complaints of which 91.4 per cent were resolved within 25 days. The Western Cape Health Facility Boards and Committee Act was promulgated in 2016, and the regulations were gazetted on 7 December 2017. The process of establishing clinic committees commenced in January 2018 and the intention is to have these committees up and running in the new financial year.

People Management

In 2017/18, the Department had 31 549 employees of which:

- 93 per cent of employees are appointed in a permanent capacity
- 63 per cent are health professionals
- 37 per cent administrative support and non-health professional staff
- 72 per cent are female and 28 per cent are male.
- 30 per cent are Black; 15 per cent are White, 53 per cent are Coloured and 2 per cent are Indian
- 51 per cent of senior management positions are held by females.
- 185 employees are classified as disabled.

Infrastructure Developments

Infrastructure plays an integral part in the delivery of health services, both from a staff as well as a patient perspective. Various capital infrastructure projects were undertaken in 2017/18, with health technology provided for a large portion of these. Extensive maintenance was also carried out on facilities and equipment throughout the province. The following are some of the most significant capital projects completed in 2017/18:

- The new District Six CDC in Cape Town
- The new Hillside Clinic in Beaufort West
- The replacement of Napier Clinic
- The replacement of Prince Alfred Hamlet Clinic
- The new Bulk Store at Karl Bremer Hospital
- The new Emergency Centre at Stellenbosch Hospital
- The CT Scan and Ward Completion project at Khayelitsha Hospital
- The upgrading of the Emergency Centre at Tygerberg Hospital

Due to primarily four major natural disasters, 2017/18 proved to be an extra challenging year for both the Department and the Province as a whole. These are:

- The fire at Swartland Hospital on 18 March 2017, which destroyed the hospital main building;
- The severe drought in the province, which led to the Premier of the Western Cape declaring the Province a disaster area on 22 May 2017;
- The devastating fire in the Knysna area on 7 June 2017; and
- The severe storm throughout the Western Cape on 9 June 2017.

To ensure uninterrupted service delivery, the Department responded with urgency to these disasters. Interventions varied from emergency maintenance undertaken at facilities affected by the fire and repairs and maintenance to storm-damaged facilities, to priority projects to improve water security[1] at health facilities.

Good Governance

The Departmental Transformation Strategy contains three interconnected components:

- service transformation
- governance transformation
- leadership and organisational culture transformation

[1]Examples of water security initiatives include: Water storage solutions, boreholes, water quality testing, water treatment plants, grey water harvesting, rain water harvesting, water reticulation, water saving devices, water usage monitoring devices, etc.

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

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

- Strategic cluster functions
- Corporate functions
- Service functions

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

Overview of the Financial results of the Department

Departmental Receipts

Patient fees remain the main source of receipts for the Department. The tariffs charged at the applicable health facilities are derived from the Uniformed Patient Fees Schedule (UPFS) which is determined by the National Department of Health (NDoH). The annual increase in UPFS tariffs is also determined by the NDoH and implemented by Provincial Departments across the country at the beginning of each financial year.

The table below provides a breakdown of the sources of revenue and performance for 2017/18.

Departmental Receipts	2017/18			2016/17		
	Estimate R'000	Actual Receipts R'000	(Over)/Under Collection R'000	Estimate R'000	Actual Receipts R'000	(Over)/Under Collection R'000
Sale of goods and services other than capital assets	422 903	460 271	(37 368)	394 880	465 716	(70 836)
Transfers received	83 456	84 406	(950)	45 382	54 279	(8 897)
Interest, dividends & rent on land	1 461	4 797	(3 336)	1 400	2 598	(1 198)
Sale of capital assets	0	2	(2)	1	0	1
Financial transactions in assets & liabilities	14 443	22 098	(7 655)	12 379	21 029	(8 650)
TOTAL	**522 263**	**571 574**	**(49 311)**	**454 042**	**543 622**	**(89 580)**

The Department ended the 2017/18 financial year with a revenue surplus of R49.311 million. The surplus is the net effect of the over recoveries for the year.

Sales of Goods and Services

The surplus (R37.368 million) is primarily due to claims paid by medical aid schemes and the Road Accident Fund in respect of patient fees.

Transfers Received

The surplus (R950 thousand) is primarily due to the surplus recorded at Transfers from universities which is attributed to the increased recovery on the expenditure related to the use of hospital resources.

Interest

The surplus (R3.336 million) resulted through the levying of interest in respect of patient fee accounts. The surplus is also a result of the write-off of departmental debt which yielded no results after three years.

Sales of Capital Assets

The surplus (R2 000) is a nominal amount but is as a result of the sale of equipment not budgeted for. If, in the preceding financial year, no income was generated for this item, no provision will be made for this source of revenue in the next financial year.

Financial Transactions

The surplus (R7.655 million) resulted primarily through the recovery of previous years' expenditure, amongst others, and the allocation of unallocated RAF payments of past financial years.

Programme Expenditure

The Department recorded an under-expenditure of R190.426 million in the 2017/18 financial year. Please refer to Notes to the Appropriation Statements on page 234 to 238 for reasons.

Budget Programme	2017/18			2016/17		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Programme 1	743 718	720 112	23 606	647 585	635 774	11 811
Programme 2	8 771 655	8 737 909	33 746	7 971 073	7 953 437	17 636
Programme 3	1 026 563	994 862	31 701	985 092	984 923	169
Programme 4	3 403 167	3 379 527	23 640	3 186 982	3 179 214	7 768
Programme 5	6 129 748	6 129 748	-	5 701 443	5 701 407	36
Programme 6	340 063	317 453	22 610	349 232	320 291	28 941
Programme 7	438 845	436 812	2 033	425 700	425 700	-
Programme 8	832 723	779 633	53 090	877 438	877 438	-
TOTAL	**21 686 482**	**21 496 056**	**190 426**	**20 144 545**	**20 078 184**	**66 361**

Virements / Roll Overs

All virements applied are depicted on page 210 to 233 of the Annual Financial Statements. Virements were applied to ensure that no unauthorised expenditure occurred per Main Division. All virements were approved by the Accounting Officer.

Roll overs were requested amongst other for the following conditional grant and equitable share:

Health Facility Revitalisation grant, e-vision and ICT development, Emergency Medical Services – Computer-Aided Despatch System, Western Cape College of Nursing, Households: Bursaries and PES Maintenance.

Unauthorised, Fruitless and Wasteful Expenditure

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

No fruitless and wasteful expenditure was incurred in the current financial year, bringing the 2016/17 brought forward balance of fruitless and wasteful expenditure to R7000. This is further explained in Part E on page 276.

Future Plans of the Department

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

Intranet: http://intrawp.pgwc.gov.za/health/

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

Public Private Partnerships

Existing Public Private Partnerships

Western Cape Rehabilitation Centre (WCRC) and Lentegeur Psychiatric Hospital

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

The contract was signed in 2006 and the 2017/18 financial year concludes the 11th year of implementation and operation. The monitoring of the continued through the governance structures ensuring the contractual obligations were met.

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

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

The Private Party provided soft- and hard facilities management, as well as the procurement and maintenance of all medical and therapeutic equipment, as well as non-medical equipment at the WCRC. In addition, certain facilities management services were provided to both the WCRC and Lentegeur Hospital. The Private Party had to comply with the BEE requirements of the contract, and scheduled audits and reports.

The Department remained committed to building a good working relationship, founded on the agreed partnership principles and managing the PPP Agreement proactively.

The Department has identified benefits of this successful partnership and various opportunities added to the improvement of value for money.

Obligations of Government included the mandatory payment within 20 business days of all invoices tendered by the Private Party. Only the Help Desk was used to log calls for all communication with the Private Party in respect of faults/non-performance/poor performance.

Disclosure Notes for projects signed in terms of Treasury Regulation 16	
Project name	Western Cape Rehabilitation Centre & Lentegeur Hospital Public Private Partnership
Brief description	Provision of equipment, facilities management and all associated services at the Western Cape Rehabilitation Centre and the Lentegeur Hospital
Date PPP Agreement signed	8 December 2006. Full service commencement date was 1 March 2007
Duration of PPP Agreement	12 Years
Escalation Index for Unitary fee	CPI (6.27762% for 2017/18 increase)
Net present value of all payment obligations discounted at appropriate duration government bond yield	R54 967 368[1] fixed and index component (1/04/2017 to 31 March 2018) as approved in terms of Treasury Approval III
Variations/amendments to PPP agreement	None during this period
Cost implications of variations/amendments	See above comment
Significant contingent fiscal obligations including termination payments, guarantees, warranties, and indemnities and maximum estimated value of such liabilities	These contingent fiscal obligations and its estimated value will be determined in accordance with the PPP Agreement and will depend on the type of obligation and the impact that it has on the concession period

Notes

- Variable component = R 8 747 903

New Public Private Partnerships

Tygerberg Hospital Redevelopment Project

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

A Transaction Advisor was appointed in October 2013. In order to determine the suitable procurement route, the feasibility study for the redevelopment project, as required by National Treasury, has been completed and the Project Office is in the consultation process with NDoH, WCG Provincial Treasury and National Treasury in order to finalise the Treasury Approval-1 submission as stipulated in Treasury Regulation 16 to the Public Finance Management Act of 1999. This study will also be submitted in accordance with the Budget Facility for Infrastructure Guidelines as published by National Treasury.

The feasibility study has taken into consideration clinical, financial, technical, legal and socio-economic aspects for the redevelopment project. This feasibility study includes an assessment of potential re-uses of the existing main hospital building and staff accommodation.

The scope of the project is to relocate the Tygerberg Central Hospital (1 100 beds) on the current estate to provide Level 2 and Level 3 / 4 services. The new Tygerberg Regional Hospital (550 beds), not part of the PPP feasibility study and, which will provide the complementary Level 2 and Level 1 services, will be built on a site located in Belhar. A Business Case was submitted to NDoH in May 2017.

Changes to Activities in 2017/18

Discontinued Activities / Activities to be Discontinued

Primary Care

Primary healthcare services in the Western sub-district in Cape Metropole were consolidated by amalgamating Woodstock CDC and Robbie Nurock CDC, into the new District Six CDC.

Conditional Grants

The National Health Insurance (NHI) conditional grant for contracting health professionals came to an end on 31 March 2018. The National Department of Health has agreed to provide bridging funding for contracting health professionals in the Eden District for 2018/19, on condition that the funding for 2019/20 is done on the basis of a NHI capitation model.

New / Proposed Activities

Home and Community Based Care

The contract by Life Esidimeni to render the services in the intermediate care facility in Mitchells Plain sub-district, came to an end on 31 December 2017. The Department rendered the service for the transitional period from 1 January 2018 to 31 March 2018, before Aquarius assumed responsibility for the service as from 1 April 2018.

Primary Care

The new Hillside Clinic was opened in Beaufort West, the new Napier Clinic was opened, and the new District Six CDC was opened. The Ivan Toms Clinic (Health4Men) moved from Woodstock CDC to the Green Point CDC.

Acute Hospital Care

Tygerberg Hospital commissioned the following:

- a new Medical Emergency Unit which has significantly improved the quality of care and patient experience
- a two-bed day care area in Internal Medicine which has improved the throughput of patients requiring day therapeutic interventions
- a modern digital screening room in radiology

A combined multidisciplinary sub-specialist clinic with allergist, paediatric infectious disease and rheumatologist services, has been established at RCWMCH. The focus is to offer a quaternary service for patients with complication immune-based diseases to facilitate a smooth transition into adolescent care at GSH.

The Red Cross Radio Project launched a radio station at RCWMCH, managed by the children at the hospital.

Specialised Hospital Care

A new 20-bed intermediate care service for persons with intellectual disabilities and high behavioural support needs was commissioned at Alexandra Hospital.

Supply Chain Management (SCM)

Unsolicited Bid Proposals for the Year Under Review

No unsolicited bids were considered during the reporting period.

SCM Processes and Systems to Prevent Irregular Expenditure

The Accounting Officer's System and Delegations is the SCM Handbook of the Department and those documents are updated annually to ensure sound procurement processes. Furthermore, SCM consistently ensures the effective functioning of Institutional Quotation Committees as well as Bid Specification and Evaluation Committees (appointed per bid). The constitution of such committees promotes segregation of duties, and serves as a control measure for early/ proactive identification of possible irregular actions that could result in irregular expenditure.

Additional processes and systems include:

- Contract Registers at Institutional and Head Office level.
- The Essential Supplies List (ESL), a database of transversal contracted items, has been in use since 2014 and currently includes approximately 20 000 items.
- Development and implementation of tools to assist with SCM compliance and performance, such as procurement templates (below R10 000, R10 000 – R499 000, Limited bidding, Consultants).
- Ongoing refinement of processes to identify Irregular Expenditure after occurrence which mitigates the recurrence of similar actions in future: Internal Assessment and Compliance Assessment tools.
- Ongoing deployment of Devolved Internal Control Units (DICUs) at Institutional level to ensure compliance throughout the process.
- Increased frequency and delivery of SCM training related to the appropriate use of Delegations.
- Annually revised Accounting Officer's System (AOS), including Standard Operating Procedures (SOPs) and Delegations to assist decentralised Institutions with day-to-day procurement processes.

Challenges Experienced in SCM

- The increasingly complexity of compliance requirements applicable to all facets of SCM, e.g. Local Content, asset classification and recognition, reporting of inventory and consumables, use of e-Procurement systems, e.g. IPS, Central Supplier Database (CSD), e-Tender Portal.
- Lack of integration between Western Cape Supplier Database (WCSD) and the national CSD causes duplication of effort for buyers and suppliers, as not all information held on WCSD is available on CSD.
- Amendment of Preferential Procurement Regulations (PPR) (2011) with effect from 1 April 2017 will result in increased expenditure for contracts in excess of R1 million due to increase of the minimum threshold to which the 80:20 preferential procurement system applies (now R50 million).
- Additional compliance requirements emanating from the new Regulations also include a mandatory feasibility study to be undertaken to determine the extent to which contracts valued in excess of R30 million can be subcontracted, in order to meet the minimum subcontracting target of 30 per cent of the contract value.

Gifts and Donations

The Department received gifts and donations to the value of R36.141 million in kind which is disclosed in the Annual Financial Statements, page 298 and 299.

Exemptions and Deviations received from National Treasury

Exemption was granted by PT for the postponement of the implementation of the new PPRs 2017 until the Integrated Financial Management System (IFMS) process has been documented and completed or 31 January 2018, whichever comes first. The exemption granted permission that the conducting of empowerment assessments for procurement above R10 million to determine the feasibility to subcontract 30 per cent of the contract, was not required. All bids could therefore be advertised without this requirement until 31 January 2018 or until the IFMS process had been documented and completed.

Events after the Reporting Date

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

Other

The Department was negatively affected by four major natural disasters, namely the fire at Swartland Hospital on 18 March 2017 which destroyed the hospital main building, the severe drought (the Province was declared a disaster area on 22 May 2017), the devastating fire in Knysna on 7 June 2017, and severe storms throughout the Western Cape on 9 June 2017. These events required reprioritising of infrastructure projects. Some relief was provided with additional funding made available through the Emergency Fund: Swartland, and the Emergency Fund: Storm and Fire. The purpose of the Emergency Fund allocations was to support the Department to deal with the cost associated with the Swartland Hospital particularly for prefabricated units, replacement linen and technology and for health infrastructure as a result of the storm and fire damages. The replacement of Swartland Hospital has been prioritised, a new site has been identified, and a Business Case was submitted to NDoH during January 2018.

Acknowledgements

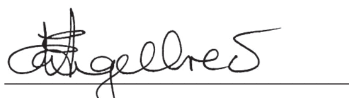
2017/18 has been a particularly trying year, as in addition to the continued challenges of providing health services in an increasingly resource scarce environment, our employees have also had to cope with the implications of the Swartland Hospital fire and the drought. I can't thank you all enough for persevering in the face of all these challenges and for the resilience you have demonstrated in the last year. I am incredibly proud to be part of such an amazing team of people.

Conclusion

The Department experienced a challenging year aggravated by the natural disasters ranging from fire to the water crisis, as well as the need to prepare for severe budget challenges in the 2018/19 financial year and the MTEF period. In parallel, the Department has undertaken a transformation journey to better position ourselves in line with the vision envisaged in Healthcare 2030. The Management Efficiency and Alignment project (MEAP) has begun a process of fundamentally questioning how we do business differently, how we allocate and align functions to better be able to deliver services in an efficient and effective manner. While change management understandably creates anxiety and uncertainty, the management and staff are commended for their resilience, commitment and dedication in these stressful times.

Approval and Sign-off

The Annual Financial Statements set out on pages 210 to 310 have been approved by the Accounting Officer.



DR BETH ENGELBRECHT

Head: Health Western Cape

31st May 2018

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

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

All information and amounts disclosed throughout the Annual Report are consistent.

The Annual Report is complete, accurate and is free from any omissions.

The Annual Report has been prepared in accordance with the Guidelines on the Annual Report as issued by National Treasury.

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

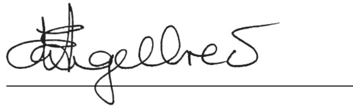
The Accounting Officer is responsible for the preparation of the annual financial statements and for the judgements made in this information.

The Accounting Officer is responsible for establishing, and implementing a system of internal control that has been designed to provide reasonable assurance as to the integrity and reliability of the performance information, the human resources information and the annual financial statements.

The external auditors are engaged to express an independent opinion on the annual financial statements.

In my opinion, the Annual Report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the Department for the financial year ended 31st March 2018.

Yours faithfully



DR BETH ENGELBRECHT

Head: Health Western Cape

31 May 2018

Strategic Overview

Vision

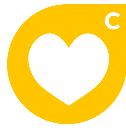
Access to person-centred quality care

Mission

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

Values

Innovation



Caring

Competence

Accountability

Integrity

Responsiveness

Respect

Legislative and Other Mandates

National Legislation

1. Allied Health Professions Act, 63 of 1982 as amended
2. Atmospheric Pollution Prevention Act, 45 of 1965
3. Basic Conditions of Employment Act, 75 of 1997
4. Births and Deaths Registration Act, 51 of 1992
5. Broad Based Black Economic Empowerment Act, 53 of 2003
6. Children's Act, 38 of 2005
7. Chiropractors, Homeopaths and Allied Health Service Professions Act, 63 of 1982
8. Choice on Termination of Pregnancy Act, 92 of 1996
9. Compensation for Occupational Injuries and Diseases Act, 130 of 1993
10. Constitution of the Republic of South Africa, 1996
11. Constitution of the Western Cape, 1 of 1998
12. Construction Industry Development Board Act, 38 of 2000
13. Correctional Services Act, 8 of 1959
14. Council for the Built Environment Act, 43 of 2000
15. Criminal Procedure Act, 51 of 1977
16. Dental Technicians Act, 19 of 1979
17. Division of Revenue Act (Annually)
18. Domestic Violence Act, 116 of 1998
19. Drugs and Drug Trafficking Act, 140 of 1992
20. Employment Equity Act, 55 of 1998
21. Environment Conservation Act, 73 of 1998
22. Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972
23. Government Immovable Asset Management Act, 19 of 2007
24. Hazardous Substances Act, 15 of 1973
25. Health Professions Act, 56 of 1974
26. Higher Education Act, 101 of 1997
27. Human Tissue Act, 65 of 1983
28. Inquests Act, 58 of 1959
29. Intergovernmental Relations Framework, Act 13 of 2005
30. Institution of Legal Proceedings against Certain Organs of State Act, 40 of 2002
31. International Health Regulations Act, 28 of 1974
32. Labour Relations Act, 66 of 1995
33. Local Government: Municipal Demarcation Act, 27 of 1998
34. Local Government: Municipal Systems Act, 32 of 2000
35. Medical Schemes Act, 131 of 1998
36. Council for Medical Schemes Levies Act, 58 of 2000
37. Medicines and Related Substances Act, 101 of 1965
38. Medicines and Related Substances Control Amendment Act, 90 of 1997
39. Mental Health Care Act, 17 of 2002
40. Municipal Finance Management Act, 56 of 2003
41. National Building Regulations and Building Standards Act,103 of 1977
42. National Environmental Management Act, 107 of 1998

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

Provincial Legislation

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

Government Policy Framework that governs the Department

1. Millennium Development Goals
2. Twelve Outcomes of National Government
3. National Development Plan
4. Negotiated Service Delivery Agreement
5. National Health Systems Priorities: The Ten Point Plan
6. National Health Insurance
7. Human Resources for Health
8. Provincial Strategic Objectives
9. Western Cape Infrastructure Delivery Management System (IDMS)
10. Healthcare 2030: The Road to Wellness (Western Cape Government: Health)
11. National Environmental Health Policy (GN 951 in GG 37112 of 4 December 2013)
12. National Health Act: Publication of Health Infrastructure Norms and Standards Guidelines (No. R116 of 17 February 2014)
13. National Health Act: Policy on Management of Public Hospitals (12 August 2011)

Organisational Structure

The organisational structure reflects the senior management service (SMS) members as at 31 March 2018, see organogram on the following page. The budget programme managers are as follow:

Dr K Vallabhjee Chief Director: Strategy and Health Support

- Programme 1: Administration and Sub-Programme
- Programme 2: Health Programmes
- Sub-Programme 7.5: Cape Medical Depot

Dr R Crous (Chief Director: Rural District Health Services) and Dr G Perez (Chief Director: Metro District Health Services

- Programme 2: District Health Services
- Sub-Programme 4.2: Tuberculosis Hospitals

Dr S Kariem (Chief Director: General Specialist and Emergency)

- Programme 3: Emergency Medical Services
- Programme 4: Provincial Hospital Services (excluding Sub-programme 4.2)
- Sub-programme 7.3: Forensic Pathology Services

Dr D Erasmus (CEO: Tygerberg Hospital) and Dr B Patel (CEO: Groote Schuur Hospital)

- Programme 5: Central Hospital Services

Mrs B Arries (Chief Director: People Management)

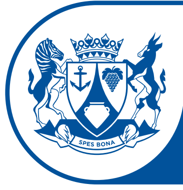
- Programme 6: Health Sciences and Training

Dr L Angeletti-du Toit (Chief Director: Infrastructure and Technical Management)

- Sub-programme 7.1: Laundry Services,
- Sub-programme 7.2: Engineering Services
- Programme 8: Health Facilities Management

Entities reporting to the Minister/MEC

There are no entities reporting to the Minister/MEC.



Western Cape Government

BETTER TOGETHER.

Organisat

St

Minist
Depa
Healt
Dr. Nomafrench

HOD
Depa
Healt
Dr. E. Engelbrec

Chief
Office
Finan
Mr. AJ. van Niek

Mr. Jl

DDG
Chief of Operations
Dr. K. Cloete

Director
Specialised Services Support
Dr. S. Fourie

CEO
Groote Schuur Hospital
Dr. B. Patel

Director - GSH
Clinical Services
Dr. B. Eick

Director - GSH
Finance
Ms. A. Bezuidenhout

CEO
Tygerberg Hospital (TBH)
Dr. D. Erasmus

Director - TBH
Clinical Services
Dr. P. Ciapparelli

Director - TBH
Finance
Mr. T. Salie

CEO
Red Cross War Mermorial Childrens Hospital
Dr. M. Mukozi

Chief Director
General Specialist & Emergency
Dr. S. Kariem

Director
Emergency Medical Services
Dr. S. de Vries

Director
Forensic Pathology Service
Ms. V. Thompson

Chief Director
Metro District Health Services
Dr. G. Perez

Director
Sub-structure 1 Northern & Tygerberg
Ms. JO. Arendse

Director
Sub-structure 2 Western & Southern
Dr. KE. Grammer

Director
Substructure 3 Mitchells plain & Klipfontein
Ms. PG. Olckers

Director
Substructure 4 Eastern & Khayelitsha
Dr. M. Phillips

Chief Director
Rural District Health Services
Dr. R. Crous

Director
Cape Winelands District
Dr. LC. Phillips

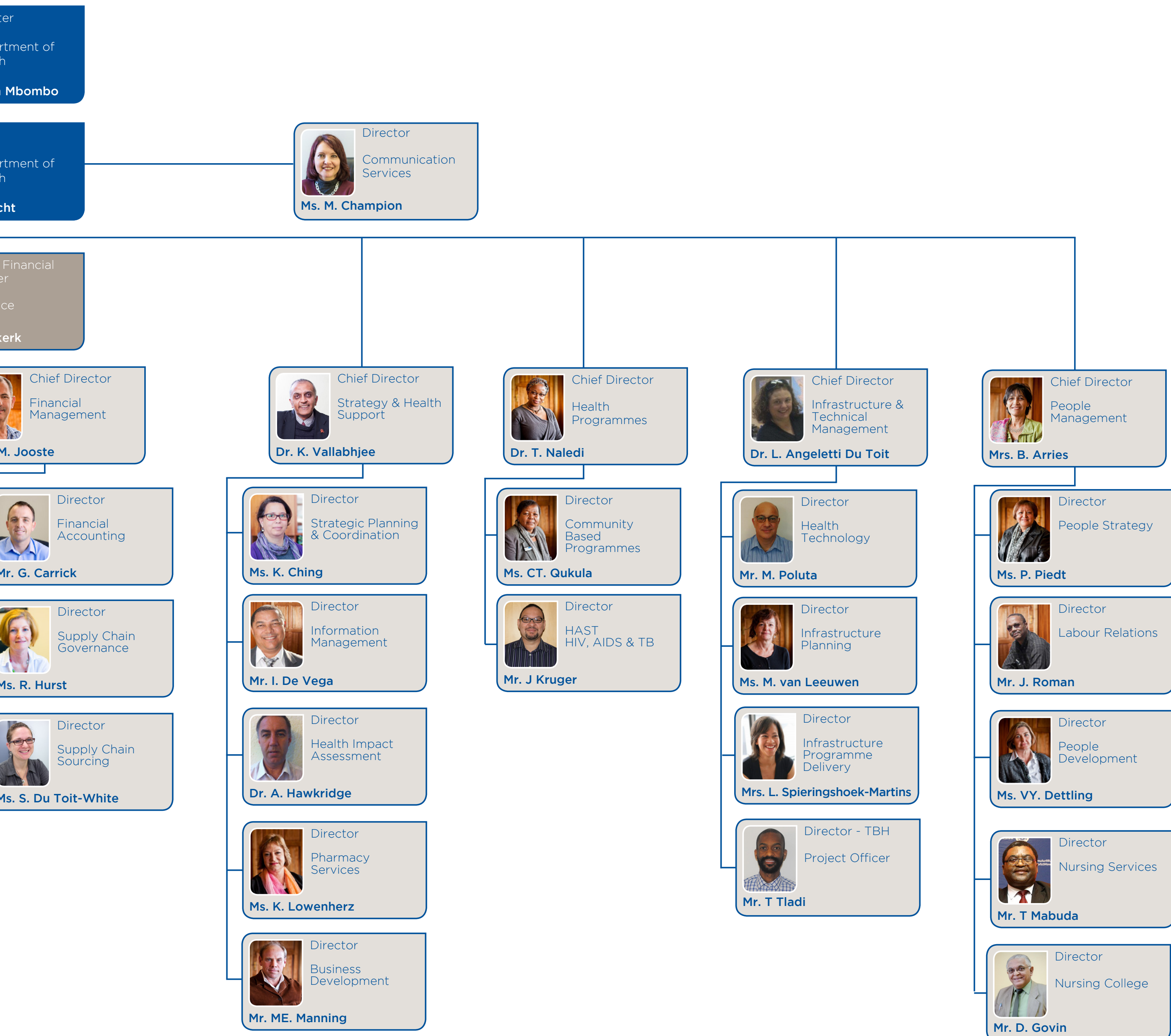
Director
Eden District/ Central Karoo District
Dr. H. Schumann

Director
Overberg District
Ms W. Kamfer

Director
West Coast District
Ms. CW. Bester

tional Organogram

tructure as from 31 March 2017.



PART B:

PERFORMANCE INFORMATION

PART B: Performance Information

Auditor-General's Report: Predetermined Objectives

The Auditor-General of South Africa (AGSA) currently performs certain audit procedures on the performance information to provide reasonable assurance in the form of an audit conclusion. The audit conclusion on the performance against predetermined objectives is included in the report to management, with material findings being reported under the Predetermined Objectives heading in the Report on other legal and regulatory requirements section of the auditor's report. Refer to pages 204 to 208 of the Report of the Auditor-General, published in Part E: Financial Information.

Overview of Departmental Performance

Service Delivery Environment

Services Delivered Directly to the Public

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

Primary Health Care (PHC) Services

Primary healthcare services take place in three distinct but interdependent care settings as follows:

Home- and Community-Based Care (HCBC) is embedded in the local context and is rendered in the living, learning, working, social and/or play spaces of the people we serve. It is innately designed to foster stable, long-term personal relationships with households, that builds understanding, empathy and trust; pivotal to continuity and person centeredness of the health system. HCBC recognises people's capacity for self-help and involves a comprehensive array of context sensitive interventions that positively influences environmental and personal factors such as psychosocial abilities, coping abilities, lifestyle issues, behaviour patterns and habits. It is a collection of activities that supports the actions people take to maintain health and well-being; prevent illness and accidents; care for minor ailments and long-term conditions; and recover from periods of acute illness and hospitalisation. This is complimented by capacity for rehabilitative and palliative care being introduced into HCBC to further enhance the comprehensiveness of the care provided in this setting. There are approximately 3 630 community care workers employed by 92 NPOs in the province that render the services in this setting.

Primary Care is ambulatory in nature and provides a comprehensive range of curative and preventative interventions, with a complementary capacity for rehabilitative and palliative care. Clinical nurse practitioners (CNPs) provide child and adult curative care, preventive services, antenatal care, postnatal care, family planning, mental health, TB, HIV and AIDS, and chronic disease management at fixed and non-fixed facilities. There are 268 PHC facilities across the Province, 195 fixed clinics, 63 community day centres and 10 community health centres. Of these facilities, 70 clinics and 12 community day centres are under the authority of the City of Cape Town (CoCT).

Intermediate Care refers to inpatient transitional care for children and adults, which facilitates optimal recovery from an acute illness or complications of a long-term condition; enabling users to regain skills and abilities in daily living, with the ultimate discharge destination being home or an alternate supported living environment. It involves post-acute, rehabilitative and end-of-life care, which includes comprehensive assessment, structured care planning, active therapy, treatment and/or an opportunity to recover. It allows for a seamless transition between acute care and the living environment; particularly where the person's ability to self-care is significantly compromised, a supported discharge thus becomes crucial to a successful recovery process. The focus of this service element is on improving people's functioning so that they can resume living at home and enjoy the best possible quality of life. There are 31 Intermediate Care facilities in the province which equate to 864 beds, of which 68 per cent reside in the Metro.

District Hospital Services

Emergency centres, adult and child inpatient and outpatient care, obstetric care as well as a varying quantum of general specialist services are provided at the Department's 34 district hospitals, with a total of 2 925 beds. In 2017/18 there were 285 936 inpatient separations, and 645 208 patients were seen in outpatient departments and 691 931 patients were seen in emergency centres at district hospitals.

Emergency Medical Services (EMS) and Planned Patient Transport

Ambulance, rescue and patient transport services are provided from 49 stations (excluding 6 satellite bases) in 5 rural district and 4 Cape Town divisions with a fleet of 247 ambulances, 1 206 operational personnel (including 119 operational supervisors and 3 operational managers), and 82 emergency call centre personnel (including 7 supervisors and 3 managers). A total of 492 303 emergency cases were attended to in 2017/18.

Regional and Specialised Hospital Services

The full package of general specialist services is rendered by four acute hospitals (New Somerset, Paarl, Worcester and George) whilst Mowbray Maternity Hospital provides a maternal and neonatal health service, with a total of 1 413 beds across the platform. In 2017/18 there were 115 099 inpatient separations, and 245 830 patients were seen in outpatient departments and 166 975 patients were seen in the emergency centres at regional hospitals.

There are six specialised TB hospitals (1 026 beds) in the Province and an infectious disease palliative centre at Nelspoort Hospital. Three of the hospitals (Brewelskloof, Harry Comay and Brooklyn Chest) are designated drug-resistant tuberculosis (DR-TB) units. Brooklyn Chest and DP Marais Hospitals form the Metro TB Complex while Malmesbury ID and Sonstraal Hospitals form the West Coast TB Complex. During 2017/18 there were 4 264 inpatient separations at TB hospitals, and further 5 082 patient contacts were seen at outpatient departments.

Four psychiatric hospitals, 1 700 beds (Alexandra, Lentegeur, Stikland and Valkenberg Hospitals) and three sub-acute facilities, 150 beds (New Beginnings, Lentegeur Intermediate Care and William Slater), all of which are located in the Cape Town Metro District, provide a provincial psychiatric service. These facilities collectively attended to 6 648 inpatients (6 172 at the acute hospitals and 476 at the sub-acute hospitals) and 41 756 patients at outpatient departments.

The Western Cape Rehabilitation Centre (WCRC) provides specialised rehabilitation services including orthotics and prosthetics for people with physical disabilities. It has 156 beds, and in 2017/18 the WCRC had 783 inpatient separations and 3 391 outpatient contacts.

The oral health centres provides primary, secondary, tertiary and quaternary dental services at Tygerberg Oral Health Centre, Groote Schuur Hospital, Red Cross War Memorial Children's Hospital and the Mitchells Plain Oral Health Centre. There were 113 476 oral health patient visits during 2017/18.

Tertiary and Quaternary Health Services at Central Hospitals

Highly specialised tertiary and quaternary services are rendered on a national basis at the Department's two central hospitals, Groote Schuur and Tygerberg and the tertiary hospital, Red Cross War Memorial Children's Hospital, which combined have 2 631 beds across the platform. In 2017/18 there were 136 617 patient separations, 767 821 patients were seen in the outpatient departments and 116 487 patients were seen in the emergency centres at these hospitals. It must be noted that a significant portion of activities in these hospitals form part of the generalist specialist platform of the province.

Forensic Pathology Services

Specialised Forensic Pathology services are rendered via 17 Forensic Pathology Laboratories across the Province in order to establish the circumstances and causes surrounding unnatural/undetermined death. During the 2017/18 financial year, the Forensic Pathology Service logged 11 902 incidents; 11 604 medico-legal cases were admitted, resulting in 11 457 post-mortem examinations in the Western Cape.

For more detail on the health services rendered by the Department and the number of patients seen, refer to the section pertaining to Performance Information of this report.

Problems Encountered and Corrective Steps Taken

Safety of EMS Employees

The targeting of EMS vehicles and officials by criminals is a major risk to the Department and society at large, that requires a Whole-of-Society intervention. There has been good collaboration with the Department of Community Safety (DOCS), SAPS and the City of Cape Town to establish a permanent EMS presence at the Traffic Management Centre (TMC) and to create safe zones within the red areas. Many plans have been co-created with EMS officials to improve their safety. The outcome of one court case was that an attacker of EMS personnel was given a sentence of 12 years, one of the harshest sentences handed down to date.

Significant service pressures

Significant service pressures have been experienced across most of the larger acute hospitals in the Province for the entire duration of the financial year. The pressures were experienced most acutely in Emergency Centres, Theatres and Critical Care Units, with knock-on effects in the inpatient wards. A tool is being piloted at Valkenberg Hospital to mitigate the Acute Psychiatric Service pressures.

The impact of interpersonal violence has been significant on acute hospitals, mostly experienced in Emergency Orthopaedics cases. It has also caused a significant sustained increase in the caseloads in Forensic Pathology Services, especially at the Tygerberg and Salt River mortuaries, which has impacted on the waiting times for the completion of autopsies.

Impact of the fires at Hospitals

The services previously rendered at Swartland Hospital had to be distributed across a range of hospitals in the immediate geographic vicinity of the hospital, with significant impact on respective workloads in these hospitals.

The devastating fires in Eden and specifically in the Knysna and Bitou sub-districts, together with gale force winds led to a disaster being declared in this area. The fires had a significant impact on the provision of healthcare services in the sub-districts, in addition to certain staff members being personally affected by their homes being destroyed.

A fire in the Emergency Centre at Mitchells Plain Hospital resulted in significant damage, which resulted in a big reduction in capacity at the hospital. This led to a significant increase in workload at surrounding hospitals in the Metro, especially at Khayelitsha and Groote Schuur Hospitals.

Disease outbreaks

A total of 32 confirmed measles cases have been reported as at 3 April 2017. The measles outbreak that originated in the Stellenbosch sub-district, was contained after a provincial measles campaign was concluded with 63,9 per cent coverage in the under-5 age group. A National measles campaign was conducted from 12 to 30 June 2017, with a provincial coverage of 82 per cent.

A total of 24 Typhoid Fever cases have been identified from 1 January 2017 to 13 July 2017. Thirteen (13) cases were detected as part of a cluster in Phola Park, Paarl, in the Cape Winelands. Nine (9) cases were identified in the Cape Town Metro, four (4) of these cases had a travel history, and two (2) cases were identified in the Eden district. The incidence of new cases has been contained through increased vigilance and surveillance, and management of contacts.

A patient with confirmed diphtheria from the Strand area was treated at Helderberg Hospital and died in Tygerberg Hospital. Contacts were traced, and an immunisation campaign was conducted in the area. No other cases were confirmed.

One hundred and eighteen (118) cases of Listeria have been confirmed for the years 2017 and 2018, in the Western Cape. Eighty four per cent (94/118) of the cases resided in the Cape Metro District.

HealthNet pick-up points in rural districts

The HealthNet pick-up points for patients has been reviewed and improved across all rural districts in order to improve the experience of patients that have to be transported to bigger centres for specialist appointments.

Ageing infrastructure – Tygerberg Hospital

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

Budget Constraints

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

External Developments that impact on the Demand for Services

Population Growth

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

Household Vulnerability

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

Service Delivery Improvement Plans

The Department has completed a Service Delivery Improvement Plan (SDIP). The tables below highlight the service delivery plan and the achievements to date.

Main Services and Standards

Beneficiaries	Current / Actual Standard of Service	Desired Standard of Service	Actual Achievement
Main Service: Reducing long patient waiting time at Pharmacy (Mitchells Plain Community Health Centre)			
Community of Mitchells Plain	Waiting time at the Pharmacy: 223 minutes	Waiting time at the Pharmacy: 200 minutes	• Waiting Times conducted on 1 September 2017 • Waiting Times at Pharmacy was: 98 minutes
Main Service: Implementation of Appointment System at the Mitchells Plain Service Points			
Community of Mitchells Plain	70% implementation of patients on the Appointment System	80% implementation of patients on the Appointment System	• All service areas within the Health Facility: 100% • Implementation of the appointment system in all areas

Batho Pele Arrangements with Beneficiaries

Reducing long patient waiting time at Pharmacy (Mitchells Plain Community Health Centre)		
Current / Actual Arrangements	**Desired Arrangements**	**Actual Achievement**
Consultation		
Consultation with Health Committee	Consultation with Health Committee	• Health Committees meetings held regularly. Last meeting held in March 2018 • Several HOD meetings held, discussing inter alia pharmacy waiting time • Community Forum held in March 2018 with the Health Facility Team • Meetings dates (HOD/staff meetings/Health Committee) for 2018 communicated to stakeholders. Written correspondence as required • Minutes of meetings in place. Communication conducted as required • Patient Satisfaction Survey was held in June 2017. Results were analysed and a quality improvement plan developed and monitored over the coming year
Consultation and planning meetings with staff	Consultation and planning meetings with staff	
Consultation and planning meetings with Local Community and stakeholders	Consultation and planning meetings with Local Community and stakeholders	
Written Correspondence	Written Correspondence	
Communication	Communication	
Patient Satisfaction Survey Results	Patient Satisfaction Survey Results	
Access		
1st Ave, Eastridge, Mitchells Plain	1st Ave, Eastridge, Mitchells Plain	• 1st Ave, Eastridge, Mitchells Plain • Posters displaying in three languages with regard to Fast-tracking and Standard Operating Procedure was developed for implementation
Fast-tracking of specifically vulnerable client groups	Fast-tracking of specifically vulnerable client groups	
Courtesy		
Pharmacy help desk	Pharmacy help desk	• Help Desk and Queue Marshal at Pharmacy initiated • Dedicated query window established
Dedicated query window	Dedicated query window	
Openness and Transparency		
Consultation/planning engagements platforms staff, stakeholders and local communities	Consultation/planning engagements platforms staff, stakeholders and local communities	• Regular HOD meetings with managers, Health Committee meetings and a Community Forum in March 2018 were held • Meeting was conducted as per schedule • Waiting Time Survey conducted in September 2017, with subsequent improvements undertaken. Improvement in waiting time reflected in SDIP Pharmacy waiting time reduction
Written correspondence communication	Written correspondence communication	
Waiting Time Survey Report	Waiting Time Survey Report	
Value for Money		
Yes, access to Pharmacy services	Yes, access to Pharmacy services	Yes, access to Pharmacy services in place

Implementation of Appointment System at the Mitchells Plain Service Points		
Current / Actual Arrangements	**Desired Arrangements**	**Actual Achievement**
Consultation		
Consultation with Health Committee	Consultation with Health Committee	• Community forum and several engagements with Health Committee • Several HOD meetings held, discussing inter-alia appointment system • Community Workshop with Facility held in March 2018 • Several HOD meetings held, discussing inter alia appointment system. Written correspondence as required • Staff and HOD meetings as well as Health Committee Meetings. Communication as required • Patient Satisfaction Survey was held in June 2017. Results were analysed and a quality improvement plan developed and monitored over the coming year
Consultation and planning meetings with staff	Consultation and planning meetings with staff	
Consultation and planning meetings with Local Community and stakeholders	Consultation and planning meetings with Local Community and stakeholders	
Written Correspondence	Written Correspondence	
Communication	Communication	
Patient Satisfaction Survey Results	Patient Satisfaction Survey Results	
Access		
1st Ave, Eastridge, Mitchell's Plain	1st Ave, Eastridge, Mitchell's Plain	• 1st Ave, Eastridge, Mitchells Plain • Posters displaying in three languages with regard to Fast Tracking, and Standard Operating Procedure was developed for implementation
Fast-tracking of specifically vulnerable client groups	Fast-tracking of specifically vulnerable client groups	
Courtesy		
Pharmacy help desk	Pharmacy help desk	• Help Desk and Queue Marshal at Pharmacy initiated • Dedicated query window established
Dedicated query window	Dedicated query window	
Openness and Transparency		
Consultation/planning engagements platforms staff, stakeholders and local communities	Consultation/planning engagements platforms staff, stakeholders and local communities	• Community forum and several engagements with Health Committee • Several HOD meetings held, discussing inter-alia appointment system. Written correspondence as required • Waiting Time Survey conducted in September 2017, with subsequent improvements undertaken. Improvement in waiting time reflected in SDIP Pharmacy waiting time reduction
Written correspondence communication	Written correspondence communication	
Waiting Time Survey Report	Waiting Time Survey Report	
Value for Money		
Yes, access to the facility's services	Yes, access to the facility's services	Yes, access to the facility's services are in place

Service Delivery Information Tool

Reducing long patient waiting time at Pharmacy (Mitchells Plain Community Health Centre)		
Current / Actual Information Tools	**Desired Information Tools**	**Actual Achievement**
Posters	Posters	• Poster are displayed at all service areas • Pharmacy pamphlets developed • No newspaper articles were published due to budget constraints • Radio broadcasting not achieved due to cost constraints • Waiting time survey conducted in September 2017, with subsequent improvements undertaken. Improvement in waiting time reflected in SDIP Pharmacy waiting time reduction
Pamphlets	Pamphlets	
Newspaper articles	Newspaper articles	
Radio broadcasting, announcements regarding services	Radio broadcasting, announcements regarding services	
Waiting Time Survey Report	Waiting Time Survey Report	

Implementation of Appointment System at the Mitchells Plain Service Points		
Current / Actual Information Tools	**Desired Information Tools**	**Actual Achievement**
Posters	Posters	• Posters are displayed at the Main Entrance to state what e- Register is and how to register and use it • Pamphlets are designed to give information with regard to the Appointment Systems and Open Day held to further inform the community • No newspaper articles were published due to budget constraints • Radio broadcasting not achieved due to budget constraints • Waiting time survey conducted in September 2017, with subsequent improvements undertaken. Improvement in waiting time reflected in SDIP Pharmacy waiting time reduction
Pamphlets	Pamphlets	
Newspaper articles	Newspaper articles	
Radio broadcasting, announcements regarding services	Radio broadcasting, announcements regarding services	
Waiting Time Survey Report	Waiting Time Survey Report	

Complaints Mechanism

Reducing long patient waiting time at Pharmacy (Mitchells Plain Community Health Centre)		
Current / Actual Complaints Mechanisms	**Desired Complaints Mechanism**	**Actual Achievement**
Waiting Time Survey Report	Waiting Time Survey Report	• Waiting Time Survey conducted in September 2017. Data from reports are analysed to monitor the waiting time of persons at the pharmacy • Monthly Data Review and Facility Manager meetings held with regard to tread analysis • Patient Survey conducted in June 2017
Complaint System	Complaint System	
Patient Satisfaction Survey	Patient Satisfaction Survey	
Implementation of Appointment System at the Mitchells Plain Service Points		
Current / Actual Information Tools	**Desired Information Tools**	**Actual Achievement**
Waiting Time Survey Report	Waiting Time Survey Report	• Waiting time survey conducted in September 2017, with subsequent improvements undertaken. Improvement in waiting time reflected in SDIP Pharmacy waiting time reduction • Complaints System in the Facility is robust and operational. Meeting Forums held with regard to Tread Analysis in the Data Sign off and Quality Assurance Meetings • Patient Satisfaction Survey conducted in June 2017
Complaint System	Complaint System	
Patient Satisfaction Survey	Patient Satisfaction Survey	

Organisational Environment

Resignations and/or Appointments in Senior Management Service

The following changes occurred in the senior management service (SMS) during 2017/18 as a result of attrition:

Retirements at the end of the previous financial year

- JA Henry, Director, Chief Executive Officer, Western Cape Rehab Centre, 31 December 2017

Terminations and transfers out of WCG: Health

- S Gwarube, Director, Minister's Office, 30 June 2017
- DD Newman-Valentine, Director, Minister's Office, 30 June 2017

New appointments

- DD Newman-Valentine, Director, Minister's Office, 1 July 2017

Promotions and transfers

- No Promotions and Transfers

Restructuring Realignment

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

A macro architectural structural design impacting on all management structures at macro, strategic MESO and operational MESO level has recently been developed which will be forwarded to the Department of Public Service and Administration for ratification. The Department is in the process of developing a Human Resource Framework on Transitional Arrangements as it relates to MEAP, the transformation agenda and related HC2030 deliverables to guide managers and organised labour, which should guide management processes until finality has been reached on the new management structures.

Strike Action

There were no strikes during the reporting period.

Significant System Failures

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

Key Policy Developments and Legislative Changes

National Policy and Legislative Changes

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

Provincial Policy & Legislative Changes

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

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

Promote Health and Wellness

Life Expectancy

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

The priority strategies for enhancing the effectiveness of the PHC services, particularly WoW! (Western Cape on Wellness) Healthy Lifestyles Initiative and the First 1 000 Days Initiative, are starting to have the desired effect and remain central to strengthening PHC care pathway co-ordination, enhancing the health system's capability for prevention and the retention of patients with chronic conditions in care. The service re-design priority strategy will be formalised into the Service Design Project with dedicated staff in 2018/19. Community-Oriented Primary Care (COPC) has become the cornerstone of the PHC service re-design initiative, in giving effect to Universal Health Coverage (UHC), with operational pilot sites in both urban and rural health districts.

Embed Good Governance and Values-Driven Leadership Practices

Caring for the Carer

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

It is acknowledged that employees working in the public health sector are faced with challenges that may include long working hours, a highly pressurised working environment and limited resources, against the backdrop of a constrained fiscal economy. Over and above this, employees also experience in their personal capacity emotional, financial, family and other psycho-social problems that impact on their performance in the workplace on a daily basis. Thus EHW programmes implemented for 2017/18 focused on building resilience and improving engagement amongst staff in the Department.

- training interventions
- managerial support
- individual engagement
- Executive and senior management coaching
- Physical wellness programmes
- Disability Sensitisation
- Diversity Awareness

Organisational Culture

The 2017 Barret Values Survey was conducted in August and continues to show survey-on-survey increases in participation, with significant improvement in 2015 and 2017 respectively. The Department's entropy level is declining, from 26 per cent in 2011 to a much lower entropy score of 18 per cent in 2017. This is a positive factor to note and is to be celebrated as an achievement; it indicates that the concerning values highlighted in previous surveys are being effectively addressed, as more positive values are starting to emerge. The Department now falls into the cultural entropy risk band of 10 to 19 per cent, which means we have problems requiring attention and careful monitoring.

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

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

Leadership and Management Development

In line with the Department's transformation strategy, leadership competencies have been identified that will need to be developed at a team and individual level to shift WCGH's challenging cultural attributes. The focus of Leadership development in 2017/ 18 has been on the facility and operational manager, increasingly addressing the relational way of working within cross-functional and cross-level teams, team leadership interventions and individual group coaching, and action learning sets.

In 2017/18 the following leadership development interventions occurred:

Leadership & Management Development Interventions	Number Trained
Post Graduate Diploma in Healthcare Management	13
Oliver Tambo Fellowship Programme in Health Management	8
Change management competency workshop	65
Engaging Leadership	14
Finance for Non-Financial Managers	37
Innovative Health Master Class	26
Introduction to Monitoring and Evaluation	18
Junior Management Development Programme	178
Leadership Development Workshop	195
Leading innovation in the Public Service	8
Medical Negligence and Mediation Training for Health Managers	2
Mentoring and Coaching for Middle Managers	65
Middle Management Development Programme	54
Project Management	17
Project Management Intermediate	10
Strategic Leadership, Management and Planning	28
Supervisory Practices for Junior Managers	135
Women in Management	26
TOTAL	**886**

Basic Coverage of Core ICT systems

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

The IT Vision for Health was tabled at Cabinet on 16 August 2017 and the resolution passed. The roadmap is being converted into strategic and operational/implementation plans. Engagements have been convened with the primary clients within services which proved very useful to provide feedback, identify priorities and co-create solutions. The governance structures as proposed in the IT Vision are all functional including those with Ce-I and DOTP as partners.

WCGH carefully considered IT system solutions to support the quest to deliver person-centred quality healthcare to the public and decided upon the Clinicom Health Information System (HIS) as it provides an Enterprise Patient Master Index (PMI) that establishes a unique patient identifier. The PMI ties together all the patient's interactions across all the facilities in the Western Cape public sector, over the patient's lifetime. Equally important, the unique identifier provides for patient confidentiality, and does not divulge elements of the patient's personal data – such as date of birth.

The Clinicom HIS has been fully deployed at all public sector hospitals in the Western Cape, whilst the PMI has also been deployed to all the primary healthcare facilities in the Western Cape, including the local government facilities. The last hospital to receive the Clinicom HIS was Vredenburg Hospital that was migrated onto the system in October 2017 – this is indeed a major milestone for WCG Health.

In practice, this means that when a patient's details are created initially at any of the province's hospitals or primary healthcare facilities, or any of the local government healthcare facilities, that patient's information is immediately identifiable and available at all other public healthcare facilities within the province. The unique patient identifiers (PMI) are shared with numerous other operational systems, such as Radiology, Pharmacy and Laboratory Information Systems. This is remarkable as the PMI spans 54 hospitals, around 300 primary healthcare facilities, more than 100 pharmacies, the NHLS Laboratories (+- 30 in the province) and currently hosts about 13 million patients, spanning more than 25 years, as no records are deleted or archived from the system.

The Electronic Continuity of Care Record (eCCR) project is a web-based application that is tightly integrated with Clinicom HIS. It has been implemented at 99 per cent of the fixed health facilities (hospitals and PHC facilities) in the Province. eCCR aims to improve the continuity of care of the patient between hospitals and primary healthcare and also allow for the recording and capturing of vital information about the patient encounter, which helps to inform the burden on disease.

The development of the Provincial Health Data Centre (PHDC) is starting to demonstrate potential value to enhance the clinical management of patients, as well as the availability of aggregated data for the improved management of health services both locally as well as at district and provincial levels, the capacity for monitoring of patterns of disease and the access to data for research and the generation of evidence and knowledge. A central pre-requisite to its functionality is the unique patient identifier (PMI) that enables data from the various systems to be connected to the same patient. This has been a major strength in the development of IT systems within the province.

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

Create an Enabling Built environment

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

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

Good progress was made during 2017/18 in improving the infrastructure that supports the Department's healthcare. Completion of projects is a good measure of this, with the following as some of the more notable capital infrastructure projects achieving Practical Completion in this period:

- New District Six CDC
- New Hill Side Clinic in Beaufort West
- Replacement of Napier Clinic
- Replacement of Prince Alfred Hamlet Clinic
- New Emergency Centre at Stellenbosch Hospital
- Renovations to the Historic Administrative Core at Valkenberg Hospital (Phase 2)
- New Bulk Store at Karl Bremer Hospital
- Renovations to the Emergency Centre at Tygerberg Hospital
- Additions to the Paediatric Intensive Care Unit at Red Cross War Memorial Children's Hospital (in collaboration with CHT)

In addition, the following are the most significant Scheduled Maintenance projects completed in 2017/18:

- Alexandra Hospital - Fire compliance
- Delft CHC - General repairs, painting and electrical / mechanical work
- Heideveld CDC - Upgrading of electrical / mechanical installations
- Lentegeur Hospital - Fire compliance
- Louwville Clinic in Vredenburg - Conversion of library to consulting room and creation of oral health component
- Oudtshoorn Hospital - New seclusion area
- Radie Kotze Hospital in Piketberg - Upgrades to Acute Psychiatric Unit
- Touws River Ambulance Station - New wash bay and storm water upgrade
- Tygerberg Hospital - Replacement of water main and fire main pipeline
- Valkenberg Hospital - Upgrading of ward ablution facilities and flooring
- Western Cape College of Nursing - Boilers upgrade

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

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

- Cape Town - District Six CDC - HT - New
- Clanwilliam - Clanwilliam Clinic - HT - Clinic
- George - George Hospital - HT - Mammography
- Mossel Bay – D'Almeida Clinic - HT - HT Upgrade
- Parow - Tygerberg Hospital - HT - Replacement of Cath Lab
- Vredenburg - Vredenburg Hospital - HT

In addition to the above, NDoH provided assistance to the Department in the Eden District through the NHI Indirect Grant. This work, with a total expenditure of R12.082 million in 2017/18, rendered 5 new Doctors' consulting rooms as well as some maintenance work.

Unqualified Audit

Over the past 14 years the Department has managed to establish a track record for unqualified financial statements, which it hopes to continue during 2018/19. The financial management systems employed have been continually refined and improved over the years. The under-expenditure in the 2017/18 financial year was approximately 0,9 per cent of the budget. To achieve this result, in light of the budget challenges over the MTEF period, the Department has had to initiate saving initiatives and maintain fiscal discipline.

Performance Information by Programme

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

Programme 1: Administration

Programme 2: District Health Services

Programme 3: Emergency Medical Services

Programme 4: Provincial Hospital Services

Programme 5: Central Hospital Services

Programme 6: Health Sciences and Training

Programme 7: Healthcare Support Services

Programme 8: Health Facilities Management

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

Programme 1: Administration

Purpose

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

Subprogrammes

Subprogramme 1.1: Office of the MEC

Rendering of advisory, secretarial and office support services

Subprogramme 1.2: Management

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

To make limited provision for maintenance and accommodation needs.

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

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

Strategic Objectives

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

	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Strategic Objective: Promote efficient use of financial resources				
Indicator: Percentage of the annual equitable share budget allocation spent				
	99.6%	**100.0%**	**99.1%**	**0.9%**
	N: 14 831 612 000	15 559 048 000	16 048 977 000	(489 929 000)
	D: 14 897 973 000	15 559 048 000	16 201 006 000	(641 958 000)
Comment On Deviation This is a demand/service driven indicator which means it is not possible for the Department to predict performance with 100% accuracy. The marginal deviation from the performance target is considered by the Department as acceptable and is therefore considered as having achieved the target.				
Strategic Objective: Develop and implement a comprehensive Human Resource Plan				
Indicator: Timeous submission of a Human Resource Plan for 2015 – 2019 to DPSA				
	Yes	**Yes**	**Yes**	**None**
Comment On Deviation Target achieved.				
Strategic Objective: Transform the Organisational Culture				
Indicator: Cultural entropy level for WCG: Health				
	Survey conducted every second year	**20.0%**	**17.9%**	**2.1%**
		15 000	12 568	2 432
		75 000	70 380	4 620
Comment On Deviation Target exceeded. The Department could not predict performance with 100% accuracy, as it is not within their full control. Targets were set based on previous baseline data and surveys conducted in the past. The lower than anticipated cultural entropy level is considered a positive outcome for the organisation and the Department deems the performance outcome as having achieved the target. Possible factors contributing to the target being exceeded include visible and accessible leadership, focus on values, the Management Efficiency and Alignment Project (MEAP), better communication via corporate communication flash messages with employees and leadership training of managers.				
Indicator: Number of value matches in the Barrett survey				
	Survey conducted every second year	**4**	**5**	**1**
Comment On Deviation Target exceeded. The Department could not predict performance with 100% accuracy, and targets were set based on previous baseline data. The cultural value matches highlight the relationship between personal values, current and desired organisational values. The higher than anticipated value matching result is considered a positive outcome for the organisation and the Department deems the performance outcome as having achieved the target.				

Transformation of Organisation

During the financial year 2017/18 the Department conducted the Barrett Value Survey (BVS) which is a biennial requirement. The BVS was administered by the Barrett Values Centre at a cost of R 573 120. The Department exceeded its planned targets for the year and would be incorporating change management competency workshops to enable and empower senior managers (SMS) and middle managers (MMS) to become leaders of change as part of the Department's Transformation Journey. The change management competency programme commenced in March 2018, with 30 of the 155 SMS and MMS members (19.4% of senior/middle management) having undergone change competency and management training thus far. The remaining SMS and MMS members are scheduled to complete the change competency programme arranged over multiple training sessions during the 2018/19 financial year.

The following five cultural value matches highlighted the over-arching relationship between the three spheres (categories) of values, namely, Personal Values (PV), Current Culture Values (CC) and Desired Culture Values (DC): accountability, respect, caring, honesty and responsibility. The higher than anticipated value matching result is considered a positive outcome for the organisation.

As part of the BVS process, the cultural entropy level of the Department also indicated a significant improvement of 3.0 per cent compared to the previous BVS conducted in 2015/16 where the cultural entropy level was 20.9 per cent. This means that the strategic target that was set for 2019/20 has been achieved sooner than anticipated. Further cultural transformation initiatives will be required to improve performance at the next assessment cycle to promote the reduction of the entropy level even further, which would be to the benefit of the organisation, as it should improve performance.

In addition to the BVS, the Department also conducts an internal Staff Satisfaction Survey (SSS). The SSS is a self-administered questionnaire which is available in all three official languages. The aim of the SSS is to assess the organisational climate amongst employees in terms of their thoughts and opinions of the organisation, their job and their work environment. The different categories delineated in the questionnaire are based on the requirements of the National Core Standards and the data is utilised in measuring the annual performance indicators in the respective departmental strategic objectives. The BVS and SSS (organisational surveys) are conducted every alternate year respectively to minimise employee saturation and fatigue in completion of organisational surveys and allow time for transformation initiatives to be implemented.

Performance Indicators

Programme 1: Administration					
Actual Achievement 2014/15	Actual Achievement 2015/16	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Sector Specific Indicators					
Indicator: Audit opinion from Auditor-General of South Africa					
Unqualified	**Unqualified**	**Unqualified**	**Unqualified**	**Unqualified**	**None**
Comment On Deviation Target achieved.					
Indicator: Percentage of hospitals with broadband access					
New indicator	**48.1%**	**69.2%**	**100.0%**	**96.2%**	**(3.8%)**
	N: 26	37	53	51	(2)
	D: 54	54	53	53	0
Comment On Deviation Due to the delay in renovations at Radie Kotze Hospital and infrastructure challenges at Murraysburg Hospital, minimum broadband connection of 2 Mbps could not be implemented at all hospitals. The slight deviation from the performance target is considered by the Department as acceptable and is therefore considered as having achieved the target.					
Indicator: Percentage of fixed PHC facilities with broadband access					
New indicator	**61.4%**	**84.2%**	**95.2%**	**91.8%**	**(3.4%)**
	N: 172	230	260	246	(14)
	D: 280	273	273	268	(5)
Comment On Deviation Broadband access of 512 Kbps was reported on prior to the 2017/18 financial year. The 2017/18 target was set for 512 Kbps, but this was amended during the mid-year adjustments budget process and actual achievement in 2017/18 is therefore for facilities with a minimum of 1 Mbps broadband access.					

Strategies to Overcome Under-Performance

No strategies were required, as there was no significant under-performance during the financial year that required intervention by the Department. Broadband roll-outs were not 100 per cent within the Department's control as the Department was reliant on external departmental role players and service providers and performance was monitored.

Changes to Planned Targets

The financial year 2017/18 planned target for "Percentage of fixed PHC facilities with broadband access" remained the same at 95,2 per cent, but the minimum speed of broadband access was increased during the mid-year adjustment process from 512 Kbps to 1 Mbps (increased benchmark).

Link Performance with Budgets

There was an under-spending of R23,606 million in programme 1, as depicted in the table below.

Subprogramme	2017/18			2016/17		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Office of the MEC	9 136	6 880	2 256	7 596	6 935	661
Management	734 582	713 232	21 350	639 989	628 839	11 150
TOTAL	**743 718**	**720 112**	**23 606**	**647 585**	**635 774**	**11 811**

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

Subprogramme: Management

Compensation of Employees: The anticipated outcome of the Management Efficiency and Alignment Project (MEAP) resulted in the delayed filling of posts. The main goal of MEAP is to improve alignment of functions, streamlining of processes and structures in line with the principles of Healthcare 2030 which impacted severely on Programme 1. Only critical posts were advertised and filled.

Goods and Services: Firstly, implementation of cost containment measures and slow spending against funding earmarked for the IT Vision. Secondly, the majority of the IT projects have been in start-up mode hence the low expenditure trends. Transversal system end-users have been requested to utilise the SITA printing services in moderation and to access more cost-effective Business Intelligence (BI) reports, resulting in savings in the SITA transversal systems contract. Lastly, lower commission paid to the debt collectors, primarily as a result of funding challenges with payments at the Road Accident Fund.

Transfers and Subsidies: The over-expenditure is due to medico-legal claims paid, as determined in Court rulings and departmental settlements.

Payments for Capital assets: The over-expenditure can be attributed to an amount of R5.300 million paid towards the procurement of Mobile Clinics in the 2017/18 financial year. The funds should have been spent in the 2018/19 financial year, but due to the expiry of the National Contract for vehicles on 31 March 2018 the vehicles were purchased in the 2017/18 financial year to address dire service delivery needs.

Subprogramme: Office of the MEC

There was a R2,256 million under-spending at the Office of the MEC, but the main contributing factor was due to the vacant position of the Strategic Coordinator which is at Director level. That post will not be filled going forward.

Programme 2: District Health Services

Purpose

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

Subprogrammes

Subprogramme 2.1: District Management

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

Subprogramme 2.2: Community Health Clinics

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

Subprogramme 2.3: Community Health Centres

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

Subprogramme 2.4: Community-based Services

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

Subprogramme 2.5: Other Community Services

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

Subprogramme 2.6: HIV/AIDS

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

Subprogramme 2.7: Nutrition

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

Subprogramme 2.8: Coroner Services

Rendering forensic and medico-legal services in order to establish the circumstances and causes surrounding unnatural death; these services are reported in Subprogramme 7.3: Forensic Pathology Services

Subprogramme 2.9: District Hospitals

Rendering of a district hospital service at subdistrict level

Subprogramme 2.10: Global Fund

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

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

District Health Services

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

Performance on District Health Services targets are set out below.

Strategic Objectives

No provincial strategic objectives specified for District Health Services

Performance Indicators

District Health Services					
Actual Achievement 2014/15	**Actual Achievement 2015/16**	**Actual Achievement 2016/17**	**Planned Target 2017/18**	**Actual Achievement 2017/18**	**Deviation**
Sector Specific Indicators					
Indicator: Ideal clinic status determinations conducted by Perfect Permanent Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/CHC/CDC)					
New indicator			**81.0%**	**89.2%**	**8.2%**
			221	239	18
			273	268	(5)
Comment On Deviation Active involvement by facility managers in the Ideal Clinic programme has led to a better than expected performance particularly amongst rural clinics.					
Indicator: OHH registration visit coverage (annualised)					
Not applicable to the Western Cape					
Indicator: PHC utilisation rate [1]					
2.3	**2.3**	**2.3**	**2.3**	**2.2**	**(0.1)**
N: 14 250 244	14 150 180	14 413 350	14 539 936	14 140 046	(399 890)
D: 6 130 791	6 245 836	6 362 257	6 418 073	6 418 069	(4)
Comment On Deviation This is a demand-driven indicator and it is not possible for the Department to predict with 100% accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.					
Indicator: Complaint resolution rate (PHC facilities)					
New Indicator N: 3 371 D: 3 492	**96.5%**	**98.1%**	**95.6%**	**96.7%**	**1.1%**
	3 320	2 958	2 514	(444)	
	3 383	3 095	2 601	494	
Comment On Deviation A positive performance as a result of effective quality assurance processes through the year. The complexity of the complaint determines the time taken to resolve it and therefore cannot be forecast with 100% accuracy.					
Indicator: Complaint resolution within 25 working days rate (PHC facilities)					
96.2%	**95.5%**	**95.6%**	**95.0%**	**94.1%**	**(0.9%)**
N: 2 600	3 220	3 175	2 810	2 365	(445)
D: 2 702	3 371	3 320	2 958	2 514	(444)
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target. The complexity of the complaint determines the time taken to resolve it and therefore cannot be forecast with 100% accuracy.					
Notes					
1. The denominator for the indicator for the years 2016-17, 2015-16 and 2014-15 is using the population based on Circular H28 of 2014 and the denominator for the indicator for the year 2017-18 is using the population based on revised STATSSA information per Circular H11 of 2017.					

Strategies to Overcome Under-Performance

There were no underperformances in this section.

Changes to Planned Targets

No annual targets were changed during this financial year for this section. However, due to a misprint in the Annual Performance Plan 2017/18 the quarterly targets for "*PHC Utilisation Rate Total*" were corrected to align with the annual target during the mid-year adjustment.

District Hospitals

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

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

Strategic Objectives

No provincial strategic objectives specified for District Health Services

Performance Indicators

District Hospitals					
Actual Achievement 2014/15	**Actual Achievement 2015/16**	**Actual Achievement 2016/17**	**Planned Target 2017/18**	**Actual Achievement 2017/18**	**Deviation**
Sector Specific Indicators					
Indicator: Hospital achieved 75% and more on National core standards self-assessment rate (District Hospitals)					
New Indicator			**63.6%**	**79.4%**	**15.8%**
			21	27	6
			33	34	1
Comment On Deviation Active involvement by facility and district management to improve on national core standards has led to a better than expected performance on this indicator, particularly by rural hospitals.					
Indicator: Average length of stay (district hospitals)					
3.2 days	**3.3 days**	**3.2 days**	**3.2 days**	**3.3 days**	**(0.1)**
N: 908 493	931 177	909 891	916 103	940 690	(24 587)
D: 287 071	281 849	280 580	282 702	285 936	(3 234)
Comment On Deviation This is a demand-driven indicator and it is not possible for the Department to predict with 100% accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.					
Indicator: Inpatient bed utilisation rate (district hospitals)					
89.4%	**87.5%**	**84.8%**	**84.7%**	**88.3%**	**3.6%**
N: 908 493	931 177	909 891	916 103	940 690	24 587
D: 1 016 119	1 063 909	1 072 731	1 081 248	1 064 943	(16 305)
Comment On Deviation This is a demand-driven indicator and it is not possible for the Department to predict with 100% accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.					

Indicator: Expenditure per PDE (district hospitals)					
R1 838	**R1 954**	**R2 139**	**R2 264**	**R2 329**	**(R65)**
N: 2 512 440 894	2 731 832 162	2 923 677 427	3 138 102 000	3 229 036 306	(90 934 306)
D: 1 366 684	1 397 974	1 366 830	1 386 210	1 386 403	(193)

Comment On Deviation

This is a demand-driven indicator and it is not possible for the Department to predict the performance with 100% accuracy. The marginal deviation is considered as having achieved the planned target.

Indicator: Complaint resolution rate (district hospitals)					
New Indicator	**93.1%**	**99.4%**	**93.3%**	**98.6%**	**5.3%**
	N: 1 763	1 661	1 695	1 365	(330)
	D: 1 894	1 671	1 817	1 384	433

Comment On Deviation

In line with National Core Standards, the focus on quality assurance has improved the complaint resolution rate. The complexity of the complaint determines the time taken to resolve it and therefore cannot be forecast with 100% accuracy.

Indicator: Complaint resolution within 25 working days rate (district hospitals)					
90.1%	**90.2%**	**90.4%**	**90.0%**	**91.1%**	**1.1%**
N: 1 192	1 590	1 501	1 526	1 244	(282)
D: 1 323	1 763	1 661	1 695	1 365	(330)

Comment On Deviation

In line with National Core Standards, the focus on quality assurance has improved the complaint resolution rate. The complexity of the complaint determines the time taken to resolve it and therefore cannot be forecast with 100% accuracy.

Strategies to Overcome Underperformance

No extreme underperformance requiring intervention.

Changes to Planned Targets

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

HIV/AIDS, STIs and Tuberculosis (HAST)

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

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

Strategic Objectives

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

	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Strategic Objective: Improve the TB programme success rate				
Indicator: TB programme success rate				
	80.4%	**81.1%**	**80.2%**	**(0.9%)**
	N: 34 651	34 612	33 694	(918)
	D: 43 099	42 685	42 009	(676)
Comment On Deviation This is a service-driven indicator and it is not possible for the Department to predict with 100% accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.				
Strategic Objective: Improve the proportion of ART clients who remain in care				
Indicator: ART retention in care after 12 months				
	72.2%	**72.3%**	**61.4%**	**(10.9%)**
	N: 33 307	35 842	28 908	(6 934)
	D: 46 120	49 569	47 097	(2 472)
Comment On Deviation Successful treatment requires lifelong adherence by the patient to treatment. Unfortunately, there are significant challenges faced by those delivering this service to try and retain clients. Some clients are not permanent or long-term residents or do not provide accurate contact information to allow for follow-up. Social conditions and economic influences on the more vulnerable population also have an impact on retention in care. The Department continues to be committed to improve the number of clients retain in care.				
Indicator: ART retention in care after 48 months				
	60.7%	**61.8%**	**49.5%**	**(12.4%)**
	N: 19 700	23 697	16 088	(7 609)
	D: 32 455	38 314	32 519	(5 795)
Comment On Deviation Successful treatment requires lifelong adherence by the patient to treatment. Unfortunately, there are significant challenges faced by those delivering this service to try and retain clients. Some clients are not permanent or long-term residents or do not provide accurate contact information to allow for follow-up. Social conditions and economic influences on the more vulnerable population also have an impact on retention in care. The Department continues to be committed to improve the number of clients retain in care.				

Performance Indicators

HIV/AIDS, STIs and Tuberculosis (HAST)					
Actual Achievement 2014/15	**Actual Achievement 2015/16**	**Actual Achievement 2016/17**	**Planned Target 2017/18**	**Actual Achievement 2017/18**	**Deviation**
Sector Specific Indicators					
Indicator: ART client remain on ART end of month - total					
180 769	**203 565**	**230 931**	**237 504**	**256 821**	**19 317**
Comment On Deviation A positive outcome for this indicator. As it is a demand-driven indicator it is not possible for the Department to predict with 100% accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.					
Indicator: TB/HIV co-infected client on ART rate					
New indicator		**89.6%**	**87.8%**	**90.3%**	**2.5%**
		N: 14 902	14 606	14 584	22
		D: 16 673	16 630	16 152	(478)
Comment On Deviation A positive outcome for this indicator. As it is a demand-driven indicator it is not possible for the Department to predict with 100% accuracy the number of people that will require a health service.					
Indicator: HIV test done – Total					
New Indicator	**1 384 563**	**1 379 375**	**1 373 615**	**1 436 042**	**62 427**
Comment On Deviation More tests done than planned which is a positive outcome. Performance is reliant on client uptake therefore the Department cannot predict with 100% accuracy, and a marginal deviation is considered as having achieved the planned target.					
Indicator: Male condom distributed					
123 416 309	**114 157 641**	**113 913 868**	**111 774 598**	**114 396 200**	**2 621 602**
Comment On Deviation A positive outcome for this indicator. As it is a demand-driven indicator, it is not possible for the Department to predict with 100% accuracy and the marginal deviation is considered as having achieved the planned target.					
Indicator: Medical male circumcision - total					
15 498	**13 310**	**11 687**	**22 040**	**16 544**	**(5 496)**
Comment On Deviation Client uptake of this service unfortunately remains low due to societal influences and stigma. However, performance overall has been much better than in previous years due to the assistance of Non-Profit Organisations. These partnerships will be ongoing.					
Indicator: TB client 5 years and older start on treatment rate[1]					
New Indicator			**94.6%**	**89.4%**	**(5.2%)**
			21 054	21 193	139
			22 255	23 708	1 453
Comment On Deviation As a result of this underperformance an information gathering exercise to improve patient care pathways was initiated. This is to address the challenge of accurately tracking patients care between facilities where they are tested at one facility and referred for treatment initiation at another.					

Indicator: TB client lost to follow-up rate					
8.3%	**9.0%**	**9.6%**	**8.4%**	**11.1%**	**(2.7%)**
N: 1 086	1 134	1 195	3 571	4 674	(1 103)
D: 13 006	12 631	12 452	42 685	42 009	(676)
Comment On Deviation Retention of patients is affected by socio-economic status and substance abuse. More responsive electronic tools will be developed to assist services to identify and engage with patients as soon as they are identified as being at risk.					
Indicator: TB client treatment success rate					
83.2%	**82.3%**	**80.4%**	**81.1%**	**80.2%**	**(0.9%)**
N: 35 974	35 756	34 651	34 612	33 694	(918)
D: 43 224	43 445	43 099	42 685	42 009	(676)
Comment On Deviation This is a service driven indicator and it is not possible for the Department to predict with 100% accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.					
Comment On Deviation Approximately one third of TB patients are HIV positive, which places them at much higher risk of death due to TB, even if on ART. In addition, patients are affected by socio-economic status and substance abuse.					
Indicator: TB MDR treatment success rate					
New Indicator	**39.4%**	**44.6%**	**42.8%**	**43.4%**	**0.6%**
	N: 604	738	733	611	(122)
	D: 1 532	1 653	1 714	1 407	(306)
Comment On Deviation The positive performance could be attributed to clinics becoming more capacitated to initiate MDR treatment which allows patients to be initiated quicker and not have to be referred to a TB hospital for treatment. This is a demand-driven indicator and it is not possible for the Department to predict with 100% accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.					
Notes					
2. Corrected a misprint of the indicator name from "*TB symptoms 5 years and older start on treatment*" in accordance with mid-year adjustments.					

Strategies to Overcome Underperformance

- ART Retention in care at 12 and 48 months

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

- Male Medical Circumcisions

NPOs have helped the Department to improve performance on this indicator. We will strengthen the relationships with them to achieve a better performance.

- TB clients put on treatment

The Department recognises that our underperformance for this indicator is of concern. Increased digitisation of data is planned to improve tracking of TB patients to improve the number of patients initiated on treatment.

- TB loss to follow-up

Service area improvements and electronic tools are to be developed to reduce loss to follow-up. The Operational Executive Committee has been tasked to develop a plan on this.

- TB death rate

The Department will investigate this underperformance and implement any improvements that are required.

Changes to Planned Targets

- No adjustments to annual planned targets.
- A misprint in the Annual Performance Plan 2017/18 required a correction be made to the indicator "*TB symptoms 5 years and older start on treatment*" in accordance with mid-year adjustments (see footnote 1).

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

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

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

Performance Indicators

Actual Achievement 2014/15	Actual Achievement 2015/16	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Maternal, Child and Women's Health (MCWH) and Nutrition					
Sector Specific Indicators					
Indicator: Antenatal 1st visit before 20 weeks rate					
65.8%	**67.7%**	**69.6%**	**69.2%**	**69.7%**	**0.5%**
N: 64 604	60 521	63 901	62 033	67 292	5 259
D: 98 136	89 431	91 849	89 679	96 563	6 884
Comment On Deviation This is a demand-driven indicator and it is not possible for the Department to predict with 100% accuracy. The marginal deviation is considered as having achieved the planned target.					
Indicator: Mother postnatal visit within 6 days rate					
New Indicator	**67.8%**	**60.0%**	**63.4%**	**59.8%**	**(3.6%)**
	N: 63 971	54 816	58 358	55 532	(2 826)
	D: 94 342	91 322	92 017	92 819	802
Comment On Deviation This is a demand driven indicator and it is not possible for the Department to predict with 100% accuracy. The marginal deviation is considered as having achieved the planned target.					
Indicator: Antenatal client start on ART rate					
New Indicator	**77.5%**	**90.8%**	**85.9%**	**92.1%**	**6.2%**
	N: 6 070	7 009	6 682	6 420	(262)
	D: 7 834	7 715	7 777	6 968	(809)
Comment On Deviation A positive outcome for this indicator. The success of the "test and treat" policy has resulted in more rapid initiation of ART care for pregnant women.					
Indicator: Infant 1st PCR test positive around 10 weeks rate					
New Indicator		**0.8%**	**0.9%**	**0.2%**	**0.7%**
		N: 95	113	27	86
		D: 12 013	12 239	13 876	(1 637)
Comment On Deviation An expansion on existing Programme interventions has resulted in an increased number of birth PCR tests being performed routinely for high-risk children. Those that are tested positive are initiated on treatment therefore resulting in a better than expected reported performance for this indicator, which only measures positive PCRs around 10 weeks. Target setting has been addressed in the Annual Performance Plan (APP) FY2018/19.					

Indicator: Immunisation under 1 year coverage[3]					
90.1%	**88.8%**	**79.9%**	**83.8%**	**81.2%**	**(2.6%)**
N: 93 542	89 942	78 933	88 487	85 822	(2 665)
D: 103 781	101 299	98 837	105 655	105 653	(2)
Comment On Deviation This is a demand-driven indicator and it is not possible for the Department to predict with 100% accuracy. The marginal deviation is considered as having achieved the planned target.					
Indicator: Measles 2nd dose coverage[3]					
New Indicator	**85.9%**	**91.1%**	**74.5%**	**78.3%**	**3.8%**
	N: 88 873	92 898	80 377	84 437	4 060
	D: 103 498	101 918	107 885	107 885	0
Comment On Deviation An over-performance reported for this indicator. This is a demand-driven indicator and it is not possible for the Department to predict with 100% accuracy. The marginal deviation is considered as having achieved the planned target.					
Indicator: Diarrhoea case fatality rate[2]					
0.2%	**0.1%**	**0.2%**	**0.3%**	**0.4%**	**(0.1%)**
N: 12	13	17	23	24	(1)
D: 7 704	8 685	6 992	8 446	6 565	1 881
Comment On Deviation One more death occurred than planned. Due to the nature of this indicator this cannot be predicted with 100% accuracy and may be affected by the paediatric surge season. The decline in number of separations should also be noted as a positive outcome.					
Indicator: Pneumonia case fatality rate[2]					
0.4%	**0.3%**	**0.4%**	**0.4%**	**0.7%**	**(0.3%)**
N: 32	36	29	33	45	(12)
D: 7 445	10 726	7 943	8 386	6 859	1 527
Comment On Deviation Due to the nature of this indicator, the number of deaths cannot be predicted with 100% accuracy and may be affected by the paediatric surge season. The decline in number of separations should also be noted as a positive outcome.					
Indicator: Severe acute malnutrition case fatality rate[2]					
1.8%	**0.9%**	**0.6%**	**0.5%**	**2.2%**	**(1.7%)**
N: 18	11	5	5	10	(5)
D: 986	1 254	841	956	462	494
Comment On Deviation Due to the nature of this indicator the number of deaths cannot be predicted with 100% accuracy and may be affected by the paediatric surge season. The decline in number of separations should also be noted, as a positive outcome.					
Indicator: School grade 1 learners screened					
44 271	**54 107**	**55 171**	**58 765**	**48 889**	**(9 876)**
Comment On Deviation Although the school health teams developed school visit plans for the year, the staff resources were diverted by ad hoc campaigns. This resulted in an underperformance on this indicator.					
Indicator: School grade 8 learners screened					
439	**7 657**	**9 364**	**8 860**	**11 401**	**2 541**
Comment On Deviation Although the school health teams developed school visit plans for the year, the staff resources were diverted by ad hoc campaigns. In order to utilise the limited resources as effectively as possible, school health teams expanded their screening to include more Grade 8 learners when on site. Therefore, there was a higher than expected performance on this indicator.					

Indicator: Delivery in 10 to 19 years in facility rate					
New Indicator			**8.7%**	**11.2%**	**(2.5%)**
			8 027	10 369	(2 342)
			92 017	92 819	802
Comment On Deviation A new indicator for this financial year therefore targets were modestly set.					
Indicator: Couple Year Protection Rate (Int)[1, 3]					
New Indicator			**77.0%**	**81.3%**	**4.3%**
			1 367 721	1 443 501	75 780
			1 776 513	1 776 519	6
Comment On Deviation This is a demand-driven indicator and it is not possible for the Department to predict with 100% accuracy. The marginal deviation is considered as having achieved the planned target. A minor correction was made to the annual target to align with the *Male Condom Distribution Rate* target (see the below section Changes to Planned Targets).					
Indicator: Cervical cancer screening coverage (annualised) [3]					
57.2%	**54.4%**	**54.9%**	**56.5%**	**57.8%**	**1.3%**
N: 89 162	87 169	90 454	94 183	96 469	2 286
D: 155 833	160 334	164 764	166 812	166 812	0
Comment On Deviation This is a demand-driven indicator and it is not possible for the Department to predict with 100%. The marginal deviation is considered as having achieved the planned target.					
Indicator: HPV 1st dose					
33 644	**33 537**	**36 182**	**36 155**	**32 356**	**(3 799)**
Comment On Deviation Performance was influenced by the ad hoc measles campaign which took place over the same period as the HPV Campaign Round 1; therefore some substructures did not take part in the HPV campaign as there was insufficient capacity to conduct both campaigns.					
Indicator: HPV 2nd dose					
New Indicator		**34 941**	**34 117**	**34 397**	**280**
Comment On Deviation This is a demand-driven indicator and it is not possible for the Department to predict with 100%. The marginal deviation is considered as having achieved the planned target.					
Indicator: Vitamin A dose 12-59 months coverage[3]					
47.3%	**47.3%**	**50.7%**	**49.5%**	**48.9%**	**(0.6%)**
N: 402 264	399 480	425 757	432 324	427 878	(4 446)
D: 849 594	844 892	839 779	874 218	874 217	(1)
Comment On Deviation This is a demand-driven indicator and it is not possible for the Department to predict with 100%. The marginal deviation is considered as having achieved the planned target.					
Indicator: Maternal mortality in facility ratio (annualised)					
55.39 per 100 000	**71 per 100 000**	**59 per 100 000**	**61.5 per 100 000**	**57 per 100 000**	**4**
N: 54	67	54	58	55	3
D: 0.975	0.949	0.918	0.943	0.961	0.018
Comment On Deviation Due to the nature of this indicator, the number of deaths cannot be predicted with 100% accuracy. Various programme initiatives to improve maternal health have also positively influenced the outcome of this indicator.					

Indicator: Neonatal death in facility rate			
New Indicator	**5.6 per 1000**	**9.3 per 1000**	**(3.7)**
	518	860	342
	92.57	92.34	(0.23)

Comment On Deviation

In the previous year early neonatal death (0-7 days) was reported. This was extended to early and late neonatal deaths (0-28 days) as part of the National Indicator Dataset (NIDS) revision and now includes all neonatal deaths. This year's numerator target was based on the assumption that the indicator would remain consistent resulting in a disparity between target and reporting.

Notes

1. Changes in the weightings of the individual elements used in the calculation of this indicator for FY2017/18 makes it not directly comparable to historical performance.
2. Diarrhoea, Pneumonia and Severe Acute Malnutrition case fatality rates refer to children under 5 years of age.
3. The denominator for the indicator for the years 2016-17, 2015-16 and 2014-15 is using the population based on Circular H28 of 2014 and the denominator for the indicator for the year 2017-18 is using the population based on revised STATSSA information per Circular H11 of 2017.

Strategies to Overcome Underperformance

- With respect to postnatal visits within six days, there was a slight underperformance which is not regarded as serious, so no specific action is proposed.
- The case fatality rates for diarrhoea, pneumonia and severe acute malnutrition will be investigated to determine the causes of these, as it may be service or improved reporting related. Reporting changed to the diagnosis at separation rather than admission, which should more accurately reflect the number of cases.
- School grade 1 learners screened - Managers will review the planning process and consider the impact of additional campaigns during the year.
- Since the first round of the HPV campaign was impacted on by the unplanned measles campaign, no immediate further action is planned. Better co-ordination with ad hoc campaigns will be arranged.
- The neonatal death rate future targets will be adjusted.

Changes to Planned Targets

A mid-year adjustment to Couple year protection rate was made, from 76,9 per cent to 77,0 per cent. This reflects a change in the numerator from 1 365 909 to 1 367 721 to align with the targets set for Male condom distributed.

The National Department of Health removed the following indicators in accordance with the mid-year adjustments:

- DTaP-IPV-HepB-Hib third Dose – Measles first dose drop-out rate
- Infant exclusively breastfed at DTaP-IPV-HepB-Hib third Dose rate.

The denominator for the following indicators was revised from "admitted" to "separations" in accordance with mid-year adjustments due to a misprint in the Annual Performance Plan 2017/18

- Diarrhoea case fatality rate
- Pneumonia case fatality rate
- Severe acute malnutrition case fatality rate

The quarterly denominator and indicator target was revised for the following indicators to sum to the annual target:

- Immunisation under 1 year
- Measles second dose coverage
- Cervical cancer screening coverage (annualised)
- Vitamin A 12-59 months coverage

A misprint in the indicator definition for Antenatal client start on ART rate was corrected to include "not on ART" in the denominator as follows: Antenatal client known HIV positive not on ART + Antenatal client first test positive + Antenatal client HIV retest positive.

Disease Prevention and Control

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

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

Strategic Objectives

No provincial strategic objectives specified for District Health Services

Performance Indicators

Disease Prevention[1] and Control					
Actual Achievement 2014/15	Actual Achievement 2015/16	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Sector Specific Indicators					
Indicator: Cataract surgery rate					
1 729	**1 645**	**1 692**	**1 760**	**1 540**	**(220)**
N: 7 929	7 684	8 050	8 528	7 443	(1 085)
D: 4.586	4.672	4.759	4.845	4.833	(0.012)
Comment On Deviation The underperformance is attributed to equipment shortages and staff shortages at certain points during the year. Services to review plans to address this.					
Indicator: Malaria case fatality rate					
1.6%	**0.0%**	**0.7%**	**1.2%**	**0.5%**	**0.7%**
N: 3	0	1	2	**1**	**1**
D: 186	110	139	168	**186**	**(18)**
Comment On Deviation Malaria is not endemic to the province and therefore cannot be predicted with 100% accuracy. A marginal deviation is considered by the Department as having achieved target.					

Strategies to Overcome Underperformance

Cataract surgeries underperformance – Service managers to address equipment and staff shortages during the year in order to limit their impact

Changes to Planned Targets

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

Link Performance with Budgets

Compensation of employees

- Institutions in the Cape Town area were forced to delay the filling of posts to compensate for a projected deficit within goods and services. A big portion of the deficit can be attributed to agency staff costs, where coverage is required in vacant posts and when staff are on leave. It is furthermore difficult to recruit and retain certain categories of staff such as specialised medical staff fast enough. These requirements were filled with agency staff.
- Higher than normal attrition rate within the Nursing Cadre and slow filling rate on the HIV/Aids and TB allocation.

Goods and Services:

The over-expenditure can be attributed to:

- The population growth which is growing faster than the service expansion growth and facilities have to deal with a much greater workload. New services and larger facilities commissioned during 2016 and 2017 took some time to build momentum and the increase in expenditure could not be avoided due to much needed and unavoidable service delivery requirements.
- Follow-up treatment and related medication are often referred down to primary care level.
- To avoid the weakening of the primary healthcare system as well as growth within this programme, expenditure had to be protected.
- Increased expenditure on Agency Services allowed for the filling of vacant positions on short notice when faced with unplanned or unforeseen staff shortages.
- A management strategy to make provision for end of year reservation of stock (with regard to ARV and TB Medicine) due to the reduced 2018/19 allocation.

Transfers and Subsidies

- The late implementation of the Voluntary Medical Male Circumcision programme (HIV/ Aids and TB allocation).
- Activities with the Co-Determined Prevention Programme (Global Fund) were pushed back due to Service Level Agreements (SLA) only being finalised and signed with Non-Profit Organisations (NPOs) in November 2017 and January 2018 respectively, resulting in project implementation delays and the slow implementation of the Young Women and Girls Programme.

Payments for Capital Assets:

- Reprioritisation of equipment needs occurred during the reporting period due to unforeseen equipment failure. This reprioritisation process caused delays in the procurement process, which was compounded by the need for more specialised and expensive equipment that required a more robust procurement process.

Subprogramme	2017/18			2016/17		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
District Management	404 783	394 909	9 874	344 875	344 875	-
Community Health Clinics	1 248 625	1 239 496	9 129	1 181 773	1 180 111	1 662
Community Health Centres	2 089 937	2 037 564	52 373	1 846 888	1 846 888	-
Community-Based Services	213 600	216 596	(2 996)	197 956	197 956	-
Other Community Services	1	-	1	1	-	1
HIV and AIDS	1 532 363	1 527 815	4 548	1 389 104	1 387 801	1 303
Nutrition	46 381	47 573	(1 192)	47 060	47 060	-
Coroner Services	1	-	1	1	-	1
District Hospitals	3 164 174	3 232 464	(68 290)	2 928 243	2 928 243	-
Global Fund	71 790	41 492	30 298	35 172	20 503	14 669
TOTAL	**8 771 655**	**8 737 909**	**33 746**	**7 971 073**	**7 953 437**	**17 636**

Programme 3: Emergency Medical Services

Purpose

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

Subprogrammes

Subprogramme 3.1: Emergency Medical Services

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

Emergency medicine is reflected as a separate objective within Subprogramme 3.1: Emergency Medical Services

Subprogramme 3.2: Planned patient transport (PPT) – HealthNET

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

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

Strategic Objectives

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

	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Strategic Objective: Ensure registration and licensing of ambulances as per the statutory requirements.				
Indicator: Number of WCG: Health operational ambulances registered and licensed.				
	246	**248**	**247**	**(1)**
Comment On Deviation Dynamic EMS usage impacted vehicle availability for inspections. The Inspectorate only has two people dedicated to EMS inspections which impacted the number of vehicles inspected. Withdrawn and written-off vehicles are replaced as per GMT schedule and not according to inspections to be done.				

Performance Indicators

Programme 3: Emergency Medical Services					
Actual Achievement 2014/15	Actual Achievement 2015/16	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Sector Specific Indicators					
Indicator: EMS P1 urban response under 15 minutes rate					
61.0%	**61.7%**	**58.0%**	**65.0%**	**59.5%**	**(5.5%)**
N: 112 100	138 444	121 339	77 908	79 131	1223
D: 183 694	224 462	209 107	119 859	133 019	13 160
Comment On Deviation A total of 14 vehicles (on average) are unable to be rostered due to prolonged ill health of staff, including Post-Traumatic Stress Disorder. In addition, 13% of our incidents occur in red zones, which adds additional burden on the service due to prolonged mission times (and hence decreased relative availability) as ambulances must wait for availability of South African Police Services for escorts. This has placed extreme pressure on the service to respond adequately to demand. Increasing areas of unrest have also resulted in "permanent red zones" in these areas. These directly impact on our vehicle availability and response times.					
Indicator: EMS P1 rural response under 40 minutes rate					
83.1%	**80.6%**	**79%**	**79.0%**	**79.3%**	**0.3%**
N: 23 972	15 713	13 874	10 298	9 655	(643)
D: 28 844	19 497	17 570	13 036	12 180	(856)
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target.					
Indicator: EMS inter-facility transfer rate					
22.5%	**40.4%**	**39.8%**	**38.1%**	**31.6%**	**(6.6%)**
N: 176 945	210 116	203 699	203 306	155 373	(47 933)
D: 786 726	520 113	512 256	533 324	492 303	(41 021)
Comment On Deviation Consistent trend in the number of Inter facility transfer cases done. Targets were set based on old definitions that included all patient types. The definitional change requires us to exclude all obstetric cases therefore our target volumes will be much higher than our actual volumes.					
Additional Provincial Indicators					
Indicator: Total number of EMS emergency cases					
515 237	**520 113**	**512 256**	**533 324**	**492 303**	**(41 021)**
Comment On Deviation Targets were set based on old definitions that included all patient types. The definitional change requires us to exclude all obstetric cases therefore our target volumes will be much higher than our actual volumes.					

Strategies to Overcome Underperformance

The question of safety within the Emergency Medical Services has assumed far greater importance than ever before and has seen a sustained effort and focus by all stakeholders concerned. It should be noted that these incidents of violence against our staff are symptomatic of deeper societal challenges within the communities we serve. As a result, the incidents are both sporadic and unpredictable, rendering them resistant to most initiatives. It is for this reason that the Department, together with our colleagues from the Department of Community Safety (DoCS), have embarked on an intensive engagement with various safety role-players and community forums. These engagements are aimed at fostering stronger and more collaborative efforts against these challenges. Some of these additional measures do compromise the response time of ambulances in high risk areas.

Continued discussion with the Department of Community Safety and SAPS is aimed at improving the safety of staff and ideally addressing root causes of "red zones" that are difficult to manage and respond to. EMS has started a dedicated "call back" desk to alert callers to the potential of delays in these areas, and whilst this does not improve response times per se, it does impact on client relationships, and tempers expectations when safety is a concern.

The review of how Planned Patient Transport operates within the Metropole and its relationship to the inter-facility transport demand, should enable a far more efficient and effective operating model. In so doing it will assist in freeing up much needed capacity and allow ambulances to focus on meeting the demand for pre-hospital emergency medical care.

Link Performance with Budgets

Subprogramme	2017/18			2016/17		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Emergency Transport	944 734	903 461	41 273	902 355	893 938	8 417
Planned Patient Transport	81 829	91 401	(9 572)	82 737	90 985	(8 248)
TOTAL	**1 026 563**	**994 862**	31 701	**985 092**	**984 923**	**169**

Planned Patient Transport

- Compensation of employees

The staff members working within planned patient transport are required to travel very long distances to collect and drop patients. This has resulted in the overtime budget being higher than in previous financial years. The overall budget for compensation of employees within planned patient transport also needs to be aligned to the actual expenditure.

- Goods and Services

The expenditure for Fleet (GMT) is also higher due to the longer distances travelled.

Emergency Transport

"The under-spending can mainly be attributed to:

- Compensation of Employees

The delayed appointment of staff due to long recruitment processes. Remedial steps are being put in place by People Management to minimise the delay in the filling of vacancies.

- Goods and Services

The Computer Aided Despatch (CAD) contract was due to expire in March 2018. Due to the need to negotiate more favourable terms and pricing as it was decided that the contract be extended for a further five years, planned hardware refresh was not undertaken in 2017/18.

- Payments for Capital Assets

The delivery of stretchers and incubator transporters was delayed as the supplier was unable to deliver the equipment timeously.

Programme 4: Provincial Hospital Services

Purpose

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

Subprogrammes

Subprogramme 4.1: General (Regional) Hospitals

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

Subprogramme 4.2: Tuberculosis Hospitals

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

Subprogramme 4.3: Psychiatric/Mental Hospitals

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

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

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

Subprogramme 4.5: Dental Training Hospitals

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

General (Regional) Hospitals

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

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

The hospitals operated 1 413 beds, 20 beds more than was reflected in the annual performance plan. Additional 20 beds were commissioned at Paarl Hospital to accommodate Maternity and Psychiatric patients from the Swartland subdistrict following a fire that destroyed part of Swartland Hospital in March 2017. The combined bed occupancy rate was 88,5 per cent reflecting the pressure on the health system.

The increased mental health burden in the metro has deemed it necessary for New Somerset Hospital to reconfigure their bed allocation by commissioning an additional 10 psychiatric female beds within their total bed configuration.

Mowbray Maternity Hospital established a Retinopathy of Prematurity (ROP) screening service for premature babies during the last quarter of 2017/18. This is a disorder of the developing retina of preterm babies that could potentially lead to blindness. Premature babies are now screened at Mowbray Maternity Hospital and then appropriately referred for follow-up care as required.

Improving the quality, safety, equity and access to health services remained a key strategy for this subprogramme. The rising cost of healthcare remained a reality and managers implemented savings measures and strategies to target the areas of high cost and ensured that resources were equitably allocated to improve the overall value in the package of healthcare delivered. The performance standards within the National Core Standards continue to be used to:

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

Strategic Objectives

Provide quality general / regional hospital services.

	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Strategic Objective: Provide quality general / regional hospital services.				
Indicator: Actual (usable) beds in regional hospitals				
	1 393	**1 393**	**1 413**	**20**
Comment On Deviation Paarl Hospital beds increased from 311 to 331 (additional 16 for Maternity and 4 for Psychiatry). These are Swartland Hospital beds. The target was set prior to the bed transfer being approved in terms of the departmental policy on bed changes.				

Performance Indicators

General (Regional) Hospitals					
Actual Achievement 2014/15	Actual Achievement 2015/16	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Sector Specific Indicators					
Indicator: Hospitals that achieved an overall performance of ≥75% compliance with the national core standards (regional hospitals)					
New Indicator			**100%**	**100%**	**0%**
			N: 5	5	0
			D: 5	5	0
Comment On Deviation Target achieved – no deviation.					
Indicator: Average length of stay (regional hospitals)					
3.8 days	**3.9 days**	**4.0 days**	**3.9 days**	**3.9 days**	**(0.1 days)**
N: 425 987	451 758	454 770	452 550	455 333	(2 783)
D: 112 650	116 499	114 099	116 550	115 099	1 451
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target. This is a demand-driven indicator, which means it is not possible for the Department to predict with 100% accuracy.					
Indicator: Inpatient bed utilisation rate (regional hospitals)					
84.3%	**89.1%**	**89.4%**	**89.0%**	**88.6%**	**(0.4%)**
N: 425 987	451 758	454 770	452 550	455 333	(2783)
D: 505 337	507 041	508 501	508 501	513 733	6084
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target. This is a demand-driven indicator, which means it is not possible for the Department to predict with 100% accuracy.					

Indicator: Expenditure per patient day equivalent (PDE) (regional hospitals)					
R2 645	**R2 717**	**R2 925**	**R3 119**	**R3 106**	**R13**
N: 1 492 758 409	1 602 371 869	1 725 945 856	1 843 546 000	1 841 574 080	1 971 920
D: 564 442	589 797.17	590 126	590 987	592 935	(1 948)
Comment On Deviation Patient day equivalents (PDE) is a demand-driven indicator, which means it is not possible for the Department to predict with 100% accuracy the number of people that will require a health service. The expenditure per PDE was marginally less than anticipated.					
Indicator: Complaint resolution rate (regional hospitals)					
New Indicator	**100.0%**	**99.3%**	**99.4%**	**99.6%**	**0.3%**
	N: 383	293	308	270	(38)
	D: 383	295	310	271	39
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target. This is a demand-driven indicator, which means it is not possible for the Department to predict with 100% accuracy.					
Indicator: Complaint resolution within 25 working days rate (regional hospitals)					
93.6%	**97.1%**	**97.6%**	**99.0%**	**98.1%**	**(0.9%)**
N: 294	372	286	305	265	(40)
D: 314	383	293	308	270	(38)
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target. This is a demand-driven indicator which means it is not possible for the Department to predict with 100% accuracy. Complaints resolution within 25 working days rate (Regional Hospitals) target was corrected during the mid-year adjustment					
Additional Provincial Indicators					
Indicator: Mortality and morbidity review rate (regional hospitals)					
104.7%	**83.8%**	**83.3%**	**83.3%**	**106.4%**	**23.0%**
N: 178	171	170	170	217	47
D: 170	204	204	204	204	0
Comment On Deviation More meetings were conducted than planned in terms of the target set, resulting in improved clinical governance and enhancing the overall quality of patient care. Over-performance mainly due to individual clinical units holding separate meetings – indicator target set by speciality groups.					

Strategies to Overcome Underperformance

- No material underperformance was recorded
- More meetings were conducted than planned in terms of the target set, resulting in improved clinical governance and enhancing the overall quality of patient care. Over-performance mainly due to individual clinical units holding separate meetings – indicator target set by speciality groups

Changes to Planned Targets

- Complaints resolution within 25 working days rate (Regional Hospitals) target was corrected during the mid-year adjustment
- Indicator renamed to hospitals that achieved an overall performance of ≥75% compliance with the national core standards
- Average length of stay (Regional Hospitals) short definition in the TIDS was revised to align with denominator- day patients removed

Tuberculosis Hospitals

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

Policy adaptation relating to the decentralisation of TB management has resulted in patients having shorter admissions to hospital, allowing for an overall decrease in the number of days patients are required to stay in hospital.

Strategic Objectives

Provide quality tuberculosis hospital services.

	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Strategic Objective: Provide quality tuberculosis hospital services.				
Indicator: Actual (usable) beds in tuberculosis hospitals				
	1 026	**1 026**	**1 026**	**0**
Comment On Deviation Target Achieved				

Performance Indicators

Tuberculosis Hospitals					
Actual Achievement 2014/15	**Actual Achievement 2015/16**	**Actual Achievement 2016/17**	**Planned Target 2017/18**	**Actual Achievement 2017/18**	**Deviation**
Additional Provincial Indicators					
Indicator: Hospitals that achieved an overall performance of ≥75% compliance with the national core standards (TB hospitals)					
New Indicator			**66.7%**	**100%**	**33.3%**
			N: 46	6	2
			D: 66	6	0
Comment On Deviation Ongoing attention to improving performance on National Core Standards has resulted in all TB hospitals reaching the 75% mark and a better than expected performance.					
Indicator: Average length of stay (TB hospitals)					
66.7 days	**63.9 days**	**63.8 days**	**72.1 days**	**62.4 days**	**9.72 days**
N: 271 847	280 871	275 206	286 788	266 007	20 782
D: 4 077	4 395	4 316	3 978	4 264	286
Comment On Deviation Overall decrease due to the decrease in inpatient days. This is caused by Brooklyn Chest Hospital, Sonstraal Hospital and Harry Comay Hospital. This is a result of the policy of decentralisation of TB management and has resulted in patients having shorter admissions to hospital.					

Indicator: Inpatient bed utilisation rate (TB hospitals)					
72.6%	**75.0%**	**73.5%**	**76.6%**	**71.0%**	**(5.6%)**
N: 271 847	280 871	275 206	286 788	266 007	20 782
D: 374 531	374 531	374 531	374 531	374 531	0
Comment On Deviation Overall decrease due to the decrease in inpatient days. This is caused by Brooklyn Chest Hospital, Sonstraal Hospital and Harry Comay Hospital. This is a result of the policy of decentralisation of TB management and has resulted in patients having shorter admissions to hospital.					
Indicator: Expenditure per PDE (TB hospitals)					
R907	**R939**	**R1 042**	**R1 056**	**R1 125**	**(R69)**
N: 249 138 376	265 747 521	289 080 864	305 368 000	301 129 058	4 238 942
D: 274 719	282 993	277 362	289 047	267 701	21347
Comment On Deviation Much of expenditure is in fixed costs (e.g. staff), regardless of the number of admissions or how long patients stay in hospital. So while actual expenditure was less than target, because patients were admitted for shorter stays than expected, the cost per patient day equivalent (patient day spent in hospital) was higher than the target.					
Indicator: Complaint resolution rate (TB hospitals)					
New Indicator	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**
	N: 46	55	54	41	(13)
	D: 46	55	54	41	(13)
Comment On Deviation Target Achieved					
Indicator: Complaint resolution within 25 working days rate (TB hospitals)					
100.0%	**97.8%**	**94.5%**	**94.4%**	**100%**	**6%**
N: 44	45	52	51	41	(10)
D: 44	46	55	54	41	(13)
Comment On Deviation The focus on National Core Standards has resulted in improved management of complaint resolution. Complaints resolution within 25 working days rate (Tuberculosis Hospitals) target was corrected during the mid-year adjustment.					
Indicator: Mortality and morbidity review rate (TB hospitals)					
134.0%	**88.9%**	**95.8%**	**88.9%**	**93.1%**	**4.2%**
N: 67	64	69	64	67	3
D: 50	72	72	72	72	0
Comment On Deviation The focus on National Core Standards has resulted in a general improvement of all quality indicators.					

Strategies to Overcome Underperformance

- Managers will be asked to maintain this improved performance on National Core Standards and complaints management.
- Managers will be asked to monitor this trend in shorter lengths of stay and to optimise the efficient use of hospital resources.

Changes to Planned Targets

- Complaints resolution within 25 working days rate (Tuberculosis Hospitals) target was corrected during the mid-year adjustment.
- Indicator renamed to hospitals that achieved an overall performance of ≥75% compliance with the National Core Standards.
- Average length of stay (TB hospitals) short definition in the TIDS was revised to align with denominator- day patients removed and indicator reclassified as a provincial indicator.
- Inpatient Bed Utilisation rate (TB hospitals) indicator reclassified as a provincial indicator.
- Expenditure per PDE (TB hospitals) indicator reclassified as a provincial indicator.
- Complaints resolution rate (TB hospitals) indicator reclassified as a provincial indicator.

Psychiatric Hospitals

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

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

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

The hospitals operated 1 700 beds as was reflected in the annual performance plan. The combined bed occupancy rate was 89,3 per cent reflecting the pressure on the acute psychiatric services.

Sufficient and adequate access to services remained the main objective to be achieved despite a variety of constraints. At Lentegeur Hospital, patient access has been improved by reconfiguring the Child and Adolescent Intellectual Disability service to reside with the Child and Adolescent Mental Health services of the hospital and the initiating of expanded ambulatory service in general.

Stikland Hospital improved access to the acute services by re-alignment of the New Beginning intermediate service to provide both a 50% short term more intense rehabilitation programme of 4 weeks and a 50% intermediate rehabilitation programme of 3 months. This intervention resulted in a significant increase in admissions at New Beginnings. The positive impact on the waiting list was also very encouraging as Stikland Hospital was able to discharge more mental healthcare users to New Beginnings to open up acute beds for admissions from the waiting list.

Continuous high burden is experienced of serious mental illness, the dual diagnoses, of psychotic disorders with substance use, remains an ongoing management challenge, as the behaviour manifested by many patients are difficult to manage with the current nursing norms. In the Metro West catchment area, the burden for mental illness remains high. The William Slater Intermediate service was moved onto the Valkenberg Hospital site in June 2017. Management of these step-down beds will be incorporated into the hospital service.

Strategic Objectives

Provide quality psychiatric hospital services.

	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Strategic Objective: Provide quality psychiatric hospital services				
Indicator: Actual (usable) beds in psychiatric hospitals				
	1 700	**1 700**	**1 700**	**0**
Comment On Deviation Target achieved, zero deviation.				
Indicator: Actual (usable) beds in step-down facilities				
	150	**150**	**150**	**0**
Comment On Deviation Target achieved, zero deviation.				

Performance Indicators

Psychiatric Hospitals

Actual Achievement 2014/15	Actual Achievement 2015/16	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Additional Provincial Indicators					
Indicator: Hospitals that achieved an overall performance of ≥75% compliance with the national core standards (psychiatric hospitals)					
New Indicator			**100%**	**100%**	**0%**
			N: 4	4	0
			D: 4	4	0
Comment On Deviation Target achieved, zero deviation.					
Indicator: Average length of stay (psychiatric hospitals)					
92.4 days	**89.1 days**	**87.3 days**	**86.4 days**	**89.8 days**	**(3.4 days)**
N: 549 227	561 920	557 511	563 320	554 075	9 245
D: 5 944	6 304	6 386	6 520	6 172	348
Comment On Deviation On average patients stayed longer than anticipated due to the acuity of mental illness. Psychiatric hospitals have been experiencing placement issues and challenges with discharging some acute patients due to poor family support and limited community-based accommodation in some cases. A marginal deviation from the performance target is considered by the Department as having achieved the target. This is a demand-driven indicator, which means it is not possible for the Department to predict with 100% accuracy.					
Indicator: Inpatient bed utilisation rate (psychiatric hospitals)					
88.9%	**91.6%**	**89.8%**	**90.8%**	**89.3%**	**(1.5%)**
N: 549 227	561 920	557 511	563 320	554 075	9 245
D: 617 648	613 267	620 568	620 568	620 568	0
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target. This is a demand-driven indicator, which means it is not possible for the Department to predict with 100% accuracy.					

Indicator: Expenditure per PDE (psychiatric hospitals)					
R 1 303	**R 1 367**	**R1 495**	**R 1 590**	**R 1 591**	**(R 1)**
N: 733 459 979	787 877 536	853 890 103	919 256 800	903 541 712	15 715 088
D: 562 696	576 560	571 354	578 208	567 993	10 215
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target. This is a demand-driven indicator, which means it is not possible for the Department to predict with 100% accuracy.					
Indicator: Complaint resolution rate (psychiatric hospitals)					
New Indicator	**100.0%**	**100.0%**	**99.0%**	**100.0%**	**1.0%**
	N: 82	113	103	144	41
	D: 82	113	104	144	40
Comment On Deviation This is a positive performance as a result of a well-functioning complaints management system.					
Indicator: Complaint resolution within 25 working days rate (psychiatric hospitals)					
98.2%	**93.9%**	**98.2%**	**99.0%**	**98.6%**	**0.4%**
N: 112	77	111	102	142	40
D: 114	82	113	103	144	41
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target. This is a demand-driven indicator, which means it is not possible for the Department to predict with 100% accuracy. Complaints resolution within 25 working days rate (psychiatric hospitals) target was corrected during the mid-year adjustment.					
Indicator: Mortality and morbidity review rate (psychiatric hospitals)					
115.0%	**95.8%**	**91.7%**	**91.7%**	**91.7%**	**0%**
N: 46	46	44	44	44	0
D: 40	48	48	48	48	0
Comment On Deviation Target achieved, zero deviation.					
Indicator: Inpatient bed utilisation rate (step-down facilities)					
89.0%	**83.3%**	**84.2%**	**83.5%**	**80.4%**	**(3.1%)**
N: 47 125	40 663	46 089	45 710	44 008	(1 702)
D: 52 931	48 824	54 756	54 756	54 756	0
Comment On Deviation The bed utilisation rate in step down facilities was marginally lower than anticipated. The marginal deviation from the performance target is considered by the Department as having achieved the target. This is a demand driven indicator which means it is not possible for the Department to predict with 100% accuracy.					

Strategies to Overcome Underperformance

No material underperformance was identified. However, acute psychiatric services continued to remain under pressure, particularly as a result of the high rate of substance abuse, acuity of patients and other social factors. This subprogramme continue to focus on the de-institutionalisation of clients and the strengthening of acute, inpatient and outpatient services as well as the district- and community-based services.

During 2017/18 a decision to expand male acute beds was supported, and although no new funding was received, services were reconfigured to support the opening of an additional 16 male beds in the acute service. The full 16 beds will be opened in April 2018, although incremental steps begun in 2017/18.

Changes to Planned Targets

- Complaints resolution within 25 working days rate (Psychiatric Hospitals) target was corrected during the mid-year adjustment.
- Indicator renamed to: Hospitals that achieved an overall performance of ≥75% compliance with the National Core Standards.
- Average length of stay (Psychiatric Hospitals) short definition in the TIDS was revised to align with denominator- day patients removed and indicator reclassified as a provincial indicator.
- Inpatient Bed Utilisation rate (Psychiatric Hospitals) indicator reclassified as a provincial indicator.
- Expenditure per PDE (Psychiatric Hospitals) indicator reclassified as a provincial indicator.
- Complaints resolution rate (Psychiatric Hospitals) indicator reclassified as a provincial indicator.

Sub-Acute, Step down and Chronic Medical Hospitals

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

The Public Private Partnership (PPP) between the Department of Health and a Consortium is a 12-year contract which has now entered the final Exit Phase and will be concluded on 28 February 2019. The PPP procurement methodology has proved to be efficient and effective in the past year and continued to be regarded by the clinical staff as demonstrating excellent value for money, allowing clinical staff to focus on their core responsibilities of patient care.

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

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

Adequate access to rehabilitation services at WCRC has been improved for referrals of patients under the age of 18 for admission. WCRC has embarked on a relationship building process with St. Joseph's to provide a better service to children with disabilities across the two facilities, starting with the Spinal Cord Afflictions.

WCRC accepts patients who are medically stable (Landrum Outcome Level 1 and above). Over the years there has been an increasing acuity of the patients referred to WCRC. Patients who are referred too early for rehabilitation ultimately have a longer length of stay, but the increasing number of short admissions being transferred back to acute, resulted in an overall decreased length of stay. Substance abuse and associated unacceptable behaviour has been a challenge especially amongst patients who have no discharge options and have been resident at WCRC for over a year. The placement of long-stay patients has been referred for inter-sectorial discussion.

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

The OPC rendered on-site, off-site and outreach orthotic and prosthetic services to all the hospitals in the Metro and rural districts in the Western Cape, with the exception of the Eden and Central Karoo districts, where services are outsourced.

The outputs of the PPP were monitored and evaluated through the various governance structures ensuring compliance with contractual obligations, and best value for money. The PPP Project was and continues to be monitored by both the Provincial and National Treasuries, especially during the Exit Phase.

Strategic Objectives

Provide quality rehabilitation hospital services.

	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Strategic Objective: Provide quality rehabilitation hospital services.				
Indicator: Actual (usable) beds in rehabilitation hospitals				
	156	**156**	**156**	**0**
Comment On Deviation Target achieved, zero deviation.				

Performance Indicators

Rehabilitation Hospital					
Actual Achievement 2014/15	**Actual Achievement 2015/16**	**Actual Achievement 2016/17**	**Planned Target 2017/18**	**Actual Achievement 2017/18**	**Deviation**
Additional Provincial Indicators					
Indicator: Hospitals that achieved an overall performance of ≥75% compliance with the National Core Standards (rehabilitation hospitals)					
New Indicator			**0%**	**100%**	**100%**
			N: 0	1	1
			D: 1	1	0
Comment On Deviation Ongoing attention to improving performance on national core standards has resulted in reaching the 75% mark, better than expected performance					
Indicator: Average length of stay (rehabilitation hospitals)					
58.5 days	**52.6 days**	**56.8 days**	**56.0 days**	**54.5 days**	**1.5 days**
N: 44 188	42 651	44 111	44 297	42 652	(1 642)
D: 755	811	776	791	783	(8)
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target. This is a demand-driven indicator, which means it is not possible for the Department to predict with 100% accuracy.					
Indicator: Inpatient bed utilisation rate (rehabilitation hospitals					
77.6%	**74.9%**	**77.5%**	**77.8%**	**74.9%**	**(2.9%)**
N: 44 188	42 651	44 111	44 297	42 652	(1 642)
D: 56 946	56 946	56 946	56 946	56 946	0
Comment On Deviation A marginal deviation from the performance target is considered by the Department as having achieved the target. This is a demand-driven indicator, which means it is not possible for the Department to predict with 100% accuracy.					

Indicator: Expenditure per PDE (rehabilitation hospitals)					
R2 687	**R2 800**	**R2 606**	**R2 933**	**R2 891**	**R42**
N: 127 562 817	127 563 003	118 365 535	130 784 200	126 563 364	(4 220 836)
D: 47 483	45 555	45 418	44 597	43 782	(815)
Comment On Deviation Patient day equivalents (PDE) is a demand-driven indicator, which means it is not possible for the Department to predict with 100% accuracy the number of people that will require a health service. The expenditure per PDE was slightly less than anticipated.					
Indicator: Complaint resolution rate (rehabilitation hospitals)					
New Indicator	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0%**
	N: 22	32	42	38	(4)
	D: 22	32	42	38	(4)
Comment On Deviation Target achieved – no deviation					
Indicator: Complaint resolution within 25 working days rate (rehabilitation hospitals)					
93.9%	**100.0%**	**93.8%**	**95.2%**	**100.0%**	**4.8%**
N: 31	22	30	40	38	(2)
D: 33	22	32	42	38	(4)
Comment On Deviation This is a positive performance as a result of a well-functioning complaints management system. Complaints resolution within 25 working days rate (Rehabilitation Hospitals) target was corrected during the mid-year adjustment.					
Indicator: Mortality and morbidity review rate (rehabilitation hospitals)					
120.0%	**100.0%**	**91.7%**	**100.0%**	**91.7%**	**(8%)**
N: 12	12	11	12	11	(1)
D: 10	12	12	12	12	0
Comment On Deviation Fewer meetings were conducted than planned. No mortality and morbidity review was conducted in December 2017. The marginal deviation from the performance target is considered by the Department as having achieved the target.					

Strategies to Overcome Underperformance

No material underperformance was identified.

The management of spinal cord injuries across the Western Cape Government: Health is being addressed. The future establishment of dedicated rehabilitation beds for this diagnostic group are being discussed between all levels of care in the Western Cape Government: Health to ensure continuity of care.

The WCRC continued to develop process documents, training and mentoring to improve a patient-centred and outcome-based rehabilitation through an improved interdisciplinary goal setting. This approach may contribute to reduce the average length of stay, but ultimately aims to improve the quality of lives of persons with disabilities and the reduction of complications and re-entry into the healthcare system.

Changes to Planned Targets

- Complaints resolution within 25 working days rate (Rehabilitation Hospitals) target was corrected during the mid-year adjustment.
- Indicator renamed to hospitals that achieved an overall performance of ≥75% compliance with the National Core Standards.
- Average length of stay (Rehabilitation Hospitals) short definition in the TIDS was revised to align with denominator- day patients removed and indicator reclassified as a provincial indicator.
- Inpatient Bed Utilisation rate (Rehabilitation Hospitals) indicator reclassified as a provincial indicator.
- Expenditure per PDE (Rehabilitation Hospitals) indicator reclassified as a provincial indicator.
- Complaints resolution rate (Rehabilitation Hospitals) indicator reclassified as a provincial indicator.

Specialised Hospitals

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

Refer to narrative under individual specialised hospitals

Strategic Objectives

Provide quality specialised hospital services.

Specialised Hospitals					
Actual Achievement 2014/15	**Actual Achievement 2015/16**	**Actual Achievement 2016/17**	**Planned Target 2017/18**	**Actual Achievement 2017/18**	**Deviation**
Sector Specific Indicators					
Indicator: Hospitals that achieved an overall performance of ≥75% compliance with the national core standards (specialised hospitals)					
New Indicator			**72.7%**	**100.0%**	**27.3%**
			N: 8	11	3
			D: 11	11	0
Comment On Deviation Ongoing attention to improving performance on National Core Standards has resulted in reaching the 75% mark, better than expected performance.					
Indicator: Complaint resolution rate (specialised hospitals)					
New Indicator	Not required to report	**99.5%**	**99.5%**	**100.0%**	**0.5%**
		N: 198	199	223	24
		D: 199	200	223	23
Comment On Deviation This is a positive deviation as a result of well-functioning complaints management system.					
Indicator: Complaint resolution within 25 working days rate (specialised hospitals)					
Not required to report		**96.5%**	**96.5%**	**99.1%**	**2.6%**
		192	193	221	28
		199	200	223	23
Comment On Deviation This is a positive deviation as a result of well-functioning complaints management system.					

Strategies to Overcome Underperformance

Refer to narrative of individual specialised hospitals

Changes to Planned Targets

The following additional indicators were added to combine the indicators for specialised hospitals (Psychiatric, Tuberculosis and Rehabilitation):

- Hospitals that achieved an overall performance of ≥75% compliance with the National Core Standards (Specialised Hospitals)
- Complaints resolution rate (Specialised hospitals)
- Complaints resolution within 25 working days rate (Specialised Hospitals)

Dental training Hospitals

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

This subprogramme funded oral health services based at the Dental Faculty of the University of the Western Cape (UWC), also referred to as the Oral Health Centre (OHC), and was mostly responsible for the training of certain categories of oral health professionals namely dentists, dental specialists and oral hygienists. The service in this subprogramme is mostly student-driven and the student vacations and examination periods impacted on service outputs, reducing the output for dentures, especially over the December and January holiday period.

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

The package of care provided on the service platform includes consultation and diagnosis, dental X-rays to aid diagnosis, treatment of pain and sepsis, extractions, oral health education, scaling and polishing, fluoride treatment, fissure sealants, fillings, dentures (full upper and lower dentures, chrome cobalt dentures, and special prosthesis), crown and bridgework, root canal treatment, orthodontics (fixed band ups), surgical procedures (for management of tumours and facial deformities) and maxilla-facial procedures (related to injuries sustained in trauma and motor vehicle accident cases). District level oral health services are included as part of the primary healthcare package and funded through Programme 2.

Strategic Objectives

Provide quality dental training hospital services

	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Strategic Objective: Provide quality dental training hospital services.				
Indicator: Oral health patient visits at dental training hospitals				
	124 103	122 260	126 938	4 678
Comment On Deviation The number of oral health patient visits is a demand-driven indicator, which means it is not possible for the Department to predict with 100% accuracy the number of people that will require a health service. This is mainly a student-driven service, supported by service rendering staff. This indicator will stay more or less the same due to the number of student intake being controlled. Over-performance mainly due to fewer disruptions in student curriculum compared to last year and patient visits from last year being carried over to the new year.				

Performance Indicators

Dental Training Hospitals					
Actual Achievement 2014/15	**Actual Achievement 2015/16**	**Actual Achievement 2016/17**	**Planned Target 2017/18**	**Actual Achievement 2017/18**	**Deviation**
Additional Provincial Indicators					
Indicator: Number of removable oral health prosthetic devices manufactured (dentures)					
3 883	**4 315**	**4 581**	**3 895**	**4 853**	**958**
Comment On Deviation The overall prosthetic devices were higher than the target total for the year. Over-performance mainly due to fewer disruptions in student curriculum compared to last year and outstanding prosthetic work from last year being carried over to the new year. Prosthetic work in progress was completed with an additional load on the outsourcing laboratory. The service also had students completing their work before examinations and fulfilling of clinical requirements resulted in an increase in the number of prosthetic devices manufactured.					

Strategies to Overcome Underperformance

Although this subprogram did not materially underperform, the mainly student-driven service will be strengthened by improving the filling of permanent posts and where appropriate, contract appointments will be made as an interim measure to address the service load while posts are in the process of being permanently filled, especially in view of the impact that the Fees Must Fall campaign had on expected deliverables.

Changes to Planned Targets

No targets were changed during the year.

Link Performance with Budgets

Programme 4's annual expenditure reflects a saving of R23,6 million. This was mainly attributed to the impact of the savings plans implemented during previous financial years and the continued efforts within the 2017/18 financial year to realise savings that could be redirected to other service priorities within the budget programme. Overall the budget entities managed well within their resource allocation.

At the time the budget was allocated, most posts were filled at the upper to top range of the relevant salary scales. With staff attrition during the financial year, the higher grade posts were filled at entry level grades, resulting in underspending within Compensation of Employees as most of the expensive posts were not filled for a full financial year. In subprogramme 4.5, the Joint Agreement has been firmed up between the Department and the Universities and payments were received from the University of the Western Cape for staff on the Joint Agreement.

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

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

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

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

Subprogramme	2017/18			2016/17		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
General (Regional) Hospitals	1 865 579	1 864 768	811	1 748 793	1 748 697	96
Tuberculosis Hospitals	305 986	301 129	4 857	289 300	289 081	219
Psychiatric/Mental Hospitals	870 940	867 702	3 238	818 745	818 818	(73)
Rehabilitation Hospitals	197 626	192 738	4 888	181 573	179 407	2 166
Dental Training Hospitals	163 036	153 190	9 846	148 571	143 211	5 360
TOTAL	**3 403 167**	**3 379 527**	**2 3640**	**3 186 982**	**3 179 214**	**7 768**

Programme 5: Central Hospital Services

Purpose

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

Subprogrammes

Subprogramme 5.1: Central Hospital Services

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

Subprogramme 5.2: Provincial Tertiary Hospital Services

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

Central Hospitals

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

The central hospitals operated 2 359 beds as was reflected in the annual performance plan. The combined bed occupancy rate was 87,2 per cent reflecting a full utilisation of services. The patient day equivalents (as a proxy for service volume provided) achieved was 1 001 686. The Hospital also provided access to the package of care for tertiary services funded by the National Tertiary Services Grant.

Strategic Objectives

Provide access to the full package of central hospital services

	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Strategic Objective: Provide access to the full package of central hospital services				
Indicator: Actual (usable) beds in central hospitals				
	2 359	2 359	2 359	0
Comment On Deviation Target achieved				

Performance Indicators

Central Hospitals

Actual Achievement 2014/15	Actual Achievement 2015/16	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Sector Specific Indicators					
Indicator: Hospitals that achieved an overall performance of ≥75% compliance with the national core standards (central hospitals)					
New Indicator			**100.0%**	**100.0%**	**0%**
			N: 2	2	0
			D: 2	2	0
Comment On Deviation Target achieved					
Indicator: Average length of stay (central hospitals)					
6.2 days	**6.3 days**	**6.4 days**	**6.2 days**	**6.5 days**	**(0.3 days)**
N: 738 641	745 141	742 396	741 983	750 954	8 971
D: 119 127	117 668	115 448	120 176	116 152	(4,024)
Comment On Deviation Average length of stay is slightly higher than the target. The small increase was due to longer stays of patients in ICU, High Care, Psychiatric and Spinal units.					
Indicator: Inpatient bed utilisation rate (central hospitals)					
85.8%	**86.5%**	**86.2%**	**86.2%**	**87.2%**	**1.0%**
N: 738 641	745 141	742 396	741 983	750 954	8 971
D: 861 129	861 129	861 129	861 129	861 129	0
Comment On Deviation Positive deviation with a small increase in bed utilisation indicates efficient use of available beds. This is a demand-driven indicator, which means it is not possible for the Department to predict with 100% accuracy.					
Indicator: Expenditure per PDE (central hospitals)					
R4 284	**R4 602**	**R4 987**	**R5 170**	**R5 319**	**(R149)**
N: 4 325 098 494	4 641 532 537	4 950 578 555	5 276 038 000	5 328 069 157	(52 031 157)
D: 1 009 499	1 008 606	992 677	1 020 498	1 001 686	(18 812)
Comment On Deviation The small increase in expenditure was due to longer stays of patients in ICU, High Care, Psychiatric and Spinal units. This is a demand-driven indicator, which means it is not possible for the Department to predict with 100% accuracy.					
Indicator: Complaint resolution rate (central hospitals)					
New Indicator	**94.3%**	**99.6%**	**92.6%**	**99.4%**	**6.8%**
	N: 737	807	782	651	(131)
	D: 781	810	845	655	190
Comment On Deviation This is a positive performance as a result of well-functioning complaints management system.					

Indicator: Complaint resolution within 25 working days rate (central hospitals)					
83.9%	**83.0%**	**88.7%**	**89.6%**	**92.0%**	**2.4%**
N: 773	648	716	701	599	(102)
D: 921	781	807	782	651	(131)

Comment On Deviation

This is a positive performance as a result of well-functioning and more rapid complaints management system. Complaints resolution within 25 working days rate (Central Hospitals) target was corrected during the mid-year adjustment.

Additional Provincial Indicators

Indicator: Mortality and morbidity review rate (central hospital)					
95.6%	**103.6%**	**91.7%**	**94.0%**	**98.8%**	**4.8%**
N: 86	87	77	79	83	4
D: 90	84	84	84	84	0

Comment On Deviation:

This is a positive performance as a result of ongoing improvements in the review system.

Strategies to Overcome Underperformance

No material underperformance was recorded.

Changes to Planned Targets

- Targets with a positive deviation in 2017/18 noted in the table above will be adjusted for the 2018/19 financial year in line with the commitment to continual improvement.
- Complaints resolution within 25 working days rate (Central Hospitals) target was corrected during the mid-year adjustment.
- Indicator renamed to hospitals that achieved an overall performance of ≥75% compliance with the National Core Standards.
- Average length of stay short definition in the TIDS was revised to align with denominator- day patients removed.

Groote Schuur

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

Groote Schuur Hospital operated 975 beds as was reflected in the annual performance plan. The combined bed occupancy rate was 86,4 per cent reflecting a full utilisation of services. The patient day equivalents (as a proxy for service volume provided) achieved was 441 755. The Hospital also provided access to the package of care for tertiary services funded by the National Tertiary Services Grant.

Strategic Objectives

Provide access to the full package of central hospital services.

	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Strategic Objective: Provide access to the full package of central hospital services at Groote Schuur Hospital				
Indicator: Actual (usable) beds in Groote Schuur Hospital				
	975	**975**	**975**	**0**
Comment On Deviation Target achieved				

Performance Indicators

Groote Schuur Hospital					
Actual Achievement 2014/15	**Actual Achievement 2015/16**	**Actual Achievement 2016/17**	**Planned Target 2017/18**	**Actual Achievement 2017/18**	**Deviation**
Sector Specific Indicators					
Indicator: Hospitals that achieved an overall performance of ≥75% compliance with the National Core Standards (Groote Schuur Hospital)					
		New Indicator	**Yes**	**Yes**	**(0%)**
Comment On Deviation Target achieved					
Indicator: Average length of stay (Groote Schuur Hospital)					
6.1 days	**6.2 days**	**6.1 days**	**6.0 days**	**6.2 days**	**(0.2 days)**
N: 302 322	304 045	303 811	302 494	307 680	5 186
D: 49 362	49 259	49 862	50 416	49 952	(464)
Comment On Deviation Average length of stay is slightly higher than the target. The small increase was due to longer stays of patients in ICU, High Care, Psychiatric and Spinal units.					
Indicator: Inpatient bed utilisation rate (Groote Schuur Hospital)					
84.9%	**85.4%**	**85.4%**	**85.0%**	**86.4%**	**1.4%**
N: 302 322	304 045	303 811	302 494	307 680	5 186
D: 355 914	355 914	355 914	355 914	355 914	0
Comment On Deviation Positive performance with a small increase in bed utilisation indicates efficient use of available beds. This is a demand-driven indicator, which means it is not possible for the Department to predict with 100% accuracy.					
Indicator: Expenditure per PDE (Groote Schuur Hospital)					
R4 630	**R4 961**	**R5 368**	**R5 642**	**R5 692**	**(R50)**
N: 2 053 466 313	2 190 311 487	2 340 259 795	2 492 354 000	2 514 657 644	(22 303 644)
D: 443 542	441 470	435 898	441 729	441 755	(26)
Comment On Deviation The small increase in expenditure was due to longer stays of patients in ICU, High Care, Psychiatric and Spinal units. This is a demand-driven indicator, which means it is not possible for the Department to predict with 100% accuracy.					

Indicator: Complaint resolution rate (Groote Schuur Hospital)					
New Indicator	**100.0%**	**100.0%**	**96.0%**	**99.7%**	**3.7%**
	N: 428	500	463	336	(127)
	D: 428	500	482	337	145
Comment On Deviation This is a positive performance as a result of well-functioning complaints management system.					
Indicator: Complaint resolution within 25 working days rate (Groote Schuur Hospital)					
90.2%	**91.1%**	**91.8%**	**93.5%**	**96.7%**	**3.2%**
N: 489	390	459	433	325	(108)
D: 542	428	500	463	336	(127)
Comment On Deviation This is a positive performance as a result of well-functioning and more rapid complaints management system. Complaints resolution within 25 working days rate target was corrected during the mid-year adjustment.					
Additional Provincial Indicators					
Indicator: Mortality and morbidity review rate (Groote Schuur hospital)					
90.0%	**108.3%**	**91.7%**	**91.7%**	**97.2%**	**5.6%**
N: 36	39	33	33	35	2
D: 40	36	36	36	36	0
Comment On Deviation This is a positive performance as a result of ongoing improvements in the review system.					

Strategies to Overcome Underperformance

No material underperformance was recorded.

Changes to Planned Targets

- Targets with a positive deviation in 2017/18 noted in the table above will be adjusted for the 2018/19 financial year in line with the commitment to continual improvement.
- Complaints resolution within 25 working days rate target was corrected during the mid-year adjustment.
- Indicator renamed to hospitals that achieved an overall performance of ≥75% compliance with the National Core Standards.
- Average length of stay short definition in the TIDS was revised to align with denominator- day patients removed.

Tygerberg Hospital

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

Tygerberg Hospital operated 1 384 beds as was reflected in the annual performance plan. The combined bed occupancy rate was 87,7 per cent reflecting a full utilisation of services. The patient day equivalents (as a proxy for service volume provided) achieved was 559 931. The Hospital also provided access to the package of care for tertiary services funded by the National Tertiary Services Grant.

Strategic Objectives

Provide access to the full package of central hospital services.

	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Strategic Objective: Provide access to the full package of central hospital services at Tygerberg Hospital				
Indicator: Actual (usable) beds in Tygerberg Hospital				
	1 384	**1 384**	**1 384**	**0**
Comment On Deviation Target achieved.				

Performance Indicators

Tygerberg Hospital					
Actual Achievement 2014/15	**Actual Achievement 2015/16**	**Actual Achievement 2016/17**	**Planned Target 2017/18**	**Actual Achievement 2017/18**	**Deviation**
Sector Specific Indicators					
Indicator: Hospitals that achieved an overall performance of ≥75% compliance with the National Core Standards (Tygerberg Hospital)					
		New Indicator	**Yes**	**Yes**	0
Comment On Deviation Target Achieved					
Indicator: Average length of stay (Tygerberg Hospital)					
6.3 days	**6.4 days**	**6.7 days**	**6.3 days**	**6.7 days**	**(0.4 days)**
N: 436 319	441 096	438 585	439 489	443 274	3 785
D: 69 765	68 409	65 586	69 760	66 200	(3,560)
Comment On Deviation Average length of stay is slightly higher than the target. The small increase was due to longer stays of patients in ICU, High Care, Psychiatric and Spinal units. This is a demand driven indicator which means it is not possible for the Department to predict with 100% accuracy.					
Indicator: Inpatient bed utilisation rate (Tygerberg Hospital)					
86.4%	**87.3%**	**86.8%**	**87.0%**	**87.7%**	**0.7%**
N: 436 319	441 096	438 585	439 489	443 274	3 785
D: 505 215	505 215	505 215	505 215	505 215	0
Comment On Deviation Positive performance with a small increase in bed utilisation indicates efficient use of available beds. This is a demand-driven indicator, which means it is not possible for the Department to predict with 100% accuracy.					
Indicator: Expenditure per PDE (Tygerberg Hospital)					
R4 014	**R4 322**	**R4 688**	**R4 810**	**R5 025**	**(R215)**
N: 2 271 632 182	2 451 221 050	2 610 318 760	2 783 684 000	2 813 411 513	(29 727 513)
D: 565 956	567 136	556 778	578 769	559 931	(18 838)
Comment On Deviation The small increase in expenditure was due to longer stays of patients in ICU, High Care, Psychiatric and Spinal units, coupled with lower outpatient attendances.					

Indicator: Complaint resolution rate (Tygerberg Hospital)					
New Indicator	**87.5%**	**99.0%**	**88.0%**	**99.0%**	**11.2%**
	N: 309	307	319	315	(4)
	D: 353	310	363	318	45
Comment On Deviation This is a positive performance as a result of well-functioning complaints management system.					
Indicator: Complaint resolution within 25 working days rate (Tygerberg Hospital)					
74.9%	**73.1%**	**83.7%**	**84.0%**	**87.0%**	**3.0%**
N: 284	258	257	268	274	6
D: 379	353	307	319	315	(48)
Comment On Deviation This is a positive performance as a result of well-functioning and more rapid complaints management system. Complaints resolution within 25 working days rate target was corrected during the mid-year adjustment.					
Additional Provincial Indicators					
Indicator: Mortality and morbidity review rate (Tygerberg Hospital)					
100.0%	**100.0%**	**100%**	**95.8%**	**100.0%**	4.2%
N: 50	48	48	46	48	2
D: 50	48	48	48	48	0
Comment On Deviation This is a positive performance as a result of ongoing improvements in the review system.					

Strategies to Overcome Underperformance

No material underperformance was recorded.

Changes to Planned Targets

- Targets with a positive deviation in 2017/18 noted in the table above will be adjusted for the 2018/19 financial year in line with the commitment to continual improvement.
- Complaints resolution within 25 working days rate target was corrected during the mid-year adjustment
- Indicator renamed to hospitals that achieved an overall performance of ≥75% compliance with the National Core Standards.
- Average length of stay short definition in the TIDS was revised to align with denominator- day patients removed.

Tertiary Hospitals

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

Red Cross War Memorial Children's Hospital operated 272 beds as was reflected in the annual performance plan. The combined bed occupancy rate for the hospital for the period under review was 79 per cent. The patient day equivalents (as a proxy for service volume provided) achieved for the year was 122 439. The Hospital also provided access to the package of care for tertiary services funded by the National Tertiary Services Grant.

Strategic Objectives

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

	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Strategic Objective: Provide access to the full package of Tertiary hospital services at Red Cross War Memorial Children's Hospital				
Indicator: Actual (usable) beds in Red Cross War Memorial Children's Hospital				
	272	**272**	**272**	**0**
Comment On Deviation Target achieved.				

Performance Indicators

Red Cross War Memorial Children's Hospital					
Actual Achievement 2014/15	**Actual Achievement 2015/16**	**Actual Achievement 2016/17**	**Planned Target 2017/18**	**Actual Achievement 2017/18**	**Deviation**
Sector Specific Indicators					
Indicator: Hospitals that achieved an overall performance of ≥75% compliance with the National Core Standards (Red Cross War Memorial Children's Hospital)					
		New Indicator	**Yes**	**Yes**	**0%**
Comment On Deviation Target Achieved					
Indicator: Average length of stay (Red Cross War Memorial Children's Hospital)					
3.9 days	**4.0 days**	**4.0 days**	**4.0 days**	**3.8 days**	**0.2 days**
N: 81 472	79 852	78 222	81 410	78 402	(3 008)
D: 20 728	20 166	19 581	20 352	20 465	113
Comment On Deviation Positive deviation as a low average length of stay reflects high levels of efficiency. This is a demand-driven indicator which, means it is not possible for the Department to predict with 100% accuracy.					
Indicator: Inpatient bed utilisation rate (Red Cross War Memorial Children's Hospital)					
82.1%	**80.4%**	**78.8%**	**82.0%**	**79.0%**	**(3.0%)**
N: 81 472	79 852	78 222	81 410	78 402	(3 008)
D: 99 291	99 291	99 291	99 291	99 291	0
Comment On Deviation This is a demand-driven indicator and suggests that the lower demand is maybe due to improved effectiveness of the referring district hospitals. This is a demand-driven indicator, which means it is not possible for the Department to predict the performance with 100% accuracy.					
Indicator: Expenditure per PDE (Red Cross War Memorial Children's Hospital)					
R4 830	**R5 472**	**R5 979**	**R5 885**	**R6 453**	**(R568)**
N: 629 563 698	708 917 790	739 990 486	789 765 000	790 081 704	(316 704)
D: 130 349	129 543	123 748	134 203	122 439	(11 764)
Comment On Deviation The expenditure per PDE is higher due to an increasing complexity and cost of procedures especially transplants undertaken and due to inflexibility of fixed costs as well as a lower PDE due to shorter length of stay. This is a demand-driven indicator, which means it is not possible for the Department to predict the performance with 100% accuracy.					

Indicator: Complaint resolution rate (Red Cross War Memorial Children's Hospital)					
New Indicator	**100.0%**	**100.0%**	**96.0%**	**99.3%**	**3.3%**
	N: 141	176	165	133	(32)
	D: 141	176	172	134	38
Comment On Deviation This is a positive performance as a result of well-functioning complaints management system.					
Indicator: Complaint resolution within 25 working days rate (Red Cross War Memorial Children's Hospital)					
72.1%	**92.2%**	**95.5%**	**93.3%**	**92.5%**	**0.9%**
N: 145	130	168	154	123	(31)
D: 201	141	176	165	133	(32)
Comment On Deviation This is a positive performance as a result of well-functioning and more rapid complaints management system. Complaints resolution within 25 working days rate (Tertiary Hospitals) target was corrected during the mid-year adjustment.					
Additional Provincial Indicators					
Indicator: Mortality and morbidity review rate (Red Cross War Memorial Children's Hospital)					
100.0%	**91.7%**	**100.0%**	**91,7%**	**100.0%**	**8.3%**
N: 11	11	12	11	12	1
D: 11	12	12	12	12	0
Comment On Deviation This is a positive performance as a result of ongoing improvements in the review system.					

Strategies to Overcome Underperformance

No material underperformance was recorded.

Changes to Planned Targets

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

Target changes

Complaints resolution within 25 working days rate (Tertiary Hospitals) target was corrected during the mid-year adjustment.

Other

Indicator renamed to hospitals that achieved an overall performance of ≥75% compliance with the National Core Standards.

Average length of stay short definition in the TIDS was revised to align with denominator- day patients removed.

Link Performance with Budgets

Programme 5, as a whole, incurred no over- or underspending. A marginal underspending occurred at Red Cross War Memorial Hospital due to a lower bed occupancy, a decrease in consumables and due to a migration to a new payment system which delayed certain payments. The delayed payments did not have a significant effect on service delivery and improvements were noticeable in the latter half of the year. The marginal overspend by the Central Hospital Services was as a result of the burden of disease and service pressures. Measures have been put in place to ensure that the central hospitals remain within their allocated budgets. The central hospitals and tertiary hospital largely achieved their service output targets as reflected in the Annual Performance plan and contributed to the Department's strategic objectives.

Compensation of employees contributed to 67,1 per cent of the total expenditure. Due to the nature of tertiary and quaternary services rendered these hospitals required highly skilled specialist and subspecialist staff that attract higher than average remuneration. Expenditure savings were realised in the compensation of employees and the provision of goods and services, which were then used to offset over-expenditure in payments for capital assets and transfers and subsidies.

Subprogramme	2017/18			2016/17		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Central Hospital Services	5 325 267	5 328 069	(2 802)	4 957 910	4 950 579	7 331
Provincial Tertiary Hospital Services	804 481	801 679	2 802	743 533	750 828	(7 295)
TOTAL	**6 129 748**	**6 129 748**	**-**	**5 701 443**	**5 701 407**	**36**

Programme 6: Health Sciences and Training

Purpose

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

Subprogrammes

Subprogramme 6.1: Nurse Training College

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

Subprogramme 6.2: Emergency Medical Services (EMS) Training College

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

Subprogramme 6.3: Bursaries

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

Subprogramme 6.4: Primary Health Care (PHC) Training

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

Subprogramme 6.5: Training (Other)

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

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

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

Strategic Objectives

Implement a Human Resource Development (HRD) strategy.

The development, implementation, monitoring and evaluation of the Workplace Skills Plan was the mechanism through which the People Development (HRD) strategy and training plans, based on scarce and critical skills gaps of all categories of health care professionals and support staff, were determined for the financial year. Programme 6 funded the Nurse Training College and Emergency Medical Services Training College, through which the basic nurse students graduate and Emergency Medical Care practitioners achieve competence on the accredited HPCSA courses, respectively. Bursaries were offered to current and prospective employees based on critical and scarce skills needs.

The Expanded Public Works Programme (EPWP) funded the training of Community Health Workers (Home Community Based Carers) on formal accredited training leading to a qualification in Ancillary Health Care. EPWP also funded the service delivery component of the Community Based Services in the Metro District Health Services. In addition, EPWP played a significant role in creating job opportunities for the youth through internships, where interns received training and workplace experience. These internship opportunities relate to:

- Data capturer interns (219)
- Premier's Advancement of Youth Programme (PAY): Finance and HR interns (185)
- Learner Basic Pharmacists Assistant internship (125)
- Assistant to Artisan (ATA) project (146)
- Emergency Medical Care (EMC) Assistants (137)
- Forensic Pathology Services (FPS) Assistants (9)

	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Strategic Objective: Implement a Human Resource Development (HRD) strategy.				
Indicator: Number of bursaries awarded for scarce and critical skills categories				
	2 447	**2 358**	**2 052**	**(306)**
Comment On Deviation The Department cannot predict with 100% accuracy the number of bursary applications for the selected priority areas. Bursaries are awarded to students studying in the health and related professions at Higher Education Institutions (HEIs) to address scarce skills and to ensure a pipeline of talent in the Department. The shortfall in the number of bursaries awarded was mainly due to students applying for bursaries but who did not necessarily meet the minimum entry requirements at the HEIs. In addition, there was attrition of existing student bursars who failed and had to repeat the year of study at own cost. Bursaries are also awarded to current staff for part-time study to address critical skills. Speciality nursing is an identified area which requires study by assignment, and requires the release of nursing staff from the services to fulfil full-time study and completion of their speciality nursing programmes. In order to ensure that the services are maintained while the nurses are on Study by Assignment, the remaining budget is utilised to ensure that relief staff are appointed.				

Performance Indicators

Health Sciences and Training

Actual Achievement 2014/15	Actual Achievement 2015/16	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Sector Specific Indicators					
Indicator: Number of bursaries awarded for first year medicine students					
New Indicator	**45**	**49**	**53**	**58**	**5**
Comment On Deviation Target exceeded. This is a demand/service driven indicator, which means it is not possible for the Department to predict with 100% accuracy the number of bursaries awarded. Additional MBCHB bursaries were awarded to meet the increasing service needs in rural areas. The slight over-performance is deemed as a benefit to the Department.					
Indicator: Number of bursaries awarded for first year nursing students					
New Indicator	**288**	**195**	**150**	**153**	**3**
Comment On Deviation Target exceeded. This is a demand/service driven indicator, which means it is not possible for the Department to predict with 100% accuracy the number of bursaries awarded. Additional nursing bursaries were awarded due to re-instatement of nursing students. The slight over-performance is deemed as a benefit to the Department.					
Additional Provincial Indicators					
Indicator: EMC intake on accredited HPCSA courses					
96	**78**	**90**	**90**	**90**	**0**
Comment On Deviation Target achieved.					

Indicator: Intake of home community based carers (HCBCs)					
739	**759**	**882**	**800**	**1 154**	**354**

Comment On Deviation

Target exceeded. This is a demand/service driven indicator, which means it is not possible for the Department to predict with 100% accuracy the intake of HCBCs. In order to alleviate service pressures, and within resources available, the Department could appoint more HCBCs than anticipated. The over-performance is deemed as a benefit to the Department.

Indicator: Intake of data-capturer interns					
180	**192**	**220**	**160**	**219**	**59**

Comment On Deviation

Target exceeded. This is a demand/service driven indicator which, means it is not possible for the Department to predict with 100% accuracy the intake of data-capturer interns. There was however an increased need due to the amount of permanent posts that were not filled due to budgetary constraints. In order to alleviate service pressures, and within resources available, the Department could appoint more interns than anticipated. The challenge of meeting service needs expanded to work opportunities via internships for the youth and unemployed, leading to a pool of talent to recruit from as posts become vacant in the near future, which resulted in a win-win scenario. The over-performance is deemed as a benefit to the Department.

Indicator: Intake of learner basic/post basic pharmacist assistants					
96	**87**	**123**	**120**	**125**	**5**

Comment On Deviation

Target exceeded. This is a demand/service driven indicator, which means it is not possible for the Department to predict with 100% accuracy the intake of learner basic/post basic pharmacy assistants (PAs). Additional PA's were recruited to allow for a seamless handover between the previous and new intakes, without impacting too much on the service delivery at facilities. It is also important to note that recruitment of PAs took place in a staggered approach. In order to alleviate service pressures, and stay within resources available, the Department could appoint more PAs than anticipated. The over-performance is deemed as a benefit to the Department.

Indicator: Intake of assistant to artisan (ATA) interns					
110	**124**	**119**	**120**	**146**	**26**

Comment On Deviation

Target exceeded. This is a demand/service driven indicator which, means it is not possible for the Department to predict with 100% accuracy the intake of assistant to artisan (ATAs) required and appointed. In order to alleviate service pressures (especially from facilities that had a significant need for handymen, due to attrition), and stay within resources available, the Department was requested to appoint more ATAs than anticipated. The challenge of meeting service needs expanded to work opportunities via internships, leading to a pool of talent to recruit from as posts become vacant in the near future, which resulted in a win-win scenario. The over-performance is deemed as a benefit to the Department.

Indicator: Intake of HR and finance interns					
138	**150**	**153**	**170**	**185**	**15**

Comment On Deviation

Target exceeded. This is a demand/service driven indicator which, means it is not possible for the Department to predict with 100% accuracy the intake of HR and finance interns. There was however an increased need due to the amount of permanent posts that were not filled due to budgetary constraints. In order to alleviate service pressures, and stay within resources available, the Department could appoint more interns than anticipated. The challenge of meeting service needs expanded to work opportunities via internships for the youth and unemployed, leading to a pool of talent to recruit from as posts become vacant in the near future, which resulted into a win-win scenario. The over-performance is deemed as a benefit to the Department.

Indicator: Intake of emergency medical care (EMC) assistant interns					
New Indicator	**104**	**162**	**140**	**137**	**(3)**

Comment On Deviation

This is a demand/service driven indicator, which means it is not possible for the Department to predict with 100% accuracy the intake of Emergency Medical Care (EMC) assistant interns. The slight under performance is however deemed acceptable by the Department as having achieved the target.

Indicator: Intake of forensic pathology service (FPS) assistant interns					
New Indicator	**15**	**13**	**10**	**9**	**(1)**

Comment On Deviation

This is a demand/service driven indicator which, means it is not possible for the Department to predict with 100% accuracy the intake of Forensic Pathology Services (FPS) assistant interns. The main reason for the under-performance is the difficulty in recruitment of appropriate FPS interns due to entrance requirements and nature of the work.

Strategies to Overcome Under-Performance

Number of bursaries awarded for scarce and critical skills categories: The shortfall in the number of bursaries awarded is mainly due to students applying for bursaries but who did not necessarily meet the minimum entry requirements at the HEIs. In addition, there is attrition of existing student bursars who fail and must repeat the year of study at own cost. Bursaries are also awarded to current staff for part-time study to address critical skills. Speciality nursing is an identified area which requires Study by Assignment, and requires the release of nursing staff from the services to fulfil full-time study and completion of their speciality nursing programmes. In order to ensure that the services are maintained while the nurses are on Study by Assignment, the remaining budget is utilised to ensure that relief staff are appointed. The Department however acknowledges that the number of bursaries awarded is a demand/service driven indicator which means it is not possible for the Department to predict with 100 per cent accuracy that a sufficient number of applicants meeting the necessary minimum entry requirements will necessary apply for bursaries or are available to fill the scarce and critical skills needs of the organisation. In addition, the impact of the "Fees must fall" campaign in 2016/17 resulted in a significant attrition rate of bursars, impacting the number of bursars for the 2017/18 financial year. A rollover request was submitted to the Provincial Treasury to accommodate such bursars in the 2019 academic year onwards.

The target for the intake of Forensic Pathology Services (FPS) Assistants interns was based on service needs and the availability of funding. The challenge was however to find fit for purpose (appropriate) candidates who meet the entrance requirements. Unfortunately, due to the minimum entrance requirements and the nature of the work, revised recruitment and selection strategies will have to be developed and implemented to address current shortcomings, alternatively, changes to planned targets based on operational requirements will have to be revised accordingly.

Changes to Planned Targets

No targets were changed during the year.

Link Performance with Budgets

Programme 6: Health Sciences and Training recorded a total under expenditure of R22.610 million which is mainly attributed to:

- Subprogramme 6.1: Nurse Training College with an under expenditure of R18.210 million

With the Western Cape College of Nursing (WCCN) no longer transferring to Cape Peninsula University of Technology (CPUT), an application was made to the South African Nursing Council (SANC) for accreditation to provide the Regulation R171 nursing qualification, with the first intake in 2019. This is however on condition that the WCCN have the necessary training infrastructure, equipment and material, as well as student support services in place. Thus, the under spending of R18.210 million in this subprogramme for 2017/18 was requested to be rolled over to the 2018/19 financial year.

- Subprogramme 6.3: Bursaries with an under expenditure of R3,314 million

The Department was not able to spend its planned bursary budget for 2017/18 as planned due to the unforeseen high levels of attrition at Higher Education Institutions (HEIs) that was exacerbated by the Fees Must Fall campaign and the unusually high number of 275 nursing students who did not progress to the 2018 academic year, hence the under-expenditure of R3.314 million. Similarly, a rollover request to the Provincial Treasury was made to roll over the unspent funds to the 2018/19 financial year, as students who pass their 2018 academic year will be eligible to continue with their bursary in 2019.

Subprogramme	2017/18			2016/17		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Nursing Training College	77 355	59 145	18 210	98 102	80 785	17 317
Emergency Medical Services Training College	32 878	32 250	628	28 311	28 562	(251)
Bursaries	90 613	87 299	3 314	84 294	73 945	10 349
Primary Health Care Training	1	-	1	1	-	1
Training Other	139 216	138 759	457	138 524	136 999	1 525
TOTAL	**340 063**	**317 453**	**22 610**	**349 232**	**320 291**	**28 941**

Programme 7: Health Care Support Services

Purpose

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

Subprogrammes

Subprogramme 7.1: Laundry Services

To render laundry and related technical support service to health facilities

Subprogramme 7.2: Engineering Services

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

Subprogramme 7.3: Forensic Pathology Services

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

Note: This function has been transferred from Subprogramme 2.8.

Subprogramme 7.4: Orthotic and Prosthetic Services

To render specialised orthotic and prosthetic services.

Note: This service is reported in Subprogramme 4.4.

Subprogramme 7.5: Cape Medical Depot

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

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

Laundry Services

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

Good progress was made towards achieving the strategic objective in 2017/18 with the provision of efficient, effective and economical linen and laundry services in line with the National Core Standards.

Strategic Objectives

Provide an efficient and effective laundry service.

	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Strategic Objective: Provide an efficient and effective laundry service				
Indicator: Average cost per item laundered in-house				
	R4.67	**R5.18**	**R5.03**	**R0.15**
	N: 58 696 958	68 544 536	65 882 918	2 661 618
	D: 12 562 691	13 232 536	13 087 829	(144 707)

Comment On Deviation

This is a demand-driven indicator which, means it is not possible for the Department to predict with 100% accuracy the number of items to be laundered (in-house). Due to improved efficiencies, performance surpassed the planned target. The Department therefore considers the marginal deviation of 2,8% on performance as having achieved the target.

Performance Indicators

Laundry Services

Actual Achievement 2014/15	Actual Achievement 2015/16	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Additional Provincial Indicators					
Indicator: Average cost per item laundered outsourced					
R3.28	**R3.31**	**R3.56**	**R3.93**	**R3.80**	**R0.13**
N: 27 417 693	27 376 128	28 471 463	33 643 884	29 399 503	4 244 381
D: 8 364 679	8 266 131	7 991 134	8 562 884	7 742 569	(820 315)

Comment On Deviation

This is a demand driven indicator which means it is not possible for the Department to predict with 100% accuracy the number of items to be laundered (outsourced). Due to improved efficiencies, performance exceeded the planned target. The Department therefore considers the marginal deviation of 3,4% on performance as having achieved the target.

Strategies to Overcome Underperformance

Strategies introduced in 2016/17 to improve efficiencies of the in-house laundry service e.g. rationalising of transport and the new maintenance approach to reduce downtime and increase efficiencies, continued in 2017/18 and these strategies will remain in place in the next financial year. Reducing linen losses will be an additional focal point in 2018/19.

Changes to Planned Targets

No targets were changed during the year.

Engineering Services

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

The target for 2017/18 was not achieved. The Department, however, remains committed to reducing utilities consumption at its facilities.

Strategic Objectives

Provide an efficient and effective maintenance service.

	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Strategic Objective: Provide an efficient and effective maintenance service				
Indicator: Percentage reduction in energy consumption at provincial hospitals (compared to 2014/15 baseline)				
	2.7%	**7.2%**	**4.0%**	**(3.2%)**
	N: 4 156 880	10 969 864	6 197 229	4 772 635
	D: 153 279 246	153 279 246	153 279 246	0
Comment On Deviation In spite of various initiatives implemented during 2017/18, utilisation at facilities exceeded the benchmark. The 2017/18 financial year was free from the electrical supply problems witnessed in the previous few years, and, with an increasing focus on water shortages in the province, the focus on saving electricity at WCGH facilities appears to have reduced, resulting in both staff and the public beginning to return to poor electricity-usage habits.				

Performance Indicators

Engineering Services					
Actual Achievement 2014/15	Actual Achievement 2015/16	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Additional Provincial Indicators					
Indicator: Threshold (provincial benchmark) achieved for clinical engineering maintenance jobs completed					
New indicator			**Yes**	**Yes**	**None**
Comment On Deviation Target achieved.					
Indicator: Threshold (provincial benchmark) achieved for engineering maintenance jobs					
New indicator			**Yes**	**Yes**	**None**
Comment On Deviation Target achieved.					
Indicator: Percentage of selected hospitals achieving the provincial benchmark for water utilisation					
New indicator			**54.0%**	**70.0%**	**16.0%**
			27	35	8
			50	50	0
Comment On Deviation Target exceeded. The 2017/18 financial year witnessed one of the worst droughts that the province has seen to date – this has resulted in an extensive and widespread campaign to conserve water, throughout both government and the private sector. WCGH has itself been an active partner in this campaign and utilising varying means of communication, has spread the water-saving message to both staff and the public alike. In addition, it has installed multiple infrastructure solutions, including boreholes, rainwater harvesting, water treatment plants, water saving devices, as well as devices for monitoring water usage. The result has been a notable decrease in water usage across all WCGH facilities throughout the province.					

With respect to achieving the targets for clinical engineering maintenance jobs as well as engineering maintenance jobs, it is important to note that over performance is due to additional emphasis on maintenance, allocation of additional budget to the service, and system efficiency improvement.

Strategies to Overcome Underperformance

Subprogramme 7.2 has performed well during 2017/18. The aim is to maintain the improved response times. Performance will be continuously monitored and the following strategies were identified:

- Continuous monitoring of utilities consumption, identification of problem areas and implementation of utility-saving interventions
- Smart water metering to enable closer monitoring of water consumption and early leak detection will be rolled out to some health facilities in 2018/19
- Sub-metering to enable closer monitoring of electricity consumption and to enable billing of other users e.g. leased areas
- Behaviour change intervention for electricity consumption
- Negotiate revised electricity tariffs with local authorities

Changes to Planned Targets

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

Forensic Pathology Services

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

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

Our goal to strengthen toxicology practice progressed satisfactorily during 2017/18 with the procurement of prioritised equipment and active review of cases.

Strategic Objectives

Ensure access to a Forensic Pathology Service.

	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Strategic Objective: Ensure access to a Forensic Pathology Service.				
Indicator: Number of Child Death Review Boards established				
	New Indicator	**5**	**5**	**0**
Comment On Deviation Target achieved.				

Performance Indicators

Forensic Pathology Services					
Actual Achievement 2014/15	Actual Achievement 2015/16	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Additional Provincial Indicators					
Indicator: Number of Post-Mortem Examinations per FTE pathologist					
New Indicator			**350**	**835**	485
			11 298	11 457	159
			32	14	(18)
Comment On Deviation In an effort to plan for adequate human resourcing, the Department as part of its modelling in terms of Healthcare 2030 vision, modelled the norm of 350 cases per Full-Time Equivalent Forensic Pathology Medical Personnel. The internationally acceptable norm as set by the 'NAME' international body is 250 Post Mortem/Pathologist excluding Medical Officer and Registrar. It is acknowledged that the current staffing reality is far removed from the agreed WCGH norm of 350 cases per Full Time Equivalent Forensic Pathology Medical Personnel and that the workload increase without commensurate increase in staff results in Case Load/Full time Equivalent far exceeding the agreed norm.					
Indicator: Toxicology service commissioned					
New Indicator	**No**	**No**	**No**	**No**	**0**
Comment On Deviation The full commissioning will occur in the opening of the new Observatory Forensic Pathology Institute in 2019/20. The Department is, in the meantime, engaged in the necessary preparatory work of developing service standards and procurement of prioritised equipment.					

Strategies to Overcome Under-Performance

Not relevant as these indicators are being replaced

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

The focus areas during the 2017/18 financial year for the Forensic Pathology Service were:

- Compliance with standard operational procedures
- Reducing the number of unknowns (A deceased that has not been positively identified by the next of kin or through scientific methods after a period of 7 days)
- Maintaining a high level of filled posts
- Establishment of Child Death Review Boards
- Improving the number of Post-mortem (PM) examinations per Full Time Equivalent (FTE) Forensic Pathology Medical Personnel

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

During the 2017/18 financial year 11 456 medico-legal cases were examined in the Western Cape in order to establish the cause of death in cases defined in the Inquest Act. This amounts to 1,78 post-mortems per 1000 population. Of these 8 056 (70,32%) medico-legal post-mortems were performed in the City of Cape Town metropolitan area and 3 400 (29,68%) in the rural districts.

Progress as at end March 2018

The Forensic Pathology Service is currently being rendered to the estimated 6,418 million population of the Western Cape.

In 2017/18 a total of 11 902 incidents were logged, resulting in 11 640 Forensic Pathology Service cases. A total of 262 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 36 minutes. A total of 42 response vehicles travelled 997 180 km during body transportation.

In total 11 640 cases were opened whilst 10 306 case filed were closed (88,54%). A total of 4 629 case files were open for a period exceeding 90 days at the end of the last quarter.

The average number of days from admission to release of a body is 16,68 days (8,37 days excluding paupers). A total of 217 bodies were unidentified at the end of March 2018 whilst 281 bodies were released for pauper burial during the period under review.

Changes to Planned Targets

The following indicators are being replaced:

- Post-mortem examinations per Full Time Equivalent (Pathologist). The target is 350 PM/FTE
- Number of Child Death Review Boards Established

The following indicators are being added:

- Percentage of Child Death Cases Reviewed, target is 100%

Orthotic and Prosthetic Services

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

Cape Medical Depot

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

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

Strategic Objectives

Ensure optimum pharmaceutical stock levels to meet the demand.

	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Strategic Objective: Ensure optimum pharmaceutical stock levels to meet the demand.				
Indicator: Percentage of pharmaceutical stock available				
	93.8%	**95.1%**	**91.9%**	**(3.2%)**
N: 676	694	657	(37)	
D: 721	730	715	(15)	
Comment On Deviation This is a demand driven/service delivery indicator, which means it is not possible for the Department to predict with 100% accuracy the number of pharmaceutical stock. The slight deviation of 3.2% from the set performance target is considered by the Department as acceptable and is therefore considered as having achieved the target.				

Performance Indicators

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

Strategies to Overcome Underperformance

No strategies were required, as there was no significant under-performance during the financial year that required intervention.

Changes to Planned Targets

None.

Link Performance with Budgets

- Programme 7 achieved a slight under spending of R2.033 million as a whole (0,5% under spending), and performance per subprogramme for 2017/18 is attributed as follows:
- Subprogramme 7.1: Laundry Services recorded an under spending of R1.146 million or 1,1 per cent of its final appropriation primarily due to cost-saving measures implemented on the in-house laundry service e.g. rationalisation of transport and the utilisation of EPWP staff in vacant posts at Tygerberg Regional Laundry. In addition, filling of posts at Lentegeur Laundry was, as a planned cost containment strategy, staggered throughout the financial year. The budget allocation for this subprogramme was utilised to successfully support the health care service by supplying it with clean linen throughout the year; an essential service without which quality health care would be severely strained.
- Subprogramme 7.2: Engineering Services registered an under expenditure of R7.948 million or 7,7 per cent due to: Delays with respect to procurement of goods and services; some vacancies in both the clinical engineering and engineering maintenance workshops; the Metro East hub not being fully functional; and rationalisation of the use of government vehicles. The budget allocation to this subprogramme enabled the provision of an ongoing maintenance service to buildings, engineering installations and health technology throughout the year, which successfully supported the Department in rendering quality health care services to all.
- Subprogramme 7.3: Forensic Pathology Services recorded an overspending of R11.146 million. This was largely due to:
  - An over expenditure on compensation of employees as a result of an increase in the number of approved posts to deal with the caseload increase and service pressures specifically in the metro area. Approval was granted to fill 2 additional Registrar posts, 7 Forensic Pathology Assistants, 6 Forensic Pathology Officer and 1 Medical Officer. Further during the year, a national resolution that was reached by the Public Health Social Development Sectoral Bargaining Council (PHSDSBC); Resolution 4 of 2017 whereby special allowances and danger allowances became payable to personnel working within the Forensic Pathology environment. This was an unfunded mandate.
  - The filling of a specialist scientist post (toxicology) in support of the alcohol game changer intervention.
  - The Department adjusted the baseline allocation of the 2018/19 financial year and will further effect adjustments in the adjustment budget. The subprogramme conducted 11 456 post-mortem examinations.
  - The service achieved the establishment of the Child Death Review Boards as reflected in the Annual Performance plan and thereby contributed to the Departments strategic objectives.
  - Another area of over expenditure was on Capital Equipment (R2.250 million) for the purchasing of a Genetic Analyser which cost significantly more than was budgeted for due to the weakening rand.
- Subprogramme 7.5: Cape Medical Depot recorded an under spending of R3.993 million mainly due to price reductions for certain medicine items, the range of out of stock items that translated to under expenditure, and savings realised due to a formal medicine utilisation evaluation programme that commenced in 2017/18.

Subprogramme	2017/18			2016/17		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Laundry Services	102 084	100 938	1 146	98 462	93 711	4 751
Engineering Services	103 276	95 292	7 984	88 533	93 182	(4 649)
Forensic Pathology Services	166 256	177 347	(11 091)	155 681	155 784	(103)
Orthotic and Prosthetic Services	1	-	1	1	-	1
Cape Medical Depot	67 228	63 235	3 993	83 023	83 023	-
TOTAL	**438 845**	**436 812**	**2 033**	**425 700**	**425 700**	**-**

Programme 8: Health Facilities Management

Purposes

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

Subprogrammes

Subprogramme 8.1: Community Health Facilities

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

Subprogramme 8.2: Emergency Medical Rescue Services

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

Subprogramme 8.3: District Hospital Services

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

Subprogramme 8.4: Provincial Hospital Services

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

Subprogramme 8.5: Central Hospital Services

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

Subprogramme 8.6: Other Facilities

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

Strategic Objectives, Performance Indicators, Planned Targets and Actual Achievements

Good progress was made in 2017/18 towards achieving the strategic objective with 93,1 per cent of the capital infrastructure budget spent. This saw the completion of four new / replacement healthcare facilities, whilst various others were in the process of being extended, upgraded and rehabilitated.

Strategic Objectives

Efficient and effective management of infrastructure.

	Actual Achievement 2016/17	Planned Target 2017/18	Actual Achievement 2017/18	Deviation
Strategic Objective: Efficient and effective management of infrastructure				
Indicator: Percentage of Programme 8 capital infrastructure budget spent (excluding maintenance)				
	105.5%	**100.0%**	**93.1%**	**6.9%**
	N: 344 324 084	327 685 000	287 493 435	40 191 565
	D: 326 399 000	327 685 000	308 949 000	18 736 000
Comment On Deviation Capital projects underspent due to delays in the appointment of Professional Service Providers (PSPs) and Contractors, the poor performance of Contractors, the poor and slow performance of PSPs in general, long lead times for stage deliverables, and delays in the finalisation of Final Accounts.				

Performance Indicators

Health Facilities Management					
Actual Achievement 2014/15	**Actual Achievement 2015/16**	**Actual Achievement 2016/17**	**Planned Target 2017/18**	**Actual Achievement 2017/18**	**Deviation**
Sector Specific Indicators					
Indicator: Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District (Eden District)					
New indicator		**5**	**4**	**4**	**0**
Comment On Deviation Target achieved.					
Indicator: Number of health facilities that have undergone major and minor refurbishment (excluding facilities in the NHI pilot district (Eden District))					
New indicator		**58**	**38**	**38**	**0**
Comment On Deviation Target achieved.					
Additional Provincial Indicators					
Indicator: Percentage of Programme 8 Maintenance budget spent					
New indicator			**100.0%**	**88.3%**	**11.7%**
			N: 329 583 000	294 424 853	35 158 147
			D: 329 583 000	333 603 000	(4 020 000)
Comment On Deviation Scheduled maintenance projects underspent as a result of quality of the facility condition assessments, delays in the finalisation of project scope, delays in project procurement and lengthy implementation periods.					
Indicator: Percentage of Programme 8 Health Technology budget spent					
96.1%	**109.4%**	**167.5%**	**100.0%**	**110.6%**	**(10.6%)**
N: 183 391 491	119 789 046	113 359 879	76 927 000	128 782 098	(51 855 098)
D: 190 859 000	109 545 000	67 665 000	76 927 000	116 394 000	(39 467 000)
Comment On Deviation Over expenditure can mainly be attributed to Health Technology equipment expenditure, due to: Additional project allocations to mitigate for projected under-expenditure in infrastructure; and occasional changes in expenditure timeframes as a result of either earlier or later Practical Completion of infrastructure projects.					

Strategies to Overcome Underperformance

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

- Creating a pipeline of projects ready to go to tender.
- Providing briefing documents for large Rehabilitation, Renovations and Refurbishment projects at health facilities to supplement pipeline of maintenance projects.
- Utilising contracting strategies aimed at engaging the contractor earlier to shorten the delivery of infrastructure e.g. Develop and Construct, Design and Construct etc.
- Standardisation of health facility designs in terms of standard floor plan layouts, materials, finishes and schedules of accommodation.
- Continue with the institutionalisation of the IDMS and Infrastructure Gateway System (IGS) to ensure efficient project monitoring and control.
- Reallocation of infrastructure budget to Health Technology and Engineering as soon as the risk of under expenditure is raised.

Changes to Planned Targets

No targets were changed during the year.

Link Performance with Budgets

Programme 8 recorded an under expenditure of R53.090 million or 6,38 per cent in financial year 2017/18, mainly due to the following:

- Compensation of employees is underspent by R1.182 million as a result of Occupation Specific Dispensation (OSD) posts not filled, due to the specialised scarce skills requirements attached to these posts. In addition, the Director: Engineering and Technical Support post was not filled.
- Goods and Services is underspent by R53.601 million mainly related to Scheduled Maintenance projects due to delays in finalising of project scope, delays in project procurement and lengthy implementation periods.
- Transfers to non-profit institutions underspent by R1.497 million. Due to technical process issues the transfer of funds for the refurbishment of the Neonatal Ward in the Maternity Block at Groote Schuur Hospital could not proceed in 2017/18.
- Payments for capital assets are overspent by R3.190 million. This is mainly attributable to Health Technology equipment expenditure, due to: Additional project allocations to mitigate for projected under-expenditure in infrastructure; and occasional changes in expenditure timeframes as a result of either earlier or later Practical Completion of infrastructure projects.

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

Subprogramme	2017/18			2016/17		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Community Health Facilities	212 697	183 278	29 419	238 483	240 119	(1 636)
Emergency Medical Rescue Services	11 425	8 055	3 370	24 621	18 228	6 393
District Hospital Services	215 535	186 616	28 919	248 902	251 651	(2 749)
Provincial Hospital Services	111 344	103 511	7 833	135 239	135 356	(117)
Central Hospital Services	194 891	202 150	(7 259)	130 640	152 372	(21 732)
Other Facilities	86 831	96 023	(9 192)	99 553	79 712	19 841
TOTAL	**832 723**	**779 633**	**53 090**	**877 438**	**877 438**	**-**

Transfer Payments

Transfer payments to Public Entities

The Department does not have any Public Entity.

Transfer payments to all Organisations other than public entities

Transfer Payments Made						
Type of Organisation	**Purpose for which the funds were used**	**Compliance with PFMA [S38(1)(J)}**	**Amount Transferred (R'000)**	**Amount Spent (R'000)**	**Reasons for Under Expenditure**	**Geographical Area**
Transfers to Municipalities						
City of Cape Town						
Municipality	Rendering of personal Primary Health Care, including maternal child and infant health care, antenatal care, STI treatment, tuberculosis treatment and basic medical care. Also nutrition, HIV/AIDS and Global Fund.	Yes	520 665	520 665	N/A	City of Cape Town District
Municipality	Vehicle Licences	Yes	18	18	N/A	Emergency Medical and Forensic Pathology Services Groups
Transfers to Departmental Agencies and Accounts						
Health & Welfare SETA						
Statutory Body	**People Development**	**Yes**	**5 128**	**5 128**	**N/A**	**Departmental**
Radio & Television						
Licensing Authorities	Licences	Yes	452	452	N/A	Departmental
Transfers to Higher Education Institutions						
University of Cape Town						
Higher Education Institute	Rehabilitation of Neuroscience Department at Groote Schuur Hospital (in partnership with University of Cape Town)	Yes	10 000	10 000	N/A	City of Cape Town District
Transfers to Non-Profit Institutions						
Health Programmes						
Non-profit Institutions	Game Changer for alcohol harms reduction, provision of psychosocial support	Yes	1 267	1 267	N/A	City of Cape Town District
Non-profit Institutions	Social impact bonds to measure and enhance performance of community health workers employed by non-governmental organisations	Yes	937	937	N/A	City of Cape Town District
Various Institutions						
Community based Programmes	E-vision & ICT Development Project, for door-to-door surveillance to determine the burden of disease for two pilot sites (Delft and Philippi areas)	Yes	1 207	1 207	N/A	City of Cape Town District
Various Institutions						
Non-Profit institutions	Community Health Clinics: Vaccines and Tuberculosis treatment	Yes	157	157	N/A	Central Karoo District
Various Institutions						
Non-Profit Institutions	Tuberculosis treatment	Yes	487	487	N/A	Cape Winelands District
		Yes	524	524	N/A	Eden District
		Yes	137	137	N/A	West Coast District
Booth Memorial						
Provincially aided hospital	Intermediate care facility - adult	Yes	24 563	24 563	N/A	City of Cape Town District
Sarah Fox						
Provincially Aided hospital	Intermediate care facility - children	Yes	10 691	10 691	N/A	City of Cape Town District

Various Institutions						
Non-Profit Institutions	Chronic Care: Caring for elderly patients in assisting with wound care, feeding etc. after being discharged.	Yes	1 392	1 392	N/A	Eden District
Various Institutions						
Non-Profit Institutions	TB Adherence and Counselling	Yes	443	443	N/A	Khayelitsha/Eastern SS
		Yes	154	154	N/A	Klipfontein/M Plain SS
		Yes	228	228	N/A	Northern/Tygerberg SS
		Yes	297	297	N/A	Western/Southern SS
		Yes	2 481	2 481	N/A	West Coast District
Various Institutions						
Non-Profit Institutions	Home Based care	Yes	10 568	10 568	N/A	Khayelitsha/Eastern SS
		Yes	4 416	4 416	N/A	Klipfontein/M Plain SS
		Yes	3 911	3 911	N/A	Northern/Tygerberg SS
		Yes	4 806	4 806	N/A	Western/Southern SS
Various Institutions						
Non-Profit Institutions	Mental Health	Yes	3 115	3 115	N/A	Cape Winelands District
		Yes	376	376	N/A	Central Karoo District
		Yes	149	149	N/A	Eden District
		Yes	11 864	11 864	N/A	Khayelitsha/Eastern SS
		Yes	11 777	11 777	N/A	Klipfontein/M Plain SS
		Yes	8 332	8 332	N/A	Northern/Tygerberg SS
		Yes	4 298	4 298	N/A	Overberg District
		Yes	7 378	7 378	N/A	Western/Southern SS
Various Institutions						
Non-Profit Institutions	Anti-retroviral treatment, home-based care, step-down care, HIV counselling and testing, etc. (HIV/AIDS)	Yes	34 098	34 098	N/A	Cape Winelands District
		Yes	8 258	8 258	N/A	Central Karoo District
		Yes	32 884	32 884	N/A	Eden District
		Yes	2 333	2 333	N/A	HIV/Aids &TB
		Yes	12 322	12 322	N/A	Khayelitsha/Eastern SS
		Yes	6 891	6 891	N/A	Klipfontein/M Plain SS
		Yes	39 328	39 328	N/A	Northern/Tygerberg SS
		Yes	17 630	17 630	N/A	Overberg District
		Yes	24 760	24 760	N/A	West Coast District
		Yes	11 267	11 267	N/A	Western/Southern SS
Various Institutions						
Non-Profit Institutions	Rendering of a Nutrition intervention service to address malnutrition (Nutrition)	Yes	111	111	N/A	Central Karoo District
		Yes	655	655	N/A	Eden District
		Yes	1 162	1 162	N/A	Khayelitsha/Eastern SS
		Yes	314	314	N/A	Klipfontein/M Plain SS
		Yes	666	666	N/A	Northern/Tygerberg SS
		Yes	480	480	N/A	Western/Southern SS
Carel Du Toit & Philani						
Non-Profit Institutions	Hearing Screening Rehab Workers and mentoring in Speech-Language and Audiology services for children	Yes	1 166	1 166	N/A	Klipfontein/M Plain SS

Various Institutions						
Non-Profit Institutions	Providing HIV and Aids and Tuberculosis treatments via Palliative Care and operational cost for Multi Sectoral Teams (Msats) for Community Dialogue (Global Fund)	Yes	1 344	1 344	N/A	Cape Winelands Distrcit
		Yes	29	29	N/A	Central Karoo District
		Yes	103	103	N/A	Eden District
		Yes	780	780	N/A	Khayelitsha/Eastern SS
		Yes	1 588	1 588	N/A	Community Based Programmes
		Yes	21 217	21 217	N/A	Klipfontein/M Plain SS
		Yes	1	1	N/A	Northern/Tygerberg SS
		Yes	103	103	N/A	Overberg District
		Yes	110	110	N/A	West Coast District
		Yes	25	25	N/A	Western/Southern SS
Open Circle & Hurdy Gurdy						
Non-Profit Institutions	Residential care for people with autism or intellectual disability and with challenging behaviour	Yes	3 032	3 032	N/A	City of Cape Town District
Maitland Cottage						
Step-down Care	Paediatric orthopaedic care	Yes	11 597	11 597	N/A	City of Cape Town District
Various Institutions						
Non-Profit Institutions	Extended Public Works Programme (EPWP) funding used for training and Home Based Care	Yes	66 485	66 485	N/A	Departmental
The Children's Hospital Trust						
Non-Profit Institution	Upgrade of New Paediatric ICU and Ultrasound at Red Cross War Memorial Children's Hospital (in partnership with Children's Hospital Trust)	Yes	10 000	10 000	N/A	City of Cape Town District
Various Institutions						
Non-Profit Institutions	Wellness strategy focused on healthy lifestyle choices to prevent and control chronic diseases of lifestyle; promote safe and healthy pregnancies and child rearing; and a reduction of harmful personal behaviours	Yes	1 204	1 204	N/A	Khayelitsha/Eastern SS
		Yes	876	876	N/A	Klipfontein/M Plain SS
		Yes	649	649	N/A	Northern/Tygerberg SS
		Yes	137	137	N/A	Western/Southern SS
Various Institutions						
Non-Profit Institutions	Provincial Employee Aids Programme (PEAP), offering a comprehensive package of health screening services	Yes	221	221	N/A	Cape Winelands
		Yes	197	197	N/A	Central Karoo
		Yes	213	213	N/A	Eden District
		Yes	442	442	N/A	Khayelitsha/Eastern SS
		Yes	492	492	N/A	Klipfontein/M Plain SS
		Yes	203	203	N/A	Overberg District
		Yes	250	250	N/A	West Coast District
Transfers to Households						
Employee Social Benefits – cash residents						
Various Claimants	Injury on duty, Leave Gratuity, Retirement Benefit, Severance Package	Yes	54 414	54 414	N/A	Departmental
Various Claimants						
Various Claimants	Claims against the state: households	Yes	86 984	86 984	N/A	Departmental

Various Claimants						
Higher education Institutions	Bursaries	Yes	70 766	70 766	N/A	Departmental
Various Claimants						
Various Claimants	Payment made as act of grace.	Yes	112	112	N/A	Departmental
Western Cape on Wellness (WoW)						
Community Based Programmes	Cash donation made to the Department of Cultural Affairs & Sports, for the healthy lifestyles initiative	Yes	65	65	N/A	City of Cape Town District
Total Transfers			**1 180 182**	**1 180 182**		

Transfer Payments Not Made

Type of Organisation	Purpose for which the funds were to be used	Amount Budgeted (R'000)	Amount Transferred (R'000)	Reasons why funds were not transferred	Geographical Area
Non-Profit Organisation					
The Children's Hospital Trust					
Non-Profit Institution	Additional work has been identified for the Children's Hospital Trust for the Upgrading of the Groote Schuur Hospital (GSH) Neonatal Unit and Maternity Centre by the project team due to unforeseen maintenance work required to the existing building which was not anticipated at the time of tendering.	1 500	-	Due to technical process issues the transfer to CHT for the GSH Neonatal Unit and Maternity Centre could not proceed within this financial year.	City of Cape Town District

Conditional Grants

Health Facility Revitalisation Grant

Whilst a small portion of the infrastructure funding allocation emanates from the provincial equitable share, funding was primarily provided through the Health Facility Revitalisation Grant as stipulated in the Division of Revenue Act, Act No. 3 of 2017 and the relevant Grant Framework. The strategic goal of the grant is "to enable provinces to plan, manage, and transform health infrastructure in line with national and provincial policy objectives". The Health Facility Revitalisation Grant was utilised during the 2017/18 financial year in line with Healthcare 2030.

The DORA is reviewed annually and, by issuing the Division of Revenue Bill (DORB), Provinces are provided an opportunity to comment on it before it is enacted. To this end, the 2017 DORB was issued to Provinces for comments in November 2016 and again in February 2017. The November version reflected changes to the expected outputs. These were, however, replaced with new outputs in the February 2017 version. Due to the late availability of the DORA and the Department's requirement to submit final input to the 2017/18 Annual Performance Plan by mid-February 2017, the latest changes to the expected outputs of the grant was noticed too late for these to be incorporated in the Department's APP. In order to overcome this dilemma, the Department reports on both versions of the expected outputs. It should be noted that, as targets were not published for the revised outputs, only performance with respect to these is reported.

Transferring Department	**National Department of Health**
Purpose of the Grant	• To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance • To enhance capacity to deliver health infrastructure
Expected Outputs of the Grant (PREVIOUS)	• Number of health facilities, planned, designed, constructed, equipped, operationalised and maintained
Expected Outputs of the Grant (REVISED)	• Number of new facilities completed • Number of facilities maintained • Number of facilities upgraded, and renovated • Number of facilities commissioned
Actual Outputs Achieved	Refer to table below
Amount per amended DORA (R'000)	R605 786
Amount Received (R'000)	R605 786
Reasons if amount as per DORA was not Received	Not applicable
Amount spent by the Department (R'000)	R567 389
Reasons for the funds Unspent by the entity	• Occupation Specific Dispensation (OSD) posts not filled, due to the fact that these positions require specialised scarce skills, as well as the Director: Engineering and Technical Support post was not filled. • Capital infrastructure and scheduled maintenance projects underspent due to delays in finalising Framework Agreements for the appointment of Contractors and Professional Service Providers (PSPs), delays in appointment of PSPs, poor performance of Contractors and PSPs, long lead times for stage deliverables and delays in other infrastructure-related processes.
Reasons for Deviations on Performance	Refer to table below.
Measures taken to Improve Performance	Performance in 2017/18 was very good. Although there is not a scientific method to accurately forecast expenditure for capital and scheduled maintenance infrastructure projects, the Department succeeded in managing projects between the two components to effectively spend 93.7% of the budget. The following will continue in 2018/19: • Creating a pipeline of projects ready to go to tender • Providing briefing documents for large Rehabilitation, Renovations & Refurbishments (R, R & R) projects at hospitals to supplement pipeline of maintenance projects • Utilising contracting strategies aimed at engaging the contractor earlier to shorten the delivery of infrastructure e.g. Develop and Construct, Design and Construct etc. • Standardisation of health facility designs in terms of standard floor plan layouts, materials, finishes and schedules of accommodation • Continue with the institutionalisation of the IDMS and Infrastructure Gateway System (IGS) to ensure efficient project monitoring and control • Reallocation of infrastructure budget to Health Technology and Engineering as soon as the risk of under expenditure is raised • Ongoing joint monitoring of progress on projects
Monitoring Mechanism by the receiving Department	Monthly infrastructure projects progress review meetings with WCGTPW as the Implementing Agent, project meetings and site meetings. In addition to this, monthly Cash flow Meetings have been implemented to ensure that cash flows on a project level are monitored. The Implementing Agent also records progress on BizProjects and provides project documents on Enterprise Content Management. In addition to this, the Department utilises the Project Management Information Systems (PMIS), Project Portfolio Office (PPO) to update project information and progress, with some of the information being integrated from BizProjects and documents uploaded to the PMIS by WCGTPW.

Expected and Actual Outputs for the Health Facility Revitalisation Grant for 2017/18 (PREVIOUS)			
Output	**Expected**	**Achieved**	**Reason for Deviation**
Number of health facilities planned (projects being planned i.e. in Control Framework for Infrastructure Delivery Management Stage 0, 1, 2, 3 or 4).	58	36	Reporting reflects projects in planning as at the end of 2017/18. It is important to note that some projects progressed to Stage 5 or beyond in 2017/18.
Number of health facilities being designed i.e. projects in Control Framework for Infrastructure Delivery Management Stage 5 or 6	12	34	Some projects that were in planning moved to tender / design stage during the financial year.
Number of health facilities constructed (projects being constructed i.e. in Control Framework for Infrastructure Delivery Management Stage 7 or 8)	18	16	Various tenders were accepted and projects proceeded to construction.
Number of facilities equipped[1]	13	24	Additional budget was allocated to Health Technology which enabled taking on additional projects and completing more projects in the financial year.
Number of health facilities operationalised[2]	8	23	Facilities / areas within facilities operationalised: • Citrusdal Hospital • Clanwilliam Clinic • Clanwilliam Hospital • D'Almeida Clinic • District Six CDC • False Bay Hospital • George Hospital • Great Brak River Clinic • Helderberg Hospital • Hill Side Clinic • Karl Brermer Hospital • Khayelitsha (Site B) CHC • Khayelitsha Hospital • Knysna Hospital • Napier Clinic • New Somerset Hospital • Prince Alfred Hamlet Clinic • Stellenbosch Hospital • Tygerberg Hospital • Van Rhynsdorp Clinic • Vredenburg Clinic • Wellington CDC • Wesfleur Hospital
Number of health facilities maintained[3]	72	87	Some projects were brought forward during the period under review.

Notes

1. Facility / unit equipped means facilities (and not projects) where equipping has been completed and payments with respect thereto have been made. It is important to note that reference here is to facilities and not projects and that one facility counted can comprise of more than one project. Additional projects were taken on to mitigate the risk of under expenditure.
2. Facility / unit is typically operationalised three to six months after equipping has been complete; some facilities / units were equipped at the end of 2016/17 and became operational in 2017/18.
3. Facilities where expenditure was incurred on Scheduled Maintenance projects in 2017/18.

As stated above, targets were neither set nor published for the revised expected outputs of the grant and none are thus recorded in the table below.

Expected and Actual Outputs for the Health Facility Revitalisation Grant for 2017/18 (REVISED)			
Output	**Expected**	**Achieved**	**Comment**
Number of new facilities completed[1]		4	The following facilities were completed as planned in 2017/18: • The new District Six CDC in Cape Town • The new Hillside Clinic in Beaufort West • The replacement of Napier Clinic • The replacement of Prince Alfred Hamlet Clinic
Number of facilities maintained[2]		87	Scheduled Maintenance projects were undertaken at various facilities during the financial year.
Number of facilities upgraded and renovated[3]		5	Facilities or areas / units within facilities upgraded and renovated at: • Groote Schuur Hospital • Karl Bremer Hospital • Stellenbosch Hospital • Tygerberg Hospital • Valkenberg Hospital
Number of facilities commissioned[4]		10	Facilities or areas / units within facilities commissioned at: • Citrusdal Hospital • District Six CDC • Groote Schuur Hospital • Hill Side Clinic • Karl Bremer Hospital • Khayelitsha Hospital • Napier Clinic • Prince Alfred Hamlet Clinic • Stellenbosch Hospital • Tygerberg Hospital

Notes

1. Output refers to facilities where capital infrastructure projects, categorised as new or replaced infrastructure assets, achieved Practical Completion in the year under review.
2. Output considers facilities where expenditure was incurred on Scheduled Maintenance projects in the year under review.
3. Facilities where projects, categorised as either 'Upgrades and Additions', or as 'Renovations, Rehabilitation or Refurbishments' have achieved Practical Completion in 2017/18.
4. Areas / units / facilities are deemed to be commissioned as follows: 1) Projects with a total project cost equal or less than R200 million = 3 months after Practical Completion has been achieved; and 2) Projects with a total project cost exceeding R200 million = 6 months after Practical Completion has been achieved.

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

Expected Outputs of the Grant and The Actual Outputs Achieved

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

EPWP Integrated Grant for Provinces

<table>
<tr><td>Transferring Department</td><td colspan="2">National Department of Public Works</td></tr>
<tr><td>Purpose of the Grant</td><td colspan="2">To incentivise provincial departments to expand work creation efforts through the use of labour intensive delivery methods in the following identified focus areas, in compliance with the EPWP guidelines:
• Road maintenance and the maintenance of buildings
• Low traffic volume roads and rural roads
• Other economic and social infrastructure
• Tourism and cultural industries
• Sustainable land based livelihoods
• Waste management</td></tr>
<tr><td rowspan="3">Expected Outputs of the Grant</td><td>Indicator</td><td>Annual Target</td></tr>
<tr><td>Number of people employed and receiving income through the EPWP (as per approved Project Plan 2017/18 Beneficiaries)</td><td>68</td></tr>
<tr><td>Increased average duration of the work opportunities created (as per approved Project Plan 2017/18 EPWP Beneficiaries)</td><td>12 months</td></tr>
<tr><td rowspan="3">Actual Outputs Achieved</td><td>Indicator</td><td>Actual Output</td></tr>
<tr><td>Number of people employed and receiving income through the EPWP</td><td>62</td></tr>
<tr><td>Increased average duration of the work opportunities created</td><td>9.2 months</td></tr>
<tr><td>Amount per amended DORA</td><td colspan="2">R2 473</td></tr>
<tr><td>Amount Received (R'000)</td><td colspan="2">R2 473</td></tr>
<tr><td>Reasons if amount as per DORA was not Received</td><td colspan="2">Not applicable</td></tr>
<tr><td>Amount spent by the Department (R'000)</td><td colspan="2">R2 473</td></tr>
<tr><td>Reasons for the funds Unspent by the entity</td><td colspan="2">Not applicable</td></tr>
<tr><td>Reasons for Deviations on Performance</td><td colspan="2">Although more people than that targeted for the year were appointed from the outset, the number of people appointed by the end of the financial year was only 62. Numbers fluctuated during the year for various reasons (ten people moved to other positions, six had been appointed in permanent positions in the Department, one in a contract post and three in permanent positions in the private sector).

People are appointed for the financial year and those appointed later in the year are therefore only appointed for the remainder of the financial year.</td></tr>
<tr><td>Measures taken to Improve Performance</td><td colspan="2">In-house training and rotation of duties between the various institutions continues. In addition, groundsmen assist in the laundries in winter on rainy days, which provides them with additional training and skills.</td></tr>
<tr><td>Monitoring Mechanism by the receiving Department</td><td colspan="2">Projects are monitored at various levels:
• One project manager (not EPWP appointment) and two supervisors (EPWP appointees) oversee projects.
• Written feedback received from facilities.
• Attendance registers maintained on a daily basis.
• Weekly and monthly progress reports submitted by Team Leaders.
• Reporting on EPWP Reporting System (EPWPRS) on all activities e.g. attendance, training.</td></tr>
</table>

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

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

National Tertiary Services Grant

Transferring Department	**National Department of Health**	
Purpose of the Grant	• Ensure provision of tertiary health services for all South African citizens (including documented foreign nationals) • To compensate tertiary facilities for the additional costs associated with provision of these services	
Expected Outputs of the Grant	**Indicator**	**Annual Target**
	Day patient separations - Total	13 157
	Inpatient days - Total	555 819
	Inpatient separations - Total	86 434
	Outpatient first attendance - Total	203 997
	Outpatient follow-up attendances	533 628
Actual Outputs Achieved	**Indicator**	**Actual Output**
	Day patient separations - Total	13 024
	Inpatient days - Total	574 528
	Inpatient separations - Total	94 242
	Outpatient first attendances	216 654
	Outpatient follow-up attendances - Total	563 439
Amount per amended DORA	R2 876 410	
Amount Received (R'000)	R2 876 410	
Reasons if amount as per DORA was not Received	Not applicable	
Amount spent by the Department (R'000)	R2 876 410	
Reasons for the funds Unspent by the entity	Not applicable	
Reasons for Deviations on Performance	Not applicable	
Measures taken to Improve Performance	Not applicable	
Monitoring Mechanism by the receiving Department	Expenditure and service delivery reports provided to National Department of Health and Provincial Treasury. WCG: Health fully complied with the measures and provincial responsibilities as stipulated in the grant framework.	

Notes

- As a schedule 4 grant the service outputs are subsidised by the NTSG, as the grant funding is insufficient to fully compensate for the service outputs. Deviation from targets therefore does not necessarily reflect an underperformance in terms of the grant funding received. Similarly, when service outputs exceed the expected outputs, it does not mean that funding levels are adequate as the levels of support from the equitable share to fund deficits varies
- In the management of the NTSG, the Western Cape complied with the Division of Revenue Act requirements and submitted all the required reports as prescribed.

Health Professionals Training and Development Grant

Transferring Department	**National Department of Health**	
Purpose of the Grant	Support provinces to fund service costs associated with clinical teaching and training of health science trainees on the public service platform	
Expected Outputs of the Grant	**Indicator**	**Annual Target**
	Number of Registrars	483
	Number of Medical Specialists	79
	Number of Medical Officers	215
	Number of Clinical Supervisors: Professional Nurses	566
	Number of Clinical Supervisors: Radiographers	108
Actual Outputs Achieved	**Indicator**	**Actual Output**
	Number of Registrars	483
	Number of Medical Specialists	79
	Number of Clinical Supervisors	215
	Number of Clinical Supervisors: Professional Nurses	566
	Number of Clinical Supervisors: Radiographers	108
Amount per amended DORA	R542 700	
Amount Received (R'000)	542 700	
Reasons if amount as per DORA was not Received	Not applicable	
Amount spent by the Department (R'000)	542 700	
Reasons for the funds Unspent by the entity	Not applicable	
Reasons for Deviations on Performance	Not applicable	
Measures taken to Improve Performance	Not applicable	
Monitoring Mechanism by the receiving Department	Quarterly reports (reflecting expenditure and grant outputs) provided to the National Department of Health as well as Provincial Treasury.	

Notes

- Target reflected demonstrates the number of staff partially supported by the HPTDG that are providing clinical training on the service platform. This number reported does not represent all the staff providing grant related activities in the WCDoH.
- The actual outputs reflect the status at the end of the financial year (31 March 2018). The academic year follows a calendar year while the grant follows a financial year cycle. This results in the financial year spanning two enrolment cycles.
- There was an intake of students for the academic year in the fourth quarter of the financial year. Student enrolment is concluded after the submission of the business plan. Students are subjected to a selection process by the higher education institutions before they can enrol. The additional student's enrolments align to national strategic intent but require additional funding to sustain.
- All grant supported targets were achieved. The growth in the grant funding has not kept up with inflation or ICS over the last few years which resulted in a significant funding gap. A significant contribution by the equitable share is required to bridge this funding gap.
- In the management of the HPTDG, the Western Cape complied with the Division of Revenue Act requirements and submitted all the required reports as prescribed.

Comprehensive HIV and Aids Grant

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

Transferring Department	National Department of Health	
Purpose of the Grant	• To enable the health sector to develop an effective response to HIV and AIDS including universal access to HIV Counselling and Testing. • To support the implements of the National operational plan for comprehensive HIV and AIDS treatment and care. • To subsidise in-part funding for the antiretroviral treatment plan. • To provide financial resources in order to accelerate the effective implementation of a programme that has been identified as a priority in the 10-point plan of the National Department of Health. • The grant is utilised in line with the National Operational Plan for HIV and AIDS Care, Management and Treatment in South Africa, the National and Provincial • For the coming three years, Global Fund Phase 1 RCC Funding will supplement the grant to contribute towards the attainment of planned outputs and outcomes, notably infrastructure, ARVs, human resources, laboratory costs and health system strengthening.	
Expected Outputs of the Grant	**Indicator**	**Annual Target**
	Total number of fixed public health facilities offering ART services	295
	Number of new patients started on ART	49 178
	Total number of patients on ART remaining in care	237 504
	Number of beneficiaries served by home-based care	-
	Number of active home-based carers receiving stipends	3 700
	Number of male condoms distributed	111 774 598
	Number of female condoms distributed	3 321 420
	Number of high transmission areas (HTA) intervention sites	130
	Number of antenatal care (ANC) clients initiated on life-long ART	6 682
	Number of babies polymerase chain reaction (PCR) tested at ten weeks	12 239
	Number of HIV positive clients screened for tuberculosis	48 628
	Number of HIV positive patients started on IPT (isoniazide prevention therapy)	31 120
	Number of active lay counsellors on stipends	664
	Number of HIV tests done (including antenatal)	1 373 615
	Number of health facilities offering medical male circumcision (MMC) services	31
	Number of medical male circumcisions performed	22 040
	Sexual assault cases offered ARV prophylaxis	4 300
	Doctors and professional nurses trained on HIV and AIDS, STIs, tuberculosis and chronic diseases	965
	Non-Professional trained in HIV and other chronic diseases	680
	DR-TB patients that received bedaquiline	780

Actual Outputs Achieved	Indicator	Actual Output
	Total number of fixed public health facilities offering ART services	284
	Number of new patients started on ART	45 491
	Total number of patients on ART remaining in care	256 821
	Number of beneficiaries served by home-based care	-
	Number of active home-based carers receiving stipends	3 630
	Number of male condoms distributed	114 396 200
	Number of female condoms distributed	2 662 700
	Number of high transmission areas (HTA) intervention sites	140
	Number of antenatal care (ANC) clients initiated on life-long ART	6 420
	Number of babies polymerase chain reaction (PCR) tested at ten weeks	13 912
	Number of HIV positive clients screened for tuberculosis	80 493
	Number of HIV positive patients started on IPT (isoniazide prevention therapy)	22 017
	Number of active lay counselors on stipends	664
	Number of HIV tests done (including antenatal)	1 436 042
	Number of health facilities offering medical male circumcision (MMC) services	31
	Number of medical male circumcisions performed	16 544
	Sexual assault cases offered ARV prophylaxis	3 626
	Doctors and professional nurses trained on HIV and AIDS, STIs, tuberculosis and chronic diseases	1 107
	Non-Professional trained in HIV and other chronic diseases	1 144
	DR-TB patients that received bedaquiline	1 143
Amount per amended DORA	R 1 454 773 000	
Amount Received	R 1 454 773 000	
Reasons if amount as per DORA was not Received	N/A	
Amount spent by the Department	R 1 454 773 000	
Reasons for the funds Unspent by the entity	N/A	

Reasons for Deviations on Performance	
	Total number of new patients started on ART During the 2017/18 year, the total number of clients initiated on ART, increased slightly from 44 869 (2016/17) to 45 491. **Number of beneficiaries served by home-based care** No performance was tracked against this indicator as NDoH removed this indicator requirement after the submission of the APP. **Number of active home-based carers receiving stipends** Natural attrition for better work opportunities. **Number of male condoms distributed** Number distributed has increased due to events such as World AIDS Day (WAD) and STI/Condom week. The introduction of variations of scented male condoms has promoted the increase in demand of male condoms. **Number of female condoms distributed** The fluctuation in numbers distributed is due to the lack of training around current condom data collection (centrally). There needs to be an improvement on feedback from facilities with regards to their condom distribution. National has noted that the problem is universal in all provinces according to the study conducted by Society for Family Health (SFH), hence they are putting some measures in place to address the issue. **Number of high transmission areas (HTA) intervention sites** This target was revised to 140 during the financial year. **Number of antenatal care (ANC) clients initiated on life-long ART** Taking into consideration the challenge with this indicator, whereby restarts are included in the numerator but not in the denominator, the performance will not be 100 per cent however looking at the eligible vs initiated the performance is at 92 per cent whereby 6 420 were initiated of 6 968 eligible (for ART). HIV positive women who are on ART at delivery is at 97 per cent. Note this target was revised during the year. **Number of HIV positive clients screened for tuberculosis** Impact of 90 90 90 efforts. **Number of HIV positive patients started on IPT (isoniazid prevention therapy)** Late reporting **Number of medical male circumcisions performed** Some of the reason for poor performance are due to lack of social marketing, minimal buy-in from target population and loss of partner organisations in rural areas and over-ambitious targets in general. **Sexual assault cases offered ARV prophylaxis** Usually not given where a patient is already HIV positive or does not report to a health facility within 72 hours post the incident. **Doctors and professional nurses trained on HIV and AIDS, STIs, tuberculosis and chronic diseases** In 2017/18 training was successfully implemented through the People Development Centre (PDC). Training plans were compiled and executed in collaboration with stakeholders to ensure that specific district needs were met. The province has improved on clinical training notwithstanding service pressures.

Measures taken to Improve Performance	**Number of new patients started on ART** The department is continuing to strengthen treatment adherence through the roll out of adherence clubs, alternative distribution sites, and the quick pick and wellness hubs throughout the province, as well as supporting the integration of management of NCDs into these efforts. **Number of active home-based carers receiving stipends** Continuous process of recruitment and selection of new employees by NPOs **Number of male condoms distributed** 114 396 200 male condoms were distributed and every effort has been made to ensure accurate recording and reporting of condoms. **Number of female condoms distributed** National promised to re-brand the FC condoms and to conduct trainings on Cupid and FC2 condoms in all Provinces. Cupid company has already started to run trainings on how to demonstrate use of Cupid condom as per request from staff and NPO's. In May first training has started already to equip health promotors, counsellors and NPOs. We hope that this may bring the numbers up on the performance in facilities **Number of antenatal care (ANC) clients initiated on life-long ART** Engage with NDOH regarding the indicator **Number of HIV positive patients started on IPT (isoniazid prevention therapy)** Sub (district) monitoring to be strengthened monthly **Number of medical male circumcisions performed** Ongoing activities to try and improve Voluntary Male Medical Circumcision (VMMC) performance are as follows: 1.) Making VMMC services available on demand for men such as Saturday camps, 2.) All updated VMMC Schedules were put onto a central repository in order to avoid cancellation of appointments. **Sexual assault cases offered ARV prophylaxis** Continuous awareness workshops among clinical & non-clinical staff regarding the importance of PEP and timelines when to issue. Non-clinical staff include health promotors, lay counsellors and CHWs to raise awareness among community members they come into contact with. **Doctors and professional nurses trained on HIV and AIDS, STIs, tuberculosis and chronic diseases** Improved data collection practices were implemented to ensure that several aspects of training (e.g. bookings, reporting and individual training profiles) can be managed more effectively. A great focus is placed on the development of blended learning methodology since it is in line with stakeholder needs and will ensure greater efficiency and cost saving in future.
Monitoring Mechanism by the receiving Department	• Monthly Financial Reporting • Quarterly programme performance reporting • Bi-annual Conditional Grant review conducted by the National DoH • Annual HIV Conditional Grant Evaluation report

Social Sector EPWP Incentive Grant for Provinces

Transferring Department	**Western Cape Government Treasury**	
Purpose of the Grant	To increase job creation through the expansion of the Social Sector EPWP Programme. The grant is intended to subsidise the Emergency Care Officer (ECO) programme through the funding of Emergency Care Officer Internships Workers linked to formal training.	
Expected Outputs of the Grant	**Output as Per Framework**	**Annual Target**
	Fund internships of 150 Emergency Care Officers (ECOs) through payment of stipends	147
	Beneficiaries served by ECOs	800
	Client visits by home based carers	n/a
	Non Profit Organisations supported	n/a
	Increase capacity ECOs receiving formal training	147
Actual Outputs Achieved	**Output as Per Framework**	**Actual Output**
	Fund internships of 150 Emergency Care Officers (ECOs) through payment of stipends	147
	Beneficiaries served by home based carers	800
	Client visits by home based carers	n/a
	Non Profit Organisations supported	n/a
	Increase capacity ECOs receiving formal training	147
Amount per amended DORA	R3 732 000	
Amount Received (R'000)	3 732	
Reasons if amount as per DORA was not Received	All DORA payments received on time.	
Amount spent by the Department (R'000)	3 732	
Reasons for the funds Unspent by the entity	All DORA payments received on time.	
Reasons for Deviations on Performance	All DORA payments received on time.	
Measures taken to Improve Performance	N/A	
Monitoring Mechanism by the receiving Department	Quarterly Reporting/ Reviews	

Donor Funds

Global Fund – Investing for Impact against Tuberculosis and HIV Grant 2016-2019

Investing for Impact against Tuberculosis and HIV Grant 2016-2019	
Name of donor	**Global Fund (GF)**
Full amount of the funding	R230 332 667 1st April 2016 – 31st March 2019
Period of the commitment	R230 332 667 1st April 2016 – 31st March 2019
Purpose of the funding	To reduce new infections amongst key populations; strengthen, expand and sustain the Western Cape HIV & AIDS Prevention Programme through funding the following programmes and projects: **Toll-free national HIV and TB hotline** The hotline is for health care workers requiring expert operational level advice in pharmacovigilance. The objective of this programme is to improve the care/management of HIV- and /or tuberculosis-infected patients and to ensure the safe, effective and rational use of antiretroviral and anti-tuberculosis agents. In the previous GF funding this was a WC Hotline and in 2016/17 this has been expanded to be a National Hotline managed by UCT. The investment of the GF in the HIV/TB Hotline has resulted in an increase in number of calls made to the Hotline and adverse drug reactions minimised. **Young Women & Girls (YWG) Cash + Care** The YWG programme seeks to provide a comprehensive package of health, education and support services for young women and girls between the ages of 19-24 years. The aim of which is to implement life skills, enable behaviour change and support empowerment through the utilisation of peer-education in/out school youth club model. The objective of this programme is to reduce the incidence of HIV, teenage pregnancies, school drop-out rates as well as break the cycle of intergenerational and transactional sex as a key driver of HIV and pregnancy amongst young women and girls. The message is to know your status, own your health and build your future. The project also has a research arm of finding out whether incentivising the attendance of empowerment sessions work and this is targeting the 19-24 age group which is the group that no longer qualifies for the child grant and tend to be then involved in intergenerational sex. The investment of the GF in this project has resulted in a huge interest not only from the girls, but from the schools and communities. The project was only implemented in Jan 2017, but has already had an increase in the number of clubs registered and enrolment in the Incentive + Care research arm. **Community Dialogue Platforms (CDPs)** Multisectoral Action Teams (MSATs) are the nodal points of coordination for the Department of Health and community stakeholder interaction including the community dialogues which are necessary to ensure that the combination prevention approach is co-determined. The GF investment in the WC has been to ensure that MSATs continue to meet and discuss HIV/TB related issues and how they can contribute towards the curbing of the HIV/TB pandemic. This funding has made it possible for the Department to have a community dialogue platform and to engage community structures on various prevention programmes. **Hot Spot Mapping** Due to the HIV epidemic being heterogeneous there are pockets which account for the highest transmissions. Pockets are geographically and demographically determined and Geospatial Information Systems (GIS mapping) is used. GIS Mapping enables the selection of the correct prime hotspots and the understanding of how best to address the drivers of the epidemic, from both a biomedical and non-biomedical perspective. The GF investment in the WC has been to ensure that the 3 Hotspots areas – Khayelitsha, Klipfontein and Drakenstein are identified as well as the building of internal capacity for GIS and enhancing the various information systems to be able to do GIS mapping of not only HIV/TB, but any other condition. **Combination Prevention Package** The objective of the programme is that by rolling out a co-determined combination prevention package, which has government partnership with active community stakeholder buy-in, the intervention will have a higher likelihood of strategic and sustainable impact. The package will contain elements which: • Seek to address the barriers experienced by key populations when attempting to access health care as well as provide some of the prevention package such as HIV and TB testing at the community level • Provide Key and Vulnerable sensitisation training • Includes linkage to care and follow up process • Youth friendly services The Team is busy doing community profiles and community dialogues and this will ultimately culminate in the development of a co-determined package to be implemented in October 2017.

Expected outputs	See table below
Actual outputs achieved	
Amount received in current period (R'000)	71 790
Amount spent by the department (R'000)	41 492
Reasons for under/over expenditure	**GF Young Women and Girls (YWG) Cash + Care** Under-expenditure resulted from delays experienced within the Cash + Care component. Delays with the appointment of suitable coordinating and M&E staff also contributed to the under-expenditure. **GF Hotspots Mapping** Expenditure in respect of the support to another province (Focus for Impact), which is Northern Cape, will only be incurred in the last financial year (2018/19). Also contributing to the under-expenditure is the late receipt of invoices from training and development, resulting in accruals for 2018/19. **Combination Prevention Package** Under-Expenditure is due to the late implementation of the programme as most of the SLA's with NPO's were only agreed in the last quarter of the financial year.
Monitoring mechanism by the donor	The Global Fund does not have a country-level presence outside of its offices in Geneva, Switzerland. Instead, it hires Local Fund Agents to oversee, verify and report on grant performance. In the case of the Western Cape Global Fund grant, KPMG is contracted by the Global Fund to monitor and evaluate the grant performance from time to time. The Global Fund Grant programme follows the principles of performance-based funding to ensure that the grant funding is managed and spent effectively on programmes stipulated in the grant agreement. In addition to this, the South African National AIDS Council (SANAC) has a Global Fund Country Coordinating Mechanism (CCM) Oversight Committee which undertakes quarterly review of all Global Fund grant performance in South Africa
Was the funding received in cash or in-kind?	Cash

Global Fund						
Strategic Objective	Target Apr - Sep 2017	Actual Outputs Achieved	Target Oct '17 - Mar '18	Actual Outputs Achieved	% Achieved	Comment on Deviation
No. of young people aged 10–24 years reached by life skills–based HIV education in and out of schools	6 235	3 817	7 750	6 906	93.8%	The life skills component of the young woman and girls programme progressed fairly well in 2017/18. Several activities that directly feed-in to this core indicator have been executed to achieve programme outcomes
No. of young women (aged 19-24 years) reached with cash plus care	3 875	723	7 750	919	12%	The Cash plus Care component was put on hold twice over a period of 12 months - in September 2017 for a period of 2–3 weeks and this was to address delays in payments of cash incentives to beneficiaries in the Cash incentive arm which the Sub recipient indicated that delays in payment were due to incomplete, incorrect and duplicate of cell phone numbers provided by the young women. Cash plus Care project resumed again in October 2017. However, the uptake was very low and young women were no longer interested to attend the empowerment sessions. Again the programme was put on hold in December 2017, to investigate the poor uptake as well as high attrition. Focused group discussions were conducted with participants to understand the barriers to retention as well as consultation with other stakeholders to review the implementation logistics. The reviewed model had to be sent for ethics approval as this is a research project and approval had to be sought from the Global Fund as well for the amendments. Sessions are now much more structured and offered over a shorter period (3months) compared to the initial framework of 12 months. The project resumed again at the end of March 2018.
No. of young people aged 10-24 years that have received an HIV test during the reporting period and know their results	6 438	2 558	12 876	4 674	36.3%	Testing progressed fairly well for the first 2 quarters of the year, reaching its targets by 92%. However, these numbers were discounted by the Local Fund Agent, since they could not be linked back to young women in the programme. 8 225 HIV tests of young women referred from schools and communities to health facilities for testing has been discounted and only mobile tests that could be counted towards the indicator. This has negatively affected the overall rating of the grant from the possible 62% to 39%. Mobiles are currently doing very badly as far as the HIV tests are concerned.

Public Service Improvement Fund – Catch & Match

Catch & Match Funding	
Name of donor	**Tirelo Bosha – Stage 2 (Catch & Match Stage 2)**
Full amount of the funding	R3 568 276 1st April 2017 – 31st March 2019
Period of the commitment	R3 568 276 1st April 2017 – 31st March 2019
Purpose of the funding	The Catch Care Cure Project (Catch & Match Stage 2) aims to build on the previous successes by strengthening the model of care further through adequate training, additional mobile (mHealth) and electronic health (eHealth) system development (collectively known as "Digital Health"), establishing a real-time bi-directional communication platform between facility- and community-based workers and ultimately following every patient's journey from screening to care and, wherever relevant, cure. Two new Catch & Match Sites have been expanded from the original team of ten to include all CHWs (60-86 per site) in informal and semi-formal urban service areas. These CHWs systematically visit all households and provide integrated services, which feature regular TB screening and treatment support, in addition to HIV, Maternal, Child, Non-communicable Disease and Home-Based Care. We estimate that between 130 000 and 140 000 people live in 34 000 - 38 000 households in the two new sites. SPECIFIC OBJECTIVE 1: Catch & Match Communities: Strengthen systematic community-based model of care to improve screening, prevention and treatment support, with the primary focus on TB. SPECIFIC OBJECTIVE 2: Catch & Match Facilities: Improve facility-based care by improving access to integrated data and bi-directional referrals (to and from community-based teams) through the Single Patient Viewer, with the primary focus on TB. SPECIFIC OBJECTIVE 3: Referral linkage and data integration: Develop a novel Health Information Exchange (HIE) linked to the PHDC that enables bi-directional real-time flow of data and referrals to improve screening and adherence
Expected outputs	• Baseline report • Development of mHealth tool: Sprint 1-3 review documents • Development of CCC data systems: Sprint 4 review document + PMI verification data report, including summary of CHW referrals encountered • Training reports for mHealth training, Mentor Mother Programme training and TB & HIV Adherence Support training • Catch & Match Facilities implementation: SPV utilisation report • Development of Catch & Match Community Health Worker (CHW) mHealth tool: Sprint close-out report • Development of CCC data systems: Sprint close-out report and PMI verification data report, including summary of CHW and SPV referrals encountered • Catch & Match Facilities implementation: SPV utilisation report and aggregated SPV referral report • Final close-out report, incl. TB 90 90 90 dashboard & model for upscaling
Actual outputs achieved	• Baseline report • Development of mHealth tool: Sprint 1-3 review documents • Development of CCC data systems: Sprint 4 review document & PMI verification data report, including summary of CHW referrals encountered • Training reports for mHealth training, Mentor Mother Programme training and TB & HIV Adherence Support training • Catch & Match Facilities implementation: SPV utilisation report
Amount received in current period (R'000)	R 2 009
Amount spent by the department (R'000)	R 1 348
Reasons for under/over expenditure	• Under-Expenditure resulted from delays in appointment of project staff. However, all staff members have now been appointed and are providing support and inputs into the project. • Training delays, due to the original adherence support training provider cancelling at short notice. However, a new provider was found, and training is now well under way and will be done in 2018/19.
Monitoring mechanism by the donor	• Quarterly reports and close out report by WCG Health to Department of Public Service and Administration (DPSA). • DPSA Monitoring visits and final evaluation visit
Was the funding received in cash or in-kind?	Cash

European Union – Workload Indicator Staffing Needs

Workload Indicator Staffing Need (WISN)	
Name of donor	European Union via National Department of Health
Full amount of the funding	R 7 909 600
Period of the commitment	2017/18 financial year
Purpose of the funding	Investigation/Research into the implementation of Workload Indicators for Staffing Norms (WISN). WISN is a National initiative coordinated by the NDoH. The NDoH is currently in the process to determine and develop staffing norms for District and Specialised Hospitals taking into account the activities performed by the various cadres at respective institutions that will be applied to all Provinces.
Expected outputs	N/A
Actual outputs achieved	Piloted the project in the Eden district. To date all rural districts have been bench marked. WCDoH initially appointed 8 Provincial Technical Support Officers (PTSO) to assist with the project. The contracts of the last 3 PTSOs for the 2017/18 financial year ended on 30 September 2017. Currently NDoH is in the process to finalise normative guidelines for District Hospitals, however no additional funds will be made available to the Department from NDoH.
Amount received in current period (R'000)	R 0
Amount spent by the department (R'000)	2016/17 - R2 025 938.96 (R6 007 274.06 spent since 2014/15 - The opening balance for 2017/18 is R 1 902 325.94). The closing balance as at 22 March 2018 which was credited back to NDoH was R1 123 113.34
Reasons for the funds unspent	WISN is an on-going project on a national level but on a provincial level the contracts of the last remaining Provincial Technical Support Officers were terminated on 30 September 2017. The unspent funds to the amount of R1 123 113.34 were refunded to National Department of Health.
Monitoring mechanism by the donor	Reporting to the donor is a responsibility of NDoH with input from Provinces when requested. All the necessary journals were finalised and the surplus amount of R1 123 113.34 was refunded to NDoH
Was the funding received in cash or in-kind?	Cash

Capital Investment

Progress made on implementing capital investment

Expenditure of the capital appropriation during 2017/18 was 100,4 per cent, i.e. R419.527 million of the available R417.661 million. Attempts to improve the delivery of capital infrastructure projects as well as health technology projects – key to increasing expenditure – therefore continue. However, factors which are still hampering infrastructure delivery and which are being addressed include:

- Inadequate contract and project management
- Delays on site due to a multitude of factors such as poor contractor performance, poor professional service provider performance, adverse weather, community action, work stoppages, site complications, construction challenges, poorly planned / poorly implemented / poorly coordinated decanting plans, scope changes, defective work
- Delay in appointment of Professional Service Providers.

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

It should be noted that, given the nature of construction projects, a delay in just one of the project stages – can create incremental delays in subsequent stages due to the inter-dependence of each stage. The table below reflects the capital expenditure versus the appropriation for both 2016/17 and 2017/18. In comparing the two financial years, it is evident that expenditure reduced in 2017/18.

Budget Programme	2017/2018			2016/2017		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
New and replacement assets	**140 897**	**149 074**	**(8 177)**	**136 992**	**147 102**	**(10 110)**
Existing infrastructure assets	**501 655**	**432 844**	**68 811**	**605 229**	**556 145**	**49 084**
Upgrades and additions	*51 179*	*44 401*	*6 778*	*68 822*	*57 558*	*11 264*
Rehabilitation, renovations and refurbishments	*116 873*	*94 019*	*22 854*	*120 585*	*139 664*	*(19 079)*
Maintenance and repairs	*333 603*	*294 425*	*39 178*	*415 822*	*358 923*	*56 899*
Infrastructure Transfer Capital	**21 500**	**20 000**	**1 500**	**15 000**	**15 000**	**0**
Non Infrastructure	**168 671**	**177 715**	**(9 044)**	**120 217**	**159 191**	**(38 974)**
TOTAL	**832 723**	**779 633**	**53 090**	**877 438**	**877 438**	**0**

Infrastructure projects completed in 2017/18 compared to target

The table below reflects the Capital projects that were planned to achieve completion in 2017/18 and reasons for deviations.

Infrastructure Projects Scheduled for Completion in 2017/18		
Projects Scheduled for Practical Completion in 2017/18	**Practical Completion Achieved / Not Achieved in 2017/18**	**Comments / Reasons for Deviations**
Beaufort West - Hill Side Clinic - Replacement	Achieved	Practical Completion achieved on 04 May 2017.
Bellville - Karl Bremer Hospital - New Bulk Store	Achieved	Practical Completion achieved on 28 June 2017.
Blackheath - Kleinvlei CDC - New Woman and Child Health Unit	Not achieved	Project is progressing and is estimated to be completed in 2018/19.
Cape Town - District Six CDC - New	Achieved	Practical Completion achieved on 08 December 2017.
George - Thembalethu CDC - Replacement	Achieved	Practical Completion achieved on 14 March 2018.
Green Point - New Somerset Hospital - Upgrading of theatres and ventilation	Not achieved	Project is progressing and is estimated for completion in 2020.
Napier - Napier - Clinic - Replacement	Achieved	Practical Completion achieved on 04 October 2017.
Observatory - Valkenberg Hospital - Forensic Precinct Enabling Work	Not achieved	Project delayed - roll-out dependent on confirmation of procurement strategy.
Observatory - Valkenberg Hospital - Renovations to historical admin building Ph2	Achieved	Practical Completion achieved on 29 May 2017.
Prince Alfred Hamlet - Prince Alfred Hamlet Clinic - Replacement	Achieved	Practical Completion achieved on11 December 2017.
Stellenbosch - Stellenbosch Hospital - EC Upgrade and Additions	Achieved	Practical Completion achieved on 11 December 2017.
Wellington - Wellington CDC - Pharmacy additions and alterations	Not achieved	Project achieved Practical Completion on 19 April 2018.
Wolseley - Wolseley Clinic - Replacement	Not achieved	Practical Completion delayed due to slow progress by contractor and quality issues.
Worcester - Worcester Hospital - Fire compliance	Not achieved	Project is progressing and is estimated to be completed in 2019.

Current Infrastructure Projects

The table below lists the capital infrastructure projects that are currently in progress (including projects in planning, design and construction) and the expected date of practical completion.

Performance Measures for Capital Infrastructure Programme

No.	District	SP	Project	Start	Finish
1	Cape Town	8.1	Blackheath - Kleinvlei CDC - New Woman and Child Health Unit	15-Feb-17	30-Jul-18
2	Cape Town	8.1	Bothasig - Bothasig CDC - Upgrade and Additions	26-Apr-17	31-Mar-20
3	Cape Town	8.1	Elsies River - Elsies River CHC - Replacement	25-May-16	31-Oct-23
4	Cape Town	8.1	Hanover Park - Hanover Park CHC - Replacement	30-Jun-16	31-Mar-23
5	Cape Town	8.1	Maitland - Maitland CDC - Replacement	14-Dec-17	30-Sep-23
6	Cape Town	8.1	Nyanga - Nyanga CDC - Pharmacy Compliance and General Maintenance	1-Jun-16	30-Mar-19
7	Cape Town	8.1	Parow - Ravensmead CDC - Replacement	1-Aug-15	31-Mar-22
8	Cape Town	8.1	Philippi - Weltevreden CDC - New	30-Nov-17	30-Nov-23
9	Cape Town	8.3	Bellville - Karl Bremer Hospital - Demolitions and parking	19-Dec-17	1-Mar-20
10	Cape Town	8.3	Bellville - Karl Bremer Hospital - Hospital Repairs and Renovation	19-Dec-17	31-Mar-22
11	Cape Town	8.3	Eerste River - Eerste River Hospital - Acute Psychiatric Unit	23-Feb-15	30-Dec-21
12	Cape Town	8.3	Khayelitsha - Khayelitsha Hospital - Acute Psychiatric Unit	23-Feb-15	31-Mar-20
13	Cape Town	8.3	Malmesbury - Swartland Hospital - Rehabilitation of fire-damaged hospital Ph2	17-Aug-17	31-Oct-19
14	Cape Town	8.3	Somerset West - Helderberg Hospital - EC Upgrade and Additions	1-Apr-13	30-Apr-19
15	Cape Town	8.3	Somerset West - Helderberg Hospital - Repairs and Renovation	30-Nov-17	31-Mar-22
16	Cape Town	8.3	Wynberg - Victoria Hospital - New EC	1-Apr-12	13-Mar-19
17	Cape Town	8.3	Wynberg - Victoria Hospital - Temporary EC	30-Mar-18	30-Jun-19
18	Cape Town	8.4	Green Point - New Somerset Hospital - Acute Psychiatric Unit	23-Feb-15	31-Mar-20
19	Cape Town	8.4	Green Point - New Somerset Hospital - Upgrading of Theatres and Ventilation	22-May-15	30-Mar-20
20	Cape Town	8.4	Maitland - Alexandra Hospital - Repairs and Renovation (Alpha)	31-Mar-18	31-Mar-22
21	Cape Town	8.4	Observatory - Valkenberg Hospital - Acute Precinct Redevelopment	1-Apr-10	31-Mar-30
22	Cape Town	8.4	Observatory - Valkenberg Hospital - Forensic Precinct - Admission, Assessment, High Security	1-Apr-10	30-Sep-26
23	Cape Town	8.4	Observatory - Valkenberg Hospital - Forensic Precinct - Low Security, Chronic and OT	1-Apr-10	31-Mar-24
24	Cape Town	8.4	Observatory - Valkenberg Hospital - Forensic Precinct - Medium Security	1-Apr-10	30-Sep-24
25	Cape Town	8.4	Observatory - Valkenberg Hospital - Forensic Precinct Enabling Work	1-Apr-10	31-Mar-18
26	Cape Town	8.4	Observatory - Valkenberg Hospital - Pharmacy and OPD	1-Apr-10	30-Sep-22
27	Cape Town	8.4	Observatory - Valkenberg Hospital - Renovations to enable decanting	1-Mar-18	30-Jun-19
28	Cape Town	8.5	Observatory - Groote Schuur Hospital - BMS Upgrade	1-Jun-16	31-Mar-23
29	Cape Town	8.5	Observatory - Groote Schuur Hospital - EC Upgrade and Additions	3-Jul-10	30-Jun-22
30	Cape Town	8.5	Observatory - Groote Schuur Hospital - Greywater recycling	14-Dec-17	30-Mar-19
31	Cape Town	8.5	Observatory - Groote Schuur Hospital - Ventilation and AC refurbishment incl mechanical installation	25-Jul-17	31-Mar-23
32	Cape Town	8.5	Parow - Tygerberg Hospital - 11Kv Generator Panel Upgrade	1-Oct-16	13-Dec-19
33	Cape Town	8.5	Parow - Tygerberg Hospital - 11Kv Main Substation Upgrade	1-Oct-16	31-Mar-21
34	Cape Town	8.5	Parow - Tygerberg Hospital - General Paediatric Outpatient Service Renovations	1-Apr-14	31-Oct-24

35	Cape Town	8.5	Parow - Tygerberg Hospital - Medical Gas Upgrade	2-May-17	31-Mar-21
36	Cape Town	8.5	Parow - Tygerberg Hospital - Replacement (PPP)	1-Apr-12	31-Mar-23
37	Cape Town	8.6	Observatory - Observatory FPL - Replacement	1-Apr-12	26-Mar-20
38	Cape Town	8.6	Thornton - Orthotic and Prosthetic Centre - Upgrade	17-Dec-14	30-Sep-20
39	Cape Winelands	8.1	De Doorns - De Doorns CDC - Upgrade and Additions	9-Apr-14	30-Sep-22
40	Cape Winelands	8.1	Gouda - Gouda Clinic - Replacement	30-Mar-17	31-Mar-20
41	Cape Winelands	8.1	Paarl - Paarl CDC - New	28-Feb-17	31-Mar-22
42	Cape Winelands	8.1	Wellington - Windmeul Clinic - Upgrade and Additions	1-Jun-16	30-Mar-19
43	Cape Winelands	8.1	Worcester - Avian Park Clinic - New	1-Jul-15	30-Sep-20
44	Cape Winelands	8.2	Bonnievale - Bonnievale Ambulance Station - Upgrade and Additions incl wash bay	1-Jun-16	30-Mar-19
45	Cape Winelands	8.2	De Doorns - De Doorns Ambulance Station - Replacement	1-Sep-14	1-Feb-20
46	Cape Winelands	8.3	Ceres - Ceres Hospital - Hospital and Nurses Home Repairs and Renovation	28-Feb-18	31-Mar-21
47	Cape Winelands	8.3	Ceres - Ceres Hospital - New Acute Psychiatric Ward	1-Jun-16	30-Mar-19
48	Cape Winelands	8.3	Stellenbosch - Stellenbosch Hospital - Hospital and Stores Repairs and Renovation	5-Oct-17	31-Mar-22
49	Cape Winelands	8.4	Worcester - Worcester Hospital - Fire Compliance	1-Apr-15	31-Mar-19
50	Cape Winelands	8.4	Worcester - Worcester Hospital - MOU Upgrade	30-Jan-18	30-Jun-20
51	Central Karoo	8.1	Laingsburg - Laingsburg Clinic - Upgrade and Additions	30-Apr-14	30-Jun-22
52	Central Karoo	8.1	Matjiesfontein - Matjiesfontein Satellite Clinic - Replacement	19-Dec-14	1-Apr-30
53	Central Karoo	8.2	Prince Albert - Prince Albert Ambulance Station - Upgrade and Additions incl wash bay	1-Jun-16	30-Mar-19
54	Central Karoo	8.6	Nelspoort - Nelspoort Hospital - Repairs to Wards	15-Aug-17	31-Mar-21
55	Eden	8.1	Ladismith - Ladismith Clinic - Replacement	30-Mar-17	28-Mar-21
56	Eden	8.6	Knysna - Knysna FPL - Replacement	1-Nov-14	29-May-22
57	Overberg	8.1	Gansbaai - Gansbaai Clinic - Upgrade and Additions	31-Jul-14	31-Mar-20
58	Overberg	8.1	Villiersdorp - Villiersdorp Clinic - Replacement	30-Jun-17	31-Mar-22
59	Overberg	8.2	Caledon - Caledon Ambulance Station - Communications Centre Extension	1-Aug-14	30-Mar-21
60	Overberg	8.2	Swellendam - Swellendam Ambulance Station - Upgrade and Additions	31-Mar-15	31-Jan-20
61	Overberg	8.2	Villiersdorp - Villiersdorp Ambulance Station - Replacement	26-Jun-17	31-Mar-21
62	Overberg	8.3	Bredasdorp - Otto Du Plessis Hospital - Acute Psychiatric Ward	30-Apr-16	31-Mar-21
63	Overberg	8.3	Caledon - Caledon Hospital - Acute Psychiatric Unit and R & R	3-Jul-17	31-Mar-22
64	Overberg	8.3	Hermanus - Hermanus Hospital - New Acute Psychiatric Ward	1-Jun-16	30-Mar-19
65	Overberg	8.3	Swellendam - Swellendam Hospital - Acute Psychiatric Ward	1-Jun-16	30-Mar-19
66	Various	8.1	Various Pharmacies Upgrade 8.1 - Pharmacies Rehabilitation	30-Jun-15	30-Apr-19
67	Various	8.3	Various Pharmacies Upgrade 8.3	30-Jun-15	30-Apr-20
68	West Coast	8.1	Malmesbury - Abbotsdale Satellite Clinic - Replacement	5-May-15	1-Dec-19
69	West Coast	8.1	Malmesbury - Chatsworth Satellite Clinic - Replacement	16-Mar-17	30-Jun-20
70	West Coast	8.1	Saldanha - Diazville Clinic - Replacement	21-Nov-17	31-Mar-23
71	West Coast	8.1	St Helena Bay - Sandy Point Satellite Clinic - Replacement	5-May-15	30-Dec-22
72	West Coast	8.1	Vredenburg - Vredenburg CDC - New	30-Nov-17	30-Mar-23
73	West Coast	8.2	Darling - Darling Ambulance Station - Upgrade and Additions incl wash bay	1-Jun-16	30-Mar-19
74	West Coast	8.3	Malmesbury - Swartland Hospital - Demolitions	15-Dec-17	31-Mar-19
75	West Coast	8.3	Malmesbury - Swartland Hospital - EC extension to fire-damaged building	28-Feb-18	1-Dec-20

76	West Coast	8.3	Malmesbury - Swartland Hospital - Prefabricated Wards	15-Jul-17	30-Jun-18
77	West Coast	8.3	Malmesbury - Swartland Hospital - Prefabricated Wards	15-Jul-17	30-Jun-18
78	West Coast	8.3	Malmesbury - Swartland Hospital - Rehabilitation of fire-damaged hospital	17-Aug-17	30-Apr-18
79	West Coast	8.3	Malmesbury - Swartland Hospital - Rehabilitation of fire-damaged hospital	17-Aug-17	1-Dec-19
80	West Coast	8.3	Piketberg - Radie Kotze Hospital - Hospital layout improvement	1-Jun-16	30-Mar-19
81	West Coast	8.3	Vredenburg - Vredenburg Hospital - Upgrade Ph2B	1-Apr-07	13-Nov-14
82	West Coast	8.3	Vredenburg - Vredenburg Hospital - Upgrade Ph2B Completion	31-Mar-15	10-Dec-18

Facilities that were Closed or Downgraded in 2017/18

Four facilities were closed down in 2017/18, namely Robbie Nurock CDC, Woodstock CDC, Witlokasie Clinic and Baardskeerdersbos Satellite Clinic. The Robbie Nurock CDC building was in a very poor condition and the layout no longer suitable for providing PHC services; whilst the Woodstock CDC was being run on a temporary basis from the old Woodstock Hospital building. These CDC services are now being provided by the recently commissioned new District Six CDC; opened on 26 February 2018. With the building of the new Knysna CDC and consolidation of certain outreach services, the Witlokasie Clinic was no longer required. Baardskeerdersbos Satellite Clinic (a leased facility) was closed in 2017/18 with this service being rendered by a mobile clinic with effect from 01 April 2018.

The step-down service rendered from William Slater was relocated to Valkenberg Hospital and Prince Alfred Hamlet and Napier Clinics were replaced with new facilities in 2017/18.

Current State of Capital Assets

The current state of the Department's capital assets is reflected in the table below.

Current condition of State-owned Facilities		
Condition Status	**Number of facilities**	**Percentage**
C5	27	8%
C4	177	52%
C3	126	37%
C2	10	3%
C1	0	0%

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

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

Maintenance

Progress made on the maintenance of infrastructure

The table below provides a summary of the budget and expenditure, per maintenance category, for 2017/18.

Maintenance per category	2017/2018		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Maintenance – Day-to-day	**34 638 000**	**37 308 376**	**(2 670 376)**
PES: Infrastructure	31 211 000	35 644 506	(4 433 506)
PES: Emergency Fund - Storm and Fire	1 200 000	1 200 000	(0)
PES: Emergency Fund – Swartland Hospital	2 227 000	463 870	1 763 130
Maintenance – Day-to-day (Management Contract)	**43 023 000**	**53 566 806**	**(10 543 806)**
HFRG	-	-	-
PES: Infrastructure	43 023 000	53 566 806	(10 543 806)
Maintenance – Routine	**57 328 000**	**58 776 934**	**(1 448 934)**
HFRG	17 996 000	32 591 921	(14 595 921)
PES: Infrastructure	39 332 000	26 185 013	13 146 987
Maintenance – Scheduled	**198 614 000**	**144 772 737**	**53 841 263**
HFRG	138 614 000	99 465 070	39 148 930
PES: Infrastructure	-	-	-
PES: Maintenance	60 000 000	45 307 667	14 692 333
TOTAL	**333 603 000**	**294 424 853**	**39 178 147**

Scheduled Maintenance projects completed in 2017/18

The following Scheduled Maintenance projects achieved Practical Completion in 2017/18:

- Piketberg - Radie Kotze Hospital - Acute Psychiatric Unit upgrade and maintenance
- Vredenburg - Louwville Clinic - Minor Capital extension including R, R & R
- Mossel Bay - Alma CDC - Fencing
- Clanwilliam - Clanwilliam Clinic - General repairs, painting, electrical and mechanical works including new garage
- Observatory - Valkenberg Hospital - Epoxy - Vinyl of Ward Floors - Upgrade Ward Ablution Facilities
- Mossel Bay - Brandwacht Satellite Clinic - General maintenance including civil work / Mossel Bay - Eyethu Clinic - General maintenance
- George - Conville CDC - Mechanical ventilation
- Malmesbury - Kalbaskraal Satellite Clinic - General maintenance
- Koringberg - Koringberg Satellite Clinic - General maintenance
- Maitland - Alexandra Hospital - Fire compliance
- Hermanus - Onrus River Satellite Clinic - General maintenance
- Swellendam - Railton Clinic - Electrical upgrade
- George - Harry Comay Hospital - Removal of excavated medical waste
- George - Herold Satellite Clinic - Electrical upgrade and CoC
- Hermanus - Hermanus Hospital - Nurses Home - General maintenance
- Ceres - Bree River Clinic- Sewerage Systems - General Repairs - Maintenance
- Delft - Delft CHC - Minor Capital extension including R, R & R
- Heideveld - Heideveld CDC - Mechanical and electrical including security lighting
- Rietpoort - Rietpoort Satellite Clinic - General maintenance
- Vredenburg - Vredenburg Clinic - General maintenance
- Stanford - Stanford Ambulance Station - General maintenance including security issues
- Oudtshoorn - Oudtshoorn Hospital - Acute Psychiatric Unit upgrade and maintenance
- Crossroads - Crossroads CDC - Records and Reception upgrading
- Touws River - Touws River Clinic - Fencing
- Parow - Tygerberg Hospital - Replacement of Watermain and Firemain Pipeline
- Mitchells Plain - Lentegeur Hospital - Fire Compliance
- Athlone - Western Cape College of Nursing - Boiler replacement
- Plettenberg Bay - Crags Clinic - Mechanical installation Air-conditioning
- Touws River - Touws River Ambulance Station - General upgrade, extension for wash bay and maintenance

Processes in place for the Procurement of Infrastructure Projects

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

- Routine Maintenance: Utilisation of Term Service Contracts procured through the Directorate: SCM in WCGH
- Day-to-day Maintenance: Utilisation of a Framework Agreement, procured by WCGTPW
- Day-to-day Maintenance: Utilisation of a Framework Contract for a Management Contractor procured by WCG: Education
- Emergency Maintenance: Procured by WCGH (Directorate: Engineering and Technical Support), in alignment with procedure outlined in the Maintenance Protocol.

Maintenance Backlog and Planned Measures to reduce the Backlog

The current maintenance backlog is reflected in the table below, which has been extracted from the Department's 2018/19 User Asset Management Plan (U-AMP). The U-AMP is the primary strategic document utilised by the Department with respect to health infrastructure planning.

Health Facilities Maintenance Backlog		
Backlog	2018/19	2019/20
Estimated Value of Buildings	45 600 783 000	45 600 783 000
Estimated Value of Buildings Escalated @10% P.A.	45 600 783 000	50 160 861 300
Cost of Maintenance Required @ 3.5% P.A.	1 596 027 405	1 755 630 146
Actual Maintenance Budget including Rehabilitation, Renovations and Refurbishments, and Scheduled, Routine and Day-To-Day Maintenance at Hospitals	577 624 000	428 166 000
Estimated Total Backlog as at March 2018 and increased in following year according to backlog not addressed per annum	1 018 403 405	2 345 867 551
Notes		
• Replacement value based on existing building areas. Areas not used are to be relinquished to reduce maintenance required per year • Bidding amounts for 2019/20 and beyond are not included		

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

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

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

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

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

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

Asset Management Plan

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

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

3 Available at https://www.westerncape.gov.za/assets/departments/health/uamp_201819.pdf

PART C:
GOVERNANCE

PART C: Governance

Introduction

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

Risk Management

Risk Management Policy and Strategy

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

In compliance with the PSRMF and to further embed risk management within the Department, the Western Cape Government (WCG) has adopted an ERM Policy Statement which sets out the WCG's overall intention with regard to ERM. The Department adopted an ERM Policy for the period 2016/17 – 2017/18, approved by the Accounting Officer on 5 September 2016; and an ERM Strategy and Implementation Plan for 2017/18, approved by the Accounting Officer during the 2017/18 financial year. The ERM Implementation Plan gave effect to the departmental ERM Policy and Strategy and outlines the roles and responsibilities of management and staff in embedding risk management in the department.

Risk Assessments

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

Risk Management Committee

The Department has an established Departmental Risk Management Committee to assist the Accounting Officer in executing her responsibilities relating to risk management. The Committee operated under a Terms of Reference approved by the Accounting Officer on 2 November 2017. The Departmental Risk Management Committee in the main evaluated the effectiveness of the mitigating strategies implemented to address the risks of the department and recommended further action where relevant.

Role of the Audit Committee

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

Progress with the Management of Risk

There has been significant progress with the management of risks during the 2017/18 financial year, resulting in a satisfactory MPAT score level 3 in 2017/18. In 2017/18, 6 departmental risks were identified through a rigorous process of engagement. The quality of the conversations around risks has improved. Risk management is also a standing item on the agenda of Top Management meetings, where the Department Risk Report is tabled quarterly.

The following table lists the 6 strategic risks with their residual ratings as at 31 March 2018.

Risk	Residual Rating
1. Budget constraints	This risk was merged with the "Service Delivery Pressures" risk due to similarity of controls.
2. Staff related security incidents	**High** *(Impact = 2: Likelihood = 4)*
3. Stock-outs of essential pharmaceutical goods	**Extreme** *(Impact = 3: Likelihood = 4)*
4. Fraud, corruption and theft	**High** *(Impact = 2: Likelihood = 4)*
5. Service delivery pressures	**Extreme** *(Impact = 3: Likelihood = 4)*
6. Aging infrastructure and Health Technology	**High** *(Impact = 2: Likelihood = 4)*

Fraud and Corruption

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

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

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

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

Employees who blow the whistle on suspicions of fraud, corruption and theft are protected if the disclosure is a protected disclosure (i.e. meets statutory requirements e.g. was made in good faith). In this regard the transversal Whistle-blowing Policy provides guidelines to employees on how to raise concerns with the appropriate line management, specific designated persons in the WCG or external institutions, where they have reasonable grounds for believing that offences or improprieties have been or are being perpetrated within the WCG. The opportunity to remain anonymous is afforded to any person who would like to report acts of fraud, theft and corruption and should they do so in person, their identities are kept confidential by the person to whom they are reporting.

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

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

Cases	No.
Open cases as at 1 April 2017	13
New cases (2017/18)	9
Closed cases (2017/18)	14
Open cases as at 31 March 2018	8

The following table further analyses the closed cases indicated above:

Outcome of cases closed	No.
Allegations substantiated	6
Only preliminary investigation with no adverse findings	5
Only preliminary investigation with no findings but with recommendations	2
No investigation required because Department already conducted and finalised an internal investigation	1

Minimising Conflict of Interest

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

- The Code of Conduct document as issued by National Treasury; and
- The Departmental Non-Disclosure Agreement (NDA)
- Electronic disclosure of financial interest by all officials as per Public Service Regulations (PSR) 2016

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

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

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

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

Code of Conduct

The Code of Conduct is to promote high professional standards in the workplace, to encourage public servants to behave ethically, and to ensure acceptable behaviour. Training workshops were conducted to sensitise employees and raise awareness of the expected standard of behaviour and what behaviour is not acceptable as prescribed by the Public Service Code of Conduct. A total number of 1243 employees attended the code of conduct workshops during 2017/18.

Breach of the code of conduct is immediately addressed in terms of the Disciplinary Code and Procedures for the Public Service. A total of 158 employees (9 Formal, 149 Informal) were disciplined for the breach of the code of conduct during 2017/18.

Health, Safety and Environmental Issues

The WCG: H has approved the strategic-year plan to formalise Safety, Health, Environment, Risk and Quality (SHERQ) management in the Department. The plan was approved by the Head of Department in December 2016. The following areas are focused on:

- SHERQ Governance and Organisational Structures
- SHERQ Capacity Building
- Occupational Health and Safety Risk Assessment and Management
- Injury on Duty and Disability Management
- Medical Surveillance and Work Ability

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

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

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

SCOPA Resolutions

Subject	Details	Response by Department	Resolved (Yes/No)
• Resolution no.: Pages: 192-193 of the 2016/17 Annual Report			
Heading: "Introduction and scope" **Description:** The Committee takes cognisance of the fact that the Department received two findings by the AGSA on Programme 2, which includes: • Indicator: Dtap-IPV/ Hpv 3- Measles first dose drop-out rate; and • Indicator: Mother postnatal visit within six days rate. The concern which arises from the aforementioned findings included the reliability of the information that was reported on by the Department in its Annual Report for the 2016/17 financial year.	1. That the PAC conducts an oversight visit to a health facility to be briefed on the mechanism that is in place to improve its reliability of information and the associated challenges, on the programmes which the Department reports.	That the Department brief the PAC on the roll out of an electronic filing system that will assist it in improving its reliability of reported performance information.	No
	2. That the Department brief the PAC on the roll out of an electronic filing system that will assist it in improving its reliability of reported performance information.	Briefing session held on 16 May 2018 • New integrated stationery developed, piloted and in the process of being implemented • Enhancement of Primary Health Care Information system (PHCIS) has been piloted. Further development required and rolling out will take place this year. • Once data is captured, PHCIS can apply rules to identify services that comply with the data element/ indicator definitions without relying on clinicians to check the correct box	Yes
• Resolution no.: Pages: 195 of the 2016/17 Annual Report			
Heading: "Appropriation statement" **Description:** The Committee notes that there were cases where the Department continued to possess ageing medical infrastructure amongst its assets, during the 2016/17 financial year.	3. That the Department brief the Committee on its User Asset Management Plan (UAMP), from the 2016/17 to 2019/20 financial years, including all associated costs and challenges which relates to the upgrading and/ or eradication of its ageing infrastructure.	Briefing session held on 16 May 2018 • Department provided presentation. • Committee will review and submit follow-up questions	• No
• Resolution no.: Page: 243 of the 2016/17 Annual Report			
Heading: "6.2 Debts written off" **Description:** The Committee notes that the Department made salary overpayments to former employees which were not recoverable at a later stage. Subsequently, the amount of R1 107 million was written off during the 2016/17 financial year.	4. That the Department implements a mechanism that will avoid a future recurrence of such a nature. The Committee will, in addition, request to be briefed by the Department to obtain further information regarding the challenges experienced on the recoverability of funds from former employees.	Briefing session held on 16 May 2018 • Department identified root causes of salary overpayments • Highlighted 5 actions to be implemented to prevent occurrence thereof	• Yes

Prior Modification to Audit Reports

Finance

No matters to report

Finding	Nature of qualification, disclaimer, adverse opinion and matters of non-compliance	Financial year in which it first arose	Progress made in clearing / resolving the matter
Reported actual information not reliably stated: Dtap-IPV/Hpv 3- Measles first dose drop-out rate Accuracy – Misstatements identified on mother's postnatal visit within 6 days after delivery reported at the facility. Reported information not reliable: Information recorded on tally – sheets and registers are not consistent with patient folder information Reported actual information not reliable stated	Matters affecting the auditor's report	2013-14	Short term: Approval was received from the NDOH and DotP to remove certain indicators from the APP (Dtap-IPV/Hpv 3- Measles first dose drop-out rate). Training of clinical staff on definitions and registers Definition app made available on cell phones to all staff Continuous assessments by ICU team Long term: Integrated patient stationery has been piloted and is being implemented to assist with recording of this information for capturing on the PHCIS system. Development on the PHCIS system is in progress. • The collation and reporting of the elements will then become an automated function of the Business Intelligence system removing the need for clinicians to count and calculate age and time.
Control deficiency: Date of service provided as per tick register / patient listing differ from the date as per patient folder Accuracy and completeness – Outcomes not captured on ETR.NET. Reported information not reliable: Information recorded on CLINICOM not consistent with patient folder information; information does not exist in patient folder Accuracy and validity – Reported actual information could not be validated with supporting evidence in patient files and no regular reviews of tally sheets performed; Limitation: Service provided as per patient folder could not be trace to the tick register / patient listing	Other important matters		
Accuracy – Patient listings (Clinicom data) do not agree to the monthly Cognos (Clinicom) Report and monthly throughput forms and the data captured onto SINJANI; Patient listings (CLINICOM data) do not agree to the monthly SINJANI totals; Misstatements identified on the number of early neonatal deaths reported at the facility Accuracy and validity: Child under 5 years death double counted. Reported information not reliable: Information recorded on tally – sheets and registers are not consistent with patient folder information	Other important matters	2013-14	Built BI report using ICD 10 coding for child health (SAM, diarrhoea, pneumonia). Auto-populate Sinjani with BI data for 2 months at a time to reduce transcription errors and pick up backlog capturing. Development is complete. To be implemented June'18 if under 5 year coding coverage is adequate. • Patient listings saved on BI for auditing purposes
Accuracy and validity: The cause or diagnosis of death for children under 5years is incorrectly captured and coded on Clinicom system	Other important matters	2016-17	Training of clinicians NIDS definition app made available to staff eCCR rolled out for doctors to capture discharge summary and diagnosis • All deaths for Diarrhoea, Pneumonia, and SAM reported for all facilities verified by ICU as part of the ICU assessment process.
Limitation: Patient folder could not be provided to validate the service provided as per tick register / patient listing	Matters affecting the auditor's report	2013-14	A folder hygiene project was developed to address folder management. This project is ongoing and starting to show results. The project consists of a number of ongoing initiatives namely -Reorganistaion of records management
Control deficiency: Duplicate patient folders; Duplicate Folder: Two "live" folders with different folder numbers exist for one patient. Limitation: Patient folder could not be provided to validate the service provided as per tick register / patient listing / ETR.net report	Other important matters		

Usefulness: Planned indicators not consistent; Planned indicators not relevant; Data elements not aligned to (Technical indicator descriptions) TIDs; classification of indicators; indicators short definition and data element not aligned; Provincial indicators different from national indicators; planned targets for indicators not consistent and measurable	Other important matters	2013-14	Agreement reached with NDOH that the last date for changes to the APP technical indicator dataset is 30th October, however changes were unfortunately still made in January'18. Approval was received from NDOH to remove 2 high risk indicators from the 17/18 APP – DotP approved and the APP was amended in the mid-year adjustment. High risk indicators were removed from the 18-19 APP. An electronic tool to assist programmes to set targets was developed and piloted, however technical challenges were experienced. It is being used to a limited extent while enhancements are made. RDHS developed an excel tool to set targets and ensure integrity which includes validation. Errors not corrected in the APP are explained in QPR and AR comments • At the NIDS review starting 2018/06, WC will request NDOH to include thresholds for indicators with age and time dimensions to allow some flexibility.
Accuracy – Reported actual information could not be substantiated with other supporting information; misstatements on the number of early neonatal deaths reported at the facility Consistency – Reported actual information in annual performance report (APR) is not consistent with planned documentation (APP 16-17) Presentation and Disclosure – Deviations between actual reported achievements and planned targets were not substantiated with reasons; Errors in the actual reported achievements; The reported achievement included parameters not used in estimating the planned target Material misstatements in the annual performance report submitted for auditing. As management subsequently corrected only some of the misstatements audit raised material findings on the reliability of the reported performance information	Other important matters	2013-14	Agreement reached with NDOH that the last date for changes to the APP technical indicator dataset is 30th October, however changes were unfortunately still made in January'18. Agreement reached with DotP and AG that reasons for deviations of less than 5% cannot always be explained as they are demand/service driven and can't be predicted with 100% accuracy and that an explanation to this effect is acceptable. Target setting reviewed to ensure definition is applied. Annual report tables reviewed before submission. • The annual report was corrected where possible, however due to the NDOH data being locked, further changes were not possible. A request made to NDOH to allow changes subsequent to audit was denied however AG has confirmed that changes can be made at the HoD's discretion.
Accuracy and validity – Reported information in the ideal clinic dashboard could not be validated with supporting evidence	Other important matters	2013-14	• A guide was developed detailing what evidence must be kept, based on what was audited by AG and what is required for Ideal clinic reviews.
Reported information not reliable: Information recorded on the excel (manual) database not consistent with patient folder information	Other important matters	2013-14	• Implemented Clinicom at intermediate care facilities
Differences between DHIS and SINJANI reported totals	Other important matters	2013-14	The Western Cape has transitioned data submission to the webDHIS and provincial staff have been trained in this regard. Business processes were reorganised to ensure data alignment. A number of technical enhancements were made, namely: Facility list has been aligned; ART cohort data is being imported; Sinjani developed to auto populate blank values with '0'. Data is checked monthly to ensure alignment. NCS: Bugs were identified on this system which prevented WC from finalizing reports earlier in the year. Bug fixes were deployed in April/May'18 allowing for capturing and reporting for the annual report. • HPV: Notified NDOH that WC won't use the HPV app and that Sinjani data will be provided to NDOH as source.

Human Resources

No matters to report

Internal Control Unit

Finance

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

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

The Department uses Irregular Expenditure (IE) as the norm to determine whether controls implemented had the desired effect. For 2017/18 the Department will report R23,4 million IE which equates to only 0,3 per cent of the Good and Services Budget and confirms that the Department's compliance controls are predominantly working effectively.

Information Management

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

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

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

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

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

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

Human Resources

The Department intends maintaining its track record of a clean audit report in respect of PM compliance matters. The purpose of the People Management, Compliance and Training sub-directorate is to render an efficient and effective client/consultancy support service to people management offices and line managers at Institutions, districts and regions, with specific reference to the application of the Public Service regulatory framework.

In order to achieve the above-mentioned, compliance investigations, informal- and formal functional training as well as continuous evaluation of required capacity in terms of the current and newly created organisational structures are conducted.

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

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

- During compliance investigations informal training was conducted at thirteen (13) institutions.
- Line managers at ten (10) institutions in the Metro received PM Functional training, 23 sessions were conducted and a total of 376 Line Managers attended the training. People Management responsibility training of line managers was conducted. HR Functional training was conducted at one (1) institution in the Metro. Formal Training on how to audit leave was conducted at one (1) of the Metro Institutions.
- Training to DICU's regarding the Quarterly Action Plan and how to conduct compliance investigations took place at one (1) of the rural district Offices.
- Ad-hoc investigations were conducted that included working hours of medical practitioners, commuted overtime, automation of the Compliance Monitoring Instrument (CMI), grievances regarding Radiographers working hours, the secondment of an employee without consent and an investigation regarding excessive overtime paid at a Rural Hospital.

Internal Audit and Audit Committee

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

- Assess and make appropriate recommendations for improving the governance processes in achieving the department's objectives;
- Evaluate the adequacy and effectiveness and contribute to the improvement of the risk management process;
- Assist the Accounting Officer in maintaining efficient and effective controls by evaluating those controls to determine their effectiveness and efficiency, and by developing recommendations for enhancement or improvement.

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

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

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

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

Name	Qualifications	Internal or external	If internal, position in the department	Date appointed	Date Resigned	No. of Meetings attended
* Mr Mervyn Burton	BCOMPT, BCOMPT Hons, CA (SA),	External	N/A	01 June 2015 (2nd term)	N/A	9
** Mr Ronnie Kingwill	BCOM CTA; CA(SA);	External	N/A	01 Jan 2016	N/A	9
Mr Terence Arendse	CTA, CA (SA)	External	N/A	01 Jan 2017 (2nd term)	N/A	9
Ms Bonita Petersen	BCOM, BCOM (Hons), CA (SA)	External	N/A	01 Jan 2017 (2nd term)	N/A	8

* **Chairperson** since 1 January 2016 – Term ended 31 May 2018

** **Chairperson** since 1 June 2018

Audit Committee Report

We are pleased to present our report for the financial year ended 31 March 2018.

Audit Committee Responsibility

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

The Effectiveness of Internal Control

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

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

Assurance Engagements:

- Transfer Payments
- Financial Statements

Consulting Engagements:

- Compliance Burden (Non adding value services)
- Cost Containment Strategies
- Aging Infrastructure and Health Technology
- Corporate Governance – Enterprise Risk Management
- ICT Automation

Follow-ups:

- Transfer Payments
- Safety and Security of Staff and Infrastructure at Facilities
- Facility Warehouse Management
- Forensic Pathology Services (ICT)
- Emergency Medical Services (EMS)
- Commuted Overtime

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

The Provincial Forensic Services presented us with statistics. The Audit Committee monitors the progress of the PFS reports on a quarterly basis. There were no matters brought to our attention that required further reporting by the Audit Committee.

In-Year Management and Monthly/Quarterly Report

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

Evaluation of Financial Statements

The Audit Committee has:

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

Compliance

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

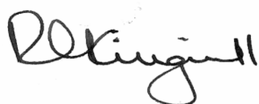
Performance Information

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

Report of the Auditor-General South Africa

We have on a quarterly basis reviewed the Department's implementation plan for audit issues raised in the prior year. The Audit Committee has met with the AGSA to ensure that there are no unresolved issues that emanated from the regulatory audit. Corrective actions on the detailed findings raised by the AGSA will continue to be monitored by the Audit Committee on a quarterly basis.

The Audit Committee concurs and accepts the Auditor-General of South Africa's opinion regarding the Annual Financial Statements, and proposes that these Audited Annual Financial Statements be accepted and read together with their report.



Ronnie Kingwill

Chairperson of the Health Audit Committee

Date: 21 August 2018

PART D:

PEOPLE MANAGEMENT

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

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

Introduction

People Management (PM) has a pivotal role in ensuring the success of the Healthcare 2030 strategy to address the requirements for a person-centred quality health service, as employees are the most critical enabler. The Human Resources for Health Strategy (HRH, 2011), in terms of the Public Service legislative framework, will significantly influence the strengthening of health systems toward an effective and person-centred health service that will contribute to population outcomes and the achievement of the Healthcare 2030 principles below:

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

Value of Human Capital in the Department

The Status of Human Resources in the Department

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

Overview of the workforce

72 per cent of the workforce is female and 28 per cent males; 30 per cent are Black, 15 per cent are White, 53 per cent are Coloured and 2 per cent are Indian; and 51 per cent of senior management positions are held by females. The SMS profile is as follows:

- 3 per cent African Female
- 5 per cent African Male
- 21 per cent Coloured Female
- 21 per cent Coloured Male
- 2 per cent Indian Female
- 5 per cent Indian Male
- 25 per cent White Female
- 18 per cent White Male

The Department employs 185 persons who classify as disabled, 93 per cent of the staff is employed on a full-time permanent basis; with the length of service ranging from newly appointed staff to forty years. The age profile of the workforce is:

- 3 per cent under 25 years
- 44 per cent aged 25 to 40 years
- 41 per cent aged 41 to 55 years
- 9 per cent aged 56 to 60 years
- 3 per cent aged 61 to 65 years

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

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

People Management Priorities for 2017/18 and the Impact of these Priorities

WCG: Health has a staff establishment of 31 549 employees that attend to millions of patients annually within a stressful, busy and resource-constrained environment. It is easy to understand how staff working at the coalface can become mechanistic in the way they perform their tasks, slip into a mentality of clearing crowds and treat patients as cases on a daily basis. The biggest unintentional casualty is the human and caring factor in the service. To effectively address this there will be, amongst others, a greater focus on organisational culture including increased mindfulness of living the values of the Department on a daily basis. This requires the involvement of leadership at all levels and the incorporation of a values based system within all PM practices and processes.

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

- People Strategy (PS)
- People Practices and Administration (PA)

- People Development (PD)
- Employee Relations (ER)
- Employee Wellness (EW)
- Change Management (CM)

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

Scarce Skills

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

Clean HR Audit

The Department achieved a clean audit report in 2016/17 in respect of PM matters. The implementation of the PM Compliance Monitoring Instrument (CMI) and Quarterly HR Audit Action Plan, including a focus on training and development in people management processes and practices, has proven to be effective in improving compliance with the PM regulatory framework.

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

The PM CMI in conjunction with PERSAL reports are furthermore utilised by the Component PM Compliance and Training to prioritise institutions for investigations. Information obtained from the aforementioned interventions is used to provide assistance and training in order to enhance compliance.

Labour Relations

An effective Provincial Public Health and Social Development Sectoral Bargaining Chamber where negotiations and consultation with organised labour take place were held throughout the reporting period. There were 5 ordinary Chamber meetings, 2 Special Chamber meetings, 5 People Management task team meetings and 1 Annual General Meeting. Currently there are 62 fully functional Institutional Management Labour Committees (IMLC's) within the Department which ensure sound interaction with organised labour and the employer at institutional level.

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

Employment Equity

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

Barret Values Survey

The Barrett Values Survey was identified as a preferred tool to measure organisational culture because unlike other surveys, it does not only give an indication of personal values of employees and the current culture they experience, but also indicates what the desired culture should be and what to focus on to achieve this. The Department of Health participated in their 4th Barrett Value Survey in August 2017, which was available to employees online. The Department's participation rate increased consistently since 2011 with a significant improvement in the participation during 2015 and 2017 respectively. Key factors that influence the willingness of employees to voice their opinion about the organisational culture were the strong advocacy by the Head of Department, senior managers and the Chief Directorate People Management in the Department to complete the survey.

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

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

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

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

- Employee recognition
- Fairness

In order to be true to its commitment of a values-driven organisation, the Department of Health needs to consider the reasons why these unfulfilled values are not being expressed as part of the organisational culture and what needs to be done to enable these to show up

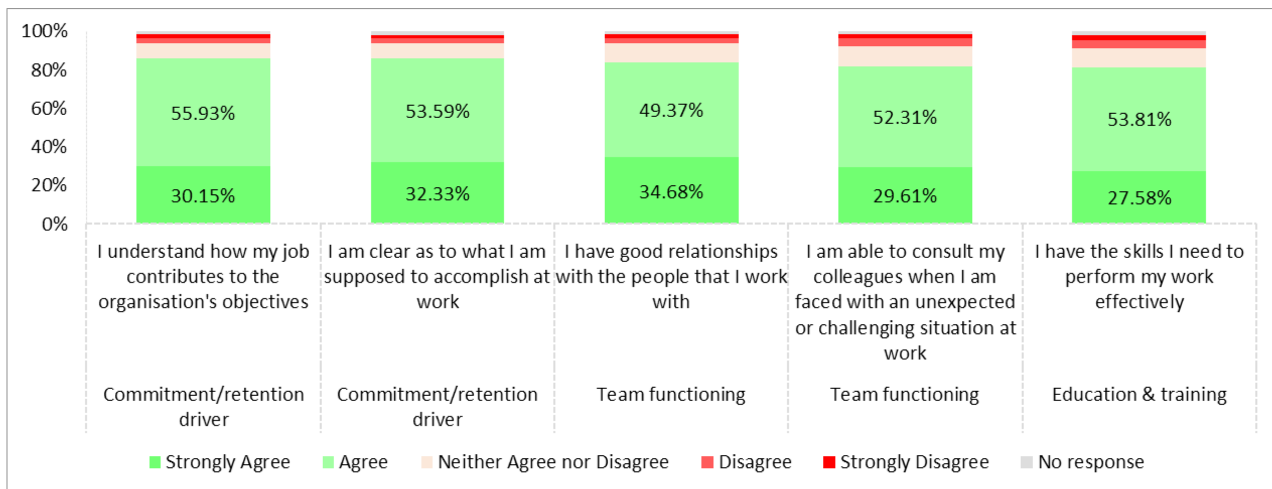
The Barret's Survey is administered every 2 years and is due again in 2019.

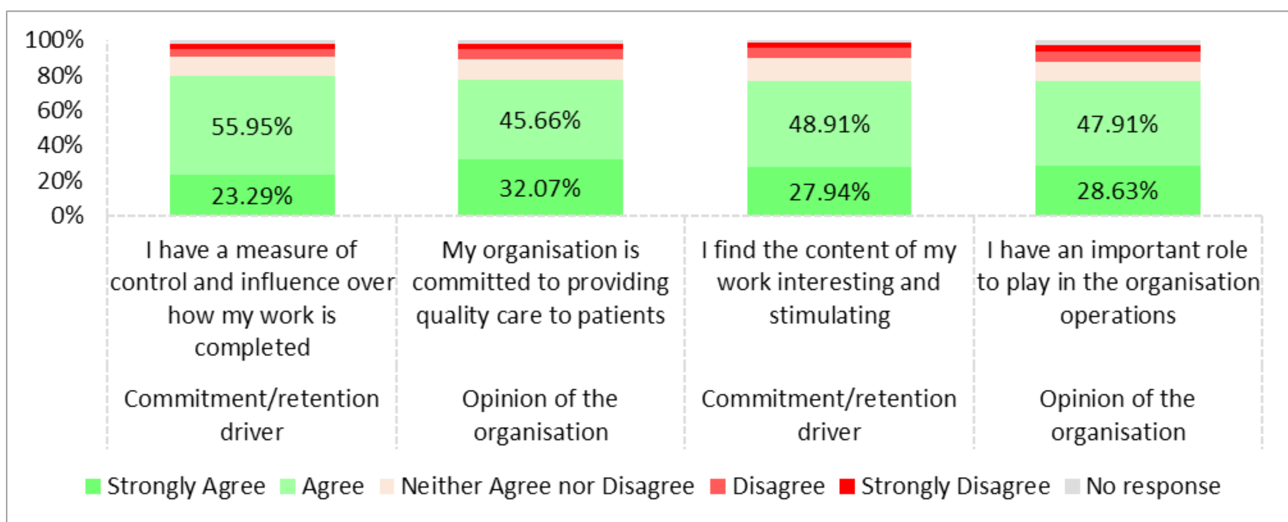
Staff Satisfaction Survey

WCG: Health conducted a staff satisfaction survey (SSS) in January 2016 throughout all districts, institutions and directorates within the Department. The survey was conducted by means of a self-administered questionnaire which was available in all three official languages. Provision was also made for employees with a disability to complete the survey telephonically, where appropriate. The Department piloted an online version of the survey. 11 972 responses were received and this represents a 38.3 per cent response rate.

The aim of the SSS was to assess the organisational climate among employees in terms of their thoughts and opinions of the organisation, their job and their work environment. The primary dimensions assessed in the survey were related to opinion of the organisation, communication, leadership, employee satisfaction with the organisation and organisational support structures, trust, team functioning, performance management, growth and development and coping style. The staff satisfaction survey comprised of 65 questions. The questionnaire is based on the national core standards as well the Wellbeing Framework. The overall areas of greatest satisfaction and dissatisfaction are depicted below.

Areas of Greatest Satisfaction





Areas of Greatest Dissatisfaction

Dimension	Item assessed	Disagree		Trend
		2016	2013	
Physical, safety & security	The restroom/tearoom facilities are adequate	40.32%	38.13%	↑
Commitment/retention driver	People in this organisation are transparent (no hidden agendas) and communicate openly	40.04%	40.42%	↓
Communication & consultation	The organisation puts employees' ideas into practice	39.09%	37.53%	↑
Communication & consultation	You receive feedback on your suggestions	38.25%	38.10%	↑
Leadership style	In the last 7 days I have received recognition or praise (for example, a thank you) for doing good work from my manager	37.17%	39.77%	↓
Communication & consultation	The organisation is open to employee's feedback and ideas	35.58%	31.94%	↑
Opinion of the organisation	The organisation treats its employees fairly	35.46%	29.02%	↑
Physical, safety & security	The ablution/cloakroom facilities are adequate	34.47%	30.71%	↑
Perceptions of change	I believe that senior management in this organisation have the best interests of employees at heart	34.34%	30.85%	↑
Team functioning	My colleagues are looking to leave the organisation within the next 6 months	33.93%	28.14%	↑
Communication & consultation	The organisation keeps employees informed about planned changes timeously	33.74%	31.19%	↑
Opinion of the organisation	The organisation values & cares for its employees	33.39%	27.45%	↑
Physical, safety & security	I have not experienced verbal and/or physical abuse from patients in the last year	33.16%	29.70%	↑
Physical, safety & security	My personal belongings are safe at work, e.g. car, bag, etc.	33.06%	32.14%	↑

The results of the survey will be used as a planning tool within the Department in order to attain person-centred care and strive towards achieving the outcomes as outlined in Healthcare 2030. The survey results were presented to top management as well as sub-structure/district management teams within the Province during July and August 2016.

The next Staff Satisfaction Survey will be conducted during the 2018/19 finacial year. The Staff and Barret Surveys alternate yearly.

Employee Health and Wellness Programme

The backbone of every good wellness program is behavior and culture change. With the right training intervention, psycho-social support, and life management services the employee is able to manage their wellbeing. Wellness programs are beneficial for employees to adopt and maintain healthy behaviors. Healthy behaviors lead to lower health risks, and lower health risks lead to less chronic disease. With less chronic disease employees have fewer health care costs and higher return on investment for the department. Employee wellness programmes informed by impact research in terms of identifying priorities areas are more effective at managing departmental challenges and implementing pro-active approaches to organizational wellness.

A health and wellness orientated health workforce is more likely to be engaged, productive and aligned to the health systems vision of improving the patients experience and health outcomes. Furthermore, if staff are afforded opportunities to improve their own health and sense of wellness including providing an enabling work environment it could have an impact on the health and wellness of their immediate family and the greater community.

Improving employee engagement, building resilience and reducing work related stress have become the top priorities for the Employee Wellbeing Programme. It is given impetus since it directly affects the department. Researchers suggest that work stress works positively within the department and is one of the most important factors in improving productivity within the department.

Employee Health and Wellness Programme (EHWP)

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

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

The overall engagement rate, which includes uptake of all services provided, amounted to 28.2 per cent during the period under review, which has increased slightly from 27 per cent in the 2016/17 financial year.

During the period under review and the preceding period, the most commonly utilised service was Professional Counselling, which constitutes 46.8% of total engagement in the most recent period and 49.7 per cent during the previous period.

Problems relating to Stress constituted the most commonly presenting broad problem category during the most recent review period, accounting for 20 per cent of all difficulties. This has changed from the previous comparable period, when Relationship Issues was the most commonly presenting problem, accounting for 16.8 per cent of all issues dealt with by the EHWP.

Managers accounted for 28.5 per cent (978 cases) of all individual utilisation, down from 31.4 per cent (1 147 cases) in the previous year. The General Specialist and EMS division had the highest number of managers that used the service. The managerial consultancy service was used in 660 instances by managers to address workplace challenges in the year under review.

The formal referral process has the capacity to proactively identify and mitigate the impact of severely impacting problems on the well-being of employees. It is important that managers understand the importance of the EHWP in improving the productivity of their teams, maintaining team morale and mitigating behavioural risk to the organisation. The total number of 284 formal referrals cases remained constant to the previous comparable period and 303 assisted referral cases were opened and managed in the year. There is a significant increase in the number of assisted referrals. Employees were most commonly referred for absenteeism, stress and work/life balance issues. Face to face to counselling was provided and the majority of the cases were successfully resolved. The managerial consultancy and formal referral process ensures the referring manager is provided with support and guidance on how to manage the employee going forward. Regular reminders of the availability of this service will ensure consistent use.

The e-Care programme enables employees to manage their well-being online and sends employees a weekly e-mail with information on various health topics to promote physical and emotional well-being. For the reporting period 2017/18 (719) employees profiled themselves on the e-Care service which is an increase from the 670 profiled users in the previous reporting period. The top three health concerns amongst users have remained constant, namely and they are back pain, hay fever/allergic rhinitis and stress.

HIV/AIDS, STI's & TB

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

A total number of 3 913 employees were tested during 2017/8, compared to a total number of 3 931 employees in the previous comparable period. The results revealed a decrease in the number of employees testing positive for HIV (23 employees tested positive during 2017/18 and 43 employees in 2016/17). Employees that tested positive are immediately provided with on-site counselling, are referred into the medical schemes HIV and AIDS programme and also referred to the Employee Wellness Programme, further supported with psychologists and social workers

Safety, Health, Environment, Risk and Quality (SHERQ)

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

Health and safety committee audits are conducted annually. The audit determines whether facility committees are compliant with the OHS Act 1993 and its regulations. Compliance is measured whether facilities have regular committee minutes, chairperson nominated & appointed and members nominated and appointed.

According to the annual survey, a total of 68 (42 per cent) of the 161 captured responses have functional OHS committees (regular meetings, minutes and appointment members). There has been a 22 per cent increase in the number of functional committees. Committees must ensure risk assessments and the implementation of hazard control measures are in place at respective facilities.

There was a substantial increase in the number of OHS trained personnel at facility level. The internal Occupational Health and Safety Programme is available to institutions. The training is a two-day programme that aims to develop and capacitate employees to be competent OHS representatives. A total of 74 sessions were conducted during the reporting period covering 964 employees. The learning outcome of the programme is to enable an understanding of the OHS Act and its relevance in the workplace with particular emphasis on:

- The Duty of the Employer (Managers, Supervisors (Section16 Sub-section 4)
- The Duty of the Employee
- The Duties and Function of the Safety Representative
- The Role and Function of the Safety Committee
- How to conduct Risk Assessments

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

- First Aid 313 employees
- Fire Fighting 511 employees
- Occupational Health and Safety Rep 210 employees
- Incident Investigation 64 employees
- Emergency Evacuation 120 employees
- Health Risk Assessment 22 employees

There were 68 fire drills undertaken by various facilities.

Diversity Management

The Department acknowledges the need to engage on matters of diversity in the workplace. These include; race, gender, disability, culture and language. The increasing need to create awareness and ongoing educational initiatives has been identified. An Employment Equity Strategy is being developed and will address matters pertaining to diversity in the workplace.

Disability

During the 2017/18 reporting period the number of employees with a disability has increased to 185 to date. Consequently, the department has achieved 1 per cent of the numerical target on the employment of persons with disabilities.

The department continue with the implementation of the JOBACCESS Strategic Framework for disability.

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

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

Gender

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

During the 2017/18 reporting period the Department achieved 51 per cent women in Senior Management. Focusing on the four functional pillars, measures have been implemented in order to sustain the target achieved. These include inter alia:

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

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

Change Management

The core responsibility of the Change Management Sub Directorate is to align change initiatives to the departmental strategies and objectives, application of change management methodologies and increase change management competency and maturity across the organisation. Ongoing support has been provided to the following initiatives:

- Bothasig CDC Alignment Project – The take-over of health services from the CoCT and consolidate Bothasig Clinic under the appropriate health authority.
- Transitioning of the CAIR program to the Leadership Culture Change Initiative.
- New District 6 Facility – assist with merger of Woodstock and Robbie Nurock organisational cultures and align to departmental strategic vision
- Relocation of staff to the new Bellville Health Park

- CM Support to the e-recruitment solution
- Internal CM support to RXH People Management Unit
- MEAP project - change management support embedded in the extensive consultation session.
- SMS and MMS Change Management Competency Program.

Nursing

The Nursing Information Management System (NIMS)

The NIMS Agency Module is an automated web-based booking system linking WCGH and the currently contracted nursing agencies. NIMS improves the agency nursing staff procurement process by utilising electronic record-keeping of agency nurses in terms of staff detail, agency requisitions, monitoring quality of agency staff, management reporting and cost analysis.

In the 2017/18 financial year we have trained and activated 26 health facilities in Eden and Central Karoo. Since the inception of NIMS in 2011 one hundred and eighty-six (186) health facilities in the Metro and Rural Districts including regional, psychiatric and tertiary hospitals have been trained and activated. The NIMS Staff Module is currently activated at the three (3) Tertiary hospitals. Training and activation at various facilities have been requested. This Module covers Staff qualifications, Absenteeism, Leave functions, Clinical Placement and Workload Assessments of Nursing.

The NIMS Internal Overtime Pool was piloted in the Mitchells' Plain and Klipfontein Sub-structure. This module enables the capturing of overtime at health facilities across a sub-structure. The Overtime Module will assist institutions to manage and control overtime hours worked whilst allowing staff rotation within the sub-structure. Advantages include improving quality of care of patients and reducing burn-out by managing overtime.

On-going support in terms of new training, activations, desktop support and upskilling in the various NIMS Modules is provided to the WCGH facilities and the nursing agencies. Training Manuals, pamphlets and step-by-step guides have been developed to facilitate the training on these modules.

Formal Nursing – Utilization of clinical platform

During the 2017 academic year, 3 226 nursing students, enrolled in different nursing programmes were placed for clinical learning experiences across the accredited health facilities in the province. The decline in the number of students placed in the health platform for clinical learning is due to the phasing out of legacy nursing qualifications, mainly the enrolled nursing assistants and the enrolled nurses which started in July 2015. A coordinated clinical placement system has been established for coordination of placement of all nursing students in the clinical setting from all public and private providers utilizing public health facilities for clinical training.

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

Nursing Practice

The authorisation of clinical nurse practitioners and the dispensing of medicines by professional nurses is being addressed in order to comply with the legislative requirements and to promote access to service delivery. A database of authorised nurse practitioners has been developed and is monitored for compliance on annual bases through the Nursing Services Directorate. Nursing staffing guidelines (nurse-patient ratios) have been developed to ensure proper planning, allocation and utilisation of nurses in the clinical areas and to optimise the provisioning of quality patient care.

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

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

Employee Performance Management Framework

A Staff Performance Management System (SPMS/PMDS), prescribed by the DPSA, has been operational since 2003. The system is managed on a decentralised basis where each district is responsible for the finalisation of its processes, while the head office component also plays a policy management and oversight role in this regard.

Employee Wellness

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

Policy Development

- Policy development has been designated as a transversal function with the Department of the Premier as the custodian. The transversal nature of policy development also means that department-specific inputs are often not included in the final product. Policies therefore need to be accompanied by department-specific guidelines that must be drafted separately and issued in conjunction with the transversal policy. Department-specific guidelines are developed through a process of consultation with role-players in the Department in order to ensure wide participation and buy-in from managers. Achievements over the last year include:
- Input to the draft DPSA HR Planning Guideline and Toolkit.
- Review of the People Management Delegations to ensure legal soundness in terms of the DPSA Directive on Delegations.
- Review of the Recruitment and Selection policy.

Challenges faced by the Department

Financial Challenges

The greatest challenge is not with the design of an organisation and post structure itself, but rather the available budget to fund the post structure. As the personnel budget is not sufficient to fund all posts on the approved organisation and post structure of the Department it has been decided to abolish all unfunded posts (27 per cent of the approved organisational and post structure of the Department). The current funded approved staff establishment reflects a 4.5 per cent vacancy rate.

Budget constraints are deemed to continue for the 2018/19 MTEF period given the state of the economy and other related factors. This means that the Department will have to do more with less. This includes improving the productivity and efficiency amongst staff in all functional areas within the Department. To protect the core business of the Department which is health service delivery and patient care, the impact of budget constraints need to be minimised on clinical functional areas and optimised within the administrative areas. However, we need to closely titrate this balance to ensure that reduced capacity in administrative support areas do not unduly compromise clinical service delivery.

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

Competencies

To address the potential benefits of integrated people-centred health services, education and training opportunities must focus on the learning of new skills, such as working in in team-based healthcare environments. The Leadership and Management Development Strategy will consider those individual, team-based competencies and system competencies required to transform the organisation, and how the range of training programmes and workplace based leadership development interventions be best brought together to support sustained teamwork and distributed leadership. In this context, individual skills such as inspiring shared values and purpose, engaging the team, caring for self and others, active communication, relationship building, and connecting the team are as, if not more important than the hard technical skills.

The scarce skills focus, as referred to previously, is on the Nurse Specialties, Forensic Pathology Specialty and technicians, Radiography specialties, Engineering, Clinical Engineering and Technicians, and Medical Case Managers.

The clinical skills development of health professionals aligned to Continuous Professional Development (CPD) is a strategy designed to address current critical skills gaps. The Department has also implemented internal and external bursary programmes, internships and learnerships in an effort to attract and retain scarce skills. Empathic engagement skills are an element of all clinical skills courses, further emphasising a people-centred approach.

Managing of Grade Progression and Accelerated Pay Progression

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

Recruitment of Certain Health Professionals

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

Age of Workforce

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

Future Human Resource Plans/Priorities

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

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

From an employee perspective People Development is looking to accommodate the employees' development needs by making provision for a suite of interventions to meet the needs of staff at different stages of their career life cycle, in line with Departmental needs.

Given the service pressures, it is difficult for staff to leave their workstations, therefore blended learning is being developed. This will enable self-directed learning in the staff members own environment at a convenient time, included a strong focus on e-learning.

Human Resource Oversight Statistics

Personnel related Expenditure

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

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

Personnel Costs per Programme for 2017/18

Programmes	Total Expenditure R'000	Personnel Expenditure R'000	Training Expenditure R'000	Goods & Services R'000	Personnel Expenditure as a per cent of Total Expenditure	Average Expenditure per Employee R'000	No. of Employees
Programme 1	720 112	322 897	954	-	45%	469	688
Programme 2	8 737 909	4 685 005	11 450	220 030	54%	387	12 096
Programme 3	994 862	632 175	947	127	64%	320	1 973
Programme 4	3 379 527	2 454 090	3 119	46 683	73%	386	6 362
Programme 5	6 129 748	4 126 085	5 458	83 080	67%	452	9 132
Programme 6	317 453	121 960	317 453	-	38%	429	284
Programme 7	436 812	270 754	482	212	62%	349	776
Programme 8	779 633	47 425	121	-	6%	571	83
TOTAL	**21 496 056**	**12 660 391**	**339 984**	**350 132**	**59%**	**403**	**31 394**

Notes

- The number of employees refers to all individuals remunerated during the reporting period, excluding the Minister.
- Expenditure of sessional, periodical and extra-ordinary appointments are included in the expenditure but not in the personnel totals which will inflate the average personnel cost per employee.
- Personnel expenditure: This excludes standard chart of accounts (SCOA) item Household (HH)/Employer Social Benefits on the Basic Accounting System (BAS).
- Goods and services: Consists of the SCOA item Agency and Outsourced services: Admin and Support Staff, Health Allied Professionals, Medical Doctors, Nursing staff and Pharmacy professionals.
- The total number of employees is the average of employees that was in service as on 1 April 2017 and 31 March 2018.

Personnel Expenditure by Salary Band for 2017/18				
Salary Bands	Personnel Expenditure R'000	Per cent of Total Expenditure	Average Expenditure per Employee R'000	No. of Employees
Lower Skilled (Levels 1 - 2)	418 522	3.31	152	2747
Skilled (Level 3 - 5)	2 670 779	21.13	222	12032
Highly Skilled Production (Levels 6 - 8)	2 866 701	22.69	339	8455
Highly Skilled Supervision (Levels 9 - 12)	6 603 314	52.25	816	8094
Senior and Top Management (Levels 13 - 16)	77 482	0.61	1174	66
TOTAL	**12 636 798**	**100.00**	**403**	**31394**

Notes

- The number of employees refers to all individuals remunerated during the reporting period, excluding the Minister.
- Expenditure of sessional, periodical and extraordinary appointments are included in the expenditure but not in the personnel totals which inflate the average personnel cost per employee.
- 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 for 12 months (April 2017 to March 2018).

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

Salaries, Overtime, Housing Allowance and Medical Assistance by Programme for 2017/18								
Programmes	Salaries		Overtime		Housing Allowance		Medical Assistance	
	Amount R'000	As a per cent of Personnel costs	Amount R'000	As a per cent of Personnel costs	Amount R'000	As a per cent of Personnel costs	Amount R'000	As a per cent of Personnel costs
Programme 1	291 245	2.30	956	0.01	7 406	0.06	13 051	0.10
Programme 2	4 138 342	32.75	274 681	2.17	121 709	0.96	177 304	1.40
Programme 3	537 726	4.26	41 065	0.32	21 545	0.17	37 810	0.30
Programme 4	2 116 112	16.75	186 361	1.47	64 323	0.51	99 467	0.79
Programme 5	3 359 371	26.58	448 480	3.55	90 428	0.72	135 773	1.07
Programme 6	141 543	1.12	2 420	0.02	3 000	0.02	5 083	0.04
Programme 7	227 859	1.80	22 030	0.17	9 171	0.07	15 061	0.12
Programme 8	46 628	0.37	50	0.00	183	0.00	614	0.00
TOTAL	**10 858 825**	**85.93**	**976 042**	**7.72**	**317 768**	**2.51**	**484 163**	**3.83**

Notes

- Salaries, overtime, housing allowance and medical assistance are calculated as a per cent of the total personnel expenditure which appears in the table above. Furthermore, the table does not make provision for other expenditure such as Pensions, Bonus and other allowances which make up the total personnel expenditure. Therefore, Salaries, Overtime, Housing Allowance and Medical Assistance amount to R12 636 798 000 of the total personnel expenditure.
- The totals in the table above do balance, however, due to the fact that the data is grouped by either programme or salary band and that it is rounded off to thousands, they reflect differently.
- Expenditure of sessional, periodical and abnormal appointments is included in the expenditure.
- Expenditure of the joint staff on the establishment of universities (on their conditions of service) is excluded in the above.

Salaries, Overtime, Housing Allowance and Medical Assistance by Salary Band for 2017/18								
Salary Bands	**Salaries**		**Overtime**		**Housing Allowance**		**Medical Assistance**	
	Amount R'000	**As a per cent of Personnel costs**	**Amount R'000**	**As a per cent of Personnel costs**	**Amount R'000**	**As a per cent of Personnel costs**	**Amount R'000**	**As a per cent of Personnel costs**
Lower Skilled (Levels 1 - 2)	339 561	2.69	8 912	0.07	30 715	0.24	39 334	0.31
Skilled (Level 3 - 5)	2 247 242	17.78	85 524	0.68	139 485	1.10	198 528	1.57
Highly Skilled Production (Levels 6 - 8)	2 549 413	20.17	80 369	0.64	94 038	0.74	142 881	1.13
Highly Skilled Supervision (Levels 9 - 12)	5 645 800	44.68	801 235	6.34	53 530	0.42	102 749	0.81
Senior and Top Management (Levels 13 - 16)	76 810	0.61	1	0.00	0	0.00	671	0.01
TOTAL	**10 858 825**	**85.93**	**976 042**	**7.72**	**317 768**	**2.51**	**484 163**	**3.83**

Notes

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

Employment & Vacancies

Employment and Vacancies by Programme as at 31 March 2018				
Programmes	**No. of Funded Posts**	**No. of Posts filled**	**Vacancy Rate per cent**	**No. of persons additional to the establishment**
Programme 1	714	684	4.20	6
Programme 2	12 697	12 150	4.31	18
Programme 3	2 108	1 984	5.88	0
Programme 4	6 580	6 366	3.25	3
Programme 5	9 654	9 194	4.76	3
Programme 6	342	300	12.28	9
Programme 7	835	790	5.39	0
Programme 8	88	81	7.95	27
TOTAL	**33 018**	**31 549**	**4.45**	**66**

Notes

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Vacancy rate is based on funded vacancies

Employment and Vacancies by Salary Band as at 31 March 2018				
Salary Bands	No. of Funded Posts	No. of Posts filled	Vacancy Rate per cent	No. of persons additional to the establishment
Lower Skilled (Levels 1 - 2)	2 979	2 795	6.18	2
Skilled (Level 3 - 5)	12 639	12 121	4.10	22
Highly Skilled Production (Levels 6 - 8)	8 758	8 425	3.80	14
Highly Skilled Supervision (Levels 9 - 12)	8 571	8 143	4.99	26
Senior and Top Management (Levels 13 - 16)	71	65	8.45	2
TOTAL	33 018	31 549	4.45	66

Notes

- The information in each case reflects the situation as at 31 March 2018. For an indication of changes in staffing patterns over the year under review, please refer to section
- Employment Changes of this report.
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Vacancy rate is based on funded vacancies.

Employment and Vacancies by Critical Occupations as at 31 March 2018				
Critical Occupations	No. of Funded Posts	No. of Posts filled	Vacancy Rate per cent	No. of persons additional to the establishment
Medical orthotist & prosthetist	15	12	20.00	0
Medical physicist	14	12	14.29	0
Clinical technologist	93	89	4.30	0
Pharmacist	440	429	2.50	0
Industrial technician	69	63	8.70	0
TOTAL	631	605	4.12	0

Notes

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.

Job Evaluation

The Public Service Regulations, 2016 as amended, introduced post 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 post in his or her organisation. Table 3.3.1 summarises the number of posts that were evaluated during the year under review. The table also provides statistics on the number of posts that were upgraded or downgraded.

Job Evaluations 2017/18

Salary Bands	No. of posts	No. of jobs evaluated	Per cent of posts evaluated	Posts Upgraded		Posts Downgraded	
				No.	Per cent of Posts Evaluated	No.	Per cent of Posts Evaluated
Lower Skilled (Levels 1 - 2)	2 979	6	0.20	0	0.00	0	0.00
Skilled (Level 3 - 5)	12 639	11	0.09	5	0.00	0	0.00
Highly Skilled Production (Levels 6 - 8)	8 758	16	0.18	8	50.00	0	0.00
Highly Skilled Supervision (Levels 9 - 12)	8 571	11	0.13	0	0.00	0	0.00
Senior Management Service Band A (Levels 13)	56	0	0.00	0	0.00	0	0.00
Senior Management Service Band B (Levels 14)	10	0	0.00	0	0.00	0	0.00
Senior Management Service Band C (Levels 15)	4	0	0.00	0	0.00	0	0.00
Senior Management Service Band D (Levels 16)	1	0	0.00	0	0.00	0	0.00
TOTAL	**33 018**	**44**	**0.13**	**13**	**29.55**	**0**	**0.00**

Notes

- Existing Public Service policy requires departments to subject specifically identified posts (excluding Educator and OSD [occupation-specific dispensation] posts) to a formal job evaluation process. These include newly created posts, as well as posts where the job content has changed significantly. This job evaluation process determines the grading and salary level of a post
- The majority of posts on the approved establishment were evaluated during previous reporting years, and the job evaluation results are thus still applicable.
- Nature of appointment sessional is excluded

Profile of Employees whose Salary Positions Were Upgraded due to their Posts Being Upgraded, in 2017/18

Gender	African	Indian	Coloured	White	TOTAL
Female	0	0	0	1	1
Male	0	0	6	0	6
Total	**0**	**0**	**6**	**1**	**7**
Employees with a disability	0	0	0	0	0

Notes

- Nature of appointment sessional is excluded.
- Rest of the upgraded posts were vacant.

Employees who have been Granted Higher Salaries than those determined by Job Evaluation in 2017/18					
Major occupation	**No. of employees**	**Job evaluation level**	**Remuneration on a higher salary level**	**Remuneration on a higher notch of the same salary level**	**Reason for deviation**
Chief Executive Officer	1	13	13	5th to 10th Notch of 13	Retention
Total number of employees whose salaries exceed the level determined by job evaluation (including awarding of higher notches)					**1**
Percentage of total employed					**0.003%**

Notes
- There were no employees who have been Granted Higher Salaries than those determined by Job Evaluation
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.

Employees who have been Granted Higher Salaries than those determined by Job Evaluation per race group, for 2017/18

Gender	African	Indian	Coloured	White	TOTAL
Female	0	0	0	0	0
Male	0	1	0	0	1
Total	**0**	**1**	**0**	**0**	**1**
Employees with a disability	0	0	0	0	0

Employment Changes

Turnover rates provide an indication of trends in the employment profile of the Department during the year under review. The following tables provide a summary of turnover rates by salary band and by critical occupations.

Annual Turnover Rates by Salary Band for 2017/18

Salary Bands	No. of employees per band as at 31/03/17	Turnover rate 2016/17	Appointments	Transfers into the Department	Terminations out of the Department	Transfers out of the Department	Turnover rate 2017/18
Lower Skilled (Levels 1 - 2)	2 742	4.76	309	0	139	7	5.32
Skilled (Level 3 - 5)	12 051	6.85	908	10	645	27	5.58
Highly Skilled Production (Levels 6 - 8)	8 510	14.23	1 005	12	1 140	28	13.73
Highly Skilled Supervision (Levels 9 - 12)	8 093	16.33	1 146	25	1 298	62	16.80
Senior Management Service Band A (Levels 13)	52	7.84	1	0	3	0	5.77
Senior Management Service Band B (Levels 14)	10	0.00	0	0	0	0	0.00
Senior Management Service Band C (Levels 15)	4	0.00	0	0	0	0	0.00
Senior Management Service Band D (Levels 16)	1	0.00	0	0	0	0	0.00
TOTAL	**31 463**	**11.13**	**3 369**	**47**	**3 225**	**124**	**10.64**

Notes
- A transfer is when a Public Service official moves from one department to another, on the same salary level.
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Turnover rate is based on terminations and transfers out of the department divided by total number of employees.

Annual Turnover Rates by Critical Occupation for 2017/18

CRITICAL OCCUPATION	No. of employees per band as at 31/03/17	Turnover rate 2016/17	Appointments	Transfers into the Department	Terminations out of the Department	Transfers out of the Department	Turnover rate 2017/18
Clinical Technologist	84	27.06	22	0	15	1	19.05
Industrial Technician	66	3.13	4	0	3	0	4.55
Medical Ort & Prosthetist	14	25.00	0	0	2	0	14.29
Medical Physicist	11	18.18	1	0	0	0	0.00
Pharmacists	433	19.44	87	1	86	1	20.09
TOTAL	**608**	**18.87**	**114**	**1**	**106**	**2**	**17.76**

Notes

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Any differences in numbers between 2017 and 2018 are as a result of the rectification of occupational classification and job title codes.
- Turnover rate is based on terminations and transfers out of the Department divided by total number of employees.

Staff leaving the employ of the Department in 2017/18

EXIT CATEGORY	No.	Per cent of Total Exits	No. of exits as a per cent of total No. of employees as at 31/03/18
DEATH / DEMISE	69	2.14	0.22
RESIGNATION	1207	37.43	3.84
CONTRACT EXPIRY	1358	42.11	4.32
DISMISSAL: ILL HEALTH	44	1.36	0.14
DISMISSAL: INCAPACITY	3	0.09	0.01
DISMISSAL: MISCONDUCT	66	2.05	0.21
DISMISSAL: OPERATIONAL	1	0.03	0.00
RETIREMENT	449	13.92	1.43
TRANSFER	1	0.03	0.00
OTHER	27	0.84	0.09
TOTAL	**3 225**	**100.00**	**10.22**

Notes

- The table identifies the various exit categories for those staff members who have left the employ of the Department.
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Number of exits as percentage of total number of employees as 31 March 2018 (31 549): Number of terminations divided by 31 549 (filled posts on
- 31 March 2018) multiplied by 100.
- 1231 of the 1358 contract expiries were people from the medical, pharmaceutical interns, community service and registrars

Reasons Why Staff Resigned in 2017/18		
Termination Types	**No.**	**Per cent of Total Terminations**
AGE	16	1.33%
BAD HEALTH	16	1.33%
BETTER REMUNERATION	277	22.95%
BREACH: PDP	2	0.17%
CONTRACT EXPIRED	2	0.17%
DOMESTIC PROBLEMS	4	0.33%
EMIGRATION	2	0.17%
FURTHER STUDIES	37	3.07%
HOUSEWIFE	12	0.99%
MARRIAGE	1	0.08%
NATURE OF WORK	52	4.31%
OTHER OCCUPATION	138	11.43%
OWN BUSINESS	1	0.08%
PERSONAL GRIEVANCES	59	4.89%
RESIGNING OF POSITION	581	48.14%
TRANSFER(SPOUSE)	4	0.33%
TRANSLATION NATURE OF APPOINTMENT	1	0.08%
NO REASON GIVEN	2	0.17%
TOTAL	**1 207**	**100.00**

Notes

- Reasons as reflected on PERSAL.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Nature of appointment sessional is excluded.

Different Age Groups of Staff Who Resigned in 2017/18		
Age Groups	**No.**	**Percent of Total Resignations**
Ages <20	0	0.00%
Ages 20 to 24	19	1.57%
Ages 25 to 29	196	16.24%
Ages 30 to 34	260	21.54%
Ages 35 to 39	166	13.75%
Ages 40 to 44	139	11.52%
Ages 45 to 49	122	10.11%
Ages 50 to 54	110	9.11%
Ages 55 to 59	123	10.19%
Ages 60 to 64	67	5.55%
Ages 65 >	5	0.41%
TOTAL	**1 207**	**100.00**

Granting of Employee Initiated Severance Packages by Salary Band for 2017/18

SALARY BAND	No. of applications received	No. of applications referred to the MPSA	No. of applications supported by MPSA	No. of packages approved by Department
Lower Skilled (Levels 1 - 2)	0	0	0	0
Skilled (Level 3 - 5)	0	0	0	0
Highly Skilled Production (Levels 6 - 8)	0	0	0	0
Highly Skilled Supervision (Levels 9 - 12)	2	0	0	0
Senior & Top Management (Levels 13 - 16)	1	1	1	1
TOTAL	**3**	**1**	**1**	**1**

Promotions by Salary Band for 2017/18

SALARY BAND	Employees as at the 31/03/17	Promotions to another salary level	Salary band promotions as a per cent of employees by salary level	Progressions to another notch within a salary level	Notch progression as a per cent of employees
Lower Skilled (Levels 1 - 2)	2 742	64	2.33	1 477	53.87
Skilled (Level 3 - 5)	12 051	511	4.24	6 527	54.16
Highly Skilled Production (Levels 6 - 8)	8 510	515	6.05	3 840	45.12
Highly Skilled Supervision (Levels 9 - 12)	8 093	504	6.23	3 548	43.84
Senior & Top Management (Levels 13 - 16)	67	0	0.00	47	70.15
TOTAL	**31 463**	**1 594**	**5.07**	**15 439**	**49.07**

Notes

- Nature of appointment sessional is excluded
- Nature of appointments periodical and abnormal is also excluded

Promotions by Critical Occupation in 2017/18

CRITICAL OCCUPATION	No. of employees as at 01/04/17	Promotions to another salary level	Salary level promotions as a per cent of employees	Progressions to another notch within a salary level	Notch progression as a per cent of employees
Clinical technologist	84	7	8.33	38	45
Industrial technician	66	3	4.55	44	67
Medical orthotist and prosthetist	14	1	7.14	1	7
Medical physicist	11	3	27.27	6	55
Pharmacists	433	17	3.93	203	46.88
TOTAL	**608**	**31**	**5.10**	**292**	**48.03**

Notes

- Nature of appointment sessional is excluded. Nature of appointments periodical and abnormal is also excluded. No posts.

Employment Equity

Total Number of Employees per Occupational Band, including employees with disabilities, as at 31 March 2018

OCCUPATIONAL LEVELS	MALE				FEMALE				FOREIGN NATIONALS		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14-16)	1	4	1	2	1	1	1	3	0	0	14
Senior Management (Levels 13)	1	9	2	9	1	13	0	13	0	0	48
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	64	262	85	492	80	400	111	655	40	38	2 227
Skilled technical / Academically qualified workers / Junior management, / supervisors, foremen, and superintendents (Levels 8- 10)	245	706	17	189	751	2 895	69	945	8	10	5 835
Semi-skilled and discretionary decision making (Level 4-7)	1 195	2 545	27	251	3 749	6 383	40	768	7	3	14 968
Unskilled and defined decision making (Levels 1-3)	810	1 032	3	47	2 414	1 822	5	32	1	1	6 167
SUB-TOTAL	**2 316**	**4 558**	**135**	**990**	**6 996**	**11 514**	**226**	**2 416**	**56**	**52**	**29 259**
Temporary Employees	**131**	**193**	**73**	**364**	**295**	**506**	**125**	**519**	**46**	**38**	**2 290**
TOTAL	**2 447**	**4 751**	**208**	**1 354**	**7 291**	**12 020**	**351**	**2 935**	**102**	**90**	**31 549**

Notes:

- The figures reflected per occupational levels include all permanent, part-time and contract employees. Furthermore, the information is presented by salary level and not post level.
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Total number of employees includes employees additional to the establishment.
- For the number of employees with disabilities, refer to previous table.

Total Number of Employees with Disabilities per Occupational Band, as at 31 March 2018

OCCUPATIONAL LEVELS	MALE				FEMALE				FOREIGN NATIONALS		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14-16)	0	0	0	0	0	0	0	0	0	0	0
Senior Management (Levels 13)	0	0	0	0	0	0	0	0	0	0	0
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	0	2	0	0	0	3	0	3	0	0	8
Skilled technical / Academically qualified workers / Junior management / supervisors, foremen, and superintendents (Levels 8- 10)	1	6	0	3	1	4	2	5	0	0	22
Semi-skilled and discretionary decision making (Level 4-7)	12	36	0	12	16	23	0	19	0	0	118
Unskilled and defined decision making (Levels 1-3)	10	6	0	4	4	9	0	2	0	0	35
SUB-TOTAL	**23**	**50**	**0**	**19**	**21**	**39**	**2**	**29**	**0**	**0**	**183**
Temporary Employees	0	1	0	0	0	0	1	0	0	0	2
TOTAL	**23**	**51**	**0**	**19**	**21**	**39**	**3**	**29**	**0**	**0**	**185**

Notes

- The figures reflected per occupational level include all permanent, part-time and contract employees. Furthermore, the information is presented by salary level and not post level.
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Total number of employees includes employees additional to the establishment.
- Temporary employees are contract employees.

Recruitment in 2017/18

OCCUPATIONAL LEVELS	MALE				FEMALE				FOREIGN NATIONALS		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14-16)	0	0	0	0	0	0	0	0	0	0	0
Senior Management (Levels 13)	0	0	0	0	0	0	0	0	0	0	0
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	8	27	5	52	15	46	22	61	4	2	242
Skilled technical / Academically qualified workers / Junior management, supervisors, foremen, and superintendents (Levels 8- 10)	15	14	2	3	37	92	1	11	1	0	176
Semi-skilled and discretionary decision making (Level 4-7)	76	108	0	11	323	269	6	46	1	0	840
Unskilled and defined decision making (Levels 1-3)	78	70	0	1	219	133	1	4	0	0	506
SUB-TOTAL	**177**	**219**	**7**	**67**	**594**	**540**	**30**	**122**	**6**	**2**	**1 764**
Temporary Employees	107	144	30	149	264	464	70	339	18	20	1 605
TOTAL	**284**	**363**	**37**	**216**	**858**	**1 004**	**100**	**461**	**24**	**22**	**3 369**

Notes

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Total number of employees includes employees additional to the establishment

Promotions in 2017/18

OCCUPATIONAL LEVELS	MALE				FEMALE				FOREIGN NATIONALS		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14-16)	0	0	0	0	0	0	0	0	0	0	0
Senior Management (Levels 13)	0	0	0	0	0	0	0	0	0	0	0
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	1	19	7	12	3	32	1	30	4	6	115
Skilled technical / Academically qualified workers / Junior management, / supervisors, foremen, and superintendents (Levels 8- 10)	31	68	1	20	73	235	13	81	1	0	523
Semi-skilled and discretionary decision making (Level 4-7)	77	143	3	12	209	300	0	28	0	0	772
Unskilled and defined decision making (Levels 1-3)	22	32	0	0	34	38	0	1	0	0	127
SUB-TOTAL	**131**	**262**	**11**	**44**	**319**	**605**	**14**	**140**	**5**	**6**	**1 537**
Temporary Employees	5	6	4	7	1	12	1	15	1	5	57
TOTAL	**136**	**268**	**15**	**51**	**320**	**617**	**15**	**155**	**6**	**11**	**1 594**

Notes

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Total number of employees includes employees additional to the establishment.

Terminations in 2017/18

OCCUPATIONAL LEVELS	MALE				FEMALE				FOREIGN NATIONALS		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14-16)	0	0	0	0	0	0	0	0	0	0	0
Senior Management (Levels 13)	0	0	0	0	0	0	0	1	0	0	1
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	9	24	9	48	13	32	16	70	10	8	239
Skilled technical / Academically qualified workers / Junior management, / supervisors, foremen, and superintendents (Levels 8- 10)	11	47	2	11	46	181	4	82	1	2	387
Semi-skilled and discretionary decision making (Level 4-7)	63	145	1	20	163	416	2	68	0	1	879
Unskilled and defined decision making (Levels 1-3)	41	57	1	2	46	117	0	1	0	0	265
SUB-TOTAL	**124**	**273**	**13**	**81**	**268**	**746**	**22**	**222**	**11**	**11**	**1 771**
Temporary Employees	87	119	37	149	257	373	56	336	15	25	1 454
TOTAL	**211**	**392**	**50**	**230**	**525**	**1 119**	**78**	**558**	**26**	**36**	**3 225**

Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Total number of employees includes employees additional to the establishment.
- Temporary employees reflect all contract appointments (Nature of appointment 05).

Disciplinary Actions in 2017/18

DISCIPLINARY ACTIONS	MALE				FEMALE				FOREIGN NATIONALS		TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
TOTAL	25	40	0	6	20	16	0	1	0	0	108

Notes

- The disciplinary actions total refers to formal outcomes only and not headcount. For further information on the outcomes of the disciplinary hearings and types of misconduct addressed at disciplinary hearings.

Skills Development in 2017/18									
OCCUPATIONAL LEVELS	MALE				FEMALE				TOTAL
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management (Levels 14-16)	1	5	1	2	1	1	2	4	17
Senior Management (Levels 13)	2	10	2	12	0	12	1	13	52
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	42	148	35	249	52	212	60	332	1 130
Skilled technical / Academically qualified workers / Junior management, / supervisors, foremen, and superintendents (Levels 8- 10)	123	305	7	60	389	1 523	29	479	2 915
Semi-skilled and discretionary decision making (Level 4-7)	462	1 028	4	84	1 656	2 692	18	289	6 233
Unskilled and defined decision making (Levels 1-3)	296	343	2	13	1 010	697	4	19	2 384
SUB-TOTAL	926	1 839	51	420	3 108	5 137	114	1 136	12 731
Temporary Employees	4	6	0	3	7	34	1	26	81
TOTAL	930	1 845	51	423	3 115	5 171	115	1 162	12 812

Signing of Employment Agreements by SMS Members

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

Signing of Performance Agreements per SMS Level as at the 31st May 2017

SMS LEVEL	No. of funded SMS posts per level	No. of SMS Members per level	No. of signed performance agreements per level	Signed performance agreements as per cent of SMS members per level
Head of Department (HoD)	1	1	1	100
Salary Level 16 (Excl. HoD)	0	0	0	0
Salary Level 15	4	4	4	100
Salary Level 14	10	10	10	100
Salary Level 13	56	52	51	98
TOTAL	72	68	67	99

Notes:
- The number of funded SMS posts per level excludes the de-activated (unfunded) posts.

Reasons for Not Concluding the Performance Agreements of all SMS Members

SMS member not satisfied with the content of the PA

Disciplinary Steps taken for Not Concluding Performance Agreements
SMS member will not receive a pay progression.

Filing of SMS Posts

SMS Posts as at 30 September 2017

SMS LEVEL	Total No. of funded SMS posts per level	Total No. of SMS posts filled per level	per cent of SMS posts filled per level	Total No. of SMS posts vacant per level	per cent of SMS posts vacant per level
Head of Department (HoD)	1	1	100.00%	0	0.00%
Salary Level 16 (Excluding HoD)	0	0	0.00%	0	0.00%
Salary Level 15	4	4	100.00%	0	0.00%
Salary Level 14	10	10	100.00%	0	0.00%
Salary Level 13	56	51	91.07%	5	8.93%
TOTAL	**71**	**66**	**92.96%**	**5**	**7.04%**

Notes:
- The number of funded SMS posts per level excludes the de-activated (unfunded) posts.

SMS Post Information as at 31 March 2018

SMS LEVEL	Total No. of funded SMS posts per level	Total No. of SMS posts filled per level	percent of SMS posts filled per level	Total No. of SMS posts vacant per level	percent of SMS posts vacant per level
Head of Department (HoD)	1	1	100.00%	0	0.00%
Salary Level 16 (Excluding HoD)	0	0	0.00%	0	0.00%
Salary Level 15	4	4	100.00%	0	0.00%
Salary Level 14	10	10	100.00%	0	0.00%
Salary Level 13	56	50	89.29%	6	10.71%
TOTAL	**71**	**65**	**91.55%**	**6**	**8.45%**

Advertising and Filling of SMS Posts as at 31 March 2018

SMS LEVEL	Advertising	Filling of posts	
	No. of vacancies per level advertised in 6 months of becoming vacant	No. of vacancies per level filled in 6 months after becoming vacant	No. of vacancies per level not filled in 6 months but filled in 12 months
Head of Department (HoD)	0	0	0
Salary Level 16 (Excluding HoD)	0	0	0
Salary Level 15	0	0	0
Salary Level 14	0	0	0
Salary Level 13	4	0	1
TOTAL	4	0	1

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

SMS LEVEL	Reasons for non-compliance
Head of Department (HoD)	N/A
Salary Level 16 (Excluding HoD)	N/A
Salary Level 15	N/A
Salary Level 14	N/A
Salary Level 13	The Department is currently in a MEAP process and therefore a hold on the filling of SMS posts were placed. These posts will be filled after the approval of the new MACRO structure of the Department.

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

Employee Performance

Notch Progression per Salary Band for 2017/18			
SALARY BAND	Employees as at 31 March 2017	Progressions to another notch within a salary level	Notch progressions as a per cent of employees by salary band
Lower Skilled (Levels 1 - 2)	2 742	1 477	53.87
Skilled (Level 3 - 5)	12 051	6 527	54.16
Highly Skilled Production (Levels 6 - 8)	8 510	3 840	45.12
Highly Skilled Supervision (Levels 9 - 12)	8 093	3 548	43.84
Senior & Top Management (Levels 13 - 16)	67	47	70.15
TOTAL	**31 463**	**15 439**	**49.07**

Notes
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Nurses have a 2 year pay progression cycle.
- All Staff on the maximum notch cannot receive pay progression.
- All Staff who are promoted and are not on the new notch for 12 months by 1 April – cannot receive pay progression.
- All Staff who are newly appointed must be on the notch for 24 months to qualify for pay progression.
- In order to qualify for a notch progression there are certain criteria that is newly appointees only qualify for the notch after completion of 24 months, nurses qualify biennial for a notch progression and other employees must be 12 months on a notch to qualify.
- Notch progression is awarded within accepted norms.

Notch Progression per Critical Occupation for 2017/18			
CRITICAL OCCUPATION	Employees as at 31 March 2017	Progressions to another notch within a salary level	Notch progressions as a per cent of employees by salary band
Clinical technologist	84	38	45
Industrial technician	66	44	67
Medical Orthotist & Prosthetist	14	1	7
Medical physicist	11	6	55
Pharmacists	433	203	46.88
TOTAL	**608**	**292**	**48.03**

Notes
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.

Performance Reward by Race, Gender and Disability for 2017/18

RACE &GENDER	Beneficiary Profile			Cost	
	No. of Beneficiaries	No. of employees in group	Per cent of total group	Cost (R'000)	Per capita cost (R'000)
AFRICAN					
Male	285	2 445	11.66%	1 311	5
Female	809	7 020	11.52%	3 849	5
INDIAN					
Male	12	235	5.11%	78	7
Female	15	344	4.36%	113	8
COLOURED					
Male	904	4 780	18.91%	5 061	6
Female	2 108	12 158	17.34%	12 562	6
White					
Male	97	1 404	6.91%	650	7
Female	304	3 077	9.88%	2 334	8
EMPLOYEES WITH DISABILITIES	27	179	15.08%	256	9
TOTAL	4 534	31 463	14.41	25 958	6

Notes

- The above table relates to performance rewards for the performance year 2016/17 and payment effected in the 2017/18 reporting period.
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Employees with a disability are included in race and gender figures and in "Total".
- Senior Management and Senior Professionals are included.
- Performance Awards are based on a forced distribution curve (Bell Curve). Only 20% of employees can be awarded a performance bonus.
- In order to remain within the budget and 20% restriction the awards are allocated from the highest percentage allocated to the lowest until the cut off has been reached.
- The table is therefore not a reflection of all the above average performances within the department but only in respect of those that received a performance bonus.

Performance Rewards per Salary Band for 2017/18 (excluding SMS Members)

SALARY BAND	Beneficiary Profile			Cost		
	No. of Beneficiaries	No. of employees in group	Per cent of total per salary band	Cost (R'000)	Average cost per beneficiary	Cost as a per cent of the total personnel expenditure
Lower Skilled (Levels 1 - 2)	482	2 742	17.58	1 483	3	0.01
Skilled (Level 3 - 5)	2 235	11 948	18.71	10 572	5	0.08
Highly Skilled Production (Levels 6 - 8)	1 803	8 510	21.19	13 753	8	0.11
Highly Skilled Supervision (Levels 9 - 12)	14	8 093	0.17	150	11	0.00
TOTAL	4 534	31 293	14.49	25 958	6	0.21

Notes

- The cost is calculated as a percentage of the total personnel expenditure for salary levels 1-12.
- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.

Performance Rewards, per Salary Band for SMS Members in 2017/18							
SALARY BAND	Beneficiary Profile			Cost			
	No. of Beneficiaries	No. of employees in group	Per cent of total per salary band	Cost (R'000)	Average cost per beneficiary	Cost as a per cent of the total personnel expenditure	Personnel expenditure per band (R'000)
Senior Management Service Band A (Level 13)	0	52	0	0	0	0.00%	54 507
Senior Management Service Band B (Level 14)	0	10	0	0	0	0.00%	12 955
Senior Management Service Band C (Level 15)	0	4	0	0	0	0.00%	5 925
Senior Management Service Band D (Level 16)	0	1	0	0	0	0.00%	4 095
TOTAL	0	67	0	0	0	0.00%	77 482

Notes

- Decision taken that no SMS staff member will receive performance rewards.
- The cost is calculated as a percentage of the total personnel expenditure for salary levels 13-16.

Performance Rewards, per Salary Band for Critical Occupation in 2017/18						
CRITICAL OCCUPATION	Beneficiary Profile			Cost		
	No. of Beneficiaries	No. of employees per critical occupation	Per cent of total per critical occupation	Cost (R'000)	Average cost per beneficiary	Cost as a per cent of the total personnel expenditure
Clinical technologist	8	84	9.52	80	10	0.001%
Industrial technician	3	66	4.55	24	8	0.000%
Medical Orthotist & Prosthetist	2	14	14.29	17	9	0.000%
Medical physicist	0	11	0.00	0	0	0.000%
Pharmacists	0	433	0.00	0	0	0.000%
TOTAL	13	608	2.14	121	9	0.001%

Notes

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Performance awards includes merit awards and allowance 0228

Foreign Workers

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

Foreign Workers per Salary Band for 2017/18

SALARY BAND	1 April 2017		31 March 2018		CHANGE	
	No.	Per cent of Total	No.	Per cent of Total	No.	Per cent of Change
Lower Skilled (Levels 1 - 2)	0	0.00	0	0.00	0	0
Skilled (Level 3 - 5)	7	3.29	8	4.17	1	-5
Highly Skilled Production (Levels 6 - 8)	18	8.45	11	5.73	-7	33
Highly Skilled Supervision (Levels 9 - 12)	188	88.26	173	90.10	-15	71
Senior & Top Management (Levels 13 - 16)	0	0.00	0	0.00	0	0
TOTAL	**213**	**100.00**	**192**	**100.00**	**-21**	**100**

Notes
- The table above excludes non-citizens with permanent residence in the Republic of South Africa.
- Nature of appointment sessional, periodical and abnormal is not included.

Foreign Workers by major occupation in 2017/18

SALARY BAND	1 April 2017		31 March 2018		CHANGE	
	No.	Per cent of Total	No.	Per cent of Total	No.	Per cent of Change
Admin office workers	0	0.00	0	0.00	0	0.00
Craft related workers	0	0.00	0	0.00	0	0.00
Elementary occupations	1	0.47	1	0.52	0	0.00
Professionals and managers	174	81.69	160	83.33	-14	66.67
Service workers	7	3.29	6	3.13	-1	4.76
Senior officials and managers	0	0.00	0	0.00	0	0.00
Technical and associated professionals	31	14.55	25	13.02	-6	28.57
TOTAL	**213**	**100.00**	**192**	**100**	**-21**	**100.00**

Notes
- The table above excludes non-citizens with permanent residence in the Republic of South Africa.
- Nature of appointment sessional, periodical and abnormal is not included.

Leave Utilisation

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

Sick Leave 1 January 2017 to 31 December 2017

SALARY BAND	Total days	percent days with medical certification	No. of employees using sick leave	Total No. of employees 31-12-2017	percent of total employees using sick leave	Average days per employee	Estimated cost (R'000)
Lower Skilled (Levels 1 - 2)	23 928	86.82%	2 465	2 768	89.05%	9	9
Skilled (Level 3 - 5)	100 125	84.46%	10 878	12 072	90.11%	8	56
Highly Skilled Production (Levels 6 - 8)	73 283	84.56%	7 806	8 450	92.38%	9	65
Highly Skilled Supervision (Levels 9 - 12)	52 741	82.28%	6 148	8 141	75.52%	6	93
Senior & Top Management (Levels 13 - 16)	283	75.27%	49	66	74.24%	4	1
TOTAL	**250 360**	**84.24%**	**27 346**	**31 497**	**86.82%**	**8**	**224**

Notes
- The three-year sick leave cycle started in January 2016
- Nature of appointment sessional, periodical and abnormal is not included.
- Annual leave cycle is from 1 January - 31 December of each year.
- Sick Leave reported in this table includes all categories of leave of 51, 52 and 53 (Incapacity)

Incapacity Leave (including temporary & permanent) from the 1 January 2017 – 31 December 2017

SALARY BAND	Total days	Per cent days with medical certification	No. of employees using incapacity leave	Total No. of employees	Per cent of total employees using incapacity leave	Average days per employee	Estimated cost (R'000)
Lower Skilled (Levels 1 - 2)	3 301	100.00%	86	2 768	3.11%	38	1
Skilled (Level 3 - 5)	14 679	100.00%	433	12 072	3.59%	34	8
Highly Skilled Production (Levels 6 - 8)	13 277	100.00%	403	8 450	4.77%	33	11
Highly Skilled Supervision (Levels 9 - 12)	9 273	100.00%	290	8 141	3.56%	32	17
Senior & Top Management (Levels 13 - 16)	0	100.00%	0	66	0.00%	0	0
TOTAL	**40 530**	**100.00%**	**1212**	**31 497**	**3.85%**	**33**	**37**

Notes

- The leave dispensation as determined in the "Leave Determination", read with the applicable collective agreements, provides for normal sick leave of 36 working days in a sick leave cycle of three years. If an employee has exhausted his or her normal sick leave, the employer must conduct an investigation into the nature and extent of the employee's incapacity. Such investigations must be carried out in accordance with item 10(1) of Schedule 8 of the Labour Relations Act (LRA).
- Incapacity leave is not an unlimited amount of additional sick leave days at an employee's disposal. Incapacity leave is additional sick leave granted conditionally at the employer's discretion, as provided for in the Leave Determination and Policy on Incapacity Leave and Ill-Health Retirement (PILIR).
- Nature of appointment sessional, periodical and abnormal is not included.
- Annual leave cycle is from 1 January - 31 December of each year.

A summary is provided in the table below of the utilisation of annual leave. The wage agreement concluded with trade unions in the Public Service Commission Bargaining Chamber (PSCBC) in 2000 requires management of annual leave to prevent high levels of accrued leave having to be paid at the time of termination of service.

Annual Leave from 1 January 2017 to 31 December 2017

SALARY BAND	Total days taken	Total number of employees using annual leave	Average days per employee
Lower Skilled (Levels 1 - 2)	59 822	2 741	22
Skilled (Level 3 - 5)	280 608	12 123	23
Highly Skilled Production (Levels 6 - 8)	213 833	8 860	24
Highly Skilled Supervision (Levels 9 - 12)	202 311	8 461	24
Senior & Top Management (Levels 13 - 16)	1 698	67	25
TOTAL	**758 272**	**32 252**	**24**

Notes

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

Capped Leave for 1 January 2017 – 31 December 2017

SALARY BAND	Total capped leave available as at 31/12/16	Total days of capped leave taken	No. of employees using capped leave	Average No. of days taken per employee	No. of employees with capped leave as at 31/12/17	Total capped leave available as at 31/12/17
Lower Skilled (Levels 1 - 2)	1 081	11	3	4	75	395
Skilled (Level 3 - 5)	38 202	2 123	132	16	1 770	33 823
Highly Skilled Production (Levels 6 - 8)	97 752	6 367	298	21	2 565	87 124
Highly Skilled Supervision (Levels 9 - 12)	80 014	4 713	249	19	2 067	73 963
Senior & Top Management (Levels 13 - 16)	909	12	2	6	20	902
TOTAL	**21 7958**	**13 226**	**684**	**19**	**6 497**	**196 205**

Notes

- It is possible for the total number of capped leave days to increase as employees who were promoted or transferred into the Department, retain their capped leave credits, which form part of that specific salary band and ultimately the departmental total.
- Nature of appointment sessional, periodical and abnormal is not included.
- Annual leave cycle is from 1 January - 31 December of each year.
- Number of employees as at 31 December 2017 is the total staff compliment and not only those with capped leave.

Leave Pay-Outs for 2017/18

REASONS	Total amount (R'000)	No. of employees	Average per employee (R'000)
Leave pay-outs for 2017/18 due to non-utilisation of leave for the previous cycle	189	11	17
Capped leave pay-outs on termination of service for 2017/18	25 495	459	56
Current leave pay-outs on termination of service 2017/18	13 779	1 247	11
TOTAL	**39 463**	**1 717**	**23**

Notes

- Capped leave are only paid out in case of normal retirement, termination of services due to ill health and death.

Health Promotion Programmes

HIV and AIDS and Health promotion programmes	
Units/categories of employees identified to be at high risk of contracting HIV and related diseases (if any)	**Key steps taken to reduce the risk**

Employees in clinical areas, i.e. doctors, nurses, medical students, general workers and paramedics are more at risk of contracting HIV and related diseases communicable diseases such as TB.
The table below depicts the nature of injuries reported by employees for 2017/18:
	• The HIV and AIDS/STI/TB Policy and Safety, Health, Environment, Risk and Quality (SHERQ) policy within the Department identifies the prevention of occupational exposure to potentially infectious blood and blood products as a key focus area. The SHERQ policy has been revised to have a greater focus on infection control.
	• The WCGH has approved the strategic plan to formalise SHERQ management in the Department. The following areas will be focused on:
	  • Occupational Health & Safety Statuary appointments
	  • Occupational Health & Safety Committee compliance
	  • Occupational Health & Safety Provincial Forum
	  • Occupational Health & Safety Risk Assessment and Management
	  • Occupational Health & Safety Training and
	  • Medical Surveillance
	• NPOs have been appointed in the Districts and Substructures providing HIV Testing Services (HTS) as part of a basket of health screenings that also include testing for Blood Pressure, Diabetes, Cholesterol, and Body Mass Index as well as TB and STI screening. These services are provided to employees at no cost, in partnership with GEMS.
	• Infection control measures are implemented.
	• Responsive and educational programs targeting behavioural risks have been implemented.

Nature of injury on duty	Total no. of cases reported
Needle prick	104
Tuberculosis (TB)	25
Multi-drug resistant TB	1
TB - Extra Pulmonary	1

Details of Health Promotion and HIV and AIDS programmes, 1 April 2017 to 31 March 2018

HIV and AIDS and Health promotion programmes			
Question	**Yes**	**No**	**Details, if yes**
(1) Has the Department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	✓		Mrs Bernadette Arries Chief Director: People Management

<table>
<tr><th colspan="4">HIV and AIDS and Health promotion programmes</th></tr>
<tr><th>Question</th><th>Yes</th><th>No</th><th>Details, if yes</th></tr>
<tr><td>(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.</td><td>✓</td><td></td><td>Health and Wellness within the Directorate: People Practices and Administration, Health and Wellness at Head Office level:
<table>
<tr><td>Deputy Director</td><td>Ms Sandra Newman (Wellness, Diversity & Disability)</td></tr>
<tr><td>Assistant Director</td><td>Ms M Buis (Employee Health and Wellness</td></tr>
<tr><td>Assistant Director</td><td>Mr Clive Cyster (SHERQ: Training)</td></tr>
<tr><td>Practitioner</td><td>Ms Lisl Mullins</td></tr>
<tr><td>Acting Practitioner</td><td>Ms Janice Andrews (until the 31 March 2017 Cannot be filled due to lack of funding in terms of cost containment measures.</td></tr>
<tr><td>Practitioner</td><td>Mr Nabeel Ismail</td></tr>
</table>
Institutional and district level:

Groote Schuur Hospital: Ruth Halford
Tygerberg Hospital: Sayeeda Dhansay
Red Cross Hospital: Ntombozuko Ponono & Galiema Haroun
Associated Psychiatric Hospitals: Jessica Minnaar, Anne Marie Basson, Valerie Nel
Cape Winelands District: BJ Vd Merwe
Overberg District: Nico Liebenberg
West Coast District: Willem Small
Eden/Central Karoo Districts: Lindiwe Mguzulwa
MDHS: Riaan Van Staden
RDHS: Nuruh Davids
EMS: Liesel Meter & Emma Hoffmeyer

FPS: Deon Bruiners & Safia Samsodien

Budget Allocation R 2.298 million</td></tr>
<tr><td>(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.</td><td>✓</td><td></td><td>The Department makes follows an integrated approach whereby internal and external services are utilised. An independent service provider, ICAS, has been appointed for the period 2015-2018 to provide this confidential service and three institutions have an internal service in addition to the external service
Programmes and services offered:
(1) Counselling and support services:

24/7/365 telephone counselling
The service is available to all employees and their household members.
Face to face counselling (6 session model) per issue
Case management
Trauma/critical incident management
HIV and AIDS counselling

(2) Life management services:

Family care
Financial Wellness
Legal information and advice

(3) Managerial consultancy and referral services:

Managerial consultancy
Formal Referral Programme
</td></tr>
</table>

HIV and AIDS and Health promotion programmes			
Question	**Yes**	**No**	**Details, if yes**
			(4) Training Services: • Targeted training interventions based on identified needs and trends. (5) E - Care • E-Care is an innovative online healthcare service to help improve Employee Health and Wellness.
(4) Has the Department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.	✓		Health Departmental Committee: Ms Sandra Newman: Head Office Ms Ruth Halford: Groote Schuur Hospital Ms Sayeeda Dhansay: Tygerberg Hospital Ms Ntombozuko Ponono/ Ms Galiema Haroun: Red Cross Hospital Ms J Minnar: Associated Psychiatric Hospitals BJ Vd Merwe: Cape Winelands District Mr Nico Liebenberg: Overberg District Mr Willem Small: West Coast District Ms Berenice Klein: Eden/Central Karoo Districts Mr Riaan Van Staden: MDHS Ms L Meter & Ms E Hoffmeyer: Emergency Medical Services Deon Bruiners & Safia Samsodien: FPS
(5) Has the Department reviewed its employment policies and practices to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.	✓		HIV and AIDS, STI, and TB is seen as a transversal issue in the Western Cape Government. The WCG: Health has been appointed as the primary driver of the process and therefore has a dual role to play (i.e. to oversee and manage their departmental programme as well as to manage and co-ordinate the programme within the Province). The transversal Employee Health and Wellness Policies was approved in April 2016.
(6) Has the Department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	✓		Key elements – HIV and AIDS/STI programmes: • To ensure that every employee within the Department receives appropriate and accurate HIV and AIDS, and STI risk-reduction education. • To create a non-discriminatory work environment via the work place HIV and AIDS/STI policy. • To prevent occupational exposure to potentially infectious blood and blood products and to manage occupational exposures that occurred. • To provide HIV counselling and testing services for those employees who wish to determine their own HIV status. • To determine the impact of HIV and AIDS on the Department in order to plan accordingly. • To promote the use of and to provide SABS approved male and female condoms. • Awareness of available services. • Education and training. • Counselling. • Critical incident stress debriefing (CISD). • Reporting and evaluating.

HIV and AIDS and Health promotion programmes			
Question	**Yes**	**No**	**Details, if yes**
(7) Does the Department encourage its employees to undergo voluntary counselling and testing? If so, list the results that you have you achieved.	✓		Yes, the department does encourage voluntary counselling and testing. For the period 1st April 2017 till the 30 March 2018 – 3913 employees underwent counselling and testing. There has been a decrease in the number of employees testing, 3931 employees tested in 2016/2017 this could be attributed to testing fatigued amongst employees as more testing opportunities were made available for this financial year. The Department of Health has appointed the following NGOs to render an on-site HIV Testing Service (HTS) to all employees: • Partners in Sexual Health: Metro East • Wolanani: Metro West • Diakonale Dienste: West Coast District • Right to Care: Cape Winelands District • Right to Care: Overberg District • Right to Care: Eden District • Right to Care: Central Karoo District **Results:** (see table below) **Notes:** Employees who test positive are supported via the Employee Health and Wellness Programme. Employees are also encouraged to join GEMS in cases where they have not already joined a medical aid. The Programme is currently aligned with national HTS programme.
(8) Has the Department developed measures/ indicators to monitor and evaluate the impact of its health promotion programme? If so, list these measures/indicators.	✓		The Department has an annual monitoring and evaluation tool for the Workplace HIV and AIDS Programme. This information is submitted to the HOD, DG and DPSA. Monthly statistics, quarterly reports and annual reports provided by HTS service providers serve as a means to monitor and evaluate the effectiveness of this programme. Quarterly and Annual reports provided by the Employee Health and Wellness service provider serves as a means to monitor and evaluate the effectiveness of this programme and also to identify trends and challenges within the Department and develop and implement special interventions to address trends and challenges.

Results:

Department of Health	No. of employees tested		
	Tested	**Positive**	**Negative**
TOTAL	**3913**	**23**	**3890**

Labour Relations

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

Collective Agreements for 2017/18	
Nil	Nil

The table below summarises the outcome of disciplinary hearings conducted within the Department for the year under review.

Misconduct and Disciplinary Hearings finalised in 2017/18

OUTCOMES OF DISCIPLINARY HEARINGS	No.	Per cent of total
Correctional counselling	0	0%
Verbal warning	0	0%
Written warning	1	0.9%
Final written warning	19	17.5%
Suspended without pay	0	0%
Demotion	1	0.9%
Dismissal	66	61%
Desertion	21	19.4%
Not guilty	0	0%
Case withdrawn	0	0%
TOTAL	108	100%
Percentage of total employment		0.34%

Notes

- Outcomes of disciplinary hearings refer to formal cases only; informal cases were erroneously included in the previous year's report thus inflating the figures. (1582 cases were reported last year)

Types of Misconduct Addressed in Disciplinary Hearing for 2017/18

TYPES OF MISCONDUCT	No.	Per cent of total
Absent from work without reason or permission	16	15%
Code of conduct (improper/unacceptable manner)	9	8%
Insubordination	3	3%
Fails to comply with or contravenes acts	8	7%
Negligence	4	4%
Misuse of WCG property	3	3%
Steals, bribes or commits fraud	29	27%
Substance abuse	1	0.9%
Sexual harassment	7	6%
Discrimination	3	3%
Assault or threatens to assault	4	4%
Desertions	21	19%
Protest Action	0	0%
Social grant fraud	0	0%
TOTAL	108	100%

Grievances Lodged in 2017/18

GRIEVANCES	No.	Per cent of total
Number of grievances resolved	71	32%
Number of grievances not resolved	158	68%
TOTAL No. OF GRIEVANCES LODGED	229	100%

Notes:

- Grievances lodged refer to cases that were finalised within the reporting period. Grievances not resolved refers to cases pending, but where the outcome was not in favour of the aggrieved and found to be unsubstantiated.

Disputes Lodged with Councils in 2017/18

CONCILIATIONS	No.	Per cent of total
Deadlocked	82	97%
Settled	0	0%
Withdrawn	2	35
TOTAL NO. OF DISPUTES LODGED	**84**	**100%**

ARBITRATIONS	No.	Per cent of total
Upheld in favour of employee	6	9.5%
Dismissed in favour of employer	52	82.5%
Settled	5	8%
TOTAL No. OF DISPUTES LODGED	**63**	**100%**
Notes: • Councils refer to the Public Service Co-ordinating Bargaining Council (PSCBC) and General Public Service Sector Bargaining Council (GPSSBC).		

Strike Action in 2017/18	
Total number of person working days lost	27
Total cost (R'000) of working days lost	R6 809
Amount (R'000) recovered as a result of no work no pay	R6 809

Precautionary Suspensions in 2017/18	
Number of people suspended	27
Number of people whose suspension exceeded 60 days	2
Average number of days suspended	41
Cost of suspension	R931 088.08
Notes: • Precautionary suspensions refer to staff being suspended with pay whilst the case is being investigated.	

Skills Development

This section highlights the efforts of the Department with regard to skills development. The tables below reflect the training needs as at the beginning of the period under review, and the actual training provided.

Training Needs Identified for 2017/18

OCCUPATIONAL CATEGORY	Gender	No. of employees as at 01/04/17	Training needs identified at start of the reporting period			
			Learnerships	Skills programmes and other short courses	Other forms of training	TOTAL
Legislators, senior officials and managers	Female	87	0	12	0	12
	Male	153	0	24	0	24
Professionals	Female	9 440	146	18 927	0	19 073
	Male	3 047	15	4 756	0	4 771
Technicians and associate professionals	Female	774	0	5 380	0	5 380
	Male	520	0	2 077	0	2 077
Clerks	Female	2 632	0	2 426	0	2 426
	Male	1 392	0	1 210	0	1 210
Service and sales workers	Female	7 384	0	1 231	0	1 231
	Male	1 956	0	1 823	0	1 823
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Plant and machine operators and assemblers	Female	7	0	1	0	1
	Male	154	0	110	0	110
Elementary occupations	Female	2 275	0	1 740	0	1 740
	Male	1642	0	1 252	0	1 252
SUB-TOTAL	**Female**	**22 599**	**146**	**29 717**	**0**	**29 863**
	Male	**8 864**	**15**	**11 252**	**0**	**11 267**
TOTAL		**31 463**	**161**	**40 969**	**1 946**	**41 130**
Employees with disabilities	Female	87	0	61	0	61
	Male	92	0	54	0	54

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

Training Provided in 2017/18

OCCUPATIONAL CATEGORY	Gender	No. of employees as at 31/03/18	Training needs identified at start of the reporting period			
			Learnerships	Skills programmes and other short courses	Other forms of training	TOTAL
Legislators, senior officials and managers	Female	83	0	241	0	241
	Male	148	0	391	0	391
Professionals	Female	9 515	77	11 130	0	11 207
	Male	3 049	6	2 927	0	2 933
Technicians and associate professionals	Female	776	0	476	0	476
	Male	532	0	300	0	300
Clerks	Female	2 630	9	2 333	0	2 342
	Male	1 391	5	1 227	0	1 232
Service and sales workers	Female	7 407	0	6 523	0	6 523
	Male	1 978	0	2 047	0	2 047
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	0	7	0	0	7
Plant and machine operators and assemblers	Female	7	0	4	0	4
	Male	151	0	88	0	88
Elementary occupations	Female	2 269	0	1 272	0	12 72
	Male	1 613	0	935	0	935
SUB-TOTAL	**Female**	**22 687**	**86**	**21 979**	**0**	**22 065**
	Male	**8 862**	**18**	**7 915**	**0**	**7 933**
	TOTAL	**31 549**	**104**	**29 894**	**2 477**	**29 998**
Employees with disabilities	Female	92	0	57	0	57
	Male	93	0	44	0	44

Notes:

- The above table identifies the number of training courses attended by individuals during the period under review. *Other forms of training reflect the training of non-employees (Interns, Adult Basic Education and Training (ABET), Community Health Workers).
- Source: Quarterly Monitoring and Evaluation Reports.

Injury on Duty

The table below provides basic information on injury on duty.

Injuries on Duty for 2017/18

NATURE OF INJURY ON DUTY	No.	Per cent of total
Required basic medical attention only	385	78.6%
Temporary total disablement	36	7.3%
Permanent disablement	69	14.1%
Fatal	0	0%
TOTAL	490	100
PERCENTAGE OF TOTAL EMPLOYMENT		1.55%

Note:

- Temporary or Partial Disablement refers to Employees who are temporarily or partially disabled from the date of the accident or disease diagnosis until their condition is stabilised or they are fit to go back to work. Permanent Disablement refers to any impairment of function, loss of limb or any permanent defect as a result of the injury or disease.

Utilisation of Consultants

Consultant/Contractor	Amount (R'000)	Purpose
Alexander Forbes Health (PTY) LTD	87	Payment for evaluation of PILIR and Incapacity cases
Break Through HR Solutions	382	Patient satisfaction survey
Business Connextion (PTY) LTD	1 926	Assistance with data analysis on PERSAL
Deloitte Consulting	15	Competency assessments conducted with the appointment of senior Clinical staff at Mowbray Maternity Hospital
Department of Cultural Affairs & Sport	2	Specialist translation services
Department of The Premier	858	Call Centre - Complaints Hot Line
Firewire System Solutions	73	For repairs/maintenance of Nurse Call System in wards/therapy areas at Western Cape Rehab Centre
Folio Online	1 627	Utilised for the verification of qualifications, credit and criminal checks in terms of DPSA policy
Health System Technologies (PTY)	526	Maintenance of the Health Information System (HIS)
Innovation Guru	304	Community risk profiling workshops to support the Co-Determined Prevention Package programme
Kroll Mie (Pty) Ltd	55	The expenditure was for verification of personal credentials, qualifications and criminal records to minimise CV fraud
MI Consulting	2 366	Contractor assisting with the verification of Inventory Code numbers on Logis
MIE (PTY) LTD	1 695	The expenditure was for verification of personal credentials, qualifications and criminal records to minimise CV fraud
Mpilisweni Facility Services	62 813	PPP payments to Mpilisweni Consortium
PC-Card WC Nursing College	31	Client Satisfaction Survey
SABS Commercial	1 456	Relates to payments to SABS on a monthly basis for Dosimeter monitoring. (Radiation Protection Fees)
TCS Test House/SABS	39	Relates to payments to SABS on a monthly basis for Dosimeter monitoring. (Radiation Protection Fees)
Timing Right	9	Transcription of disciplinary hearings and arbitrations to be presented to the Labour Court
University of Cape Town	6 492	Electronic system and monitoring and evaluation for the reporting of the Provincial ARV treatment programme
University of Cape Town Lung Ins	1 138	Development of the "Practical Approach to Care Kit" in the Primary Health Care setting
Work Dynamics(Pty) Ltd	15	Used for Compulsory Competency Assessment
L/State Attorney: Legal Advice Service	13 865	Legal services rendered
Total Rand Value	**95 774.00**	
Consultant Total	**8 347.00**	
Contractor Total	**87 427.00**	
Total number of Projects	**22**	

PART E:

FINANCIAL INFORMATION

Report of the auditor-general to Western Cape Provincial Parliament on vote no. 6: Western Cape Department of Health

Report on the audit of the financial statements

Opinion

1. I have audited the financial statements of the Western Cape Department of Health set out on pages 210 to 292, which comprise the appropriation statement, the statement of financial position as at 31 March 2018, and the statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as the notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, the financial statements present fairly, in all material respects, the financial position of the Western Cape Department of Health as at 31 March 2018, and its financial performance and cash flows for the year then ended in accordance with the Modified Cash Standard (MCS) prescribed by the National Treasury and the requirements of the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA) and the Division of Revenue Act of South Africa, 2017 (Act No. 3 of 2017) (Dora).

Basis for opinion

3. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the auditor-general's responsibilities for the audit of the financial statements section of this auditor's report.
4. I am independent of the department in accordance with the International Ethics Standards Board for Accountants' *Code of ethics for professional accountants* (IESBA code) and the ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA code.
5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Emphasis of matters

6. I draw attention to the matters below. My opinion is not modified in respect of these matters.

Material losses/impairments

7. As disclosed in note 22.3 to the financial statements, accrued departmental revenue was significantly impaired. The impairment allowance amounted to R241 million (2017: R238 million).

Restatement of corresponding figures

8. As disclosed in note 32 to the financial statements, the corresponding figures for 31 March 2017 were restated as a result of an error discovered during the 2017-18 financial year in the financial statements of the department at, and for the year ended, 31 March 2018.

Other matter

9. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Unaudited supplementary schedules

10. The supplementary information set out on pages 293 to 310 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 on them.

Responsibilities of the accounting officer for the financial statements

11. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS prescribed by the National Treasury and the requirements of the PFMA and Dora, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

12. In preparing the financial statements, the accounting officer is responsible for assessing the Western Cape Department of Health's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the accounting officer either intends to liquidate the department or to cease operations, or has no realistic alternative but to do so.

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

13. My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

14. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report.

Report on the audit of the annual performance report

Introduction and scope

15. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and the general notice issued in terms thereof, I have a responsibility to report material findings on the reported performance information against predetermined objectives for selected programmes presented in the annual performance report. I performed procedures to identify findings but not to gather evidence to express assurance.

16. My procedures address the reported performance information, which must be based on the approved performance planning documents of the department. I have not evaluated the completeness and appropriateness of the performance indicators included in the planning

documents. My procedures also did not extend to any disclosures or assertions relating to planned performance strategies and information in respect of future periods that may be included as part of the reported performance information. Accordingly, my findings do not extend to these matters.

17. I evaluated the usefulness and reliability of the reported performance information in accordance with the criteria developed from the performance management and reporting framework, as defined in the general notice, for the following selected programmes presented in the annual performance report of the department for the year ended 31 March 2018:

Programmes	Pages in the annual performance report
Programme 2 – district health services	53 - 63
Programme 4 – provincial hospital services	70 - 82

18. I performed procedures to determine whether the reported performance information was properly presented and whether performance was consistent with the approved performance planning documents. I performed further procedures to determine whether the indicators and related targets were measurable and relevant, and assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.

19. The material findings in respect of the reliability of the selected programmes are as follows:

Programme 2 – district health services

School grade 1 learners screened

20. The reported achievement of 48 889 learners screened was not supported by sufficient appropriate audit evidence, since screenings which were not described as full screenings (which includes all elements per the service package), were also reported on. I was unable to confirm the reported achievement by alternative means. Consequently, I was unable to determine whether any audit adjustments were required to the achievement of 48 889 learners screened as reported in the annual performance report.

School grade 8 learners screened

21. The reported achievement of 11 401 learners screened was not supported by sufficient appropriate audit evidence, since screenings which were not described as full screenings (which includes all elements per the service package), were also reported on. I was unable to confirm the reported achievement by alternative means. Consequently, I was unable to determine whether any audit adjustments were required to the achievement of 11 401 learners screened as reported in the annual performance report.

22. I did not raise any material findings on the usefulness and reliability of the reported performance information for the following programmes:

- Programme 4 – provincial hospital services

Other matters

23. I draw attention to the matters below.

Achievement of planned targets

24. Refer to the annual performance report on pages 53 to 63 and 70 to 82 for information on the achievement of planned targets for the year and explanations provided for the under-/overachievement of a number of targets. This information should be considered in the context of the material findings on the reliability of the reported performance information in paragraphs 20 and 21 of this report.

Adjustment of material misstatements

25. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were on the reported performance information of programme 2 – district health services. As management subsequently corrected only some of the misstatements, I raised material findings on the reliability of the reported performance information. Those that were not corrected are included above.

Report on the audit of compliance with legislation

Introduction and scope

26. In accordance with the PAA and the general notice issued in terms thereof, I have a responsibility to report material findings on the compliance of the department with specific matters in key legislation. I performed procedures to identify findings but not to gather evidence to express assurance.

27. I did not raise material findings on compliance with the specific matters in key legislation set out in the general notice issued in terms of the PAA.

Other information

28. The department's accounting officer is responsible for the other information. The other information comprises the information included in the annual report. The other information does not include the financial statements, the auditor's report and those selected programmes presented in the annual performance report that have been specifically reported in this auditor's report.

29. My opinion on the financial statements and findings on the reported performance information and compliance with legislation do not cover the other information and I do not express an audit opinion or any form of assurance conclusion thereon.

30. In connection with my audit, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements and the selected programmes presented in the annual performance report or my knowledge obtained in the audit, or otherwise appears to be materially misstated.

31. If, based on the work I have performed, I conclude that there is a material misstatement in this other information, I am required to report that fact.

32. I have nothing to report in this regard.

Internal control deficiencies

33. I considered internal control relevant to my audit of the financial statements, reported performance information and compliance with applicable legislation; however, my objective was not to express any form of assurance on it. The matters reported below are limited to the significant internal control deficiencies that resulted in the findings on the annual performance report.

Performance management

34. Facility management did not sufficiently review the information after it had been captured and reported by nursing staff.

35. Training provided to nursing staff was not sufficient to facilitate their understanding of how to record activities on the assessment forms completely and accurately.

36. The current manual process in place does not assist the nursing staff to record information completely and accurately and does not allow for an effective review process to identify errors in capturing timeously.

Auditor-General

Cape Town

31 July 2018

AUDITOR-GENERAL
SOUTH AFRICA

Auditing to build public confidence

Annexure – Auditor-general's responsibility for the audit

1. As part of an audit in accordance with the ISAs, I exercise professional judgement and maintain professional scepticism throughout my audit of the financial statements, and the procedures performed on reported performance information for selected programmes and on the department's compliance with respect to the selected subject matters.

Financial statements

2. In addition to my responsibility for the audit of the financial statements as described in this auditor's report, I also:

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

Communication with those charged with governance

3. I communicate with the accounting officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.
4. I also confirm to the accounting officer that I have complied with relevant ethical requirements regarding independence, and communicate all relationships and other matters that may reasonably be thought to have a bearing on my independence and, where applicable, related safeguards.

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

APPROPRIATION STATEMENT
for the year ended 31 March 2018

Appropriation per programme

	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Voted funds and Direct charges	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Programme									
1 ADMINISTRATION	754 909	-	(11 191)	743 718	720 112	23 606	96.8%	647 585	635 774
2 DISTRICT HEALTH SERVICES	8 770 309	-	1 346	8 771 655	8 737 909	33 746	99.6%	7 971 073	7 953 437
3 EMERGENCY MEDICAL SERVICES	1 034 526	-	(7 963)	1 026 563	994 862	31 701	96.9%	985 092	984 923
4 PROVINCIAL HOSPITAL SERVICES	3 423 236	-	(20 069)	3 403 167	3 379 527	23 640	99.3%	3 186 982	3 179 214
5 CENTRAL HOSPITAL SERVICES	6 082 268	-	47 480	6 129 748	6 129 748	-	100.0%	5 701 443	5 701 407
6 HEALTH SCIENCES AND TRAINING	340 063	-	-	340 063	317 453	22 610	93.4%	349 232	320 291
7 HEALTH CARE SUPPORT SERVICES	448 448	-	(9 603)	438 845	436 812	2 033	99.5%	425 700	425 700
8 HEALTH FACILITIES MANAGEMENT	832 723	-	-	832 723	779 633	53 090	93.6%	877 438	877 438
Programme sub total	**21 686 482**	**-**	**-**	**21 686 482**	**21 496 056**	**190 426**	**99.1%**	**20 144 545**	**20 078 184**
TOTAL	**21 686 482**	**-**	**-**	**21 686 482**	**21 496 056**	**190 426**	**99.1%**	**20 144 545**	**20 078 184**
Reconciliation with Statement of Financial Performance									
Add:									
Departmental receipts				49 311				89 580	
Aid assistance				2 378				294	
Actual amounts per Statement of Financial Performance (Total Revenue)				**21 738 171**				**20 234 419**	
Add: Aid assistance					2 128				2 456
Actual amounts per Statement of Financial Performance Expenditure					**21 498 184**				**20 080 640**

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

APPROPRIATION STATEMENT
for the year ended 31 March 2018

Appropriation per economic classification	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**19 765 321**	**-**	**(5 432)**	**19 759 889**	**19 552 820**	**207 069**	**99.0%**	**18 405 890**	**18 291 347**
Compensation of employees	12 742 984	-	-	12 742 984	12 660 391	82 593	99.4%	11 848 746	11 833 864
Salaries and wages	11 250 684	-	-	11 250 684	11 200 934	49 750	99.6%	10 467 296	10 484 241
Social contributions	1 492 300	-	-	1 492 300	1 459 457	32 843	97.8%	1 381 450	1 349 623
Goods and services	7 022 337	-	(5 432)	7 016 905	6 892 429	124 476	98.2%	6 557 144	6 457 483
Administrative fees	1 167	-	-	1 167	54	1 113	4.6%	1 112	1 030
Advertising	20 009	-	-	20 009	20 754	(745)	103.7%	20 417	14 810
Minor assets	64 844	-	-	64 844	46 919	17 925	72.4%	61 458	45 741
Audit costs: External	20 312	-	-	20 312	19 028	1 284	93.7%	19 799	19 176
Bursaries: Employees	10 279	-	-	10 279	10 345	(66)	100.6%	9 542	9 509
Catering: Departmental activities	5 995	-	-	5 995	4 364	1 631	72.8%	7 561	4 743
Communication (G&S)	83 493	-	(4 885)	78 608	60 039	18 569	76.4%	86 659	72 022
Computer services	113 023	-	(10 884)	102 139	81 485	20 654	79.8%	78 239	68 760
Consultants: Business and advisory services	99 038	-	(1 000)	98 038	85 249	12 789	87.0%	91 201	81 533
Infrastructure and planning services	19 945	-	-	19 945	13 693	6 252	68.7%	42 402	23 779
Laboratory services	628 068	-	16 888	644 956	656 136	(11 180)	101.7%	592 136	557 112
Legal services	17 746	-	-	17 746	13 865	3 881	78.1%	16 475	22 168
Contractors	559 044	-	(1 191)	557 853	536 142	21 711	96.1%	490 880	485 974
Agency and support / outsourced services	446 848	-	-	446 848	471 002	(24 154)	105.4%	427 588	427 454
Entertainment	348	-	-	348	134	214	38.5%	336	58
Fleet services (including government motor transport)	179 520	-	-	179 520	178 727	793	99.6%	174 274	181 492
Inventory: Food and food supplies	54 541	-	(998)	53 543	51 981	1 562	97.1%	60 914	53 519
Inventory: Materials and supplies	-	-	-	-	-	-	-	34 462	39 168
Inventory: Medical supplies	1 442 237	-	13 898	1 456 135	1 465 841	(9 706)	100.7%	1 324 783	1 344 775
Inventory: Medicine	1 476 550	-	(12 217)	1 464 333	1 459 321	5 012	99.7%	1 302 448	1 357 475
Inventory: Other supplies	16 160	-	-	16 160	12 145	4 015	75.2%	21 504	12 059
Consumable supplies	421 034	-	-	421 034	423 633	(2 599)	100.6%	367 272	358 650
Consumable: Stationery, printing and office supplies	94 047	-	(1 346)	92 701	88 759	3 942	95.7%	87 228	82 328
Operating leases	28 847	-	(2 266)	26 581	21 349	5 232	80.3%	28 284	22 047
Property payments	1 091 522	-	-	1 091 522	1 056 916	34 606	96.8%	1 079 691	1 064 555
Transport provided: Departmental activity	2 653	-	-	2 653	1 664	989	62.7%	2 596	2 003
Travel and subsistence	43 168	-	(781)	42 387	39 619	2 768	93.5%	43 459	37 241
Training and development	33 739	-	(613)	33 126	29 518	3 608	89.1%	43 318	31 737
Operating payments	23 999	-	-	23 999	22 240	1 759	92.7%	17 028	16 699
Venues and facilities	1 404	-	(37)	1 367	812	555	59.4%	2 511	1 204
Rental and hiring	22 757	-	-	22 757	20 695	2 062	90.9%	21 567	18 662
Transfers and subsidies	**1 181 786**	**-**	**(6 188)**	**1 175 598**	**1 180 182**	**(4 584)**	**100.4%**	**1 026 331**	**995 592**
Provinces and municipalities	520 687	-	-	520 687	520 683	4	100.0%	461 878	461 878
Provinces	22	-	-	22	18	4	81.8%	-	-
Provincial Revenue Funds	22	-	-	22	18	4	81.8%	-	-
Municipalities	520 665	-	-	520 665	520 665	-	100.0%	461 878	461 878
Municipal bank accounts	520 665	-	-	520 665	520 665	-	100.0%	461 878	461 878
Departmental agencies and accounts	5 874	-	-	5 874	5 580	294	95.0%	5 490	5 238
Departmental agencies (non-business entities)	5 874	-	-	5 874	5 580	294	95.0%	5 490	5 238
Higher education institutions	14 485	-	(4 485)	10 000	10 000	-	100.0%	4 192	-
Non-profit institutions	462 043	-	4 485	466 528	431 578	34 950	92.5%	384 813	375 424
Households	178 697	-	(6 188)	172 509	212 341	(39 832)	123.1%	169 958	153 052
Social benefits	59 602	-	-	59 602	54 414	5 188	91.3%	55 760	50 120
Other transfers to households	119 095	-	(6 188)	112 907	157 927	(45 020)	139.9%	114 198	102 932
Payments for capital assets	**739 375**	**-**	**-**	**739 375**	**751 434**	**(12 059)**	**101.6%**	**705 639**	**784 560**
Buildings and other fixed structures	308 949	-	-	308 949	287 493	21 456	93.1%	326 399	344 366
Buildings	308 949	-	-	308 949	287 493	21 456	93.1%	326 399	344 366
Machinery and equipment	422 520	-	-	422 520	458 485	(35 965)	108.5%	370 821	428 847
Transport equipment	165 718	-	-	165 718	173 502	(7 784)	104.7%	142 116	150 434
Other machinery and equipment	256 802	-	-	256 802	284 983	(28 181)	111.0%	228 705	278 413
Software and other intangible assets	7 906	-	-	7 906	5 456	2 450	69.0%	8 419	11 347
Payment for financial assets	**-**	**-**	**11 620**	**11 620**	**11 620**	**-**	**100.0%**	**6 685**	**6 685**
Total	**21 686 482**	**-**	**-**	**21 686 482**	**21 496 056**	**190 426**	**99.1%**	**20 144 545**	**20 078 184**

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

APPROPRIATION STATEMENT
for the year ended 31 March 2018

Programme 1: ADMINISTRATION									
	2017/18							**2016/17**	
	Adjusted Appropriation	**Shifting of Funds**	**Virement**	**Final Appropriation**	**Actual Expenditure**	**Variance**	**Expenditure as % of final appropriation**	**Final Appropriation**	**Actual Expenditure**
Sub programme	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
1 OFFICE OF THE MEC	9 136	-	-	9 136	6 880	2 256	75.3%	7 596	6 935
2 MANAGEMENT	745 773	-	(11 191)	734 582	713 232	21 350	97.1%	639 989	628 839
Total	**754 909**	**-**	**(11 191)**	**743 718**	**720 112**	**23 606**	**96.8%**	**647 585**	**635 774**

	2017/18							**2016/17**	
	Adjusted Appropriation	**Shifting of Funds**	**Virement**	**Final Appropriation**	**Actual Expenditure**	**Variance**	**Expenditure as % of final appropriation**	**Final Appropriation**	**Actual Expenditure**
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**694 191**	**-**	**(11 972)**	**682 219**	**608 913**	**73 306**	**89.3%**	**589 771**	**579 613**
Compensation of employees	342 249	-	-	342 249	322 897	19 352	94.3%	301 283	301 267
Salaries and wages	304 079	-	-	304 079	281 771	22 308	92.7%	266 523	263 317
Social contributions	38 170	-	-	38 170	41 126	(2 956)	107.7%	34 760	37 950
Goods and services	351 942	-	(11 972)	339 970	286 016	53 954	84.1%	288 488	278 346
Administrative fees	1 163	-	-	1 163	54	1 109	4.6%	1 080	980
Advertising	10 418	-	-	10 418	11 667	(1 249)	112.0%	13 502	9 606
Minor assets	1 502	-	-	1 502	583	919	38.8%	1 394	465
Audit costs: External	20 312	-	-	20 312	19 028	1 284	93.7%	18 713	18 713
Catering: Departmental activities	1 617	-	-	1 617	602	1 015	37.2%	1 518	512
Communication (G&S)	11 688	-	-	11 688	8 670	3 018	74.2%	10 850	9 215
Computer services	101 804	-	(10 000)	91 804	72 461	19 343	78.9%	66 119	62 141
Consultants: Business and advisory services	15 219	-	-	15 219	7 902	7 317	51.9%	8 741	8 741
Legal services	17 746	-	-	17 746	13 865	3 881	78.1%	16 475	22 168
Contractors	149 090	-	(1 191)	147 899	131 507	16 392	88.9%	130 116	128 053
Entertainment	190	-	-	190	92	98	48.4%	171	36
Fleet services (including government motor transport)	4 367	-	-	4 367	5 850	(1 483)	134.0%	4 112	3 783
Inventory: Materials and supplies	-	-	-	-	-	-	-	7	170
Inventory: Medical supplies	7	-	-	7	-	7	-	25	7
Consumable supplies	175	-	-	175	319	(144)	182.3%	185	642
Consumable: Stationery, printing and office supplies	4 513	-	-	4 513	4 157	356	92.1%	4 169	3 642
Operating leases	1 036	-	-	1 036	1 381	(345)	133.3%	962	1 318
Property payments	256	-	-	256	163	93	63.7%	238	333
Travel and subsistence	8 648	-	(781)	7 867	6 070	1 797	77.2%	8 027	6 081
Training and development	756	-	-	756	954	(198)	126.2%	752	697
Operating payments	1 158	-	-	1 158	217	941	18.7%	1 075	480
Venues and facilities	98	-	-	98	435	(337)	443.9%	90	426
Rental and hiring	179	-	-	179	39	140	21.8%	167	137
Transfers and subsidies	**48 375**	**-**	**-**	**48 375**	**92 486**	**(44 111)**	**191.2%**	**48 430**	**44 977**
Departmental agencies and accounts	477	-	-	477	452	25	94.8%	446	446
Departmental agencies (non-business entities)	477	-	-	477	452	25	94.8%	446	446
Households	47 898	-	-	47 898	92 034	(44 136)	192.1%	47 984	44 531
Social benefits	9 928	-	-	9 928	5 048	4 880	50.8%	9 277	6 630
Other transfers to households	37 970	-	-	37 970	86 986	(49 016)	229.1%	38 707	37 901
Payments for capital assets	**12 343**	**-**	**-**	**12 343**	**17 932**	**(5 589)**	**145.3%**	**7 207**	**9 007**
Machinery and equipment	12 103	-	-	12 103	17 442	(5 339)	144.1%	6 694	8 494
Transport equipment	5 404	-	-	5 404	12 794	(7 390)	236.8%	5 089	5 926
Other machinery and equipment	6 699	-	-	6 699	4 648	2 051	69.4%	1 605	2 568
Software and other intangible assets	240	-	-	240	490	(250)	204.2%	513	513
Payment for financial assets	**-**	**-**	**781**	**781**	**781**	**-**	**100.0%**	**2 177**	**2 177**
Total	**754 909**	**-**	**(11 191)**	**743 718**	**720 112**	**23 606**	**96.8%**	**647 585**	**635 774**

WESTERN CAPE GOVERNMENT HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2018

Subprogramme: 1.1: OFFICE OF THE MEC

	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**8 740**	**-**	**(44)**	**8 696**	**6 291**	**2 405**	**72.3%**	**7 223**	**6 579**
Compensation of employees	7 180	-	-	7 180	5 466	1 714	76.1%	5 770	6 014
Goods and services	1 560	-	(44)	1 516	825	691	54.4%	1 453	565
Transfers and subsidies	**-**	**-**	**-**	**-**	**118**	**(118)**	**-**	**-**	**22**
Households	-	-	-	-	118	(118)	-	-	22
Payments for capital assets	**396**	**-**	**-**	**396**	**427**	**(31)**	**107.8%**	**373**	**334**
Machinery and equipment	396	-	-	396	427	(31)	107.8%	373	334
Payment for financial assets			**44**	**44**	**44**	**-**	**100.0%**	**-**	**-**
Total	**9 136**	**-**	**-**	**9 136**	**6 880**	**2 256**	**75.3%**	**7 596**	**6 935**

Subprogramme: 1.2: MANAGEMENT

	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**685 451**	**-**	**(11 928)**	**673 523**	**602 622**	**70 901**	**89.5%**	**582 548**	**573 034**
Compensation of employees	335 069	-	-	335 069	317 431	17 638	94.7%	295 513	295 253
Goods and services	350 382	-	(11 928)	338 454	285 191	53 263	84.3%	287 035	277 781
Transfers and subsidies	**48 375**	**-**	**-**	**48 375**	**92 368**	**(43 993)**	**190.9%**	**48 430**	**44 955**
Departmental agencies and accounts	477	-	-	477	452	25	94.8%	446	446
Households	47 898	-	-	47 898	91 916	(44 018)	191.9%	47 984	44 509
Payments for capital assets	**11 947**	**-**	**-**	**11 947**	**17 505**	**(5 558)**	**146.5%**	**6 834**	**8 673**
Machinery and equipment	11 707	-	-	11 707	17 015	(5 308)	145.3%	6 321	8 160
Software and other intangible assets	240			240	490	(250)	204.2%	513	513
Payment for financial assets			**737**	**737**	**737**	**-**	**100.0%**	**2 177**	**2 177**
Total	**745 773**	**-**	**(11 191)**	**734 582**	**713 232**	**21 350**	**97.1%**	**639 989**	**628 839**

WESTERN CAPE GOVERNMENT HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2018

Programme 2: DISTRICT HEALTH SERVICES

	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Sub programme	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
1 DISTRICT MANAGEMENT	404 036	-	747	404 783	394 909	9 874	97.6%	344 875	344 875
2 COMMUNITY HEALTH CLINICS	1 248 548	-	77	1 248 625	1 239 496	9 129	99.3%	1 181 773	1 180 111
3 COMMUNITY HEALTH CENTRES	2 089 760	-	177	2 089 937	2 037 564	52 373	97.5%	1 846 888	1 846 888
4 COMMUNITY BASED SERVICES	213 599	-	1	213 600	216 596	(2 996)	101.4%	197 956	197 956
5 OTHER COMMUNITY SERVICES	1	-	-	1	-	1	-	1	-
6 HIV/AIDS	1 532 363	-	-	1 532 363	1 527 815	4 548	99.7%	1 389 104	1 387 801
7 NUTRITION	46 381	-	-	46 381	47 573	(1 192)	102.6%	47 060	47 060
8 CORONER SERVICES	1	-	-	1	-	1	-	1	-
9 DISTRICT HOSPITALS	3 163 830	-	344	3 164 174	3 232 464	(68 290)	102.2%	2 928 243	2 928 243
10 GLOBAL FUND	71 790	-	-	71 790	41 492	30 298	57.8%	35 172	20 503
Total	**8 770 309**	**-**	**1 346**	**8 771 655**	**8 737 909**	**33 746**	**99.6%**	**7 971 073**	**7 953 437**

	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**7 744 696**	**-**	**-**	**7 744 696**	**7 746 299**	**(1 603)**	**100.0%**	**7 109 490**	**7 102 462**
Compensation of employees	4 710 278	-	-	4 710 278	4 685 005	25 273	99.5%	4 392 869	4 385 145
Salaries and wages	4 137 642	-	-	4 137 642	4 127 468	10 174	99.8%	3 867 055	3 869 447
Social contributions	572 636	-	-	572 636	557 537	15 099	97.4%	525 814	515 698
Goods and services	3 034 418	-	-	3 034 418	3 061 294	(26 876)	100.9%	2 716 621	2 717 317
Administrative fees	-	-	-	-	-	-	-	28	-
Advertising	9 087	-	-	9 087	8 941	146	98.4%	6 623	4 869
Minor assets	17 976	-	-	17 976	14 118	3 858	78.5%	17 255	14 297
Audit costs: External	-	-	-	-	-	-	-	1 086	463
Catering: Departmental activities	3 106	-	-	3 106	2 305	801	74.2%	2 995	2 119
Communication (G&S)	36 745	-	-	36 745	26 880	9 865	73.2%	35 558	32 029
Computer services	5 036	-	-	5 036	3 910	1 126	77.6%	6 179	3 143
Consultants: Business and advisory services	12 657	-	-	12 657	8 733	3 924	69.0%	13 779	6 555
Laboratory services	375 256	-	-	375 256	388 623	(13 367)	103.6%	351 034	327 860
Contractors	145 511	-	-	145 511	150 499	(4 988)	103.4%	116 989	116 218
Agency and support / outsourced services	249 843	-	-	249 843	275 913	(26 070)	110.4%	246 885	243 156
Entertainment	99	-	-	99	20	79	20.2%	98	13
Fleet services (including government motor transport)	31 935	-	-	31 935	28 818	3 117	90.2%	30 067	29 372
Inventory: Food and food supplies	36 270	-	-	36 270	35 687	583	98.4%	41 608	38 827
Inventory: Materials and supplies	-	-	-	-	-	-	-	2 627	3 553
Inventory: Medical supplies	439 855	-	-	439 855	431 728	8 127	98.2%	388 321	399 848
Inventory: Medicine	1 131 994	-	-	1 131 994	1 131 121	873	99.9%	957 057	1 015 043
Inventory: Other supplies	4 478	-	-	4 478	102	4 376	2.3%	13 489	706
Consumable supplies	107 927	-	-	107 927	121 126	(13 199)	112.2%	100 073	101 838
Consumable: Stationery, printing and office supplies	49 003	-	-	49 003	47 841	1 162	97.6%	45 050	41 023
Operating leases	14 034	-	-	14 034	11 744	2 290	83.7%	13 767	11 393
Property payments	308 793	-	-	308 793	323 011	(14 218)	104.6%	272 792	280 982
Transport provided: Departmental activity	1 356	-	-	1 356	1 219	137	89.9%	1 303	1 173
Travel and subsistence	15 897	-	-	15 897	13 304	2 593	83.7%	15 932	12 840
Training and development	13 697	-	-	13 697	11 450	2 247	83.6%	14 087	9 611
Operating payments	6 700	-	-	6 700	5 976	724	89.2%	5 308	5 146
Venues and facilities	369	-	-	369	164	205	44.4%	452	423
Rental and hiring	16 794	-	-	16 794	18 061	(1 267)	107.5%	16 179	14 817
Transfers and subsidies	**911 549**	**-**	**-**	**911 549**	**880 847**	**30 702**	**96.6%**	**772 588**	**762 015**
Provinces and municipalities	520 665	-	-	520 665	520 665	-	100.0%	461 878	461 878
Municipalities	520 665	-	-	520 665	520 665	-	100.0%	461 878	461 878
Municipal bank accounts	520 665	-	-	520 665	520 665	-	100.0%	461 878	461 878
Departmental agencies and accounts	-	-	-	-	-	-	-	-	2
Departmental agencies (non-business entities)	-	-	-	-	-	-	-	-	2
Non-profit institutions	373 920	-	-	373 920	340 464	33 456	91.1%	294 820	285 410
Households	16 964	-	-	16 964	19 718	(2 754)	116.2%	15 890	14 725
Social benefits	16 463	-	-	16 463	19 558	(3 095)	118.8%	15 422	14 407
Other transfers to households	501	-	-	501	160	341	31.9%	468	318
Payments for capital assets	**114 064**	**-**	**-**	**114 064**	**109 417**	**4 647**	**95.9%**	**87 640**	**87 605**
Machinery and equipment	112 344	-	-	112 344	106 795	5 549	95.1%	87 586	87 586
Transport equipment	52 160	-	-	52 160	52 888	(728)	101.4%	42 398	43 590
Other machinery and equipment	60 184	-	-	60 184	53 907	6 277	89.6%	45 188	43 996
Software and other intangible assets	1 720	-	-	1 720	2 622	(902)	152.4%	54	19
Payment for financial assets	**-**	**-**	**1 346**	**1 346**	**1 346**	**-**	**100.0%**	**1 355**	**1 355**
Total	**8 770 309**	**-**	**1 346**	**8 771 655**	**8 737 909**	**33 746**	**99.6%**	**7 971 073**	**7 953 437**

WESTERN CAPE GOVERNMENT HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2018

Subprogramme: 2.1: DISTRICT MANAGEMENT									
	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**373 984**	**-**	**-**	**373 984**	**367 029**	**6 955**	**98.1%**	**325 829**	**328 721**
Compensation of employees	321 473	-	-	321 473	316 506	4 967	98.5%	281 456	285 687
Goods and services	52 511	-	-	52 511	50 523	1 988	96.2%	44 373	43 034
Transfers and subsidies	**15 717**	**-**	**-**	**15 717**	**11 334**	**4 383**	**72.1%**	**5 250**	**2 533**
Non-profit institutions	14 409			14 409	8 296	6 113	57.6%	4 026	937
Households	1 308	-	-	1 308	3 038	(1 730)	232.3%	1 224	1 596
Payments for capital assets	**14 335**	**-**	**-**	**14 335**	**15 799**	**(1 464)**	**110.2%**	**13 008**	**12 833**
Machinery and equipment	14 335	-	-	14 335	15 799	(1 464)	110.2%	13 008	12 833
Payment for financial assets			**747**	**747**	**747**	**-**	**100.0%**	**788**	**788**
Total	**404 036**	**-**	**747**	**404 783**	**394 909**	**9 874**	**97.6%**	**344 875**	**344 875**

Subprogramme: 2.2: COMMUNITY HEALTH CLINICS									
	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**922 147**	**-**	**-**	**922 147**	**915 736**	**6 411**	**99.3%**	**879 725**	**877 554**
Compensation of employees	547 254	-	-	547 254	534 010	13 244	97.6%	516 821	510 554
Goods and services	374 893	-	-	374 893	381 726	(6 833)	101.8%	362 904	367 000
Transfers and subsidies	**301 391**	**-**	**-**	**301 391**	**299 815**	**1 576**	**99.5%**	**280 487**	**279 927**
Provinces and municipalities	297 392	-	-	297 392	297 392	-	100.0%	276 703	276 703
Non-profit institutions	2 017			2 017	1 305	712	64.7%	1 899	1 908
Households	1 982	-	-	1 982	1 118	864	56.4%	1 885	1 316
Payments for capital assets	**25 010**	**-**	**-**	**25 010**	**23 868**	**1 142**	**95.4%**	**21 482**	**22 551**
Machinery and equipment	25 010	-	-	25 010	23 868	1 142	95.4%	21 482	22 551
Payment for financial assets			**77**	**77**	**77**	**-**	**100.0%**	**79**	**79**
Total	**1 248 548**	**-**	**77**	**1 248 625**	**1 239 496**	**9 129**	**99.3%**	**1 181 773**	**1 180 111**

Subprogramme: 2.3: COMMUNITY HEALTH CENTRES									
	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**2 069 379**	**-**	**-**	**2 069 379**	**2 017 346**	**52 033**	**97.5%**	**1 828 880**	**1 827 628**
Compensation of employees	1 175 991	-	-	1 175 991	1 157 923	18 068	98.5%	1 026 841	1 025 252
Goods and services	893 388	-	-	893 388	859 423	33 965	96.2%	802 039	802 376
Transfers and subsidies	**4 092**	**-**	**-**	**4 092**	**5 148**	**(1 056)**	**125.8%**	**3 793**	**4 367**
Departmental agencies and accounts	-	-	-	-	-	-	-	-	2
Households	4 092	-	-	4 092	5 148	(1 056)	125.8%	3 793	4 365
Payments for capital assets	**16 289**	**-**	**-**	**16 289**	**14 893**	**1 396**	**91.4%**	**14 126**	**14 804**
Machinery and equipment	16 289	-	-	16 289	14 893	1 396	91.4%	14 126	14 804
Payment for financial assets			**177**	**177**	**177**	**-**	**100.0%**	**89**	**89**
Total	**2 089 760**	**-**	**177**	**2 089 937**	**2 037 564**	**52 373**	**97.5%**	**1 846 888**	**1 846 888**

WESTERN CAPE GOVERNMENT HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2018

Subprogramme: 2.4: COMMUNITY BASED SERVICES									
	2017/18							2016/17	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**105 418**	**-**	**-**	**105 418**	**104 619**	**799**	**99.2%**	**99 070**	**99 519**
Compensation of employees	46 138	-	-	46 138	51 212	(5 074)	111.0%	43 376	46 302
Goods and services	59 280	-	-	59 280	53 407	5 873	90.1%	55 694	53 217
Transfers and subsidies	**107 564**	**-**	**-**	**107 564**	**111 248**	**(3 684)**	**103.4%**	**98 127**	**97 665**
Non-profit institutions	107 266			107 266	111 238	(3 972)	103.7%	97 848	97 484
Households	298	-	-	298	10	288	3.4%	279	181
Payments for capital assets	**617**	**-**	**-**	**617**	**728**	**(111)**	**118.0%**	**759**	**772**
Machinery and equipment	617	-	-	617	728	(111)	118.0%	759	772
Payment for financial assets			**1**	**1**	**1**	**-**	**100.0%**	**-**	**-**
Total	**213 599**	**-**	**1**	**213 600**	**216 596**	**(2 996)**	**101.4%**	**197 956**	**197 956**

Subprogramme: 2.5: OTHER COMMUNITY SERVICES									
	2017/18							2016/17	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**1**	**-**	**-**	**1**	**-**	**1**	**-**	**1**	**-**
Goods and services	1	-	-	1	-	1	-	1	-
Total	**1**	**-**	**-**	**1**	**-**	**1**	**-**	**1**	**-**

Subprogramme: 2.6: HIV/AIDS									
	2017/18							2016/17	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**1 119 090**	**-**	**-**	**1 119 090**	**1 119 559**	**(469)**	**100.0%**	**1 038 574**	**1 037 573**
Compensation of employees	446 284	-	-	446 284	434 930	11 354	97.5%	515 569	499 393
Goods and services	672 806	-	-	672 806	684 629	(11 823)	101.8%	523 005	538 180
Transfers and subsidies	**413 037**	**-**	**-**	**413 037**	**408 162**	**4 875**	**98.8%**	**350 295**	**350 002**
Provinces and municipalities	217 701	-	-	217 701	217 701	-	100.0%	176 059	176 059
Non-profit institutions	195 336			195 336	189 771	5 565	97.2%	174 236	173 414
Households	-	-	-	-	690	(690)	-	-	529
Payments for capital assets	**236**	**-**	**-**	**236**	**94**	**142**	**39.8%**	**235**	**226**
Machinery and equipment	236	-	-	236	94	142	39.8%	235	226
Total	**1 532 363**	**-**	**-**	**1 532 363**	**1 527 815**	**4 548**	**99.7%**	**1 389 104**	**1 387 801**

WESTERN CAPE GOVERNMENT HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2018

Subprogramme: 2.7: NUTRITION									
	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**37 707**	**-**	**-**	**37 707**	**38 599**	**(892)**	**102.4%**	**38 948**	**38 803**
Compensation of employees	9 419	-	-	9 419	9 238	181	98.1%	9 105	8 843
Goods and services	28 288	-	-	28 288	29 361	(1 073)	103.8%	29 843	29 960
Transfers and subsidies	**8 667**	**-**	**-**	**8 667**	**8 971**	**(304)**	**103.5%**	**8 105**	**8 252**
Provinces and municipalities	5 572	-	-	5 572	5 572	-	100.0%	5 208	5 208
Non-profit institutions	3 095			3 095	3 388	(293)	109.5%	2 897	3 035
Households	-	-	-	-	11	(11)	-	-	9
Payments for capital assets	**7**	**-**	**-**	**7**	**3**	**4**	**42.9%**	**7**	**5**
Machinery and equipment	7	-	-	7	3	4	42.9%	7	5
Total	**46 381**	**-**	**-**	**46 381**	**47 573**	**(1 192)**	**102.6%**	**47 060**	**47 060**

Subprogramme: 2.8: CORONER SERVICES									
	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**1**	**-**	**-**	**1**	**-**	**1**	**-**	**1**	**-**
Goods and services	1	-	-	1	-	1	-	1	-
Total	**1**	**-**	**-**	**1**	**-**	**1**	**-**	**1**	**-**

Subprogramme: 2.9: DISTRICT HOSPITALS									
	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**3 095 894**	**-**	**-**	**3 095 894**	**3 167 435**	**(71 541)**	**102.3%**	**2 880 043**	**2 883 403**
Compensation of employees	2 151 803	-	-	2 151 803	2 170 656	(18 853)	100.9%	1 992 148	2 003 024
Goods and services	944 091	-	-	944 091	996 779	(52 688)	105.6%	887 895	880 379
Transfers and subsidies	**10 839**	**-**	**-**	**10 839**	**10 866**	**(27)**	**100.2%**	**10 132**	**8 131**
Non-profit institutions	1 558			1 558	1 166	392	74.8%	1 456	1 455
Households	9 281	-	-	9 281	9 700	(419)	104.5%	8 676	6 676
Payments for capital assets	**57 097**	**-**	**-**	**57 097**	**53 819**	**3 278**	**94.3%**	**37 669**	**36 310**
Machinery and equipment	55 377	-	-	55 377	51 197	4 180	92.5%	37 615	36 291
Software and other intangible assets	1 720			1 720	2 622	(902)	152.4%	54	19
Payment for financial assets			**344**	**344**	**344**	**-**	**100.0%**	**399**	**399**
Total	**3 163 830**	**-**	**344**	**3 164 174**	**3 232 464**	**(68 290)**	**102.2%**	**2 928 243**	**2 928 243**

Subprogramme: 2.10: GLOBAL FUND									
	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**21 075**	**-**	**-**	**21 075**	**15 976**	**5 099**	**75.8%**	**18 419**	**9 261**
Compensation of employees	11 916	-	-	11 916	10 530	1 386	88.4%	7 553	6 090
Goods and services	9 159	-	-	9 159	5 446	3 713	59.5%	10 866	3 171
Transfers and subsidies	**50 242**	**-**	**-**	**50 242**	**25 303**	**24 939**	**50.4%**	**16 399**	**11 138**
Provinces and municipalities	-	-	-	-	-	-	-	3 908	3 908
Non-profit institutions	50 239			50 239	25 300	24 939	50.4%	12 458	7 177
Households	3	-	-	3	3	-	100.0%	33	53
Payments for capital assets	**473**	**-**	**-**	**473**	**213**	**260**	**45.0%**	**354**	**104**
Machinery and equipment	473	-	-	473	213	260	45.0%	354	104
Total	**71 790**	**-**	**-**	**71 790**	**41 492**	**30 298**	**57.8%**	**35 172**	**20 503**

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APPROPRIATION STATEMENT
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Programme 3: EMERGENCY MEDICAL SERVICES

	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Sub programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1 EMERGENCY TRANSPORT	952 697	-	(7 963)	944 734	903 461	41 273	95.6%	902 355	893 938
2 PLANNED PATIENT TRANSPORT	81 829	-	-	81 829	91 401	(9 572)	111.7%	82 737	90 985
Total	**1 034 526**	**-**	**(7 963)**	**1 026 563**	**994 862**	**31 701**	**96.9%**	**985 092**	**984 923**

	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**947 929**	**-**	**(8 420)**	**939 509**	**909 023**	**30 486**	**96.8%**	**883 342**	**878 936**
Compensation of employees	639 948	-	-	639 948	632 175	7 773	98.8%	590 602	594 689
Salaries and wages	546 087	-	-	546 087	541 843	4 244	99.2%	504 713	509 814
Social contributions	93 861	-	-	93 861	90 332	3 529	96.2%	85 889	84 875
Goods and services	307 981	-	(8 420)	299 561	276 848	22 713	92.4%	292 740	284 247
Minor assets	540	-	-	540	476	64	88.1%	2 358	1 888
Catering: Departmental activities	232	-	-	232	137	95	59.1%	216	37
Communication (G&S)	8 695	-	(583)	8 112	5 942	2 170	73.2%	8 091	7 439
Computer services	67	-	-	67	-	67	-	62	-
Consultants: Business and advisory services	40	-	-	40	115	(75)	287.5%	37	96
Contractors	124 088	-	-	124 088	107 092	16 996	86.3%	113 740	102 592
Agency and support / outsourced services	710	-	-	710	530	180	74.6%	659	443
Entertainment	3	-	-	3	-	3	-	3	1
Fleet services (including government motor transport)	122 994	-	-	122 994	125 134	(2 140)	101.7%	120 592	130 550
Inventory: Materials and supplies	-	-	-	-	-	-	-	1 714	3 082
Inventory: Medical supplies	10 911	-	(4 225)	6 686	6 686	-	100.0%	10 131	9 419
Inventory: Medicine	992	-	-	992	954	38	96.2%	919	729
Inventory: Other supplies	-	-	-	-	-	-	-	-	6
Consumable supplies	18 798	-	-	18 798	12 884	5 914	68.5%	16 094	11 796
Consumable: Stationery, printing and office supplies	3 456	-	(1 346)	2 110	1 477	633	70.0%	2 931	2 889
Operating leases	4 084	-	(2 266)	1 818	878	940	48.3%	3 790	1 022
Property payments	8 842	-	-	8 842	10 381	(1 539)	117.4%	8 126	8 964
Travel and subsistence	2 253	-	-	2 253	3 160	(907)	140.3%	2 092	2 831
Training and development	1 093	-	-	1 093	947	146	86.6%	1 015	377
Operating payments	86	-	-	86	10	76	11.6%	80	61
Venues and facilities	96	-	-	96	-	96	-	89	7
Rental and hiring	1	-	-	1	45	(44)	4500.0%	1	18
Transfers and subsidies	**727**	**-**	**-**	**727**	**998**	**(271)**	**137.3%**	**659**	**707**
Provinces and municipalities	22	-	-	22	16	6	72.7%	-	-
Provinces	22	-	-	22	16	6	72.7%	-	-
Provincial Revenue Funds	22	-	-	22	16	6	72.7%	-	-
Households	705	-	-	705	982	(277)	139.3%	659	707
Social benefits	705	-	-	705	982	(277)	139.3%	659	707
Payments for capital assets	**85 870**	**-**	**-**	**85 870**	**84 384**	**1 486**	**98.3%**	**98 787**	**102 976**
Machinery and equipment	85 870	-	-	85 870	84 384	1 486	98.3%	98 787	102 976
Transport equipment	76 609	-	-	76 609	76 239	370	99.5%	67 357	72 166
Other machinery and equipment	9 261	-	-	9 261	8 145	1 116	87.9%	31 430	30 810
Payment for financial assets	**-**	**-**	**457**	**457**	**457**	**-**	**100.0%**	**2 304**	**2 304**
Total	**1 034 526**	**-**	**(7 963)**	**1 026 563**	**994 862**	**31 701**	**96.9%**	**985 092**	**984 923**

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APPROPRIATION STATEMENT
for the year ended 31 March 2018

Subprogramme: 3.1: EMERGENCY TRANSPORT									
	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**876 982**	**-**	**(8 420)**	**868 562**	**828 095**	**40 467**	**95.3%**	**808 968**	**799 630**
Compensation of employees	610 304	-	-	610 304	593 217	17 087	97.2%	556 994	559 063
Goods and services	266 678	-	(8 420)	258 258	234 878	23 380	90.9%	251 974	240 567
Transfers and subsidies	**650**	**-**	**-**	**650**	**968**	**(318)**	**148.9%**	**587**	**596**
Provinces and municipalities	22	-	-	22	16	6	72.7%	-	-
Households	628	-	-	628	952	(324)	151.6%	587	596
Payments for capital assets	**75 065**	**-**	**-**	**75 065**	**73 941**	**1 124**	**98.5%**	**90 496**	**91 408**
Machinery and equipment	75 065	-	-	75 065	73 941	1 124	98.5%	90 496	91 408
Payment for financial assets			**457**	**457**	**457**	**-**	**100.0%**	**2 304**	**2 304**
Total	**952 697**	**-**	**(7 963)**	**944 734**	**903 461**	**41 273**	**95.6%**	**902 355**	**893 938**

Subprogramme: 3.2: PLANNED PATIENT TRANSPORT									
	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**70 947**	**-**	**-**	**70 947**	**80 928**	**(9 981)**	**114.1%**	**74 374**	**79 306**
Compensation of employees	29 644	-	-	29 644	38 958	(9 314)	131.4%	33 608	35 626
Goods and services	41 303	-	-	41 303	41 970	(667)	101.6%	40 766	43 680
Transfers and subsidies	**77**	**-**	**-**	**77**	**30**	**47**	**39.0%**	**72**	**111**
Households	77	-	-	77	30	47	39.0%	72	111
Payments for capital assets	**10 805**	**-**	**-**	**10 805**	**10 443**	**362**	**96.6%**	**8 291**	**11 568**
Machinery and equipment	10 805	-	-	10 805	10 443	362	96.6%	8 291	11 568
Total	**81 829**	**-**	**-**	**81 829**	**91 401**	**(9 572)**	**111.7%**	**82 737**	**90 985**

WESTERN CAPE GOVERNMENT HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2018

Programme 4: PROVINCIAL HOSPITAL SERVICES

	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Sub programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1 GENERAL (REGIONAL) HOSPITALS	1 874 674	-	(9 095)	1 865 579	1 864 768	811	100.0%	1 748 793	1 748 697
2 TUBERCULOSIS HOSPITALS	305 986	-	-	305 986	301 129	4 857	98.4%	289 300	289 081
3 PSYCHIATRIC/MENTAL HOSPITALS	879 483	-	(8 543)	870 940	867 702	3 238	99.6%	818 745	818 818
4 SUB-ACUTE, STEP DOWN AND CHRONIC MEDICAL HOSPITALS	198 626	-	(1 000)	197 626	192 738	4 888	97.5%	181 573	179 407
5 DENTAL TRAINING HOSPITALS	164 467	-	(1 431)	163 036	153 190	9 846	94.0%	148 571	143 211
Total	**3 423 236**	**-**	**(20 069)**	**3 403 167**	**3 379 527**	**23 640**	**99.3%**	**3 186 982**	**3 179 214**

	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**3 368 908**	**-**	**(20 682)**	**3 348 226**	**3 326 720**	**21 506**	**99.4%**	**3 135 286**	**3 126 646**
Compensation of employees	2 465 492	-	-	2 465 492	2 454 090	11 402	99.5%	2 275 104	2 274 739
Salaries and wages	2 163 193	-	-	2 163 193	2 163 682	(489)	100.0%	1 997 040	2 006 875
Social contributions	302 299	-	-	302 299	290 408	11 891	96.1%	278 064	267 864
Goods and services	903 416	-	(20 682)	882 734	872 630	10 104	98.9%	860 182	851 907
Administrative fees	4	-	-	4	-	4	-	4	48
Advertising	58	-	-	58	96	(38)	165.5%	54	42
Minor assets	10 155	-	-	10 155	9 121	1 034	89.8%	10 614	10 001
Catering: Departmental activities	298	-	-	298	141	157	47.3%	302	470
Communication (G&S)	16 427	-	(3 738)	12 689	11 284	1 405	88.9%	18 593	15 909
Computer services	2 015	-	-	2 015	2 104	(89)	104.4%	2 309	604
Consultants: Business and advisory services	68 292	-	(1 000)	67 292	66 200	1 092	98.4%	64 635	63 987
Laboratory services	65 204	-	-	65 204	66 673	(1 469)	102.3%	62 527	58 564
Contractors	29 766	-	-	29 766	31 139	(1 373)	104.6%	28 125	27 970
Agency and support / outsourced services	66 704	-	-	66 704	68 080	(1 376)	102.1%	67 661	66 582
Entertainment	15	-	-	15	12	3	80.0%	10	4
Fleet services (including government motor transport)	5 793	-	-	5 793	5 367	426	92.6%	5 957	5 326
Inventory: Food and food supplies	6 524	-	(998)	5 526	5 022	504	90.9%	5 974	4 988
Inventory: Materials and supplies	-	-	-	-	-	-	-	8 566	11 240
Inventory: Medical supplies	223 156	-	(11 719)	211 437	211 437	-	100.0%	205 529	211 992
Inventory: Medicine	80 835	-	(2 614)	78 221	75 354	2 867	96.3%	74 741	75 226
Inventory: Other supplies	1 746	-	-	1 746	1 015	731	58.1%	1 741	1 316
Consumable supplies	97 465	-	-	97 465	97 644	(179)	100.2%	82 312	82 913
Consumable: Stationery, printing and office supplies	14 962	-	-	14 962	13 920	1 042	93.0%	16 419	13 538
Operating leases	5 108	-	-	5 108	3 777	1 331	73.9%	5 221	4 523
Property payments	196 774	-	-	196 774	194 927	1 847	99.1%	186 804	186 853
Transport provided: Departmental activity	1 097	-	-	1 097	445	652	40.6%	1 107	818
Travel and subsistence	4 483	-	-	4 483	4 143	340	92.4%	4 432	4 239
Training and development	4 569	-	(613)	3 956	3 119	837	78.8%	4 699	3 256
Operating payments	1 411	-	-	1 411	866	545	61.4%	1 427	870
Venues and facilities	5	-	-	5	5	-	100.0%	14	1
Rental and hiring	550	-	-	550	739	(189)	134.4%	405	627
Transfers and subsidies	**17 069**	**-**	**-**	**17 069**	**12 975**	**4 094**	**76.0%**	**15 926**	**12 275**
Non-profit institutions	3 026	-	-	3 026	3 032	(6)	100.2%	2 802	2 823
Households	14 043	-	-	14 043	9 943	4 100	70.8%	13 124	9 452
Social benefits	13 753	-	-	13 753	9 943	3 810	72.3%	12 853	9 175
Other transfers to households	290	-	-	290	-	290	-	271	277
Payments for capital assets	**37 259**	**-**	**-**	**37 259**	**39 219**	**(1 960)**	**105.3%**	**35 494**	**40 017**
Machinery and equipment	33 259	-	-	33 259	37 203	(3 944)	111.9%	34 260	38 783
Transport equipment	9 232	-	-	9 232	11 182	(1 950)	121.1%	8 113	10 148
Other machinery and equipment	24 027	-	-	24 027	26 021	(1 994)	108.3%	26 147	28 635
Software and other intangible assets	4 000	-	-	4 000	2 016	1 984	50.4%	1 234	1 234
Payment for financial assets	**-**	**-**	**613**	**613**	**613**	**-**	**100.0%**	**276**	**276**
Total	**3 423 236**	**-**	**(20 069)**	**3 403 167**	**3 379 527**	**23 640**	**99.3%**	**3 186 982**	**3 179 214**

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APPROPRIATION STATEMENT
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Subprogramme: 4.1: GENERAL (REGIONAL) HOSPITALS									
	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**1 847 320**	**-**	**(9 302)**	**1 838 018**	**1 836 683**	**1 335**	**99.9%**	**1 723 888**	**1 722 318**
Compensation of employees	1 318 244	-	-	1 318 244	1 317 262	982	99.9%	1 221 868	1 223 803
Goods and services	529 076	-	(9 302)	519 774	519 421	353	99.9%	502 020	498 515
Transfers and subsidies	**4 374**	**-**	**-**	**4 374**	**4 826**	**(452)**	**110.3%**	**4 088**	**3 700**
Households	4 374	-	-	4 374	4 826	(452)	110.3%	4 088	3 700
Payments for capital assets	**22 980**	**-**	**-**	**22 980**	**23 052**	**(72)**	**100.3%**	**20 714**	**22 576**
Machinery and equipment	18 980	-	-	18 980	21 036	(2 056)	110.8%	19 480	21 342
Software and other intangible assets	4 000			4 000	2 016	1 984	50.4%	1 234	1 234
Payment for financial assets			**207**	**207**	**207**	**-**	**100.0%**	**103**	**103**
Total	**1 874 674**	**-**	**(9 095)**	**1 865 579**	**1 864 768**	**811**	**100.0%**	**1 748 793**	**1 748 697**

Subprogramme: 4.2: TUBERCULOSIS HOSPITALS									
	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**300 537**	**-**	**(120)**	**300 417**	**296 516**	**3 901**	**98.7%**	**283 096**	**283 381**
Compensation of employees	206 685	-	-	206 685	206 001	684	99.7%	191 713	191 491
Goods and services	93 852	-	(120)	93 732	90 515	3 217	96.6%	91 383	91 890
Transfers and subsidies	**2 455**	**-**	**-**	**2 455**	**622**	**1 833**	**25.3%**	**2 294**	**706**
Households	2 455	-	-	2 455	622	1 833	25.3%	2 294	706
Payments for capital assets	**2 994**	**-**	**-**	**2 994**	**3 871**	**(877)**	**129.3%**	**3 835**	**4 919**
Machinery and equipment	2 994	-	-	2 994	3 871	(877)	129.3%	3 835	4 919
Payment for financial assets			**120**	**120**	**120**	**-**	**100.0%**	**75**	**75**
Total	**305 986**	**-**	**-**	**305 986**	**301 129**	**4 857**	**98.4%**	**289 300**	**289 081**

Subprogramme: 4.3: PSYCHIATRIC/MENTAL HOSPITALS									
	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**864 243**	**-**	**(8 817)**	**855 426**	**852 872**	**2 554**	**99.7%**	**803 453**	**803 186**
Compensation of employees	703 099	-	-	703 099	705 963	(2 864)	100.4%	649 699	648 388
Goods and services	161 144	-	(8 817)	152 327	146 909	5 418	96.4%	153 754	154 798
Transfers and subsidies	**8 360**	**-**	**-**	**8 360**	**6 559**	**1 801**	**78.5%**	**7 787**	**6 848**
Non-profit institutions	3 026			3 026	3 032	(6)	100.2%	2 802	2 823
Households	5 334	-	-	5 334	3 527	1 807	66.1%	4 985	4 025
Payments for capital assets	**6 880**	**-**	**-**	**6 880**	**7 997**	**(1 117)**	**116.2%**	**7 407**	**8 686**
Machinery and equipment	6 880	-	-	6 880	7 997	(1 117)	116.2%	7 407	8 686
Payment for financial assets			**274**	**274**	**274**	**-**	**100.0%**	**98**	**98**
Total	**879 483**	**-**	**(8 543)**	**870 940**	**867 702**	**3 238**	**99.6%**	**818 745**	**818 818**

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Subprogramme: 4.4: SUB-ACUTE, STEP DOWN AND CHRONIC MEDICAL HOSPITALS

	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**197 394**	**-**	**(1 012)**	**196 382**	**191 840**	**4 542**	**97.7%**	**179 827**	**177 547**
Compensation of employees	106 249	-	-	106 249	102 063	4 186	96.1%	93 812	93 812
Goods and services	91 145	-	(1 012)	90 133	89 777	356	99.6%	86 015	83 735
Transfers and subsidies	**673**	**-**	**-**	**673**	**441**	**232**	**65.5%**	**629**	**766**
Households	673	-	-	673	441	232	65.5%	629	766
Payments for capital assets	**559**	**-**	**-**	**559**	**445**	**114**	**79.6%**	**1 117**	**1 094**
Machinery and equipment	559	-	-	559	445	114	79.6%	1 117	1 094
Payment for financial assets			**12**	**12**	**12**	**-**	**100.0%**	**-**	**-**
Total	**198 626**	**-**	**(1 000)**	**197 626**	**192 738**	**4 888**	**97.5%**	**181 573**	**179 407**

Subprogramme: 4.5: DENTAL TRAINING HOSPITALS

	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**159 414**	**-**	**(1 431)**	**157 983**	**148 809**	**9 174**	**94.2%**	**145 022**	**140 214**
Compensation of employees	131 215	-	-	131 215	122 801	8 414	93.6%	118 012	117 245
Goods and services	28 199	-	(1 431)	26 768	26 008	760	97.2%	27 010	22 969
Transfers and subsidies	**1 207**	**-**	**-**	**1 207**	**527**	**680**	**43.7%**	**1 128**	**255**
Households	1 207	-	-	1 207	527	680	43.7%	1 128	255
Payments for capital assets	**3 846**	**-**	**-**	**3 846**	**3 854**	**(8)**	**100.2%**	**2 421**	**2 742**
Machinery and equipment	3 846	-	-	3 846	3 854	(8)	100.2%	2 421	2 742
Total	**164 467**	**-**	**(1 431)**	**163 036**	**153 190**	**9 846**	**94.0%**	**148 571**	**143 211**

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Programme 5: CENTRAL HOSPITAL SERVICES

	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Sub programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1 CENTRAL HOSPITAL SERVICES	5 277 810	-	47 457	5 325 267	5 328 069	(2 802)	100.1%	4 957 910	4 950 579
2 PROVINCIAL TERTIARY HOSPITAL SERVICES	804 458	-	23	804 481	801 679	2 802	99.7%	743 533	750 828
Total	**6 082 268**	**-**	**47 480**	**6 129 748**	**6 129 748**	**-**	**100.0%**	**5 701 443**	**5 701 407**

	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**5 992 996**	**-**	**46 730**	**6 039 726**	**6 033 098**	**6 628**	**99.9%**	**5 604 041**	**5 598 758**
Compensation of employees	4 141 094	-	-	4 141 094	4 126 085	15 009	99.6%	3 861 447	3 859 793
Salaries and wages	3 708 943	-	-	3 708 943	3 698 428	10 515	99.7%	3 453 296	3 465 102
Social contributions	432 151	-	-	432 151	427 657	4 494	99.0%	408 151	394 691
Goods and services	1 851 902	-	46 730	1 898 632	1 907 013	(8 381)	100.4%	1 742 594	1 738 965
Administrative fees	-	-	-	-	-	-	-	-	2
Advertising	199	-	-	199	35	164	17.6%	183	57
Minor assets	11 507	-	-	11 507	7 717	3 790	67.1%	12 270	7 740
Catering: Departmental activities	76	-	-	76	30	46	39.5%	70	34
Communication (G&S)	5 427	-	-	5 427	3 765	1 662	69.4%	9 085	3 982
Computer services	1 084	-	-	1 084	899	185	82.9%	1 045	838
Consultants: Business and advisory services	2 196	-	-	2 196	2 238	(42)	101.9%	2 214	2 017
Laboratory services	186 961	-	16 888	203 849	200 252	3 597	98.2%	177 960	170 060
Contractors	95 643	-	-	95 643	102 754	(7 111)	107.4%	89 775	96 796
Agency and support / outsourced services	113 863	-	-	113 863	115 891	(2 028)	101.8%	96 173	108 256
Entertainment	2	-	-	2	1	1	50.0%	2	-
Fleet services (including government motor transport)	1 172	-	-	1 172	965	207	82.3%	1 290	1 022
Inventory: Food and food supplies	11 747	-	-	11 747	11 272	475	96.0%	13 332	9 704
Inventory: Materials and supplies	-	-	-	-	-	-	-	10 318	7 730
Inventory: Medical supplies	757 370	-	29 842	787 212	809 887	(22 675)	102.9%	715 680	716 337
Inventory: Medicine	253 110	-	-	253 110	251 890	1 220	99.5%	242 128	236 645
Inventory: Other supplies	8 913	-	-	8 913	10 168	(1 255)	114.1%	5 312	9 185
Consumable supplies	132 403	-	-	132 403	131 900	503	99.6%	120 986	115 108
Consumable: Stationery, printing and office supplies	16 953	-	-	16 953	17 276	(323)	101.9%	14 248	17 424
Operating leases	3 025	-	-	3 025	2 239	786	74.0%	3 080	2 296
Property payments	237 533	-	-	237 533	227 895	9 638	95.9%	215 547	224 602
Transport provided: Departmental activity	200	-	-	200	-	200	-	186	-
Travel and subsistence	1 608	-	-	1 608	1 727	(119)	107.4%	2 053	1 501
Training and development	4 909	-	-	4 909	5 458	(549)	111.2%	4 392	3 851
Operating payments	1 045	-	-	1 045	1 332	(287)	127.5%	1 017	1 112
Venues and facilities	53	-	-	53	-	53	-	49	-
Rental and hiring	4 903	-	-	4 903	1 422	3 481	29.0%	4 199	2 666
Transfers and subsidies	**29 160**	**-**	**-**	**29 160**	**29 066**	**94**	**99.7%**	**27 252**	**28 362**
Non-profit institutions	11 597	-	-	11 597	11 597	-	100.0%	10 838	10 838
Households	17 563	-	-	17 563	17 469	94	99.5%	16 414	17 524
Social benefits	17 563	-	-	17 563	17 454	109	99.4%	16 414	17 524
Other transfers to households	-	-	-	-	15	(15)	-	-	-
Payments for capital assets	**60 112**	**-**	**-**	**60 112**	**66 834**	**(6 722)**	**111.2%**	**69 844**	**73 981**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	16
Buildings	-	-	-	-	-	-	-	-	16
Machinery and equipment	58 292	-	-	58 292	66 834	(8 542)	114.7%	69 844	73 965
Transport equipment	2 833	-	-	2 833	2 874	(41)	101.4%	2 667	2 869
Other machinery and equipment	55 459	-	-	55 459	63 960	(8 501)	115.3%	67 177	71 096
Software and other intangible assets	1 820	-	-	1 820	-	1 820	-	-	-
Payment for financial assets	**-**	**-**	**750**	**750**	**750**	**-**	**100.0%**	**306**	**306**
Total	**6 082 268**	**-**	**47 480**	**6 129 748**	**6 129 748**	**-**	**100.0%**	**5 701 443**	**5 701 407**

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Subprogramme: 5.1: CENTRAL HOSPITAL SERVICES									
	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**5 216 129**	**-**	**46 730**	**5 262 859**	**5 264 962**	**(2 103)**	**100.0%**	**4 887 196**	**4 872 080**
Compensation of employees	3 597 221	-	-	3 597 221	3 587 802	9 419	99.7%	3 366 110	3 348 094
Goods and services	1 618 908	-	46 730	1 665 638	1 677 160	(11 522)	100.7%	1 521 086	1 523 986
Transfers and subsidies	**15 151**	**-**	**-**	**15 151**	**14 740**	**411**	**97.3%**	**14 160**	**15 589**
Households	15 151	-	-	15 151	14 740	411	97.3%	14 160	15 589
Payments for capital assets	**46 530**	**-**	**-**	**46 530**	**47 640**	**(1 110)**	**102.4%**	**56 321**	**62 677**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	16
Machinery and equipment	46 530	-	-	46 530	47 640	(1 110)	102.4%	56 321	62 661
Payment for financial assets			**727**	**727**	**727**	**-**	**100.0%**	**233**	**233**
Total	**5 277 810**	**-**	**47 457**	**5 325 267**	**5 328 069**	**(2 802)**	**100.1%**	**4 957 910**	**4 950 579**

Subprogramme: 5.2: PROVINCIAL TERTIARY HOSPITAL SERVICES									
	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**776 867**	**-**	**-**	**776 867**	**768 136**	**8 731**	**98.9%**	**716 845**	**726 678**
Compensation of employees	543 873	-	-	543 873	538 283	5 590	99.0%	495 337	511 699
Goods and services	232 994	-	-	232 994	229 853	3 141	98.7%	221 508	214 979
Transfers and subsidies	**14 009**	**-**	**-**	**14 009**	**14 326**	**(317)**	**102.3%**	**13 092**	**12 773**
Non-profit institutions	11 597			11 597	11 597	-	100.0%	10 838	10 838
Households	2 412	-	-	2 412	2 729	(317)	113.1%	2 254	1 935
Payments for capital assets	**13 582**	**-**	**-**	**13 582**	**19 194**	**(5 612)**	**141.3%**	**13 523**	**11 304**
Machinery and equipment	11 762	-	-	11 762	19 194	(7 432)	163.2%	13 523	11 304
Software and other intangible assets	1 820			1 820	-	1 820	-	-	-
Payment for financial assets			**23**	**23**	**23**	**-**	**100.0%**	**73**	**73**
Total	**804 458**	**-**	**23**	**804 481**	**801 679**	**2 802**	**99.7%**	**743 533**	**750 828**

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APPROPRIATION STATEMENT
for the year ended 31 March 2018

Programme 6: HEALTH SCIENCES AND TRAINING

	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Sub programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1 NURSE TRAINING COLLEGE	81 840	-	(4 485)	77 355	59 145	18 210	76.5%	98 102	80 785
2 EMERGENCY MEDICAL SERVICES (EMS) TRAINING COLLEGE	32 878	-	-	32 878	32 250	628	98.1%	28 311	28 562
3 BURSARIES	90 613	-	-	90 613	87 299	3 314	96.3%	84 294	73 945
4 PRIMARY HEALTH CARE (PHC) TRAINING	1	-	-	1	-	1	-	1	-
5 TRAINING (OTHER)	134 731	-	4 485	139 216	138 759	457	99.7%	138 524	136 999
Total	**340 063**	**-**	**-**	**340 063**	**317 453**	**22 610**	**93.4%**	**349 232**	**320 291**

	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**182 544**	**-**	**(37)**	**182 507**	**163 647**	**18 860**	**89.7%**	**199 812**	**184 495**
Compensation of employees	124 854	-	-	124 854	121 960	2 894	97.7%	131 880	133 785
Salaries and wages	111 835	-	-	111 835	109 559	2 276	98.0%	119 838	121 310
Social contributions	13 019	-	-	13 019	12 401	618	95.3%	12 042	12 475
Goods and services	57 690	-	(37)	57 653	41 687	15 966	72.3%	67 932	50 710
Advertising	247	-	-	247	15	232	6.1%	45	234
Minor assets	985	-	-	985	821	164	83.4%	914	313
Bursaries: Employees	10 279	-	-	10 279	10 345	(66)	100.6%	9 542	9 509
Catering: Departmental activities	411	-	-	411	1 052	(641)	256.0%	2 240	1 396
Communication (G&S)	995	-	-	995	979	16	98.4%	923	857
Computer services	1	-	-	1	-	1	-	1	-
Consultants: Business and advisory services	290	-	-	290	32	258	11.0%	747	32
Contractors	858	-	-	858	20	838	2.3%	735	81
Agency and support / outsourced services	5 997	-	-	5 997	2 180	3 817	36.4%	4 543	968
Entertainment	4	-	-	4	-	4	-	4	1
Fleet services (including government motor transport)	1 672	-	-	1 672	1 454	218	87.0%	1 574	1 448
Inventory: Materials and supplies	-	-	-	-	-	-	-	108	312
Inventory: Medical supplies	302	-	-	302	134	168	44.4%	280	316
Inventory: Medicine	14	-	-	14	1	13	7.1%	11	8
Consumable supplies	8 388	-	-	8 388	3 243	5 145	38.7%	8 817	7 104
Consumable: Stationery, printing and office supplies	1 393	-	-	1 393	690	703	49.5%	1 293	685
Operating leases	539	-	-	539	278	261	51.6%	500	504
Property payments	10 540	-	-	10 540	4 822	5 718	45.7%	10 373	8 838
Travel and subsistence	6 506	-	-	6 506	7 907	(1 401)	121.5%	7 824	5 808
Training and development	7 178	-	-	7 178	6 987	191	97.3%	15 292	11 654
Operating payments	321	-	-	321	303	18	94.4%	361	377
Venues and facilities	686	-	(37)	649	208	441	32.0%	1 727	235
Rental and hiring	84	-	-	84	216	(132)	257.1%	78	30
Transfers and subsidies	**152 703**	**-**	**(6 188)**	**146 515**	**143 274**	**3 241**	**97.8%**	**145 797**	**131 763**
Departmental agencies and accounts	5 397	-	-	5 397	5 128	269	95.0%	5 044	4 790
Departmental agencies (non-business entities)	5 397	-	-	5 397	5 128	269	95.0%	5 044	4 790
Higher education institutions	4 485	-	(4 485)	-	-	-	-	4 192	-
Non-profit institutions	62 000	-	4 485	66 485	66 485	-	100.0%	61 353	61 353
Households	80 821	-	(6 188)	74 633	71 661	2 972	96.0%	75 208	65 620
Social benefits	487	-	-	487	895	(408)	183.8%	456	1 184
Other transfers to households	80 334	-	(6 188)	74 146	70 766	3 380	95.4%	74 752	64 436
Payments for capital assets	**4 816**	**-**	**-**	**4 816**	**4 307**	**509**	**89.4%**	**3 562**	**3 972**
Machinery and equipment	4 816	-	-	4 816	4 282	534	88.9%	3 562	3 972
Transport equipment	2 365	-	-	2 365	2 021	344	85.5%	2 227	2 461
Other machinery and equipment	2 451	-	-	2 451	2 261	190	92.2%	1 335	1 511
Software and other intangible assets	-	-	-	-	25	(25)	-	-	-
Payment for financial assets	**-**	**-**	**6 225**	**6 225**	**6 225**	**-**	**100.0%**	**61**	**61**
Total	**340 063**	**-**	**-**	**340 063**	**317 453**	**22 610**	**93.4%**	**349 232**	**320 291**

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Subprogramme: 6.1: NURSE TRAINING COLLEGE									
	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**76 003**	**-**	**(37)**	**75 966**	**58 029**	**17 937**	**76.4%**	**92 295**	**78 743**
Compensation of employees	46 278	-	-	46 278	46 415	(137)	100.3%	63 606	60 474
Goods and services	29 725	-	(37)	29 688	11 614	18 074	39.1%	28 689	18 269
Transfers and subsidies	**4 950**	**-**	**(4 485)**	**465**	**662**	**(197)**	**142.4%**	**4 627**	**1 038**
Higher education institutions	4 485		(4 485)	-		-	-	4 192	-
Households	465	-	-	465	662	(197)	142.4%	435	1 038
Payments for capital assets	**887**	**-**	**-**	**887**	**417**	**470**	**47.0%**	**1 119**	**943**
Machinery and equipment	887	-	-	887	417	470	47.0%	1 119	943
Payment for financial assets			**37**	**37**	**37**	**-**	**100.0%**	**61**	**61**
Total	**81 840**	**-**	**(4 485)**	**77 355**	**59 145**	**18 210**	**76.5%**	**98 102**	**80 785**

Subprogramme: 6.2: EMERGENCY MEDICAL SERVICES (EMS) TRAINING COLLEGE									
	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**28 927**	**-**	**-**	**28 927**	**28 245**	**682**	**97.6%**	**26 847**	**26 732**
Compensation of employees	21 986	-	-	21 986	21 373	613	97.2%	20 388	20 742
Goods and services	6 941	-	-	6 941	6 872	69	99.0%	6 459	5 990
Transfers and subsidies	**22**	**-**	**-**	**22**	**149**	**(127)**	**677.3%**	**21**	**33**
Households	22	-	-	22	149	(127)	677.3%	21	33
Payments for capital assets	**3 929**	**-**	**-**	**3 929**	**3 856**	**73**	**98.1%**	**1 443**	**1 797**
Machinery and equipment	3 929	-	-	3 929	3 856	73	98.1%	1 443	1 797
Total	**32 878**	**-**	**-**	**32 878**	**32 250**	**628**	**98.1%**	**28 311**	**28 562**

Subprogramme: 6.3: BURSARIES									
	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**10 279**	**-**	**-**	**10 279**	**10 345**	**(66)**	**100.6%**	**9 542**	**9 509**
Goods and services	10 279	-	-	10 279	10 345	(66)	100.6%	9 542	9 509
Transfers and subsidies	**80 334**	**-**	**(6 188)**	**74 146**	**70 766**	**3 380**	**95.4%**	**74 752**	**64 436**
Households	80 334	-	(6 188)	74 146	70 766	3 380	95.4%	74 752	64 436
Payment for financial assets			**6 188**	**6 188**	**6 188**	**-**	**100.0%**	**-**	**-**
Total	**90 613**	**-**	**-**	**90 613**	**87 299**	**3 314**	**96.3%**	**84 294**	**73 945**

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Subprogramme: 6.4: PRIMARY HEALTH CARE (PHC) TRAINING									
	2017/18							2016/17	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**1**	**-**	**-**	**1**	**-**	**1**	**-**	**1**	**-**
Goods and services	1	-	-	1	-	1	-	1	-
Total	**1**	**-**	**-**	**1**	**-**	**1**	**-**	**1**	**-**

Subprogramme: 6.5: TRAINING (OTHER)									
	2017/18							2016/17	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**67 334**	**-**	**-**	**67 334**	**67 028**	**306**	**99.5%**	**71 127**	**69 511**
Compensation of employees	56 590	-	-	56 590	54 172	2 418	95.7%	47 886	52 569
Goods and services	10 744	-	-	10 744	12 856	(2 112)	119.7%	23 241	16 942
Transfers and subsidies	**67 397**	**-**	**4 485**	**71 882**	**71 697**	**185**	**99.7%**	**66 397**	**66 256**
Departmental agencies and accounts	5 397	-	-	5 397	5 128	269	95.0%	5 044	4 790
Non-profit institutions	62 000		4 485	66 485	66 485	-	100.0%	61 353	61 353
Households	-	-	-	-	84	(84)	-	-	113
Payments for capital assets	**-**	**-**	**-**	**-**	**34**	**(34)**	**-**	**1 000**	**1 232**
Machinery and equipment	-	-	-	-	9	(9)	-	1 000	1 232
Software and other intangible assets				-	25	(25)	-	-	-
Total	**134 731**	**-**	**4 485**	**139 216**	**138 759**	**457**	**99.7%**	**138 524**	**136 999**

WESTERN CAPE GOVERNMENT HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2018

Programme 7: HEALTH CARE SUPPORT SERVICES

	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Sub programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1 LAUNDRY SERVICES	102 026	-	58	102 084	100 938	1 146	98.9%	98 462	93 711
2 ENGINEERING SERVICES	103 390	-	(114)	103 276	95 292	7 984	92.3%	88 533	93 182
3 FORENSIC SERVICES	166 200	-	56	166 256	177 347	(11 091)	106.7%	155 681	155 784
4 ORTHOTIC AND PROSTHETIC SERVICES	1	-	-	1	-	1	-	1	-
5 CAPE MEDICAL DEPOT	76 831	-	(9 603)	67 228	63 235	3 993	94.1%	83 023	83 023
Total	**448 448**	**-**	**(9 603)**	**438 845**	**436 812**	**2 033**	**99.5%**	**425 700**	**425 700**

	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**419 290**	**-**	**(11 051)**	**408 239**	**405 136**	**3 103**	**99.2%**	**400 456**	**402 031**
Compensation of employees	270 462	-	-	270 462	270 754	(292)	100.1%	247 825	242 775
Salaries and wages	234 083	-	-	234 083	234 603	(520)	100.2%	214 630	209 963
Social contributions	36 379	-	-	36 379	36 151	228	99.4%	33 195	32 812
Goods and services	148 828	-	(11 051)	137 777	134 382	3 395	97.5%	152 631	159 256
Minor assets	1 906	-	-	1 906	1 501	405	78.8%	2 047	944
Catering: Departmental activities	203	-	-	203	93	110	45.8%	214	125
Communication (G&S)	3 358	-	(564)	2 794	2 393	401	85.6%	3 437	2 469
Computer services	2 719	-	(884)	1 835	1 835	-	100.0%	2 524	1 985
Consultants: Business and advisory services	268	-	-	268	29	239	10.8%	884	22
Laboratory services	647	-	-	647	588	59	90.9%	615	628
Contractors	13 570	-	-	13 570	13 131	439	96.8%	11 400	13 959
Agency and support / outsourced services	9 731	-	-	9 731	8 408	1 323	86.4%	11 667	7 949
Entertainment	9	-	-	9	-	9	-	9	-
Fleet services (including government motor transport)	11 587	-	-	11 587	11 139	448	96.1%	10 659	9 991
Inventory: Materials and supplies	-	-	-	-	-	-	-	11 115	13 023
Inventory: Medical supplies	4 530	-	-	4 530	4 388	142	96.9%	4 022	4 886
Inventory: Medicine	9 605	-	(9 603)	2	1	1	50.0%	27 592	29 824
Inventory: Other supplies	1 023	-	-	1 023	860	163	84.1%	962	846
Consumable supplies	53 947	-	-	53 947	54 923	(976)	101.8%	38 206	37 573
Consumable: Stationery, printing and office supplies	2 816	-	-	2 816	2 463	353	87.5%	2 866	2 590
Operating leases	1 001	-	-	1 001	1 052	(51)	105.1%	938	964
Property payments	14 996	-	-	14 996	14 985	11	99.9%	12 391	18 823
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	12
Travel and subsistence	2 548	-	-	2 548	2 432	116	95.4%	2 125	2 808
Training and development	846	-	-	846	482	364	57.0%	718	814
Operating payments	13 175	-	-	13 175	13 506	(331)	102.5%	7 616	8 579
Venues and facilities	97	-	-	97	-	97	-	90	75
Rental and hiring	246	-	-	246	173	73	70.3%	534	367
Transfers and subsidies	**689**	**-**	**-**	**689**	**519**	**170**	**75.3%**	**646**	**448**
Provinces and municipalities	-	-	-	-	2	(2)	-	-	-
Provinces	-	-	-	-	2	(2)	-	-	-
Provincial Revenue Funds	-	-	-	-	2	(2)	-	-	-
Households	689	-	-	689	517	172	75.0%	646	448
Social benefits	689	-	-	689	517	172	75.0%	646	448
Payments for capital assets	**28 469**	**-**	**-**	**28 469**	**29 709**	**(1 240)**	**104.4%**	**24 392**	**23 015**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	26
Buildings	-	-	-	-	-	-	-	-	26
Machinery and equipment	28 469	-	-	28 469	29 709	(1 240)	104.4%	24 392	22 989
Transport equipment	17 115	-	-	17 115	15 504	1 611	90.6%	14 245	13 274
Other machinery and equipment	11 354	-	-	11 354	14 205	(2 851)	125.1%	10 147	9 715
Payment for financial assets	**-**	**-**	**1 448**	**1 448**	**1 448**	**-**	**100.0%**	**206**	**206**
Total	**448 448**	**-**	**(9 603)**	**438 845**	**436 812**	**2 033**	**99.5%**	**425 700**	**425 700**

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APPROPRIATION STATEMENT
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Subprogramme: 7.1: LAUNDRY SERVICES									
	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**99 773**	**-**	**-**	**99 773**	**98 351**	**1 422**	**98.6%**	**96 260**	**91 463**
Compensation of employees	41 019	-	-	41 019	39 446	1 573	96.2%	40 200	37 288
Goods and services	58 754	-	-	58 754	58 905	(151)	100.3%	56 060	54 175
Transfers and subsidies	**122**	**-**	**-**	**122**	**78**	**44**	**63.9%**	**114**	**45**
Households	122	-	-	122	78	44	63.9%	114	45
Payments for capital assets	**2 131**	**-**	**-**	**2 131**	**2 451**	**(320)**	**115.0%**	**2 069**	**2 184**
Machinery and equipment	2 131	-	-	2 131	2 451	(320)	115.0%	2 069	2 184
Payment for financial assets			**58**	**58**	**58**	**-**	**100.0%**	**19**	**19**
Total	**102 026**	**-**	**58**	**102 084**	**100 938**	**1 146**	**98.9%**	**98 462**	**93 711**

Subprogramme: 7.2: ENGINEERING SERVICES									
	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**93 666**	**-**	**(174)**	**93 492**	**86 837**	**6 655**	**92.9%**	**81 922**	**87 238**
Compensation of employees	60 305	-	-	60 305	54 590	5 715	90.5%	52 971	50 101
Goods and services	33 361	-	(174)	33 187	32 247	940	97.2%	28 951	37 137
Transfers and subsidies	**348**	**-**	**-**	**348**	**306**	**42**	**87.9%**	**326**	**121**
Households	348	-	-	348	306	42	87.9%	326	121
Payments for capital assets	**9 376**	**-**	**-**	**9 376**	**8 089**	**1 287**	**86.3%**	**6 228**	**5 766**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	26
Machinery and equipment	9 376	-	-	9 376	8 089	1 287	86.3%	6 228	5 740
Payment for financial assets			**60**	**60**	**60**	**-**	**100.0%**	**57**	**57**
Total	**103 390**	**-**	**(114)**	**103 276**	**95 292**	**7 984**	**92.3%**	**88 533**	**93 182**

Subprogramme: 7.3: FORENSIC SERVICES									
	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**149 398**	**-**	**-**	**149 398**	**158 491**	**(9 093)**	**106.1%**	**139 547**	**141 000**
Compensation of employees	124 549	-	-	124 549	133 620	(9 071)	107.3%	115 589	117 099
Goods and services	24 849	-	-	24 849	24 871	(22)	100.1%	23 958	23 901
Transfers and subsidies	**108**	**-**	**-**	**108**	**75**	**33**	**69.4%**	**102**	**183**
Provinces and municipalities	-	-	-	-	2	(2)	-	-	-
Households	108	-	-	108	73	35	67.6%	102	183
Payments for capital assets	**16 694**	**-**	**-**	**16 694**	**18 725**	**(2 031)**	**112.2%**	**15 991**	**14 560**
Machinery and equipment	16 694	-	-	16 694	18 725	(2 031)	112.2%	15 991	14 560
Payment for financial assets			**56**	**56**	**56**	**-**	**100.0%**	**41**	**41**
Total	**166 200**	**-**	**56**	**166 256**	**177 347**	**(11 091)**	**106.7%**	**155 681**	**155 784**

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Subprogramme: 7.4: ORTHOTIC AND PROSTHETIC SERVICES

Economic classification	2017/18 Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	2016/17 Final Appropriation R'000	Actual Expenditure R'000
Current payments	**1**	**-**	**-**	**1**	**-**	**1**	**-**	**1**	**-**
Goods and services	1	-	-	1	-	1	-	1	-
Total	**1**	**-**	**-**	**1**	**-**	**1**	**-**	**1**	**-**

Subprogramme: 7.5: CAPE MEDICAL DEPOT

Economic classification	2017/18 Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	2016/17 Final Appropriation R'000	Actual Expenditure R'000
Current payments	**76 452**	**-**	**(10 877)**	**65 575**	**61 457**	**4 118**	**93.7%**	**82 726**	**82 330**
Compensation of employees	44 589	-	-	44 589	43 098	1 491	96.7%	39 065	38 287
Goods and services	31 863	-	(10 877)	20 986	18 359	2 627	87.5%	43 661	44 043
Transfers and subsidies	**111**	**-**	**-**	**111**	**60**	**51**	**54.1%**	**104**	**99**
Households	111	-	-	111	60	51	54.1%	104	99
Payments for capital assets	**268**	**-**	**-**	**268**	**444**	**(176)**	**165.7%**	**104**	**505**
Machinery and equipment	268	-	-	268	444	(176)	165.7%	104	505
Payment for financial assets			**1 274**	**1 274**	**1 274**	**-**	**100.0%**	**89**	**89**
Total	**76 831**	**-**	**(9 603)**	**67 228**	**63 235**	**3 993**	**94.1%**	**83 023**	**83 023**

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APPROPRIATION STATEMENT
for the year ended 31 March 2018

Programme 8: HEALTH FACILITIES MANAGEMENT

	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Sub programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1 COMMUNITY HEALTH FACILITIES	212 697	-	-	212 697	183 278	29 419	86.2%	238 483	240 119
2 EMERGENCY MEDICAL RESCUE SERVICES	11 425	-	-	11 425	8 055	3 370	70.5%	24 621	18 228
3 DISTRICT HOSPITAL SERVICES	215 535	-	-	215 535	186 616	28 919	86.6%	248 902	251 651
4 PROVINCIAL HOSPITAL SERVICES	111 344	-	-	111 344	103 511	7 833	93.0%	135 239	135 356
5 CENTRAL HOSPITAL SERVICES	194 891	-	-	194 891	202 150	(7 259)	103.7%	130 640	152 372
6 OTHER FACILITIES	86 831	-	-	86 831	96 023	(9 192)	110.6%	99 553	79 712
Total	**832 723**	**-**	**-**	**832 723**	**779 633**	**53 090**	**93.6%**	**877 438**	**877 438**

	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**414 767**	**-**	**-**	**414 767**	**359 984**	**54 783**	**86.8%**	**483 692**	**418 406**
Compensation of employees	48 607	-	-	48 607	47 425	1 182	97.6%	47 736	41 671
Salaries and wages	44 822	-	-	44 822	43 580	1 242	97.2%	44 201	38 413
Social contributions	3 785	-	-	3 785	3 845	(60)	101.6%	3 535	3 258
Goods and services	366 160	-	-	366 160	312 559	53 601	85.4%	435 956	376 735
Advertising	-	-	-	-	-	-	-	10	2
Minor assets	20 273	-	-	20 273	12 582	7 691	62.1%	14 606	10 093
Catering: Departmental activities	52	-	-	52	4	48	7.7%	6	50
Communication (G&S)	158	-	-	158	126	32	79.7%	122	122
Computer services	297	-	-	297	276	21	92.9%	-	49
Consultants: Business and advisory services	76	-	-	76	-	76	-	164	83
Infrastructure and planning services	19 945	-	-	19 945	13 693	6 252	68.7%	42 402	23 779
Contractors	518	-	-	518	-	518	-	-	305
Agency and support / outsourced services	-	-	-	-	-	-	-	-	100
Entertainment	26	-	-	26	9	17	34.6%	39	3
Fleet services (including government motor transport)	-	-	-	-	-	-	-	23	-
Inventory: Materials and supplies	-	-	-	-	-	-	-	7	58
Inventory: Medical supplies	6 106	-	-	6 106	1 581	4 525	25.9%	795	1 970
Consumable supplies	1 931	-	-	1 931	1 594	337	82.5%	599	1 676
Consumable: Stationery, printing and office supplies	951	-	-	951	935	16	98.3%	252	537
Operating leases	20	-	-	20	-	20	-	26	27
Property payments	313 788	-	-	313 788	280 732	33 056	89.5%	373 420	335 160
Travel and subsistence	1 225	-	-	1 225	876	349	71.5%	974	1 133
Training and development	691	-	-	691	121	570	17.5%	2 363	1 477
Operating payments	103	-	-	103	30	73	29.1%	144	74
Venues and facilities	-	-	-	-	-	-	-	-	37
Rental and hiring	-	-	-	-	-	-	-	4	-
Transfers and subsidies	**21 514**	**-**	**-**	**21 514**	**20 017**	**1 497**	**93.0%**	**15 033**	**15 045**
Higher education institutions	10 000	-	-	10 000	10 000	-	100.0%	-	-
Non-profit institutions	11 500	-	-	11 500	10 000	1 500	87.0%	15 000	15 000
Households	14	-	-	14	17	(3)	121.4%	33	45
Social benefits	14	-	-	14	17	(3)	121.4%	33	45
Payments for capital assets	**396 442**	**-**	**-**	**396 442**	**399 632**	**(3 190)**	**100.8%**	**378 713**	**443 987**
Buildings and other fixed structures	308 949	-	-	308 949	287 493	21 456	93.1%	326 399	344 324
Buildings	308 949	-	-	308 949	287 493	21 456	93.1%	326 399	344 324
Machinery and equipment	87 367	-	-	87 367	111 836	(24 469)	128.0%	45 696	90 082
Transport equipment	-	-	-	-	-	-	-	20	-
Other machinery and equipment	87 367	-	-	87 367	111 836	(24 469)	128.0%	45 676	90 082
Software and other intangible assets	126	-	-	126	303	(177)	240.5%	6 618	9 581
Total	**832 723**	**-**	**-**	**832 723**	**779 633**	**53 090**	**93.6%**	**877 438**	**877 438**

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APPROPRIATION STATEMENT
for the year ended 31 March 2018

Subprogramme: 8.1: COMMUNITY HEALTH FACILITIES	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**82 662**	**-**	**-**	**82 662**	**72 562**	**10 100**	**87.8%**	**121 126**	**97 538**
Goods and services	82 662	-	-	82 662	72 562	10 100	87.8%	121 126	97 538
Payments for capital assets	**130 035**	**-**	**-**	**130 035**	**110 716**	**19 319**	**85.1%**	**117 357**	**142 581**
Buildings and other fixed structures	111 333	-	-	111 333	94 612	16 721	85.0%	112 626	129 712
Machinery and equipment	18 702	-	-	18 702	15 928	2 774	85.2%	4 731	12 869
Software and other intangible assets				-	176	(176)	-	-	-
Total	**212 697**	**-**	**-**	**212 697**	**183 278**	**29 419**	**86.2%**	**238 483**	**240 119**

Subprogramme: 8.2: EMERGENCY MEDICAL RESCUE SERVICES	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**9 999**	**-**	**-**	**9 999**	**7 181**	**2 818**	**71.8%**	**17 571**	**12 603**
Goods and services	9 999	-	-	9 999	7 181	2 818	71.8%	17 571	12 603
Payments for capital assets	**1 426**	**-**	**-**	**1 426**	**874**	**552**	**61.3%**	**7 050**	**5 625**
Buildings and other fixed structures	1 426	-	-	1 426	874	552	61.3%	6 850	5 465
Machinery and equipment	-	-	-	-	-	-	-	200	160
Total	**11 425**	**-**	**-**	**11 425**	**8 055**	**3 370**	**70.5%**	**24 621**	**18 228**

Subprogramme: 8.3: DISTRICT HOSPITAL SERVICES	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**86 404**	**-**	**-**	**86 404**	**80 055**	**6 349**	**92.7%**	**123 597**	**112 719**
Compensation of employees	5 289	-	-	5 289	5 041	248	95.3%	5 464	4 819
Goods and services	81 115	-	-	81 115	75 014	6 101	92.5%	118 133	107 900
Transfers and subsidies	**11**	**-**	**-**	**11**	**14**	**(3)**	**127.3%**	**7**	**6**
Households	11	-	-	11	14	(3)	127.3%	7	6
Payments for capital assets	**129 120**	**-**	**-**	**129 120**	**106 547**	**22 573**	**82.5%**	**125 298**	**138 926**
Buildings and other fixed structures	112 271	-	-	112 271	90 826	21 445	80.9%	97 077	100 884
Machinery and equipment	16 723	-	-	16 723	15 594	1 129	93.2%	22 903	29 763
Software and other intangible assets	126			126	127	(1)	100.8%	5 318	8 279
Total	**215 535**	**-**	**-**	**215 535**	**186 616**	**28 919**	**86.6%**	**248 902**	**251 651**

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Subprogramme: 8.4: PROVINCIAL HOSPITAL SERVICES									
	2017/18							2016/17	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**67 400**	**-**	**-**	**67 400**	**50 118**	**17 282**	**74.4%**	**74 659**	**72 664**
Compensation of employees	1 707	-	-	1 707	1 649	58	96.6%	1 873	1 735
Goods and services	65 693	-	-	65 693	48 469	17 224	73.8%	72 786	70 929
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**18**
Households	-	-	-	-	-	-	-	-	18
Payments for capital assets	**43 944**	**-**	**-**	**43 944**	**53 393**	**(9 449)**	**121.5%**	**60 580**	**62 674**
Buildings and other fixed structures	41 891	-	-	41 891	50 847	(8 956)	121.4%	55 263	56 800
Machinery and equipment	2 053	-	-	2 053	2 546	(493)	124.0%	4 017	4 572
Software and other intangible assets	-			-	-	-	-	1 300	1 302
Total	**111 344**	**-**	**-**	**111 344**	**103 511**	**7 833**	**93.0%**	**135 239**	**135 356**

Subprogramme: 8.5: CENTRAL HOSPITAL SERVICES									
	2017/18							2016/17	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**109 025**	**-**	**-**	**109 025**	**94 874**	**14 151**	**87.0%**	**78 652**	**69 652**
Compensation of employees	2 351	-	-	2 351	2 356	(5)	100.2%	3 078	2 411
Goods and services	106 674	-	-	106 674	92 518	14 156	86.7%	75 574	67 241
Transfers and subsidies	**21 500**	**-**	**-**	**21 500**	**20 000**	**1 500**	**93.0%**	**15 000**	**15 000**
Higher education institutions	10 000			10 000	10 000	-	100.0%	-	-
Non-profit institutions	11 500			11 500	10 000	1 500	87.0%	15 000	15 000
Payments for capital assets	**64 366**	**-**	**-**	**64 366**	**87 276**	**(22 910)**	**135.6%**	**36 988**	**67 720**
Buildings and other fixed structures	15 362	-	-	15 362	9 738	5 624	63.4%	23 477	25 463
Machinery and equipment	49 004	-	-	49 004	77 538	(28 534)	158.2%	13 511	42 257
Total	**194 891**	**-**	**-**	**194 891**	**202 150**	**(7 259)**	**103.7%**	**130 640**	**152 372**

Subprogramme: 8.6: OTHER FACILITIES									
	2017/18							2016/17	
Economic classification	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Current payments	**59 277**	**-**	**-**	**59 277**	**55 194**	**4 083**	**93.1%**	**68 087**	**53 230**
Compensation of employees	39 260	-	-	39 260	38 379	881	97.8%	37 321	32 706
Goods and services	20 017	-	-	20 017	16 815	3 202	84.0%	30 766	20 524
Transfers and subsidies	**3**	**-**	**-**	**3**	**3**	**-**	**100.0%**	**26**	**21**
Households	3	-	-	3	3	-	100.0%	26	21
Payments for capital assets	**27 551**	**-**	**-**	**27 551**	**40 826**	**(13 275)**	**148.2%**	**31 440**	**26 461**
Buildings and other fixed structures	26 666	-	-	26 666	40 596	(13 930)	152.2%	31 106	26 000
Machinery and equipment	885	-	-	885	230	655	26.0%	334	461
Total	**86 831**	**-**	**-**	**86 831**	**96 023**	**(9 192)**	**110.6%**	**99 553**	**79 712**

WESTERN CAPE GOVERNMENT HEALTH
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NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2018

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

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

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

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

3. Detail on payments for financial assets

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

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

4.1 Per programme

Per programme:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
ADMINISTRATION	743 718	720 112	23 606	3%

The under-spending can mainly be attributed to:
- **Compensation of Employees:**
- The anticipated outcome of the Management Efficiency and Alignment Project (MEAP) resulted in the delayed filling of posts. The main goal of MEAP is to improve alignment of functions, streamlining of processes and structures in line with the principles of Healthcare 2030 which impacted severely on Programme 1. Only critical posts were advertised and filled.
- **Goods and Services:**
- Implementation of cost containment measures and slow spending against funding earmarked for the IT Vision. The majority of the IT projects have been in start-up mode hence the low expenditure trends.
- Transversal system end-users have been requested to utilise the SITA printing services in moderation and to access more cost-effective Business Intelligence (BI) reports, resulting in savings in the SITA transversal systems contract.
- Lower commission paid to the debt collectors, primarily as a result of funding challenges with payments at the Road Accident Fund.
- **Transfers and Subsidies:**
- The over-expenditure is due to medico-legal claims paid, as determined in Court rulings and departmental settlements.
- **Payments for Capital assets:**
- The over-expenditure can be attributed to an amount of R5.3 million paid towards the procurement of Mobile Clinics in the 2017/18 financial year. The funds should have been spent in the 2018/19 financial year, but due to the expiry of the National Contract for vehicles on 31 March 2018 the vehicles were purchased in the 2017/18 financial year to address dire service delivery needs.

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NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2018

Per programme:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
DISTRICT HEALTH SERVICES	8 771 655	8 737 909	33 746	0%

The under-spending can mainly be attributed to:

• Compensation of Employees:

- Institutions in the Cape Town area were forced to delay the filling of posts to compensate for a projected deficit within goods and services. A big portion of the deficit can be attributed to agency staff costs, where coverage is required in vacant posts and when staff are on leave. It is furthermore difficult to recruit and retain certain categories of staff such as specialised medical staff fast enough. These requirements were filled with agency staff.
- Higher than normal attrition rate within the Nursing Cadre and slow filling rate on the HIV/Aids and TB allocation.

• Goods and Services:

The over-expenditure can be attributed to:

- The population growth which is growing faster than the service expansion growth and facilities have to deal with a much greater workload. New services and larger facilities commissioned during 2016 and 2017 took some time to build momentum and the increase in expenditure could not be avoided due to much needed and unavoidable service delivery requirements.
- Follow-up treatment and related medication are often referred down to primary care level.
- To avoid the weakening of the primary health care system as well as growth within this programme, expenditure had to be protected.
- Increased expenditure on Agency Services allowed for the filling of vacant positions on short notice when faced with unplanned or unforeseen staff shortages.
- A management strategy to make provision for end of year reservation of stock (with regard to ARV and TB Medicine) due to the reduced 2018/19 allocation.

• Transfers and Subsidies:

- The late implementation of the Voluntary Medical Male Circumcision programme (HIV/ Aids and TB allocation).
- Activities with the Co-Determined Prevention Programme (Global Fund) were pushed back due to Service Level Agreements (SLA) only being finalised and signed with Non Profit Organisations (NPO's) in November 2017 & January 2018 respectively, resulting in project implementation delays and the slow implementation of the Young Women & Girls Programme.

• Payments for Capital Assets:

- Reprioritisation of equipment needs occurred during the reporting period due to unforeseen equipment failure. This reprioritisation process caused delays in the procurement process, which was compounded by the need for more specialised and expensive equipment that required a more robust procurement process.

Per programme:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
EMERGENCY MEDICAL SERVICES	1 026 563	994 862	31 701	3%

The under-spending can mainly be attributed to:

• Compensation of Employees:

- The delayed appointment of staff due to long recruitment processes. Remedial steps are being put in place by People Management to minimise the delay in the filling of vacancies.

• Goods and Services:

- The Computer Aided Despatch (CAD) contract was due to expire in March 2018. Due to the need to negotiate more favourable terms and pricing as it was decided that the contract be extended for a further 5 years, planned hardware refresh was not undertaken in 2017/18.

• Transfers and Subsidies:

- The over-expenditure is due to more employee benefits were paid than the anticipated budget provided as the numbers of employees planning to exit the service was unknown at the time the budget was allocated.

• Payments for Capital Assets:

- The delivery of stretchers and incubator transporters was delayed as the supplier was unable to deliver the equipment timeously.

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NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2018

Per programme:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
PROVINCIAL HOSPITAL SERVICES	3 403 167	3 379 527	23 640	1%

The under-spending can mainly be attributed to:
- **Compensation of Employees:**
- At the time the budget was allocated, most posts were filled at the upper to top range of the relevant salary scales. With staff attrition during the financial year the higher grade posts were filled at entry level grades, resulting in savings in Compensation of Employees.
- Refunds emanating from claims to the University of Western Cape (UWC) for staff paid as part of the Joint agreement between the Department of Health and UWC were paid. Payment was not anticipated.
- **Goods and Services:**
- Projects to address future MTEF budget constraints implemented in previous financial years on various Goods and Services such as the implementation of Neotel/VoIP contributed towards savings.
- **Transfers and Subsidies:**
- Less employee benefits, than the anticipated budget provided, were paid as the number of employees planning to exit the service was unknown at the time the budget was allocated.
- **Payments for Capital Assets:**
- The over-expenditure in this instance can be attributed to higher Financial Leases costs as a result of Government Motor Transport (GMT) vehicle usage.

CENTRAL HOSPITAL SERVICES	6 129 748	6 129 748	-	0%

This programme is in budget after application of virements, however:
- **Compensation of Employees:**
- Saving of R15,009m were achieved due to a mandatory vacancy period of 3 to 4 months being enforced.
- **Goods and Services:**
- Overspending of R8,381m due to the increase in the burden of disease and patient numbers necessitated additional expenditure on goods and services to cater for the need.
- **Transfers and Subsidies:**
- Saving of R0,094m as a result of less employee benefits paid than the anticipated budget provided as the numbers of employees planning to exit the service was unknown a the time the budget was allocated.
- **Payments for Capital Assets:**
- Overspending of R6,722m due to the replacement of aging medical and IT related equipment.

HEALTH SCIENCES AND TRAINING	340 063	317 453	22 610	7%

The under-spending can mainly be attributed to:
- **Compensation of Employees:**
- A concerted effort to only fill critically required vacant posts was implemented to retain service delivery standards. Outstanding claims to the Cape Peninsula University of Technology (CPUT), outstanding for a number of years, were unexpectedly refunded in 2017/18.
- **Goods and Services:**
- Refunds for operational and accommodation cost of training CPUT registered students, outstanding for several years, were paid by CPUT.
- **Transfers and Subsidies:**
- Reduced Bursaries payments due to the unexpectedly high student failure rate.
- **Payments for Capital Assets:**
- Reduced expenditure on the lease of GG vehicles.

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NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2018

Per programme:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
HEALTH CARE SUPPORT SERVICES	438 845	436 812	2 033	0%

The under-spending can mainly be attributed to:
• **Goods and Services:**
- The Metro East Maintenance Hub has not being fully functional as yet as well as savings on items purchased from the Cape Medical Depot due to strict cost containment measures implemented contributed to the under-expenditure.

• **Transfers and Subsidies:**
- Less employee benefits paid than the anticipated budget provided for as the numbers of employees planning to exit the service was unknown at the time the budget was allocated.

• **Payments for Capital Assets:**
- The over-expenditure can be attributed to:
- The replacement of the Tumble Dryer that burnt out at Tygerberg Laundry and the Rotary Press at Lentegeur Laundry as well as the purchases of a Genetic Analyser (DNA identification in humans) at Forensic Pathology services which cost significantly more than was budgeted for due to the weakening rand.

Per programme:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
HEALTH FACILITIES MANAGEMENT	832 723	779 633	53 090	6%

The under-spending can mainly be attributed to:
• **Compensation of Employees:**
- Occupation Specific Dispensation (OSD) posts not filled, due to the specialised nature of the posts, as well as the Director Engineering and Technical Support post not being filled.

• **Goods and Services:**
- Scheduled Maintenance as a result of quality of the facility condition assessments, delays in the finalisation of project scope, delays in project procurement and lengthy implementation periods.

• **Transfers and Subsidies:**
- Technical process issues were encountered and therefor the transfer to Groote Schuur Hospital Neonatal Maternity could not proceed within this financial year.

• **Payments for Capital Assets:**
- The over-expenditure can mainly be attributed to Health Technology (HT) equipment expenditure, due to:
  (i) additional project allocations to mitigate for projected under-expenditure in infrastructure and
  (ii) occasional changes in expenditure timeframes as a result of either earlier or later practical completion of infrastructure.

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NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2018

4.2 Per economic classification

Per economic classification:	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
Current expenditure				
Compensation of employees	12 742 984	12 660 391	82 593	1%
Goods and services	7 016 905	6 892 429	124 476	2%
Transfers and subsidies				
Provinces and municipalities	520 687	520 683	4	0%
Departmental agencies and accounts	5 874	5 580	294	5%
Higher education institutions	10 000	10 000	-	0%
Non-profit institutions	466 528	431 578	34 950	7%
Households	172 509	212 341	(39 832)	-23%
Payments for capital assets				
Buildings and other fixed structures	308 949	287 493	21 456	7%
Machinery and equipment	422 520	458 485	(35 965)	-9%
Software and other intangible assets	7 906	5 456	2 450	31%
Payments for financial assets	11 620	11 620	-	0%

The variance between the total budget and expenditure of R190 million is equal to 0.9% of the budget, which is within the acceptable norm of 2%. Reasons for under- and over- expenditure on the economic classifications are extensively addressed under each programme.

4.3 Per conditional grant

Per conditional grant	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
National Tertiary Services Grant	2 876 410	2 876 410	-	0%
Health Professions Training and Development Grant	542 700	542 700	-	0%
Comprehensive HIV and AIDS Grant	1 454 773	1 454 773	-	0%
Health Facility Revitalisation Grant	605 786	567 389	38 397	6%
Expanded Public Works Programme Integrated Grant for Provinces	2 473	2 473	-	0%
Social Sector Expanded Public Works Programme Incentive Grant for Provinces	3 334	3 334	-	0%

Health Facility Revitalisation Grant
The under-spending can mainly be attributed to:
- Occupation Specific Dispensation (OSD) posts not filled, due to the fact that the positions require specialised scarce skills, as well as the non-filling of the Director Engineering and Technical Support.
- Capital and Scheduled Maintenance projects underspent due to:
  (i) delays in finalising framework agreements for the appointment of Professional Service Provider (PSP) and Contractors;
  (ii) delays in appointment of Professional Service Provider (PSP) and poor performance of Contractors and PSP;
  (iii) long lead times for stage deliverables and delays in other infrastructure related processes.

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STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2018

	Note	2017/18 R'000	2016/17 R'000
REVENUE			
Annual appropriation	1.1	21 686 482	20 144 545
Departmental revenue	2	49 311	89 580
Aid assistance	3	2 378	294
TOTAL REVENUE		**21 738 171**	**20 234 419**
EXPENDITURE			
Current expenditure			
Compensation of employees	4	12 660 391	11 833 864
Goods and services	5	6 892 429	6 457 483
Aid assistance	3	695	1 882
Total current expenditure		**19 553 515**	**18 293 229**
Transfers and subsidies			
Transfers and subsidies	7	1 180 182	995 592
Aid assistance	3	1 367	437
Total transfers and subsidies		**1 181 549**	**996 029**
Expenditure for capital assets			
Tangible assets	8	746 044	773 350
Intangible assets	8	5 456	11 347
Total expenditure for capital assets		**751 500**	**784 697**
Payments for financial assets	6	**11 620**	**6 685**
TOTAL EXPENDITURE		**21 498 184**	**20 080 640**
SURPLUS/(DEFICIT) FOR THE YEAR		**239 987**	**153 779**

Reconciliation of Net Surplus/(Deficit) for the year

	Note	2017/18 R'000	2016/17 R'000
Voted funds		190 426	66 361
Annual appropriation		152 029	64 695
Conditional grants		38 397	1 666
Departmental revenue and NRF Receipts	13	49 311	89 580
Aid assistance	3	250	(2 162)
SURPLUS/(DEFICIT) FOR THE YEAR		**239 987**	**153 779**

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STATEMENT OF FINANCIAL POSITION
as at 31 March 2018

	Note	2017/18 R'000	2016/17 R'000
ASSETS			
Current assets		**304 450**	**165 032**
Cash and cash equivalents	9	240 212	81 573
Prepayments and advances	10	12 328	2 336
Receivables	11	51 910	81 123
Non-current assets		**1 235**	**1 236**
Receivables	11	1 235	1 236
TOTAL ASSETS		**305 685**	**166 268**
LIABILITIES			
Current liabilities		291 444	147 221
Voted funds to be surrendered to the Revenue Fund	12	190 426	66 361
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	13	30 399	26 353
Payables	14	69 588	52 603
Aid assistance unutilised	3	1 031	1 904
TOTAL LIABILITIES		**291 444**	**147 221**
NET ASSETS		**14 241**	**19 047**

	2017/18 R'000	2016/17 R'000
Represented by:		
Recoverable revenue	14 241	19 047
TOTAL	**14 241**	**19 047**

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STATEMENT OF CHANGES IN NET ASSETS
for the year ended 31 March 2018

	Note	2017/18 R'000	2016/17 R'000
Recoverable revenue			
Opening balance		19 047	17 975
Transfers:		**(4 806)**	**1 072**
Irrecoverable amounts written off	*6.2*	(9 241)	(3 210)
Debts revised		188	393
Debts recovered (included in departmental receipts)		2 444	441
Debts raised		1 803	3 448
Closing balance		**14 241**	**19 047**
TOTAL		**14 241**	**19 047**

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CASH FLOW STATEMENT
for the year ended 31 March 2018

	Note	2017/18 R'000	2016/17 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		22 260 432	20 688 461
Annual appropriated funds received	1.1	21 686 482	20 144 545
Departmental revenue received	2	566 775	541 024
Interest received	2.2	4 797	2 598
Aid assistance received	3	2 378	294
Net (increase)/decrease in working capital		36 207	(18 406)
Surrendered to Revenue Fund		(633 889)	(840 465)
Surrendered to RDP Fund/Donor		(1 123)	-
Current payments		(19 553 515)	(18 293 229)
Payments for financial assets		(11 620)	(6 685)
Transfers and subsidies paid		(1 181 549)	(996 029)
Net cash flow available from operating activities	15	**914 943**	**533 647**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	8	(751 500)	(784 697)
Proceeds from sale of capital assets	2.3	2	-
Net cash flows from investing activities		**(751 498)**	**(784 697)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/(decrease) in net assets		(4 806)	1 072
Net cash flows from financing activities		**(4 806)**	**1 072**
Net increase/(decrease) in cash and cash equivalents		158 639	(249 978)
Cash and cash equivalents at beginning of period		81 573	331 551
Cash and cash equivalents at end of period	16	**240 212**	**81 573**

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2018

Summary of significant accounting policies

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

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

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

1 Basis of preparation

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

2 Going concern

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

3 Presentation currency

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

4 Rounding

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

5 Foreign currency translation

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

6 Comparative information

6.1 Prior period comparative information

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

6.2 Current year comparison with budget

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

WESTERN CAPE GOVERNMENT HEALTH
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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2018

7 Revenue

7.1 Appropriated funds

Appropriated funds comprises of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).

Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective.

The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.

7.2 Departmental revenue

Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.

Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.

7.3 Accrued departmental revenue

Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:

- it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and
- the amount of revenue can be measured reliably.

The accrued revenue is measured at the fair value of the consideration receivable.

Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.

Write-offs are made according to the department's debt write-off policy

8 Expenditure

8.1 Compensation of employees

8.1.1 Salaries and wages

Salaries and wages are recognised in the statement of financial performance on the date of payment.

8.1.2 Social contributions

Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.

Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.

WESTERN CAPE GOVERNMENT HEALTH
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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2018

8.2 Other expenditure

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

8.3 Accrued expenditure payable

Accrued expenditure payable is recorded in the notes to the financial statements when the goods are received or, in the case of services, when they are rendered to the department or in the case of transfers and subsidies when they are due and payable.

Accrued expenditure payable is measured at cost.

8.4 Leases

8.4.1 Operating leases

Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment.

The operating lease commitments are recorded in the notes to the financial statements.

8.4.2 Finance leases

Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment.

The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions.

Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of:

- cost, being the fair value of the asset; or
- the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.

9 Aid Assistance

9.1 Aid assistance received

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

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

9.2 Aid assistance paid

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

WESTERN CAPE GOVERNMENT HEALTH
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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2018

10 Cash and cash equivalents

Cash and cash equivalents are stated at cost in the statement of financial position.

Bank overdrafts are shown separately on the face of the statement of financial position as a current liability.

For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.

11 Prepayments and advances

Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.

Prepayments and advances are initially and subsequently measured at cost.

12 Loans and receivables

Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy.

13 Investments

Investments are recognised in the statement of financial position at cost.

14 Financial assets

14.1 Financial assets

A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial asset.

At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.

14.2 Impairment of financial assets

Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the financial statements.

15 Payables

Payables recognised in the statement of financial position are recognised at cost.

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16 Capital Assets

16.1 Immovable capital assets

Immovable capital assets are initially recorded in the notes to the financial statements at cost. Immovable capital assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition.

Where the cost of immovable capital assets cannot be determined reliably, the immovable capital assets are measured at fair value for recording in the asset register.

Immovable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the immovable asset is recorded by another department in which case the completed project costs are transferred to that department.

16.2 Movable capital assets

Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition.

Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.

Biological assets are subsequently carried at fair value.

Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the movable asset is recorded by another department/entity in which case the completed project costs are transferred to that department.

16.3 Intangible assets

Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition.

Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project.

Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the intangible asset is recorded by another department/entity in which case the completed project costs are transferred to that department.

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17 Provisions and Contingents

17.1 Provisions

Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.

17.2 Contingent liabilities

Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.

17.3 Contingent assets

Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.

17.4 Commitments

Commitments (other than for transfers and subsidies) are recorded at cost in the notes to the financial statements when there is a contractual arrangement or an approval by management in a manner that raises a valid expectation that the department will discharge its responsibilities thereby incurring future expenditure that will result in the outflow of cash.

18 Unauthorised expenditure

Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either:

- approved by Parliament or the Provincial Legislature with funding and the related funds are received; or
- approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or
- transferred to receivables for recovery.

Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.

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19 Fruitless and wasteful expenditure

Fruitless and wasteful expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred.

Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables for recovery.

Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.

20 Irregular expenditure

Irregular expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefor are provided in the note.

Irregular expenditure is removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery or not condoned and is not recoverable.

Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.

21 Changes in accounting policies, accounting estimates and errors

Changes in accounting policies that are affected by management have been applied retrospectively in accordance with the Modified Cash standard (MCS) requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the change in policy. In such instances the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.

Changes in accounting estimates are applied prospectively in accordance with MCS requirements.

Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.

22 Events after the reporting date

Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.

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23 Recoverable revenue

Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.

24 Related party transactions

A related party transaction is a transfer of resources, services or obligations between the reporting entity and a related party. Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.

Key management personnel are those persons having the authority and responsibility for planning, directing and controlling the activities of the department. The number of individuals and their full compensation is recorded in the notes to the financial statements.

25 Public-Private Partnerships

Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies.

A summary of the significant terms of the PPP agreement, the parties to the agreement, and the date of commencement thereof together with the description and nature of the concession fees received, the unitary fees paid, rights and obligations of the department are recorded in the notes to the financial statements.

26 Employee benefits

The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the Employee benefits note.

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1. Annual Appropriation

1.1 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for National Departments (Voted funds) and Provincial Departments:

	2017/18		2016/17	
	Final Appropriation R'000	**Actual Funds Received R'000**	**Final Appropriation R'000**	**Appropriation received R'000**
Administration	743 718	743 718	647 585	647 585
District Health Services	8 771 655	8 771 655	7 971 073	7 971 073
Emergency Medical Services	1 026 563	1 026 563	985 092	985 092
Provincial Hospital Services	3 403 167	3 403 167	3 186 982	3 186 982
Central Hospital Services	6 129 748	6 129 748	5 701 443	5 701 443
Health Sciences and Training	340 063	340 063	349 232	349 232
Health Care Support	438 845	438 845	425 700	425 700
Health Facility Management	832 723	832 723	877 438	877 438
Total	**21 686 482**	**21 686 482**	**20 144 545**	**20 144 545**

1.2 Conditional grants

	Note	2017/18	2016/17
		R'000	**R'000**
Total grants received	*34*	5 485 476	5 246 572
Provincial grants included in Total Grants received		**5 485 476**	**5 246 572**

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2. Departmental revenue

	Note	2017/18 R'000	2016/17 R'000
Sales of goods and services other than capital assets	2.1	460 271	465 716
Interest, dividends and rent on land	2.2	4 797	2 598
Sale of capital assets	2.3	2	-
Transactions in financial assets and liabilities	2.4	22 098	21 029
Transfer received	2.5	84 406	54 279
Total revenue collected		**571 574**	**543 622**
Less: Own revenue included in appropriation	13	(522 263)	(454 042)
Departmental revenue collected		**49 311**	**89 580**

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

	2017/18 R'000	2016/17 R'000
Total revenue collected	571 574	543 622
Less:		
Interest, dividends and rent on land	4 797	2 598
Sales of capital assets	2	-
Departmental revenue received	**566 775**	**541 024**

2.1 Sales of goods and services other than capital assets

	Note	2017/18 R'000	2016/17 R'000
Sales of goods and services produced by the department		**459 401**	**464 878**
Sales by market establishment		3 636	4 194
Administrative fees		7 211	7 807
Other sales		448 554	452 877
Sales of scrap, waste and other used current goods		870	838
Total	2	**460 271**	**465 716**

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2.2 Interest, dividends and rent on land

	Note	2017/18 R'000	2016/17 R'000
Interest		4 797	2 598
Total	2	**4 797**	**2 598**

Increase primarily relates to interest earned on staff debt and other debtors as well as small increase in interest on patient fees.

2.3 Sale of capital assets

	Note	2017/18 R'000	2016/17 R'000
Tangible assets		**2**	**-**
Machinery and equipment	29.2	2	-
Total	2	**2**	**-**

2.4 Transactions in financial assets and liabilities

	Note	2017/18 R'000	2016/17 R'000
Receivables		18 506	15 664
Other Receipts including Recoverable Revenue		3 592	5 365
Total	2	**22 098**	**21 029**

2.5 Transfers received

	Note	2017/18 R'000	2016/17 R'000
Higher education institutions		32 468	29 709
International organisations		51 938	24 569
Public corporations and private enterprises		-	1
Total	2	**84 406**	**54 279**

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3. Aid assistance

	2017/18 R'000	2016/17 R'000
Opening Balance	1 904	4 066
Transferred from statement of financial performance	250	(2 162)
Transferred to/from retained funds		
Paid during the year	(1 123)	-
Closing Balance	**1 031**	**1 904**

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

Donor Funding received during the year (Revenue)	2 378	294
Statement of Financial Performance(Current Expenditure)	(695)	(1 882)
Capital Expenditure (Note 8.1)	(66)	(137)
Transfers made to Non Profit Organisations	(1 367)	(437)
Net Total	250	(2 162)

3.1 Analysis of balance by source

	Note	2017/18 R'000	2016/17 R'000
Aid assistance from other sources	*3*	1 031	1 904
Closing balance		**1 031**	**1 904**

3.2 Analysis of balance

	Note	2017/18 R'000	2016/17 R'000
Aid assistance unutilised	*3*	1 031	1 904
Closing balance		**1 031**	**1 904**

3.3 Aid assistance expenditure per economic classification

	2017/18 R'000	2016/17 R'000
Current	695	1 882
Capital	66	137
Transfers and subsidies	1 367	437
Total aid assistance expenditure	**2 128**	**2 456**

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4. Compensation of employees

4.1 Salaries and Wages

	2017/18 R'000	2016/17 R'000
Basic salary	8 341 971	7 756 469
Performance award	30 104	57 847
Service Based	17 800	17 404
Compensative/circumstantial	1 247 504	1 177 693
Periodic payments	14 470	14 176
Other non-pensionable allowances	1 549 085	1 460 652
Total	**11 200 934**	**10 484 241**

The cost of living adjustment of 5.5% for Senior Manager Service employees and 7.3% for all other employee salary levels is the primary driver behind the increase in employee costs, as there was minimal growth in staff levels.

4.2 Social contributions

	2017/18 R'000	2016/17 R'000
Employer contributions		
Pension	971 778	901 252
Medical	485 326	446 040
Bargaining council	2 353	2 331
Total	**1 459 457**	**1 349 623**
Total compensation of employees	**12 660 391**	**11 833 864**
Average number of employees	31 472	31 380

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5. Goods and services

	Note	2017/18 R'000	2016/17 R'000
Administrative fees		54	1 030
Advertising		20 754	14 810
Minor assets	5.1	46 919	45 741
Bursaries (employees)		10 345	9 509
Catering		4 364	4 743
Communication		60 039	72 022
Computer services	5.2	81 485	68 760
Consultants: Business and advisory services		85 249	81 533
Infrastructure and planning services		13 693	23 779
Laboratory services		656 136	557 112
Legal services		13 865	22 168
Contractors		536 142	485 974
Agency and support / outsourced services		471 002	427 454
Entertainment		134	58
Audit cost – external	5.3	19 028	19 176
Fleet services		178 727	181 492
Inventory	5.4	2 989 288	2 806 996
Consumables	5.5	512 392	440 978
Operating leases		21 349	22 047
Property payments	5.6	1 056 916	1 064 555
Rental and hiring		20 695	18 662
Transport provided as part of the departmental activities		1 664	2 003
Travel and subsistence	5.7	39 619	37 241
Venues and facilities		812	1 204
Training and development		29 518	31 737
Other operating expenditure	5.8	22 240	16 699
Total		**6 892 429**	**6 457 483**

Administrative fees

Reduction due to decrease in banking fees.

Advertising

Increase due to marketing of additional campaigns (e.g. EMS Safety) as well as promotional items in respect of Health Programs (e.g. HIV & Nutrition).

Communication

Cost reduction is as a result of telephone cost savings due to the implementation of Voice Over Internet Protocol at various District and Regional facilities.

Infrastructure and planning services

Decrease in expenditure due to delays in capital and scheduled maintenance projects.

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Laboratory services

5.2% tariff adjustment as of 1 April 2017 (2016/17: 4% as of 1 July 2016) was the key driver behind cost increase. The cost was also driven by growth of approximately 4% in laboratory test volumes.

Legal services

Apparent reduction due to the fact that there was an abnormal increase in counsel costs in the previous financial period due to the testing of law reform strategies related to the law on damages for medical legal claims.

Contractors

Cost escalation primarily due to the increased utilisation by Rural District Health Services and City of Cape Town Health Services of the Chronic Dispensing Unit for dispensing of chronic medication. There was also an increased cost in respect of emergency aero-medical and rescue services contracted from SA Red Cross Air Mercy Service.

Agency and support / outsourced services

Cost driven by a combination of an increase in outsourced patient catering for facilities within the Metro District Health Services as well as increased insourcing of nursing and professional staff to supplement capacity both within the Rural and Metro District Health Services.

5.1 Minor assets

	Note	**2017/18**	**2016/17**
		R'000	**R'000**
Tangible assets		**46 560**	**45 741**
Machinery and equipment		46 560	45 716
Transport assets		-	25
Intangible assets		**359**	-
Software		359	-
Total	*5*	**46 919**	**45 741**

5.2 Computer services

	Note	**2017/18**	**2016/17**
		R'000	**R'000**
SITA computer services		18 640	18 422
External computer service providers		62 845	50 338
Total	*5*	**81 485**	**68 760**

External Computer services providers

Migration of redundant server hardware to a dedicated cloud infrastructure platform for the Health Information Systems (e.g. CLINICOM). Continued implementation of the Medicine Management System (JAC) at healthcare facilities across the Province. Upgrade of Video Conferencing core devices at Bellville Health Park & Conference facility at Lentegeur Hospital. Recruitment of Business Analysts via the Department of the Premier to analyse and document key business processes/systems and to document requirements in relation to strategic IT projects (e.g. Theatre Data Management system).

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5.3 Audit cost – External

	Note	2017/18 R'000	2016/17 R'000
Regularity audits		19 028	19 176
Total	5	**19 028**	**19 176**

5.4 Inventory

	Note	2017/18 R'000	2016/17 R'000
Food and food supplies		51 981	53 519
Materials and supplies		-	39 168
Medical supplies		1 465 841	1 344 775
Medicine		1 459 321	1 357 475
Laboratory supplies		12 145	12 059
Total	5	**2 989 288**	**2 806 996**

Materials and supplies

Reclassification of expenditure item to Consumable Supplies: Building materials and supplies (see note 5.5).

Medical supplies

Cost increase is a combination of volume and inflationary drivers related mainly to Blood, Implantable Sets & Prosthesis as well as Surgical Supplies.

Medicine

Anti-Retroviral Pharmaceuticals were the key driver for the cost increase in Medicine due to the increased number of patients on Antiretroviral Therapy treatment. The increased patient volumes were as a result of the adoption of the test and treat protocol.

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5.5 Consumables

	Note	2017/18	2016/17
		R'000	R'000
Consumable supplies		**423 633**	**358 650**
Uniform and clothing		57 223	55 146
Household supplies		232 629	215 784
Building material and supplies		65 417	22 124
Communication accessories		910	
IT consumables		1 223	2 300
Other consumables		66 231	63 296
Stationery, printing and office supplies		**88 759**	82 328
Total	*5*	**512 392**	**440 978**

<u>Household supplies</u>

Groceries, Linen and Disposable Paper/Plaster were the key cost drivers in respect of consumable expenditure for the current financial year.

<u>Building material and supplies</u>

Reclassification of expenditure item from Inventory: materials and supplies (see note 5.4).

<u>Other Consumables</u>

Is comprised mainly of Medical and Domestic Gas as well as other fuel products.

5.6 Property payments

	Note	2017/18	2016/17
		R'000	R'000
Municipal services		318 822	302 665
Property management fees		430 700	378 418
Property maintenance and repairs		307 394	383 472
Total	*5*	**1 056 916**	**1 064 555**

<u>Property management fees</u>

Safeguarding & Security Services accounts for the majority of the cost escalation, followed by Cleaning Services. Both are driven by a combination of contract expansion and inflationary increases.

<u>Property maintenance and repairs.</u>

Reduction due to delays in scheduled maintenance projects.

5.7 Travel and subsistence

	Note	2017/18	2016/17
		R'000	R'000
Local		38 903	37 037
Foreign		716	204
Total	*5*	**39 619**	**37 241**

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5.8 Other operating expenditure

	Note	**2017/18**	**2016/17**
		R'000	**R'000**
Professional bodies, membership and subscription fees		1 156	1280
Resettlement costs		3 471	3 879
Other (mainly courier charges)		17 613	11 540
Total	*5*	**22 240**	**16 699**

6. Payments for financial assets

	Note	**2017/18**	**2016/17**
		R'000	**R'000**
Material losses through criminal conduct		-	10
Theft	*6.3*	-	10
Purchase of equity			
Other material losses written off	*6.1*	2 379	3 465
Debts written off	*6.2*	9 241	3 210
Total		**11 620**	**6 685**

6.1 Other material losses written off

	Note	**2017/18**	**2016/17**
		R'000	**R'000**
Nature of losses			
Government Vehicle Damages & Losses		1 307	3 377
Redundant Stock (CMD & HIV/AIDS)		1 072	88
Total	*6*	**2 379**	**3 465**

Redundant Stock

Loss mainly relates to the spoiling of pharmaceuticals at the Cape Medical Depot following a temperature control failure due to an electrical fault.

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6.2 Debts written off

	Note	2017/18 R'000	2016/17 R'000
Salary Overpayments		2 002	1 107
Medical Bursaries		6 205	1 860
Tax		245	128
Supplier debtors		762	96
Other minor incidents		27	19
Total	*6*	**9 241**	**3 210**

Salary Overpayments

Majority of the debt written off relates to ex-employees and has been deemed irrecoverable.

Medical Bursaries

Majority relates to incidences where the bursary recipient did not complete their studies and following numerous attempts at recovery has been deemed irrecoverable. The significant increase is due to a clean-up of this debtor category and the adoption of a more conservative outlook as to the recoverability of very old debt.

6.3 Details of theft

	Note	2017/18 R'000	2016/17 R'000
Nature of theft			
Computer Equipment & Peripherals		-	10
Total	*6*	**-**	**10**

7. Transfers and subsidies

	Note	2017/18 R'000	2016/17 R'000
Provinces and municipalities	*35*	520 683	461 878
Departmental agencies and accounts	*Annex 1B*	5 580	5 238
Higher education institutions	*Annex 1C*	10 000	-
Non-profit institutions	*Annex 1D*	431 578	375 424
Households	*Annex 1E*	212 341	153 052
Total		**1 180 182**	**995 592**

Higher education institutions

Department's first contribution in respect of a joint project with the University of Cape Town to renovate J Block of Groote Schuur Hospital.

Households

The R86m (2016/17: R39m) of claims against the state settled is the primary reason for the escalation of Households transfers.

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8. Expenditure for capital assets

	Note	2017/18	2016/17
		R'000	R'000
Tangible assets		**746 044**	**773 350**
Buildings and other fixed structures	*31.1*	287 493	344 366
Machinery and equipment	*29.1*	458 551	428 984
Intangible assets		**5 456**	**11 347**
Software	*30.1*	5 456	11 347
Total		**751 500**	**784 697**

8.1 Analysis of funds utilised to acquire capital assets – 2017/18

	Voted funds	Aid assistance	Total
	R'000	R'000	R'000
Tangible assets	**745 978**	**66**	**746 044**
Buildings and other fixed structures	287 493	-	287 493
Machinery and equipment	458 485	66	458 551
Intangible assets	**5 456**	**-**	**5 456**
Software	5 456	-	5 456
Total	**751 434**	**66**	**751 500**

8.2 Analysis of funds utilised to acquire capital assets – 2016/17

	Voted funds	Aid assistance	Total
	R'000	R'000	R'000
Tangible assets	**773 213**	**137**	**773 350**
Buildings and other fixed structures	344 366	-	344 366
Machinery and equipment	428 847	137	428 984
Intangible assets	**11 347**	-	**11 347**
Software	11 347	-	11 347
Total	**784 560**	**137**	**784 697**

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8.3 Finance lease expenditure included in Expenditure for capital assets

	2017/18 R'000	2016/17 R'000
Tangible assets		
Machinery and equipment	158 700	149 895
Total	**158 700**	**149 895**

9. Cash and cash equivalents

	2017/18 R'000	2016/17 R'000
Consolidated Paymaster General Account	700 481	294 233
Disbursements	(460 776)	(213 071)
Cash on hand	507	411
Total	**240 212**	**81 573**

Increase in cash balance is due to the under-utilisation of the allocated budget, namely 99.1% (2016/17: 99.7%). Refer to the Notes to the Appropriation Statement for further detail.

10. Prepayments and advances

	Note	2017/18 R'000	2016/17 R'000
Travel and subsistence		836	756
Advances paid (Not expensed)	*10.1*	11 492	1 580
Total		**12 328**	**2 336**

10.1 Advances paid (Not expensed)

	Note	Balance as at 1 April 2017 R'000	Less: Amount expensed in current year R'000	Add: Current Year advances R'000	Balance as at 31 March 2018 R'000
Other institutions		1 580	(51 900)	61 812	11 492
Total	*10*	**1 580**	**(51 900)**	**61 812**	**11 492**

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10.2 Advances paid (Expensed)

	Amount as at 1 April 2017	Less: Received in the current year	Add: Current Year advances	Amount as at 31 March 2018
	R'000	R'000	R'000	R'000
Other institutions	-	-	13 861	13 861
Total	**-**	**-**	**13 861**	**13 861**

The above amount relates to Motor Vehicles and Mobile Clinics not received at year-end from Government Motor Transport. This amount is included in the Expenditure for Capital Asset: Machinery and Equipment. (refer to Note 8)

11. Receivables

		2017/18			2016/17		
		Current	Non-current	Total	Current	Non-current	Total
		R'000	R'000	R'000	R'000	R'000	R'000
	Note						
Claims recoverable	*11.1*	25 389	-	25 389	23 688	-	23 688
Staff debt	*11.2*	10 027	535	10 562	12 424	523	12 947
Other debtors	*11.3*	16 494	700	17 194	45 011	713	45 724
Total		**51 910**	**1 235**	**53 145**	**81 123**	**1 236**	**82 359**

Based on updated accounting guidance in terms of the Modified Cash Standard, only receivables with a contracted repayment plan in excess of a year can be classified as Non-current. This methodology was applied to the current financial year, and the previously reported non-current balance for 2016/17 was reclassified from R29.1m to R1.2m.

11.1 Claims recoverable

	Note	2017/18	2016/17
		R'000	R'000
National departments		5 214	3 988
Provincial departments		3 469	6 246
Public entities		270	34
Local governments		16 436	13 420
Total	*11 & Annex 3*	**25 389**	**23 688**

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11.2 Staff debt

	Note	2017/18 R'000	2016/17 R'000
Salary Income Tax		-	93
Salary Reversal Control Account		28	918
Salary Tax Debt		200	212
Salary Deduction Disallowance Account		5	10
Debt Account		10 329	11 714
Total	*11*	**10 562**	**12 947**

11.3 Other debtors

	Note	2017/18 R'000	2016/17 R'000
Disallowance Miscellaneous		608	7 588
Disallowance damage and losses		1 397	538
Damage vehicles		154	215
Supplier Debtors		3 895	4 005
Advances: Public Entities		-	175
Medical Bursaries		11 140	16 343
Depot Pharmaceutical Control Account		-	16 860
Total	*11*	**17 194**	**45 724**

Disallowance Miscellaneous

Reversal of old utilities claims in respect of the Northern Stikland Site.

Medical Bursaries

Reduction primarily due to the write off of old medical bursary debt (see note 6.2).

Cape Medical Depot

Decrease due to a lower pharmaceutical stock balance on hand at the Depot at year-end.

11.4 Fruitless and wasteful expenditure

	Note	2017/18 R'000	2016/17 R'000
Opening balance		-	-
Less amounts written off		-	(133)
Transfers from note 32 Fruitless and Wasteful Expenditure		-	133
Total	*11*	**-**	**-**

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11.5 Impairment of receivables

	2017/18 R'000	2016/17 R'000
Estimate of impairment of receivables	7 498	3 978
Total	**7 498**	**3 978**

12. Voted funds to be surrendered to the Revenue Fund

	2017/18 R'000	2016/17 R'000
Opening balance	66 361	303 954
Transfer from statement of financial performance (as restated)	190 426	66 361
Paid during the year	(66 361)	(303 954)
Closing balance	**190 426**	**66 361**

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

	2017/18 R'000	2016/17 R'000
Opening balance	26 353	19 242
Transfer from Statement of Financial Performance (as restated)	49 311	89 580
Own revenue included in appropriation	522 263	454 042
Paid during the year	(567 528)	(536 511)
Closing balance	**30 399**	**26 353**

14. Payables – current

	Note	2017/18 R'000	2016/17 R'000
Amounts owing to other entities			
Advances received	*14.1*	44 598	52 322
Clearing accounts	*14.2*	3 905	281
Other payables	*14.3*	21 085	-
Total		**69 588**	**52 603**

14.1 Advances received

	Note	2017/18 R'000	2016/17 R'000
Other institutions		44 598	52 322
Total	*14*	**44 598**	**52 322**

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14.2 Clearing accounts

	Note	2017/18 R'000	2016/17 R'000
Patient Fee Deposits		109	12
Sal: Pension Fund		60	9
Sal: GEHS refund control account		593	230
Sal: Income Tax		2 953	-
Sal: Bargaining Councils		3	-
Sal: ACB Recalls		187	30
Total	*14*	**3 905**	**281**

14.3 Other payables

	Note	2017/18 R'000	2016/17 R'000
Depot Pharmaceutical Control Account		21 085	-
Total	*14*	**21 085**	**-**

Increase due to a lower pharmaceutical stock balance on hand at the Depot at year-end.

15. Net cash flow available from operating activities

	2017/18 R'000	2016/17 R'000
Net surplus/(deficit) as per Statement of Financial Performance	239 987	153 779
Add back non cash/cash movements not deemed operating activities	674 954	379 868
(Increase)/decrease in receivables – current	29 214	(19 450)
(Increase)/decrease in prepayments and advances	(9 992)	(357)
Increase/(decrease) in payables – current	16 985	1 401
Proceeds from sale of capital assets	(2)	-
Expenditure on capital assets	751 500	784 697
Surrenders to Revenue Fund	(633 889)	(840 465)
Surrenders to RDP Fund/Donor	(1 123)	-
Own revenue included in appropriation	522 263	454 042
Net cash flow generated by operating activities	**914 943**	**533 647**

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

	2017/18 R'000	2016/17 R'000
Consolidated Paymaster General account	700 481	294 233
Disbursements	(460 776)	(213 071)
Cash on hand	507	411
Total	**240 212**	**81 573**

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17. Contingent liabilities and contingent assets

17.1 Contingent liabilities

Liable to	Nature	*Note*	**2017/18 R'000**	**2016/17 R'000**
Housing loan guarantees	Employees	*Annex 2A*	99	99
Claims against the department		*Annex 2B*	122 260	53 114
Intergovernmental payables (unconfirmed balances)		*Annex 4*	-	308
Total			**122 359**	**53 521**

Claims against the department

Increase in the number and value of medical legal claims is the primary driver behind the growth in the contingent liability balance. This is a national phenomenon whereby a growing number of law firms are focusing on medical malpractice work due to the potential of greater financial rewards. Despite the level of the liability increasing, the actual number of valid claims represents a very small percentage of actual patient contacts.

17.2 Contingent assets

Nature of contingent asset	**2017/18 R'000**	**2016/17 R'000**
Civil	233	227
Total	**233**	**227**

At this stage the Department is not able to reliably measure the contingent asset in terms of the Government Employees Housing Scheme of the Individually Linked Savings Facility (ILSF), relating to resignations and termination of service, as well as contingent asset in terms of PILIR cases under investigation.

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18. Commitments

	2017/18 R'000	2016/17 R'000
Current expenditure		
Approved and contracted	686 402	906 822
Approved but not yet contracted	8 641	134
	695 043	**906 956**
Capital expenditure		
Approved and contracted	147 759	353 557
	147 759	**353 557**
Total Commitments	**842 802**	**1 260 513**

The total Commitments figure reported of R843 million above was not adjusted for the VAT increase of 1% as at 1 April 2018 as it was impracticable to implement at year end. The maximum possible adjustment is estimated at an increase of approximately R7 million.

Included in the current year's commitments are 221 projects that are current in nature and 27 projects that are of a capital nature, all of which are for a total contract period exceeding 12 months.

19. Accruals and payables not recognised

19.1 Accruals

			2017/18 R'000	2016/17 R'000
Listed by economic classification	**30 Days**	**30+ Days**	**Total**	**Total**
Goods and services	78 319	16 475	94 794	123 351
Transfers and subsidies	16 877	28 915	45 792	44 631
Capital assets	877	203	1 080	521
Total	**96 073**	**45 593**	**141 666**	**168 503**

	2017/18 R'000	2016/17 R'000
Listed by programme level		
Administration	4 296	12 170
District Health Services	76 201	76 590
Emergency Medical Services	1 346	5 448
Provincial Hospital Services	11 958	12 979
Central Hospital Services	45 081	40 952
Health Science and Training	1 109	464
Health Care Support Service	135	245
Health Facility Management	1 540	19 655
Total	**141 666**	**168 503**

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19.2 Payables not recognised

			2017/18 R'000	2016/17 R'000
Listed by economic classification				
	30 Days	**30+ Days**	**Total**	**Total**
Goods and services	94 739	19 718	114 457	111 036
Transfers and subsidies	10 272	59	10 331	18 842
Capital assets	-	2	2	2 738
Other	13 601	-	13 601	1 900
Total	**118 612**	**19 779**	**138 391**	**134 516**

	2017/18 R'000	2016/17 R'000
Listed by programme level		
Administration	13 211	6
District Health Services	15 125	49 274
Emergency Medical Services	81	3 446
Provincial Hospital Services	1 787	2 987
Central Hospital Services	17 081	41 607
Health Sciences and Training	375	69
Health Care Support Service	90 705	21 601
Health Facility Management	26	15 526
Total	**138 391**	**134 516**

	Note	2017/18 R'000	2016/17 R'000
Included in the above totals are the following:			
Confirmed balances with other departments	*Annex 4*	13 201	-
Total		**13 201**	**-**

Included under the economic classification "Other" and "Confirmed balances with other departments" is a balance of R13m due to the Department of Public Works in respect of the Department's water augmentation projects.

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20. Employee benefits

	2017/18 R'000	2016/17 R'000
Leave entitlement	346 734	331 925
Service bonus (Thirteenth cheque)	284 730	265 270
Performance awards	25 909	55 201
Capped leave commitments	237 220	241 028
Other	32 148	36 064
Total	**926 741**	**929 488**

The amounts included in "other" above relates to long service awards that will vest in the 2018-19 financial year, as well as accrued overtime.

At this stage the department is not able to reliably measure the long term portion of the long service awards.

Leave Entitlement

Leave entitlement on PERSAL at 31 March 2018	337 947
Add: Negative Leave Credits included	28 588
Less: Leave captured after 31 March 2018	(19 801)
Recalculated Leave entitlement	**346 734**

21. Lease commitments

21.1 Operating leases

2017/18	**Machinery and equipment**	**Total**
Not later than 1 year	21 453	21 453
Later than 1 year and not later than 5 years	35 523	35 523
Later than five years	5 295	5 295
Total lease commitments	**62 271**	**62 271**

2016/17	**Machinery and equipment**	**Total**
Not later than 1 year	22 054	22 054
Later than 1 year and not later than 5 years	43 707	43 707
Total lease commitments	**65 761**	**65 761**

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21.2 Finance leases **

2017/18	**Machinery and equipment**	**Total**
Not later than 1 year	154 727	154 727
Later than 1 year and not later than 5 years	249 807	249 807
Later than five years	3 621	3 621
Total lease commitments	**408 155**	**408 155**

2016/17	**Machinery and equipment**	**Total**
Not later than 1 year	133 848	133 848
Later than 1 year and not later than 5 years	245 142	245 142
Later than five years	5 699	5 699
Total lease commitments	**384 689**	**384 689**

**This note excludes leases relating to public private partnership as they are separately disclosed in note 27

22. Accrued departmental revenue

	2017/18 R'000	**2016/17 R'000**
Sales of goods and services other than capital assets	646 260	635 541
Total	**646 260**	**635 541**

22.1 Analysis of accrued departmental revenue

	2017/18 R'000	**2016/17 R'000**
Opening balance	635 541	602 025
Less: amounts received	(410 851)	(417 784)
Add: amounts recognized	682 622	720 167
Less: amounts written-off/reversed as irrecoverable	(261 052)	(268 867)
Closing balance	**646 260**	**635 541**

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22.2 Accrued department revenue written off

	2017/18 R'000	2016/17 R'000
Nature of losses		
Patient Fees	261 052	268 867
Total	**261 052**	**268 867**

22.3 Impairment of accrued departmental revenue

	2017/18 R'000	2016/17 R'000
Estimate of impairment of accrued departmental revenue	241 030	237 740
Total	**241 030**	**237 740**

Impairment is the projected irrecoverable amount in respect of hospital fees debt.

In terms of monies owed to the department, R241m is deemed irrecoverable as per the following categories and reasons: The Road Accident Fund, R153.55m due to the rules for shared accountability; Medical Aid Debt, R2.08m due to depleted benefits; Debt owed by individuals, R64.4m due to affordability and prevailing economic climate, all of which account for the bulk of the impairment.

23. Irregular expenditure

23.1 Reconciliation of irregular expenditure

	Note	2017/18 R'000	2016/17 R'000
Opening balance		69 218	71 351
Prior period error	*23.5*	-	(3 263)
As restated		69 218	68 088
Add: Irregular expenditure – relating to current year	*23.2*	23 488	11 459
Less: Prior year amounts condoned	*23.3*	(14 782)	-
Less: Current year amounts condoned	*23.3*	(67)	(2 431)
Less: Amounts not condoned and not recoverable		-	(7 898)
Closing balance		**77 857**	**69 218**

Analysis of awaiting condonation per age classification		
Current year	23 421	9 028
Prior years	54 436	60 190
Total	**77 857**	**69 218**

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23.2 Details of irregular expenditure – added current year (relating to current and prior years)

Incident	Actions taken	2017/18 R'000
Award made to wrong bidder	*	610
Bidding template not approved by delegated official	*	416
Contract expanded without approval	*	550
Contract extended without approval	*	2554
Incorrect bidding process followed < R500 000	*	1560
Items on contract procured via IPS without valid reasons	*	3
Local Content not applied	*	496
Made use of Brand Names	*	43
No formal bidding process followed >500 000	*	1122
No procurement process followed	*	291
No valid tax clearance certificate	*	294
Procuring on invalid quotations	*	31
Prohibited/restricted supplier	*	4
Quantity on invoice more than approved order	*	33
Supplier not register on relevant database	*	14713
Used invalid contract (incl purchase outside valid contract/item not on contract).	*	768
Total		**23 488**

* To be confirmed by relevant Institutional Managers

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23.3 Details of irregular expenditure condoned

Incident	Condoned by	2017/18 R'000
Current Year		
Contract extended without approval	**	53
Incorrect bidding process followed < R500 000	**	14
Prior Years		
Used invalid contract	**	2732
No Procurement process followed	**	128
Quantity on invoice more than approved order	**	1
Acting allowance paid, not in line with prescripts	**	36
Award approved after award was made	**	161
Award made to wrong bidder	**	328
Incorrect Delegations	**	1 797
Insufficient proof for not using IPS	**	140
Less than 3 quotations obtained (incl Petty Cash)	**	118
Other	**	880
Pass overs not properly documented	**	24
Quantity on invoice more than approved order	**	23
Quotation committee awards not signed	**	25
Tradeworld not used	**	251
Contract expanded/ extended without approval	**	8 138
Total		**14 849**

** Accounting Officer

23.4 Details of irregular expenditure under investigation (not included in the main note)

Incident	2017/18 R'000
Award made to wrong bidder	526
Contract expanded without approval	78
Contract extended without approval	2 753
Incorrect bidding process followed < R500 000	743
Local content not applied	546
No formal bidding process followed >500 000	692
Used invalid contract (incl purchase outside valid contract/item not on contract).	21
Supplier not register on relevant database	54
Total	**5 413**

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23.5 Prior period error

	2016/17
	R'000
Nature of prior period error	
Relating to 2012/13	**(3 263)**
Amount incorrectly reported as Irregular Expenditure	(3 263)
Relating to 2016/17	**129**
No Procurement process followed	128
Quantity on invoice more than approved order	1
Total prior period errors	**(3 134)**

24. Fruitless and wasteful expenditure

24.1 Reconciliation of fruitless and wasteful expenditure

	Note	2017/18	2016/17
		R'000	R'000
Opening balance		7	133
Fruitless and wasteful expenditure – relating to current year		-	7
Less: Amounts transferred to receivables for recovery	*11.4*	-	(133)
Closing balance		**7**	**7**

24.2 Analysis of awaiting resolution per economic classification

	2017/18	2016/17
	R'000	R'000
Current	7	7
Total	**7**	7

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25. Related party transactions

The Department of Health occupies a building free of charge managed by the Department of Transport and Public Works. Parking space is also provided for government officials at an approved fee that is not market related.

The Department of Health received corporate services from the Corporate Services Centre of the Department of the Premier in the Western Cape Province with effect from 1 November 2010 in respect of the following service areas:

- Information and Communication Technology
- Organisation Development
- Provincial Training (transversal)
- Enterprise Risk Management
- Internal Audit
- Provincial Forensic Services
- Legal Services
- Corporate Communication

The Department of Health make use of government motor vehicles managed by Government Motor Transport (GMT) based on tariffs approved by the Department of Provincial Treasury.

Department of Health received Security Advisory Services and Security Operations from the Department of Community Safety in the Western Cape.

26. Key management personnel

	No. of Individuals	2017/18	2016/17
		R'000	R'000
Political office bearers (provide detail below)	1	1 978	1 947
Officials:			
Level 15 to 16	5	7 876	7 620
Level 14 (incl. CFO if at a lower level)	10	12 695	12 247
Family members of key management personnel	1	442	416
Total		**22 991**	**22 230**

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27. Public Private Partnership

	2017/18 R'000	2016/17 R'000
Unitary fee paid	**54 968**	**51 694**
Fixed component	51 695	48 536
Indexed component	3 273	3 158
Analysis of indexed component	**3 273**	**3 158**
Goods and services (excluding lease payments)	3 273	3 158
Capital / (Liabilities)	**7 631**	**6 889**
Plant and equipment	7 631	6 889

The Department commissioned the construction and operation of the Western Cape Rehabilitation Centre alongside the "existing Lentegeur Psychiatric Hospital."

The Department required the services of a private partner to provide facilities management at the Western Cape Rehabilitation Centre, as well as certain facilities management services at the Lentegeur Psychiatric Hospital. A request for proposals was issued to the private sector, which included an invite to propose solutions which would satisfy the operational requirements of the facilities. Pursuant to a competitive bidding process, Mpilisweni Consortium was appointed and the agreement signed on 8 December 2006 for a 12 year period, with full service commencement effective on 1 March 2007.

For the current financial year, payments to the value of R 54, 968million (2016-17: R 51, 694 million) was made for the provision of equipment, facilities management and all other associated services at the Western Cape Rehabilitation Centre (WCRC) and Lentegeur Hospital.

"Excluded from the above expenses are variable costs incurred to the value of R 8, 748 million (2016-17: R 13, 627 million)."

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28. Provisions

	2017/18 R'000	2016/17 R'000
Medico Legal Claims	230 750	135 700
Total	**230 750**	**135 700**

The above amount relates to claims instated against the department where merits have been conceded to the claimant. The amount represents the best estimate of the value that will possibly be settled once the matter has been resolved through the courts or a negotiated settlement. Efficient case management and the application of precedents set in the Du Toit trial judgment have fast tracked the finalisation of valid medical legal claims.

28.1 Reconciliation of movement in provisions – 2017/18

	Medico Legal Claims R'000	Total provisions R'000
Opening balance	135 700	135 700
Increase in provision	172 967	172 967
Settlement of provision	(52 265)	(52 265)
Unused amount reversed	(10 102)	(10 102)
Change in provision due to change in estimation of inputs	(15 550)	(15 550)
Closing balance	**230 750**	**230 750**

Reconciliation of movement in provisions – 2016/17

	Medico Legal Claims R'000	Total provisions R'000
Opening balance	106 750	106 750
Increase in provision	57 699	57 699
Settlement of provision	(24 634)	(24 634)
Unused amount reversed	(4 115)	(4 115)
Closing balance	**135 700**	**135 700**

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29. Movable Tangible Capital Assets

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance R'000	Additions R'000	Disposals R'000	Closing Balance R'000
MACHINERY AND EQUIPMENT	3 298 817	422 304	142 266	3 578 855
Transport assets	436 602	106 599	65 234	477 967
Computer equipment	289 551	33 057	11 948	310 660
Furniture and office equipment	100 081	11 113	1 533	109 661
Other machinery and equipment	2 472 583	271 535	63 551	2 680 567
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	**3 298 817**	**422 304**	**142 266**	**3 578 855**

Movable Tangible Capital Assets under investigation

	Number	Value R'000
Included in the above total of the movable tangible capital assets per the asset register are assets that are under investigation:		
Machinery and equipment	3 423	65 848

29.1 Additions

ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Cash R'000	Non-cash R'000	(Capital Work in Progress current costs and finance lease payments) R'000	Received current, not paid (Paid current year, received prior year) R'000	Total R'000
MACHINERY AND EQUIPMENT	458 551	135 675	(171 775)	(147)	422 304
Transport assets	173 568	105 959	(172 928)	-	106 599
Computer equipment	32 692	435	(98)	28	33 057
Furniture and office equipment	9 578	619	909	7	11 113
Other machinery and equipment	242 713	28 662	342	(182)	271 535
TOTAL ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS	**458 551**	**135 675**	**(171 775)**	**(147)**	**422 304**

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29.2 Disposals

DISPOSALS OF MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Sold for cash R'000	Non-cash disposal R'000	Total disposals R'000
MACHINERY AND EQUIPMENT	2	142 264	142 266
Transport assets	-	65 234	65 234
Computer equipment	-	11 948	11 948
Furniture and office equipment	-	1 533	1 533
Other machinery and equipment	2	63 549	63 551
TOTAL DISPOSAL OF MOVABLE TANGIBLE CAPITAL ASSETS	**2**	**142 264**	**142 266**

29.3 Movement for 2016/17

MOVEMENT IN TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2017

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing Balance R'000
MACHINERY AND EQUIPMENT	3 025 507	720	396 686	124 096	3 298 817
Transport assets	412 048	119	64 741	40 306	436 602
Computer equipment	288 167	3 506	27 363	29 485	289 551
Furniture and office equipment	100 748	(8 024)	9 942	2 585	100 081
Other machinery and equipment	2 224 544	5 119	294 640	51 720	2 472 583
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	**3 025 507**	**720**	**396 686**	**(124 096)**	**3 298 817**

29.3.1 Prior period error

	2016/17 R'000
Nature of prior period error	
Relating to 2015/16 *[affecting the opening balance]*	**720**
Correction of incorrect classifications	720
Relating to 2016/17	**4 865**
Additions understated	3 202
Disposals overstated	1 663
Total prior period errors	**5 585**

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29.4 Minor assets

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED AS AT 31 MARCH 2018

	Machinery and equipment R'000	Total R'000
Opening balance	524 177	524 177
Value adjustments	-	-
Additions	44 236	44 236
Disposals	(18 695)	(18 695)
TOTAL MINOR ASSETS	**549 718**	**549 718**

	Machinery and equipment	Total
Number of minor assets at cost	357 887	357 887
TOTAL NUMBER OF MINOR ASSETS	**357 887**	**357 887**

Minor Capital Assets under investigation

	Number	Value R'000
Included in the above total of the minor capital assets per the asset register are assets that are under investigation:		
Machinery and equipment	11 680	16 496

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED AS AT 31 MARCH 2017

	Machinery and equipment R'000	Total R'000	Tota R'00
Opening balance	501 021	501 021	501
Prior period error	(296)	(296)	(:
Additions	50 620	50 620	50
Disposals	(27 168)	(27 168)	(27
TOTAL MINOR ASSETS	**524 177**	**524 177**	**524**

	Machinery and equipment	Total
Number of minor assets at cost	353 270	353 270
TOTAL NUMBER OF MINOR ASSETS	**353 270**	**353 270**

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29.4.1 Prior period error

	2016/17 R'000
Nature of prior period error	
Relating to 2016/17	**(296)**
Incorrect classifications	(296)
Total prior period errors	**(296)**

30. Intangible Capital Assets

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance R'000	Value adjustments R'000	Additions R'000	Disposals R'000	Closing Balance R'000
SOFTWARE	8 506	-	4 653	(112)	**13 047**
TOTAL INTANGIBLE CAPITAL ASSETS	**8 506**	-	**4 653**	**(112)**	**13 047**

30.1 Additions

ADDITIONS TO INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Cash R'000	Non-Cash R'000	(Develop-ment work in progress – current costs) R'000	Received current year, not paid (Paid current year, received prior year) R'000	Total R'000
SOFTWARE	5 456	-	(803)	-	4 653
TOTAL ADDITIONS TO INTANGIBLE CAPITAL ASSETS	**5 456**	-	**(803)**	-	**4 653**

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30.2 Disposals
DISPOSALS OF INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Non-cash disposal R'000	Total disposals R'000
SOFTWARE	112	112
TOTAL DISPOSALS OF INTANGIBLE CAPITAL ASSETS	**112**	**112**

30.3 Movement for 2016/17
MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2017

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing Balance R'000
SOFTWARE	8 449	(1 315)	1 404	(32)	8 506
TOTAL INTANGIBLE CAPITAL ASSETS	**8 449**	**(1 315)**	**1 404**	**(32)**	**8 506**

30.3.1 Prior period error

	2016/17 R'000
Nature of prior period error	
Incorrect classifications	(1 315)
Total prior period errors	**(1 315)**

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31. Immovable Tangible Capital Assets

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance R'000	Additions R'000	Disposals R'000	Closing Balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**1 257 390**	**436 472**	**(651 849)**	**1 042 013**
Non-residential buildings	1 242 924	436 008	(651 718)	1 027 214
Other fixed structures	14 466	464	(131)	14 799
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	**1 257 390**	**436 472**	**(651 849)**	**1 042 013**

31.1 Additions

ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Cash R'000	Non-cash R'000	(Capital Work in Progress current costs and finance lease payments) R'000	Received current, not paid (Paid current year, received prior year) R'000	Total R'000
BUILDING AND OTHER FIXED STRUCTURES	**287 927**	**436 038**	**(287 493)**	-	**436 472**
Non-residential buildings	287 493	436 008	(287 493)	-	436 008
Other fixed structures	434	30	-	-	464
TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS	**287 927**	**436 038**	**(287 493)**	-	**436 472**

31.2 Disposals

	Non-cash disposal R'000	Total disposals R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**651 849**	**651 849**
Non-residential buildings	651 718	651 718
Other fixed structures	131	131
TOTAL DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS	**651 849**	**651 849**

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31.3 Movement for 2016/17

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2017

	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**14 181**	**960 098**	**319 975**	**(36 864)**	**1 257 390**
Non-residential buildings	-	959 001	318 965	(35 042)	1 242 924
Other fixed structures	14 181	1 097	1 010	(1 822)	14 466
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	**14 181**	**960 098**	**319 975**	**(36 864)**	**1 257 390**

31.3.1 Prior period error

	2016/17
	R'000
Nature of prior period error	
Relating to prior periods (affecting the opening balance)	**960 098**
Incorrect Classifications (Other fixed structures)	1 097
Items not included in Immovable Assets	580 112
Items ready for use prior to 16/17 incorrectly included in Capital WIP	378 889
Relating to 2016/17	**(283 923)**
Additions: Items not included in Immovable Assets (Non-residential buildings)	318 965
Disposals: Items not included in Immovable Assets (Non-residential buildings)	(35 042)
Total prior period errors	**1 244 021**

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31.4 Capital Work-in-progress
CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2018

	Opening balance 1 April 2017	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2018
	R'000	R'000	R'000	R'000
Buildings and other fixed structures	403 442	273 934	(423 621)	253 755
TOTAL	**403 442**	**273 934**	**(423 621)**	**253 755**

The following projects were terminated:

Project Number	Project Name	R'000	
CI810002	Athlone- Dr Abdurahman CDC- Upgrade and additions	70	Project has been closed out, no further expenditure expected against this project.
CI850013	Rondebosch- Red Cross Childrens Hospital- Masterplan	526	Project has been closed out, no further expenditure expected against this project.
CI860008	Laingsburg- Laingsburg FPL- Replacement	247	The project cancelled due to change in service demands for Forensic Pathology Services.
HCI850003	RXH:Masterplan	329	Project has been closed out, no further expenditure expected against this project.
Total Accumulated Cost		**1 172**	

Accruals and payables not recognised relating to Capital WIP	**2017/18**
	R'000
Accruals	384
Total	**384**

Age analysis on ongoing projects	**Number of projects**		**2017/18**
	Planned, Construction not started	**Planned, Construction started**	**Total R'000**
0 to 1 Year	15	1	22 647
1 to 3 Years	11	2	113 090
3 to 5 Years	9	-	50 581
Longer than 5 Years	-	2	67 437
Total	**35**	**5**	**253 755**

Projects running longer than 5 years can mainly be attributed to delays from contractors i.e. Contractors not responsive and delaying the process, poor workmanship and certain parts of the projects that needs to be redone, and contracts cancelled due to poor performance and new contractors that had to be appointed to complete projects.

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CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2017

	Opening balance 1 April 2016 R'000	Prior period error R'000	Current Year WIP R'000	Ready for use (Assets to the AR)) / Contracts terminated R'000	Closing balance 31 March 2017 R'000
Buildings and other fixed structures	1 407 895	(1 029 286)	343 798	(318 965)	403 442
TOTAL	**1 407 895**	**(1 029 286)**	**343 798**	**(318 965)**	**403 442**

Prior period error

	2016/17 R'000
Nature of prior period error	
Relating to prior period [affecting the opening balance]	**(1 029 286)**
Items ready for use /contracts terminated prior to '16/17	(1 029 286)
Relating to 2016/17	**327 947**
Items ready for use prior to '16/17 disposed of in '16/17	327 947
Total prior period errors	**(701 339)**

31.5 S42 Immovable assets

Assets subjected to transfer in terms of S42 of the PFMA – 2017/18

	Number of assets	Value of assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**8**	**50 885**
Non-residential buildings	8	50 885
TOTAL	**8**	**50 885**

Assets subjected to transfer in terms of S42 of the PFMA – 2016/17

	Number of assets	Value of assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**12**	**696 937**
Non-residential buildings	12	696 937
TOTAL	**12**	**696 937**

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32. Prior period errors

32.1 Correction of prior period errors

	Note	Amount before error correction 2016/17 R'000	Prior period error 2016/17 R'000	Restated Amount 2016/17 R'000
Assets:				
Movable Tangible Capital Assets	*29.3.1*	3 293 232	5 585	3 298 817
Minor Tangible Assets	*29.4.1*	524 473	(296)	524 177
Intangible Capital Assets	*30.3.1*	9 821	(1 315)	8 506
Immovable Tangible Capital Assets	*31.3.1*	13 369	1 244 021	1 257 390
Capital Work in Progress	*31.4*	1 104 781	(701 339)	403 442
Net effect		**4 945 676**	**546 656**	**5 492 332**

	Note	Amount before error correction 2016/17 R'000	Prior period error 2016/17 R'000	Restated Amount 2016/17 R'000
Other:				
Irregular Expenditure	*23.5*	72 352	(3 134)	69 218
Net effect		**72 352**	**(3 134)**	**69 218**

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33. TRANSFER OF FUNCTIONS

The management and operation of the Sivuyile Residential Facility was transferred to the Department of Social Development (DSD) effective 1 April 2016. R9 155 000 was reallocated to DSD for the 2016/17 main budget in this regard. However the assets to be transferred were only verified and finalised during the current reporting period. Please see below for value of assets transferred.

33.1 Notes

	Balance per department before transfer	Functions per department transferred	Balance after transfer
	2016/17	2017/18	2017/18
	R'000	R'000	R'000
Movable tangible capital assets	552	(552)	-

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34. STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF GRANT	GRANT ALLOCATION					SPENT				2016/17	
	Division of Revenue Act/Provincial Grants R'000	Roll Overs R'000	DORA Adjustments R'000	Other Adjustments R'000	Total Available R'000	Amount received by department R'000	Amount spent by department R'000	Under / (overspending) R'000	% of available funds spent by dept %	Division of Revenue Act R'000	Amount spent by department R'000
National Tertiary Services Grant	2 876 410				2 876 410	2 876 410	2 876 410	-	100%	2 706 888	2 706 888
Health Professions Training and Development Grant	542 700				542 700	542 700	542 700	-	100%	510 716	510 716
Comprehensive HIV, AIDS and TB Grant	1 454 773				1 454 773	1 454 773	1 454 773	-	100%	1 267 209	1 267 206
National Health Insurance Grant	-				-	-	-	-	0%	22 337	20 675
Health Facility Revitalisation Grant	605 786				605 786	605 786	567 389	38 397	94%	733 366	733 366
Expanded Public Works Programme Integrated Grant for Provinces	2 473				2 473	2 473	2 473	-	100%	2 324	2 324
Social Sector Expanded Public Works Programme Incentive Grant for Provinces	3 334				3 334	3 334	3 334	-	100%	3 732	3 731
	5 485 476	-	-	-	5 485 476	5 485 476	5 447 079	38 397		5 246 572	5 244 906

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35. STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES

	GRANT ALLOCATION				TRANSFER		
NAME OF MUNICIPALITY	DoRA and other transfers R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Funds Withheld R'000	Re-allocations by National Treasury or National Department R'000
City of Cape Town	520 665	-	-	520 665	520 665	-	-
PD: Vehicle Licences	22	-	-	22	18	-	-
	520 687	-	-	520 687	520 683	-	-

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ANNEXURE 1A
STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES

	GRANT ALLOCATION				TRANSFER			SPENT				2016/17
NAME OF MUNICIPALITY	DoRA and other transfers	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department	Amount received by Municipality	Amount spent by municipality	Unspent funds	% of available funds spent by municipality	Division of Revenue Act
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
City of Cape Town	520 665	-	-	520 665	520 665	-	-	520 665	520 665	-	100%	461 878
PD: Vehicle Licences	22	-	-	22	18	-	-	18	18	4	100%	-
Total	520 687	-	-	520 687	520 683	-	-	520 683	520 683	4		461 878

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ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2016/17
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Health&Welfare Seta	5 397			5 397	5 128	95%	5 044
COM:Licences	477			477	452	95%	446
Total	5 874	-	-	5 874	5 580		5 490

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ANNEXURE 1C
STATEMENT OF TRANSFERS TO HIGHER EDUCATION INSTITUTIONS

NAME OF HIGHER EDUCATION INSTITUTION	TRANSFER ALLOCATION				TRANSFER			2016/17
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	Amount not transferred	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Cape Peninsula University of Technology	4 485	-	(4 485)	-	-	-		4 192
University of Cape Town	10 000	-		10 000	10 000	-	0%	-
Total	14 485	-	(4 485)	10 000	10 000	-		4 192

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ANNEXURE 1D
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2016/17
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers							
Health Programmes	4 678			4 678	2 204	47%	3 419
Community Based Programmes	2 000			2 000	1 207	60%	607
District Management	2 001			2 001	2 018	101%	-
COPC Wellness	5 730			5 730	2 866	50%	-
Community Health Clinics	157			157	157	100%	148
Tuberculosis	1 860			1 860	1 148	62%	1 751
Booth Memorial	24 471			24 471	24 563	100%	20 379
Sarah Fox	10 945			10 945	10 691	98%	10 229
Eden District Office (Chronic Care)	1 455			1 455	1 392	96%	1 387
TB Adherence Support	3 567			3 567	3 603	101%	3 267
Home Base Care	20 132			20 132	23 701	118%	18 399
Mental Health	46 696			46 696	47 289	101%	44 187
HIV and AIDS	195 336			195 336	189 771	97%	174 236
Nutrition	3 095			3 095	3 388	109%	2 897
Klipfontein/Mitchells Plain substructure	1 558			1 558	1 166	75%	1 456
Global Fund	50 239			50 239	25 300	50%	12 458
Alexandra Hospital	3 026			3 026	3 032	100%	2 802
Maitland Cottage	11 597			11 597	11 597	100%	10 838
EPWP	62 000		4 485	66 485	66 485	100%	61 353
Chilren's Hospital Trust	11 500			11 500	10 000	100%	15 000
Total	**462 043**	**-**	**4 485**	**466 528**	**431 578**		**384 813**

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ANNEXURE 1E
STATEMENT OF TRANSFERS TO HOUSEHOLDS

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE		2016/17
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers							
Employee social benefits-cash residents	59 602			59 602	54 414	91%	55 760
Claims against the state: households	38 494			38 494	86 984	226%	39 217
Bursaries	80 334			80 334	70 766	88%	74 752
Payments made as an act of grace	267		(65)	202	112	55%	82
Donations and gifts: cash	-		65	65	65	100%	147
Total	178 697	-	-	178 697	212 341		169 958

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ANNEXURE 1F
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF INSTITUTION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2017/18	2016/17
		R'000	R'000
Received in kind			
Gifts & Donations sponsorships received for the year ending 31 March 2017			29 740
Alexandra Hospital	Consumables	277	
Alexandra Hospital	Other Machinery & Equipment	2	
Beaufort West Hospital	Other Machinery & Equipment	26	
Cape Medical Depot	Consumables	2 240	
Eden District Office	Computer Equipment	4	
George Hospital	Consumables	23	
George Hospital	Other Machinery & Equipment	750	
Groote Schuur Hospital	Computer Equipment	30	
Groote Schuur Hospital	Furniture & Office Equipment	65	
Groote Schuur Hospital	Other Machinery & Equipment	3 747	
Harry Comay Hospital	Other Machinery & Equipment	44	
Hermanus Hospital	Consumables	2	
Hermanus Hospital	Furniture & Office Equipment	13	
Karl Bremer Hospital	Other Machinery & Equipment	1	
Mowbray Maternity Hosp	Other Machinery & Equipment	211	
New Somerset Hospital	Buildings & Other Fixed Structure	65	
New Somerset Hospital	Computer Equipment	16	
New Somerset Hospital	Consumables	356	
New Somerset Hospital	Furniture & Office Equipment	97	
New Somerset Hospital	Other Machinery & Equipment	1 327	

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ANNEXURE 1F (CONTINUED)
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF INSTITUTION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2017/18	2016/17
		R'000	R'000
Orthotic & Prosthetic	Consumables	39	
Paarl Hospital	Consumables	11	
Red Cross Hospital	Computer Equipment	122	
Red Cross Hospital	Consumables	4 792	
Red Cross Hospital	Furniture & Office Equipment	59	
Red Cross Hospital	Other Machinery & Equipment	16 655	
Stikland Hospital	Computer Equipment	1	
Tygerberg Hospital	Computer Equipment	16	
Tygerberg Hospital	Furniture & Office Equipment	4	
Tygerberg Hospital	Other Machinery & Equipment	5 133	
West Coast District Office	Furniture & Office Equipment	13	
TOTAL		**36 141**	**29 740**

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ANNEXURE 1G
STATEMENT OF AID ASSISTANCE RECEIVED

NAME OF DONOR	PURPOSE	OPENING BALANCE R'000	REVENUE R'000	EXPENDI-TURE R'000	PAID BACK ON/BY 31 MARCH R'000	CLOSING BALANCE R'000
Received in cash						
EU Donor Fund	WISN PROJECT	1 904		781	1 123	-
BELGIUM DONOR FUND	CATCH AND MATCH PROJECT	-	2 009	1 347		662
EU Donor Fund	HEALTH PATIENT REGISTRATION SYSTEM - HPRS	-	369			369
TOTAL		**1 904**	**2 378**	**2 128**	**1 123**	**1 031**

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ANNEXURE 1H
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE

NATURE OF GIFT, DONATION OR SPONSORSHIP (Group major categories but list material items including name of organisation	2017/18 R'000	2016/17 R'000
Made in kind		
Malmesbury Museum(Other Machinery & Equipment-Industrial Iron Clothes Electrical Miele)	-	21
TOTAL	**-**	**21**

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ANNEXURE 2A
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2018 – LOCAL

Guarantor institution	Guarantee in respect of	Opening balance 1 April 2017	Guarantees draw downs during the year	Guarantees repayments/ cancelled/ reduced/ released during the year	Closing balance 31 March 2018
		R'000	R'000	R'000	R'000
Standard Bank	Housing	87	-	-	87
First Rand	Housing	12	-	-	12
	TOTAL	**99**	**-**	**-**	**99**

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ANNEXURE 2B
STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2018

Nature of Liability	Opening Balance 1 April 2017 R'000	Liabilities incurred during the year R'000	Liabilities paid/cancelled/reduced during the year R'000	Closing Balance 31 March 2018 R'000
Claims against the department				
Medico Legal	32 040	89 600	(31 290)	90 350
Civil & Legal Claims including Labour Relations claims	21 074	17 039	(6 203)	31 910
TOTAL	**53 114**	**106 639**	**(37 493)**	**122 260**

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ANNEXURE 3
CLAIMS RECOVERABLE

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2018	31/03/2017	31/03/2018	31/03/2017	31/03/2018	31/03/2017
	R'000	R'000	R'000	R'000	R'000	R'000
DEPARTMENT						
PROVINCE OF THE WESTERN CAPE						
Department of Transport & Public Works	-	-	1 939	5 137	1 939	5 137
Department of Community Safety	-	-	78	116	78	116
Department of the Premier	-	-	36	20	36	20
Department of Cultural Affairs	-	-	78	307	78	307
Department of Social Development	603	212	184	231	787	443
Department of Human Settlements	-	-	-	2	-	2
PROVINCE OF THE EASTERN CAPE						
Department of Health	-	-	387	198	387	198
GAUTENG PROVINCE						
Department of Health	-	-	53	-	53	-
NORTHERN CAPE PROVINCE						
Department of Health	-	-	83	11	83	11
DEPARTMENT OF HEALTH KWA-ZULU NATAL						
Department of Health	-	-	28	12	28	12

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ANNEXURE 3 (CONTINUED)
CLAIMS RECOVERABLE

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2018	31/03/2017	31/03/2018	31/03/2017	31/03/2018	31/03/2017
	R'000	R'000	R'000	R'000	R'000	R'000
PUBLIC ENTITIES						
South African Revenue Services	-	-	270	34	270	34
NATIONAL DEPARTMENTS						
Department of Health	-	-	2 042	613	2 042	613
Department of Correctional Services	-	-	59	81	59	81
South African Social Security Agency	-	-	2 892	2 986	2 892	2 986
Justice & Constitutional Dev	-	-	221	308	221	308
	603	**212**	**8 350**	**10 056**	**8 953**	**10 268**
OTHER GOVERNMENT ENTITIES						
City of Cape Town (Cape Medical Depot)	-	-	16 436	13 420	16 436	13 420
	-	**-**	**16 436**	**13 420**	**16 436**	**13 420**
TOTAL	**603**	**212**	**24 786**	**23 476**	**25 389**	**23 688**

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2018

ANNEXURE 4
INTER-GOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2018	31/03/2017	31/03/2018	31/03/2017	31/03/2018	31/03/2017
	R'000	R'000	R'000	R'000	R'000	R'000
DEPARTMENTS						
Current						
WESTERN CAPE PROVINCE						
Department of Premier	-	-	-	38	-	38
Department of Education	12	-	-	-	12	-
Department of Transport and Public Works	13 000	-	-	-	13 000	-
EASTERN CAPE PROVINCE						
Department of Health	74	-	-	196	74	196
Department of Social Development	24	-	-	-	24	-
LIMPOPO						
Department of Health	91	-	-	-	91	-
NATIONAL DEPARTMENTS						
Department of Justice and Constitutional Development	-	-	-	74	-	74
TOTAL INTERGOVERNMENTAL	**13 201**	**-**	**-**	**308**	**13 201**	**308**

WESTERN CAPE GOVERNMENT HEALTH
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2018

ANNEXURE 5
INVENTORIES

Inventories	2017/18		2016/17	
	Quantity	**R'000**	**Quantity**	**R'000**
Opening balance	34 050 260	624 839	34 142 300	595 096
Add/(Less): Adjustments to prior year balance	(4 931 839)	(62 123)	-	(2)
Add: Additions/Purchases - Cash	159 877 922	3 338 671	227 802 952	3 758 974
Add: Additions - Non-cash	671 393	2 029	1 404 823	13 773
(Less): Disposals	(540 099)	(8 068)	(2 589 403)	(194 054)
(Less): Issues	(167 719 598)	(3 417 603)	(230 397 247)	(3 810 527)
Add/(Less): Adjustments	6 040 381	124 638	3 686 835	261 579
Closing balance	**27 448 420**	**602 383**	**34 050 260**	**624 839**

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2018

ANNEXURE 6A
INTER-ENTITY ADVANCES PAID (note 10)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2018	31/03/2017	31/03/2018	31/03/2017	31/03/2018	31/03/2017
	R'000	R'000	R'000	R'000	R'000	R'000
OTHER INSTITUTIONS						
ACVV	-	-	2	-	2	-
Afrika Tikkun	-	-	18	68	18	68
Anova	-	-	7	1	7	1
Arisen Women	-	-	2 722	5	2 722	5
Athlone YMCA	-	-	33	22	33	22
Baphumelele	-	-	6	-	6	-
Bergrivier Motivated Women	-	-	-	27	-	27
Call to Serve	-	-	1	-	1	-
Cape Flats YMCA	-	-	27	-	27	-
Caring Network (East)	-	-	54	-	54	-
Caring Network (Wallacedene)	-	-	266	207	266	207
Cederberg Matzikama Aids network	-	-	1	-	1	-
CMH - Eagles Program	-	-	216	-	216	-
DD Nuwerus	-	-	-	2	-	2
Deaf	-	-	4	-	4	-
Desmond Tutu Foundation	-	-	3 158	195	3 158	195
Etafeni	-	-	5	1	5	1
Global Vision of Hope	-	-	-	42	-	42
Groeneweide	-	-	2	-	2	-
In The Public Interest	-	-	16	-	16	-
Kheth Impilo Tb Enhanced	-	-	211	81	211	81
Koinonia	-	-	26	7	26	7
La Leche	-	-	19	-	19	-
Lifeline Childline	-	-	27	1	27	1
Living Hope	-	-	-	5	-	5
Masincedane	-	-	11	73	11	73
Mfesane	-	-	-	2	-	2
Mothers to Mothers	-	-	60	29	60	29
Oasis	-	-	147	26	147	26
Omega	-	-	71	52	71	52
Open Circle	-	-	-	12	-	12
Opportunity To Serve Ministries	-	-	42	21	42	21
Partners in Sexual Health NT	-	-	63	42	63	42
Philani	-	-	721	101	721	101
Prince Albert CBR	-	-	-	6	-	6
Reliable Action	-	-	-	19	-	19
Sacla	-	-	29	42	29	42
Sarah Fox	-	-	12	-	12	-
Spades Yda	-	-	251	251	251	251

WESTERN CAPE GOVERNMENT HEALTH
VOTE 6

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2018

ANNEXURE 6A (CONTINUED)
INTER-ENTITY ADVANCES PAID (note 10)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2018	31/03/2017	31/03/2018	31/03/2017	31/03/2018	31/03/2017
	R'000	R'000	R'000	R'000	R'000	R'000
St Johns	-	-	35	22	35	22
St Lukes	-	-	1	23	1	23
Tb/Hiv Care Association	-	-	873	49	873	49
Tehillah	-	-	375	-	375	-
The Parent Centre	-	-	-	1	-	1
Touch	-	-	59	138	59	138
Touching Nations	-	-	281	7	281	7
Tygerberg Hospice	-	-	476	-	476	-
Wolanani	-	-	1 164	-	1 164	-
Subtotal	-	-	11 492	1 580	11 492	1 580
TOTAL	-	-	11 492	1 580	11 492	1 580

WESTERN CAPE GOVERNMENT HEALTH
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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ANNEXURE 6B
INTER-ENTITY ADVANCES RECEIVED (note 14)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2018	31/03/2017	31/03/2018	31/03/2017	31/03/2018	31/03/2017
	R'000	R'000	R'000	R'000	R'000	R'000
OTHER INSTITUTIONS						
Current						
Spectramed	8	8	-	-	8	8
Fishmed	8	8	-	-	8	8
Golden Arrow	12	12	-	-	12	12
Discovery	80	80	-	-	80	80
RAF Unknown	-	-	35 335	42 160	35 335	42 160
COID/WCA Unknown	-	-	7 430	6 223	7 430	6 223
Vericred Unknown	-	-	139	139	139	139
State Departments/Unknown	-	-	1 225	26	1 225	26
HWSETA	-	-	361	3 666	361	3 666
TOTAL	**108**	**108**	**44 490**	**52 214**	**44 598**	**52 322**

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